“Doing” BASICS and Brief Interventions: Essential Components of Personalized Feedback Interventions

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Stages and Interventions

The Stages of Change Model

Motivational Enhancement
Assessment Skills Training
Relapse Prevention

Motivational Interviewing

Brief Interventions and Motivational Interviewing

- Non-judgmental
- Non-confrontational
- Meet people where they are
- Elicit personally relevant reasons to change
- Explore and resolve ambivalence
- Discuss behavioral change strategies when relevant

What is resistance?
- Resistance is verbal behaviors
- It is expected and normal
- It is a function of interpersonal communication
- Continued resistance is predictive of (non) change
- Resistance is highly responsive to our style

Goals of a Brief Intervention

- When there are signs of potential risks and/or existing harms, provide early intervention
- If ultimately in line with what motivates the individual, prompt contemplation of change
- If ultimately in line with what motivates the individual, prompt commitment to change or even initial action
- Reduce resistance/defensiveness
- Explore behavior change strategies and discuss skills to reduce harms
Building Blocks for a Foundation

Strategic goal:
- Elicit Self-Motivational Statements
  - “Change talk”
  - Self motivational statements indicate an individual’s concern or recognition of need for change
  - Types of self-motivational statements are:
    - Problem recognition
    - Concern
    - Intent to Change
    - Optimism
  - Arrange the conversation so that students makes arguments for change

Motivational Interviewing

*Basic Principles*
(Miller and Rollnick, 1991, 2002)

1. Express Empathy
2. Develop Discrepancy
3. Roll with Resistance
4. Support Self-Efficacy

Motivational Interviewing

- Is NOT a trick
  - MI is NOT a way of making people do what you want them to do

- MI honors autonomy – cannot remove choice
- MI cannot manufacture motivation not already there
- MI is not a verb
  - You don’t “MI” someone
  - or do MI “on” or “to” someone
- Rather you do MI “for” or “with” someone.
Motivational Interviewing

• In a nutshell...
  ▫ Interpersonal style
  ▫ Not restricted to formal counseling settings
  ▫ Guided by philosophy and understanding of what triggers change

Motivational Interviewing

• Philosophy of Change
  ▫ Change occurs naturally
  ▫ The likelihood that change will occur is strongly influenced by interpersonal interactions
  ▫ Empathic, positive interventions seem to facilitate change
  ▫ People who believe they are likely to change do so
  ▫ What people say about change is important
  ▫ MOTIVATION IS FUNDAMENTAL TO CHANGE

OARS:
Building Blocks for a Foundation

• Ask Open-Ended Questions
  ▫ Cannot be answered with yes or no
  ▫ We do not know where answer will lead
    ▪ “What do you make of this?”
    ▪ “Where do you want to go with this now?”
    ▪ “What ideas do you have about things that might work for you?”
    ▪ “How are you feeling about everything?”
    ▪ “How’s the school year going for you?”
    ▪ “Tell me more about that.”
  ▫ This is different than the closed-ended “Can you tell me more about that?” or “Could you tell me more about that?”
OARS: Building Blocks for a Foundation

- **Affirm**
  - Takes skill to find positives
  - Should be offered only when sincere
  - Has to do with characteristics/strengths
    - "It is important for you to be a good student"
    - "You're the kind of person that sticks to your word"

- **Listen Reflectively**
  - Effortful process: Involves Hypothesis Testing
    - A reflection is our "hypothesis" of what the other person means or is feeling
  - Reflections are statements
    - Student: "I've got so much to do and I don't know where to start."
    - Facilitator: "You've got a lot on your plate and feel really overwhelmed."
    - Student: "Yes, I really wish things weren't this way" or...
      "No, I'm just not really motivated to get things started."
  - "Either way, you get more information, and either way you're receiving feedback about the accuracy of your reflection."
    (p. 179, Rollnick, Miller, & Butler, 2008)

- **Summarize**
  - Periodically to...
    - Demonstrate you are listening
    - Provide opportunity for shifting
BASICS

The Basics on BASICS

Brief Alcohol Screening and Intervention For College Students

• Assessment
• Self-Monitoring
• Feedback Sheet
• Review of Information and Skills Training Content

(Dimeff, Baer, Kivlahan, & Marlatt, 1999)
What does it mean to “do” BASICS?

- The “AS” is the alcohol screening
  - Originally a separate in-person session
  - Subsequently achieved online, but BASICS does require a screening
- The “I” is the intervention
  - Originally a second in-person session guided by personalized graphic feedback
  - Personalized graphic feedback delivered online/in-print (PFI) is not BASICS
  - Intervention must be delivered with fidelity (meaning adherence to MI spirit, style, and strategies)

BASICS

- BASICS is individually focused and involves the delivery of personalized feedback
  - Alcohol content and the skills-training information is introduced throughout the intervention when relevant, applicable, or of interest to the participant
Potential Barriers Specific to BASICS
Brief Alcohol Screening and Intervention for College Students

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

In-person intervention with no graphic feedback

MI in Health Care Settings: College Health Centers

• Adherence to MI is the key!
• "The most reliable interaction components did indeed reflect underlying core principles of MI (p. 243)."
• Identified the Top 10 Clinical Tools and relation with MI Principles:
  ▫ Express Empathy (EE)
  ▫ Develop Discrepancy (DD)
  ▫ Support Self-Efficacy (SSE)
  ▫ Roll with Resistance (RWR)

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<th>Top 10 Clinical Tools</th>
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<td>2) Life goals &amp; alcohol use</td>
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<td>3) Reducing risk agreement</td>
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<td>5) Tracking number of drinks</td>
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<td>6) Readiness to change (1-10 scale)</td>
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<td>7) Drinking consequences: Overall compared with college</td>
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<td>8) Drinking consequences: Calories</td>
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<td>9) Drinking consequences: BAC</td>
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<td>10) Alcohol norms: Personal use compared with peers’ use</td>
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Personalized Feedback Interventions

Participants

- Two public PNW universities/colleges
- Screening criteria:
  - 5+ days use MJ past month
- Demographics ($N = 212$)
  - 45.3% Female
  - 74.8% White
- Mean Use at Screening
  - 7.6 joints per week / 14.2 days past month (Campus 1)
  - 10.5 joints per week / 18.3 days past month (Campus 2)

Procedures

- Screening / Baseline
  - Randomized to condition post-baseline (106 control, 106 intervention)
- In-person Personalized Feedback Intervention
  - If unable to complete in-person, option for mailed feedback (85% received in-person or mailed)
- 3- and 6-month Follow-up
  - 85.4% completed 3 mos
  - 82.5% completed 6 mos
Norm Perception

What percentage of students used marijuana more than the past 30 days?

- Your answer: 9%
- Survey said: 13%

What percentage of students had one marijuana at all in the past year?

- Your answer: 4%
- Survey said: 51%

Use in Special Needs

Reasons for Using Marijuana

You answered questions about your reasons for using marijuana.

- To relax
- To improve mental function
- To reduce stress
- To improve mood
- To improve academic performance
- To improve work performance
- To improve social interactions
- To improve health

Consequences Associated with Marijuana Use

Consequences You Endured

Please indicate the consequences you reported in the past 30 days:

Academic/Financial
- Wrote off in school
- Lost or reduced due to marijuana
- Missed school
- Lost money

Legal
- Charged with marijuana
- Arrested for marijuana

Health
- Trash or trash: increased sensation
- Feelings of nausea
- Feelings of paranoia

Feelings About Reducing Use or Quitting Marijuana

You were asked if you felt confident enough to reduce or stop using it. Use a scale of 1 to 5:

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

Family History

We consider your risk based on family history for...
Our Findings

### 3 Month Outcomes
- # Days in last 30
- # Joints per week
- Hours high per week
- Consequences

### 6 Month Outcomes
- # Days in last 30
- # Joints per week
- Hours high per week
- Consequences

At 3 months, intervention participants reported 24% fewer joints smoked per week relative to control participants.
At 3 months, intervention participants reported 21% fewer hours being high per week relative to control participants.

Thoughts from iCHAMP

• Very encouraging results!
• No difference in # of days used, but how students are using within day
• Six months?
  ◦ Assessment effects?
  ◦ Seasonal effects?
  ◦ Need for booster sessions?
• Attendance rates
  ◦ 85% received feedback; 55% in-person
  ◦ How do we get non-treatment seeking, non-mandated individuals to attend an intervention?

Screening
Many of these conversations may not be happening

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

Early identification of students and coordination of care

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

Potential barriers related to screening

- Selecting screening measures with adequate sensitivity/specificity
- Training
- Resistance toward conducting screenings
  - Concern about more work for providers
  - Concern about what to do when there’s a positive screen and/or where to refer
- “Real world” issues related to resources
- Still requires that a student come to a Health Center or Counseling Center
If you go the route of implementing BASICS...

- Determining Assessment/Measures
- Generating Graphic Feedback/Personalized BAC Cards
- Training of providers
- Supervision/Consultation
  - Therapist drift (issues of fidelity)
  - Need for ongoing assessment and, if needed, training

If you don’t personally implement BASICS...

- You have a unique ability and opportunity to impact student health
- Even if you’re not the one who implements an intervention around substance use, your ability to reduce resistance will make for a more effective intervention once the student gets to the session

What should we try to do?

- Ask questions of those overseeing BASICS on campus
- Practice!
- Get consultation/supervision
- Maintain fidelity to intervention – this is key
- If using humor, make sure it’s consistent with the MI spirit
- Resist the temptation to lecture – really remember the reasons behind (and reasons for) the MI approach
- Absolutely focus on what’s most important to student
What should we try *not* to do?

- Just read feedback out loud
- Overly rely on simple reflections
- Compliment excessively (e.g., “great!”, “awesome!”, etc.)
- Exclusively ask questions – don’t forget about all of the OARS
- Miss change talk
- Fail to keep the focus on what’s important to the student

Thank you!

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