Screening and Brief Interventions on Campus: Lessons Learned, Overcoming Challenges and Making it Happen

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Goals for Today

• Objective 1: Identify one screening tool for alcohol or other drug use that can be used on the college setting.
• Objective 2: Understand practical issues necessary for bringing screening and brief intervention programs to your campus
• Objective 3: Identify strategies for overcoming barriers to adoption and implementation of screening and brief intervention approaches

There are people who could benefit from services who might not be getting them

72% of college students who screened positive for major depression felt they needed help
Only 36% of students received medication or therapy of any kind

Depression

Factors related to access:
• Unaware of or unfamiliar with service options
• Questioned helpfulness of therapy or medication
• Uncertainty about insurance coverage for mental health visits
• Less use by students who reported growing up in “poor family”
• Less use by those identifying as Asian or Pacific Islander


Depression

Factors related to access:
Reasons identified by students:
• Lack of perceived need
• Belief that stress is normal
• Lack of time


There are students who could benefit from services who might not be getting them

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

There are students who could benefit from services who might not be getting them

- Only 3.9% of full-time college students with an alcohol use disorder received any alcohol services in the past year


Many of these conversations may not be happening

- Hingson, et al., (2012) identified respondents who ever drank alcohol and had seen a physician in the past year
- Only 14% of those exceeding low risk drinking guidelines were asked and advised about risky drinking by their physician
- 18-25 year olds were most likely to exceed guidelines but were least often asked


Screening
Routine Screening for depression
Of 106 suicides reported by Counseling Center directors, 21% were current or former center clients (Gallagher, 2012)

Example: College Depression Partnership (Klein & Chung, 2008)
• Screened over 58,000 students in Health Centers at 8 schools
• Identified 801 students
• Over 35% self-identified as racial/ethnic minority students
• Improved clinical outcomes for at-risk, underserved college students by early detection, coordinated proactive follow up, and better adherence to outcomes-based treatment

Early identification of students and coordination of care

Alcohol:
Efficacy of screening and brief motivational interventions in health centers has been established (Fleming et al., 2010; Schaus et al., 2009)
Hingson (2010) suggests that increased screening and intervention in health services could ultimately achieve population level benefits.

Screening tools
Screening options for alcohol problems
(Larimer, Cronce, Lee, & Kilmer, 2005)

Lifetime
1. CAGE
   4 items, 1 minute to complete, though criticized for lacking adequate sensitivity w/ college students

2. 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

3. 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
(Larimer, Cronce, Lee, & Kilmer, 2005)

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

Screening options
(AUDIT-C)
3 items (cutoff of 4 or higher for men, 3 or higher for women, unless all the points come from #1)
- How often do you have a drink containing alcohol?
  Never (0), Monthly or less (1), 2-4x/month (2), 2-3x/week (3), 4+x/week (4)
- How many standard drinks containing alcohol do you have on a typical day?
  1-2 (0), 3-4 (1), 5-6 (2), 7-8 (3), 10+ (4)
- How often do you have six or more drinks on one occasion?
  Never (0), Less than monthly (1), monthly (2), weekly (3), daily or almost daily (4)
Screening options

NIAAA single question
How many times in the past year have you had...
• 5 or more drinks in a day? (for men)
• 4 or more drinks in a day? (for women)

NIAAA says screening is positive if 1 or more heavy drinking days or AUDIT score is greater than or equal to 8 for men and greater than or equal to 4 for women


What Is A Standard Drink?

12 oz. beer
10 oz. microbrew
10 oz. wine cooler
8 oz. malt liquor
8 oz. Canadian beer
8 oz. ice beer
6 oz. ice malt liquor
4.5 oz. fruit-flavored, high-ethyl alcohol content malt beverages (formerly alcoholic energy drinks...Four Loko is 4.2 oz)
4 oz. wine
2.5 oz. fortified wine
1.25 oz. 80 proof hard alcohol
1 oz. 100 proof hard alcohol

Drinking Trajectory

Daily and weekly alcohol consumption over academic year. Error bars (95% CI) are shown above the mean only. Asterisks (*) refer to significant adjacent week differences (Bonferroni adjusted level of p<.002) (Tremblay, et al., 2010)
Cannabis Use Associated with Risk of Psychiatric Disorders (Hall & Degenhardt, 2009; Hall, 2009; Hall 2013))

Depression and suicide
"Requires attention in cannabis dependent (Hall, 2013)"

Screening suggestions
Revised CUDIT-R

http://www.otago.ac.nz/nationaladdictioncentre/pdfs/cudit-r.pdf

CONSEQUENCE MEASURES
Most college student marijuana consequence measures adapted from established alcohol measures
May not adequately capture experiences of students
Particularly important to capture unwanted effects if hoping to provide feedback on “consequences” in motivational enhancement programs.
Students (n=207) were asked to identify up to five effects of marijuana use that “may not have been so good”
805 separate effects identified
193 students listed at least one consequence/effect
• 88% of these listed 3 or more consequences

Sample list of consequences offered by students in open-ended survey

<table>
<thead>
<tr>
<th>Top 10 Endorsed Marijuana Consequences: Study 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Eating (e.g., eating too much)</td>
</tr>
<tr>
<td>2. Sleep problems</td>
</tr>
<tr>
<td>3. Productivity, apathy, motivation issues, or boredom</td>
</tr>
<tr>
<td>4. Cognitive abilities, attention, or concentration problems</td>
</tr>
<tr>
<td>5. Memory problems</td>
</tr>
<tr>
<td>6. Problems with lungs or coughing</td>
</tr>
<tr>
<td>7. Feeling antisocial or experiencing social awkwardness</td>
</tr>
<tr>
<td>8. Physical difficulties outside of lungs, cough, mouth, or throat (e.g., feeling dizzy, sick, uncoordinated, etc.)</td>
</tr>
<tr>
<td>9. Not getting things done</td>
</tr>
<tr>
<td>10. Spending too much money</td>
</tr>
</tbody>
</table>

Note: Researchers analyzed suggested that among the top ten types of consequences presented by participants, only five (not getting things done and financial impact) were affected in clinics from the ERIC, and these two were the ninth and tenth most mentioned.
Walter, Kilmer, Logan, & Lee (2012)
Lee, Klimm, Neighbors, Walters, Gerber, & Logan (in prep)
MEASURE DEVELOPMENT

A 22-item College Marijuana Consequence Scale was developed. Compared responses to the 18-item Rutgers Marijuana Problem Index (RMPI) on 410 students who used marijuana at least once in the past 30 days.

<table>
<thead>
<tr>
<th>College Marijuana Consequence Scale</th>
<th>Rutgers Marijuana Problem Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 376 listed at least one consequence</td>
<td>- 290 listed at least one consequence</td>
</tr>
<tr>
<td>- 85.3% listed 3 or more consequences</td>
<td>- 56.9% listed 3 or more consequences</td>
</tr>
<tr>
<td>- Average number of consequences = 6.8</td>
<td>- Average number of consequences = 3.3</td>
</tr>
</tbody>
</table>

The brief intervention

Essentials of a Motivational Enhancement Approach

- Non-judgmental and non-confrontational ("the spirit" of MI)
- Emphasizes meeting people where they are in terms of their level of readiness to change
- Utilize MI strategies to elicit personally relevant reasons to change
- Often can find the "hook" that prompts contemplation of or commitment to change
- When student is ambivalent, considers ways to explore and resolve ambivalence
- The key is to elicit information and, when applicable, reflect
Some highlights (and by no means a comprehensive review of brief 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

OARS:
Building Blocks for a Foundation

Ask Open-Ended Questions
Cannot be answered with yes or no
Professional 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?”
• “Tell me more about that.”

This is different than the closed-ended “Can you tell me more about that?” or “Could you tell me more about that?”
What open-ended questions could you ask that might prompt...

...consideration of “consequences”?

...change talk?

...consideration of strategies for making changes?

Finding potential hooks, change talk, and behavior change strategies: An Example

“What are the good things about ________ use for you?”

“What are the ‘not-so-good’ things about ________ use?”

“What would it be like if some of those not-so-good things happened less often?”

“What might make some of those not-so-good things happen less often?”

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

Mi in Health Care Settings: College Health Centers

Adherence to Mi is the key!

“The most reliable interaction components did indeed reflect underlying core principles of Mi (p. 243).”

Identified the Top 10 Clinical Tools and relation with Mi Principles:

Express Empathy (EE)
Develop Discrepancy (DD)
Support Self-Efficacy (SSE)
Roll with Resistance (RWR)

Top 10 Clinical Tools

<table>
<thead>
<tr>
<th></th>
<th>EE</th>
<th>DD</th>
<th>SSE</th>
<th>RWR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Drinking likes &amp; dislikes</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Life goals &amp; alcohol use</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Reducing risk agreement</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Feedback on alcohol use, binges per month</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Tracking number of drinks</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6) Readiness to change (1-10 scale)</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7) Drinking consequences: Overall compared with college students nationally</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Drinking consequences: Calories</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9) Drinking consequences: BAC</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10) Alcohol norms: Personal use compared with peers’ use</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
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 drink less, you would enjoy work more and probably would feel better in the mornings. It's nice to wake up and not be hung over!"
- Patient: "Yeah, I know. But I can't help thinking that if I drink less, I'd miss out on some good social stuff. That's not good."

Adapted from Rollnick, Miller, & Butler (2008)

U: Understand Your Client's/Patient's Motivations

Person's own reasons for change most likely to trigger behavior change

- "If you were to make a change, what would that look like?"
- "What are the good things about drinking for you?...What are the 'not-so-good' things?...What would it be like if those 'not-so-good' things happened less often?"

Adapted from Rollnick, Miller, & Butler (2008)

L: Listen to Your Client/Patient

When it comes to behavior change, the answers most likely lie within the client/patient

- "If you were to make a change in your drinking, what are the most important benefits you'd see?"
- "What risks would you like to decrease?"
- "How important is it to you to make a change?"
- "What might make those 'not-so-good' things we talked about earlier happen less often?"

Adapted from Rollnick, Miller, & Butler (2008)
Four Guiding Principles related to care in a Health Setting

E: Empower Your Client/Patient
Outcomes are better when clients/patients take an active role
Help clients/patients explore how they can make a difference in their health
A client/patient active in this process is more likely to do something after a visit.
• “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?”
• “What will help get you there?”

Adapted from Rollnick, Miller, & Butler (2008)

Practical issues for bringing screening and brief intervention to your campus:
A case example

University at Albany Profile

University Center within 64-campus SUNY System
Urban Setting
Research University
NCAA Division I
Students:
  Undergraduates - 12,457
  Graduate Students - 4,977
Faculty: 967
Employees: 4,197
Degree Programs:
  Undergraduate - 61
  Masters - 89
  Doctorate - 39
Components of UAlbany Comprehensive AOD Prevention Program

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

Spectrum of Intervention Response: Alcohol Abuse Prevention

- Health Promotion:
  - Social Norms Campaign
  - Peer Services
  - Committee on University & Community Relations
  - Healthy Living Communities
- Early Intervention:
  - BASICS
  - ASTP Groups
  - Education with Social Norms
  - AA Meetings
  - Consistent Policy Enforcement
- Optimize Health & Wellbeing
- Reclaim Health
- Prevent Problems
- Treat Problems

Timeline: Evidence-based Practice Implementation & Evaluation

2005:
- Project
- Field STEPS

2006:
- Committee on University & Community Relations Social Norms Project
- STEPS (2005) and Social Norms Campaign (2006)

2009:
- Project Greek STEPS

Present:
- Continued Implementation & Evaluation of Effective Programs

2010:
- STEPS Program Awards

2011:
- National Registry of Evidence-based programs & Practices
Number of Interventions Completed

<table>
<thead>
<tr>
<th>Service</th>
<th>Students Served to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening Only</td>
<td>19,879</td>
</tr>
<tr>
<td>Screening and Brief Intervention</td>
<td>2,813</td>
</tr>
<tr>
<td>TOTAL</td>
<td>22,813</td>
</tr>
</tbody>
</table>

Personalized Feedback Profile

STEPS Program Outcomes:
Number of Drinks Per Week

- Baseline
  - Drinks per week
  - 18
  - 14.6**

19% decrease

Significant
***p<.001
STEPS Program Outcomes:
Number of Drinks Per Week

<table>
<thead>
<tr>
<th>Drinks per week</th>
<th>Baseline</th>
<th>Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>14.6**</td>
<td>***p&lt;.001</td>
</tr>
<tr>
<td>19</td>
<td>14.6**</td>
<td>***p&lt;.001</td>
</tr>
</tbody>
</table>

19% decrease

STEPS Program Outcomes:
BAC Last Time Partied

<table>
<thead>
<tr>
<th>Last Party BAC</th>
<th>Baseline</th>
<th>Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.102</td>
<td>0.085*</td>
<td>**p&lt;.01</td>
</tr>
</tbody>
</table>

16.7% decrease

STEPS Program Outcomes:
Percent of Students Experiencing Violence

<table>
<thead>
<tr>
<th>Fought, Acted Bad, Did Mean Things</th>
<th>Fights/Argument/Bad Feelings with Friend</th>
<th>Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.7% decrease**</td>
<td>31.4% decrease**</td>
<td>***p&lt;.001</td>
</tr>
</tbody>
</table>

20% decrease**
Keys to Successful Implementation

Buy-in at all university levels

Provision of services within a naturally existing campus service agency with established infrastructures and collaborative relationships

Training and communication with professional and support staff

Process and outcome evaluation

Challenges to Institutionalization

Alignment of department goals and priorities with changing and increasingly complex student needs

Infrastructure issues
- Staffing
- Space
- Incentives for student participation in interventions
Barriers to Bringing Effective Strategies to Campus

Potential barriers related to screening

Selecting screening measures with adequate sensitivity/specificity
- Realize that screening is part of a starting a conversation...select the cutoff that buys you what you are looking for

Training
- Work with staff to make sure intention, definitions, and next steps are clear

Potential barriers related to screening

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

“Real world” issues related to resources
If budget/staff challenges make this difficult, make the empirical case for the impact or, as simple as it sounds, do what you can – any steps toward increased screening are steps toward early intervention for students who may be struggling.

Still requires that a student come to a Health Center or Counseling Center
Add to your strategic plan of prevention programs and intervention, including intentional outreach.
Possible Barriers to Implementing Effective Interventions

Barriers can exist to dissemination, adoption, implementation, and maintenance (Rogers, 1995)

Source: Larimer, Kilmer, and Lee, 2005

Potential Barriers Specific to BASICS

Brief Alcohol Screening and Intervention For College Students

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

Thank you!

Questions?