



# Micro BASICS

Dartmouth College

Health Services

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Coordinator: AOD Programs





# Objectives

- BASICS vs. Micro BASICS
- Need for Increased Efficiency
  - Need vs. Resources
- Caution: Heuristic in Judgment
- PDSA cycle: Changes to System
- PFR: Feedback Report - Micro BASICS
- Data Results of Micro BASICS



# Heuristics in Judgment and Decision Making

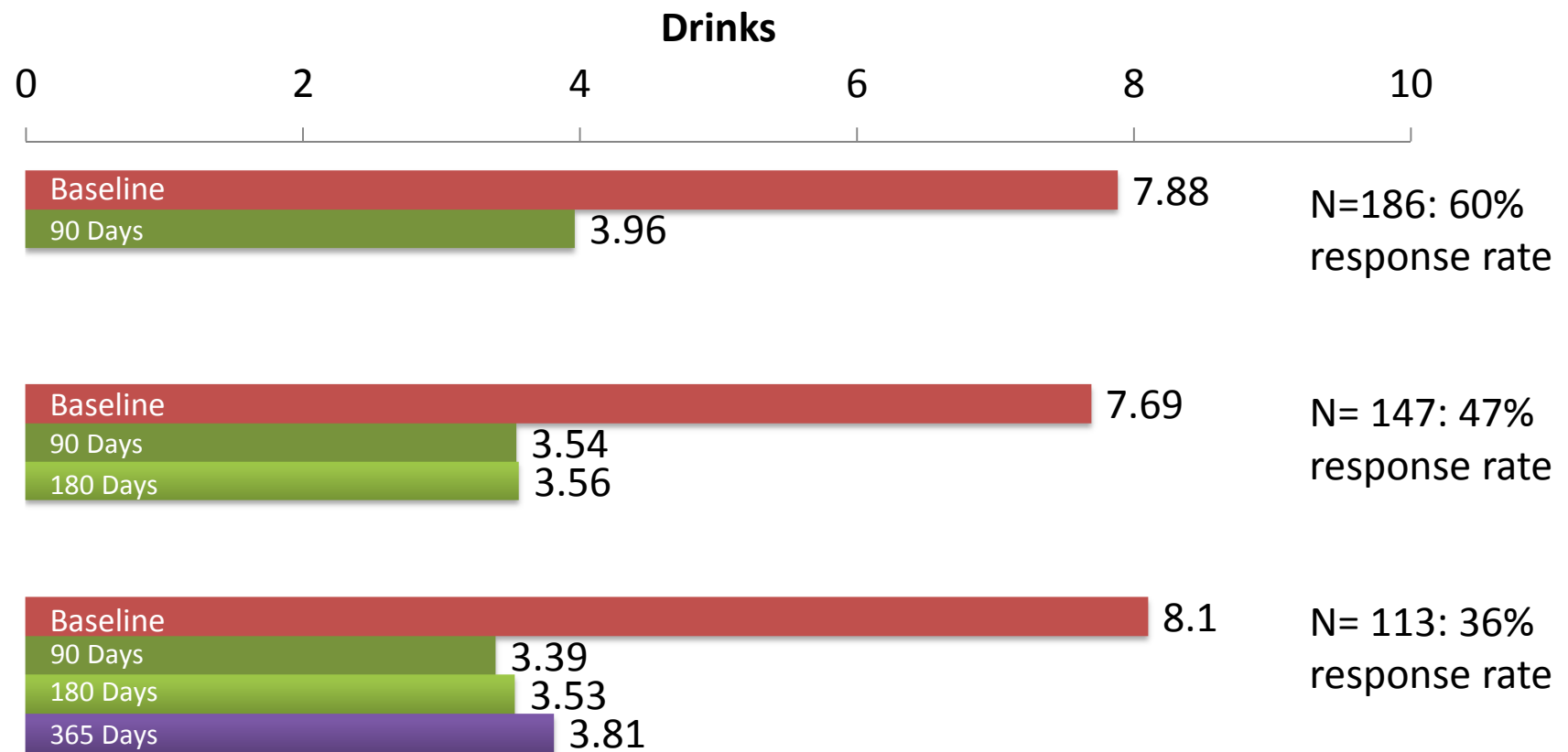
**Heuristic:** mental shortcut that allows for quick problem solving and efficiency.

- Can speedup decision making, but can introduce errors
- Always verify the patient's goal and interest in change while keeping our own bias and interest in check.



# Data Results

Avg. Alcohol Consumption for the Heaviest Drinking Episode in the Last Month



Dartmouth College Student Health Promotion and Wellness. Hanover, NH. (2014).

### Original 3 Hour Process

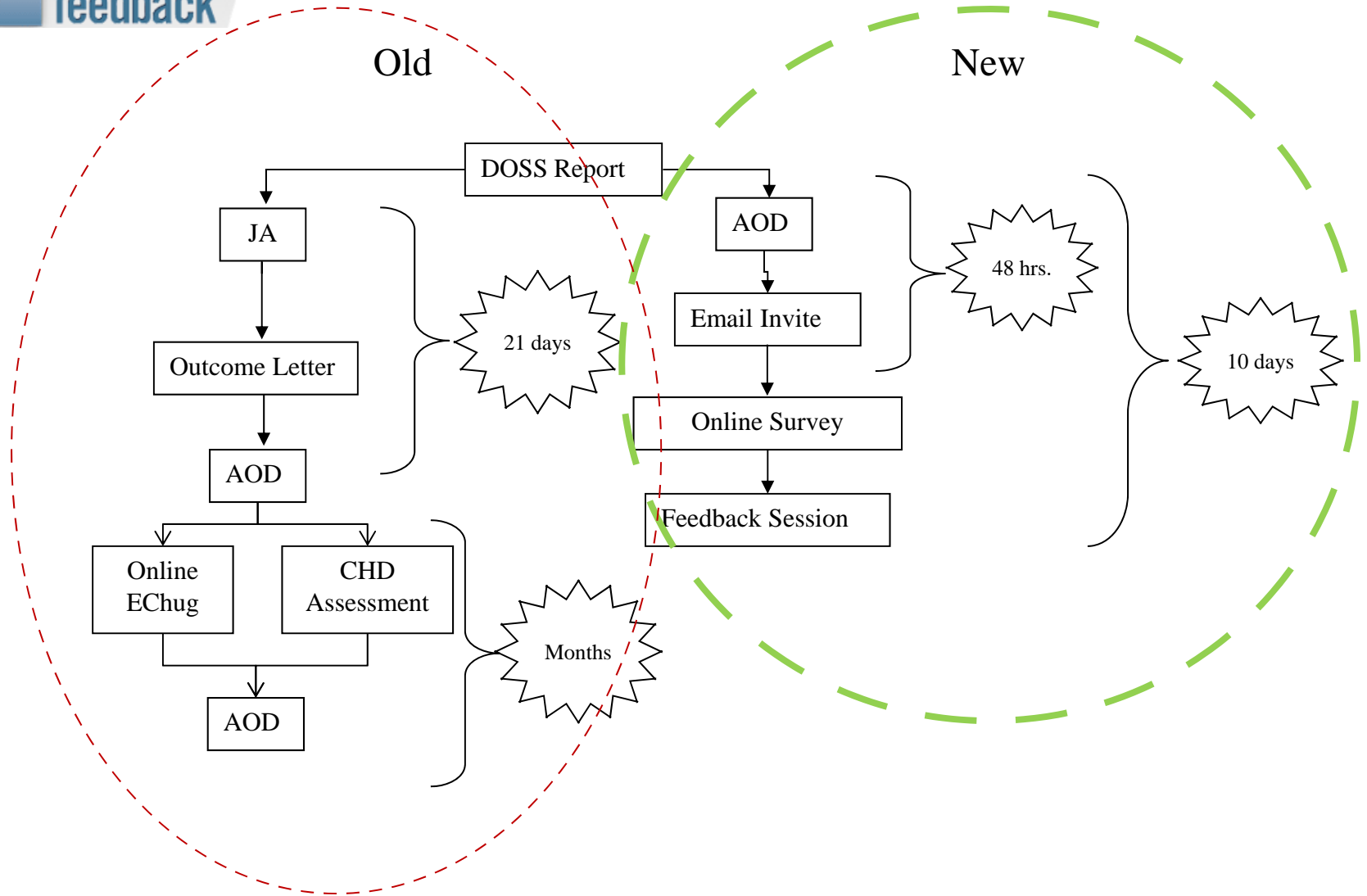
- Alcohol Incident
- Email Invitation to Class after Judicial
- 2 Hour In/Group Class (8)
  - Build report
  - Alcohol Info., serving size...
- Online Survey Completion
- 1 hour Personalized Feedback Session (50 min)
- Follow-up surveys 3, 6, 12

### Micro 30 Minute Process

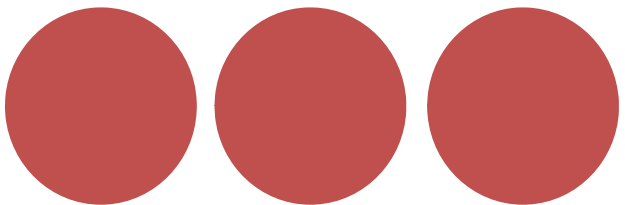
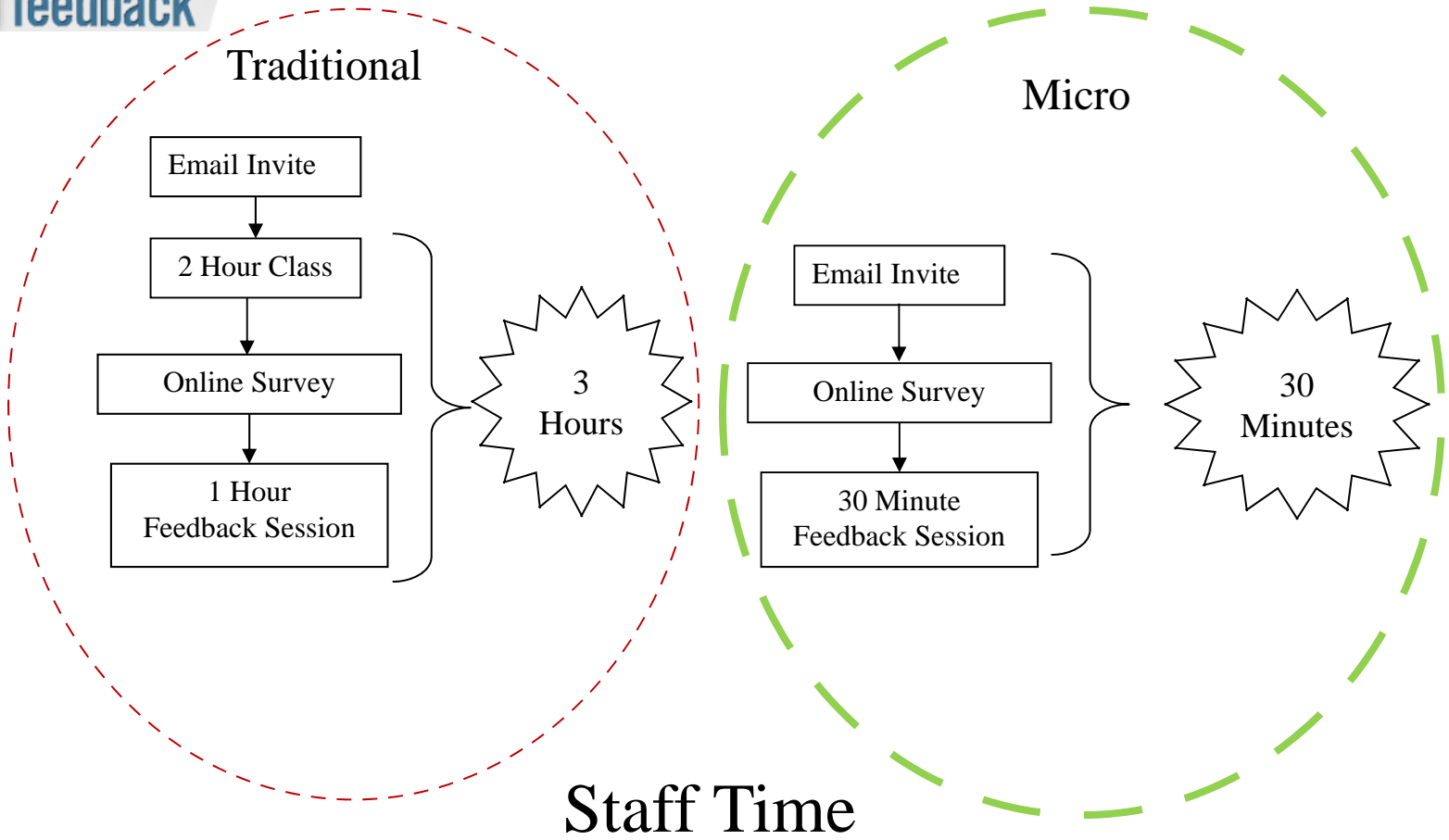
- Alcohol Incident
- Email Invitation/Directions as Medical Recommendation
- Online Survey Completion
- 30 minute PFS
- Follow-up surveys 3, 6, 12



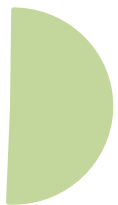
# BASICS Process Improvement



Micro BASICS



Vs.



## 1 Hour Feedback Session

- **Building Report**
- Norms Perception
- Information gathering/giving
  - Typical/Peak BAC
  - Biphasic Response
  - Detoxification time
  - Calories
- Expectancy Challenge
- Consequence Awareness
- Continuum of Drinking
- Family Risk Factors
- Protective Strategies
- Goal impairment
- Readiness Ruler
- GOAL

## 30 Minute Micro Feedback

- **Process Explanation**
- Norms Perception
- Information gathering/giving
  - Typical/Peak BAC
  - Biphasic Response
  - Detoxification time
  - Calories
- Expectancy Challenge
- Consequence Awareness
- Continuum of Drinking
- Family Risk Factors
- Protective Strategies
- Goal impairment
- Readiness Ruler
- GOAL





# Email Invitation

Dear {PPT: FIRST},

Re: Recommendation from the Dartmouth Alcohol and Other Drug Awareness Program (DAODAP)

In my role as the Coordinator of Dartmouth's Alcohol and Other Drug Education Programs, I was notified of your association with a recent incident concerning alcohol and/or other drugs. With concern for your health and safety, I am making the following medical recommendations. Please complete the following steps.

There are 3 parts to your recommendations:

Part 1: BASICS Feedback screening:

Go to: {INVITE: SURVEY\_URL} and follow the prompts to complete the program. Please complete BASICS Feedback within 48 hours of this referral. The system notifies me of your completion and I will use this as verification of your first session.

Part 2: Schedule and attend a Feedback Session (class) within 14 days of this notice. At the end of your survey you will be prompted to a student portal, where you can select from available times. An email reminder to access the student portal and schedule a session may also be sent by the system.

Part 3: Attend a Feedback Session: this is a confidential session with a professional specializing in alcohol and other substances. You will receive feedback on how your answers on the survey compare to others your age.

Optional: Complete online follow-up surveys. 3 month, 6 months and 1 year after your feedback session you will receive an email invitation to complete a follow-up survey. Please do so within 48 hours of receiving the email.

Please email me if you have questions.

Sincerely,

Brian S. Bowden, MEd  
Coordinator, AOD Education  
Dartmouth College Health Services  
[brian.bowden@dartmouth.edu](mailto:brian.bowden@dartmouth.edu)



# Survey

- Confidentiality Statement/Acknowledgement
- Alcohol type, frequency, location
- Personal goals
- 2 week calendar of use
- AUDIT
- Expectancies (Desirable/Un)
- Consequences (frequency)
- Family Hx
- Protective Behaviors
- Readiness to Change Ruler
- Confidence Ruler
- Demographics



### **Brief Alcohol Screening and Intervention for College Students**

BASICS (Brief Alcohol Screening and Intervention for College Students) is designed to assist you in examining your drinking and other drug use behavior in a judgment-free environment. BASICS is not an abstinence-only program. Instead, the goals are selected by you and aimed at reducing risky behaviors and potential harmful consequences. Services provided through the BASICS program are non-judgmental, non-labeling, and confidential.

This personalized feedback report (PFR) summarized your responses to the BASICS online assessment you completed on [REDACTED]. If you feel that this PFR does not accurately reflect the responses you provided, please contact Brian Bowden at [Brian.Bowden@dartmouth.edu](mailto:Brian.Bowden@dartmouth.edu) or (603) 646-9414. BASICS is a service of Dartmouth College - Alcohol and Other Drug Education and must follow all confidentiality requirements as outlined in the Health Insurance Portability and Accountability Act (HIPAA) of 1996, other laws, and Dartmouth College - Alcohol and Other Drug Education's internal policies. If you have questions about BASICS, or would like to schedule another appointment to discuss your PFR further in a confidential setting, please contact Brian Bowden, at [Brian.Bowden@dartmouth.edu](mailto:Brian.Bowden@dartmouth.edu) or (603) 646-9414.

The information provided here is confidential. Information about your attendance, compliance and completion (not specific data) will only be shared with those you have specifically requested. This page is the only page that has your name on it. Your provider suggest that you shred this page if you plan on keeping the document.

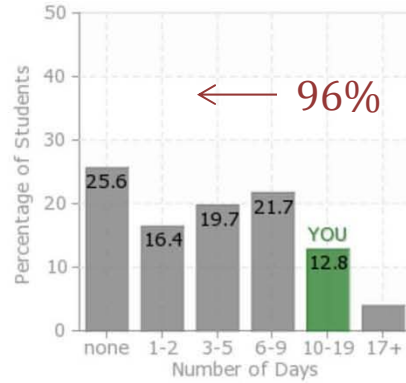


**BASICS**

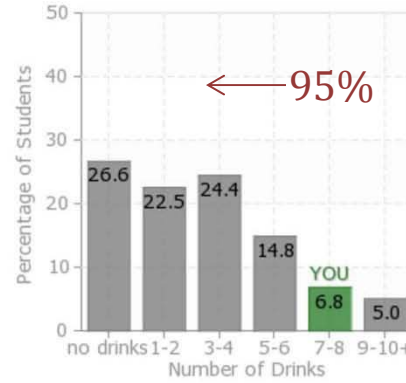
**Brief Alcohol Screening and Intervention for College Students**

**Your Frequency of Drinking      Your Quantity of Drinking**

You typically drink alcohol on **16 days per month**, which is as frequent or more frequent than **96%** of Dartmouth College students.



You drink an average of **7 drinks per occasion**, which is as many or more drinks than **95%** of Dartmouth College students



Social Norms

**Summary of Your Drinking Patterns**

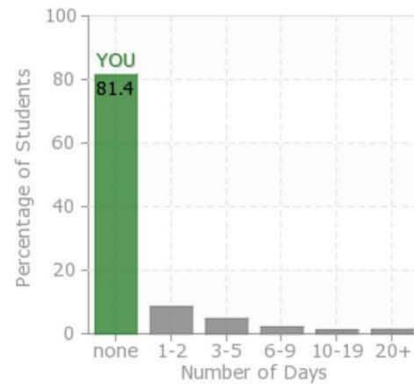
- Average number of drinks you consume in a typical week: **28.0**
- Average number of drinks you consume in a typical month: **112**
- Highest number of drinks you consumed on one occasion in the past 30 days: **18**

**Drugs You Used in the Last 30 Days**

- Number of hours you are under the influence of marijuana in a typical month: **0**
- Amount of money you spend on marijuana in a typical month: **\$0**
- Your approximate annual expenditure for marijuana: **\$0**
- Other drugs used in the past 30 days:

**Your Patterns of Drug Use**

You use marijuana on approximately **0 days per month**, which is as frequent or more frequent than **81%** of Dartmouth College students.



Information Giving

Verification



## BASICS

### Blood Alcohol Concentration (BAC)

According to the information you gave us about your typical quantity of alcohol use, as well as hours of use, your birth sex, and weight, we can calculate your peak and typical during the last 30 days.



Peak BAC is based on **18 drinks in 8 hours**.  
 Typical BAC is based on **7 drinks in 3 hours**

Typical Effects of BAC	
0.02	Mellow feeling, slight body warmth. Less inhibited. It is illegal for those under 21 to drive at this level of BAC, and can lead to a revoked license.
0.04	Most drinkers will begin to feel relaxed.
0.06	Judgment is somewhat impaired. People are less able to make rational decisions about their capacities.
0.08	Judgment is further impaired. People are more likely to do things they would not while sober. Impairment of memory. Definite impairment to driving. Slurred speech.
0.10	Reaction time and muscle control is impaired. Social drinkers rarely, if ever, reach this BAC level. Driving is definitely impaired and is illegal. Noisy. Mood swings. Possibly embarrassing behavior.
0.12	Vomiting occurs unless drinker has reached this level very slowly or has a substantial tolerance for alcohol.
0.15	Balance and movement are substantially impaired. The person has difficulty with normal walking or talking, although a person may think they are fine. Risk of injury. Risk of choking on vomit. Heavy drinkers with a substantial tolerance may learn to look sober at this level.
0.20	"Alcohol blackout" likely in which a person is unable to recall what happened when they were intoxicated.
0.30	Many people lose consciousness, either falling asleep or passing out. Heavy drinkers with a substantial tolerance may remain conscious. Such a high tolerance is a serious risk for alcohol related health problems.
0.40	Most people lose consciousness.
0.45	Fatal BAC in about 50% of the population. Alcohol at this level can paralyze the portion of the brain that controls breathing and heart rate. Vital functions cease and the person dies of respiratory or cardiovascular failure.
0.60	Most drinkers are dead.

Information  
Giving

Getting  
Verification

## BASICS

### Alcohol poisoning can be fatal

If someone has had too much to drink or hurt themselves while drinking, call for help immediately and stay with the person until help arrives. In cases of a potential head injury, even if the person regains consciousness, he or she must be evaluated immediately.

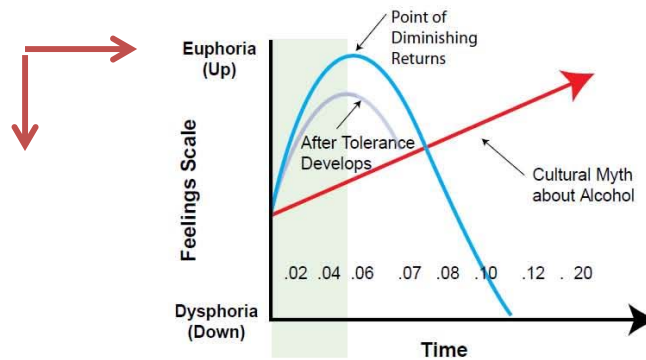
#### Signs of alcohol poisoning

- Inability to rouse the person with loud shouting or vigorous shaking
- Inability of a person who was passed out to stay awake for more than 2-3 minutes
- Slow or irregular breathing or lapses in breathing
- Weak pulse, very rapid pulse, or very slow pulse
- Cold, clammy, or bluish skin
- Vomiting while passed out, not waking up after vomiting, or incoherent while vomiting



What to do	What NOT to do
<ul style="list-style-type: none"> <li>• Don't just let them "sleep it off."</li> <li>• Call for help: - 911 emergency dispatch; 603 646-4000 for Department of Safety &amp; Security (DOSS).</li> <li>• Stay with the person until help arrives.</li> <li>• Turn the person on his/her side to prevent choking if the person vomits.</li> <li>• Be prepared to give the emergency medical personnel as much information as possible, including any drugs or medications taken.</li> </ul>	<ul style="list-style-type: none"> <li>• Do not hesitate to call 911. The person's life is in danger. Better to be safe than sorry.</li> <li>• Do not leave the person alone. The person may seem to be okay, but the alcohol ingested may take some time to be absorbed before peak levels are reached in the brain.</li> <li>• Do not leave the person lying on his/her back.</li> <li>• Do not try to give the person anything to eat or drink.</li> <li>• Do not put the person in a cold shower. The person could fall or the shock could make him/her pass out.</li> </ul>

### The Biphasic Response to Alcohol



#### It's About Balance

The point of diminishing returns (.055% BAC or less) usually gives people the experience they want from drinking. It is also the point when drinking more will not make you feel better or have a better time. You will just get more intoxicated and the negative risks of drinking will increase.

Slight  
Euphoria

Decrease in  
Anxiety

Information  
Giving

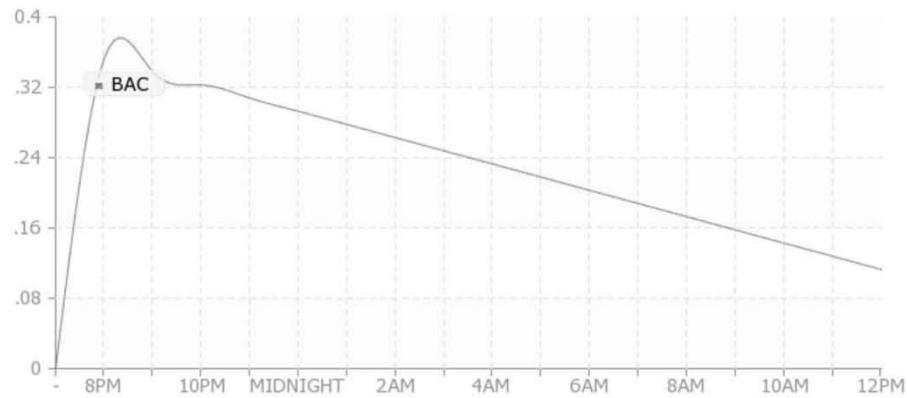
## BASICS

### Sobering Up: The Elimination of Alcohol From Your Body

Alcohol leaves the body at a constant rate of about .015% of BAC per hour for most people.

- At your typical BAC of 0.14, it will take 9.2 hours until you are sober.
- At your highest BAC of 0.35, it will take 23.5 hours until you are sober.

#### Change in BAC on Your Highest Drinking Occasion



NOTE: Activities like taking a shower, drinking coffee, or exercising will have no effect on how fast alcohol is eliminated from your body. Only time will sober you up.

Information  
Giving

Sleep

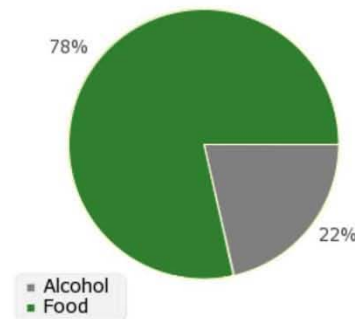
### How your Pattern of Drinking Impacts You



#### Your Health

Based on an average of 150 calories per standard drink, you consume about 16800 calories in a typical month from alcohol alone.

This represents 22% of the monthly calorie requirement for a male of your body weight [155 lbs.] However, the calories provided by alcohol have no nutritional value.





## BASICS

### Your Expectations

#### Alcohol Use

Listed below are the desirable and undesirable things you reported as likely to happen while consuming alcohol.

Undesirable Effects	Could Be Undesirable or Desirable	Desirable Effects
<ul style="list-style-type: none"> <li>I would forget or escape from my responsibilities or problems.</li> <li>I would be loud and boisterous.</li> <li>I would be less aware of my surroundings.</li> <li>I would get "sloppy" (i.e., be clumsy, slur words).</li> <li>I would be less in control.</li> <li>I would do or say something that I would not remember later.</li> </ul>	<ul style="list-style-type: none"> <li>I would feel less inhibited.</li> <li>I would hook up with someone.</li> <li>I would take more risks.</li> <li>I would meet new people.</li> <li>I would feel energetic.</li> <li>I would have more fun.</li> </ul>	

### Your Experiences

Listed below are the problems you have reported as a result of substance use and risk for future problems.

Problems from drinking		Experiences in the past 12 months include
None (0)		<ul style="list-style-type: none"> <li>While drinking, I have said or done embarrassing things: (5-9 times)</li> <li>I have had a hangover (headache, sick stomach) the morning after I had been drinking: (10 or more times)</li> <li>I have felt very sick to my stomach or thrown up after drinking: (5-9 times)</li> <li>I have taken foolish risks when I have been drinking: (3-4 times)</li> <li>I have found that I needed larger amounts of alcohol to feel any effect, or that I could no longer get high or drunk on the amount that used to get me high or drunk: (5-9 times)</li> <li>When drinking, I have done impulsive things I regretted later: (1-2 times)</li> <li>I've not been able to remember large stretches of time while drinking heavily: (5-9 times)</li> <li>My drinking has gotten me into sexual situations I later regretted: (1-2 times)</li> <li>I have often found it difficult to limit how much I drink: (5-9 times)</li> <li>I have become very rude, obnoxious, or insulting after drinking: (5-9 times)</li> <li>I have woken up in an unexpected place after heavy drinking: (1-2 times)</li> <li>I have felt badly about myself because of my drinking: (5-9 times)</li> <li>I have had less energy or felt tired because of my drinking: (5-9 times)</li> <li>The quality of my work or school work has suffered because of my drinking: (3-4 times)</li> <li>I have spent too much time drinking: (5-9 times)</li> <li>I have neglected my obligations to family, work, or school because of drinking: (1-2 times)</li> <li>My drinking has created problems between myself and my boyfriend / girlfriend / spouse, parents, or other near relatives: (1-2 times)</li> <li>I have been overweight because of drinking: (3-4 times)</li> </ul>
Low (1-4)		
Moderate (5-9)		
Significant (10-14)		
Severe (15-20)	Your Score is 18 Severe	
Very Severe (21-24)		
Scale	Your risk score	

Information  
Gathering

Expectancies  
Challenge

Consequences  
Awareness





## BASICS

### Continuum of Drinking Patterns

Continuum of use	
Abstinence	
Non Problem Use	Using in moderation; appropriate behavior when drinking.
Critical Incident	An isolated event; a single episode of a problem or harm.
Substance Abuse	A pattern of negative consequences and multiple incidents (3 or more incidents in a 6 month period); using despite knowledge that use cause or contributes to problems; moderation is possible.
Dependency	Tolerance; periodic loss of control of quantity and/or behavior; important activities reduced or given up because of use; use criticized by family members or friends; moderation difficult or impossible.

### Where do you place yourself on this continuum?

**Dependency is a complex diagnosis** – no single behavior means that a person is dependent. In your personal assessment you acknowledge the following problems, which are associated with a pattern of increasing dependence:

- You have a drink containing alcohol **4 or more times a week**
- You consume 6 or more drinks **weekly**
- In the past year, you have found that you have not been able to stop drinking once you have started **less than monthly**
- In the past year, you have felt guilty or remorseful after drinking less than **monthly**
- In the past year, you have been unable to remember what happened the night before because of your drinking **less than monthly**
- In the past year, a relative, friend, doctor, or other health care worker has been concerned about your drinking or suggested you cut down

**Overall, your score on the Alcohol Use Disorders Identification Test (AUDIT) was 16**

People who score an 8 or higher are significantly more likely to be at risk for alcohol dependence.

### Risk Factors

We consider your risk based on family history to be: **medium**



Genetics are not destiny but substance use problems tend to run in families. Children, siblings, or parents of alcoholics (the terms 'alcoholic and alcoholism' are largely interchangeable with the phrase 'alcohol dependency') have been estimated to have a seven times greater chance of developing alcoholism than the general population. This risk increases for male relatives of male alcoholics. For men in the general population, without any family history, the risk of developing alcoholism is between 3% to 5%. For sons of alcoholic fathers, the chance of developing alcoholism has been estimated to be as high as 20% to 50%.

Many people ask if these statistics are a product of nature (genetics) or nurture (the home environment). The answer is both. Research shows that being raised in an environment where alcohol is abused increases a child's chance of becoming alcohol dependent. In other studies, children of alcoholics, who were adopted at birth and raised in non-alcoholic households, are two to three times more likely than their counterparts to develop alcohol dependency regardless of their home environment. Finally, remember that even if no one in your family has had an alcohol or other drug problem that does not mean that you are immune from experiencing one.

Information  
Getting

Continuum?

Information  
Giving

AUDIT  
Interpretation

Family  
Hx?



## BASICS

### Protective Strategies

<p>On the BASICS Survey, you indicated that you used the following strategies in the past 30 days to prevent short-term harmful effects of your drinking.</p>	<p>You also indicated that you hadn't used, or rarely used, the following strategies. You might want to consider including some of them with the strategies you are already using.</p>
<ul style="list-style-type: none"> <li>Choose not to drink even though I could have.</li> <li>Avoided drinking shots of liquor.</li> <li>Ate before/while drinking.</li> <li>Drank water while drinking alcohol.</li> <li>Stopped drinking when I felt "buzzed"</li> <li>Planned for a safe way to get home (for example, walked, designated driver, cab, bus).</li> </ul>	<ul style="list-style-type: none"> <li>Set a drink limit for myself ahead of time.</li> <li>Paced my drinking throughout the evening.</li> <li>Kept track of how many drinks I was having.</li> </ul>

### Use of Alcohol and/or Other Drugs and My College Goals

Please identify the degree to which your use of alcohol and/or other drugs (AOD) helps you meet your goals.

<b>Goal 1: <u>Good education and degree in Government</u></b>									
1	2	3	4	5	6	7	8	9	10
My use of AOD helps me achieve this goal				My use of AOD does not impact this goal			My use of AOD gets in the way of achieving this goal.		

<b>Goal 2: <u>Advancing to Law School afterwards</u></b>									
1	2	3	4	5	6	7	8	9	10
My use of AOD helps me achieve this goal				My use of AOD does not impact this goal			My use of AOD gets in the way of achieving this goal.		

<b>Goal 3: <u>Forming long-lasting friendships with fellow students</u></b>									
1	2	3	4	5	6	7	8	9	10
My use of AOD helps me achieve this goal				My use of AOD does not impact this goal			My use of AOD gets in the way of achieving this goal.		

Protective Strategies?

Information Getting

Helps Goals?



## BASICS

### Readiness to Change

Your readiness to change is a function of the importance you place on changing your pattern of drinking and your Confidence that you could change your drinking habits. Let's look at what you said about readiness to change on the BASICS survey and see how you rate them now that we have reviewed your PFR.

#### Alcohol

On the BASICS Survey, you indicated how **important** it was for you to make a change in your drinking.

1      2      3      4      5      6      7      8      9      10

Not Important

Unsure

Very Important

After reviewing this PFR, how **important** is it now for you to make a change in your drinking? \_\_\_\_\_

On the BASICS Survey, you indicated how **confident** you were that you could make a change in your drinking.

1      2      3      4      5      6      7      8      9      10

Not Confident

Unsure

Very Confident

After reviewing this PFR, how **confident** are you that you can make a change in your drinking? \_\_\_\_\_

*7 serving | 3 hrs | 4 x wk*

*Change?*

### Next Steps

What would you like to do next? It's okay to choose more than one.

Check All That Apply			
<input type="checkbox"/>	Work on other strategies...		
Stay in touch by:			
<input type="checkbox"/>	Appointment	date	time location
<input type="checkbox"/>	Email	date	time location
<input type="checkbox"/>	Phone	date	time location
<input type="checkbox"/>	Try a referral to...		

Readiness  
Ruler

Information  
Getting

Verification

Quantitative  
Goals

BASICS

Brief Alcohol Screening and Intervention for College Students

**Male 155 lbs BAC** Blood Alcohol Concentration

● buzzed ● drunk ● danger ○ medical emergency

drinks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
hours 0	.025	.050	.075	.100	.125	.150	.175	.199	.224	.249	.274	.299	.324	.349	.374
1	.013	.038	.063	.088	.113	.138	.163	.187	.212	.237	.262	.287	.312	.337	.362
2	.001	.026	.051	.076	.101	.126	.151	.175	.200	.225	.250	.275	.300	.325	.350
3	.000	.014	.039	.064	.089	.114	.139	.163	.188	.213	.238	.263	.288	.313	.338
4	.000	.002	.027	.052	.077	.102	.127	.151	.176	.201	.226	.251	.276	.301	.326
5	.000	.000	.015	.040	.065	.090	.115	.139	.164	.189	.214	.239	.264	.289	.314
6	.000	.000	.003	.028	.053	.078	.103	.127	.152	.177	.202	.227	.252	.277	.302
7	.000	.000	.000	.016	.041	.066	.091	.115	.140	.165	.190	.215	.240	.265	.290
8	.000	.000	.000	.004	.029	.054	.079	.103	.128	.153	.178	.203	.228	.253	.278

**1 Drink is = to**

- BEER**  
12 oz./5%
- WINE**  
5 oz./12%
- SHOT**  
1.5 oz./40%

*This card is to be used as a guide & does not guarantee your BAC.*

- .02** Begin to feel relaxed. Reaction time slows.
- .05** Euphoria, "the buzz." Sociability. Decrease in judgment and reasoning.
- .08** **Legally Intoxicated.** Balance & coordination impaired. Less self-control.
- .10** Clear deterioration of cognitive judgment & motor coordination. Speech may be slurred.
- .15-.24** At risk for blackout. Nausea. Risk of stumbling/falling.
- .25-.35** May be unable to walk; may pass out/lose consciousness. Seek medical attention.
- .40-.45** High risk for coma or death.

**REACTION TIME IS ALWAYS IMPAIRED**

National Institute of Health Low Risk for males  
 Max Servings: 2 hour, 4 day, 14 week  
[www.rethinkingdrinking.org](http://www.rethinkingdrinking.org)



## BASICS

### Resources for You

Campus Resources			
Office	Email @dartmouth.edu	Phone 603-646-	<a href="http://www.dartmouth.edu/">http://www.dartmouth.edu/</a>
Alcohol and Other Drug	AOD	9414	~healthed/focus/aod
Counseling	CHD	9442	~chd
Health Services	Health.Services	9400	~health
Safety and Security	DOSS	4000	~security
Sexual Abuse Awareness	SAAP	9414	~sexualabuse
Judicial Affairs	Judicial.Affairs	3482	~uja
Collis Student Involvement	Collis.Center	3399	~sao
Residential Life	Residential.Education	1491	~orl
Housing	Residential.Life	3093	~orl/housing
Accessibility Services	Student.Accessibility.Services	9900	~accessibility
Pluralism and Leadership	Opal	1656	~opal
Dean of the College	Dean.of.the.College	9122	~deancoll/about/offices
Undergrad Dean's Office	Dean.of.the.College	2243	~upperde
Academic Support	Dean.of.the.College	2243	~deancoll/student_academic_support_services

### Web Resources

#### Alcohol and Other Drugs

Adult Children of Alcoholics (ACOA)

<http://www.adultchildren.org/>

Alcoholics Anonymous (AA)

<http://www.aa.org/>

Harmful Interactions: Mixing Alcohol with Medicines

<http://pubs.niaaa.nih.gov/publications/Medicine/medicine.htm>



## BASICS

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### Background Information on BASICS

This BASICS program is modeled on research conducted at the University of Washington and across the country. An excellent summary of the research on BASICS is available in the International Journal of Drug Policy (White, 2006).

We are indebted to the work of our colleagues at Columbia University, the University of Washington, and the University of Northern Texas, whose assessment and feedback tools served as a model for our program.

Data regarding the use of alcohol and other drugs by students at this school comes from the CORE Alcohol & Other Drug Survey, administered by the Center for Health Promotion, to a random sample of Dartmouth College students in Spring 2010.

The information on alcohol poisoning comes from the Gordie foundation: <http://www.gordie.org/Education/Alcohol-Poisoning/Alcohol-Has-Changed.aspx>

Your daily calorie requirement was developed using the following formula:

Caloric Requirement Formula

- For women:  $(\text{Weight} \times 10) + 1/3$
- For men:  $(\text{Weight} \times 12) + 1/2$

Your score regarding alcohol consequences was calculated using the Brief Young Adult Alcohol Consequence Questionnaire (Kahler, Strong, & Read, 2005).

The continuum of drinking patterns is based on the 2008 work of Philip Meilman, Deborah Lewis, and Lynn Gerstein, in P.A. Grayson and P.A. Meilman (Eds.), College Mental Health Practice.

Information on family history comes from the book, Buzzed, available from W.W. Norton Company (Kuhn, Swartzwelder, & Wilson, 1998).

Rethinking Drinking <http://www.rethinkingdrinking.niaaa.nih.gov/>

### Sleep

National Sleep Foundation <http://www.sleepeducation.com>

American Academy of Sleep Medicine <http://www.nhbi.nih.gov>

### Mental Health

National Institutes of Mental Health <http://www.nimh.nih.gov>

Mental Health America <http://www.mentalhealthamerica.net>

### Gambling

National Council for Problem Gambling <http://www.ncpgambling.org>

National Center for Responsible Gambling <http://www.ncrg.org>

### Tobacco Cessation

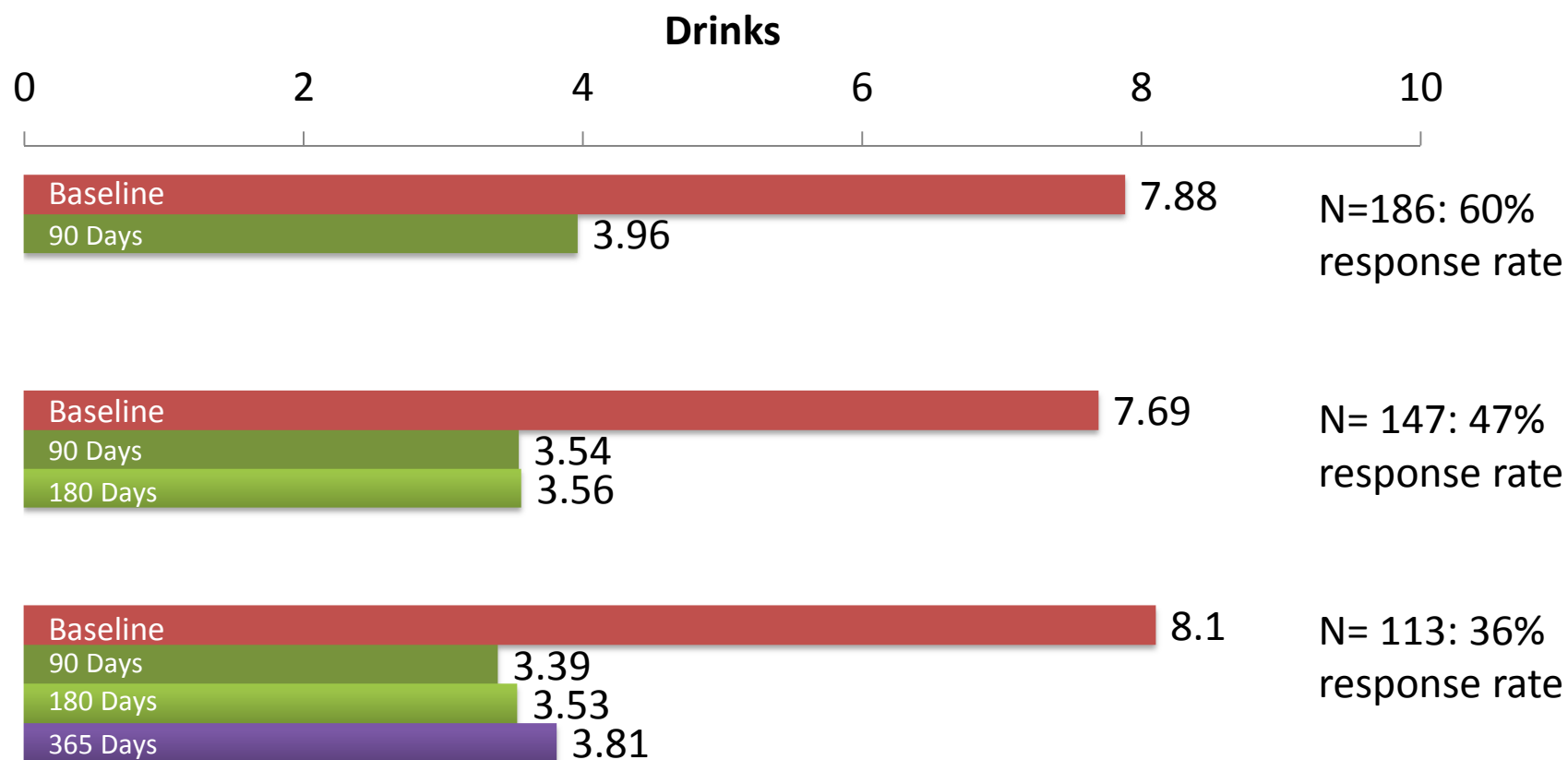
American Lung Association <http://www.lungusa.org/stop-smoking/>

NYS Quit Site <http://www.nysmokefree.com/>



# Data Results

Avg. Alcohol Consumption for the Heaviest Drinking Episode in the Last Month



Unpublished data set. Dartmouth College Office of Institutional Research (OIR) . Hanover, NH. (2014).



# BASICS Workforce Challenges

- **Rapid expansion of BASICS**

- Academic Year 2010-2011: 0 sessions (ECheck/CHD)
- Academic Year 2011-2012: ~400 students
- Academic Year 2012-2013: ~800 students
- Academic Year 2013-2014: ~700 students

- **Expansion of BASICS Workforce**

- Until 2012: 1 AOD Coordinator
- Beginning 2012: 3 Graduate Assistants, 2<sup>nd</sup> AOD Coordinator, Special Position in Athletics (all doing BASICS part-time)



# Questions



## Micro BASICS

Dartmouth College

Health Services

Brian S. Bowden, MEd, LCMHC

Coordinator: AOD Programs



1. Borsari, Brian; Carey, Kate B. Two brief alcohol interventions for mandated college students. *Psychology of Addictive Behaviors*, Vol 19(3), Sep 2005, 296-302.

**Abstract:** Encouraging but limited research indicates that brief motivational interventions may be an effective way to reduce heavy episodic drinking in college students. At 2 campuses, students (83% male) mandated to a substance use prevention program were randomly assigned to 1 of 2 individually administered conditions: (a) a brief motivational interview (BMI; n = 34) or (b) an alcohol education session (AE; n = 30). **Students in the BMI condition reported fewer alcohol-related problems than the AE students at 3-and 6-month assessments.** Trends toward reductions in number of binge drinking episodes and typical blood alcohol levels were seen in both groups. Process measures confirmed the integrity of both interventions. The findings demonstrate that mandated BMIs can reduce alcohol problems in students referred for alcohol violations. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

2. Butler, Leon H.; Correia, Christopher J. Brief alcohol intervention with college student drinkers: Face-to-face versus computerized feedback. *Psychology of Addictive Behaviors*, Vol 23(1), Mar 2009, 163-167.

Research has demonstrated that brief interventions featuring personalized feedback can be used to decrease alcohol use among heavy-drinking college students. The current study investigated the efficacy of face-to-face and computer delivered interventions relative to an assessment-only control condition. The content of the personalized feedback was identical across the face-to-face and computerized conditions. There were **84** at-risk students assessed before, and 4 weeks after, the delivery of the interventions. **The results suggest that both face-to-face and computerized interventions were equally successful in reducing the quantity and frequency of alcohol consumption,** and that both interventions were more effective than the control condition. Participants also rated both interventions as acceptable, although the face-to-face intervention was given a more favorable rating. These initial results suggest that computerized interventions can be used to efficiently reduce alcohol use among college students. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

3. Carey, Kate B.; Carey, Michael P.; Maisto, Stephen A.; Henson, James M... Brief motivational interventions for heavy college drinkers: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, Vol 74(5), Oct 2006, 943-954.

In this randomized controlled trial, the authors evaluated brief motivational interventions (BMIs) for at-risk college drinkers. Heavy drinking students (N = 509; 65% women, 35% men) were randomized into 1 of 6 intervention conditions formed by crossing the baseline Timeline Followback (TLFB) interview (present versus absent) and intervention type (basic BMI, BMI enhanced with a decisional balance module, or none). Assessments completed at baseline, 1, 6, and 12 months measured typical and risky drinking as well as drinking-related problems. Relative to controls, the TLFB interview reduced consumption but not problems at 1 month. **The basic BMI improved all drinking outcomes beyond the effects of the TLFB interview at 1 month,** whereas the enhanced BMI did not. **Risk reduction achieved by brief interventions maintained throughout the follow-up year.** (PsycINFO Database Record (c) 2012 APA, all rights reserved)

4. Carey, K.B., Scott-Sheldon L.A.J., Elliott J.C., Garey, L., Carey M.P. Face-to-face versus computer-delivered alcohol interventions for college drinkers: **A meta-analytic review, 1998 to 2010.** *Clinical Psychology Review*, Volume 32, Issue 8, December 2012, Pages 690-703, ISSN 0272-7358, <http://dx.doi.org/10.1016/j.cpr.2012.08.001>. (<http://www.sciencedirect.com/science/article/pii/S0272735812001146>)

**Abstract:** Alcohol misuse occurs commonly on college campuses, necessitating prevention programs to help college drinkers reduce consumption and minimize harmful consequences. Computer-delivered interventions (CDIs) have been widely used due to their low cost and ease of dissemination but whether CDIs are efficacious and whether they produce benefits equivalent to face-to-face interventions (FTFIs) remain unclear. Therefore, we identified controlled trials of both CDIs and FTFIs and used meta-analysis (a) to determine the relative efficacy of these two approaches and (b) to test predictors of intervention efficacy. We included studies examining FTFIs (N = 5237; 56% female; 87% White) and CDIs (N = 32,243; 51% female; 81% White). Independent raters coded participant characteristics, design and methodological

features, intervention content, and calculated weighted mean effect sizes using fixed and random-effects models. Analyses indicated that, compared to controls, FTFI participants drank less, drank less frequently, and reported fewer problems at short-term follow-up ( $d+s = 0.15-0.19$ ); they continued to consume lower quantities at intermediate ( $d_+ = 0.23$ ) and long-term ( $d_+ = 0.14$ ) follow-ups. Compared to controls, CDI participants reported lower quantities, frequency, and peak intoxication at short-term follow-up ( $d+s = 0.13-0.29$ ), but these effects were not maintained. Direct comparisons between FTFI and CDIs were infrequent, but these trials favored the FTFIs on both quantity and problem measures ( $d+s = 0.12-0.20$ ). Moderator analyses identified participant and intervention characteristics that influence intervention efficacy. Overall, we conclude that FTFIs provide the most effective and enduring effects.

5. DiFulvio, G.T., Linkowski, S.A., Mazziotti, J.S., Puleo, E. Effectiveness of the Brief Alcohol and Screening Intervention for College Students (BASICS) Program with a Mandated Population. *Journal of American College Health* Vol. 60, Iss. 4, 2012.

**Abstract:**

**Objective:** This study evaluated the effectiveness of a large-scale intervention designed to reduce alcohol abuse among adjudicated college students. **Participants:** Participants were college students mandated to attend a Brief Alcohol Screening and Intervention for College Students (BASICS) program and a randomly selected comparison group of high-risk drinkers. **Methods:** Data were collected from January 2006 through December 2008. A total of 1,390 (67%) students in the intervention group and 508 (61%) students in the comparison group completed baseline and 6-month follow-up surveys. **Results:** Male students in the intervention group significantly decreased their drinking at follow-up, whereas those in the comparison group increased their drinking. Women in both the intervention and comparison groups decreased their drinking at 6 months. **Conclusions:** When implemented with fidelity, BASICS is a generally effective intervention, especially for male adjudicated college students. The intervention was most effective for moderate- and high-risk drinkers.

6. Fachini A, Aliane PP, Martinez EZ, Furtado EF. Efficacy of brief alcohol screening intervention for college students (BASICS): a meta-analysis of randomized controlled trials. *Substance Abuse Treatment, Prevention, and Policy* 2012; 7:40.

**Abstract**

**Background:** Many studies reported that brief interventions are effective in reducing excessive drinking. This study aimed to assess the efficacy of a protocol of brief intervention for college students (BASICS), delivered face-to-face, to reduce risky alcohol consumption and negative consequences.

**Methods:** A systematic review with meta-analysis was performed by searching for randomized controlled trials (RCTs) in Medline, PsycInfo, Web of Science and Cochrane Library databases. A quality assessment of RCTs was made by using a validated scale. Combined mean effect sizes, using meta-analysis random-effects models, were calculated.

**Results:** 18 studies were included in the review. The sample sizes ranged from 54 to 1275 (median = 212). All studies presented a good evaluation of methodological quality and four were found to have excellent quality. After approximately 12 months of follow-up, students receiving BASICS showed a significant reduction in alcohol consumption (difference between means = -1.50 drinks per week, 95% CI: -3.24 to -0.29) and alcohol-related problems (difference between means = -0.87, 95% CI: -1.58 to -0.20) compared to controls.

**Conclusions:** Overall, BASICS lowered both alcohol consumption and negative consequences in college students. Gender and peer factors seem to play an important role as moderators of behavior change in college drinking. Characteristics of BASICS procedure have been evaluated as more favorable and acceptable by students in comparison with others interventions or control conditions. Considerations for future researches were discussed.

7. Grossbard, J.R., Mastroleo, N.R., Kilmer, J.R., Lee, C.M., Turrisi, R., Larimer, M.E., Ray, A. Substance use patterns among first-year college students: Secondary effects of a combined alcohol intervention, *Journal of Substance Abuse Treatment*, Volume 39, Issue 4, December 2010, Pages 384-390.

**Abstract:** This study explored secondary effects of a multisite randomized alcohol prevention trial on tobacco, marijuana, and other illicit drug use among a sample of incoming college students who participated in high school athletics. Students (n = 1,275) completed a series of Web-administered measures at baseline during the summer before starting college and 10 months later. Students were randomized to one of four conditions: a parent-delivered intervention, a brief motivation enhancement intervention (Brief Alcohol Screening and Intervention for College Students [BASICS]), a condition combining the parent intervention and BASICS, and assessment-only control. A series of analyses of variance evaluating drug use outcomes at the 10-month follow-up assessment revealed significant reductions in marijuana use among students who received the combined intervention compared to the BASICS-only and control groups. No other significant differences between treatment conditions were found for tobacco or other illicit drug use. Our findings suggest the potential utility of targeting both alcohol and marijuana use when developing peer- and parent-based interventions for students transitioning to college. Clinical implications and future research directions are considered.

8. Kaner Eileen, Bland Martin, Cassidy Paul, Coulton Simon, Dale Veronica, Deluca Paolo et al. *Effectiveness of screening and brief alcohol intervention in primary care (SIPS trial): pragmatic cluster randomized controlled trial* *BMJ* 2013; 346:e8501

**Abstract:**

**Objective** To evaluate the effectiveness of different brief intervention strategies at reducing hazardous or harmful drinking in primary care. The hypothesis was that more intensive intervention would result in a greater reduction in hazardous or harmful drinking.

**Design** Pragmatic cluster randomized controlled trial.

**Setting** Primary care practices in the north east and south east of England and in London.

**Participants** 3562 patients aged 18 or more routinely presenting in primary care, of whom 2991 (84.0%) were eligible to enter the trial: 900 (30.1%) screened positive for hazardous or harmful drinking and 756 (84.0%) received a brief intervention. The sample was predominantly male (62%) and white (92%), and 34% were current smokers.

**Interventions** Practices were randomized to three interventions, each of which built on the previous one: a patient information leaflet control group, five minutes of structured brief advice, and 20 minutes of brief lifestyle counselling. Delivery of the patient leaflet and brief advice occurred directly after screening and brief lifestyle counselling in a subsequent consultation.

**Main outcome measures** the primary outcome was patients' self reported hazardous or harmful drinking status as measured by the alcohol use disorders identification test (AUDIT) at six months. A negative AUDIT result (score <8) indicated non-hazardous or non-harmful drinking. Secondary outcomes were a negative AUDIT result at 12 months, experience of alcohol related problems (alcohol problems questionnaire), health utility (EQ-5D), service utilization, and patients' motivation to change drinking behavior (readiness to change) as measured by a modified readiness ruler.

**Results** Patient follow-up rates were 83% at six months (n=644) and 79% at 12 months (n=617). At both time points an intention to treat analysis found no significant differences in AUDIT negative status between the three interventions. Compared with the patient information leaflet group, the odds ratio of having a negative AUDIT result for brief advice was 0.85 (95% confidence interval 0.52 to 1.39) and for brief lifestyle counselling was 0.78 (0.48 to 1.25). A per protocol analysis confirmed these findings.

**Conclusions** All patients received simple feedback on their screening outcome. Beyond this input, however, evidence that brief advice or brief lifestyle counselling provided important additional benefit in reducing hazardous or harmful drinking compared with the patient information leaflet was lacking.

**Trial registration** Current Controlled Trials [ISRCTN06145674](https://www.ccr-trials.com/ISRCTN06145674).

9. Kulesza, M., Apperson, M., Larimer, M.E, Copeland, A.L. *Brief alcohol intervention for college drinkers: How brief is it?*, *Addictive Behaviors*, Volume 35, Issue 7, July 2010, Pages 730-733, ISSN 0306-4603, <http://dx.doi.org/10.1016/j.addbeh.2010.03.011>. (<http://www.sciencedirect.com/science/article/pii/S0306460310000900>)

**Abstract:** Brief interventions for college student drinkers have been shown to be effective in reducing the amount of

alcohol consumed as well as the number of alcohol-related problems. However, the duration of brief interventions varies substantially across studies.

**Method:** In the present study 114 undergraduate students who drank alcohol heavily were randomly assigned to a 10-minute brief intervention, a 50-minute brief intervention, or assessment-only control. The content of the active interventions was based on the same concept, and both interventions incorporated motivational interviewing components. Participants were assessed at baseline and 4-week post intervention on quantity of alcohol use, alcohol-related problems, and protective behavioral strategies.

**Results:** As hypothesized, there was a significant difference between participants in the 10-minute intervention and control condition regarding their alcohol consumption at 4-week follow up. However, there was no significant difference between the 50-minute intervention and the control condition on alcohol consumption. There were also no significant differences between active intervention conditions, and neither intervention showed advantages for reducing problems or increasing protective behaviors relative to the control condition.

**Conclusions:** Results suggest a very brief intervention can impact short-term alcohol use outcomes, with potentially no advantage of longer interventions for this population.

10. Mulia, N., Schmidt, L.A., Ye Y., Greenfield, TK. *Preventing Disparities in Alcohol Screening and Brief Intervention: The Need to Move Beyond Primary Care*

**Abstract:** The alcohol treatment field has focused on promoting screening and brief intervention (SBI) in medically based settings, particularly primary care. In this Commentary, we consider the potential unintended consequences for disparities in access to care for alcohol problems. National data show significant racial/ethnic and socioeconomic differences in the rates at which at-risk drinkers and persons with alcohol use disorders come into contact with primary care providers. This suggests that implementing SBI in mostly primary care settings could inadvertently widen the gap in alcohol-related health disparities. To ensure that all populations in need benefit from this evidence-based treatment, SBI should be considered and adapted for a wider range of service venues, including Federally Qualified Health Centers and venues frequented by racial/ethnic minorities and the uninsured.

11. Saitz, R., Palfai, T.P., Freedner, N., Winter, M.R., Macdonald, A., Lu, John, Oznoff, A., Rosenbloom, D.L., Dejong, W. *Screening and Brief Intervention Online for College Students: The IHealth Study. Oxford Journals: Alcohol and Alcoholism. Vol. 42, Issue 1. Pg. 28-36.*

**Aims:** To test the feasibility of online alcohol screening and brief intervention (BI) by comparing (i) two approaches to inviting all students to be screened, and (ii) a minimal versus a more extensive BI. **Methods:** Freshmen students at one university were randomized to receive one of two types of email invitations to an online anonymous: (i) general health assessment, or (ii) alcohol-specific assessment. All were linked to the same alcohol screening survey. Those with unhealthy alcohol use (AUDIT  $\geq 8$ ) were randomly assigned to minimal or more extensive online alcohol BI. **Results:** In both invitation groups (4008 students), 55% of students completed the online screening. Overall, 37% of men and 26% of women had unhealthy alcohol use. Compared to minimal BI, more extensive BI was associated with intention to seek help among men and with a greater increase in readiness to change among women. One month after BI, 75% of students completed another assessment, 33% of women and 15% of men with unhealthy alcohol use at baseline no longer had unhealthy alcohol use. There were no significant differences on drinking measures by BI randomization group.

**Conclusions:** Over half of an entire freshman class of college students were reached by email and completed alcohol screening and brief intervention. Even an alcohol-specific invitation did not deter students. Although brief interventions that differed had some gender specific effects on readiness to change and intention, in general, unhealthy alcohol use decreased after brief intervention. Web screening and brief intervention show promise for addressing unhealthy alcohol use by college students.

12. Sean J. Tollison, Nadine R. Mastroleo, Kimberly A. Mallett, Katie Witkiewitz, Christine M. Lee, Anne E. Ray, Mary E.

*Larimer, The Relationship Between Baseline Drinking Status, Peer Motivational Interviewing Microskills, and Drinking Outcomes in a Brief Alcohol Intervention for Matriculating College Students: A Replication, Behavior Therapy, Volume 44, Issue 1, March 2013, Pages 137-151.*  
(<http://www.sciencedirect.com/science/article/pii/S0005789412001128>)

**Abstract:** The purpose of this study was to replicate and extend previous findings (Tollison et al., 2008) on the association between peer facilitator adherence to motivational interviewing (MI) micro skills and college student drinking behavior. This study used a larger sample size, multiple follow-up time-points, and latent variable analyses allowing for more complex models to be tested in a sample with different characteristics than Tollison et al. Matriculating students who participated in high school sports ( $N = 327$ ) took part in a Brief Alcohol Screening and Intervention for College Students led by peer facilitators trained in motivational interviewing (MI). Participants were assessed pre- and immediately post intervention on contemplation to change, as well as pre-, 5 months, and 10 months post intervention on drinking quantity. Independent coders used the Motivational Interviewing Treatment Integrity scale (Moyers, Martin, Manuel, & Miller, 2003) to evaluate therapist MI adherence. Contrary to our previous study, results indicated that a higher number of open questions was positively related to increases in drinking, especially for heavier drinkers. Congruent with the previous study, more simple reflections was positively related to increases in drinking. Finally, this study revealed that heavier baseline drinking was associated with more simple reflections. There were no significant results found for changes in contemplation. Results corroborate previous findings that the excessive use of simple reflections may be indicative of counter therapeutic outcomes while raising questions about the relationship between the frequency of open questions and therapeutic outcomes.

**Objective:** Evaluation of the Brief Alcohol Screen and Intervention in College Students (BASICS) in a university primary care setting. **Participants/Methods:** Undergraduates ( $N = 449$ ) participated in BASICS and electronic surveys assessing frequency/quantity of alcohol and drug use, psychosocial and mental health outcomes, and demographic information. Data were collected at baseline and 6-month follow-up between August 2006 and August 2008. **Results:** Drinking and drug use decreased between baseline and 6 months. Participants reported an increase in protective factors and in readiness to change alcohol-related behaviors, and a decrease in alcohol-related consequences and in distress symptoms. Heavy episodic drinking at baseline significantly moderated the changes in number of drinks in a typical week and in a typical weekend, and number of drinks on the occasion drank most on a weekend. **Conclusions:** BASICS can be implemented in a primary health care setting and university students may reduce their alcohol and/or drug use.

13. Terlecki, Meredith A.; Buckner, Julia D.; Larimer, Mary E.; Copeland, Amy L. *The Role of Social Anxiety in a Brief Alcohol Intervention for Heavy-Drinking College Students. Journal of Cognitive Psychotherapy, Volume 25, Number 1, 2011, pp. 7-21(15).*

**Abstract:** The Brief Alcohol Screening and Intervention for College Students (BASICS) reduces alcohol use and alcohol-related problems among undergraduates, yet variability in outcomes exists. Identifying individual difference variables related to outcomes could inform efforts to improve treatment protocols. The current study evaluated the role of social anxiety during BASICS. High socially anxious (HSA;  $n = 26$ ) and low socially anxious (LSA;  $n = 44$ ) heavy-drinking undergraduates were randomly assigned to BASICS ( $n = 38$ ) or an assessment-only control ( $n = 32$ ). HSA patients reported higher baseline alcohol consumption (typical drinks, weekly quantity, and frequency). BASICS significantly decreased weekly alcohol consumption and alcohol-related problems relative to the control group. Social anxiety moderated outcomes such that in the BASICS condition; HSA patients reported heavier typical drinks at posttest, even after controlling for referral status, baseline typical drinks, and trait anxiety. This was not the case in the control group. HSA patients may benefit from social anxiety-specific interventions during BASICS.

14. Terlecki, Meredith A.; Buckner, Julia D.; Larimer, Mary E.; Copeland, Amy L. *Brief motivational intervention for college drinking: The synergistic impact of social anxiety and perceived drinking norms. Psychology of Addictive Behaviors, Vol 26(4), Dec 2012, 917-923.*

**Abstract:** Despite the efficacy of *Brief Alcohol Screening and Intervention for College Students* (BASICS), students with higher social anxiety appear vulnerable to poorer outcomes. A possible explanation for these outcomes is that corrective normative feedback (an active component of BASICS) may be less effective for socially anxious students if their beliefs about others' drinking are less malleable because of intense fear of negative evaluation for deviating from perceived drinking norms. This study evaluated whether socially anxious students demonstrated less change in perceived norms during BASICS. We also examined whether change in norm endorsement moderated the relation between social anxiety and BASICS outcomes. Undergraduates ( $n = 52$ ) who underwent BASICS completed measures of drinking, social anxiety, and perceived norms at baseline and 4 weeks post-BASICS. Higher social anxiety was related to less change in norm endorsement after receiving BASICS. Change in perceived norms during treatment moderated the relation between social anxiety and follow-up drinking. Among students with smaller change in norm endorsement after BASICS, higher social anxiety was related to heavier follow-up drinking. Among students with greater changes to norm endorsement during BASICS, the effect of social anxiety was no significant. **Results suggest that corrective perceived norms interventions may be less effective among socially anxious students, contributing to continued heavy drinking.** Development of social anxiety-specific BASICS components warrants attention. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

15. Tollison, S.J., Lee, C.M, Neighbors, C., Neil, T.A., Olson, N.D., Larimer, M.E. *Questions and Reflections: The Use of Motivational Interviewing Microskills in a Peer-Led Brief Alcohol Intervention for College Students, Behavior Therapy, Volume 39, Issue 2, June 2008, Pages 183-194.*

The purpose of this study was to examine the association between peer facilitator adherence to motivational interviewing (MI) micro skills and college student drinking behavior. First year students ( $N = 67$ ) took part in a Brief Alcohol Screening and Intervention for College Students (BASICS) led by peer facilitators trained in MI and BASICS. Participants were assessed pre- and 2 weeks post-intervention on contemplation to change, as well as, pre- and 3 months post- intervention on drinking quantity. Independent coders used the Motivational Interviewing Treatment Integrity scale (MITI, Moyers, Martin, Manuel, & Miller, 2003) to evaluate therapist MI adherence. Peer facilitators met beginning proficiency in MI on scores of empathy, the ratio of MI adherent behaviors to non-adherent behaviors and the ratio of open questions to total questions as defined by the MITI. Results indicated that a higher number of closed questions was related to less contemplation and a higher number of open questions was related to more contemplation post intervention. A higher number of simple reflections was associated with increased drinking at the 3 month assessment, however, complex reflections were found to attenuate the effect of simple reflections on changes in drinking. **These findings highlight the importance of competent reflective listening skills and the need for continual training and supervision for peer facilitators.**

16. White, H.R., Morgan, T.J., Pugh, L.A., Celinska, K., Labowvie, E.W., Pandina, R.J. *Evaluating Two Brief Substance-Use Interventions for Mandated College Students. Journal of Studies on Alcohol and Drugs. Volume 67, Issue 2 (2006).*

**Objective:** This study evaluated two brief personal feedback substance-use interventions for students mandated to the Rutgers University Alcohol and Other Drug Assistance Program for Students (ADAPS): (1) a brief motivational interview (BMI) intervention and (2) a written feedback-only (WF) intervention. A key question addressed by this study was whether there is a need for face-to-face feedback in the context of motivational interviewing to affect changes in substance-use behaviors or whether a written personal feedback profile is enough of an intervention to motivate students to change their substance use. **Method:** The sample consisted of 222 students who were mandated to ADAPS, were eligible for the study, and completed the 3-month follow-up assessment. Eligible students completed a baseline assessment from which a personal feedback profile was created. They were then randomly assigned to the BMI or WF condition. Students were followed 3 months later. **Results:** Students in both interventions reduced their alcohol consumption, prevalence of cigarette and marijuana use, and problems related to alcohol and drug use between baseline and follow-up. There were no differences between the two intervention conditions in terms of any substance-use outcomes. **Conclusions:** **The results suggest that, under these circumstances and with these students, assessment and WF**

students changed similarly to those who had an assessment and WF within the context of a BMI. Given the fact that the former is less costly in terms of time and personnel, written profiles may be found to be a cost-effective means of reducing alcohol and drug use and related problems among low- to moderate-risk mandated college students. More research is needed with mandated students to determine the efficacy of feedback interventions and to isolate the effects of interventions from the effects of being caught and being reprimanded to treatment. (J. Stud. Alcohol 67: 309-317, 2006)