

BASICS: Brief Alcohol Screening and Intervention for College Students

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Agenda

- Overview
- Effects of alcohol on the body
- Introduction to Brief Motivational Interventions
- Stages of Change and Student motivation
- Brief Motivational Interventions with College Students
- Overview of BASICS
- BASICS model

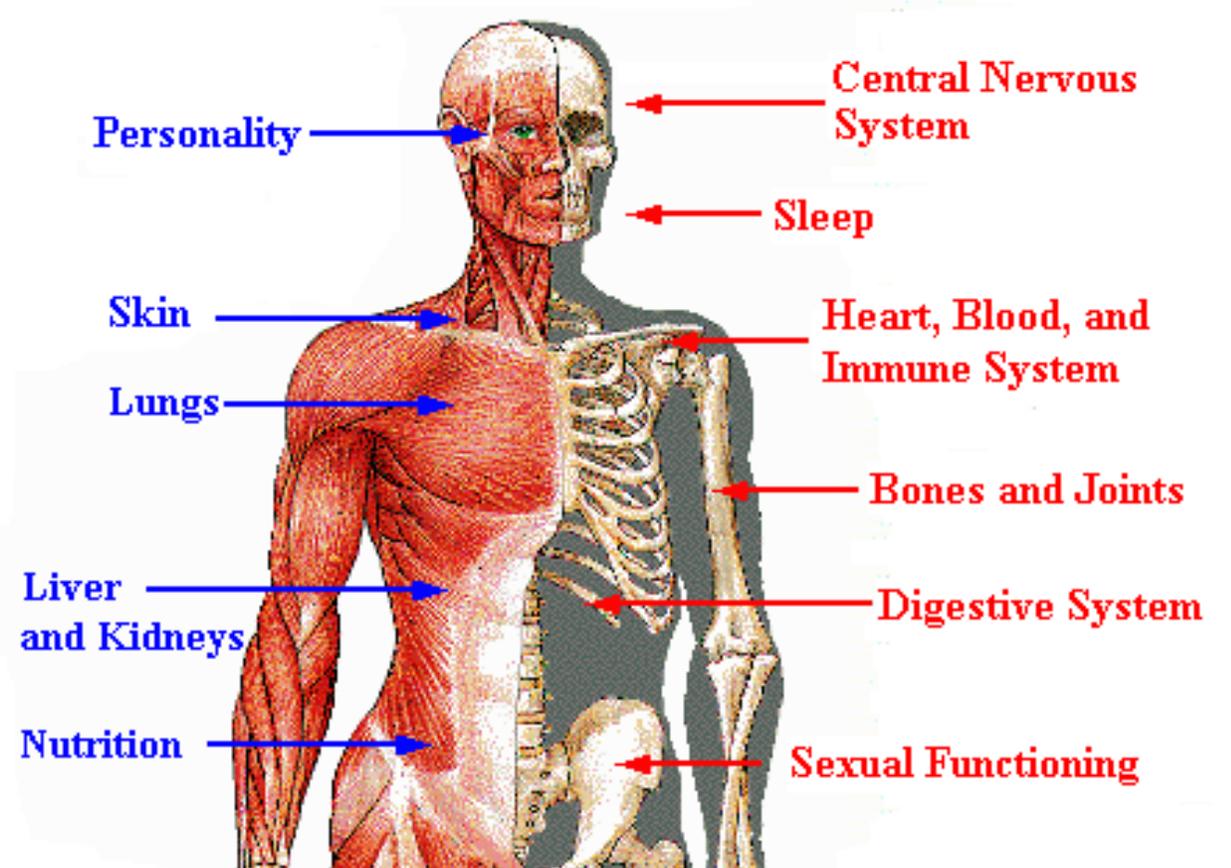
Overview

Participants will be able to

- Understand effects of alcohol on the body
- Provide brief motivational interventions
- Assess a student's stage of change
- Understand motivational interviewing process
- Understand and deliver the assessment session of BASICS
- Understand and deliver the feedback session of BASICS

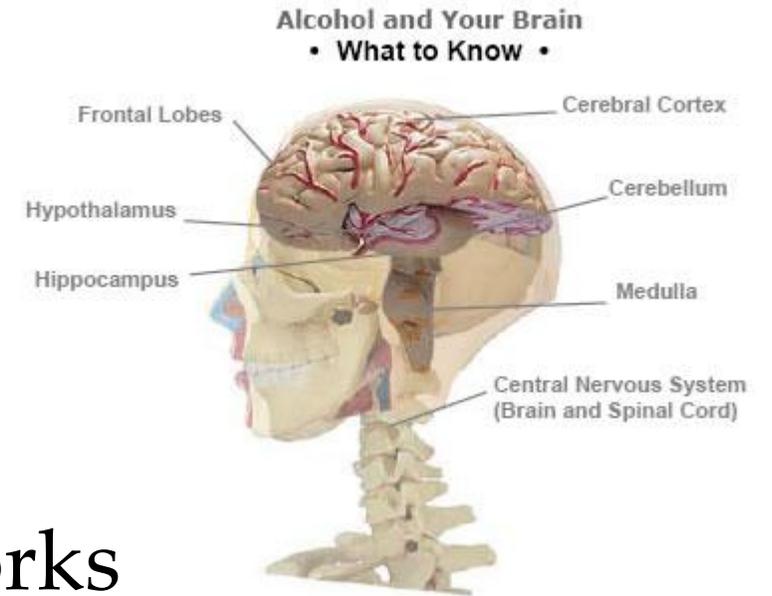
Alcohol Effects on Body

- Brain
- Heart
- Liver
- Pancreas
- Cancer
- Immune System



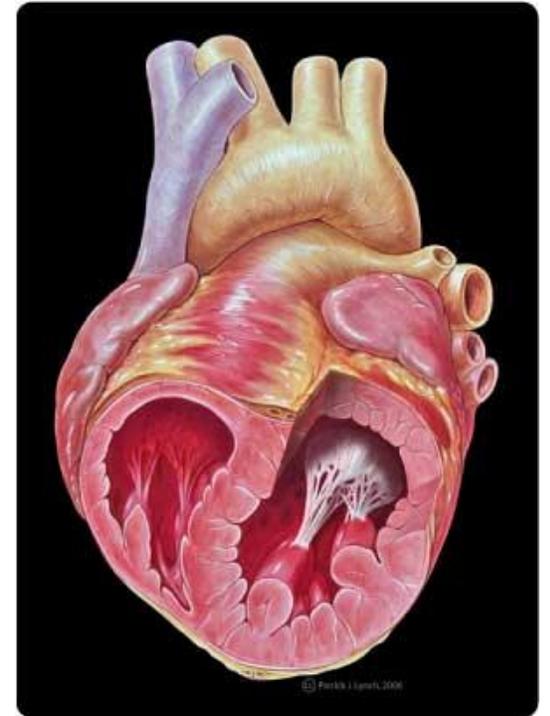
Brain

- Affects communication pathways
- Affects the way the brain looks and works
- Can affect mood and behavior
- Harder to think clearly and move with coordination



Heart

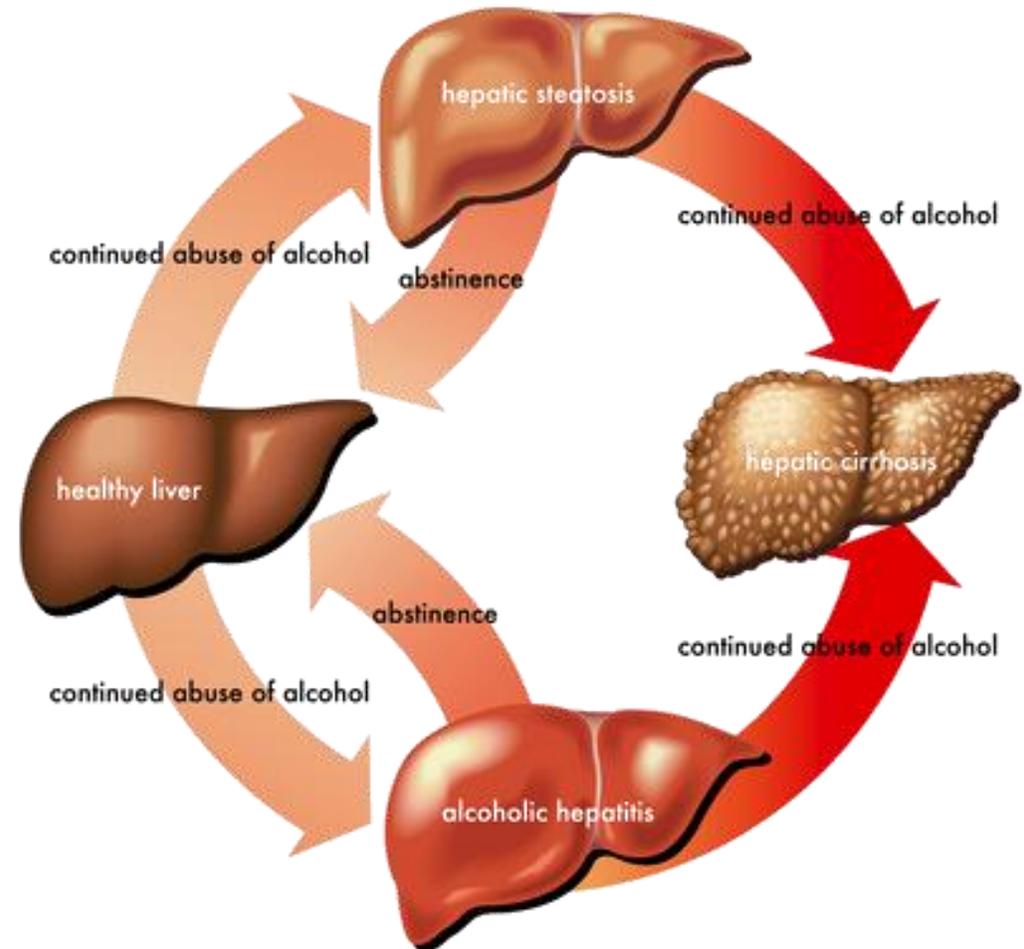
- Can cause heart damage
- Cardiomyopathy, stretching and drooping of heart muscle
- Arrhythmias, irregular heartbeat
- Stroke
- High blood pressure
- *drinking moderate amounts of alcohol may protect healthy adults from developing coronary heart disease



Liver

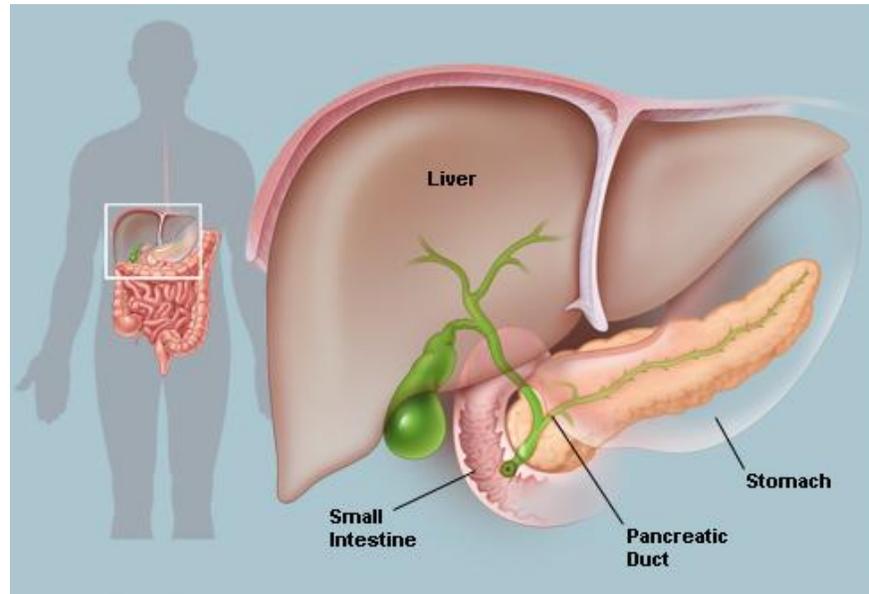
- Steatosis (fatty liver)
- Alcoholic Hepatitis
- Fibrosis
- Cirrhosis

Damage of alcohol abuse on the liver



Pancreas

- Causes pancreas to produce toxic substances
 - Leads to pancreatitis (prevents proper digestion)



Cancer

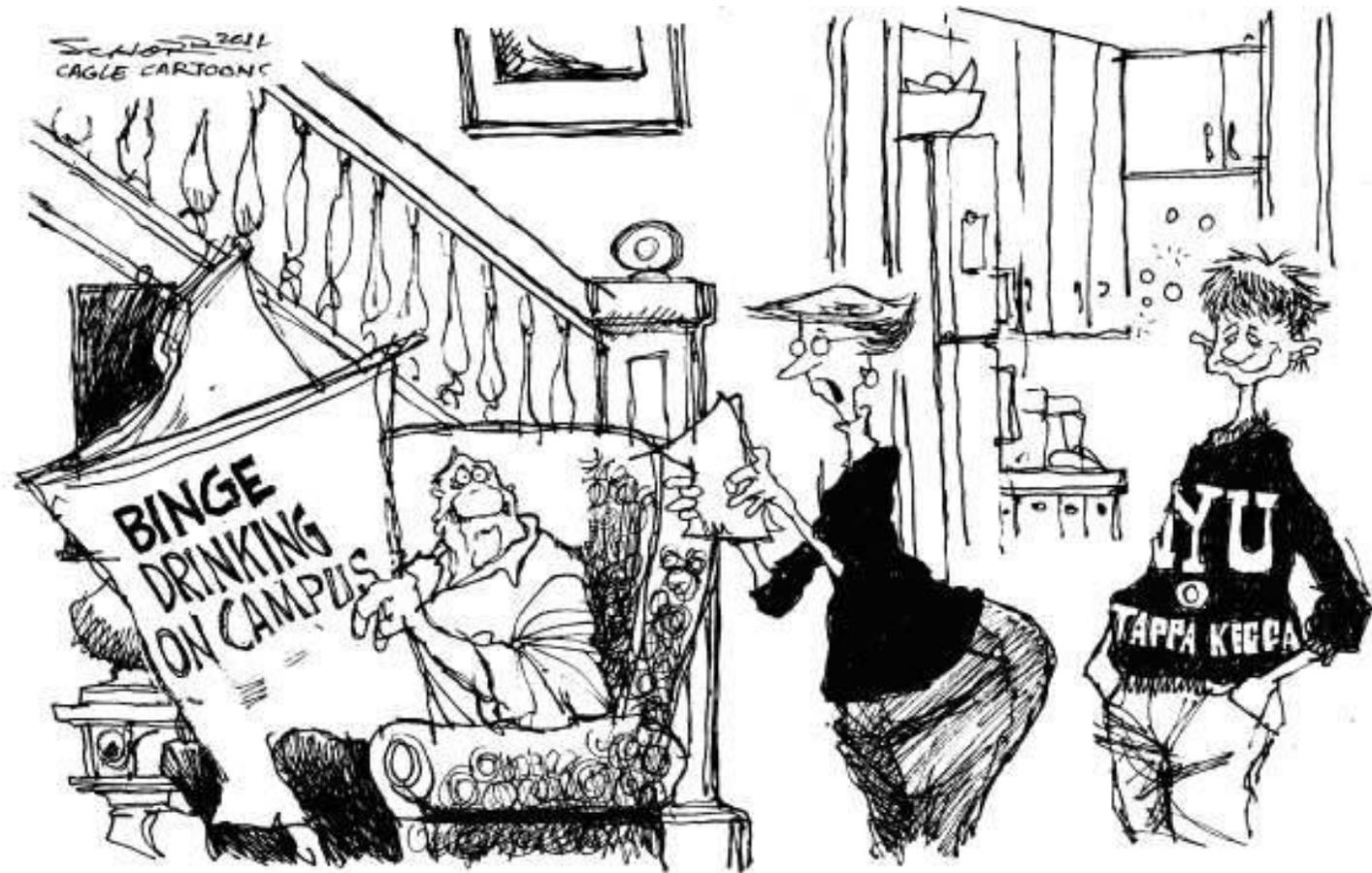
- Increases your risk of certain cancers
 - Mouth
 - Esophagus
 - Throat
 - Liver
 - Breast



Immune System



- Weakens your immune system
- More susceptible to illness or disease
- Chronic drinkers more likely to contract
 - Tuberculosis
 - Pneumonia



"THE GOOD NEWS IS, HE GOT A 3.0...THE BAD NEWS IS IT'S HIS BLOOD ALCOHOL COUNT..."

College Drinking Problems

- About four out of five college students drink alcohol
- Half of students who drink, consume alcohol through binge drinking
- Drinking affects college students, college communities, and families



Alcohol Poisoning

- Occurs when high levels of alcohol suppress the nervous and respiratory systems as the body tries to rid it of alcohol toxins
- Signs of alcohol poisoning
 - Mental confusion, stupor, coma, or the person cannot be roused
 - Vomiting
 - Slow or irregular breathing
 - Hypothermia or low body temperature, bluish or pale skin



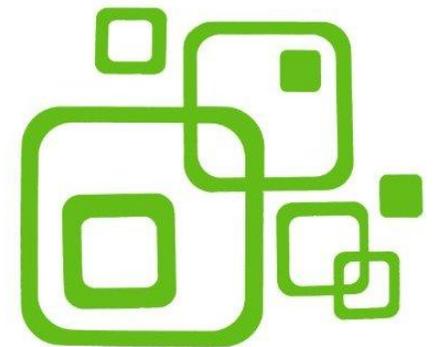
Consequences of College Drinking

- Death
- Assault
- Sexual Abuse
- Injury
- Academic Problems
- Health Problems/Suicide Attempts
- Drunk Driving



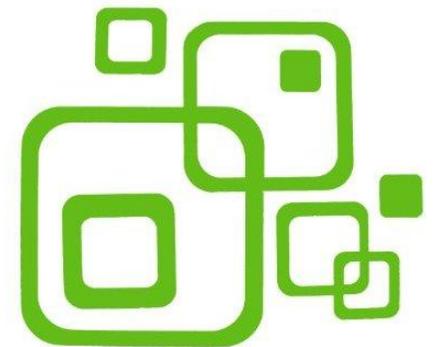
Death

- 1,825 college students between the ages of 18 and 24 die from alcohol-related unintentional injuries



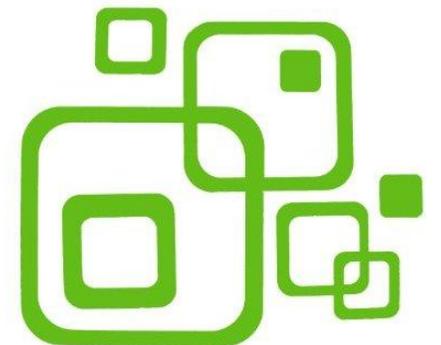
Assault

- 690,00 students between the ages of 18 and 24 are assaulted by another student who has been drinking



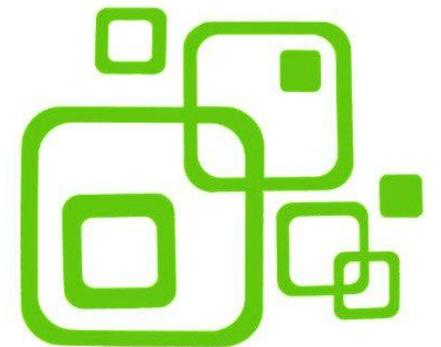
Sexual Abuse

- More than 97,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape



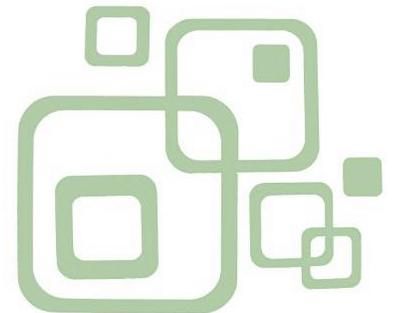
Injury

- 599,000 students between the ages of 18 and 24 receive unintentional injuries while under the influence of alcohol



Academic Problems

- Approximately 25 % of students report academic consequences, i.e. missing class, falling behind, doing poorly on exams or papers and receiving lower grades overall



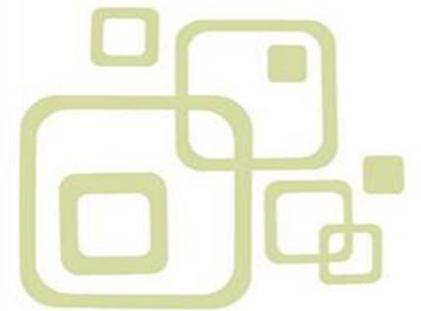
Health Problems

- More than 150,000 students develop an alcohol-related health problem
- Between 1.2 and 1.5 percent of students indicate they tried to commit suicide within the past year due to drinking or drug use



Drunk Driving

- 2.8 million students between the ages of 18 and 24 reported drinking while under the influence of alcohol

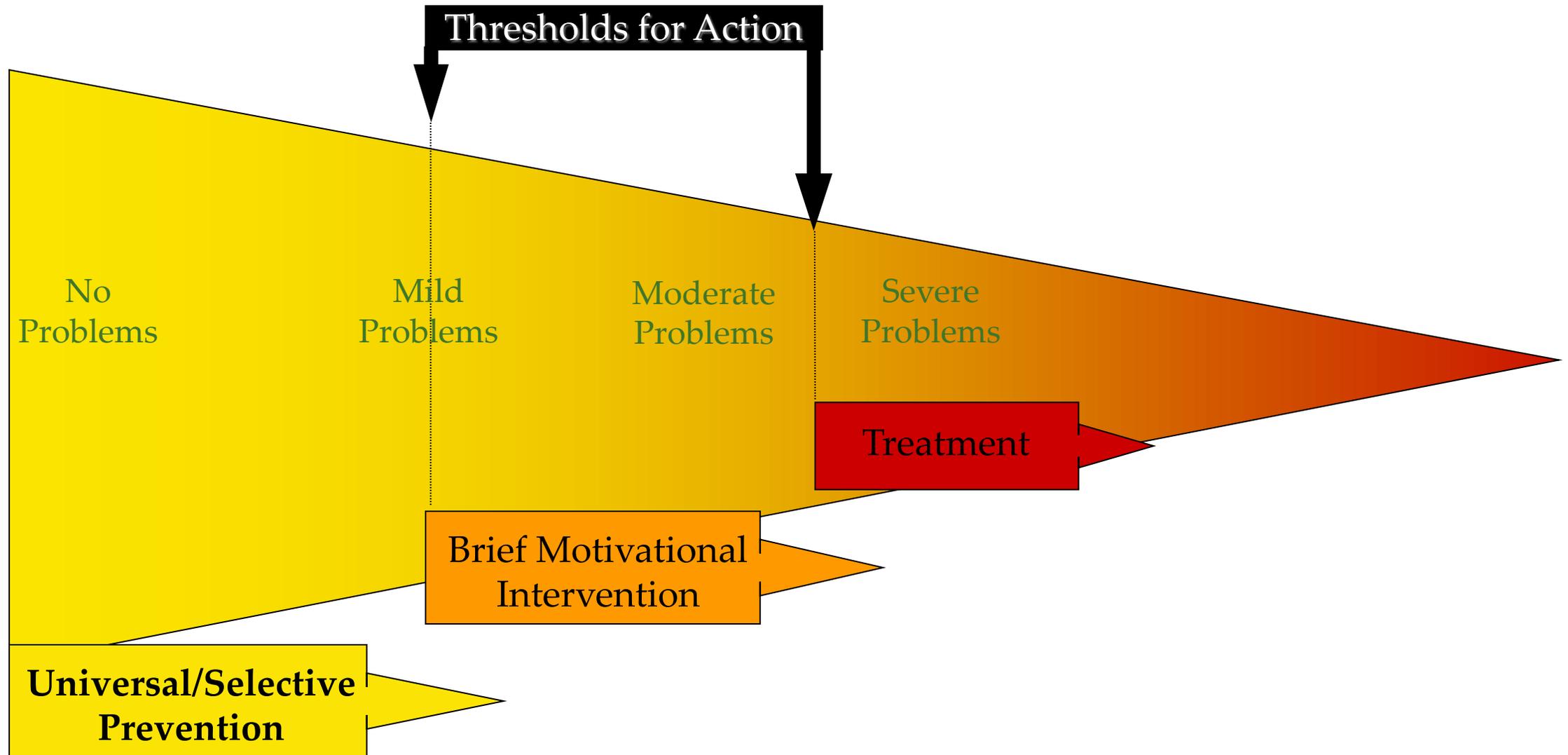




Introduction to BMI

What they are, goals, components, types

Spectrum of Intervention Responses



Brief Motivational Interventions (BMI)

- Minimal interactions with medical, mental health, or other provider (Health Educator, Resident Advisor)
- Focuses on health risks
- Flexibility (several minutes to up to two 50 minute sessions)
- Effective for harmful drinkers who do not have severe alcohol dependence
- Cost effective (as effective as more intensive treatments)

BMI Goals

- Reduce alcohol use
- Reduce risk posed to health, safety, and academic performance
- Reduce harm to drinker and others
- Encourage abstinence

BMI Components

- The College BMI **FRAMES**

Feedback on drinking related risk factors

Responsibility for change lies within the student

Advice to abstain or to drink in moderately to reduce risky behaviors

Menu of change strategies abstinence or moderation

Empathic style, i.e. motivational interviewing

Self efficacy of the student is supported and encouraged

Effects of BASICS

- Speeds up the maturing out process
- Reduces drinking related harm



Continuum of Excess, Moderation, and Abstinence

—Any steps toward decreased risk are steps in the right direction—



Types of BMI's

- Brief Advice (2-15 minutes)
- Behavioral Consultation (15-45 minutes)
- Motivational Intervention (two 50 minute sessions)
- BASICS (2 sessions + online survey)



Stages of Change

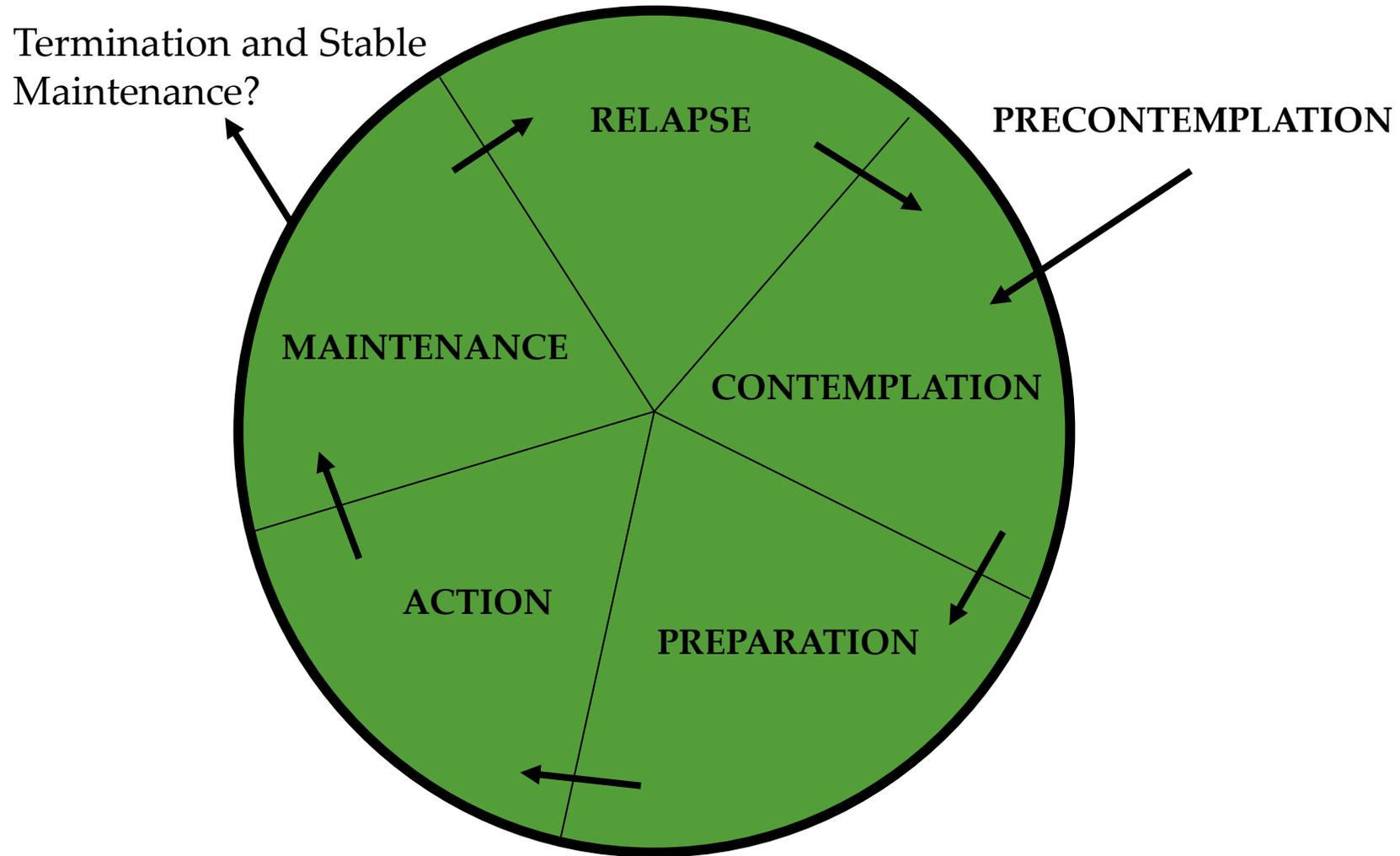
Assessing students motivation to change

Stages of Change

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse/Recycle



Wheel of Change



Pre-contemplative Students

- “I don’t have problem. I’m only doing this because they’re making me”
- I don’t want to talk about it
- What they look like
 - It’s everyone else’s fault
 - Little problem recognition
 - No intention to change

Contemplative Students

- “Ok, maybe there’s a problem. I’ll think about changing”
 - Increased problem recognition
 - Showing more distress about issue
 - Ambivalent towards change
 - Actively weighing pros and cons
 - Decisional balance exercise

Preparation Stage Students

- “I can’t keep going like this, how can I change?”
 - Increased commitment
 - Gathering information about options
 - Problem solving
 - Ready to make choices
 - Sharing plans for change
 - Change becomes a priority

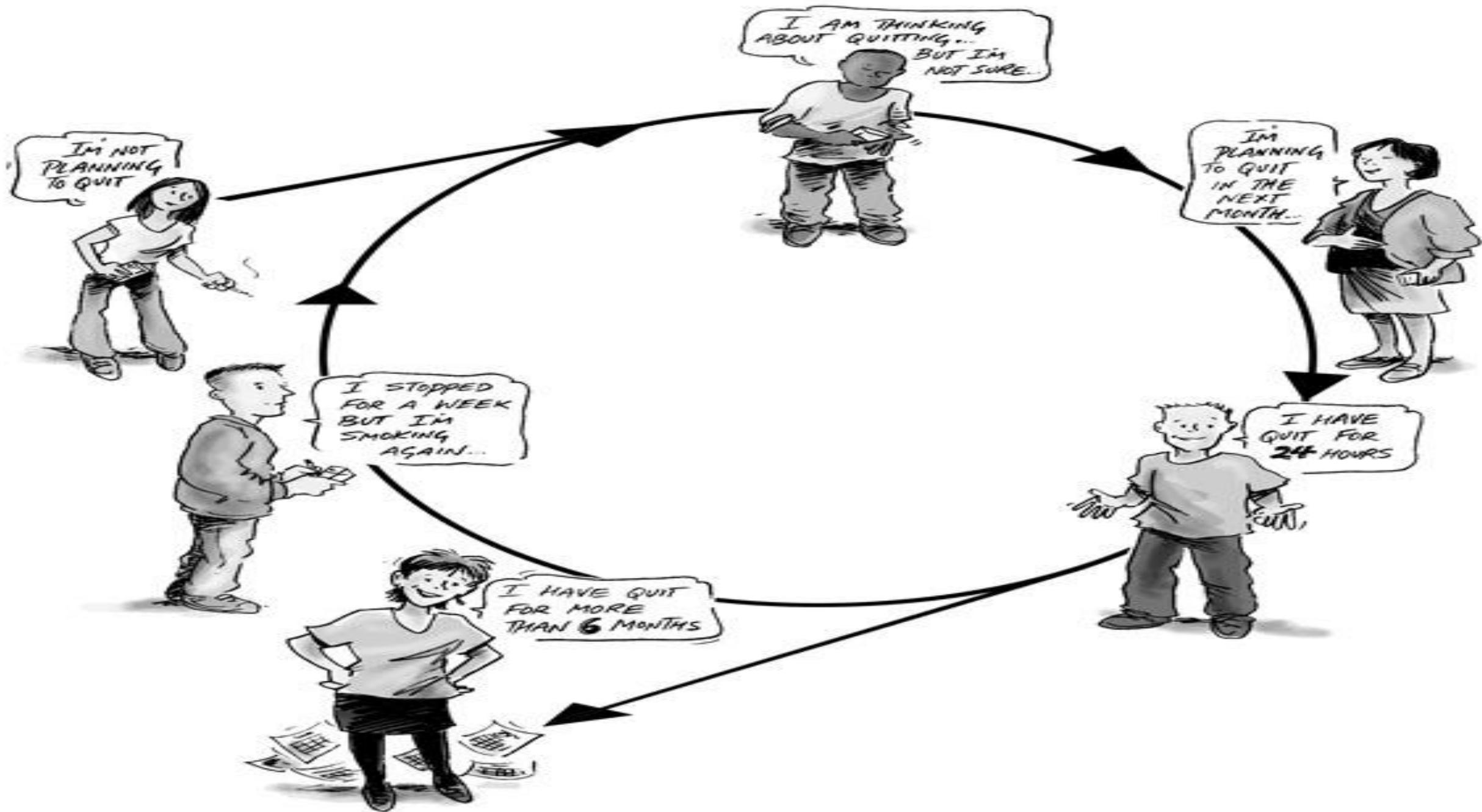
Action Stage

- “I’m giving this a try, things seem to be getting better”
 - Change strategies are chosen and pursued
 - Active modification of behavior, thoughts, feelings and environment
 - Treatment or self help’
 - Persistence and completion vs dropping out



Maintenance Stage

- “I’ve changed a lot and am sticking with it”
 - Trying to sustain new attitudes and beliefs
 - Working to prevent relapse
 - Watching for triggers and risky people, places, feelings, etc.
 - Taking personal responsibility and credit
 - Moving toward a balanced lifestyle



BMI's by stage of change

- Doing the right thing at the right time
 - College students respond to BMI's according to their readiness to change
 - Strategies that are out of phase of stage increase resistance and change talk
 - Meet students where they are and not where you think they need to be

Enhance student motivation

- Change is the responsibility of the student
- Enhance motivation to change is a fundamental task of the BMI practitioner
- Must observe and identify student's readiness to change
- Stay in phase for optimal enhancement and behavior change

Differences between Enablers and Helpers

Enablers

- Avoid discussions and confrontations
- Soften consequences by minimizing the importance of events
- Makes excuses, covers for, or defends problem behaviors
- Indirectly or rarely recommend behavior change

Helpers

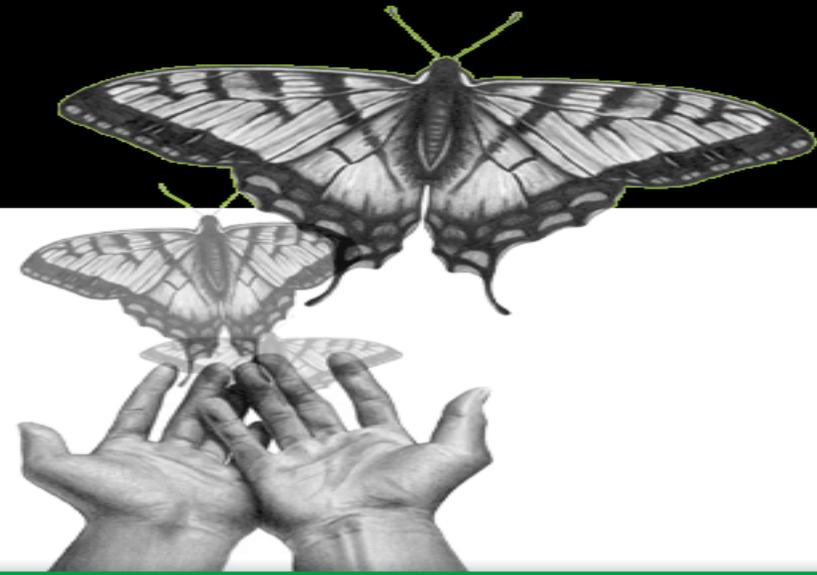
- Address specific disruptive and distressing behaviors
- Ensure that negative behaviors are followed by consistent consequences
- Insist that pre-contemplators accept responsibility for their actions
- Directly and frequently recommend behavior change



- Be empathic and genuine
- Be supportive and honest
- Be solution focused and helpful
- Be consistent and fair
- Don't push someone into action
- Don't nag
- Don't give up
- Don't enable

- Silver rule
 - DO unto others as you think you should do onto them
- Golden rule
 - DO unto others as you would have them do onto you
- Platinum rule
 - Do unto others as they would have you do unto them

Motivational Interviewing



What is it?

- Client centered
- Yet directive
- Explore and resolve ambivalence about change
- Elicit the students intrinsic motivation

Assumptions

- Ambivalence is normal
- Ambivalence can be resolved
- Persuasion and confrontation tend to increase resistance and reduce change talk
- Create a collaborative partnership with student
- AN empathic, yet directive style facilitates change talk

Styles

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self efficacy



Express empathy

- Acceptance facilitates change
- Skillful reflective listening is fundamental
- Ambivalence is normal
- Engagement and rapport establish a working alliance with the student



Develop discrepancy

- Awareness of consequences is important
- Discrepancy between current behavior and goals important to the students motivation to change
- Student presents arguments for change (self motivational statements or change talk)

Roll with resistance

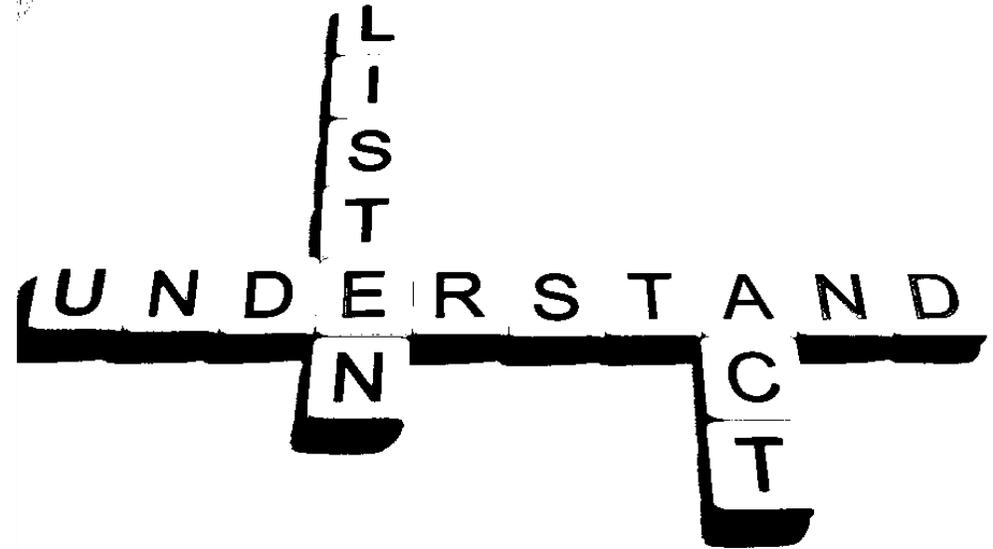
- Arguments are counterproductive, avoid arguing for change
- Persuasion Breeds Defensiveness
- Getting resistance? Change strategies
- Perceptions can be shifted (reframing)
- Student is a valuable resource to find solutions (assets, strengths and protective behaviors)

Support self efficacy

- Belief in possibility of change is an important motivator (self fulfilling prophecy)
- Student is responsible for choosing and carrying out the personal change (autonomy)
- Hope is in the range of alternatives (Optimism)

RULE

1. Resist the righting reflex
2. Understand your client
3. Listen carefully to your client
4. Empower your client



MI and Change talk

- Demonstrate problem recognition
- Expressing concern about the problem
- Showing the intention to change
- Reflecting optimism about change

MI OARS

- Self motivational statements
- Open-ended questions
- Affirming the student
- Reflective listening
- Summarizing



Open ended questions to

- Facilitate dialogue
- Keep communication flowing
- Avoid assumptions
- Receive information in non-judgmental way
- Encourage student to do most of the talking
- Elicit the students' feelings
- Understand the students' point of view



Examples

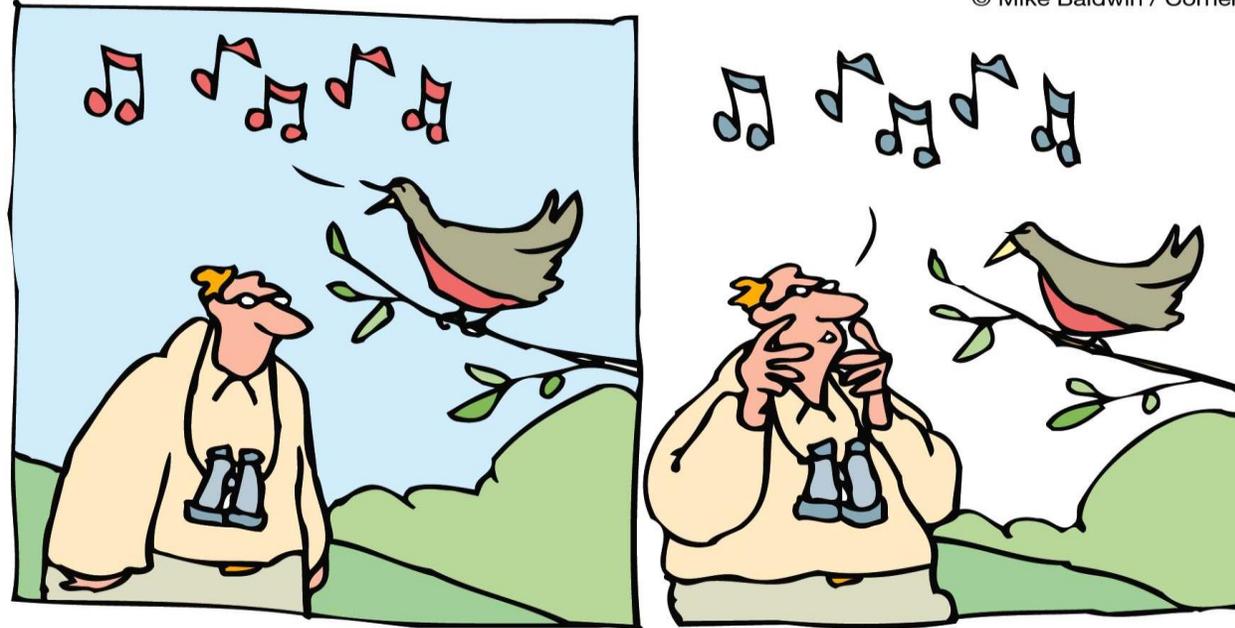
- What are your thoughts about being here today?
- Tell me what you expect to happen in our session.
- Describe what you enjoy most out of drinking.
- Describe what you enjoy least out of drinking.
- How has your drinking changed since high school?

Affirming the student

- Appreciation of student's strengths
- Specific behaviors rather than attitudes, decisions or goals
- Descriptions, rather than evaluations
- Avoid using the word "I"
- Attend to areas of success and mastery
- Nurture competency view rather than deficiency view of student

Reflective Listening

- Attend carefully to what the student say
- Formulate in your mind the meaning conveyed by the student's communication "what is she saying to me?"
- Reflect your understanding of the meaning back to the student modified strategically
- Check the accuracy of your understanding "is that what you mean?" , "do I have that right?"



I DON'T NEED YOUR @!★🪐 HELP,
I JUST NEED YOU TO LISTEN!



Levels of Reflective Listening

- Repeating exactly what the student said
- Rephrasing what the student said with some minor modification of wording
- Paraphrasing what the student said using your own words, similes or metaphors
- Reflecting emotions and meanings implied by what the student said, but not explicitly stated by the student's words
- Paraverbal and nonverbal cues = intuition? 90% of communication

Summarizing



- Summarize periodically within the session
- Strategically repeat a student's change talk
- Present a grand summary at end of session
- Include reluctance/resistance in the summary
- End with optimism for student self change

Use DARN-C

- **Desires-** what do you want to experience when you drink? What do you want to avoid
- **Ability-** How could you change your drinking? What strategies do you think would work best for you?
- **Reasons-** what are the most important reasons for you to make a change
- **Need-** How important is it for you to change your drinking?
- **Commitment-** what do you think you'll do first?

College BMI's

- Practitioner, client, where, when, how, effects
- 1. Brief advice (2-15 minutes)
- 2. Behavioral Consultation (15-45 minutes)
- 3. Motivational intervention two 50 minute sessions
- 4. BASICS (two in person sessions + online survey)

1. Brief Advice

- Practitioners: Academic advisor, career counselor, health professional, resident advisor, faculty member, law enforcement officer
- When: during routine activities as needs
- To whom: students with alcohol, drug or other behavioral problems observed or disclosed
- What: FRAMES BMI components
- How: Script using MI OARS
- Stepped-care: Refer to additional service as needed

2. Behavioral Consultation

- Practitioners: Resident Directors, Associate Dean of students, judicial hearing officer, counselor
- When: Formal interview scheduled with student
- To whom: students with alcohol, drug or other behavioral problems you observe or they share as well as mandated violators of student code
- What: FRAMES Components of BMI with screening tool, (AUDIT) and Systemic feedback
- How: Script using MI OARS
- Stepped-Care: Refer to additional service as needed

3. Motivational Intervention

- BASICS Core Components
- Session 1 assessment
 - Structured clinical interview
 - Self monitoring drinking
 - Online assessment survey

- Session 2 Feedback
 - Personalized feedback report
 - Change planning
 - Screening and Referral
 - Stepped-care options

FRAMES BMI components and MI Oars

- Have student complete AUDIT
- Establish rapport
- Define your role and discuss confidentiality
- E-P-E Cycle
 - Elicit Reactions to completing AUDIT
 - Provide Feedback on AUDIT score and domains
 - Elicit reactions to feedback
- Closing: Summarize, Elicit Reactions, Next steps

AUDIT

- Developed by the WHO – Alcohol Screening Tool
- 10 Questions on Past Year Drinking
- Questions 1-3 = Hazardous drinking
- Questions 4-6 = Dependence Drinking
- Questions 7-10 = Harmful Alcohol Use
- Positive Screen = Student Total Score > 8?
- Reliable and Valid College Student Screening Tool

Item Content & Domains of the AUDIT

Domains	Question Number	Item Content
Hazardous Alcohol Use	1	Frequency of Drinking
	2	Typical Quantity per Episode
	3	Frequency Heavy Drinking
Dependency Symptoms	4	Impaired Control
	5	Increased Salience
	6	Morning Drinking
Harmful Alcohol Use	7	Guilt After Drinking
	8	Blackouts
	9	Alcohol-Related Injuries
	10	Others Concerned

Interpretation of College Student AUDIT Scores

AUDIT Score	Risk Level	Problem Level	Intervention
0-7	Low	None	Brief Advice, e-CHUG, CHOICES
8-15	Medium	Hazardous or Harmful Use	Behavioral Consultation
16-19	High	Alcohol Abuse or Dependence?	BASICS & Continued Monitoring
20-40	Very High	Alcohol Dependence	BASICS & Referral to Alcohol Treatment



BASICS: Brief Alcohol Screening and Intervention for College Students

Alcohol Skills Training Program (ASTP)

- Evidence based
- Empirically supported
- Effective with college students and reduces harm
- “Best Practice” in college alcohol abuse prevention

ASTP Core Components

- Establish rapport with students by meeting them where they are
- Assessment of alcohol use, standard drink, drinking questionnaire
- Accurate information about alcohol: absorption and oxidation
- Understand tolerance and biphasic effect
- Self monitoring and personal BAC
- Feedback about drinking
- Modify positive alcohol expectancies
- Strategies to abstain from drinking

BASICS

- Develop rapport and trust
- Review confidentiality
- How was the student referred, and how do they feel about it
- Mandated
 - Process and debrief incident
 - Differentiate self from referring authority
 - Emphasize you will not report back to referring body
- Orient student to BASICS

BASICS Research & Development

- BASICS was designed by researchers at the University of Washington as a prevention program to help reduce hazardous drinking.
- For students 17-24
- Based on empirically supported approaches
- Focuses on personal risk factors related to alcohol treatment
- Uses strategies shown to reduce drinking and alcohol related consequences

Alcohol knowledge

- Alcohol metabolism
- Blood alcohol concentration
- Alcohol tolerance as risk factor
- Self monitoring of drinking
- The Biphasic effect
- Effect of alcohol on health and performance
- Positive alcohol expectancies a risk factor
- Biopsychosocial gender differences
- Differential risk

Motivational interviewing skills

- BASICS is a combination of a BMI and Cognitive Behavioral Skills training (ASTP)
- Accurately assess students' stage of change
- Phase interventions based on motivation
- Use MI OARS to elicit change talk
- Use MI strategies to respond to resistance
- Apply the FRAMES BMI

BASICS Session 1

- Ask about drinking experiences
- Complete time follow back (TLFB) 30 day Alcohol use calendar
- Review standard drink chart with student
- Drink self monitoring cards
 - Do not appear to prescribe drinking, be neutral and explain how to use cards
- Review accessing e-Checkup to GO
- BASICS Wrap up
 - Provide contact information if any questions arise

Orient to BASICS

- Initial session to get to know each other
- Confidentiality
- Debrief incident
- Self monitoring
- Alcohol e-Checkup to go between sessions
- Session 2 will go over profile and look over drinking patterns

Mandated students

- Debrief the incident
- Differentiate self from referring authority
- Emphasize role as a professional for promoting wellness and safety
- Explain BASICS as 2 sessions
 - Attendance
 - Participation
 - What is shared with referring authority

Drinking history

- Age and circumstance of first alcohol use
- Age and circumstance of first drinking to intoxication
- Pattern of use from first use through high school
- Pattern of use during summer before college
- Changes in drinking since starting college



Explore family history



- Ask about family history of drinking or alcohol problems
- Ask about family history of illicit or prescription drug use
- Ask about family history of psychological functioning

Timeline Followback

1. In order to get an objective understanding of your pattern of drinking, it is important to determine how often and how much you usually drink.
2. In a minute, I will help you fill out a calendar of your drinking pattern for the last 30-days
3. First it's important to spend a moment talking about how to accurately measure the amount of alcohol in the drinks you consume.

Timeline Followback (TLFB-30)

1. What types of alcoholic beverages do you usually drink?
2. In order to determine how much alcohol you drink, we use a measure called a “standard drink” which always contains 1/2 ounces of pure alcohol regardless of the type of beverage.
3. This chart has a variety of common alcoholic beverages and their standard drink equivalents. (Standard Drink Conversion)
4. Let’s see how many standard drinks are in the beverages you usually consume. Now let’s complete the 30-Day Drinking Diary and explore your pattern of drinking.
5. Complete TLFB-30 as described in TLFB User’s Guide.

STANDARD-SIZED DRINK EQUIVALENTS

APPROXIMATE NUMBER OF STANDARD-SIZED DRINKS IN:

BEER or COOLER

12 oz.
~5% alcohol

- 12 oz. = 1
- 16 oz. = 1.3
- 22 oz. = 2
- 40 oz. = 3.3



MALT LIQUOR

8-9 oz.
~7% alcohol

- 12 oz. = 1.5
- 16 oz. = 2
- 22 oz. = 2.5
- 40 oz. = 4.5



TABLE WINE

5 oz.
~12% alcohol

- a 750 mL (25 oz.)
bottle = 5



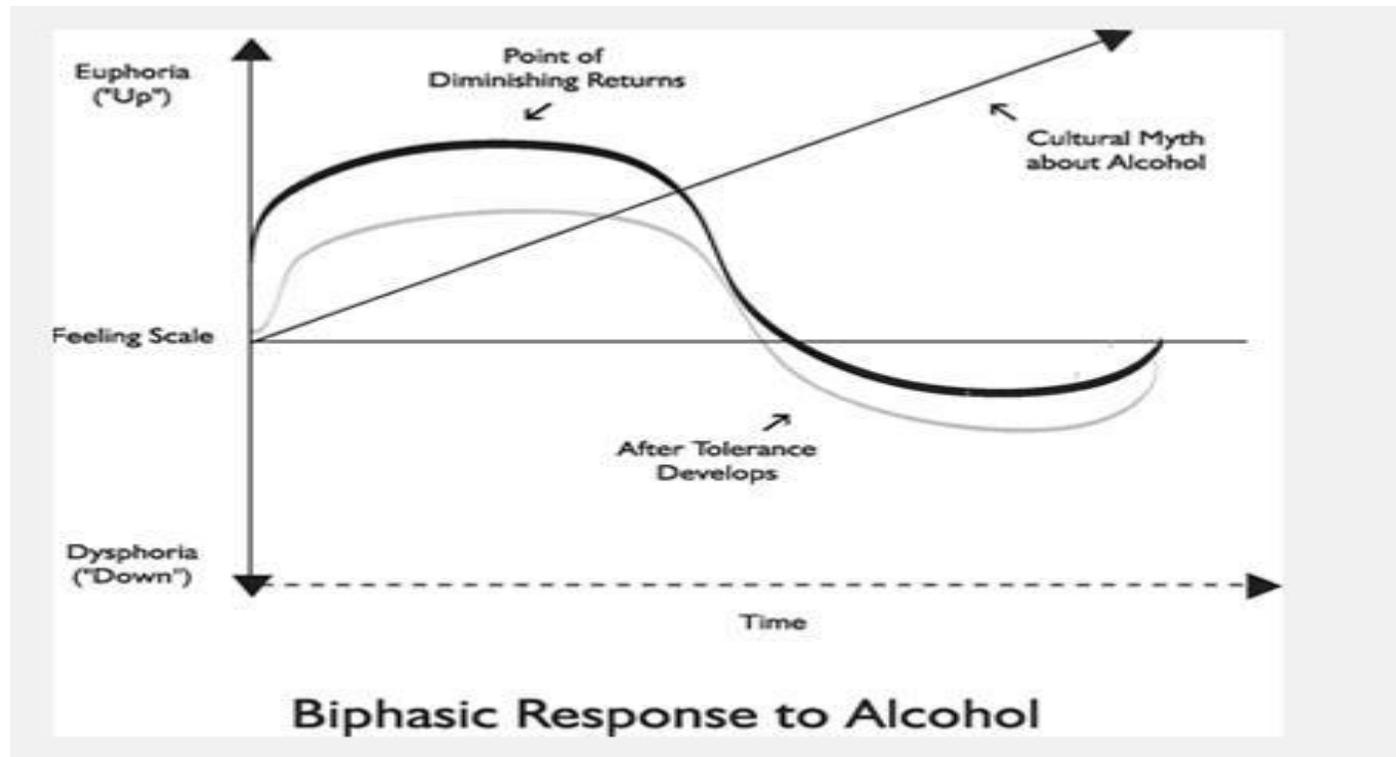
80-proof SPIRITS (hard liquor)

1.5 oz.
~40% alcohol

- a mixed
drink = 1 or more*
- a pint (16 oz.) = 11
- a fifth (25 oz.) = 17
- 1.75 L (59 oz.) = 39



Biphasic Model



Monitoring Card

- Identify any obstacles that may interfere with completion of monitoring
- Discuss problem-solving solutions to these barriers
- Seek a compromise between not self-monitoring and “ideal” real-time self-monitoring
- Seek a commitment from the student to complete the assignment as agreed

Purpose of self-monitoring drinking

- Increases self-awareness
- Focuses on context-specific information
- Provides data on recent drinking pattern
- Allows calculation of typical and peak BAC for recent drinking using BAC Card
- Teaches student how to relate level of intoxication to a measure of drinking quantity

E-Checkup to go

1. Have student complete on-site or Provide URL for Alcohol eCHECKUP TO GO Assessment
2. Encourage honest and complete answers
3. Suggest doing assessment right away
4. Explore student's attitude toward doing it
5. Brainstorm and overcome any obstacles
6. Get a verbal commitment

Wrap up

1. Solicit feedback from the student about the session
2. Provide an opportunity for the student to express any comments, concerns or questions
3. Make an appointment for the next meeting

BASICS session 2

- Provide feedback information
- Provide psycho-educational information about alcohol
- What to do before this session
 - Review e-checkup to go profile
 - Print 2 copies of the drinking profile
 - Create a personalized BAC card and other relevant handouts
 - Develop a plan based on content from session 1, drinking profile, stage of change and areas to develop discrepancy

Review Self Monitoring

- Ask open ended questions to see how the monitoring went
- What did they notice about their drinking
- Give student personalized BAC, note it is specific to their weight and gender and explain how to read it
- Have blank cards ready if they “forgot”

Review Drinking

- Drinking patterns
- Comparing drinking to others
- BAC levels
 - Highest BAC during a typical week of drinking
 - Highest BAC during heaviest drinking episode in the month
- Sobering up
 - After highest BAC during a typical week of drinking
 - After highest BAC during heaviest drinking episode in the month

Review Costs

- Personal cost
- Physical cost of alcohol
 - Alcohol and physical performance
- Calories consumed per month

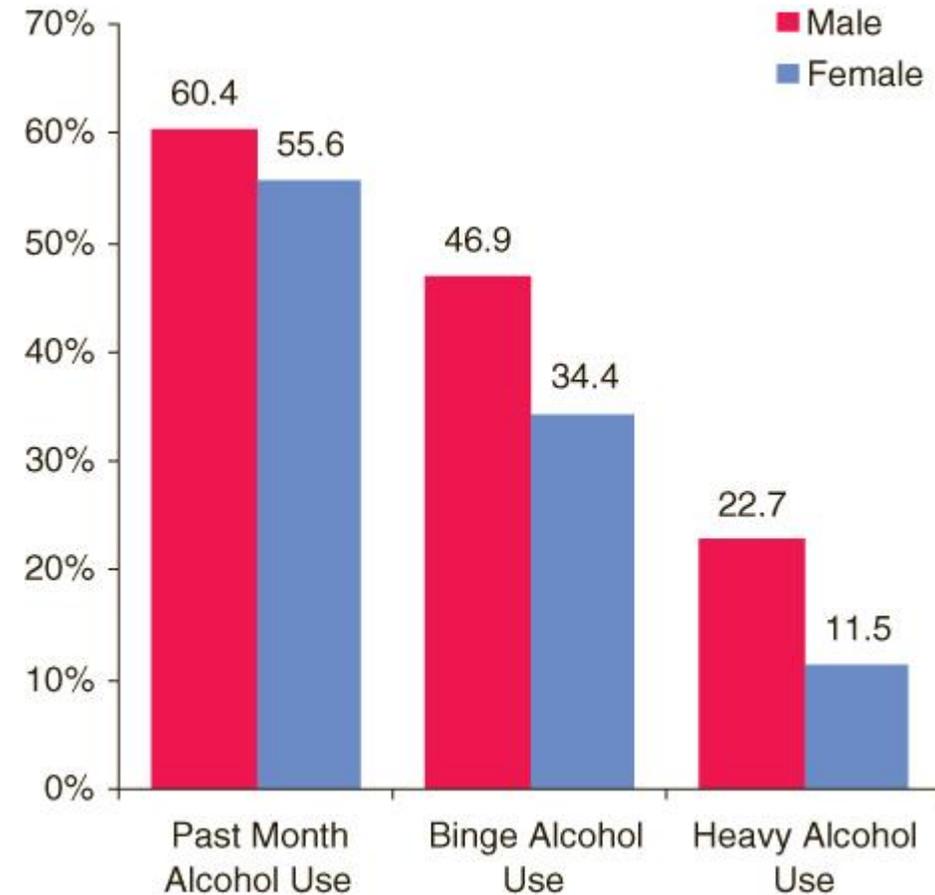


Review Personal Risk Factors

- Past consequences risk for developing an alcohol problem
- Tolerance level
- Family risk level
- Age drinking started
- Drinking and driving risk
- Sexual

Personal Use Comparison

- Estimated and actual
 - Drinking
 - Marijuana use
 - Tobacco use



Review Goals and Aspirations

- Health and fitness
- Relationships
- Career and life goals
- Self esteem



Moderation Training

Key components of moderation training include:

1. Deciding what one wants from drinking
2. Setting limits
3. Monitoring consumption and counting standard drinks
4. Change how and what one drinks
5. Coping more effectively with high risk situations for heavy drinking

How to moderate drinking

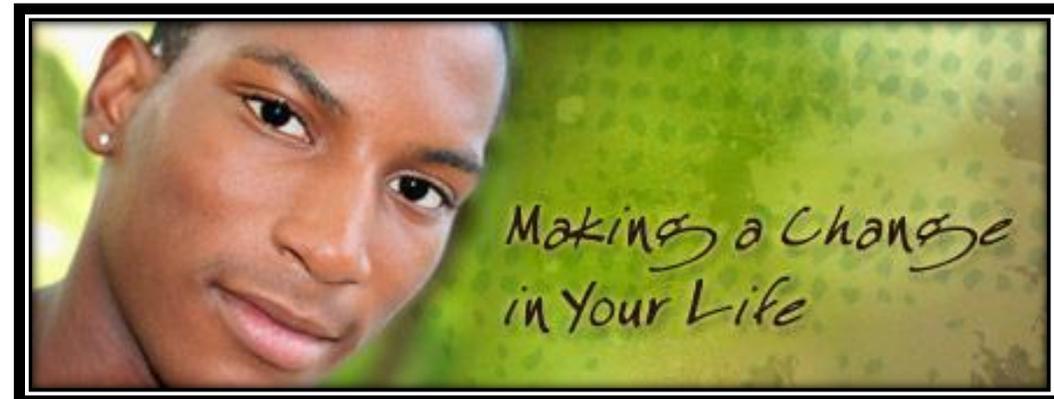
1. Drink beer rather than more potent drinks
2. Slow down the pace of drinking
3. Space drinks further apart
4. Alternate nonalcoholic and alcoholic drinks
5. Don't play drinking games or "prefunc"
6. Learn to refuse drinks when they are offered
7. Monitor the # standard drinks per hour and stay below the "point of diminishing returns"

Guidelines for Abstinence Goal

1. The student is experiencing moderate to severe alcohol dependence
2. The student has been unsuccessful in moderating use
3. The student is pregnant or has reason to believe she is pregnant
4. The student has been previously told by a physician to cut down or stop drinking
5. The student currently has a medical condition that is exacerbated by alcohol

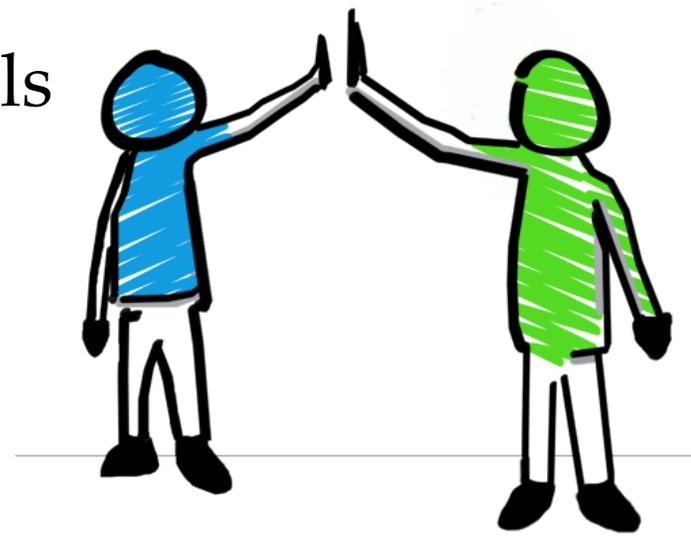
Making a change

- Motivation changing your drinking pattern
- Student input
- Practitioner recommendations
- Wrap up



Referrals

1. Referral may be necessary for students with moderate to severe alcohol dependence or with co-occurring mental disorders or other disorders
2. Most common referrals are to mental health professionals and substance abuse treatment
3. Rapport is a key factor in successful referrals
4. Know your on and off campus resources
5. Assisting the student is the first contact



Wrap up

- Questions about BASICS?
- How do you plan on using BASICS?
- Do you feel you have tools to use on campus right away?

*Thank
You!*

