SBIRT and Beyond: Prevention before Indication

Center for Young Adult Addiction & Recovery
Kennesaw State University
Patrick N. Moore LPC
Center for Young Adult Addiction and Recovery

- CRC
- Student Advisor
- AOD Education
- Peer Education
- Screening
- Brief Interventions
- Referrals
- Research
- Relapse Prevention
- CRC 101 early recovery

(Moore, 2013)
Peer Educators
Objectives

Define Prevention Paradox

See model powered SBIRT

Collaboration for radical change

SBIRT Review

Beyond SBIRT

Examine Causal Evidence of Addiction
64% of Alcohol related deaths & 70% of Alcohol related hospitalizations are Light and Moderate Drinkers – Low Risk
Historic Perspective  Facts & Relevance

1750 to Early 1800s  Sobriety “Circles” are formed within various Native American Tribes.
1840 The Washingtonian Society 600,000 members in 5 years before declining
1849 Introduction of the term Alcoholism by Swedish physician Magnus Huss
1880s  Treatment is now available by gender, ethnicity and drug type.
1901 Charles B. Towns Hospital for Drug and Alcoholic Addictions – Detox
1907-1913  State laws passed calling for mandatory sterilization of “defectives” (mentally ill, developmentally disabled, alcoholics
1935 Bill Wilson and Dr. Bob Meet
1944 Research started Yale Center of Alcohol studies, (moved to Rutgers), National Committee for Education on Alcoholism (today the National Council on Alcoholism and Drug Dependence.
1951 Alanon Family Groups is organized.
1960s Insurance reimburses for treatment, Armed forces build programs.
1970 Congress passed the “Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act” NIAAA
1980s Just Say No; MADD, special populations treatment, drug free workplace, War on Drugs, 1st Drug Court ; SOAR , SBIRT
1990s adolescent treatment approaches
2000s Expansion of SBIRT
2015 Beyond SBIRT Johann Hari – Chasing the scream (connectedness)
2015: 21 Interventions founded for 18-25 yo re: Alcohol and/ or Drug  www.nrepp.samhsa.gov  National Registry of Evidence -based Programs and Practices. Either for indicated or evidence was frequency/quantity
www.williamwhitepapers.com/pri/addictiontreatment%26RecoveryInAmerica.pdf
Science Perspective

Public Health Model: Disease can be understood and treated by understanding the interaction of the Agent, Environment, and Host.

Risk Model:
Hazard x Exposure = Risk

Conflation:
Hazard(Alcohol) x Exposure (Environment) = Risk (Host)
New Models

- Review
- How Applied
Selection Bias Model

Where to put extra armor?
Collect and study evidence.
Put the armor where there is no damage.
Abraham Wald (Livio, 2013)
Change by Talking Model

- Combat Demoralization (Define Demoralization)
- Emotionally Charged Confiding Relationship (Inform)
- Rationale (Model to explain Acute & Chronic outcomes)
- Rituals (Specific Directions to Change or Maintain)
- Healing setting (With Peers in Classroom)
- Opportunities for new learning (Outside the Classroom)

(Frank, 1998)
Risk Communications: A Mental Model Approach was investigated. (2002, Morgan et al) Morgan et al with the help of several grants including grant IU19AI 38513 from The National Institute for Alcohol Abuse and Alcoholism, created a text book to generate Mental Models to deliver and measure interventions to people with limited time, energy and attention.

The focus here is on change in risk comprehension and response. The authors point out this perspective creates a common method for treating diverse problems. It is the ignorance of or mistaken beliefs about risk that is intervened on. Morgan et al defines risk communications as “communication intended to supply laypeople with the information they need to make informed independent judgments about risks to health, safety, and the environment.
However, Morgan cautions “Better understanding cannot guarantee changes in behavior; those depend on how people perceive benefits as well as risks, and on their resources and constraints.”
Education Model  (Ambrose et al., 2010)

- Student’s prior knowledge can help or hinder learning.
- How students organize knowledge influences how they learn and apply what they know.
- Students’ motivation determines, directs and sustains what they do to learn.
- To develop mastery, students must acquire component skills, practice integrating them, and know when to apply what they have learned.
- Goal-directed practice coupled with targeted feedback enhances the quality of students learning.
- Students’ current level of development interacts with the social, emotional, and intellectual climate of the course to impact learning.
- To become self-directed learners, students must learn to monitor and adjust their approaches to learning.
MI model:

Who is the smartest person in the room?

- Introduce Ambivalence – might have an issue
- Increase discrepancy (remove Ambivalence) – I have an issue
- Encourage Low Risk – keep doing the right thing
- Lower Resistance to Tx – where do I get help?

No Assessment like Self Assessment

(Miller & Sanchez, 1994)
Empowerment Model (80s)

- How and Why it works (Causality)
- Measure over time for short and long term goals
- Empowerment is a Host process
- Theoretical Orientation linking above

(Cummings, 2001)
Perception GUYS

- Daniel Kahneman - Affective Bias
- David Gardner - A baseball and bat = $1.10
- Jared Diamond - What kills people in the Jungle? Low Risk / Frequently Occurring
- David Ropeik - Perception Gaps, “we are not just an amygdala and a puddle of stress hormones.” We can reduce the perception gap through conscious awareness and challenging our affective response system from time to time.
Updated Science Perspective

Possible to integrate the Host now – not in 200 more years

Hazard(Alcohol) x Exposure (Environment)x Host (Risk Perception) = Risk
Presented By:

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Atlanta, GA 30324
(404) 651-8450
shoneil@dhr.state.ga.us
If we could provide a 100% cure to every substance dependent person in the United States we wouldn’t be close to solving most of the substance related problems in our country.

(O’Neil, 2012)
The SBIRT Concept

- SBIRT uses a **public health** approach to universal screening for substance use problems.
- SBIRT provides:
  - Immediate rule out of **non-problem** users;
  - Identification of levels of **risk**;
  - Identification of patients who would **benefit** from brief advise, and;
  - Identification of patients who would **benefit** from higher levels of care.
  - Progressive **levels** of clinical interventions based on **need** and **motivation** for change.
Let’s Review

- Screening does not provide a diagnosis.
- Screening does provide immediate rule-out of no risk/low risk users.
- Screening does provide immediate identification of level of risk.
- There are 2 levels of screening:
  - Universal.
  - Targeted.
- There are 4 types of intervention:
  - Feedback.
  - Brief Intervention.
  - Extended Brief Intervention or Brief Treatment.
  - Referral to a higher level of care.
Let’s Review

- SBIRT is a **systems change initiative** requiring us to **re-conceptualize, re-define, and re-design** our entire approach to substance use problems and services.
- SBIRT uses a **public health approach**.
- The current model defines the problem as **dependence**.
- The SBIRT model defines the problem as **excessive use**.
- SBIRT recognizes a **continuum** of substance use **behavior**, a continuum of substance use **problems**, and a continuum of substance use **interventions**.
The SBIRT Model
A Continuum of Substance Use

(O'Neil, 2012)
Drinking Behavior

Dependent

- Hazardous
- Harmful
- Symptomatic

- Low Risk or Abstinence

- Brief Intervention and Referral for additional Services
- Brief Intervention or Brief Treatment
- No Intervention or screening and Feedback

Intervention Need

(O’Neil, 2012)
Model Driven SBIRT

<table>
<thead>
<tr>
<th>Function</th>
<th>Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen</td>
<td>Use Selection Bias</td>
</tr>
<tr>
<td>Brief Intervention</td>
<td>Change by Talking</td>
</tr>
<tr>
<td>Referral to Treatment</td>
<td>Ed. and Com. models</td>
</tr>
<tr>
<td>How do I know?</td>
<td>Change by Talking</td>
</tr>
</tbody>
</table>
Disease Model

How do I know?
30 day test
3 Bs

Demoralization: Can’t tell right from wrong.
Recovery Model

Alcoholics Anonymous 1955
BEYOND SBIRT

- Selection Bias Model: Prehab is the New Rehab
- Other Useful Models: Brief Interventions
- New Objectives: Measuring Risk
New Objectives

- Identify and Intervene on 20%
- Educate, encourage and prevent 75%
- Introduce Ambivalence to 5%
- Before Indication
- Before Progression
- Interrupt Prevention Paradox
Research & Results

- **Hypothesis:** Education increases risk perception judgment
- **Experiment:** N=457 College Freshmen / peer ed
- **Results:** There is a positive relationship
No one wants or chooses addiction or sudden tragedy.

How hard can this be to prevent?
Earthlings: Great Perceivers, Poor Interpreters

Being Careful is not a substitute for Judgment
New Models

- Risk Factors
- Motivational Assessment Prevention Program
The answers lead to a new model

What influences perception?

Risk Factors

(Ropeik 2010)
The human brain over the last 100,000 years is remarkable for Fear and Risk perception calculations. Problem: We don’t live in caves anymore...

Two Brain Theory: Risk Factors start here.

1. Feeling (Gut), very fast, uses predetermined rules, very decisive.

2. Logic (Head) very accurate, not very fast or influential. Rational

Judgment comes from Gut; Head rationalizes.
A ball and bat cost $1.10 together. The bat cost $1.00 more than the ball. How much does the ball cost?
Power of Head

- $x + (x + 1) = 1.10$
- $2x + 1 = 1.10$
- $2x = 0.10$
- $x = 0.05$
Risk Factors & Heuristics


(Ropeik 2010)
Risk Factor Principles

- Each factor can increase or decrease fear. (Breakthrough)
- Many factors combine in a given situation.
- Biases are other inputs
- Risk Perception Factors are universal but not the same dependent on personal experience.

(Ropeik 2010)
What influences perception?

Risk Factors:

#1  Risk /Benefit
#2  Good Bad
#3  New Familiar
#4  Social Proof
#5  Commitment

(2012) Reyna
Risk Factors explain why Perception is Powerful in Lifestyle Choices.
If familiar or new and perception “feels” good…

Then benefits increase as risk is perceived as low.

The opposite is also true and involves fear of loss.

#2 GOOD / BAD
Evolution’s answer to Google.
How to sort and survive too much Info

What’s important? Is it new?

The Unfamiliar commands our attention

Everything else – Habituation (off switch) Survival Mechanism

We cling to the familiar

Remember driving the first time?
Social Proof (not peer pressure)

- Social proof is a type of conformity. When a person is in a situation where they are unsure of the correct way to behave, they will often look to others for cues concerning the correct behavior. When "we conform because we believe that other's interpretation of an ambiguous situation is more accurate than ours and will help us choose an appropriate course of action,"[1] it is informational social influence. This is contrasted with normative social influence wherein a person conforms to be liked or accepted by others.

Social Proof
2015 Virgin Galactic SpaceShipTwo Pilot error; unlocked tail boom too early
Hazards that carry a low risk but encountered frequently

- Let’s camp here! Odds are only $1/1000$ a tree falls on us tonight.
- $1/1000 = Certain\ Death$ in a few Years
- Never sleep next to dead trees = Constructive Paranoia


What Kills People in the Jungle?

(Diamond, 2013)
<table>
<thead>
<tr>
<th>Stage</th>
<th>Physical</th>
<th>Mental</th>
<th>Perception</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No tolerance issues</td>
<td>No obsession issues</td>
<td>Constructive Paranoia Stable Risk / Benefit</td>
<td>No progression</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No smoking / No drunks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mature judgment</td>
</tr>
<tr>
<td>1</td>
<td>No tolerance issues</td>
<td>No obsession issues</td>
<td>New / Good Social Proof</td>
<td>Acute deaths &amp; Accidents Or to Stage 0 or 2</td>
</tr>
<tr>
<td>2</td>
<td>Tolerance adjustment</td>
<td>Impulse</td>
<td>Value Attribution Group Polarization Euphoric</td>
<td>Acute deaths &amp; Accidents Or to Stage 0 or 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Recall Escalation/Commitment</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Tolerance peaks</td>
<td>Preoccupation</td>
<td>Familiar / Good Confirmatory Bias Optimistic</td>
<td>Addiction progression Or to Stage 0 or 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Withdrawal</td>
<td>Obsession</td>
<td>Desperate for change - Cling to familiar Pain</td>
<td>Can’t stop, can’t quit Recovery (abstinence)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&amp; Suffering Loss Acceptance</td>
<td>or Jails, Institutions, Death</td>
</tr>
</tbody>
</table>
New Model Needs a New Assessment.

- What stage were you at?
- What Stage are you at?
- What Stage will you be at?

(Moore, 2013) * Copyright © 2013, Patrick Moore MA LPC
Repeated Measures

Direction of Risk

Velocity of Risk

* Copyright © 2013, Patrick Moore MA LPC
<table>
<thead>
<tr>
<th>INTERVENTION</th>
<th>MAINTENANCE</th>
<th>PREVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any decrease after intervention and 0 or 1</td>
<td>No change and 0 or 1 from last two columns.</td>
<td>Any score ending in an increase or 2.</td>
</tr>
</tbody>
</table>

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Are we doing any good?
N=457  Results

- Intervention: 5.7%
- Maintenance: 74.2%
- Prevention: 20.1%
<table>
<thead>
<tr>
<th>TAV</th>
<th>Frequency</th>
<th>Frequency %</th>
<th>Cumulative Fr.</th>
<th>Cumulative Fr %</th>
<th>% Sample</th>
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<td>29%</td>
<td>92</td>
<td>100%</td>
<td>20.13%</td>
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<td>65</td>
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<td>121</td>
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<td>9%</td>
<td>55</td>
<td>60%</td>
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<td>210</td>
<td>7</td>
<td>8%</td>
<td>47</td>
<td>51%</td>
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<td>6</td>
<td>7%</td>
<td>40</td>
<td>43%</td>
<td></td>
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<td>021</td>
<td>5</td>
<td>5%</td>
<td>34</td>
<td>37%</td>
<td></td>
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<tr>
<td>320</td>
<td>4</td>
<td>4%</td>
<td>29</td>
<td>32%</td>
<td></td>
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<td>221</td>
<td>3</td>
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<td>25</td>
<td>27%</td>
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</tr>
<tr>
<td>331</td>
<td>2</td>
<td>2%</td>
<td>22</td>
<td>24%</td>
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<tr>
<td>120</td>
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<td>2%</td>
<td>20</td>
<td>22%</td>
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<tr>
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<td>2%</td>
<td>18</td>
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<td>01.50</td>
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<td>16</td>
<td>17%</td>
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<td>15%</td>
<td></td>
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<tr>
<td>340</td>
<td>1</td>
<td>1%</td>
<td>13</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>34.5</td>
<td>1</td>
<td>1%</td>
<td>12</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>330</td>
<td>1</td>
<td>1%</td>
<td>11</td>
<td>12%</td>
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</tr>
<tr>
<td>321</td>
<td>1</td>
<td>1%</td>
<td>10</td>
<td>11%</td>
<td></td>
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<tr>
<td>11.5</td>
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<td>9</td>
<td>10%</td>
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<tr>
<td>440</td>
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<td>8</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>310</td>
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<td>7</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>230</td>
<td>1</td>
<td>1%</td>
<td>6</td>
<td>7%</td>
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<tr>
<td>030</td>
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<td>5%</td>
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<td>1%</td>
<td>4</td>
<td>4%</td>
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<tr>
<td>040</td>
<td>1</td>
<td>1%</td>
<td>3</td>
<td>3%</td>
<td></td>
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<td>231</td>
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<td>1%</td>
<td>2</td>
<td>2%</td>
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<tr>
<td>410</td>
<td>1</td>
<td>1%</td>
<td>1</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>

Total 92
MAPP Stage

Low Risk or Abstinence

Hazardous
Harmful
Symptomatic

Dependent

5%

20%

75%

Intervention Need

Lower Resistance
NOW

Identify & Intervene
BEFORE Indication

Lower Codependence;
Encourage LR

(O'Neil, 2012)
<table>
<thead>
<tr>
<th></th>
<th>Intervention SR</th>
<th>Maintenance LR</th>
<th>Prevention HR</th>
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</thead>
<tbody>
<tr>
<td><strong>Target</strong></td>
<td>20%</td>
<td>75%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Results</strong></td>
<td>20%</td>
<td>74%</td>
<td>6%</td>
</tr>
</tbody>
</table>

* Copyright © 2013, Patrick Moore MA LPC
<table>
<thead>
<tr>
<th></th>
<th>Was</th>
<th>Is</th>
<th>Will be</th>
<th>eCHUG</th>
<th>WHO</th>
<th>TAV</th>
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<tbody>
<tr>
<td>High Risk</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>2%</td>
<td>5%</td>
<td>6%</td>
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<tr>
<td>Some Risk</td>
<td>13%</td>
<td>14%</td>
<td>5%</td>
<td>18%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Low Risk</td>
<td>86%</td>
<td>85%</td>
<td>94%</td>
<td>80%</td>
<td>75%</td>
<td>74%</td>
</tr>
</tbody>
</table>

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Collaboration

- SBIRT and EDBIRT = End of Prevention Paradox
<table>
<thead>
<tr>
<th>SBIRT</th>
<th>MAPP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intervene HR progression (risk reduction)</strong></td>
<td><strong>Intervene on LR progression (Directional Intervention)</strong></td>
</tr>
<tr>
<td><strong>Screen</strong></td>
<td><strong>Sort</strong></td>
</tr>
<tr>
<td><strong>Behavioral</strong></td>
<td><strong>Perception</strong></td>
</tr>
<tr>
<td><strong>Chronic</strong></td>
<td><strong>Acute</strong></td>
</tr>
<tr>
<td><strong>Target 25% Some Risk &amp; High Risk</strong></td>
<td><strong>Target 100% Some Risk &amp; Low Risk &amp; High Risk</strong></td>
</tr>
<tr>
<td><strong>Model None / DM is BI</strong></td>
<td><strong>Model DM and RF</strong></td>
</tr>
<tr>
<td><strong>Continuum</strong></td>
<td><strong>Stage</strong></td>
</tr>
<tr>
<td><strong>Positive Negative</strong></td>
<td><strong>Measure direction before and after intervention</strong></td>
</tr>
</tbody>
</table>
Indicated Results

EBIRT: MAPP

0%

5%

95%

SBIRT: DM

Low Risk Intervention

High Risk Intervention

(Patrick N. Moore 2015)
Perception Gaps: Nomothetic Causation?

- The variables must be correlated
- The cause takes place before the effect
- The variables are nonspurious

- Since no “complete cause” in Social Research...
- Necessary cause must be present
- Sufficient cause must be present

Babbie, 2004
There’s More

- Previous Interventions
Repeated Measures

2 1 0

Intervention
<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Maintenance</th>
<th>Prevention</th>
<th>Total TST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preintervention</td>
<td>3%</td>
<td>9%</td>
<td>1%</td>
<td>13%</td>
</tr>
<tr>
<td>Prerisk</td>
<td>13%</td>
<td>8%</td>
<td>3%</td>
<td>23%</td>
</tr>
<tr>
<td>High risk</td>
<td>2%</td>
<td>0%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Low risk</td>
<td>3%</td>
<td>57%</td>
<td>0%</td>
<td>60%</td>
</tr>
</tbody>
</table>

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17% of interventions prior to eBIRT: Another 20% after eBIRT. High Risk 6% is all that is left. Of these 26 students, only six selected above stage 2 going forward.

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Maintenance</th>
<th>Prevention</th>
<th>Total TST</th>
<th>Change Locus</th>
<th>Total Change Locus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-intervention</td>
<td>3%</td>
<td>9%</td>
<td>1%</td>
<td>13%</td>
<td>Low Risk base</td>
<td>57%</td>
</tr>
<tr>
<td>Pre-risk</td>
<td>13%</td>
<td>8%</td>
<td>3%</td>
<td>23%</td>
<td>EDBIRT/MAPP</td>
<td>20%</td>
</tr>
<tr>
<td>High risk</td>
<td>2%</td>
<td>0%</td>
<td>2%</td>
<td>4%</td>
<td>Prior to EDBIRT/MAPP</td>
<td>17%</td>
</tr>
<tr>
<td>Low risk</td>
<td>3%</td>
<td>57%</td>
<td>0%</td>
<td>60%</td>
<td>High Risk</td>
<td>6%</td>
</tr>
</tbody>
</table>

100%
96% of 457 freshmen responded to MAPP by selecting stage 0 or stage 1 going forward.

The smallest category has the most Pre High Risk. Of the 26 students in the Prevention High Risk Category only 6 chose above stage 2 going forward.

Time Matters in a Progressive Model. Waiting for Indication is too late.
Some Risk is estimated at 20% to 22.7% by WHO and SAMHSA

The Athletic Sample is 12.57%
Substance Abuse 101 is 40.95%
<table>
<thead>
<tr>
<th>TAV</th>
<th>Frequency</th>
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* Copyright © 2013, Patrick Moore MA LPC
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The Educator was great and very strong to stand and give a testimony

This has been an eye opener as far as my issues w/alcohol. I have been aware of my issues and problems w/drinking, but this has been very revealing as to some the reasons.

I drink and use amphetamines on a weekly basis. I don't find it a necessity but definitely a very strong want. I want to slow down eventually.

The 4 stages really helped me realize that I may have a bigger problem than I thought + I could really relate to a lot of the mental processes described in the addiction cycle.

This presentation opened my eyes. I like the speaker's use of personal experience.

While the presentation is helpful and does encourage thoughtful decision making, it only seems like it'll reach stages 0-2 because 3&4 probably will deny having a problem & be dismissive.

Lastly, smiley face
Some Risk Comments

I feel that is something that is important for all college students to know. Educator knew what he was talking about very well. I would make it on an easier level so people don't get as bored and pay more attention.

Thank you for being so informative, I'm going to change some of my habits.

The 70% of death being low risk is scary. I had so many drinks that other night my room mate turned me on my side B4 threw up & probably saved my life. Thank you.

It's interesting to know that most people who are harmed by alcohol are those that are not necessarily addicted

I am a member of a fraternity and drinking is synonymous with Greek life so it's hard to be a member and not get hammered every weekend.

This helped me open my eyes to see the truth about alcohol and drug used / abuse. Thank you so much for taking the time to teach me, and help me become aware of the effects and the future effects this usage withholds. Heart shape.

You helped me understand me ten times better and the risks I am at. Thank you for helping me out.

I have had a family member at stage 4 and this presentation helped me better understand what he is/was going through

Stages most helpful.
Good presentation. I learned a lot of new things.
Good presentation. Made me think more about what I do.

Very interesting - enjoyed learning more into this concept. Better understanding on my part.
I like to think I am responsible
This was a nice presentation.
This was fantastic, thank you
very good presentation
I enjoyed learning about the processes of addiction on a deeper level.

The examples and explanations were helpful and created a better and unique understanding.
This was a very informal talk. I enjoyed the information shared.

Great for freshman, allowing them to be aware of the consequences of having "fun" without limits.

Lecture was helpful on understanding the evolutionary reason behind addiction. How the brain works.

Lecture was informative and helpful in understanding how our brains work and the process of addiction.

It was helpful to see the concept of how people become addicted and risk factors of addiction.

I wasn't a smoker until I came to campus, made some friends, and picked up the habit. I know its bad, yet I still do it.

Over all the presentation was well constructed and the speaker did a phenomenal job.

Very good presentation. I hope that all learning communities see this presentation.
All freshmen must know this information about addictions.
Results:

- Increase Risk Perception
- Decrease Negative Outcomes
- Reduce addiction
- Reduce Codependence
- Accelerate Recovery
- The beginning of the end of addiction
MAPP*

● Motivational
● Assessment
● Prevention
● Program

Motivational Interviewing in a box

20 million High School students will enter College this fall

4 million Prehab opportunities.

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References


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