

Screening and Brief Interventions to Reduce High-Risk Drinking and Related Consequences: Discussing Substance Use During Clinical Visits

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Points for Consideration

- *Substance use by college students*
- Prevention/intervention approaches
- Goals of interventions with college students
- Stages of Change and Motivational Interviewing
- Brief interventions
- Motivational Interviewing overview
- Alcohol information related to brief interventions
- Change talk
- Practicing with OARS
- Resistance
- Considering screening options
- Wrapping up

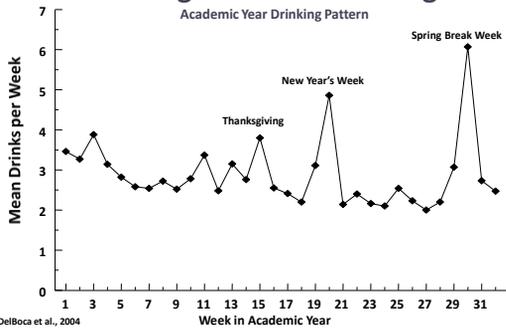
Substance Use Data from Monitoring the Future Study

- Alcohol is still the primary drug of choice
 - Past year
 - 82% report any alcohol use
 - 67% report having been drunk
 - Past month
 - 69% report any alcohol use
 - 45% report having been drunk

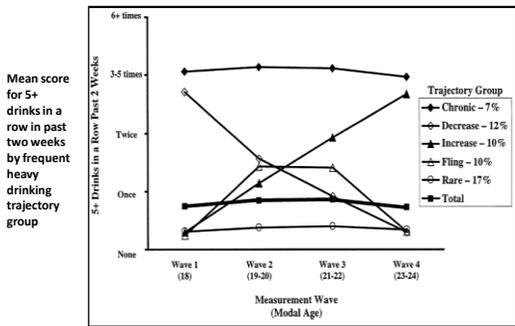


Source: Johnston, et al (2009)

College Student Drinking



Trajectories of "Binge Drinking" During College



Alcohol-Related Consequences

- Within the past 12 months as a consequence of drinking...
 - 22.3% did something they later regretted
 - 19.0% forgot where they were/what they did
 - 10.8% had unprotected sex
 - 10.7% physically injured themselves



n=34,208 from 57 colleges/universities
American College Health Association, 2010

Alcohol-Related Consequences (continued)

- Within the past 12 months as a consequence of drinking...
 - 2.6% got in trouble with the police
 - 1.8% physically injured another person
 - 1.5% had sex with someone without giving your consent
 - 1.2% seriously considered suicide
 - 0.3% had sex with someone without getting their consent

American College Health Association, 2010

Substance Use Data from Monitoring the Future Study

- Any illicit drug
 - 35% report past year use
- Marijuana
 - 32% report past year use
- Any illicit drug other than marijuana
 - 15% report past year use
 - 6.7% Vicodin
 - 6.5% Narcotics other than heroin
 - 5.7% Amphetamines
 - 5.1% Hallucinogens
 - 5.0% Tranquilizers



Source: Johnston, et al (2009)

Mental Health Issues and Academics

- Health issues impact academic success
 - 92% of depressed students show signs of academic impairment (Heiligenstein, et al., 1996)
 - 70% of students seeking counseling reported personal problems affected academics (Turner, 2000)



Health and Mental Health

- Factors affecting academic performance:
 - 27.8% Stress
 - 20.0% Sleep difficulties
 - 19.0% Cold/Flu/Sore throat
 - 18.6% Anxiety
 - 13.6% Work
 - 12.6% Internet use/computer games
 - 11.1% Depression
 - 10.4% Concern for a troubled friend/family member



31 unique categories listed, the above were the 8 with prevalence greater than 10%
American College Health Association, 2010

Diagnostic Criteria for Substance Dependence

Three (or more) at any time in the same 12 month period

- Tolerance
- Withdrawal
- Substance often taken in larger amounts or over longer period of time than intended
- Persistent desire or unsuccessful efforts to cut down or control use
- Great deal of time spent to obtain, use, or recover
- Important social, occupational, or recreational activities given up or reduced
- Use continues despite physical or psychological problem caused or worsened by use.

Diagnostic Criteria for Substance Abuse

One (or more) in 12 months; never met dependence criteria

- Recurrent use resulting in failure to fulfill major role obligations at work, school or home
- Recurrent use in situations in which it is physically hazardous.
- Recurrent substance-related legal problems
- Continued use despite persistent or recurrent social or interpersonal problems caused or exacerbated by use.

Other Alcohol-Related Disorders

- Alcohol-Induced Psychotic Disorder with Delusions
- Alcohol-Induced Psychotic Disorder with Hallucinations
- Alcohol-Induced Mood Disorder
- Alcohol-Induced Anxiety Disorder
- Alcohol-Induced Sexual Dysfunction
- Alcohol-Induced Sleep Disorder

Alcohol and Drug Use Disorders

- Past year prevalence:
 - Alcohol abuse: 12.5%
 - Alcohol dependence: 8.1%
 - Any drug abuse: 2.3%
 - Any drug dependence: 5.6%

Wu, et al., (2007)

Alcohol and Drug Use Disorders

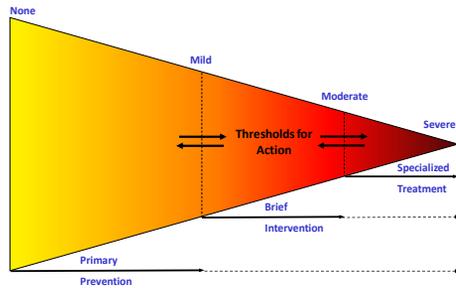
- Only 3.9% of full-time college students with an alcohol use disorder received any alcohol services in the past year
- Only 2.4% of those who screen positive and did not receive services perceived a need for services

Wu, et al., (2007)

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Spectrum of Intervention Response



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What is Harm Reduction?

- The optimal outcome following a harm reduction intervention *is* abstinence
- Any steps toward reduced risk are steps in the right direction

How are these principles implemented in an intervention with college students?

- Legal issues are acknowledged.
- Skills and strategies for abstinence are offered.
- However, if one makes the choice to drink, skills are described on ways to do so in a less dangerous and less risky way.
- A clinician or program provider must elicit personally relevant reasons for changing.
 - This is done using the Stages of Change model and Motivational Interviewing.

Points for Consideration

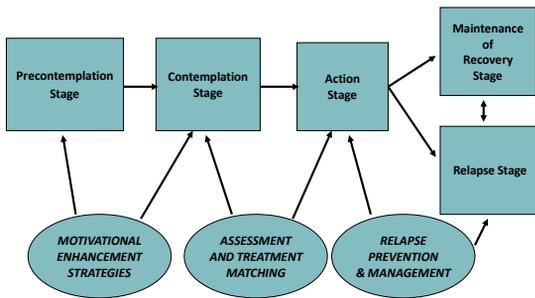
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The Stages of Change Model

(Prochaska & DiClemente, 1982, 1984, 1985, 1986)

- Precontemplation
- Contemplation
- Preparation/Determination
- Action
- Maintenance

Stages of Change in Substance Abuse and Dependence: Intervention Strategies



Motivational Interviewing

Basic Principles

(Miller and Rollnick, 1991, 2002)

1. Express Empathy
2. Develop Discrepancy
3. Roll with Resistance
4. Support Self-Efficacy

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The Basics on BASICS

Brief Alcohol Screening and Intervention For College Students

- **Assessment**
- **Self-Monitoring**
- **Feedback Sheet**
- **Review of Information and Skills Training Content**



(Dimeff, Baer, Kivlahan, & Marlatt, 1999)

Detail of Personalized Graphic Feedback 1990 - 1991

Student's Name

Frequency/Quantity during Fall

Peak BAL during Fall

Quantity/Frequency during High School

Actual Norms

Summary

Personal Feedback for John Student Drinker

1 Your Drinking Patterns

FALL TERM 1990

According to the information you gave us during the Fall 1990 assessment, the number of occasions you drink (frequency) was 1, 4 drinks a week. The average amount you drink on each occasion (quantity) was 3.0 drinks. Your average peak blood alcohol content (BAC) is the Fall term was .117. Your highest reported BAC in the Fall assessment was .200.

STUDENT INFORMATION: HIGH SCHOOL

During the first semester of high school, your frequency of drinking was 1, 2 drinks a week. The average quantity you consumed on each occasion was 1.4 drinks.

PERCENTILE NORMS

If the Fall you had not questioned about what you believe to be the average frequency and quantity of alcohol consumed by other students your age, you are likely to have responded to the assessment as follows: 2 drinks a week, with an average quantity of 1.0 drinks.

The actual drinking norms for adults your age is twice a week, drinking about 100 grams in each occasion.

	FREQUENCY	QUANTITY	PEAK BAC
Current	1/week	3.0 drinks	.117
High School	1/week	1.4 drinks	.100
Actual Student Norm	2/week	1.0 drinks	.100
Adult Population Norm	2/week	1.0 drinks	.100

Percentile Rating

Highest Peak BAL

Perceived Norms



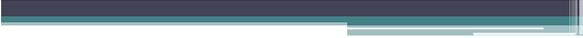
1) Evidence of effectiveness among college students

From: "A Call to Action: Changing the Culture of Drinking at U.S. Colleges," NIAAA Task Force



2) Evidence of success with general populations that could be applied to college environments

From: "A Call to Action: Changing the Culture of Drinking at U.S. Colleges," NIAAA Task Force



3) Evidence of logical and theoretical promise, but require more comprehensive evaluation

From: "A Call to Action: Changing the Culture of Drinking at U.S. Colleges," NIAAA Task Force

4) Evidence of ineffectiveness

From: "A Call to Action: Changing the Culture of Drinking at U.S. Colleges," NIAAA Task Force

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

What Have These Shown?

- Combining cognitive-behavioral skills with norms clarification and motivational enhancement interventions.
 - Reductions in drinking rates and associated problems (e.g., ASTP)
- Offering brief motivational enhancement interventions.
 - Reductions in drinking rates and associated problems (e.g., BASICS)
- Challenging alcohol expectancies.
 - Reductions in alcohol use

What Does This Mean?

- Brief interventions can go a long way to impacting student health!

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Motivational Interviewing: A Definition

- **Motivational Interviewing is a**
 - Person-centered
 - Directive
 - Method of communication
 - For enhancing intrinsic motivation to change by exploring and resolving ambivalence

What is resistance?

- Resistance is verbal behaviors
- It is expected and normal
- It is a function of interpersonal communication
- Continued resistance is predictive of (non) change
- Resistance is highly responsive to style of the professional
- Getting resistance? Change strategies.

The Spirit of Motivational Interviewing

- Motivation for change is elicited from the individual, and not imposed from without.
- It is the client or student's task, not the provider's, to articulate and resolve his or her ambivalence.

The Spirit of Motivational Interviewing

- Direct persuasion is not an effective method for resolving ambivalence.
- The style is generally a quiet and eliciting one.
- The provider/clinician is directive in helping the individual to examine and resolve ambivalence.

The Spirit of Motivational Interviewing

- Readiness to change is not an individual trait, but a fluctuating product of interpersonal interaction.
- The relationship is more like a partnership than expert/recipient roles.

Four Principles of Motivational Interviewing

- Express Empathy
 - Research indicating importance of empathy
- Develop Discrepancy
 - Values and goals for future as potent contrast to status quo
 - Client/patient/student must present arguments for change: provider declines expert role

Four Principles of Motivational Interviewing

- Roll with Resistance
 - Avoid argumentation
 - Confrontation increases resistance to change
 - Labeling is unnecessary
 - Provider's role is to reduce resistance, since this is correlated with poorer outcomes
 - If resistance increases, shift to different strategies
 - Objections or minimization do not demand a response

Four Principles of Motivational Interviewing

- Support Self-Efficacy
 - The client/patient/student we're working with is responsible for choosing and implementing change
 - Confidence and optimism are predictors of good outcome in both the provider and the person he or she is working with

Building Blocks for a Foundation

Strategic goal:

- **Elicit Self-Motivational Statements**
 - “Change talk”
 - Self motivational statements indicate client concern or recognition of need for change
 - Types of self-motivational statements are:
 - Problem recognition
 - Concern
 - Intent to Change
 - Optimism
 - Arrange the conversation so that *students* makes arguments for change

OARS:

Building Blocks for a Foundation

- **Ask Open-Ended Questions**
 - Cannot be answered with yes or no
 - Presenter does not know where answer will lead
 - “What do you make of this?”
 - “Where do you want to go with this now?”
 - “What ideas do you have about things that might work for you?”
 - “How are you feeling about everything?”
 - “How’s the school year going for you?”

OARS:

Building Blocks for a Foundation

- **Affirm**
 - Takes skill to find positives
 - Should be offered only when sincere
 - Has to do with characteristics/strengths
 - “It is important for you to be a good student”
 - “You’re the kind of person that sticks to your word”

OARS:

Building Blocks for a Foundation

- **Listen Reflectively**
 - **Effortful process: Involves Hypothesis Testing**
 - A reflection is our “hypothesis” of what the other person means or is feeling
 - **Reflections are statements**
 - Student: “I’ve got so much to do and I don’t know where to start.”
 - Provider: “You’ve got a lot on your plate.”
 - Student: “Yes, I really wish things weren’t this way” **or...** “No, I’m just not really motivated to get things started.”
 - **“Either way, you get more information, and either way you’re receiving feedback about the accuracy of your reflection.”** (p. 179, Rollnick, Miller, & Butler, 2008)

OARS:

Building Blocks for a Foundation

- **Summarize**
 - **Periodically to...**
 - Demonstrate you are listening
 - Provide opportunity for shifting

Four Guiding Principles related to care in a Health Setting

- **R: Resist the Righting Reflex**
- **U: Understand the Person’s Motivations**
- **L: Listen to the Person**
- **E: Empower the Person**

Rollnick, Miller, & Butler, 2008

Four Guiding Principles related to care in a Health Setting

• R: Resist the Righting Reflex

- We tend to resist persuasion if we're ambivalent
- When a person says he or she is o.k., the temptation might be to make a more forceful point...
 - Practitioner: "If you did decide to exercise more, your back would hurt less, and it would help you lose weight and improve your mood. Exercise makes people feel better!"
 - Patient: "Yeah, I know. But I can't help thinking that if I exercise while my back hurts, I might be doing more damage. That's not good."

Rollnick, Miller, & Butler, 2008

Four Guiding Principles related to care in a Health Setting

• U: Understand Your Patient's Motivations

- Person's own reasons for change most likely to trigger behavior change
- May be better off asking patients why they would want to make a change and how they might do it rather than telling them that they should

Rollnick, Miller, & Butler, 2008

Four Guiding Principles related to care in a Health Setting

• L: Listen to Your Patient

- When it comes to behavior change, the answers most likely lie within the patient
- Impact of empathy

Rollnick, Miller, & Butler, 2008

Four Guiding Principles related to care in a Health Setting

- **E: Empower Your Patient**
 - Outcomes are better when patients take an active role
 - Help patients explore how they can make a difference in their health
 - A patient active in this process is more likely to do something after a visit.

Rollnick, Miller, & Butler, 2008

Ambivalence

- “I need to lose some weight, but I’m too tired to exercise at the end of the day.”
- “I should quit smoking, but I just can’t seem to do it.”
- “I mean to take my medicine, but I keep forgetting.”
 - Look for “but” in the middle...
 - When the practitioner takes up the “pro” side, the patient could fill in the other side of the argument

Rollnick, Miller, & Butler, 2008

Points for Consideration

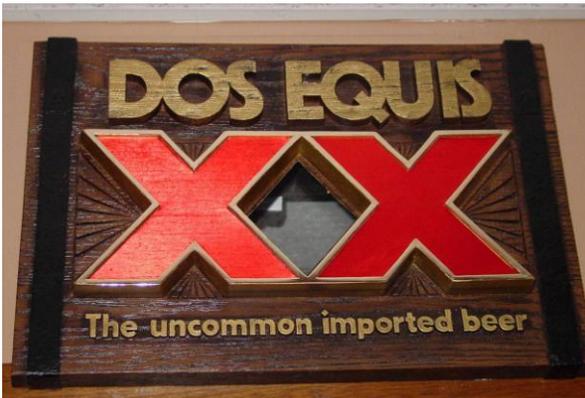
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Expectancies

- What are ways alcohol affects you positively in social situations?
- What are ways alcohol affects you in “not-so-good” ways in social situations?
- Have you ever had alcohol do different things for you at different times?

		EXPECT	
		Alcohol	No Alcohol
GET	Alcohol		
	No Alcohol		





What Is A Standard Drink?



- 12 oz. beer
- 10 oz. microbrew
- 10 oz. wine cooler
- 8 oz. malt liquor
- 8 oz. ice beer
- 8 oz. Canadian beer
- 6 oz. ice malt liquor
- 4 oz. wine
- 2 1/2 oz. fortified wine
- 1 1/4 oz. 80 proof hard alcohol
- 1 oz. 100 proof hard alcohol



Norms Clarification

- Examines students' perceptions about:
 - Acceptability of excessive behavior
 - Perceptions about the rates of their peers
 - Perception about the prevalence of their peers



Alcohol and the Body

- What is alcohol?
- How does it get into the system?
- How does it get out of the system?

Absorption and Oxidation of Alcohol

- Factors affecting absorption
 - What one is drinking
 - Rate of consumption
 - Effervescence
 - Food in stomach
- Factors affecting oxidation
 - Time!
 - We oxidize .016% off of our blood alcohol content per hour

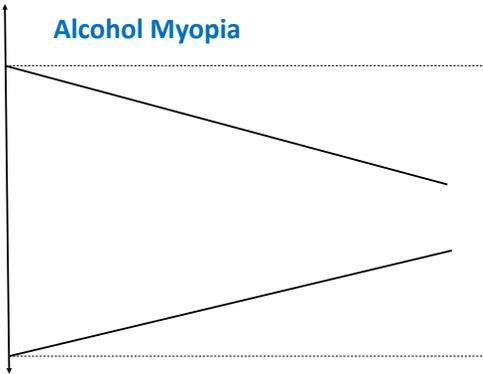
Time to get back to .000%

- .08%?
 - 5 hours
(.080%...064%...048%...032%...016%...000%)
- .16%?
 - 10 hours
(.160%...144%...128%...112%...096%...080%...064%...048%...032%...016%...000%)
- .24%?
 - 15 hours
(.240%...224%...208%...192%...176%...160%...144%...128%...112%...096%...080%...064%...048%...032%...016%...000%)

Blood Alcohol Level

- .02% Relaxed
- .04% Relaxation continues, Buzz develops
- .06% Cognitive judgment is impaired

Alcohol Myopia



Blood Alcohol Level (continued)

- .08% Nausea can appear, Motor coordination is impaired
- .10% Clear deterioration in cognitive judgment and motor coordination
- .15%-.25% Black outs
- .25%-.35% Pass out
Lose consciousness
Risk of Death
- .40%-.45% Lethal dose

Factors Affecting Blood Alcohol Level

- **Time**
 - B.A.L. is reduced by .016% every hour
- **Weight**
- **Sex differences**
 - Very pronounced differences between men and women
 - Example

Example of B.A.C. differences between men and women

- 160 pound man
- 120 pound woman
- Both have 5 drinks over 3 hours
- What blood alcohol level will they obtain?

160 pound man

.069% B.A.L.

120 pound woman

.139% B.A.L.

Tolerance

Applying Laboratory Research:
Drug Anticipation and the Treatment of Drug Addiction
Suzanne Dackiw and Robert M. C. Dackiw

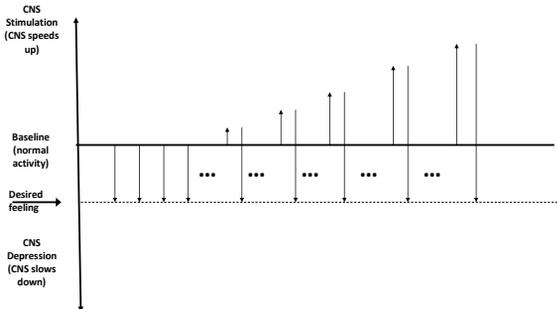
The article discusses the application of laboratory research to the treatment of drug addiction, focusing on drug anticipation and the role of the brain's reward system. It describes how drug anticipation can lead to relapse and how this knowledge can be used to develop more effective treatments. The authors discuss the role of the brain's reward system in drug addiction and how this system can be targeted with medication to reduce the risk of relapse. They also discuss the role of behavioral therapy in the treatment of drug addiction and how this therapy can be used to help patients learn to cope with drug cravings and avoid relapse. The article concludes by discussing the importance of continued research in this area and the potential for new treatments to be developed in the future.

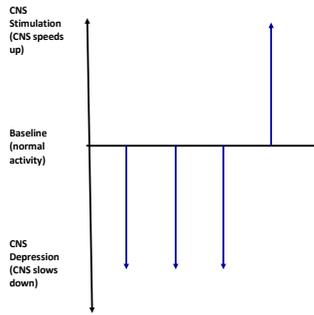
Siegel, S. & Ramos, B.M.C. (2002) Applying laboratory research: Drug anticipation and the treatment of drug addiction. *Experimental and Clinical Psychopharmacology*, 10, 162-183.

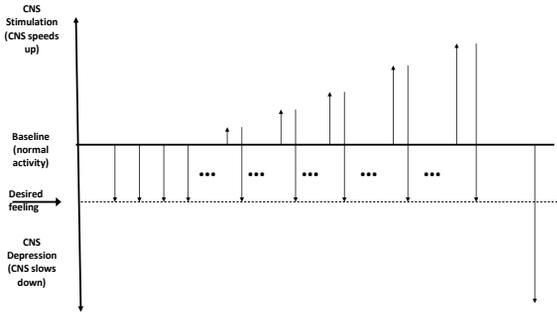
Types of learning

- **Classical Conditioning**
 - **Pavlov**
 - Association of two events such that one event acquires the ability to elicit responses formerly associated with the other event









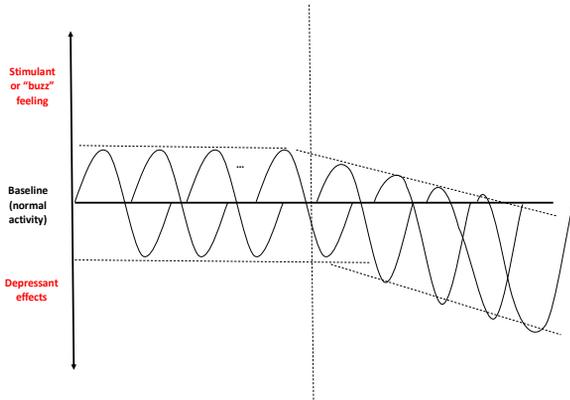


	OD	No OD
Same Env.	48%	100%
Novel Env.	52%	0%

Questions...



- When people start to lose their buzz, what do they usually do?
- Do they ever get that same buzz back?
- For people with tolerance, is the buzz you get now as good as the buzz you used to get when you first started drinking?



Blood Alcohol Concentration

As a Function of Drinks Consumed and Time Taken to Consume

Male 185 lbs.

	Hours											
	0	1	2	3	4	5	6	7	8	9	10	
1	0.020	0.004	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
2	0.040	0.024	0.008	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
3	0.060	0.044	0.028	0.012	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
4	0.080	0.064	0.048	0.032	0.016	0.000	0.000	0.000	0.000	0.000	0.000	0.000
5	0.100	0.084	0.068	0.052	0.036	0.020	0.004	0.000	0.000	0.000	0.000	0.000
6	0.120	0.104	0.088	0.072	0.056	0.400	0.024	0.008	0.000	0.000	0.000	0.000
7	0.140	0.124	0.108	0.092	0.076	0.060	0.044	0.028	0.012	0.000	0.000	0.000
8	0.160	0.144	0.128	0.112	0.096	0.080	0.064	0.048	0.032	0.016	0.000	0.000
9	0.180	0.164	0.148	0.132	0.116	0.100	0.084	0.068	0.052	0.036	0.020	0.000
10	0.200	0.184	0.168	0.152	0.136	0.120	0.104	0.088	0.072	0.056	0.040	0.000
11	0.220	0.204	0.188	0.172	0.156	0.140	0.124	0.108	0.092	0.076	0.060	0.000
12	0.240	0.224	0.208	0.192	0.176	0.160	0.144	0.128	0.112	0.096	0.080	0.000

Drug Interactions

- **Potentiation**
- **Antagonistic**

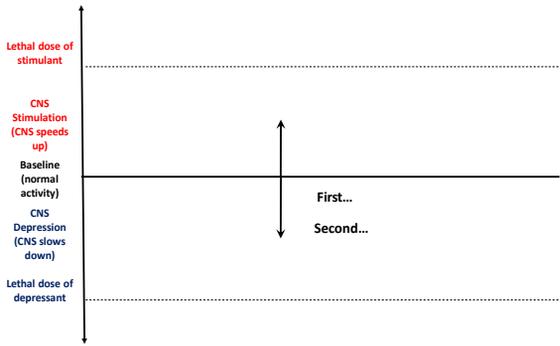


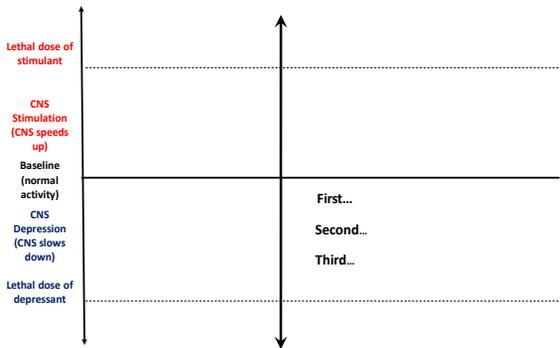
Drug Interactions

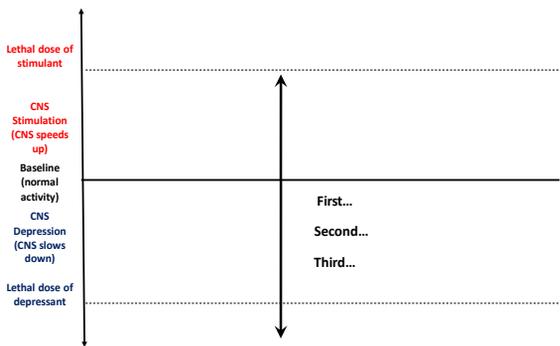
- **Potentiation**
 - Occurs when one has used two drugs that work in the same direction
 - Alcohol + Marijuana
 - Alcohol + Vicodin
 - Alcohol + Valium
- **Instance where $1+1 > 2$**

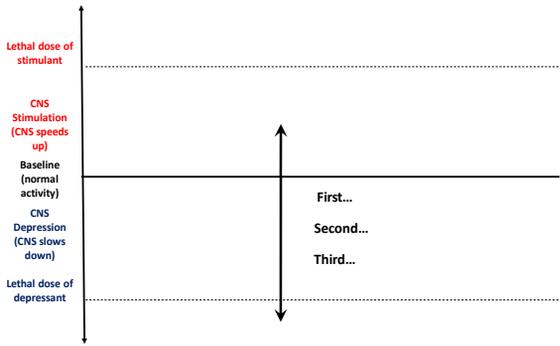
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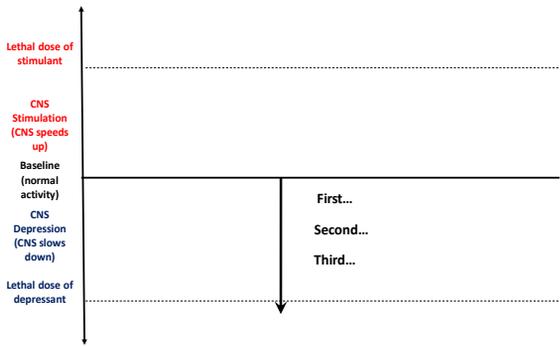
- **Antagonistic**
 - Occurs when one has used two drugs that work in the opposite direction
 - Alcohol + Cocaine
 - Alcohol + Speed
 - Alcohol + Ecstasy
 - Lethal risk in three instances

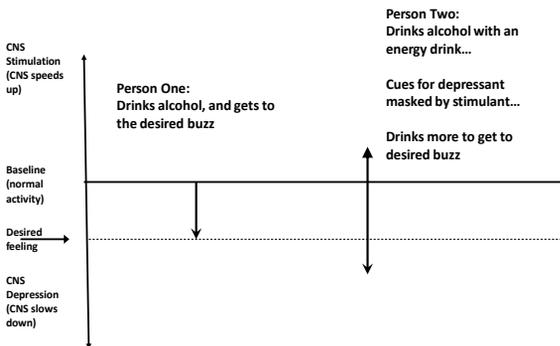






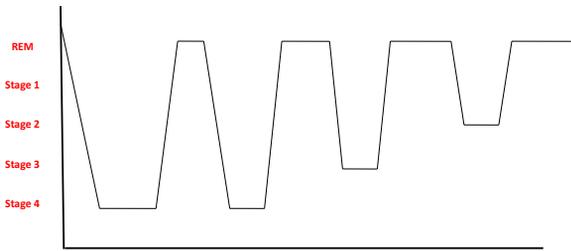


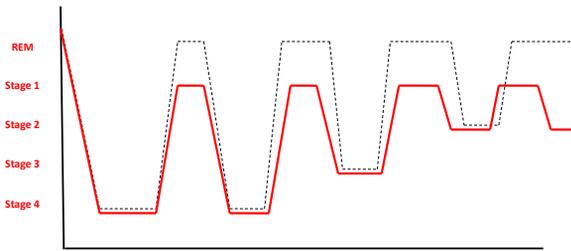


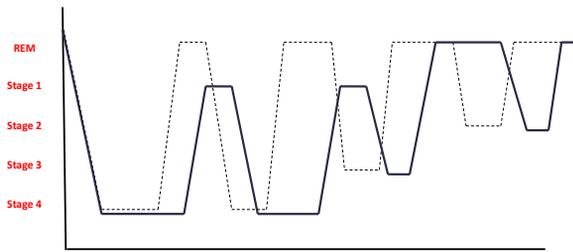


Areas In Which College Students May Experience Consequences

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







Areas In Which College Students May Experience Consequences *(continued)*

- Sexual Assault
- Finances
- Family History
- Alcohol-related Accidents
- Time Spent Intoxicated
- Relationships
- Legal Problems
- Work-related Problems



Specific Tips for Reducing the Risk of Alcohol Use

- 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

Points for Consideration

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- Resistance
- Considering screening options
- Wrapping up

Provider Strategies for Eliciting Self-Motivational Statements

- **Decisional Balance Exercise**

Continuing the Status Quo		Making a Change	
+	-	+	-

- **Using Extremes**

- “What concerns you the most?”
- “What are your worst fears about what might happen if you don’t change (or keep going the way you’re going)?”

Miller & Rollnick (1991)

Provider Strategies for Eliciting Self-Motivational Statements

- **Strategies to Elicit Them**

- **Looking Back**
 - “Think back to before this issue came up for you. What has changed since then?”
- **Looking Forward**
 - “How would you like things to turn out for you?”
 - “How would you like things to be different?”
 - “What are the best results you can imagine if you make a change?”
- **Exploring Goals**
- **Asking Provocative Questions**

Miller & Rollnick (1991)

Listen for Change Talk: Themes

- **D: Desire**
 - "I wish I could lose some weight"
 - "I like the idea of getting more exercise"
- **A: Ability**
 - "I might be able to cut down a bit"
 - "I could probably try to drink less"
- **R: Reasons**
 - "Cutting down would be good for my health"
 - "I'd sure have more money if I cut down"
- **N: Need**
 - "I must get some sleep"
 - "I really need to get more exercise"

Examples from and/or adapted from: Rollnick, Miller, & Butler (2008)

Listen for Change Talk: Themes

- **Commitment is a form of change talk**
 - "I will..."
 - "I intend to..."
- **Taking steps is also a form of change talk**
 - "I tried a couple of days without drinking this week"
 - "I walked up the stairs today instead of taking the escalator."

Examples from: Rollnick, Miller, & Butler (2008)

Listen for Change Talk: Themes

- **Ask questions to elicit change talk**
- **Desire: "What do you want, like, wish, hope, etc.?"**
 - "Why might you want to make this change?"
- **Ability: "What is possible? What can or could you do? What are you able to do?"**
 - "If you did decide to make this change, how would you do it?"

Examples from: Rollnick, Miller, & Butler (2008)

Listen for Change Talk: Themes

- Ask questions to elicit change talk
- Reasons: “Why would you make this change? What would be some specific benefits? What risks would you like to decrease?”
 - “What are the most important benefits that you see in making this change?”
- Need: “How important is this change? How much do you need to do it?”
 - “How important is it to you to make this change?”

Examples from: Rollnick, Miller, & Butler (2008)

Using a Ruler

- “How strongly do you feel about wanting to get more exercise? On a scale from 1 to 10, where 1 is “not at all” and 10 is “very much,” where would you place yourself now?”
- “How important would you say it is for you to stop smoking? On a scale from 1 to 10, where 1 is “not at all important,” and 10 is “extremely important,” what would you say?”
- Then, ask why a lower number wasn’t given
- The answer = change talk!

Rollnick, Miller, & Butler, 2008

Key Questions: What Next?

- “So what do you make of all this now?”
- “What do you think you’ll do?”
- “What would be a first step for you?”
- “What do you intend to do?”

Rollnick, Miller, & Butler, 2008

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OARS:

Building Blocks for a Foundation

- **Ask Open-Ended Questions**
 - Cannot be answered with yes or no
 - Presenter does not know where answer will lead
 - “What do you make of this?”
 - “Where do you want to go with this now?”
 - “What ideas do you have about things that might work for you?”
 - “How are you feeling about everything?”
 - “How’s the school year going for you?”

OARS:

Building Blocks for a Foundation

- **Affirm**
 - Takes skill to find positives
 - Should be offered only when sincere
 - Has to do with characteristics/strengths
 - “It is important for you to be a good student”
 - “You’re the kind of person that sticks to your word”

OARS:

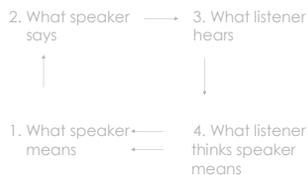
Building Blocks for a Foundation

- **Listen Reflectively**
 - **Effortful process: Involves Hypothesis Testing**
 - A reflection is our “hypothesis” of what the other person means or is feeling
 - **Reflections are statements**
 - Student: “I’ve got so much to do and I don’t know where to start.”
 - Presenter: “You’ve got a lot on your plate.”
 - Student: “Yes, I really wish things weren’t this way” **or...** “No, I’m just not really motivated to get things started.”
 - **“Either way, you get more information, and either way you’re receiving feedback about the accuracy of your reflection.”** (p. 179, Rollnick, Miller, & Butler, 2008)

Reflective Listening: A Primary Skill

- “Hypothesis testing” approach to listening
- **Statements, not questions**
- **Voice goes down**
- **Can amplify meaning or feeling**
- **Can be used strategically**
- **Takes hard work and practice**

Hypothesis Testing Model



Types of reflections...

"I've been feeling stressed a lot lately..."

- **Repeating**
 - "You've been feeling stressed."
- **Rephrasing**
 - "You've been feeling anxious."
- **Paraphrasing**
 - "You've been feeling anxious, and that's taking its toll on you."
- **Focusing on emotional component**
 - "And that's taking its toll on you."

Motivational Interviewing Strategies

• Reflection

My partner won't stop criticizing me about my drinking.

Your partner is concerned about your drinking.

-- or --

And that annoys you.

-- or --

It feels like your partner is always on your case.

Motivational Interviewing Strategies

• Amplified Reflection

I don't see any reasons to change my drinking...I mean, I just like drinking alcohol.

Sounds like there are no bad things about drinking for you.

Motivational Interviewing Strategies

- **Double-Sided Reflection**

Student: I've been drinking with my friends in my room. My parents are always lecturing me about it. They're always saying that it makes my depression worse.

Provider: Sounds like you get a hard time from your parents about how drinking affects your depression.

Student: Yeah... I mean, I know that it affects my mood a little, but I don't drink that much and when I do, I really enjoy it, you know?

Motivational Interviewing Strategies

- **Double-Sided Reflection**

Provider: What do you enjoy about drinking?

Student: I like the fact that it helps me chill out with my friends.

Provider: So on the one hand you enjoy drinking because you feel that it helps you chill out with your friends, and on the other hand it you've noticed that it has some effect on your mood.

OARS:

Building Blocks for a Foundation

- **Summarize**

- Periodically to...

- Demonstrate you are listening
- Provide opportunity for shifting

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- Wrapping up

Resistance Strategies

- **Why is it important to pay attention to resistance?**
 - Research relevant to resistance and client outcomes
 - Motivational Interviewing focuses on reducing resistance

Types of Resistance

- **Argument**
 - Challenging
 - Discounting
 - Hostility
- **Interruption**
 - Talking over
 - Cutting off
- **Ignoring**
 - Inattention
 - Non-response
 - Non-answer
 - Side-tracking
- **Denial**
 - Blaming
 - Disagreeing
 - Excusing
 - Reluctance
 - Claiming impunity
 - Minimizing
 - Pessimism
 - Unwillingness to change

Signs of Readiness for Change

- **Decreased resistance.**
The student stops arguing, interrupting, denying, or objecting.
- **Decreased questions about the problem.**
The student seems to have enough information about his or her problem, and stops asking questions.
- **Increased questions about change.**
The student asks what he or she could do about the problem, how people change if they decide to, etc.

Signs of Readiness for Change

- **Resolve.** The student appears to have reached a resolution, and may seem more peaceful, relaxed, calm, unburdened, or settled.
- **Self-motivational statements.** The student makes direct self-motivational statements.
- **Envisioning.** The student begins to talk about how life might be after a change.
- **Experimenting.** The student may have begun experimenting with possible change approaches (e.g., going to an A.A. meeting, going without drinking for a few days, reading a self-help book).

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Screening options for alcohol problems

(Larimer, Crounce, Lee, & Kilmer, 2005)

- **Lifetime**

- CAGE
 - 4 items, 1 minute to complete, though criticized for lacking adequate sensitivity w/college students
- Michigan Alcoholism Screening Test (MAST)
 - Versions with 9-25 items, longest takes <10 min., cutoff of 7 results in 100% sensitivity and 88% specificity compared to score of 14+ on ADS, focuses on advanced problems
- Young Adult Alcohol Problems Screening Test (YAAPST)
 - 27 items, less than 10 min., with cutoff of 4, reasonable sensitivity (92%) and specificity (57%)

Screening options for alcohol problems

(Larimer, Crounce, Lee, & Kilmer, 2005)

- **Past Year**

- YAAPST
- College Alcohol Problems Scale-revised (CAPS-r)
 - 8 items, 3 minutes, good reliability and validity
- Rutgers Alcohol Problem Index (RAPI)
 - 2 versions (23 item & 18 item), less than 10 min., correlated with a range of drinking variables
- Alcohol Use Disorders Identification Test (AUDIT)
 - 10 items, approx. 2 minutes, cutoff score appropriate for college is debated (ranging from 6-11)

Early identification of students and coordination of care

- **65% of counseling centers have no relationship with the college health center** (Schuchman, 2007)
- **Only 32.5% of Health Centers routinely screen for alcohol problems**
 - **Of these, only 17% use standardized instruments as part of screening** (Foote, et al., 2004)





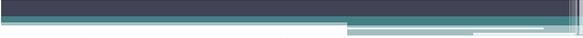
If discrepancies are present...

- **Reflect student reactions**
- **Ask student what he or she wants to do**



Implications for the college campus

- **Meet student interests (possible “foot in the door”)**



Student access to information

- **61.4% (n=34,208) reported that they had received information on alcohol and other drug use from their college or university**
 - **27.9% say they are interested in receiving information about alcohol and other drug use**
 - **So...consider the “hook”:**
 - **62.9% want interest in stress reduction**
 - **59.6% want information on nutrition**
 - **52.1% want information in sleep difficulties**
 - **52.1% want information on how to help others in distress**

American College Health Association, 2010

Implications for the college campus

- Consider where students get (or could get) health information

Health Information: Student Impressions

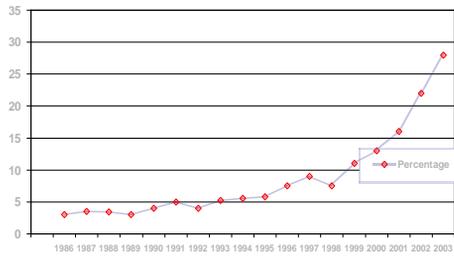
- **Believability of sources of health information**
 - Health Center Medical Staff (89.9%)
 - Health Educators (89.8%)
 - Faculty/coursework (68.1%)
 - 40.2% Get information from this source (10th)
 - Parents (65.2%)
 - Leaflets, pamphlets, flyers (59.0%)
- **Where students get their health information**
 - Internet/World Wide Web (78.2%)
 - 24.9% see as believable (9th)
 - Parents (75.5%)
 - Friends (61.1%)
 - 24.2% see as believable (10th)
 - Health Center Medical Staff (60.6%)
 - Health Educators (53.3%)
 - Magazines (51.1%)
 - 21.3% see as believable (12th)
 - Leaflets, pamphlets, flyers (51.0%)

American College Health Association, 2008

Implications for the Primary Health Care Center

- Consult when there are medical contraindications
- Early identification through screening
- Consider brief interventions as piece of overall prevention/service puzzle
- Reduce barriers to implementation and access
- Importance of evaluating efforts
- Consider local referrals where BASICS and/or harm reduction interventions are available

Percentage of all clients prescribed medication (Schwartz, 2006)



** Data for slide estimated from table appearing in Schwartz, 2006 **

Questions?

For resources and details on training:

<http://www.motivationalinterview.org>

Miller & Rollnick (2002). *Motivational Interviewing (2nd Ed.): Preparing People for Change.*

Rollnick, Miller, & Butler (2008). *Motivational Interviewing in Health Care: Helping Patients Change Behavior.*

Parting words at the end of the day...

- Special thanks to:
 - Eric Davidson
 - Jessica Wright
 - Mary Harris
- Thank you for the work you do with college students!

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