

INTEGRATING TARGETED SCREENING AND BRIEF INTERVENTION STRATEGIES INTO A COMPREHENSIVE UNIVERSITY-BASED ALCOHOL ABUSE PREVENTION PROGRAM

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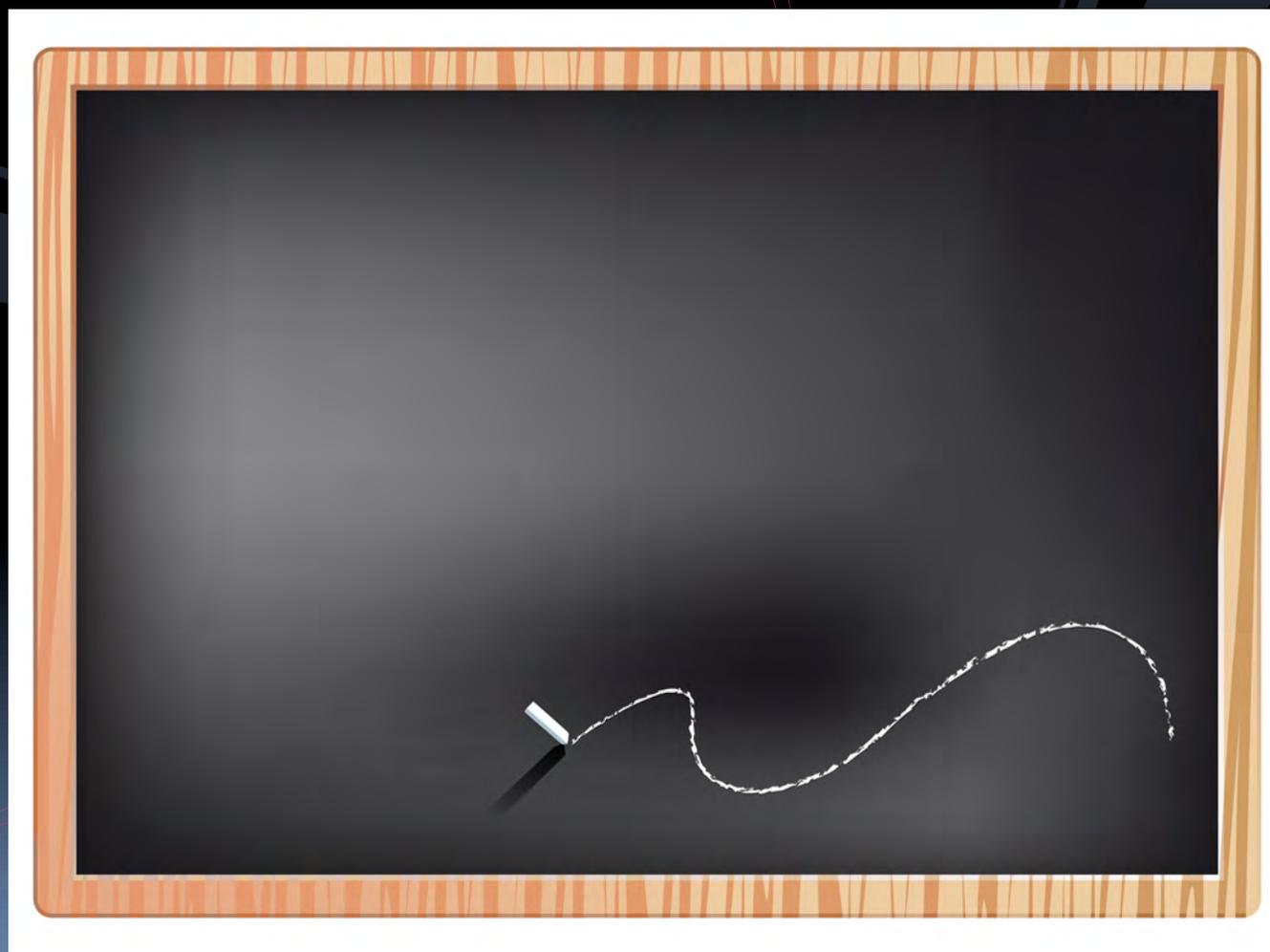


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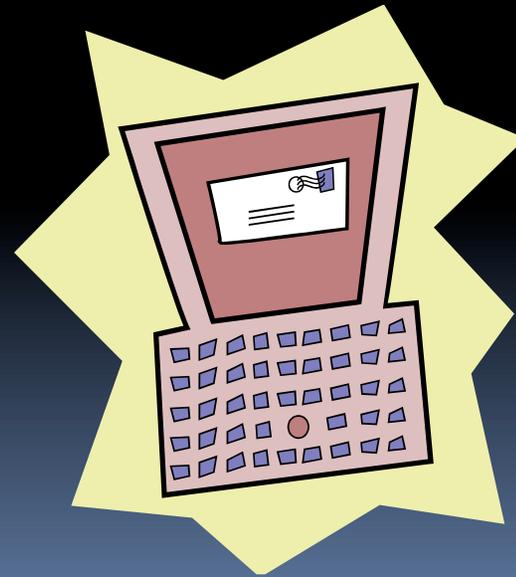
What Lessons Have We Learned?

Strategies for Effective and Comprehensive Prevention and Intervention



Lesson #10

There is a huge difference between “Reply” and “Reply to All” in email communication.



Lesson #9

Alcohol and substance use among college students is a significant public health issue.



Monitoring the Future Study: Prevalence of Drug Use by 12th Graders (2011)

Drug	Prevalence	Drug	Prevalence
Alcohol	63.5	OxyContin	4.9
Marijuana/Hashish	36.4	Sedatives	4.9
Synthetic Marijuana	11.4	Hall other than LSD	4.3
Amphetamines	8.2	Inhalants	3.2
Vicodin	8.1	Cocaine (any form)	2.9
Adderrall	6.5	LSD	2.7
Salvia	5.9	Ritalin	2.6
Tranquilizers	5.6	Ketamine	1.7
Cough Medicine	5.3	Provigil	1.5
MDMA (Ecstasy)	5.3	GHB	1.5
Hallucinogens	5.2	Methamphetamine	1.4

Lesson #8



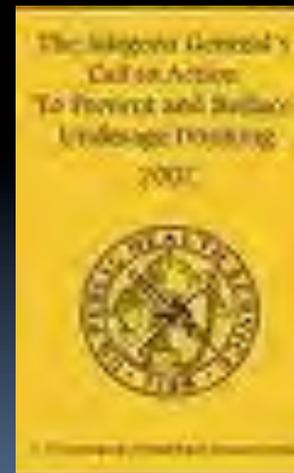
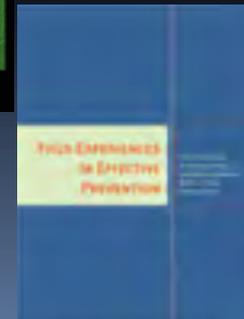
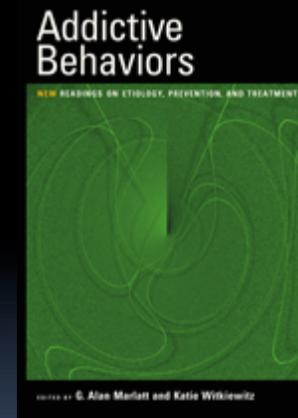
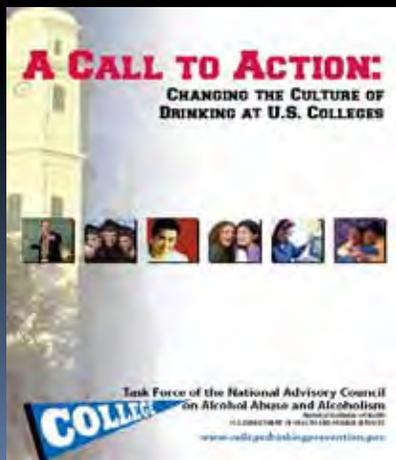
Due to a 10% reduction in the last round of budget cuts, #8 had to be eliminated.

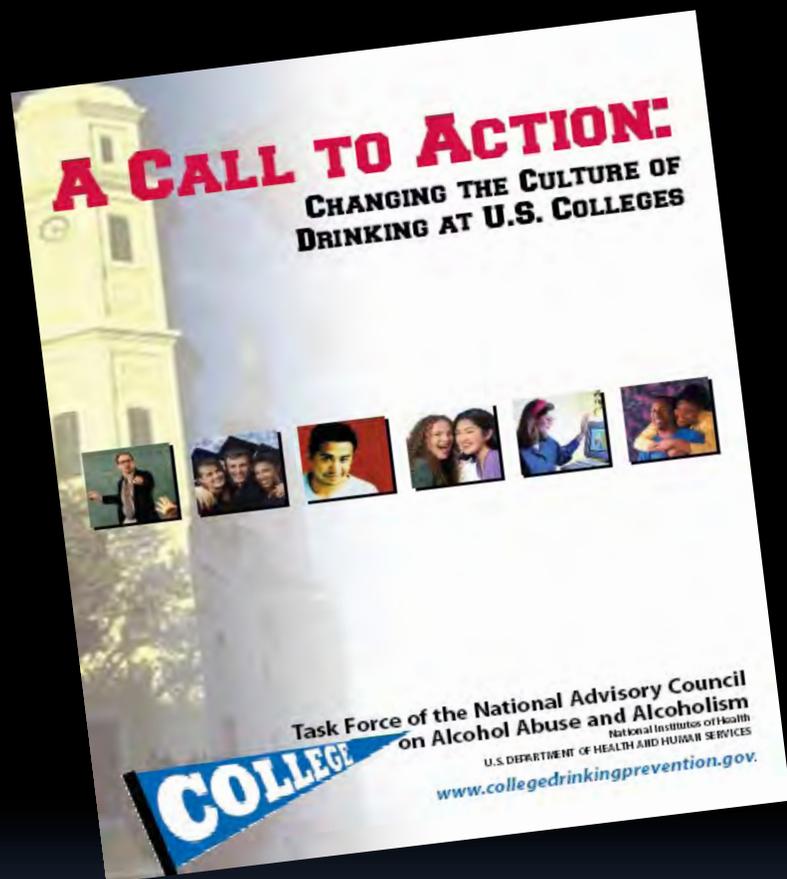
Fortunately there has been no change in the quality of the top 10 because of this this reduction.

We thank #10 and #9 for filling in to address the gap caused by the loss of #8.

Lesson #7

Prevention and intervention science has certainly identified efficacious strategies to address alcohol abuse among college students.





**SELECTING OUR
INTERVENTIONS:
THE NIAAA REPORT
ON COLLEGE DRINKING
APRIL 2002**

<http://www.collegedrinkingprevention.gov/>

The 3-in-1 Framework

- **Individuals, Including At-Risk or Alcohol-Dependent Drinkers**
- **Student Body as a Whole**
- **College and the Surrounding Community**

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

NIAAA Recommendations for Classifying Intervention Effectiveness

- Tier 1:** Evidence of effectiveness among college students
- Tier 2:** Evidence of success with general populations that could be applied to college environments
- Tier 3:** Promising: Evidence of logical and theoretical promise, but require more comprehensive evaluation
- Tier 4:** Ineffective: No Evidence of Effectiveness

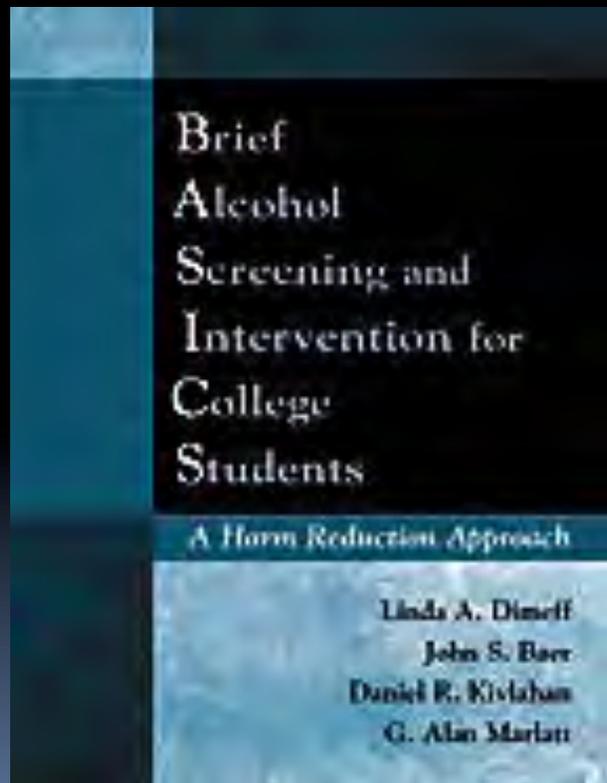
From: "A Call to Action: Changing the Culture of Drinking at U.S. Colleges," NIAAA Task Force

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.**

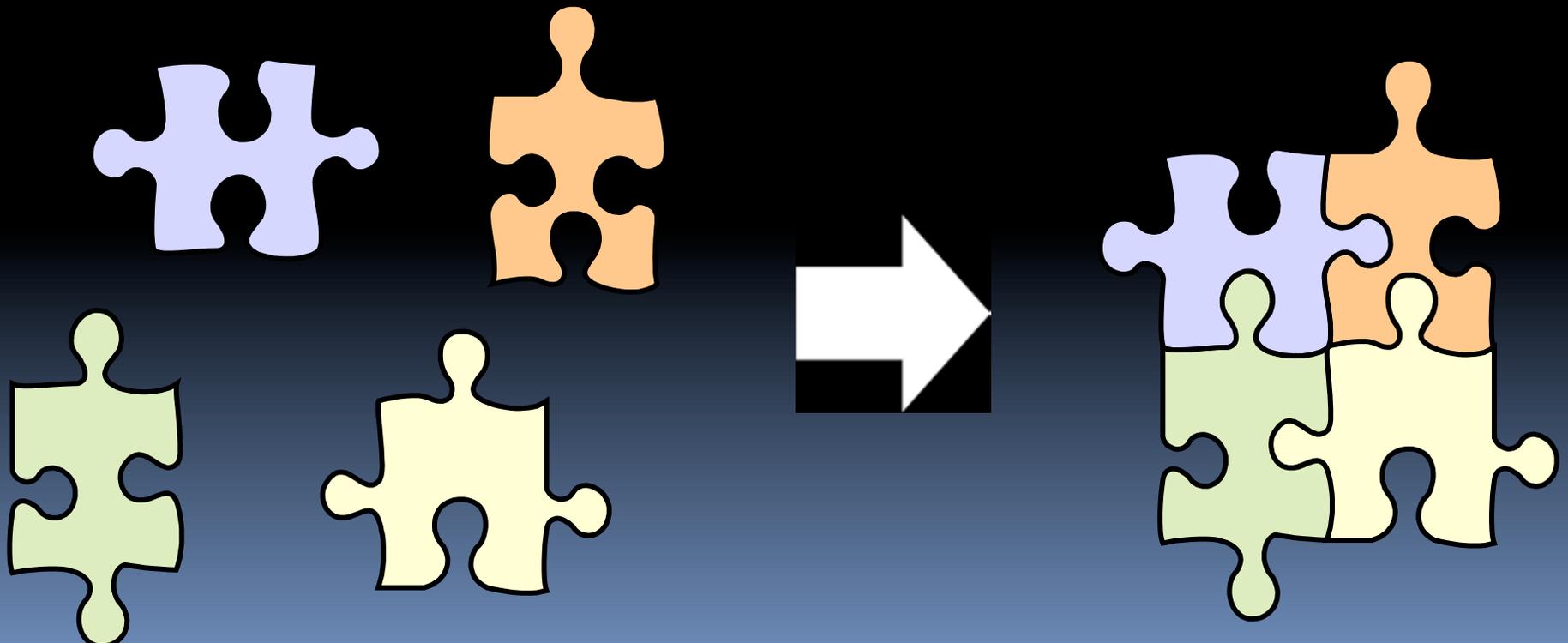
From: "A Call to Action: Changing the Culture of Drinking at U.S. Colleges," NIAAA Task Force

Brief Alcohol Screening And Intervention for College Students (BASICS)

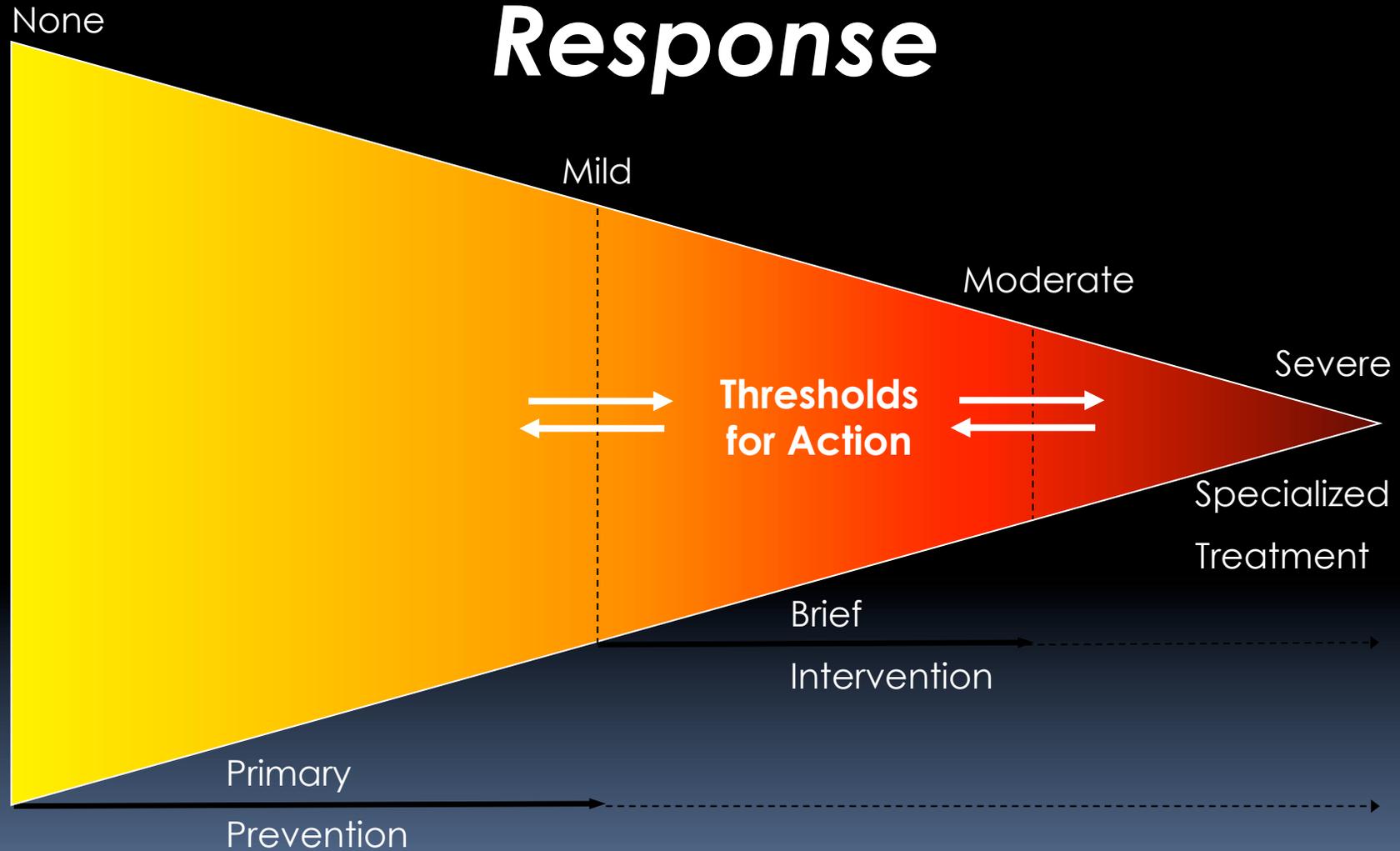


Lesson #6

The work we do in screening and brief intervention for college students is part of a larger overall puzzle.

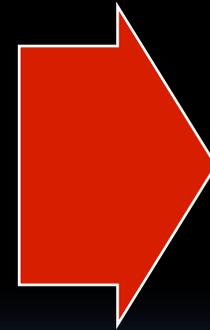


Spectrum of Intervention Response



Components of UAlbany Comprehensive AOD Prevention Program

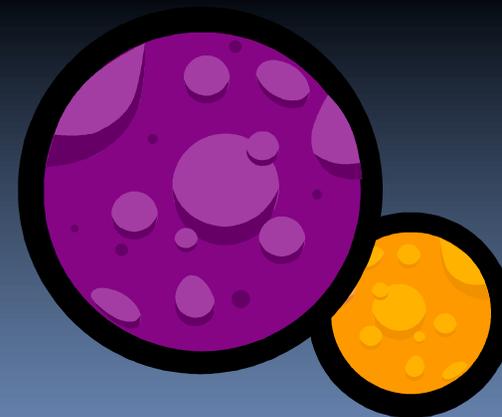
- ✓ **Presidential Leadership**
- ✓ **Campus AOD Task Force**
- ✓ **Student Involvement/Leadership**
- ✓ **Social Norms Marketing**
- ✓ **Campus-Community Coalitions**
- ✓ **Restricting Alcohol Marketing/Promotion**
- ✓ **Alcohol-Free Options**
- ✓ **Education**
- ✓ **Early Intervention**
- ✓ **Policy Evaluation/Enforcement**
- ✓ **Parental Involvement**
- ✓ **Treatment & Referral**
- ✓ **Research and Program Evaluation**



Comprehensive Program

Lesson #5

It's important to consider the context of health issues for college students, particularly because there might be overlap across and linkages among key issues.



Psychiatric Comorbidity

- Rates of depression in college typically higher than general population (Pace & Trapp, 1995)
 - 18.2% of college students report lifetime depression diagnosis (ACHA, 2011)
 - 21% of women
 - 13% of men
- 2/3 of those seeking therapy in counseling centers present for depressive symptoms
- Diagnosis of depression carries increased risk for co-occurring substance abuse or anxiety disorder (Weissman, et al., 1996)
- Co-occurrence of depression and AOD use increases the risk of suicide (Ross, 2004)

Screening/Intervention for Depression

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

Source: Eisenberg, et al., (2007)

Lesson #4

As we conduct our SBI work with college students and other young adults, we need to define our terms clearly.



Lesson #3

In order for our interventions to have any chance of working well with our college student target populations, we need to engage our students and even get them excited about what we are doing.



Who Might We Want to Engage?

Target Population	Engagement Strategy
First-Year Students	<ul style="list-style-type: none">• Screening during orientation or first month of college• Online surveys via mass emails
Student-Athletes	<ul style="list-style-type: none">• Screening after team meetings• Focus personalized feedback profiles around athletic performance and alcohol
Fraternity/Sorority Members	<ul style="list-style-type: none">• Screening after fraternity-sorority meetings and events• Focus personalized feedback profile around organization reputation and fraternity/sorority belonging
Student Seeking Health/Counseling Care on Campus	<ul style="list-style-type: none">• Screening in waiting room• Involve providers in brief MI and referral to BASICS interventions
Mandated Students	<ul style="list-style-type: none">• Reduce defensiveness at screening/baseline assessment• Separate the intervention from the sanction• Be aware of potential for underreporting of alcohol use and consequences at screening/baseline assessment and address in intervention and data analysis

Lesson #2

As we begin to build our comprehensive prevention and intervention programs, we need to think about how we will sustain them over time.



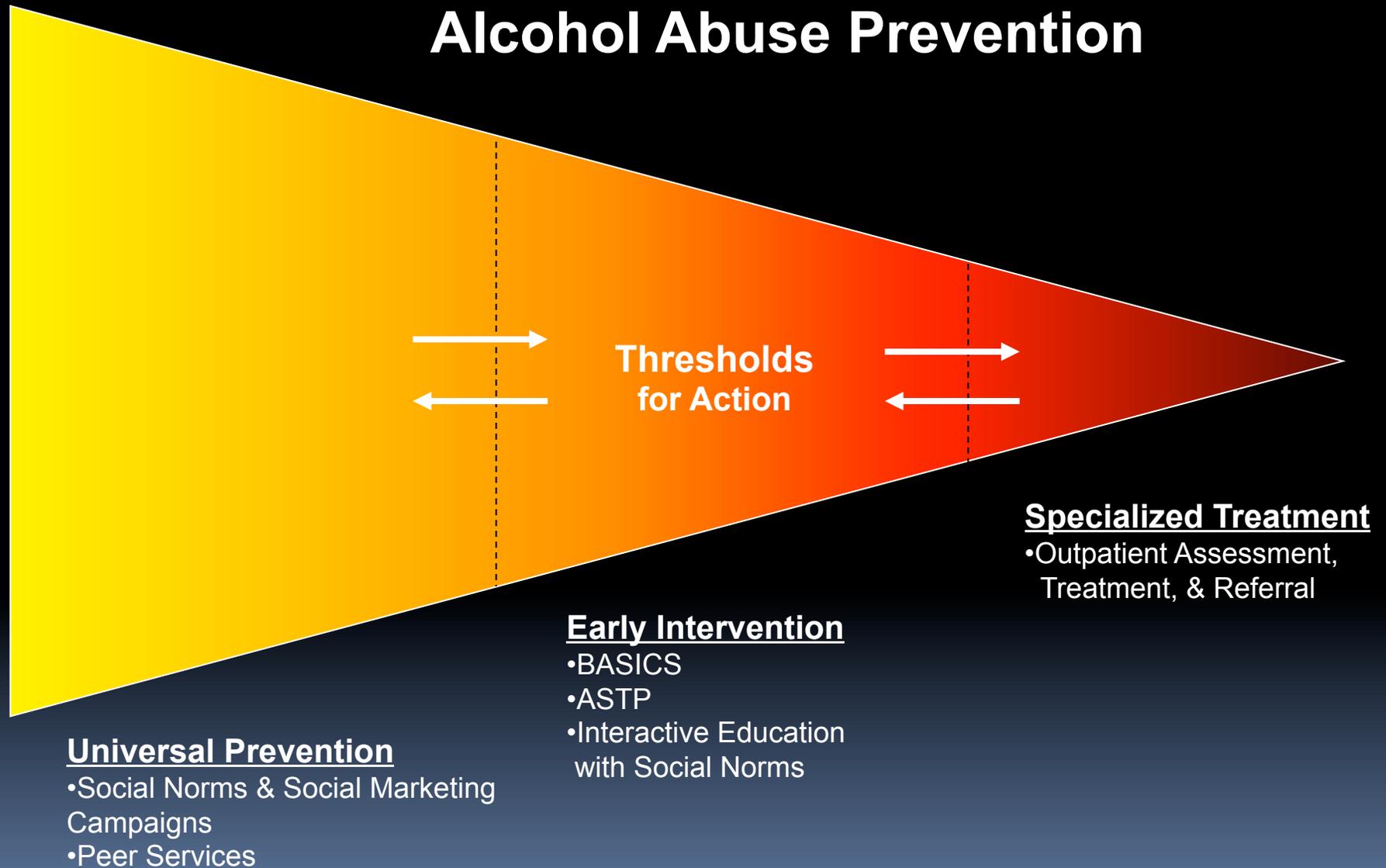


Lesson #1

With every step we take as we move forward with our comprehensive programs, we are planting a seed that can lead to positive changes on our campuses and in our communities.



Spectrum of Intervention Response: Alcohol Abuse Prevention

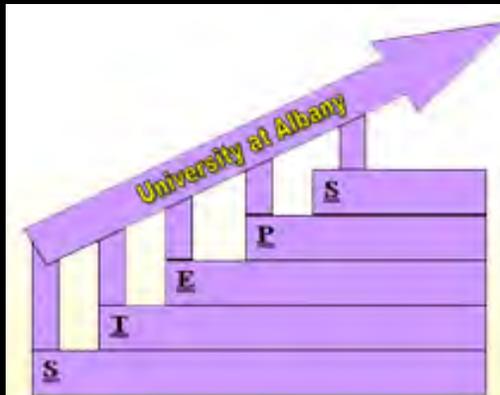


The STEPS Model

The STEPS Brief Screening and Intervention Model Targeting Students at Risk



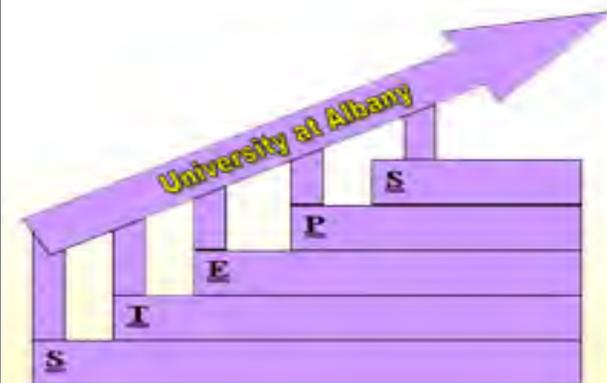
Target Populations



Project First Steps University Counseling Center

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http://www.albany.edu/counseling_center/



PROJECT WINNING STEPS

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Project Healthy STEPS: Goals

- Reduce alcohol use (amount and frequency) among students identified as high-risk drinkers through health care screening
- Reduce alcohol-related harms among students identified as high-risk drinkers through health care screening

The logo for SAMHSA (Substance Abuse and Mental Health Services Administration) is displayed in a white box with a blue border. The text "SAMHSA" is written in a bold, blue, sans-serif font.

Funded by the Campus Screening and Brief Intervention Targeted Capacity Expansion Grant, Substance Abuse and Mental Health Services Administration-Center for Substance Abuse Treatment, FY 2005

Highlights of Intervention Successes: Project Healthy STEPS

- **11% reduction** in heavy episodic drinking
- **15% reduction** in drinks consumed per week
- **9% reduction** in peak drinking
- **17% reduction** in peak BAC
- **29% correction** in perceptions of peers' drinking



Project First STEPS: Goals

- Reduce alcohol use (amount and frequency) among first-year students identified as high-risk drinkers through online screening
- Reduce alcohol-related harms among first-year students identified as high-risk drinkers through online screening



Funded by the Grant Competition To Reduce High-Risk Drinking or Violent Behavior Among College Students, FY 2005

Highlights of Intervention Successes: Project First STEPS

Web-Delivered BASICS Intervention:

- ✓ 16% reduction in drinks consumed per week
- ✓ 13% reduction in peak drinking rates



Face-to-Face BASICS Intervention:

- ✓ 32% reduction in drinks consumed per week

✓ 10% reduction in peak drinking rates

Project Winning STEPS: Goals

- Reduce alcohol use (amount and frequency) among student-athletes identified as high-risk drinkers through online screening
- Reduce alcohol-related harms among student-athletes identified as high-risk drinkers through online screening
- Educate student-athletes about alcohol's impact on athletic performance



Funded by the Grant Competition To Reduce High-Risk Drinking or Violent Behavior Among College Students, FY 2006

Highlights of Intervention Successes: Project Winning STEPS

- ✓ Majority of athletes drink less often than average student, BUT...
- ✓ Up to a **50% reduction** in negative consequences among high-risk drinkers completing intervention
- ✓ **79% increase** in use of at least one protective behavior



Campus-Wide Changes in UAlbany Student Alcohol Use Spring 2004-Spring 2008

- **32% increase** in number of abstinent students
- **25% increase** in number of students who abstain from heavy episodic drinking (5+ drinks on one occasion)
- **14% increase** in number of students who drink once a week or less
- **17% reduction** in number of students who think the typical UAlbany student drinks daily

Source: National College Health Assessment, American College Health Association
Spring in-Class Survey Administrations (Stratified Random Sample)

The STEPS Comprehensive Suicide Prevention Program Model

Sustaining Student Success

Preventing Suicide Risk Behaviors & Promoting Healthy Behaviors

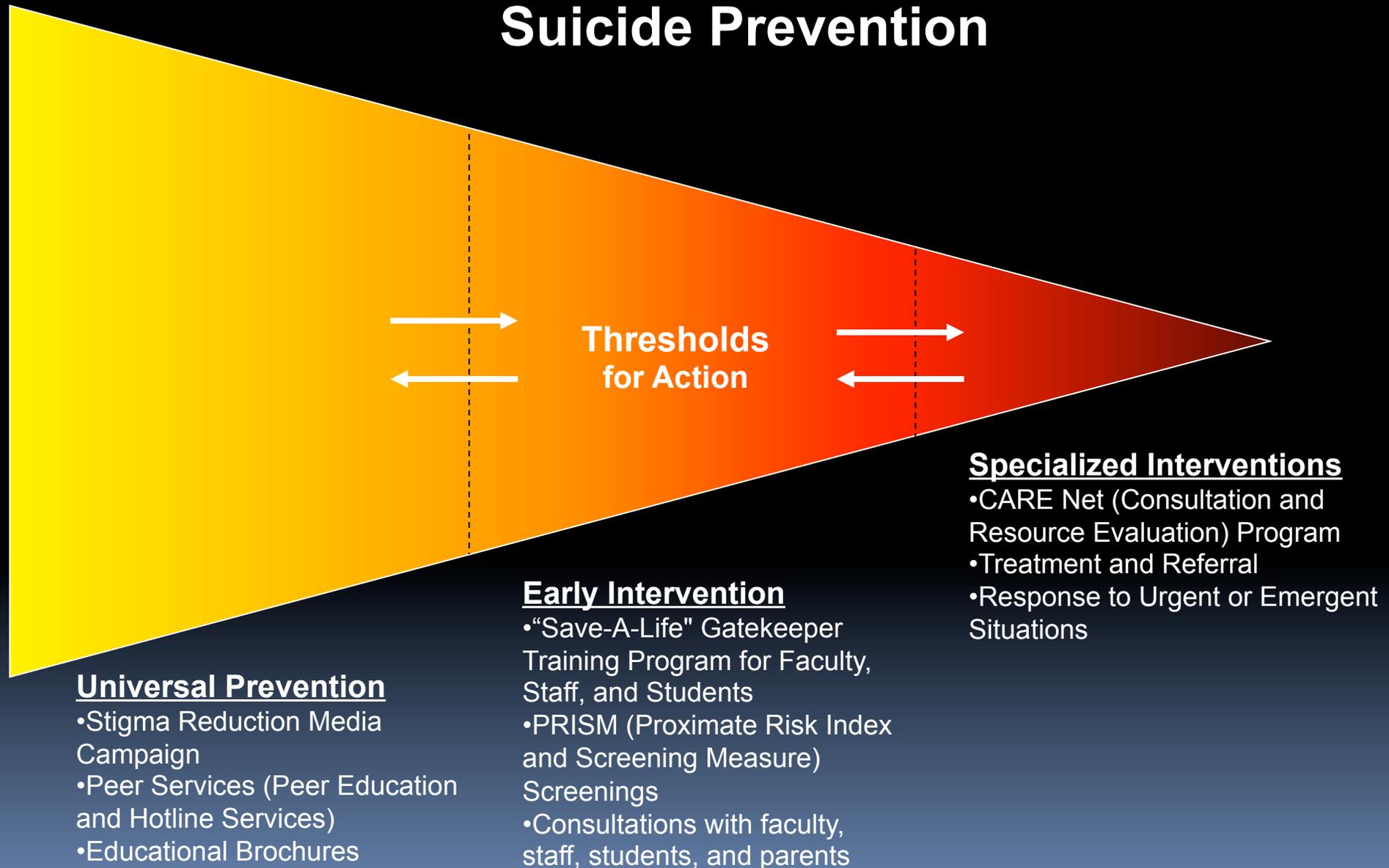
Engaging Students, Faculty, Staff, & Families in Education About Suicide Prevention

Training Potential Campus Responders & Strengthening a Campus Comprehensive Care Network

Screening and Early Intervention for Students at Risk for Suicide and Related Risk Factors

“Partnerships Working to Prevent Student Suicide... One Step at a Time”

Spectrum of Intervention Response: Suicide Prevention



Proximal Risk Indicators for Suicide Measure (PRISM)

- Prevention-related, risk-factor focused screening measure (*not a suicide prediction tool*)
- Items selected for inclusion assess risk factors found in more than half of the cases of serious suicide attempts¹
- Goal is to increase screening/self-selection and link at-risk students to counseling services
- Questions are responsive to needs of a variety of target populations (students seeking health care, academic advisement, career services, etc.)

¹ Hall et al. (1999)

STEPS Suicide Prevention Project Outcomes: Changes in Service Utilization 2004-2008

- **36% increase** in number of clients seeking treatment at University Counseling Center
- **79% increase** in number of consultations from faculty, staff, students, and parents
- **79 referrals** to CARE Net Program
- **Completed gatekeeper training for 90%** of professional student services staff members

Implications for Practice

- If not already doing so, consider implementing and evaluating Tier 1 recommendations
- Collect data if using Tier 2 or Tier 3 recommendations or if applying Tier I recommendations to interventions addressing other substances
- Collaborate with researchers
- Assemble key stakeholders
- Involve health and counseling centers in SBI work, but also “think outside the box: and go to where the students are”
- Examine applications of SBI to multiple behavioral health issues
- Monitor impact on retention

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Special Thanks

Our Funders:

- National Institute on Alcohol Abuse and Alcoholism
- New York State Office of Alcoholism and Substance Abuse Services
- Substance Abuse and Mental Health Services Administration-Center for Substance Abuse Treatment
- Substance Abuse and Mental Health Services Administration-Center for Mental Health Services
- U. S. Department of Education

Our Interventionists:

- University at Albany Counseling Center staff

Our University Colleagues:

- Department of Athletics
- Department of Residential Life
- Office of Conflict Resolution and Civic Responsibility
- University Health Center

Our Consultants:

- Drs. Mary Larimer and Jason Kilmer, University of Washington,
- Dr. H. Wesley Perkins, Hobart and William Smith Colleges



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