

**BASICS and MI Training**  
Illinois Higher Education Center  
Steven W. Clarke, Ph.D.



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### Overview

- BASICS in the Context of a Comprehensive System of Care
- Overview of Evidence-Based Brief Motivational Interventions
- Screening and Referral
- BASICS Overview
- BASICS Session 1
- BASICS Session 2



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**The Stepped-Care Approach**  
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**BASICS in the Context of a Comprehensive System of Care**



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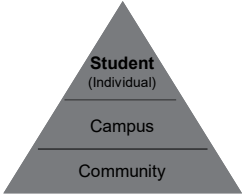
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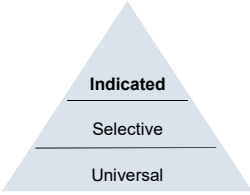
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### Alcohol Abuse Prevention Models

**NIAAA 3-in-1 Approach**



**Institute of Medicine Levels of Prevention**



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### NIAAA Tier 1 Interventions: Effective with College Students

- Combining motivational enhancement with norms clarification and cognitive-behavioral skills training
- Alcohol Skills Training Programs
- Brief Motivational Interventions

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AREAS OF STRATEGIC PREVENTION	The Social Ecological Framework				
	Individual	Group	Institution	Community	Laws & Policy
Skills, Knowledge, Attitudes, & Intentions	Alcohol EDU Alcohol Wise	Risk Management Training			Police Res. Hall Staff Student Conduct
Environmental Management	Screenings	Risk Management Training Bystander Intervention	Alcohol Free Activities Social Norms Marketing Campus Police	Local Police	Res. Hall Staff Student Conduct Police
Health Promotion	SBIRT	Alcohol Skills Training Groups	Social Marketing Campaign Dangerous Drinking		Risk Management Policies Amnesty Policies
Intervention and Treatment	BASICS BASICS+ Counseling	Counseling Groups		Community Emergency Departments	Addicted Students

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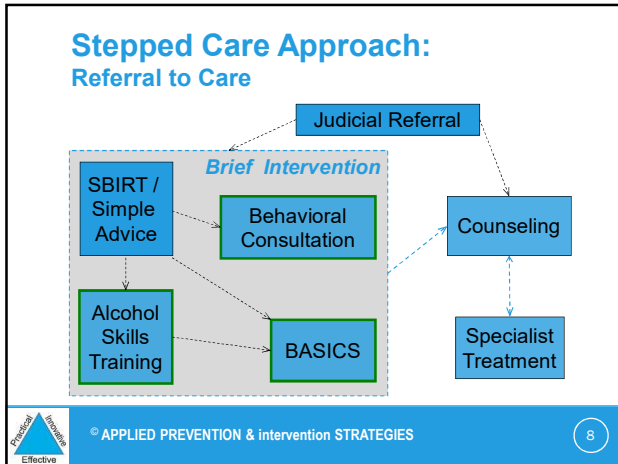
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## Evidence-Based Alcohol Skills Training

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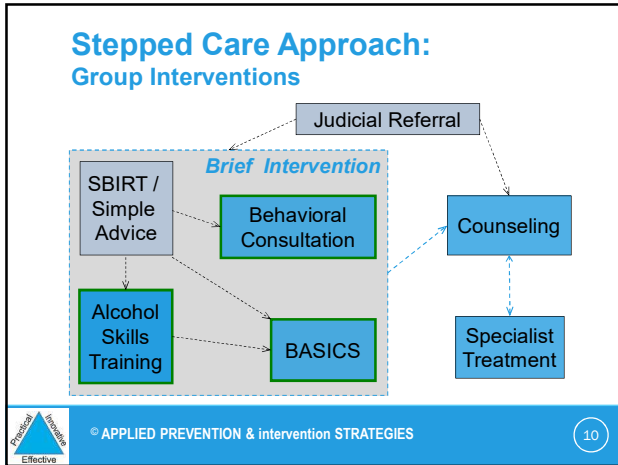
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- ### Alcohol Skills Training: Psych-Educational Groups
- Effective Programs Include:
- Alcohol Skills Training Program (ASTP, (Fromme, Marlatt, Baer, & Kivlahan, 1994)
  - Lifestyles Management Class (LMC) consists of two 2-hour group sessions (Fromme & Corbin, 2004)
  - CHOICES About Alcohol (Parks & Woodford, 2005)
  - Party Positive (Clarke & Wagstaff, 2014)
  - Making Positive Choices Class (Wagstaff & Clarke, 2014)
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- ### Alcohol Skills Training: The Three Theoretical Components
- **Motivational interviewing** techniques to highlight ambivalence and develop discrepancy
  - Endorsement of the **harm reduction**, and
  - Incorporation of the **Stages of Change Model** (precontemplation, contemplation, action, and maintenance).
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# Harm Reduction

Harm Reduction	
Myths	Facts
Harm reduction is opposed to abstinence and conflicts with traditional substance abuse prevention.	Harm reduction includes abstinence as one possible goal across a continuum of possible outcomes.
Harm reduction encourages drug use.	Harm reduction is neither for nor against drug use. It focuses on supporting people's efforts to reduce the harms created by drug use or other risky behaviors.
Harm reduction permits harmful behavior and maintains an "anything goes" attitude.	It does not seek to stop drug use, unless individuals make that their goal.
	Harm reduction evaluates the consequences of drug use and attempts to reduce the harms posed for individuals, families and communities.



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**Evidence-Based Brief Motivational Interventions (BMIs)**

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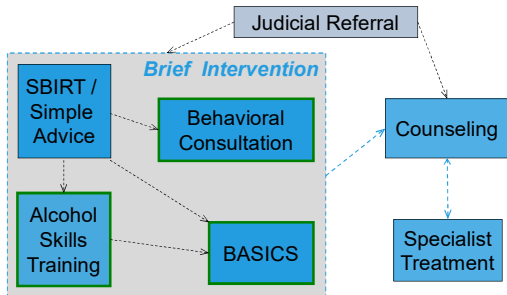
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# Stepped Care Approach: One-on-One Interventions



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## Brief Motivational Interventions

Type	Duration	Delivery Setting
SBIRT / Brief Advice	5 to 15 Minute Session	Residence Life Faculty/Staff Office Academic Advising Health Center
Behavioral Consultation	15 to 50 Minute Session	Above + Student Conduct Health Education Counseling Center
BASICS	2 x 50-Minute Sessions 20 – 30 Minute Survey	Student Conduct Health Education Counseling Center
BASICS +	Additional Sessions	

*Adapted from George Parks*



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## Common Components of Brief Motivational Interventions (BMIs)

### Goals:

- Screening and Feedback
- Move students through the stages of change.
- Reduce alcohol-related harms to self and others.

### Approach:

- Responsibility for change lies with student
- Empathic style
- Support for self-efficacy
- Permission to give advice
- Develop discrepancy and/or resolve ambiguity.
- Get commitment and/or set goals.



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## BASICS: Educational Components

- Standard drinks
- Estimating blood alcohol level
- Bi-phasic response
- Tolerance
- Positive drinking
- Alcohol expectancies
- Harm-reduction/preventive strategies



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## BASICS

1. Session One: Assessment
  - Structured Clinical Interview
  - Self-Monitoring of Drinking
2. Assessment Survey
3. Session Two: Feedback
  - Personalized Feedback Report (PFR)
  - Change Planning
  - Screening and Referral
  - Stepped-Care Options

BASICS + is a continuation of individual sessions for those students who would benefit from continuing.




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## Counseling and Referral to Treatment




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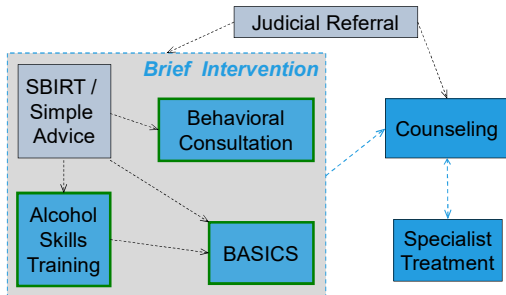
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## Stepped Care Approach: Counseling and Treatment




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**Screening and Referral**

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**Stepped Care Approach: Screening**

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**Screenings**

- Very Brief Screening (SBIRT/Brief Advice):
  1. Single Question
    - a. How many times over the last month have you been intoxicated?; or
    - b. How many times over the last two-weeks have you had 5 or more drinks (4+ for women) on a single occasion?
  2. Quantity and Frequency:
    - a. During a typical week on how many occasions do you consume alcohol?; and
    - b. When you socialize or party how many alcoholic beverages do you typically consume?
- AUDIT
- DSM V Criteria

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## Using the AUDIT

Overall Score (initial class designation):

- 7 or below: "little risk"
- 8 – 15: "risky or hazardous use"
- 16 – 19: "high-risk or harmful use" (BASICS)
- 20+: "high-risk" (BASICS – Refer to Counseling)
- Dependence Score: 4+ = probably dependent

Other Factors:

- Previous violations
- Fight/Damage property
- Risky behaviors



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## Screening for Alcohol Use Disorder Using DSM V

- Alcohol taken in larger amounts or over longer period than intended.
- Persistent desire or unsuccessful efforts to cut down or control use.
- Great deal of time spent obtaining, using or recovering.
- Craving, or a strong desire or urge to use alcohol.
- Failure to fulfill major obligations.
- Continued use despite persistent or recurrent social or interpersonal problems.



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## Screening for Alcohol Use Disorder Using DSM V (cont.)

- Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
- Recurrent alcohol use in situations in which it is physically hazardous.
- Alcohol use continued despite knowledge of having a persistent or recurrent physical or psychological problem likely caused or exacerbated by alcohol.
- Tolerance.
- Withdrawal, as manifested by either:
  - Characteristic withdrawal syndrome, or
  - Taking to relieve or avoid withdrawal symptoms.



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### Screening for Alcohol Use Disorder Using DSM V (cont.)

The presence of at least 2 of these symptoms indicates an Alcohol Use Disorder AUD).

The severity of the AUD is defined as:

- **Mild:** The presence of 2 to 3 symptoms
- **Moderate:** The presence of 4 to 5 symptoms
  - BASICS *may not* be appropriate, especially if there is resistance
- **Severe:** The presence of 6 or more symptoms
  - BASICS **not** appropriate



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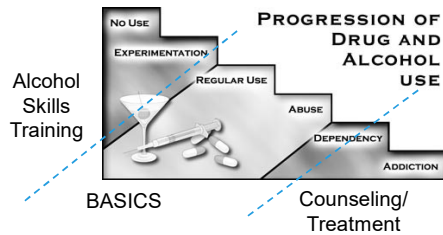
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### Progression of Use



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### Screening is the Key to...

- A stepped care approach
- Involving multiple stakeholders
- Efficient use of limited resources
  - Referring students with lower AUDIT scores to Alcohol Skills Training
  - Referring people with moderate to severe Alcohol Use Disorders to Counseling
- Meeting students needs
  - Severity of Student Conduct Violation may not be indicative



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