



**Screening &
Brief Intervention**

Toolkit for Campuses



**TEXANS^{FOR}
SAFE^{AND}
DRUG-FREE
YOUTH**

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ABOUT US

About Texans for Safe and Drug-Free Youth

With a new name that makes our mission unmistakable, the statewide coalition Texans for Safe and Drug-Free Youth (TxSDY) builds on the strengths and successes of our longtime identity, Texans Standing Tall, carrying forward the organization's unwavering values and commitment to creating healthier and safer communities.

Since our founding in 1997 as a project of the Robert Wood Johnson Foundation, we have worked to engage and connect community and non-profit organizations, state and local governments, schools, and families across the state. We have served more than 75 coalitions statewide, reaching thousands of professionals, educators, and families. We are the leading authority in Texas for evidence-based approaches, education, facts, and meaningful action at every level of the effort to end underage alcohol, tobacco, and other drug use.

We shape a healthier future where adults are creating communities where our children can thrive. We exhibit strength and conviction with our commitment to our vision of ending underage alcohol, tobacco, and other drug use. We grow knowledge and confidence by providing facts and evidence-based approaches to families, schools, communities, and other agencies, equipping them with the best tools and information they need to join us in creating change. And standing on this solid foundation of experience, education, and evidence, we champion the truth, working tirelessly for all Texans.

Institutions of Higher Education Involvement with TxSDY

Texans for Safe and Drug-Free Youth (TxSDY) has worked with college alcohol prevention initiatives since its inception. In 1997, TxSDY collaborated on the "A Matter of Degree" (AMOD) program, funded by the Robert Wood Johnson Foundation. This college program tested the effectiveness of campus and community coalitions' implementation of Tier 2 and 3 environmental prevention strategies from the National Institute on Alcoholism and Alcohol Abuse (NIAAA). Evaluation from this program indicated that alcohol consumption could decline when prevention efforts are directed towards key environmental factors.

Originally funded from 2009 – 2012 by one of nine initial grants awarded by the U.S. Department of Education for Statewide Coalitions to Prevent and Reduce Alcohol Abuse at Institutions of Higher Education, TxSDY collaborated with institutions of higher education to implement a two-year pilot project that utilized Screening and Brief Intervention (SBI) on six campuses in Texas. SBI, a Tier 1 strategy recommended by the National Institute of Alcoholism and Alcohol Abuse (NIAAA), was implemented outside of the traditional judicial system setting and in places where first year and other students who are at risk for underage and binge drinking were more likely to be reached.

In 2013, TxSDY received funding from the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention's Service to Science Evaluation Enhancement Program to evaluate our Screening and Brief Intervention (SBI) project. In partnership with Dr. Craig Field and Texas A&M University-Corpus Christi, TxSDY began translating research on SBI for risky alcohol use into practice as a primary prevention tool on college campuses. The innovative project employs SBI as a primary prevention tool prior to an alcohol- related injury or violation.

Now funded by a grant through the Texas Department of Transportation (TxDOT), TxSDY continues to implement and evaluate the project. For more information on TxSDY's efforts in expanding SBI programs on Texas college campuses, please see our 2010 Report Card on Higher Education.



ABOUT THIS TOOLKIT

Texans for Safe and Drug-Free Youth (TxSDY) is translating research on Screening and Brief Intervention (SBI) for risky alcohol use into practice as a primary prevention tool on college campuses. The purpose is to increase the number of campuses utilizing SBI by addressing campus concerns that implementation is too costly, that they do not know how to implement SBI, and/or that they do not have the professional staff to carry out the program.

This toolkit was developed to address campus concerns and aid them in utilizing screening and brief intervention on their campuses. It serves as a basic framework for understanding, planning, and implementing SBI on college and university campuses.

SBI can be implemented with minimal costs to the campus. The resources recommended in this toolkit range in cost – some are free while others may require a financial investment. The toolkit will help walk a campus through various steps for determining the resources they have available, what screening tool(s) to utilize, and how to identify the target population prior to implementation.

The toolkit also focuses on helping a campus navigate the system by providing advice for identifying key stakeholders and getting them on board, as well as determining the right faculty and staff to conduct an SBI event. The appendices have a selection of peer-reviewed SBI articles and reproducible copies of the helpful documents.

Texans for Safe and Drug-Free Youth provides training and support for campuses desiring to implement an SBI program. For more information please contact us at: 512-442-7501 or SBI@TxSDY.org.

This toolkit was first produced with funding from the U.S. Department of Education. It has been updated with funding from the Texas Department of Transportation (TxDOT).

OVERVIEW OF SCREENING AND BRIEF INTERVENTION (SBI)

Screening and Brief Intervention (SBI) for risky alcohol use is expanding from trauma room and other medical settings into institutions of higher education. On campuses, attention on alcohol issues is often focused on those who are already alcohol dependent or have experienced a negative consequence with alcohol that landed them in a judicial setting. However, at the population level, risky drinkers experience more consequences and costs than any other group. A “risky drinker” is most likely someone who is

not an alcoholic, but regularly binge drinks (5 or more drinks in one setting) and frequently experiences alcohol-related consequences, such as missing class, injuries, or traffic accidents.



Research shows risky drinkers cause more accidental harm than heavy drinking alcoholics. Risky drinkers are a greater portion of the population than alcoholics or those who are alcohol dependent; therefore, those that engage in risky alcohol use cause the most significant amount of damage. A screening process is a helpful way to distinguish the different types of drinking patterns and identify those who are risky drinkers.

A brief intervention goes beyond the sharing of simple advice. It uses evidence-based motivational interviewing techniques to provide the risky and harmful drinker the tools for changing their beliefs and behaviors to reduce harmful alcohol use and its negative consequences.

Recommended Evidence- Based Strategy

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) is the component of the National Institutes of Health (NIH) that supports and conducts research on how alcohol affects human health and well-being.¹

As reported in their comprehensive 2002 report, *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*, providing a brief intervention is a Tier 1 recommended strategy, meaning that strong research evidence (two or more favorable studies available) supports the effectiveness of

this prevention strategy among college students. Other leading public health institutions, such as the Institute of Medicine and the World Health Organization, also recommend Screening and Brief Intervention as an evidence-based strategy for reducing risky alcohol use.

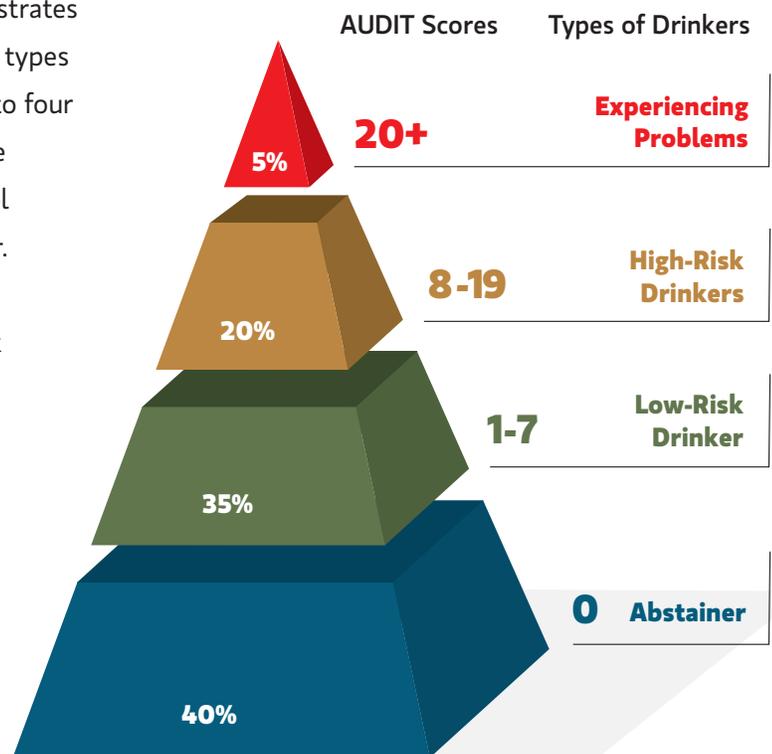
Selecting a Screening Tool

Screening tools are a first-line defense in the prevention of disease. A variety of tools exist, including a number of short tests that offer an effective assessment of potential alcohol-related problems and can be completed in less than five minutes. The following are a selection of some of the most widely used and supported alcohol-screening tools.

ALCOHOL USE DISORDER IDENTIFICATION TEST (AUDIT)

The World Health Organization (WHO) developed the Alcohol Use Disorder Identification Test (AUDIT) as a simple method of screening for excessive drinking and to assist in brief assessment. The AUDIT is a free online tool that is ten questions and translated to multiple languages (see Appendix A). It can help identify excessive drinking as the cause of the presenting illness. It also provides a framework for intervention to help hazardous and harmful drinkers reduce or cease alcohol consumption, thereby avoiding the harmful consequences of their drinking.²

The Drinker's Pyramid (on the right) illustrates AUDIT scores as they relate to different types of drinkers. The pyramid is separated into four tiers, starting from abstainers who score zero to individuals with probable alcohol dependence who score twenty or higher. Typically, most students will fall in the two bottom tiers: abstainer and low-risk drinker. Approximately 20% score as high-risk drinkers, but only a very small percentage fall into the top tier of probable alcohol dependence. The majority of alcohol related problems come from high-risk drinkers. Although their abuse is not as severe as the top tier group, they make up a much larger percentage of the population and therefore create more problems.



THE DRINKERS' PYRAMID

RUTGERS ALCOHOL PROBLEM INDEX (RAPI)

The RAPI is an 18-item (originally 23-item) self-administered screening tool that was developed in order to create a conceptually sound and easily administered instrument to assess problem drinking in adolescents. The advantages of this screening tool lie in its ease of administration and its standardization, which make it possible to compare problem-drinking scores across groups.²

COLLEGE ALCOHOL PROBLEM SCALE-REVISED (CAPS-r)

The CAPS-r is an eight-item self-report scale that measures the frequency of personal and social problems college students may experience when drinking.

Identifying High-Risk Students and Selecting Your “Target Audience”

Student demographics and social/extracurricular opportunities vary greatly among college and university campuses. Considering factors such as average age of students, sport or club affiliation, and/or campus activities, will allow you to decide which students to target for maximum impact from your SBI implementation. A campus may select specific groups that are underserved in respect to alcohol prevention, or it may choose groups that are known to have the highest rates of alcohol use and alcohol-related consequences. Nationally, students at high-risk for alcohol misuse/abuse include, but are not limited to freshmen/first year students, athletes, and Greek society members.

FRESHMAN/FIRST YEAR STUDENTS

Survey data compiled by the CORE Institute and research reported by academic institutions indicate that female freshman student’s drink more frequently and in higher quantities (in one sitting) than their sophomore, junior, and senior counterparts.⁴ Transition periods, such as being an incoming college freshman or first year student, are a key risk period for alcohol abuse/misuse and other risky health-related behaviors. A combination of factors increases the likelihood for increased alcohol consumption during this period.

The highest portion of heavy drinkers is among 18-29 year olds. Individuals in this age group drink more alcohol if enrolled in college than non-college students. Newly arrived students frequently come to campus with a new sense of independence, along with the expectation and perception that heavy alcohol use is part of the college “experience.” The consequences that result from freshman students’ drinking habits are not limited to the students themselves, but often spill over as secondary consequences (e.g. car crashes, property damage, noise, attrition rates, etc.) that affect the whole student-body, the institution, and community.

ATHLETES

The 2006 National Collegiate Athletic Association (NCAA) substance abuse report found that student athletes drink more heavily than non-athletes. Among male athletes, 57% reported heavy drinking in the past two-weeks, compared to 49% of male non-athletes. Similar patterns hold true with females, where 48% of female athletes reported heavy drinking in the past two weeks, compared to 40% of non-athletes.⁵ There are likely multiple reasons why student athletes drink more than non-athletes, including peer pressure from their fellow athletes or as a release from the intense pressure often placed on them by their teammates and college community.

GREEK SOCIETIES (SORORITIES AND FRATERNITIES)

One of the greatest disparities in drinking rates is between students that participate in Greek societies and students who do not. Overall, fraternity and sorority members out-drink non-members by a wide margin. Findings from the Harvard School of Public Health College Alcohol Study found fraternity members engage in heavy drinking more often than non-fraternity members, 75.1% versus 48.6%. The same pattern is found among sorority members, 62.4% reported heavy drinking compared to 40.9% of non-sorority female students. If your campus has Greek societies, especially those affiliated with resident housing, prevention efforts may be best utilized among this high-risk population.

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Selecting an SBI Setting

Screening and brief intervention was developed as a way to identify persons with harmful and hazardous alcohol consumption before health and social consequences become pronounced. The first research studies of SBI were conducted more than 40 years ago; however, it was not utilized in health care settings until the early 1980s. Over the past 20 years there has been substantial evidence from numerous randomized trials in primary health care and emergency/trauma room settings that it is an effective, easy to administer, low cost alcohol-harm reduction strategy.

Outside of the primary care arena, research has found that individuals are generally willing to learn more about the effects of their drinking in a “teachable moment,” such as ending up in an emergency room for

“Due to the success of SBI in reducing hazardous drinking in various settings, colleges and universities are more often using it on their campuses, particularly with subpopulations that tend to be at highest risk from alcohol-related problems.”

an alcohol-related accident. As a result, a growing number of colleges and universities are utilizing SBI as part of their judicial process in addressing unhealthy alcohol use by college students.

Due to the success of SBI in reducing hazardous drinking in various settings, colleges and universities are more often using it on their campuses, particularly with subpopulations that tend to be at highest risk from alcohol-related problems. The objective of primary prevention efforts is to avoid the occurrence of a particular problem rather than treating or curing it. By taking SBI beyond the judicial system and expanding it to other settings on college and university campuses, SBI has become as a primary intervention strategy rather than a response tool for students already facing the consequences from alcohol misuse/abuse.

To move beyond the judicial and counseling settings, campuses may consider the following as opportunities to implement SBI: classes required by all majors for freshman/first year students, alcohol awareness screening day, health fairs, orientation, educational events for sororities and fraternities, and/or provide a health events for athletes and trainers. When planning an SBI event, consider the logistics you will need to address (e.g., date and time of the event, volunteers, available space, approvals needed, etc.) to ensure your available resources are adequate for hosting a successful event.

Resources for Implementing SBI

PERSONNEL REQUIRED

Screening and brief intervention is designed for use by service providers that do not specialize in addiction treatment and are not licensed counselors. A common and incorrect presumption is one must have a specialized background to conduct a brief intervention; this is not true! It is necessary, however, to receive training and guidance by a professional with a background in SBI. This training and certification to implement SBI can be accomplished in a one-day or preferably two-day intensive SBI training. Of course some people are not as naturally comfortable in administering brief intervention as others, but with minimal professional training, regular practice, and non-judgmental conversational and interaction skills, most people will be able to conduct a brief intervention effectively. However, personnel that implement SBI should not be those tasked with enforcing school policies and/or underage drinking laws. For example, students are less likely to be comfortable honestly discussing their alcohol use, which is essential for an effective brief motivational interview, with campus law enforcement officers.

DETERMINING COST

Numerous studies have shown Screening and Brief Intervention to be one the most cost-effective prevention strategies. This is partly because it is possible to administer this type of service to a large number of students in a relatively short period of time. Additionally, it does not require curriculum or

expensive instruments to implement. The impact on individual change in response to a brief intervention will vary from student to student, with the majority of students making moderate reductions in alcohol-related risky behavior. The ability to administer SBI to a broad population at a very low cost compared to other prevention strategies means the overall impact on a campus is quite large.

PRIMARY COSTS WILL LIKELY INCLUDE:

- **Training**
 - > 1-2 day training by an SBI professional

- **Supplies**
 - > Photocopies of screening tool (e.g., AUDIT)
 - > Printed SBI reference cards for interviews (see Appendix B)
 - > Promotional materials (e.g. posters and brochures) to encourage students to attend your SBI event

- **Additional costs may include:**
 - > Student Incentives. Some campuses may wish to offer different incentives in order to encourage student participation
 - > Food and Beverage. Depending upon your target population and the setting, some campuses may offer food and beverage
 - > Trained staff. While most campuses utilize staff and volunteers for both the interviews and logistical support, some campuses may need to offer compensation to employees or others that are not involved in the project but may need to be on-site (such as building maintenance)
 - > Room rental. Depending on your SBI event location a room rental or booth fee may be required



THE IMPLEMENTATION PROCESS

Screening and brief intervention has broad support from prevention specialists, including those who recognize its effectiveness with skeptical college students who may be turned off by conventional “just say no” or “alcohol is bad/harmful” styles of alcohol prevention messages. SBI is not designed to replace other ongoing prevention efforts, including abstinence-focused messaging; rather it is one more tool in the toolbox. Unsurprisingly, college students do not typically respond well to aggressive approaches that focus on what is wrong their behavior. Because SBI uses a non-confrontational approach that employs motivational interviewing techniques, it is more accepted among college students. As a result, they often play a supportive role in implementation of the program with fraternities/sororities, athletic teams, health fairs, and in classroom settings.

A well-implemented SBI program requires the investment of key stakeholders on the campus. Champions for the program may include staff within the campus public health departments, athletic departments, and/or Greek society. It is common that these groups have the administrative support of student leaders who are excellent candidates for supporting the organization and promotion of an SBI event.

Meeting with the Gatekeepers and Stakeholders

In the broadest sense, “gatekeepers” are individuals on campus whose approval is necessary for implementing screening and brief intervention. These individuals may include campus administration, residence life staff, health center staff, academic advisors, counselors, and faculty. Your first decision will be to determine who on your campus is: 1) a supportive partner in introducing/expanding SBI; 2) needed to give the go ahead for this effort on your campus; and 3) able to draw program support from the departments overseeing the targeted students, also known as the stakeholders (e.g. Health Center, Athletic Department, or specific academic department that oversee first-year student courses). Once you have your contacts lined up, it is time to schedule meetings with gatekeepers and stakeholders to begin the process of introducing/expanding SBI on your campus.

Creating a Common Language - Introduction to Alcohol Use on College Campuses

With so much attention given to college drinking and its consequences, it may seem unnecessary to discuss college student alcohol use and the primary and secondary effects felt by the drinker, the campus, and the community as a whole. Even though college administrators and staff typically have greater insight on this issue than most people, there may be incorrect assumptions and misperceptions of alcohol's impact on students' lives. Everyone involved in the SBI program can benefit from a presentation and discussion on the current research on college student alcohol use and its negative impacts on students. This helps everyone reach a common understanding of the degree to which alcohol can affect the campus. Utilizing a short presentation with time for questions and answers is highly recommended.

Introduce SBI

Research shows that at critical moments, such as transition periods, a brief screening and intervention can help someone reduce or stop risky substance use, in some cases before misuse results in a life-changing negative consequence or crosses into addiction. More and more colleges are utilizing SBI in judicial settings, health-care settings, in classrooms, and special events among athletic or social organizations. Despite increasing success, introducing the concept to campus administrators, gatekeepers, and stakeholders needs to be thoroughly and concisely planned. Do not assume that your audience will already understand what it is. Gaining support depends on a clear explanation of the SBI model, the strong evidence demonstrating its effectiveness, and the low-cost and ease of implementing the program. Below are key concepts that should be addressed independently, and then explained as part of the whole process.

Defining Screening and Brief Intervention

SCREENING

Screening refers to using a validated instrument to quickly assess the "risk level" of substance use and identify individuals that might benefit from intervention. A brief questionnaire or interview is often sufficient to identify individuals with substance use problems or risky substance use. Screening differs from assessment in that it does not establish a diagnosis.⁶

BRIEF INTERVENTION

A brief intervention consists of a 10-15 minute non-confrontational encounter between two people. It is designed to help improve chances that the person who is involved in risky alcohol consumption will alter behavior to reduce risk. The goals are to 1) help the drinker (interviewee) reflect on his/her alcohol

consumption and drinking behavior, and 2) guide the interviewee to create a plan regarding his/her drinking behavior that will decrease risky behavior and keep alcohol intake within safe limits.

MOTIVATIONAL INTERVIEWING

Motivational Interviewing (MI) focuses on exploring and resolving ambivalence regarding alcohol use. It centers on motivational processes within the individual that facilitate change. The method differs from more “coercive” or externally driven methods for motivating change, as it does not impose change that may be inconsistent with the person’s own values, beliefs, or wishes. Rather, MI supports change in a manner congruent with the person’s own values and concerns.⁷

Overview of an SBI Interview

Following the completion of a screening instrument, the student meets with an interviewer who orients the student and covers the three basic elements of a brief interview: Feedback, Listening, and Options for Change. These three elements are commonly referred to as the acronym FLO.



1. ORIENT THE STUDENT

- Identify yourself and explain your role
- Get permission, explicit or implicit, from the student to talk together for a few minutes
- Explain that the purpose of the discussion is to give them information about health risks that may be related to their drinking; get their opinions about their drinking; and discuss what, if anything, they want to change about their drinking

2. FEEDBACK

Provide feedback about screening results using **RANGE**

(The example uses the AUDIT screening tool to demonstrate RANGE)

- **R**ange: AUDIT scores can range from 0 to above 20
- **A**lmost everyone scores under an 8 on the AUDIT
- **N**ot here to diagnose but to help you gauge your level of risk
- **G**ive the student their AUDIT score
- **E**licit the student's reactions

3. LISTEN

Ask students for their views about their own drinking and listen carefully to encourage their thinking and decision-making process.

Goals:

- Listen for pro-change talk (the student's concerns, problem recognition, and downsides of drinking)
- Summarize the student's feelings both for and against current drinking behavior ("On the one hand.... On the other hand....")

Methods:

- Explore pros and cons of drinking. "What do you like about drinking? What do you like less about drinking?"

4. OPTIONS

Provide help/facilitate decisions about options the student can pursue.

Include in the options establishing a goal and developing an action plan. Ask the student, "Where does this leave you? Do you want to quit, cut down, or make no change?" If appropriate, ask about a plan. "How will you do that? Who will help you? What might get in the way?"

Adapted from 2010 Dunn, Field, Hungerford, Shellenberger, and Macleod

Feasibility of Implementing SBI

At this point you may receive full support for implementing SBI as an effective prevention program on your campus. Still, one of the most important concerns for college administrators needs to be addressed in order to gain their approval for introducing SBI on their campus: financial costs. In choosing what prevention initiatives to implement, the cost and ease of implementation is often as important as how effective it is. Fortunately, with SBI it is a win-win situation, as it is one of the most cost-effective prevention strategies available. SBI does not require investments in extensive training, expensive instruments, or a lengthy time frame. Total financial costs and in-kind support will depend on the number of students targeted for the program, but most expenses will be tied to the initial 1 to 2 day training provided by a professional SBI trainer. Typically, all other associated costs are minimal; when compared to other alcohol prevention programs, SBI is a low-cost option.

SBI Goals

A successful brief intervention program will typically have a small impact on the average interviewee and a profound impact on a handful of people. Due to the large number of students that can be screened and receive a brief intervention, small individual impacts result in great risk-reduction for the population as a whole. As mentioned in the previous section, SBI can reduce alcohol-related problems and create healthier environments due to its ability to reach a larger population than other alcohol harm-reduction programs. A well-implemented SBI program can reduce alcohol use to lower-risk levels and reduce alcohol-related harm to self and others.

Although abstinence is not the primary goal for many brief interventions, there are certain cases in which the interviewer may reinforce abstinence (e.g., with individuals who should not drink due to alcohol-abuse or pregnancy). Despite clear laws prohibiting the consumption of alcohol by minors and scientific research showing the harmful effects on the developing brain, too many students under age 21 still consume alcohol. SBI, at its core, is designed to have the students reflect on their own alcohol use and decide for themselves how they will reduce risky drinking. Knowing how to speak with the under 21 population is a very critical component of the brief intervention. A professional SBI trainer will help guide program trainees on how to address this issue in a non-confrontational manner. In addition to minors, other students who should not drink include:

- Students who cannot maintain drinking at a moderate level
- Women who are pregnant, planning to become pregnant, or breastfeeding
- Students who take prescription or over-the-counter medications that can have adverse reactions when mixed with alcohol
- Students who have a health condition that can be made worse by alcohol

Selecting Location

Determining the campus location to conduct SBI will vary based on your institution's facilities and your chosen target group. It is relatively easy to administer individual SBI sessions in a health clinic or counselor's office. However, if SBI will be conducted with a large group, such as a first-year student class, pay careful attention to selecting the appropriate location to hold the screening and brief intervention sessions. Similar to setting a secure environment for exams, screening tools should be administered in a setting that can guarantee students' privacy while they complete the survey. This keeps external peer influences from compromising the validity of their responses. The brief intervention session should immediately follow the administration of the screening tool. As such, it will be necessary to move the students to the brief intervention as seamlessly as possible to keep students from

congregating and comparing their scores after completing the survey. Conversations among students about their scores could affect their openness during the interview.

Identify Appropriate College/Community Referral Resources

It is wise to have a professional counselor on hand in case a student becomes stressed or emotional during the brief intervention. These occurrences are extremely rare and have not occurred to date during TxSDY's implementations. Still, it is always prudent to be prepared for any situation that might arise. Information about college and community alcohol treatment/counseling services can be useful for students who need additional support or information. Be careful to not promote available support services too much, as it may have unintended consequences. Negative connotations of being an alcoholic or risky drinker associated with overt promotion of these services could put students on the defensive during the brief intervention. Remember, a brief intervention is a non-confrontational interaction with the student.

Marketing the Project to Students

In keeping with creating a non-confrontational experience to address students' alcohol use, it becomes essential to not discuss SBI as "alcohol problem" intervention, or any term or phrase that could turn students off from participating. Introducing the program in an honest but positive frame (e.g., as a public health program addressing alcohol use) will help maintain the students' ambivalence to completing the screening tool and going through a 10-15 minute brief intervention.

Host 1-2 Day Training on SBI

Some publicly available materials help guide participants through the steps of a brief intervention. These resources are very useful in understanding what a brief intervention looks like and why it can be effective. However, the only way to competently train someone in brief intervention is with in-person training from a professional SBI trainer. Texans for Safe and Drug-Free Youth (TxSDY) offers one to two days of training to implement SBI on college and university campuses. The first day of training is focused on educating campus members (of your choice) about underage and risky alcohol use, as well as how to implement SBI on your campus. This second day of training, conducted by TxSDY's program psychologist, instructs participants on all parts of conducting SBI and allows time for practice and feedback. Conducting SBI is an on-going learning experience; the more an individual interacts with students utilizing motivational interviewing skills in a brief intervention, the more he/she can respond to different scenarios faced during the conversations. Through years of practice, SBI trainers are able to provide the foundation for others to begin administering brief motivational interviews.

CAMPUS PREVENTION SUCCESS STORY

Many schools perceive that it takes a sizeable budget and staff to collect data on student alcohol use rates and implement data-driven prevention efforts. While a large budget is desirable, it is not

necessary. Texas A&M University-Corpus Christi is committed to promoting healthy choices among the TAMU-CC campus community in order to reduce the negative consequences of alcohol and drug use/abuse. The university administers the CORE survey every two years and requires all incoming students under age 21 to complete an online alcohol education course. Additionally, the campus President writes the parent of each underage incoming student to address alcohol and other drug (AOD) issues and inform them of the campus prevention efforts and resources. These efforts are funded through a portion of student service fees, creating a budget of \$36,307 for fiscal year 2012.

The program is facilitated by a campus-wide coalition – Islander’s Alcohol and Drug Abuse Team (I-ADAPT) consisting of faculty, staff, and students. I-ADAPT works to address issues on campus and to provide prevention and intervention programming to the campus community. There is no “prevention department,” but there is a strong commitment to prevention. The public disclosure and online access to their Drug Free Schools and Campuses Biennial Review created an openness that has led to positive interest and support from all levels of the University, including upper administration. Over the years, as I-ADAPT learned from their data and assessments, they became more active in pursuing recommended strategy solutions and securing grant funding that has supported the “Islanders Think, Choose, and Graduate” social norms campaign among other projects.

In an effort to enhance their commitment to prevention, Texas A&M Corpus Christi has partnered with Texans for Safe and Drug-Free Youth to implement SBI outside of the judicial setting on their campus. After their on-site training, they planned and hosted a SBI event focused on their campus Greek system. The event was offered as a pro-health fundraiser for Greek letter societies on campus. Each member that participated received a t-shirt and \$5 was donated to that person’s fraternity/sorority. This event was well attended by Greek Life students and resulted in multiple screens and motivational interviews, which gave staff the opportunity to provide positive pro-health messages and resources to students who would have otherwise been difficult to reach. Additionally, TAMU-CC used their experiences with TxSDY’s SBI program to apply for funding, through other sources, to provide SBI to additional student populations.

To learn more about this campus’ event, as well as successful SBI implementations on other campuses, contact us at SBI@TxSDY.org or 512-442-7501.

“Campuses can build a successful AOD program by focusing on strategies with proven effectiveness. Once you begin to show success, your credibility and opportunities expand exponentially both on campus and outside.”

Amanda Drum, Ph.D., Director of Assessment, Texas A&M University-Corpus Christi

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APPENDICES

APPENDIX A:

World Health Organization's Alcohol Use Disorders Identification Test (AUDIT)

APPENDIX B:

Texans for Safe and Drug-Free Youth's AUDIT Feedback Card

APPENDIX C:

Texans for Safe and Drug-Free Youth's Screening and Brief Intervention Plan Template

APPENDIX D:

Texans for Safe and Drug-Free Youth's Sample Budget

APPENDIX E:

Additional Resources and Articles on Screening and Brief Intervention

World Health Organization's Alcohol Use Disorders Identification Test (AUDIT)

Read questions as written. Record answers carefully. Begin the AUDIT by saying, "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks." Place the correct answer number in the box at the right.

RISK GROUP	0	1	2	3	4
1. How often do you have a drink containing alcohol?	<input type="checkbox"/> Never (Skip to #9)	<input type="checkbox"/> Monthly or Less	<input type="checkbox"/> 2-4 times a month	<input type="checkbox"/> 2-3 times a week	<input type="checkbox"/> 4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	<input type="checkbox"/> 1 or 2	<input type="checkbox"/> 3 or 4	<input type="checkbox"/> 5 or 6	<input type="checkbox"/> 7 to 9	<input type="checkbox"/> 10 or more
3. How often do you have six or more drinks on one occasion?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
9. Have you or someone else been injured because of your drinking?	<input type="checkbox"/> No		<input type="checkbox"/> Yes, but not in the last year		<input type="checkbox"/> Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/> No		<input type="checkbox"/> Yes, but not in the last year		<input type="checkbox"/> Yes, during the last year

TOTAL	
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Test courtesy of Babor, T. F., Higgins-Biddle, J. C., Saunders, J. B., Monteiro, M. G. (2001). *The Alcohol Use Disorders Identification Test, Guidelines for Use in Primary Care, Second Edition, Department of Mental Health and Substance Dependence, World Health Organization.*

MY SCORE	
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RISK LEVEL	FEEDBACK	SCORE
I	Your score indicates that at this time you seem to be making relatively low risk drinking choices.	0-7
II	Your score indicates that at this time you seem to be drinking in excess of low risk guidelines. You may want to consider meeting with a counselor to discuss ways to lower your risk and decrease negative consequences.	8-15
III	Your score indicates that at this time you are making high risk drinking choices that are causing some negative consequences. Higher scores indicate higher risk drinking and greater likelihood of negative consequences. It is strongly recommended that you meet with a counselor for an assessment and to develop a plan to lower risk and minimize negative consequences.	16-40

NOTE: If you suspect that you have a drinking or drug problem, you should seek help from a professional regardless of how you score on this screening test.

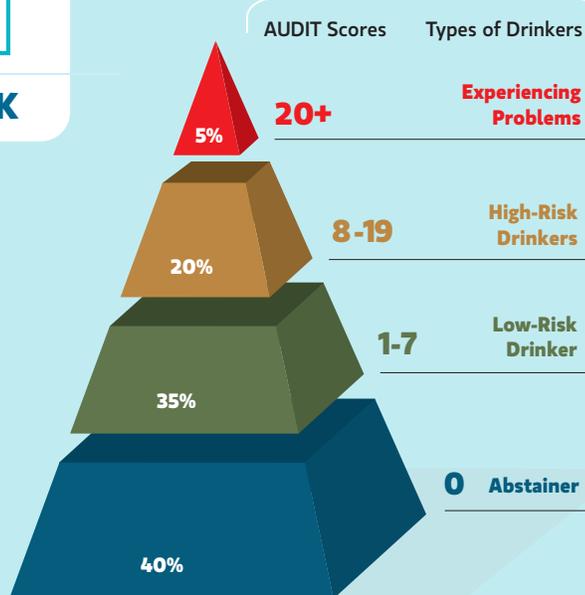
Texans for Safe and Drug-Free Youth's AUDIT Feedback Card

AUDIT FEEDBACK

HOW MUCH IS TOO MUCH

Low-risk drinking limits	Per occasion	Per week
Males	4 or less	14 or less
Females	3 or less	7 or less
All ages >65	3 or less	7 or less

THE DRINKERS' PYRAMID



1. Orient the Student

- Identify yourself and explain your role
- Get permission from the student to talk for a few minutes
- Explain the purpose of this discussion

2. Feedback

Range: AUDIT scores can range from 0 to 40.
 Almost everyone scores under 8 on the AUDIT.
 Not here to diagnose but help you gauge your level of risk.
 Give students their AUDIT score.
 Elicit the student's reaction.

3. Listen for Change Talk

Pros and Cons: (What do you like about drinking? What do you like least about drinking?)
Summarize pros and cons: "On the one hand...On the other hand..."
Importance: "On a scale of 1-10, how important is it to you to change your drinking? Why not lower?"
Confidence: "On a scale of 1-10, how confident are you that you could change your drinking? Why not lower?"

4. Options

"Where does this leave you? Do you want to quit, cut down, or make no change?"
 You could: **M**anage your drinking
 Eliminate drinking from your life
 Never drink and drive
 Continue **U**sual drinking pattern, or
 Seek help
 If appropriate, ask about a plan. "How will you do that?
 Who will help you? What might get in the way?"

5. If You Have To Give Advice

- **A**sk permission
- **A**dvice with information or share concern
- **A**sk for the student's reactions

For more information call 512- 442-7501 or visit TxSDY.org



Texans for Safe and Drug-Free Youth's Screening and Brief Intervention Plan Template

What risk group(s) will be participating in the Screening and Brief Intervention (sorority/fraternity members, specific classes, students at orientation, athletes, etc.) ? Please list the age group and anticipated number of participants.

RISK GROUP	AGE GROUP	# OF PARTICIPANTS

Who will be the contact person responsible for the SBI implementation on your campus?

Date of the anticipated stakeholder meeting. Who will be attending?

DATE	ATTENDING	ATTENDING

Please list three possible dates for the 2-day training.

DATE 1	DATE 2	DATE 3

When will the SBI be administered? (Specific dates)

DATE 1	DATE 2	DATE 3

Discuss how potential participants will be recruited to participate. Describe your plans for advertising.

Texans for Safe and Drug-Free Youth's Sample Budget

150 Students Participating

ITEM	QTY	COST	TOTAL
Advertising for the event <i>Flyers, brochures, banners, social media ads, etc.</i>	1	\$200.00	\$200.00
Pizza (1 large pizza = 5 students)	30	\$10.00	\$30.00
Water	75	\$1.00	\$75.00
Soda	75	\$1.00	\$75.00
Incentives Examples: <ul style="list-style-type: none"> • Gift Cards - \$5.00 range • iTunes Card • Starbucks • Credit at Campus Bookstore • Stress Balls • T-shirts 	150	\$5.00	\$750.00
Photo Copy and Supplies <i>Materials include copies of the AUDIT for students, lists of available resources for students seeking help, etc.</i>	1	\$100.00	\$100.00
TOTAL			\$1,500.00

Additional Resources and Articles on Screening and Brief Intervention

The Alcohol Use Disorders Identification Test Guidelines for Use in Primary Care

This World Health Organization manual describes how to use the AUDIT to identify people with risky drinking patterns and behaviors. The manual explains the harms associated with risky alcohol use and why to use screening and brief intervention. http://www.talkingalcohol.com/files/pdfs/WHO_audit.pdf

Brief Intervention for Heavy-Drinking College Students: 4-Year Follow-Up and Natural History

This study, published in the American Journal of Public Health in 2001, evaluated the impact of an intervention in which first-year students who were identified as high-risk drinkers were provided individualized feedback. The results indicated that students who received the intervention reported decreases in negative consequences associated with drinking. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446766/>

Brief Intervention In College Settings

Published by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), this article summarizes alcohol use on college campuses, the positive effects of screening and brief interventions among college students, and considerations when implementing these interventions. <http://pubs.niaaa.nih.gov/publications/arh28-2/94-104.pdf>

A Call To Action: Changing the Culture of Drinking at U.S. Colleges

NIAAA's Call to Action presents information about alcohol use, the associated harms among college students, and recommended prevention strategies. <http://www.collegedrinkingprevention.gov/media/taskforcereport.pdf>

Centers for Disease Control and Prevention (CDC) - Alcohol Screening and Brief Intervention

The CDC provides a brief overview of risky alcohol use and screening and brief intervention as well as an infographic showing risky drinking levels for men and women. <http://www.cdc.gov/features/alcoholscreeningintervention/>

Contact Us for Training

info@TxSDY.org | 512.442.7501

TxSDY.org



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