

'Reality' driver's ed increases teens' awareness of outcomes of risky driving

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Traditional driver education programs—designed to help youths drive responsibly and defensively—are evolving in content and scope. In addition, supplemental risk reduction programs that include a realistic experience, such as RED, are being offered by private companies, insurers, government agencies and hospitals across the country, Lanning said.

In a 17-item questionnaire youths completed at the beginning of the RED program, their most frequently reported risky behaviors from the previous 30 days were texting and talking on the phone, driving on freeways and driving between midnight and 6 a.m. During that time, the 21 participants drove on freeways or interstates six to nine times, and most (90 percent) talked on the phone or texted (81 percent) six to nine times.

Teens who took a supplemental drivers' education program—including tours of emergency rooms, intensive care units and a morgue—showed greater awareness of the consequences of risky driving and of how they can avoid dangers, a Baylor University study found.

But data from a two-month follow-up to the program was inconclusive as to whether the program made a difference in the youths' behavior behind the wheel, said lead author Beth A. Lanning, Ph.D., associate chair and associate professor of public health in Baylor's Robbins College of Health and Human Sciences.

Motor vehicle crashes are the leading cause of accidental deaths for teens in the United States, accounting for one in three, according to the Centers for Disease Control and Prevention. The study, published in the journal *Transportation Research*, focused on the Texas Reality Education for Drivers (RED) program. Participants included 21 youths who were referred by a court or school administrator for disciplinary action; referred by community groups; or enrolled by a parent.

As part of the six-hour program, held on one day in a hospital setting, the teens were given tours by nurses and talked with other health care staffers who had experience with crash victims. The RED program also included lectures, videos, discussions and activities such as developing a contract with parents and a plan for safe driving.

Before the program began, participants completed questionnaires to rate risk levels of several behaviors that fell into one of four behaviors: speeding; texting and using a cell phone; riding in a vehicle with an intoxicated driver; and drinking and driving. They also were asked to determine which of 21 driving behaviors should be classified as risky and which should be considered low risk.

While most identified such perils as drunk driving, speeding, racing and not wearing a seat belt, "only a few participants identified listening to the radio, driving on freeways or interstates or driving with more than one teen passenger as [risky behaviors](#)," researchers wrote.

Youths also took an eight-item test about risky

driving, with such multiple-choice questions as "How long does the average text take your eyes off the road?" and "What is the legal limit for blood alcohol content (BAC) if you are under 21 years of age?"

consequences than before the program, but "it is conceivable that if parents are better monitoring and controlling the teens' driving, then the teen is less likely to break the rules," researchers wrote.

(The average text of 5 seconds at 55 mph is the equivalent of driving the length of a football field with closed eyes, according to the National Highway Traffic Safety Administration. And while all states define illegal BAC as 0.08 or higher, underage drinkers can be charged with driving under the influence in many states with a BAC of 0.02 or lower, especially in states with a zero tolerance law.)

"Young driver crashes are due to multiple factors requiring a complex solution," Lanning said. "A change in risk perception and awareness does not always translate to a change in behavior. Helping teens drive safely requires a team: educators, peers and parents."

The greatest change at program's end was teens' increased realization of speeding hazards, and they also acknowledged greater awareness of peer influence on drinking and driving, Lanning said.

More information: The study—"The impact of a supplemental drivers' education program on teenage risk perception and driving behaviors"—is published in the journal *Transportation Research*.

Findings supported the need for reality-based programs in driver's ed to increase young people's awareness, improve decision-making and negotiate peer influence. Findings also showed the need to move beyond simple awareness and knowledge. More interactive, reality-based elements and follow-up or "booster" programs should be included.

Provided by Baylor University

Researchers noted that the two-month follow-up survey was limited, with six participants completing it. Four had driven during that period, all of whom all reported talking on the phone and texting while driving; two reported driving at least 20 miles over the speed limit.

Because all participants took the RED program due to risky driving, future research should include a control/comparison group, Lanning said.

Baylor researchers also focused on a family-centered approach to teen driving and found that parental monitoring increased after their children's participation in RED. The parents were court-directed to enroll and monitor their children because of the adolescents' poor driving.

That research, published in the *Journal of Adolescent and Family Health*, found that after the program ended, parents were more likely to set additional driving rules and discuss consequences

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