Integrating Screening and Brief Intervention for Alcohol and Other Drugs on Your Campus: Strategies for Success and Lessons Learned
Learning Objectives

1. Describe the research supporting the efficacy of screening and brief intervention (SBI) delivered to college student populations within behavioral health care settings and other campus service delivery environments;

2. Understand and select the most appropriate screening tools and methods assessing alcohol and other drug use for college student populations identified in the literature as being at risk for use and related consequences;

3. Describe how motivational interviewing techniques can be used to deliver target population-relevant and responsive brief interventions addressing alcohol and other drug use among college students;

4. Describe the essential components of a brief alcohol and other drug-specific intervention informed by an awareness of the specific needs and cultures of different target populations to be served;

5. Identify circumstances in which the use of technology, such as online screening and brief intervention methods, might be appropriate within SBI service delivery;

6. Understand the challenges associated with SBI implementation within campus-based service delivery settings;

7. Understand how SBI for alcohol and other drug use might be replicated and sustained within a wide range of college and university-based service delivery settings.
College / University Alcohol Consumption Problems

- Unprotected sexual encounters
- Unplanned sexual encounters
- Increased injury, accidents, and suicides
- Increased addiction
- Violation of campus policies
- Interference with other students’ studying
- Academic probation and expulsion

What are Brief Interventions?

- Time-limited counseling strategies

- Based on traditional clinician/patient communication skills utilized for a variety of health issues; motivational interviewing; behavioral counseling.

- Brief interventions are particularly applicable in primary care settings where “treatment” must fit into the context of busy, high-volume practice settings with multiple competing prevention agendas.
Brief Interventions in Medical Settings

• At least 20 trials in the medical literature

• Community based primary care
  – Wallace (1988)
  – Israel (1996)
  – Ockene (1999)
  – Senft (1997)
  – Curry (2003)

• Meta-analyses show most studies have positive outcomes
  – Bien (1983)
  – Kahan (1996)
  – Wilk (1997)
Meta-Analyses

- 12 controlled trials which investigated the efficacy of brief counseling interventions in primary care settings to reduce risky and harmful alcohol consumption.

- Studies examined data from 12 to 48 months.

- Intervention group participants reduced the average number of drinks per week by 13% to 34% more than controls.

- Proportion drinking at moderate or safe levels was 10% to 19% greater than controls.
Brief Intervention Studies with College Students

- Baer et al (1992)
- Borsari and Carey (2000)

- All used personalized feedback and MI
- All influenced changes in drinking behaviors and alcohol-related problems.
The SBIRT Journey: Campus Case Study
Profile of Alcohol and Other Drug Use and Related Behaviors Reported by UAlbany Students

Data from

National College Health Assessment, American College Health Association Spring 2000, 2004 & 2006 In-Class Administrations

and Entering Student Questionnaire (ESQ) Summer 2006 Administration
Alcohol Use, Last 30 Days: Overall Comparisons - UAlbany

- Spring 2000:
  - Did not use: 23.0%
  - Used 1-9 days: 54.0%
  - Used 10+ days: 23.0%

- Spring 2004:
  - Did not use: 18.6%
  - Used 1-9 days: 51.4%
  - Used 10+ days: 29.9%

- Spring 2006:
  - Did not use: 23.3%
  - Used 1-9 days: 50.1%
  - Used 10+ days: 26.6%

Legend:
- Did not use
- Used 1-9 days
- Used 10+ days
Number of Times Consumed 5 or More Drinks Within Last Two Weeks: Overall Comparisons-UAlbany

- Spring 2000:
  - 0 Times: 24.0%
  - 1-2 Times: 16.0%
  - 3-5 Times: 8.7%
  - 6+ Times: 52.0%

- Spring 2004:
  - 0 Times: 29.3%
  - 1-2 Times: 20.0%
  - 3-5 Times: 10.1%
  - 6+ Times: 40.7%

- Spring 2006:
  - 0 Times: 26.6%
  - 1-2 Times: 21.8%
  - 3-5 Times: 7.2%
  - 6+ Times: 44.4%
<table>
<thead>
<tr>
<th>Percent (%)</th>
<th>Spring 2000</th>
<th>Spring 2004</th>
<th>Spring 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being physically injured</td>
<td>22.0</td>
<td>28.2</td>
<td>26.3</td>
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<tr>
<td>Physically injured another person</td>
<td>8.9</td>
<td>8.5</td>
<td>10.1</td>
</tr>
<tr>
<td>Being involved in a fight</td>
<td>11.0</td>
<td>17.2</td>
<td>13.9</td>
</tr>
<tr>
<td>Doing something later regretted</td>
<td>45.0</td>
<td>49.7</td>
<td>44.5</td>
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<tr>
<td>Forgot where they were or what they have done</td>
<td>40.0</td>
<td>43.3</td>
<td>43.2</td>
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<tr>
<td>Having someone use force or threat of force to have sex</td>
<td>3.7</td>
<td>2.1</td>
<td>0.9</td>
</tr>
<tr>
<td>Having unprotected sex</td>
<td>20.0</td>
<td>21.5</td>
<td>20.1</td>
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# Negative Consequences: UAlbany Comparisons With National Sample-Male

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<td>20.1</td>
<td>30.2</td>
<td>19.0</td>
<td>28.6</td>
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<tr>
<td>Physically injured another person</td>
<td>7.8</td>
<td>13.2</td>
<td>6.4</td>
<td>17.0</td>
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<tr>
<td>Being involved in a fight</td>
<td>10.8</td>
<td>23.5</td>
<td>9.5</td>
<td>19.9</td>
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<tr>
<td>Doing something later regretted</td>
<td>39.9</td>
<td>53.9</td>
<td>37.8</td>
<td>49.7</td>
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<tr>
<td>Forgot where they were or what they have done</td>
<td>33.8</td>
<td>46.5</td>
<td>33.2</td>
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<td>Having someone use force or threat of force to have sex</td>
<td>0.9</td>
<td>1.2</td>
<td>0.6</td>
<td>0.0</td>
</tr>
<tr>
<td>Having unprotected sex</td>
<td>17.7</td>
<td>26.7</td>
<td>15.7</td>
<td>22.2</td>
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### Negative Consequences: UAlbany Comparisons With National Sample-Female

<table>
<thead>
<tr>
<th>Percent (%)</th>
<th>Nat'l 2004</th>
<th>Spring 2004</th>
<th>Nat'l 2006</th>
<th>Spring 2006</th>
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<tr>
<td>Being physically injured</td>
<td>17.9</td>
<td>28.8</td>
<td>17.6</td>
<td>24.3</td>
</tr>
<tr>
<td>Physically injured another person</td>
<td>2.8</td>
<td>5.2</td>
<td>2.6</td>
<td>5.5</td>
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<tr>
<td>Being involved in a fight</td>
<td>4.2</td>
<td>12.9</td>
<td>3.9</td>
<td>10.2</td>
</tr>
<tr>
<td>Doing something later regretted</td>
<td>36.4</td>
<td>47.6</td>
<td>34.2</td>
<td>43.0</td>
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<tr>
<td>Forgot where they were or what they have done</td>
<td>28.7</td>
<td>41.7</td>
<td>27.7</td>
<td>39.0</td>
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<tr>
<td>Having someone use force or threat of force to have sex</td>
<td>2.0</td>
<td>2.9</td>
<td>1.6</td>
<td>1.7</td>
</tr>
<tr>
<td>Having unprotected sex</td>
<td>14.2</td>
<td>17.7</td>
<td>12.5</td>
<td>19.4</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------</td>
<td>---------------------</td>
<td>------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>6.5</td>
<td>6.4</td>
<td>7.4</td>
<td>4.5</td>
<td>6.9</td>
</tr>
</tbody>
</table>
UAlbany NCHA data tell us that students who engage in high-risk drinking are also more likely to report the following:

- Broken bones
- Chlamydia
- Genital Warts
- Gonorrhea
- High Cholesterol
- Mononucleosis
- Repetitive Stress Injury
- Strep
- Depression
- Other Substance Abuse

Source: National College Health Assessment, American College Health Association Coordinated by E. Rivero, M. D. Cimini, B. Freidenberg, et al.
Of our 13,000 undergraduate students

- 5,593 (43%) have used cigarettes
- 3,640 (28%) currently use (30 day period)
  - Up from 24% last year
- 780 (6%) use daily

Source: National College Health Assessment Spring survey of a random, representative sample of 549 UAlbany students. Conducted by the University Counseling Center.
Selecting Our Interventions:

The NIAAA Report on College Drinking

April 2002

http://www.collegedrinkingprevention.gov/
The 3-in-1 Framework

- Individuals, Including At-Risk or Alcohol-Dependent Drinkers
- Student Body as a Whole
- College and the Surrounding Community

From: “A Call to Action: Changing the Culture of Drinking at U.S. Colleges,” NIAAA Task Force
## NIAAA Recommendations for Classifying Intervention Effectiveness

<table>
<thead>
<tr>
<th>Tier 1:</th>
<th>Evidence of effectiveness among college students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 2:</td>
<td>Evidence of success with general populations that could be applied to college environments</td>
</tr>
<tr>
<td>Tier 3:</td>
<td>Promising: Evidence of logical and theoretical promise, but require more comprehensive evaluation</td>
</tr>
<tr>
<td>Tier 4:</td>
<td>Ineffective: No Evidence of Effectiveness</td>
</tr>
</tbody>
</table>

From: “A Call to Action: Changing the Culture of Drinking at U.S. Colleges,” NIAAA Task Force
Components of UAlbany Comprehensive AOD Prevention Program

- Presidential Leadership
- Campus AOD Task Force
- Student Involvement/Leadership
- Social Norms Marketing
- Campus-Community Coalitions
- Inclusive Academic Excellence
- Healthy Living Communities
- Alcohol-Free Activities
- Early Intervention
- Restricting Alcohol Marketing/Promotion
- Policy Evaluation/Enforcement
- Parental Involvement
- Treatment & Referral
- Research and Program Evaluation - NCHIP
Spectrum of Intervention Response: Alcohol Abuse Prevention

**Optimize Health & Wellbeing**
- Social Norms Campaigns
- Peer Services
- Committee on University & Community Relations
- Healthy Living Communities

**Reclaim Health**

**Prevent Problems**

**Treat Problems**

**Specialized Treatment**
- Outpatient Assessment, Treatment, & Referral

**Early Intervention**
- BASICS
- ASTP Groups
- Interactive Education with Social Norms
- AA Meetings
- Consistent Policy Enforcement
Timeline: Evidence-based Practice Implementation & Evaluation

2005: Project First STEPS

2006: Project Healthy STEPS

2006: Committee on University & Community Relations Social Norms Project

2006: Project Winning STEPS

2009: Project Greek STEPS

2010: STEPS Program Awards

2011: National Registry of Evidence-based programs & Practices

Present: Continued Implementation & Evaluation of Effective Programs

STEPS (2005) and Social Norms Campaign (2006)
The STEPS Model: Alcohol Abuse Prevention & Early Intervention

The STEPS Brief Screening and Intervention Model

Targeting Students at Risk

Sustaining Success

Preventing High-Risk Alcohol Use & Promoting Healthy Behaviors

Engaging High-Risk Drinkers in Brief Alcohol Interventions

Targeting High-Risk Drinkers

Screening At-Risk Students for Alcohol Use & Related Behaviors
Target Populations

Project First Steps
University Counseling Center
University at Albany Counseling Center
400 Patroon Creek Blvd., Suite 104
Albany, NY 12206
Phone: 518-442-5800
Fax: 518-442-3096
http://www.albany.edu/counseling_center/

Project Healthy Steps
University Counseling Center
University at Albany Counseling Center
400 Patroon Creek Blvd., Suite 104
Albany, NY 12206
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Fax: 518-442-3096
http://www.albany.edu/counseling_center/

GREAT DANES
UNIVERSITY AT ALBANY
GO DANES!

PROJECT WINNING STEPS
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Screening and Follow-Up Assessment Measures:

Survey Instruments for Project Participants
- Alcohol Use Disorders Identification Test (AUDIT)
- GPRA Assessment Tool
- Center for Epidemiological Studies-Depression Scale (CES-D)
- Daily Drinking Questionnaire (DDQ)
- Brief Alcohol Expectancies Questionnaire (BAEQ)
- Drinking Norms Rating Form (DNRF)
- Protective Behaviors Strategies Scale (PBSS)
- Readiness to Change Scale (RTC)
- Rutgers Alcohol Problem Index (RAPI)
- Brief Drinker Profile

Campus-Wide Surveillance Data
- The National College Health Assessment, American College Health Association (NCHA)
Brief Alcohol Screening and Intervention for College Students Feedback Profile

- Typical Drinking Pattern
- Blood Alcohol Levels
- Drinking Norms
- Biphasic Curve
- Beliefs about Alcohol Effects
- Alcohol-Related Problems
- Calories consumed
- Financial Costs of Drinking
- Alcohol Use & Sex
- Family History
- Protective Factors
- Athletic Performance
Tier 1: Evidence of Effectiveness Among College Students

- Combining cognitive-behavioral skills with norms clarification and motivational enhancement interventions.
- Offering brief motivational enhancement interventions.
- Challenging alcohol expectancies

From: “A Call to Action: Changing the Culture of Drinking at U.S. Colleges,” NIAAA Task Force
The Stages of Change Model

- Precontemplation
- Contemplation
- Preparation/Determination
- Action
- Maintenance
Stages of Change in Substance Abuse and Dependence: Intervention Strategies

Precontemplation Stage → Contemplation Stage → Action Stage

Maintenance of Recovery Stage → Relapse Stage

MOTIVATIONAL ENHANCEMENT STRATEGIES
ASSESSMENT AND TREATMENT MATCHING
RELAPSE PREVENTION & MANAGEMENT
Motivational Interviewing
Basic Principles
(Miller and Rollnick, 1991, 2002)

1. Express Empathy
2. Develop Discrepancy
3. Roll with Resistance
4. Support Self-Efficacy
Examines students’ perceptions about:

- Acceptability of excessive drinking behavior
- Perceptions about the drinking rates of their peers
- Perception about the drinking prevalence of their peers
Cognitive-Behavioral Skills Training

- Moderate drinking skills
- Blood alcohol concentration discrimination
- Altering expectancies about alcohol’s effects
- Assertiveness skills (drink refusal)
- Relaxation/Stress Management skills
- Lifestyle balance skills
- “Alcohol specific skills”
Alcohol’s Biphasic Effect

- Euphoria (Up)
- Dysphoria (Down)

Feeling Scale

Point of Diminishing Returns

After Tolerance Develops

Cultural Myth About Alcohol

Time
# Blood Alcohol Concentration

As a Function of Drinks Consumed & Time Taken to Consume

<table>
<thead>
<tr>
<th>No. of drinks</th>
<th>Hours</th>
<th>Male 185 lbs.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>0.020</td>
<td>0.004</td>
</tr>
<tr>
<td>2</td>
<td>0.040</td>
<td>0.024</td>
</tr>
<tr>
<td>3</td>
<td>0.060</td>
<td>0.044</td>
</tr>
<tr>
<td>4</td>
<td>0.080</td>
<td>0.064</td>
</tr>
<tr>
<td>5</td>
<td>0.100</td>
<td>0.084</td>
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<tr>
<td>6</td>
<td>0.120</td>
<td>0.104</td>
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<td>7</td>
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<td>8</td>
<td>0.160</td>
<td>0.144</td>
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<tr>
<td>9</td>
<td>0.180</td>
<td>0.164</td>
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<td>10</td>
<td>0.200</td>
<td>0.184</td>
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<tr>
<td>11</td>
<td>0.220</td>
<td>0.204</td>
</tr>
<tr>
<td>12</td>
<td>0.240</td>
<td>0.224</td>
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</table>
Tips for Reducing Alcohol Use Risk

- Set limits
- Keep track of how much you drink
- Space your drinks
- Alternate alcoholic drinks w/non-alcoholic drinks
- Drink for quality, not quantity
- Avoid drinking games
- If you choose to drink, drink slowly
- Don’t leave your drink unattended
- Don’t accept a drink when you don’t know what’s in it
Negative Consequences

- Academic Failure
- Blackouts
- Hangovers
- Weight Gain
- Tolerance
- Decisions around sex
- Impaired sleep
- Sexual Assault

- Finances
- Family History
- Alcohol-Related Accidents
- Time Spent Intoxicated
- Relationships
- Legal Problems
- Work-Related Problems
Protective Behaviors

- Use a designated driver.
- Have a friend let you know when you have had enough to drink.
- Leave the bar/party at a predetermined time.
- Make sure that you go home with a friend.
- Know where your drink has been at all times.
- Drink only with close friends.
- Avoid mixing different types of alcohol.
- Drink slowly, rather than gulp or chug.
- Avoid trying to "keep up" or "outdrink" others.
- Put extra ice in your drink.

- Do not go to parties/bars alone.
- Avoid drinks that contain multiple shots of alcohol.
- Avoid drinking when angry, sad, or otherwise upset.
- Eating before/during drinking.
- Determine not to exceed a set number of drinks.
- Alternate alcoholic and non-alcoholic drinks.
- Avoid drinking games.
- Avoid drinking shots of liquor.
- Stop drinking at a predetermined time.
- Drink water while drinking alcohol.
EXPECT

Alcohol    No Alcohol

GET

No Alcohol    Alcohol
The STEPS Alcohol Screening & Brief Intervention Program
## Number of Interventions Completed

<table>
<thead>
<tr>
<th>Service</th>
<th>Students Served to Date</th>
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<tbody>
<tr>
<td>Screening Only</td>
<td>19,879</td>
</tr>
<tr>
<td>Screening and Brief Intervention</td>
<td>2,813</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>22,813</strong></td>
</tr>
</tbody>
</table>
STEPS Program Outcomes: Number of Drinks Per Week

Drinks per week

Baseline: 18.1
6-month follow-up: 14.6***

19% decrease

Significant ***p<.001
STEPS Program Outcomes: Percent of Students Experiencing Violence

- Fought, Acted Bad, Did Mean Things: 25.7% decrease***
- Fight/Argument/Bad Feelings with Friend: 31.4% decrease***

Significant ***p<.001
Trends & Progress Since 2004
Alcohol Use Over 30 Day Interval

<table>
<thead>
<tr>
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<td>24</td>
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<td>6+</td>
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<td>42</td>
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</table>

Percent of students

Significant *p <.05
Abstaining from Drinking and Driving

Percent of Students


U Albany
National

Significant
*p < .05
Avoiding Drinking Games

Percent of students

- U Albany
- National

Significant
*p < .05
Students Reporting Use of At Least One Protective Behavior in Drinking Situations

Percent of Students

- U Albany
- National

Significant
*p < .05
Percent of Students Who Think Typical Student Drinks Daily

<table>
<thead>
<tr>
<th>Year</th>
<th>Think Typical Student Drinks Daily</th>
<th>Does Not Think Typical Student Drinks Daily</th>
</tr>
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<tbody>
<tr>
<td>2004</td>
<td>48%</td>
<td>52%</td>
</tr>
<tr>
<td>2015*</td>
<td>9%</td>
<td>91%</td>
</tr>
</tbody>
</table>

Significant
*p < .05
Lessons Learned
Lessons Learned

- With each screening and brief intervention, we are planting a seed.
- Even very small changes are important – strive for things to be better, though not necessarily perfect, with the student.
- From the start, think about sustainability of your SBIRT program.
Sustainability

- Strategic Planning
- Addiction Research Center
- Project work group & Steering committee
- Presidents Advisory Council on AOD Prevention
- Presentations & Publications
- Consultation with colleagues
- Media advocacy
- Consultation with colleagues
- Strategic Planning
Anticipating and Addressing Challenges

Barriers to Successful Implementation
Selecting screening measures with adequate sensitivity/specificity

- Realize that screening is part of a starting a conversation...select the cutoff that buys you what you are looking for

Training

- Work with staff to make sure intention, definitions, and next steps are clear
Potential Barriers to Implementation

- **Resistance toward conducting screenings**
  - Concern about more work for providers
    - Consider trying what you can...have 1 provider (only!) start screening, or even screening 1 out of every 5 clients/patients is one step toward increased screening.
  - Concern about what to do when there’s a positive screen and/or where to refer
    - Have clear resources and a sense of what to do next for the intervention part of SBI!
Providers familiar with a more confrontational approach
  - Highlights the need for buy-in, which could be achieved during training yet also highlights the need for follow-up

“Real world” issues related to resources
  - If budget/staff challenges make this difficult, make the empirical case for the impact or, as simple as it sounds, do what you can – any steps toward increased screening are steps toward early intervention for students who may be struggling
Still requires that a student come to a Health Center or Counseling Center
- Add to your strategic plan of prevention programs and intervention, including intentional outreach

Barriers can exist to dissemination, adoption, implementation, and maintenance (Rogers, 1995)
Barriers Specific to BASICS: Brief Alcohol Screening & Intervention for College Students

- Adjustments in feedback length/content without evaluation
- Conflicting/confusing messages about what is “effective”
- Best practices in training for BASICS delivery
- Staffing/practical needs leading to adjusting the intervention
- Bringing intervention to scale
- MI adherence & issues of fidelity
- Reaching students who might slip through the cracks
Thank You!

Questions?
Special Thanks

**Our Funders:**
- National Institute on Alcohol Abuse and Alcoholism
- New York State Office of Alcoholism and Substance Abuse Services
- Substance Abuse and Mental Health Services Administration-Center for Mental Health Services
- Substance Abuse and Mental Health Services Administration-Center for Substance Abuse Treatment
- Substance Abuse and Mental Health Services Administration-Center for Substance Abuse Prevention
- U. S. Department of Education

**Our Interventionists:**
- University at Albany Counseling Center staff

**Our University Colleagues:**
- Department of Athletics
- Department of Residential Life
- Office of Conflict Resolution and Civic Responsibility
- University Health Center

**Our Consultants:**
- Drs. Mary Larimer and Jason Kilmer, University of Washington,
- Dr. H. Wesley Perkins, Hobart and William Smith Colleges
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Website: www.albany.edu/counseling_center/