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A PROCESS EVALUATION OF THE BRIEF ALCOHOL SCREENING
INTERVENTION FOR COLLEGE STUDENTS PROGRAM AT THE UNIVERSITY OF
MISSISSIPPI

A Thesis
presented in partial fulfillment of requirements
for the degree of Master of Science
in the Department of Health, Exercise Science, and Recreation Management
The University of Mississippi

by

TIFFANY B. LAWSON

May 2013

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ABSTRACT

Alcohol misuse by students is a prevalent public health problem on college campuses across the nation. Underage drinking and binge drinking are two distinct forms of alcohol misuse that are common among college students and often result in negative consequences for the students, the universities, and the surrounding communities. As a result, there is an increasing need for universities to provide targeted intervention programs for students who misuse alcohol. Furthermore, it is important that the selected interventions are capable of successful implementation on campus. The University of Mississippi currently utilizes the Brief Alcohol Screening Intervention for College Students (BASICS) program for students who violate university alcohol policies. The purpose of this study was to conduct a process evaluation of the BASICS program at the University of Mississippi and determine the extent to which this program is being implemented in its intended manner. The evaluation was conducted by attending the BASICS training session for providers, interviewing the Assistant Director for Student Health and the former program director, analyzing BASICS records, and observing individual and group counseling sessions. Findings indicate that BASICS at the University of Mississippi is not being implemented as intended, due to less individual counseling sessions and the lack of motivational interviewing (MI) utilized during individual counseling sessions. Two recommendations include the addition of individual

counseling sessions and the use of a MI trainer to instruct providers on proper implementation.

DEDICATION

I dedicate this thesis to my husband, Tray, for his encouragement and unwavering support throughout this entire process and to my handsome son, Kameron, who through a short period of time has opened my eyes to see the important things in life.

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CHAPTER I

Introduction

Alcohol abuse is a serious public health problem faced by university campuses across the country. The Centers for Disease Control and Prevention [CDC] (2008) describe alcohol abuse as a manner of drinking that causes harm to an individual's health, interpersonal relationships, or ability to work. Those who abuse alcohol are often confronted with many problems including failure to perform necessary responsibilities associated with school, work, and home. In addition, alcohol abuse can lead to alcohol dependence or alcoholism, which is a serious disease defined by strong cravings for alcohol, use of alcohol regardless of harm or personal injury incurred while intoxicated, failure or inability to monitor or limit alcohol consumption, the developing of an illness when drinking ceases, and the need to increase alcohol consumption in order to feel the effects of alcohol ("Alcoholism and alcohol," 2011; CDC, 2008).

Underage drinking and binge drinking are two types of alcohol misuse that are common on university campuses. Underage drinking is defined as the consumption of alcohol by individuals under the legal drinking age of 21. In 2009, according to the National Survey on Drug and Alcohol Use (NSDUH), approximately 10.4 million young people between the ages of 12 and 20 consumed alcohol within the past thirty days (Substance Abuse and Mental Health Services Administration [SAMHSA], 2010). The National Institute on Alcohol Abuse and Alcoholism [NIAAA] (2004) defines binge drinking as a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08% or above. It corresponds to

consuming five or more alcoholic drinks on a single occasion for men and four or more alcoholic drinks on a single occasion for women, generally within a two-hour period. Hingson, Zha, and Weitzman (2009) state that 45% of college students between the ages of 18 and 24 years report at least one binge drinking episode within the past month. Similarly, at the University of Mississippi, 41% of students under the age of 21 years reported binge drinking within the last two weeks (American College Health Association, 2011). Nationally, alcohol consumption behaviors such as these are responsible for approximately 5,000 deaths a year in individuals under the age of 21 years and of those 5,000: 1,900 are a result of automobile accidents, 1,600 from homicides, 1,200 from alcohol poisoning, falls, burns, and drowning, and 300 are from suicides (U.S. Department of Health and Human Services, 2007). In addition, the NIAAA (2012) estimates that 1,825 college students between the ages of 18 and 24 years will die each year from alcohol-related unintentional injuries, including automobile accidents.

Furthermore, the relationship between underage drinking and automobile accidents was also reflected on the state level. In 2006, the state of Mississippi made 2,140 underage DUI arrests (Mothers Against Drunk Driving [MADD], 2006). Correspondingly, the state reported that 911 people were killed in automobile accidents and of those 375 were alcohol-related (MADD, 2006). Additionally, the state reported that 23% of its alcohol fatalities involved individuals under the age of 19 years (MADD, 2006). In comparison, 33.6% of University of Mississippi students reported driving after an occasion of drinking (American College Health Association, 2011). Likewise, the University of Mississippi experienced four alcohol-related deaths within a four year period from 2003 to 2006. Along with drunk driving and alcohol related fatalities, a random sample of 1,068 University of Mississippi students found a high prevalence of negative consequences associated with alcohol misuse including experiencing

blackouts (27%), engaging in unprotected sex (18%), and doing things they later regretted (26%) (American College Health Association, 2011).

In response to the alcohol consumption by underage students, universities across the nation are making efforts to reduce underage drinking, delay the initiation of underage drinking or prevent underage drinking. Moreover, secondary prevention strategies are being utilized to combat underage drinking and many include variations of brief interventions that aim to decrease alcohol frequency, intensity, or type of alcohol use. Brief interventions are described as exercises that help individuals to identify real or potential drinking problems and encourage them to take action and decrease alcohol consumption (Babor & Higgins-Biddle, 2001). Brief interventions found on college campuses include brief motivational interviews (BMI), Brief Alcohol Screening Interventions for College Students (BASICS), motivational interviewing, or a combination of these forms. Brief interventions appear to be efficacious with college student drinkers, more so than other prevention strategies such as education alone. For example, Marlatt et al. (1998) observed that high risk drinking students reported decreases in the frequency of alcohol use after receiving one brief motivational session compared to students who did not receive the session. Murphy et al. (2001) reported similar results in that heavy drinking students receiving one motivational feedback session reported greater reductions in alcohol consumption than students assigned to education only or assessment only sessions. Lastly, Borsari and Carey (2005) reported that students mandated to attend one brief motivational session reported decreases in alcohol consumption and greater decreases in alcohol-related problems at 3- and 6-month follow-ups compared to students mandated to receive standard alcohol education.

Overwhelmed by alcohol-related tragedies, the University of Mississippi responded by forming an Alcohol Task Force in 2006 consisting of: university administrators, faculty, staff,

students, and representatives from the Oxford community commissioned by former Chancellor Robert Khyat of “changing the culture” at the university, a culture where students perceive their peers to be drinking three times a week when in actuality they are only drinking once a month (CORE, 2011). The task force examined the university’s history of addressing alcohol problems, alcohol consumption on and off campus, underage drinking, the frequency and nature of alcohol-related traffic violations and other crimes, and collected data concerning the alcohol consumption patterns of students. During this period, a great deal of attention was placed on identifying primary and secondary alcohol prevention efforts that the university could employ in the near future and on prevention efforts already in place. As a result, the BASICS program became an important component in the university’s battle against alcohol problems. Initially, BASICS was housed and conducted via the Counseling Center, but later moved to its current location in the Office of Health Promotion located in the Student Health Center.

Multiple studies have researched the effectiveness of brief interventions; however, few studies have examined BASICS and the processes by which it achieves results. Evaluating secondary prevention strategies such as BASICS is important in ensuring that individuals misusing alcohol receive quality support to make necessary behavior changes to be successful in achieving their academic goals and also be productive members of the community. In addition, it’s also important that program planners and key decision makers are informed of necessary improvements to enhance the effectiveness of their alcohol interventions.

CHAPTER II

REVIEW OF LITERATURE

In health, there are three levels of disease prevention; primary, secondary, and tertiary. Primary prevention involves taking precautionary measures to prevent illness or disease (Cottrell, Girvan, & McKenzie, 2009). In alcohol prevention, primary prevention strategies are those that help to avert the development of alcohol abuse problems (NIAAA, 1985). Primary prevention strategies include education programs and media programs that increase knowledge about alcohol use and its associated consequences and are directed at individuals who have not been chosen to receive services as a direct result of alcohol abuse (Foxcroft, Ireland, Lister-Sharp, Lowe, & Breen, 2003; NIAAA, 1985). Online alcohol education programs, social norms campaigns, and mass media campaigns targeted at all students are examples of primary prevention. Secondary prevention involves early detection and treatment of an illness or disease to prevent its progression (Cottrell et al., 2009). In the context of alcohol use, the goal of secondary prevention strategies is to aid hazardous drinkers in changing their drinking behavior by decreasing alcohol consumption or becoming abstainers (Botelho & Richmond, 1996). Secondary prevention strategies for alcohol prevention involve early intervention programs that aid individuals in identifying their problems with alcohol and possible solutions to their alcohol problems. Programs such as BASICS or brief motivational interviewing (BMI) for alcohol abuse are examples of secondary prevention. Tertiary prevention entails rehabilitation after the disease or illness has occurred and caused disability (Cottrell et al., 2009). In alcohol abuse, tertiary

prevention is the treatment and recovery for alcohol abuse and includes rehabilitation programs or recovery groups such as Alcoholics Anonymous (Botelho & Richmond, 1996; NIAAA 1985).

In addition to level of prevention, alcohol prevention strategies are also categorized based upon the evidence available to support their efficacy with college students. In 2002, the NIAAA arranged alcohol prevention strategies hierarchically into four tiers of effectiveness. Tier one strategies are those that have strong research evidence that support their effectiveness with college students. Strategies in tier one provide students with cognitive behavioral skills that assist students in clarifying their beliefs and ideas about alcohol use thru motivational enhancement intervention. BASICS, BMI, and brief motivational enhancement interventions are examples of tier one strategies. Strategies in tier two are those that have exhibited promise or success in comparable populations to college students, but have not been thoroughly studied within the college student population. Tier two strategies include: better enforcement of minimum legal drinking age laws or MLDA laws, greater taxes on alcoholic beverages and higher prices, trained and responsible alcohol vendors who do not sell alcohol to individuals under the age of 21 years, and stricter regulation on the number of alcohol retail outlets and facilities in geographical areas. Strategies in tier three have a logical basis theoretically, but require more thorough research as they have not been thoroughly tested and evaluated. Examples of tier three prevention strategies are Friday and Saturday morning classes specifically for freshman and sophomore students to discourage heavy weekend alcohol consumption, prohibiting alcohol consumption on campus and at sporting events, providing “safe ride” programs, and regulating “happy hours” and alcohol sales. The final tier of effectiveness consists of strategies that are ineffective when used in isolation or as the sole prevention strategy for an alcohol prevention program. Tier four strategies are comprised of strategies that only use informational interventions about alcohol use and its

associated risks or the supplying of blood alcohol concentration (BAC) information to students who drink (NIAAA, 2002).

Many universities have utilized the NIAAA's tiers of effectiveness to develop alcohol prevention programs and have been recognized by the U.S. Department of Education as having award winning model programs. These institutions are required to participate in a grant competition in which they describe an effective program or policy that was integrated into a comprehensive alcohol prevention effort. The institution also is required to present evidence that the program or policy was successful in decreasing alcohol related problems (U.S. Department of Education, 2000). Campuses with model programs received awards to sustain, improve, and continue evaluation of their alcohol prevention efforts and to distribute information to other campuses to aid in initializing alcohol prevention programs on their campuses (U.S. Department of Education, 2000). Universities that have received the model program award all incorporate the BASICS program into their alcohol prevention program.

Origin of BASICS

BASICS is one of three modalities that originated from the Alcohol Skills Training Program (ASTP) developed by the Addictive Behaviors Research Center at the University of Washington. The ASTP approach consists of three key elements that include (1) the application of cognitive-behavioral self-management strategies, (2) the use of motivational enhancement techniques, and (3) the use of harm reduction principles (Dimeff, Baer, Kivlahan, & Marlatt, 1999). The cognitive-behavioral self-management element is based on the relapse prevention model, a model designed as a self-control program to teach individuals who are attempting to change their behavior how to anticipate and deal with relapse while combining behavioral skill-training procedures with cognitive intervention techniques (Marlatt & George, 1984). The

strategies emphasized in the relapse prevention model are intended to change drinking behavior by enhancing the effectiveness of coping responses and increasing self efficacy for behavioral self-management, while encouraging students to create and maintain balanced lifestyles (Dimeff et al., 1999). Motivational enhancement techniques operate under the notion that college students are usually already well informed about the risks and consequences of alcohol use. The goal of motivational enhancement techniques is to increase student interest in changing one's drinking behavior while making other lifestyle changes (Dimeff et al, 1999). The final key to the ASTP approach is harm reduction principles, which rely on the assumption that addictive behaviors, such as alcohol use, can be placed along a continuum of harmful consequences. Consequently, the primary goal of harm reduction is to promote movement along this continuum from more to less harmful efforts (Dimeff et al., 1999).

Theoretical Foundation for BASICS

The theoretical foundations for BASICS are motivational interviewing (MI) and the stages of change. MI is defined as a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence (Rollnick & Miller, 1995). The spirit of MI seeks to elicit motivation to change from within the client and not by persuasion from the therapist or any other external source. MI also helps the client to express and resolve his or her ambivalence, or conflict between two courses of action, about making the necessary behavior change (Rollnick & Allison, 2004; Rollnick & Miller, 1995). MI is guided by four important principles which are expressing empathy, rolling with resistance, supporting self efficacy, and developing discrepancy. Expressing empathy involves the use of reflective listening on behalf of the therapist to demonstrate that they are aware of what the client is telling them and to highlight key elements of the client's dilemma (Rollnick & Allison, 2004). The

rolling with resistance principle highlights the need to avoid non-constructive conversations that bring about client opposition or a ‘battle of wills’ (Rollnick & Allison, 2004). The principle of supporting self efficacy encourages the client to be confident and take control of decision making in terms of his or her behavior. The final principle, developing a discrepancy, involves helping the client to understand how his or her problem might be at odds with what is important to them and their hopes for the future (Rollnick & Allison, 2004). The ultimate goal of MI in BASICS is to determine the degree to which a client is ready to change and thus match them with the appropriate intervention (Dimeff et al., 1999).

Motivational interviewing relies upon the stages-of-change model to provide a conceptual road map for determining an individual’s present stage and determining the appropriate strategies to use to help them move along the continuum of change (Dimeff et al., 1999).

Prochaska and DiClemente’s stages-of-change model provides a tool for determining where a client is in regards to his or her readiness to change and determines the appropriate course of action to help move the client along to the final stage of the model. The stages-of-change model consists of five stages: precontemplation, contemplation, preparation, action, and maintenance. Table 1 summarizes how a therapist would motivate a client to move to the next stage of the model based on the client’s current stage of readiness.

Precontemplation is the stage in which individuals are unaware (or underaware) of risks or problems associated with a particular behavior and do not intend to take action in the near future, usually measured as the next six months (Dimeff et al., 1999; Prochaska, Redding, & Evers, 2008). College students who engage in high-risk behaviors and students who have received alcohol sanctions are often in precontemplation stage (Dimeff et al., 1999).

Contemplation is the stage in which individuals begin to recognize that some hazards and problems exist and begin to think about making changes in their behavior, but have not yet made firm commitments to change. Individuals in the contemplation stage intend to change their behaviors in the next six months. In addition, they are more aware of the pros of changing their behaviors than precontemplators, but they are also aware of the cons which lead to ambivalence and keeps individuals stagnant in contemplation for long periods of time (Dimeff et al., 1999; Prochaska et al., 2008).

In *preparation*, individuals combine intention with behavior and intend to take action soon, usually within the next month. Individuals in this stage typically have taken some actions in the direction of change, but usually without a specific goal or criterion for effective action. They are intent on taking deliberate action to change their behavior (Dimeff et al., 1999; Prochaska et al., 2008).

In the *action* stage, individuals have modified their behavior to overcome the problem and have made specific, overt modifications to their lifestyle within the last six months. Individuals who have successfully altered their addictive behaviors for one day to six months are classified in the action stage (Dimeff et al., 1999; Prochaska et al., 2008).

Maintenance is the stage where efforts are made to sustain the behavioral gains that have been made. It is characterized by stabilizing behavior changes and preventing relapse. The maintenance period is defined as extending from six months after the beginning of the action stage onward (Dimeff et al., 1999; Prochaska et al., 2008).

BASICS Format

In BASICS, a therapist typically meets with a student in two 50-minute sessions. Basic assessment information that will serve as “feedback” material for the subsequent session is

collected during the initial session. After (or, less commonly, before) the initial interview, the student completes a questionnaire of self-report measures that provides additional relevant information about lifestyle behaviors and risks; an additional 50-minute period is allowed for completion of this questionnaire. Before leaving the initial session, the student is given instructions on how to monitor and record his or her drinking. The second session is then scheduled 1-2 weeks later, allowing enough time between sessions for the student to obtain a good “sampling” of drinking episodes. During the second session, the student receives feedback about his or her drinking pattern and risks from the therapist, as well as basic information about alcohol and its effects. When appropriate, the student also receives advice on risk reduction. Additional booster sessions may be scheduled as needed. The sessions for BASICS should be conducted in a private, quiet setting with a seating arrangement that allows the therapist and the student to look together at visual aids and graphs. In addition, it is recommended against arranging chairs in a fashion that the practitioner and client are seated directly in front of each other. Furthermore, an additional quiet room with a table and chair may also be needed for the client to complete the questionnaires after (or before) the first meeting (Dimeff et al., 1999). Table 2 summarizes the necessary components for each session of BASICS.

Support for BASICS and Underlying Principles

Several published studies support the efficacy of BASICS and its underlying principles on positively reducing drinking behaviors in college students. Amaro et al. (2010) investigated the usefulness of implementing a BASICS intervention program within the student health center of a large urban university. The study also examined changes in alcohol use over time and the potential mechanisms for reducing alcohol or drug use. The study utilized a sample of 449 undergraduates that sought care from the student health center or through self referral.

Participants included in the study completed an initial online survey, received the BASICS intervention, completed a post-intervention survey, and a six-month follow-up session. The intervention consisted of two sessions of BASICS. During the first session, information about the student's alcohol use was obtained and students were given alcohol self-monitoring cards that were to be completed before the second session. During the second session, the alcohol self-monitoring cards were assessed and the students received a personalized feedback packet. Researchers reported that participants' drinking decreased during the period between the initial baseline survey and the six-month follow-up session. Similarly, participants reported a lower frequency and amount of drinking at the six-month follow-up. For example, between baseline and the six-month follow-up, average students' reported drinking in a typical week decreased from 12.2 drinks to 9.6 drinks. The researchers also reported an eight percent decrease in the number of drinks consumed during a single weekend within the last month. In addition, an increase in protective behaviors (e.g., switching between alcoholic and non-alcoholic drinks, choosing to abstain from drinking, using a designated driver, setting drinking limits beforehand, and eating before and/ or during drinking) and a decrease in alcohol related consequences were reported.

Carey, Henson, Carey, and Maisto (2009) examined the effectiveness of a provider delivered brief motivational interview (BMI) versus a computer-administered alcohol intervention program in decreasing alcohol use and alcohol related problems among students sanctioned for first-time alcohol violations. The study used a sample of 198 students (107 men and 91 women), and participants were stratified by gender and randomly assigned to one of two groups: an in-person BMI or the Alcohol 101 Plus online intervention program. The participants supplied assessment data at baseline, 1-, 6-, and 12-month follow-ups, which included

demographics and alcohol use. Alcohol use was measured with the Daily Drinking Questionnaire. The BMI intervention lasted an average of 50 minutes where drinking patterns, BAC levels, negative alcohol-related risks and consequences, harm reduction strategies, individual goal setting, and safe drinking tips were reviewed and discussed with a provider. The Alcohol 101 Plus intervention consisted of an interactive online program that discussed various alcohol related issues on a virtual campus and then allowed the participants to engage in social decision making and learn about various factors that affect one's BAC level. The program was self-paced, but participants were asked to take at least one hour to complete the program; however, there was not a method in place to monitor the amount of time the participant actually spent completing the program. After each intervention session, participants completed post-intervention ratings and scheduled their one-month follow-up sessions. Study results found that women who received the BMI intervention drank 4.76 fewer drinks in a typical week than women who received the Alcohol 101 Plus intervention; however, there was no observed group difference in drinking reduction among men. Drinking reductions were not sustained over time as the authors reported that after one year, drinking patterns returned to pre-sanction levels and that participation in the BMI intervention decreased drinking and alcohol related consequences only short term.

Borsari and Carey (2005) compared two types of intervention methods, BMI and an alcohol education (AE) session, for students mandated to attend a substance use prevention program. The study was designed as a randomized controlled trial and utilized a sample size of 64 undergraduates (BMI, $n = 34$; AE, $n = 30$). Participants were recruited from two college campuses after researchers screened the universities over a three-semester span for students who had received a sanction for violating their university's alcohol policy. Participants were then

randomly assigned to either BMI or AE and a baseline assessment was completed. After receiving the intervention, participants completed a three-month follow-up telephone interview assessment (a requirement of the study) and were offered a \$15 incentive to complete a six-month follow-up assessment. Both the BMI and AE intervention were conducted in one-on-one sessions and were equal in regards to topic sequence and educational content covered. However, the BMI intervention differed from the AE intervention in four ways. Specifically, the BMI intervention used information from the baseline assessment to create personalized feedback forms for each individual, alcohol educational information was related to the individual's personal experiences, the harm reduction model was introduced, and the interviewer utilized the four MI principles. In addition, there were no attempts in the AE intervention arm to elicit demographic information, facilitate problem recognition, or goal setting to reduce alcohol use. Researchers reported that both interventions decreased alcohol use in mandated students; however, BMI students reported a greater reduction in alcohol related-problems. The researchers also reported that process measures disclosed that BMI participants were more engaging and collaborative than AE participants and they also exhibited more disclosure.

BASICS is a prevention program that has shown to be effective in decreasing problematic alcohol behaviors across campuses nationwide (U.S. Department of Education, 2000;2007). In addition, the intervention was founded upon techniques that appeal to the student population and it utilizes theory driven techniques and strategies to aid students in changing their drinking behaviors. BASICS is a program that can easily be implemented at a university and be successful if implemented in the manner outlined by its creators.

BASICS Nationally

Six institutions' alcohol programs, described below, were identified as "model programs" by the U.S. Department of Education and each have incorporated either BASICS or BMI into their programs: Auburn University, Massachusetts Institute of Technology (MIT), the University of Arizona, Loyola Marymount University, The Ohio State University, and Gonzaga University. Auburn University received the model program award in 2001 for their alcohol prevention program which centers solely on BASICS. Auburn conducts the BASICS program through their Health Behavior Assessment Center and the program targets students who have experienced alcohol related problems. During their initial visit, students are required to complete a questionnaire and then meet individually with a provider up to two times to receive feedback about their drinking patterns and discuss how their drinking patterns compare to the overall student body (U.S. Department of Education, 2000; 2007). Students are also informed on strategies to make positive changes to their drinking behavior. Auburn utilizes a number of outlets to promote BASICS including radio and newspaper advertising, class presentations, and outreach programs to residence hall assistants, Greek organizations, and university medical staff (U.S. Department of Education, 2000; 2007). A randomized study was conducted at the university during the 1999-2000 academic year where students were randomly assigned to either one of two interventions or the control group. The study findings revealed that students who completed BASICS were better informed on the use of harm reduction strategies than students who received a traditional intervention that consisted of an educational video about the harms of alcohol abuse followed by an individual discussion with a clinician (U.S. Department of Education, 2000). Overall, heavier drinking BASICS students had greater reductions in weekly alcohol consumption than heavier drinking students in the control group and the education group

(U.S. Department of Education, 2000). Specifically, students who completed BASICS also demonstrated a 2% reduction in average number of drinks per week and frequency of heavy drinking respectively, a 35% reduction in peak blood alcohol concentration levels, and a 2% reduction in rate of alcohol-related problems (U.S. Department of Education, 2000).

The MIT used BASICS as a foundation for developing its alcohol program entitled, the MIT Screening and Brief Intervention Systemic model (MIT-SBI). MIT received the model program award in 2004. MIT applies the intervention to multiple high risk populations including first-year students, student athletes, students violating alcohol policies, and students utilizing health services as a result of an alcohol related injury or overdose (U.S. Department of Education, 2000; 2007). MIT-SBI provides early screening to 85% of first year students and 95% of student athletes—accounting for screening of nearly 50% of the undergraduate student population each year (U.S. Department of Education, 2000). During the 2005-2006 academic year, students screened into BASICS and who completed the program were compared to students who received only online feedback. BASICS students exhibited a 38% decrease in heavy episodic drinking while the feedback only group exhibited a 27% decrease in heavy episodic drinking (U.S. Department of Education, 2000).

In 2005, the University of Arizona received the model program award by implementing a three part alcohol prevention program that consisted of BASICS, a social norms marketing campaign, and environmental management strategies for its Greek population. Initially, BASICS was implemented with fraternity pledges only, but was later enhanced to include fraternity and sorority pledges, Greek students who violated alcohol and drug policies, and all members of Greek chapters on probation for alcohol related violations (U.S. Department of Education, 2000). After implementation of the BASICS program, the university observed reductions in average

times per week students drank, average drinks consumed per week, average blood alcohol concentration, and problem behaviors (U.S. Department of Education, 2000).

Loyola Marymount University, The Ohio State University, and Gonzaga University all received the model program award in 2005. Loyola Marymount University utilized a variation of BMI for their comprehensive alcohol program. Prior to the BMI, 50% of students who received one alcohol-related sanction received another within one year, while only 15% of the students who received the intervention received an additional sanction within one year (U.S. Department of Education, 2000). Both The Ohio State University and Gonzaga University employ BASICS and have observed decreases in alcohol consumption and frequency of alcohol consumption as well as a decrease in harmful outcomes associated with alcohol use (U.S. Department of Education, 2000).

Chapter III

Methods

A brief description of process evaluation will be discussed with additional discussion of its importance for health promotion programming. This section will also provide an overview of the components of process evaluation and how each is analyzed.

Process evaluation is a form of evaluation that seeks to determine whether a program was implemented as planned and is designed to gather information on how the program is functioning (Anspaugh, Dignan, & Anspaugh, 2006). Process evaluation seeks to answer questions concerning how a program is carried out and is most commonly completed through observations and interviews with program staff and participants (Green & Kreuter, 2005). Additionally, process evaluation attempts to provide understanding and a description of how an outcome was produced (Green & Kreuter, 2005; Windsor, Clark, Boyd, & Goodman, 2004). According to Green and Kreuter (2005), process evaluation is capable of answering the following questions: “Are the methods described in the program planned going as expected? Is the intended population being reached? If not, why not? Has adequate time been allotted for the activity in question? To what extent is the level of support from the partner organization affecting the activities in the program? Is the time allocated for a given activity adequate?” (pg 141).

The need for process evaluation of health promotion programs has increased steadily over the past several years as the need to improve and maintain successful interventions has increased.

In 2002, Steckler and Linnan compiled a six-item list of reasons supporting the growing popularity of process evaluation. First, intervention designs are more complex now than in the past, and as a result, it is important for researchers to be aware of the extent to which all components of an intervention are implemented and are implemented as intended. For instance, projects can be implemented at multiple sites, and it is imperative that all planned interventions are carried out equally at each project site. The second reason process evaluation has gained popularity centers on its capacity to explain why and how certain results are achieved by helping researchers to understand which intervention components led to the success or failure of the intervention. Third, process evaluation offers connections to comprehending and improving theory-based interventions as it assists in understanding which theoretical concepts are integral in the intervention and how they produce or fail to produce change, which is important in optimizing theory and thus the intervention's success. Fourth, process evaluation has grown in recognition due to the importance of understanding the relationship among specific intervention components. Process evaluation can aid in separating the effects of each method in a comprehensive multi-method intervention and make clear the possible interactions that can occur to produce a synergistic effect. Fifth, process evaluation assesses the value and accuracy of the intervention to ensure that a high quality intervention is delivered while remaining cost effective. The final reason for the recent recognition of process evaluation results from the increasing value placed on qualitative research in health promotion. By using process evaluation, researchers are able to utilize both qualitative and quantitative research methods to provide detailed information about study outcomes that neither method could achieve if used alone.

In response to the growing need for evaluation of programs, Steckler and Linnan (2002) compiled a list of key process evaluation components consisting of: *context, reach, dose*

delivered, dose received, fidelity, implementation, and recruitment. *Context* refers to the physical, social, and political environment that affects an intervention program. *Reach* refers to the degree to which the target audience participates in the intervention. *Dose delivered* is defined as the amount or proportion of the intended intervention that is actually delivered to program participants. In addition, *dose received* is a measure of the extent to which intervention participants receive and utilize information from the intervention. Program *fidelity* refers to the quality of the implementation of the program (Windsor et al., 2004). Program *implementation* is a combination of who participated (reach), what the program delivered (dose delivered), what participants received (dose received), and quality of intervention delivered (fidelity). Lastly, *recruitment* is defined as the methods utilized to attract prospective participants to the program. Table 3 provides a brief summary of the seven key process evaluation components.

Study Purpose

The purpose of this study was to conduct a process evaluation of the BASICS program in place at the University of Mississippi and to determine if the program is being implemented in the manner intended by its creators.

The process evaluation of the BASICS program consisted of examining six of the seven key components of process evaluation and how they play a role in the success of the BASICS program. The *context* for BASICS was investigated by conducting semi-structured interviews with the Assistant Director for Student Health (Ms. Erin Murphy Cromeans) and the former program director (Ms. Amy Fisher) to gain an understanding of the social support and political support for the program from the university community. The interviews were audiotaped and transcribed for qualitative analysis. Table 4 lists the interview questions. Program *reach* was investigated by examining the process that takes place after an individual receives a sanction for

violating alcohol policies or laws up to the individual's participation in the BASICS program or lack of participation in the program. *Dose delivered* was investigated by reviewing primary data on program completion. *Dose received* was investigated by examining student recidivism and by examining end of program satisfaction surveys. Program *fidelity* and *implementation* were examined by having the researcher attend and actively observe the BASICS training session that providers were required to attend to gain a fundamental understanding of how BASICS is expected to be conducted at the University of Mississippi. In addition, the researcher videotaped two individual counseling sessions to observe how the provider conducts the session. The researcher also attended two separate BASICS group sessions conducted by one of the providers. The counseling sessions were viewed by the researcher and assessed using the Peer Proficiency Assessment (PEPA) tool developed by Mastroleo, Mallett, Turrisi, and Ray (2009) to evaluate peer providers' MI fidelity. *Recruitment* was not examined since program participation was not voluntary.

CHAPTER IV

Results

This chapter will present the results for each of the six components of process evaluation that were examined: context, reach, dose delivered, dose received, fidelity, and implementation.

Context

Context was examined by conducting semi-structured interviews with the Assistant Director for Student Health, Erin Murphy Cromeans, and the former BASICS program director, Amy Fisher. Ms. Murphy was interviewed on May 8, 2012 in the Office of Health Promotion's reception area, while Ms. Fisher was interviewed May 14, 2012 in her office in the Counseling Center. The interviews were approximately 10 and 15 minutes long, respectively. Each interviewee was asked eight open-ended questions while interviews were audiotaped for accuracy and transcription purposes. A summary of the responses follows.

When asked why the BASICS program began at the University of Mississippi, Ms. Fisher responded that Dr. Marc Showalter, the Director of the University Counseling Center, saw a need for some type of programming after observing students being arrested for alcohol related offenses. Dr. Showalter felt that only receiving a court fine really was not benefiting the student and he worried that there might be some students who really needed help. As a result, in the 2003 – 2004 academic year while Ms. Fisher was performing her internship with the Counseling Center, herself, Dr. Showalter, and Dr. Frank Hudspeth (former faculty member from Counselor Education) collaborated on Dr. Hudspeth's brief intervention program dealing with students who

received alcohol-related housing infractions. During this time, they brainstormed and came up with the idea of collaborating with the city of Oxford so that students receiving alcohol sanctions off-campus could also benefit from the program. As part of Ms. Fisher's internship she began researching college student programs, discovered BASICS, and presented the idea to Dr. Showalter. Subsequently, they approached Judge Lawrence Little, an Oxford Municipal Court Judge, and Oxford Mayor Richard Howorth who both supported the program by reducing court fines by \$200 for students so they could participate in the BASICS program. In reference to the processes involved in getting the program started and functioning, Ms. Fisher responded that Dr. Showalter provided space and after talking to his boss received approval from administrators at the Counseling Center to start BASICS. In addition, Ms. Murphy Cromeans stated during her interview that the BASICS program was eventually relocated to the Office of Health Promotion because it was viewed by the university's Alcohol Task Force more as an educational-based program than a counseling-based program.

When asked how the BASICS program was supported by University of Mississippi administrators, Ms. Fisher responded that Vice Chancellor Larry Ridgeway and Assistant Vice Chancellor Leslie Banahan both provided their support for the program. Ms. Murphy Cromeans added that university administrators support the program in a "hands-off" manner. She elaborated by saying they (university administrators) "back what we do, they understand what we do, and they understand that what we are doing is beneficial to the students and if we need anything we can go to them for help."

When asked about the extent to which the level of support from University of Mississippi administrators affects BASICS program activities, Ms. Fisher responded that the support she received from Dr. Showalter was everything because he was genuinely supportive of the

program. He was the one who gave her the vision for the program and aided her in brainstorming program goals. Ms. Murphy Cromeans added that BASICS works closely with staff members in the Dean of Students Office since they often refer students to the program and the support from them is strong; however, the level of support from the staff at the Dean of Students office does not necessarily affect the program's daily activities.

When asked how the BASICS program is supported and/or received by the University of Mississippi community, Ms. Fisher responded that faculty and staff were excited that sincere efforts were being made to address the issue. She noted that she received mixed reviews from students. For example, some students stated that they'd had friends go through the program and they thought it was helpful, while other students thought that the program was a complete waste of time and money because they did not have heavy drinking problems and thus did not benefit from the program. Overall, Ms. Fisher believed the program was well received by the community and remembered supportive articles written about the program in the town newspaper, the *Oxford Eagle*, and the student-run newspaper, the *Daily Mississippian*. Ms. Murphy Cromeans agreed that students provided assorted reviews on BASICS and she pointed out that her office is working on trying to best fit the students' needs. Currently, Ms. Murphy Cromeans and her staff are in the process of developing a screening tool that determines whether students mandated to BASICS should undergo BASICS or if they should be directed to another program that would better suit their needs.

When questioned about how the BASICS program was financially supported, Ms. Fisher stated that BASICS was almost entirely self-supporting, in that most of the money needed to run the program was covered by the \$200 fee charged to students who participate. During the first several years, Anheuser Busch donated \$5,000 a year to the program and the Ole Miss Parents

Association also provided a grant to partially fund the program. Ms. Murphy Cromeans added that currently Student Health Services helps fund graduate stipends and other day-to-day activities that the office requires to operate in addition to the \$200 BASICS fee paid by students. In regards to how the BASICS program is financially supported by University of Mississippi administrators, Ms. Murphy Cromeans stated that Student Health Services provides the most support financially for BASICS along with the income received from other student fees. The program's budget is modified every year to accommodate expected annual expenses and she emphasized that no federal, state, or private grant funds currently support the program.

Lastly, when asked about the future role, if any, of University of Mississippi administrators in the operation of the BASICS program, Ms. Fisher replied that the program will be driven by the vision of the department that operates it. She expounded by stating that right now it is being driven by Ms. Murphy Cromeans' vision and if she continues to be passionate about her mission it will be a successful program. Ms. Murphy Cromeans answered that for the future she would like to develop the best intake session that benefits all students referred to the program, because based on current data and end of program evaluations, BASICS isn't designed for everyone coming through the program and so by refining the intake session to see where students are, staff can filter them through different programs (in addition to BASICS) that will work better for them. For example, BASICS may not be as beneficial to students receiving a sanction for possessing alcohol as it may be to a student that is sanctioned for driving under the influence of alcohol. She added that progress is slow but steady to determine and meet student needs. Ms. Murphy Cromeans also stated that the process will continue over time and may need to be modified years in the future as needs and demands change or when new evidence-based

practices are published with strong empirical research support to indicate that a different structure or organization of the program is recommended.

Reach

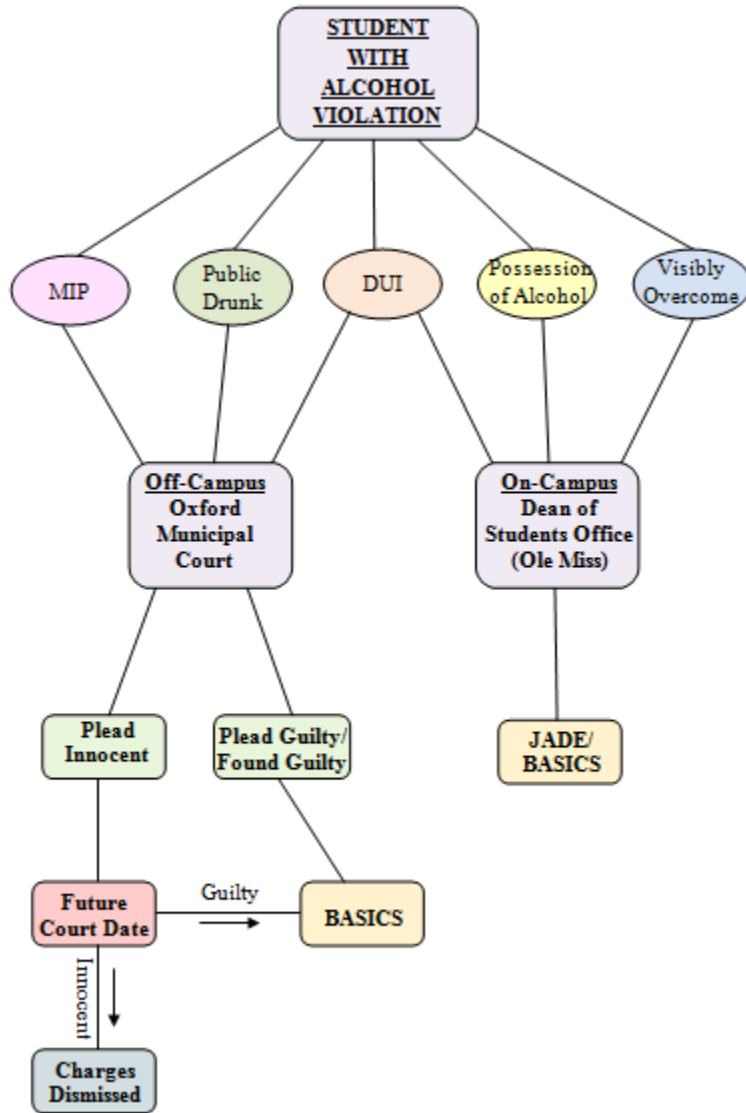
This section describes the current process after a student violation of the university's alcohol policy and receipt of an alcohol sanction at the University of Mississippi.

A student violates the university's alcohol policy by receiving a sanction for one of the following five charges: Minor in Possession (MIP), Public Drunk, Driving Under the Influence (DUI), Possession of Alcohol, or being Visibly Overcome by Alcohol. The charges are categorized into two groups, on-campus violations and off-campus violations. On-campus violations include: Possession of Alcohol (e.g. in a residence hall, a sorority/ fraternity house, and etc.), being Visibly Overcome by Alcohol, or DUI. Students who receive an on-campus sanction are mandated by the Dean of Students Office to attend Judicial Alcohol and Drug Education (JADE), the identical operating counterpart to BASICS created specifically for on-campus alcohol violations (the \$100 student participation fee is the only difference between JADE and BASICS). Students who receive off-campus sanctions (MIP, Public Drunk, or DUI) appear before Judge Lawrence Little (on a Wednesday either at 10:00am or 1:00 pm) in the City of Oxford Municipal Court where they either plead their case or plead guilty. In addition, DUI is the only sanction that can be received both on- and off-campus. Students who plead innocent are referred to the court clerk, Donna Fisher, who then assigns them a future court date. Students who plead guilty or are found guilty are then directed by the judge to sign up for BASICS with the Office of Health Promotion representative present.

The Office of Health Promotion representative takes the student to a private area where the student completes several forms. The student completes Form 1 indicating how they will pay

the \$200 fee for completing BASICS (forms of acceptable payment include cash, Visa/MasterCard, or Student Bursar Account). Next the student completes Form 2, a triplicate form that states the student has been ordered to attend BASICS. The student fills in their name, case number, violation, which offense it is (first, second, or third), phone number, Ole Miss E-mail address, and student ID number. The white copy of the form is filed with the Office of Health Promotion, the yellow copy is filed with the Dean of Students Office, and the pink copy is returned to the student. The student's copy of Form 2 has additional information on the back of the form for the student including: a brief explanation of BASICS program, contact information for the program, an explanation of cost and payment information, program location information, and information on program completion. The student also completes Form 3 if they received an off-campus charge (i.e. Public Drunk or DUI) alerting them of their Two Strike Probation or suspension from the university (if the current violation counts as their second strike). Form 3 is signed and dated by the student and a copy is sent to the Dean of Students office. Finally, students complete Form 4 which gives a brief overview of what the BASICS program consists of, payment policy, scheduling policy, cancellation policy, required steps after program completion, and a confidentiality clause. After answering questions from the student, the Office of Health Promotion representative has the student complete required information on the back of the form which includes: name, phone number, Ole Miss ID number, date, student's home state, Ole Miss E-mail address, age, charge/violation, and date of arrest/charge. Students are dismissed after completing these four forms. The Office of Health Promotion contacts the student via phone or email within 48 hours to schedule their first meeting. Figure 1 provides a schematic overview of this process.

**Figure 1:
Referral to BASICS**



The University of Mississippi’s BASICS program is delivered in three sessions typically over the course of several weeks, outlined below. The first session lasts approximately 20-30 minutes and consists of a student visit with a representative from the Office of Health Promotion where they update their contact information, review the cancellation and confidentiality policies (Forms 5 and 6, respectively), and complete self-administered questionnaires and assessment tools that

will be used later during their individual session. Participants complete Form 7, (Background Information packet), which inquires about the participant's circumstances for attending the program, alcohol and drug usage, family history of addiction or alcoholism, and a Readiness to Change Questionnaire on alcohol use and drug use. Next, the participant completes Form 8, the Substance Abuse Subtle Screening Inventory -3 (SASSI - 3), an assessment tool that identifies the probability of an individual having a substance dependence disorder (SASSI Institute, 2008). The 81-item tool was designed for individuals 18 years and older, has a reading grade level of 3.2, a 94% accuracy level, and can be administered and scored in 15 minutes while elucidating on an individual's degree of defensiveness, willingness to acknowledge problems, and desire for change (SASSI Institute, 2008). At the conclusion of the first session participants are given Handout 1, electronic Check-Up to Go (e-CHUG), and advised to complete the online assessment tool before they return for their next session typically scheduled within a week. The e-Chug tool provides personalized feedback about the participant's drinking habits and allows them to see how it affects their life.

The second session of BASICS is the individual counseling session in which the participant meets with a BASICS provider one-on-one for approximately 45 minutes. During this session, the provider utilizes the participant's paperwork completed during their first session as well as their e-CHUG feedback to initiate a conversation about their alcohol usage. The provider uses the MI technique to conduct the session. Before leaving, the participant schedules their third session, the group session.

The third and final session of BASICS is the group session in which the participant meets with a BASICS provider and 8-10 other students completing BASICS. These group sessions are mix gendered and contain all violation types. Additionally, these sessions occur in the Office of

Health Promotion at various times throughout the week in a private conference room. The group session lasts approximately 90 minutes. During the session, the group collectively discusses alcohol use, alcohol policies, the effects of mixing alcohol with other substances, and other topics involving college alcohol use moderated by the BASICS provider. The session covers these topics through a series of ice-breakers, games, and responding to various scenarios. After completing the group session, participants have officially completed the program. Participants are contacted by the Office of Health Promotion via email six weeks later and asked to complete the Readiness to Change Questionnaire on Alcohol Use.

Dose Delivered

This section will describe the number of students completing BASICS within the past five academic years and also the processes in place to encourage program completion. For example, since Fall 2008, the number of students seen ranged from 106 in Spring 2009 to 297 in Spring 2012, with an average of 362 students per academic year. Note that students also completed the program during the summer months, with a range of 36 to 66. Table 6 gives a breakdown of the number of students completing BASICS per semester since Fall 2008. Figure 2 compares the number of students completing BASICS during the fall semesters from 2008 to 2012. Fall 2009 saw the least amount of students with 109 students, while fall 2008 saw the greatest amount of students with 167 students.

Figure 2:
Fall Semesters Completion Numbers

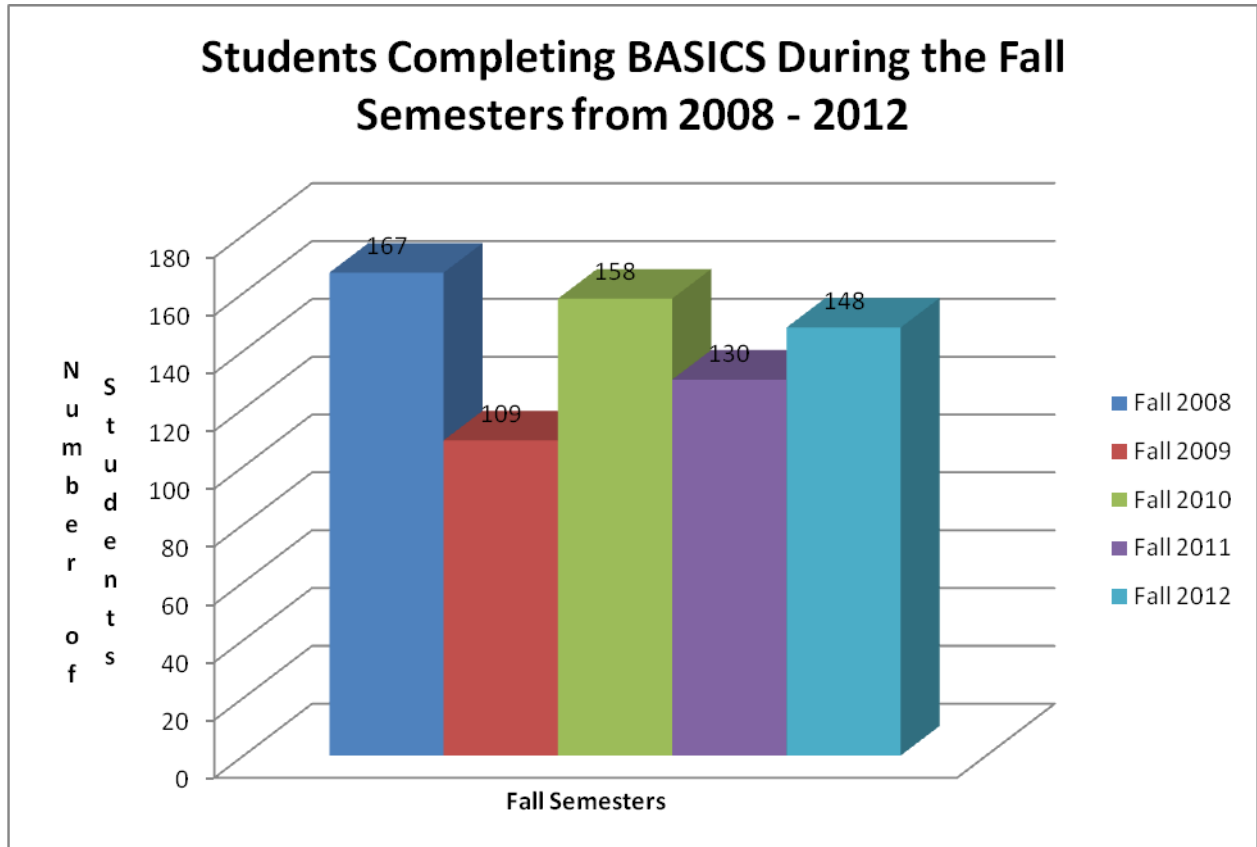
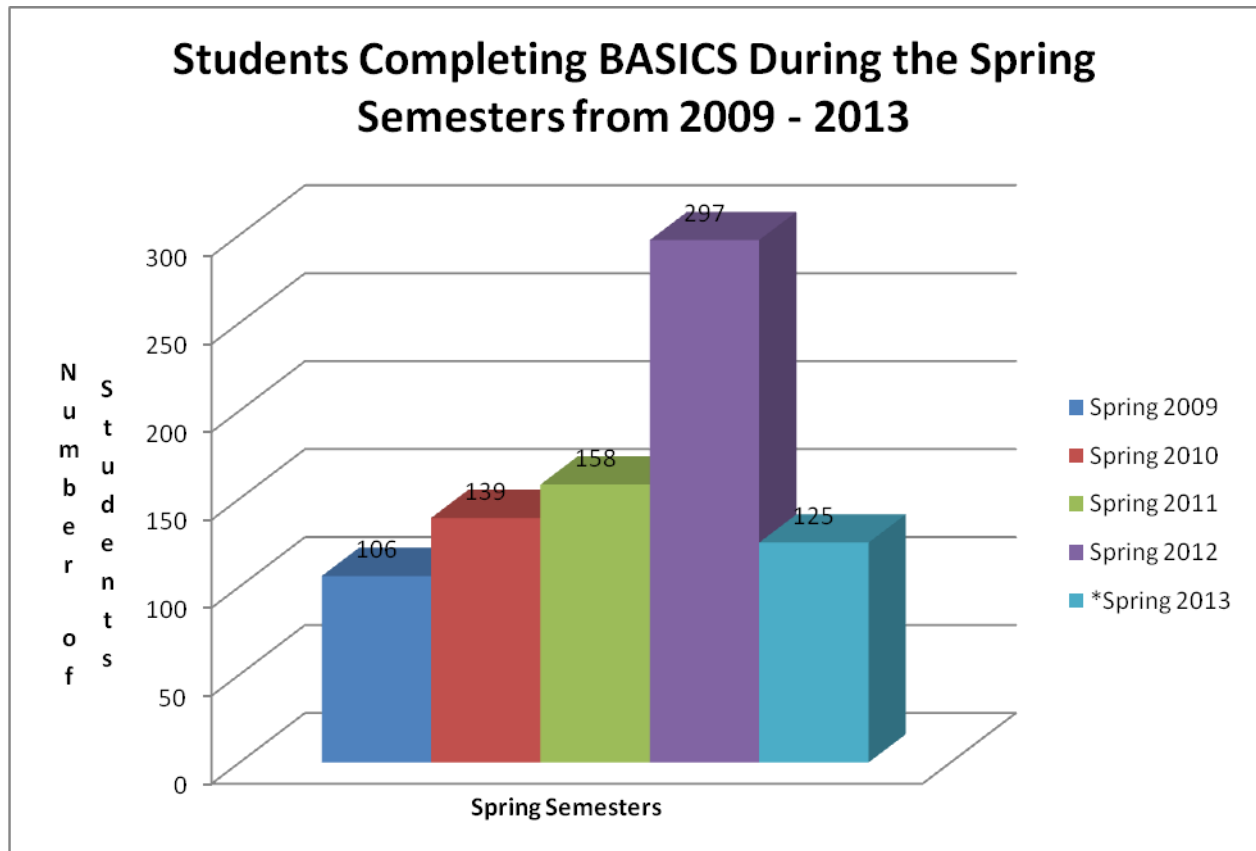


Figure 3 compares the number of students completing BASICS during the spring semesters from 2009 to 2013. Spring 2009 saw the least amount of students with 106 students, while spring 2012 saw the greatest amount of students with 297 students.

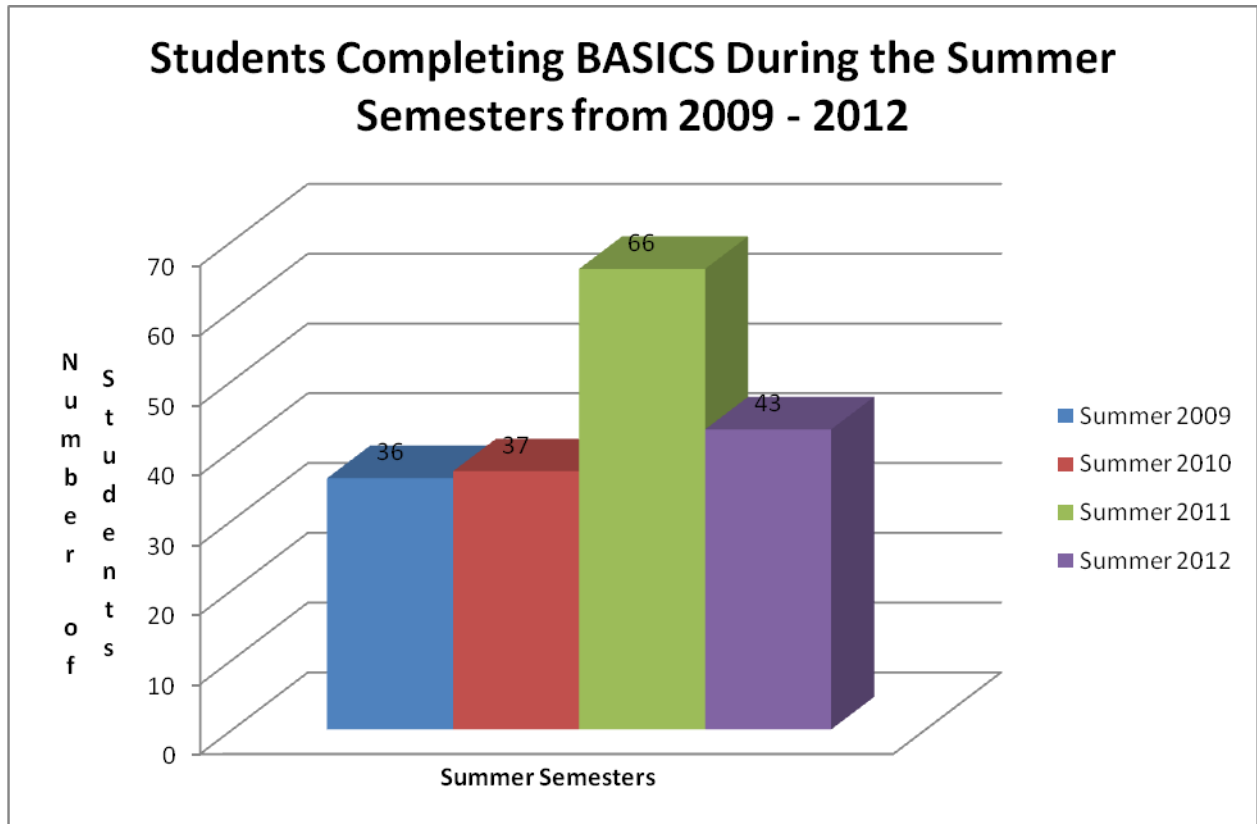
**Figure 3:
Spring Semesters Completion Numbers**



*Spring 2013 participation completion numbers are current as of April 12, 2013 and are not inclusive of the entire semester.

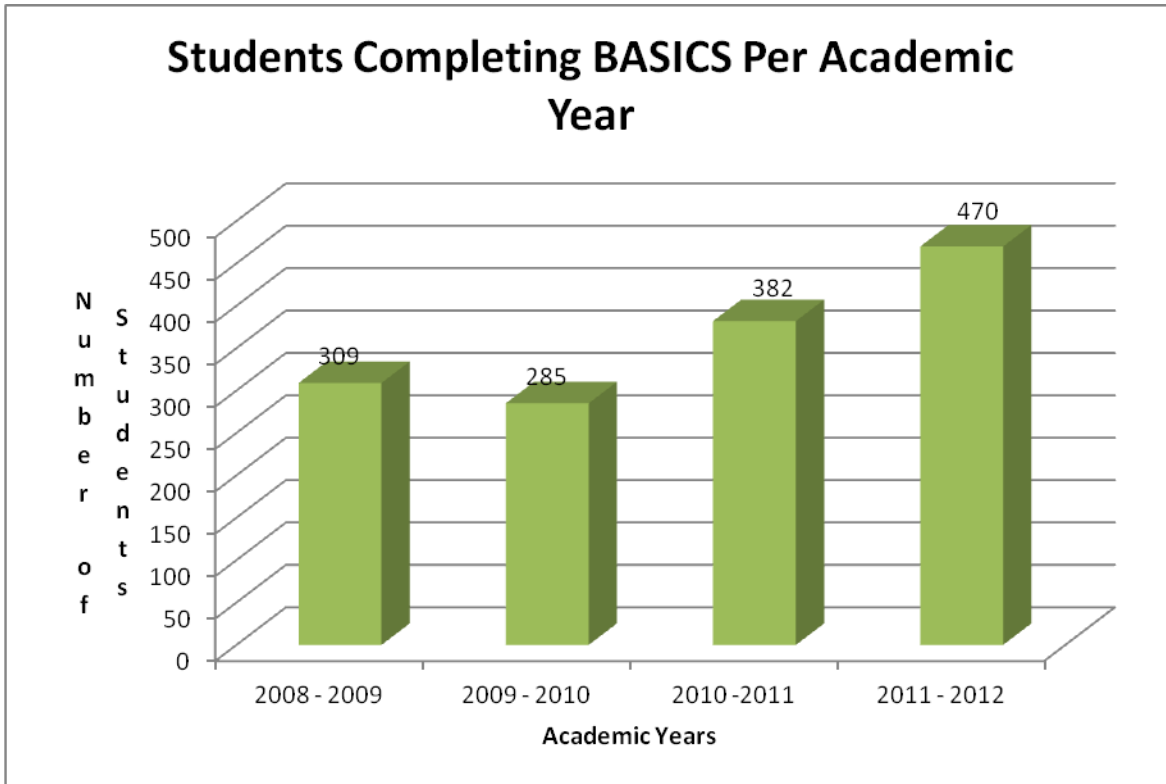
Figure 4 compares the number of students completing BASICS during the summer semesters from 2009 to 2012. Summer 2009 saw the least amount of students with 36 students, while summer 2011 saw the greatest amount of students with 66 students.

Figure 4:
Summer Semesters Completion Numbers



Lastly, Figure 5 compares the number of students completing BASICS per academic year from the 2008-2009 academic year to the 2011- 2012 academic year. The 2009-2012 academic year saw the least amount of students with 285 students, while academic year 2011-2012 saw the greatest amount of students with 470 students.

**Figure 5:
Per Academic Year Completion Numbers**



Students are encouraged to complete the BASICS program or face significant no-show fees charged directly to the student's Bursar account. The Office of Health Promotion imposes a \$25 fee for the first missed appointment, \$50 for the second missed appointment, \$75 for the third missed appointment, and \$100 for the fourth missed appointment which becomes a non-compliant fee. In addition, after the fourth missed appointment the student will be considered non-compliant and their case will be returned to the referring entity, either the City of Oxford Municipal Court or the Dean of Students Office and the student will be required to complete the program again. The Office of Health Promotion will also place a hold on the student's Bursar

account. Students can avoid incurring the no-show fee and the non-compliant fee by rescheduling their appointment at least 24 hours in advance.

Dose Received

Student recidivism and end of program satisfaction data will be described in this section. The Office of Health Promotion began tracking student recidivism in Summer 2009 and have found 13 repeat students (as of April 12, 2013), meaning they have either been referred to BASICS at least twice or at least once to both JADE and BASICS. As of April 12, 2013, there has been one student referred three times.

The brief end-of-program satisfaction questionnaire is given to participants after they attend and complete the final session of BASICS, the group session. The self-administered questionnaire allows the participant to rate their overall BASICS experience and provides them the opportunity to make suggestions for improving the program. Table 7 presents end of program satisfaction data from participants completing the program during Spring 2013 (up until April 10, 2013) for the two current providers. In addition, Table 7 shows that Provider X met with more students than Provider Y and that Provider Y's students gave higher scale ratings than Provider X's students. The questionnaire consists of the following four statements:

QA: My individual session was helpful/worthwhile.

QB: My group experience was helpful/worthwhile.

QC: I learned information in BASICS I did not know before.

QD: Overall, BASICS has been helpful in allowing me to evaluate my current alcohol or drug use.

Participants rate each statement on a scale of 1 to 5, 1 being strongly disagree and 5 being strongly agree. The final component of the questionnaire welcomes the participants' comments about improving the program.

QE: Please give us feedback about what would have made your BASICS experience more helpful/worthwhile for you.

**Table 7:
Satisfaction Questionnaire Results**

Spring 2013	# of Students	QA	QB	QC	QD
Provider X	91	3.87	3.95	4.00	3.63
Provider Y	65	4.05	4.15	4.09	3.91

Fidelity and Implementation

This section will cover three areas: a description of the BASICS training session for providers, an analysis of the individual counseling sessions, and a description of the group sessions.

Training Session

BASICS training sessions were conducted before the beginning of the Fall semester and were attended by new and current BASICS providers, Assistant Director for Student Health, and the Health Educator. The training session occurs between 9 a.m. until 4:00 p.m. and covered topics by following a 44-slide power point presentation given by the Health Educator. Each provider was given a BASICS training manual categorized into six segments: *Alcohol and the Body, Cannabis/ Marijuana, Motivational Interviewing, e-CHUG and Paperwork, SASSI, and Transtheoretical Model*. The manual also included a copy of Forms 5, 6, 7, 8, 9 (SASSI-3

scoring tool), Handout 1, Handout 2 (Provider Checklist for Seeing a Client), and Form 10 (End of Program Satisfaction Questionnaire).

First, the *Alcohol and the Body* segment of the manual described the affect of alcohol use on various organs in the body and provided statistics relating to excessive underage drinking. This segment also provided information on the signs of alcohol poisoning, tips for cutting down on drinking, and potential signs of an alcohol problem. *Cannabis/Marijuana* described the effects and dangers of marijuana use.

Second, the *Motivational Interviewing* segment described the MI technique and its four underlying principles: expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy and change talk. After completing this segment in the manual, an eight minute video on MI was shown, *Motivational Interviewing: Role Play*. Third, the *Transtheoretical Model* segment covered the core constructs of the model with special emphasis on the Stages of Change. The Transtheoretical Model is used to determine where a client is in regards to his or her readiness to change and assists in determining the appropriate course of action to help move the client along to the final stage of the model.

Fourth, *e-CHUG and Paperwork*, was covered in which the training participants were given a sample e-CHUG handout and a Readiness to Change Questionnaire on Alcohol Use to examine and discuss. The *SASSI* segment of the manual discussed the purpose of having students complete the assessment tool, how to grade the assessment, and how to utilize this information during the individual session. Additionally, each trainee completed the SASSI-3 on themselves and another trainee graded the completed SASSI-3.

After all of the paperwork was addressed, each provider was required to perform - two mock individual counseling sessions in which they acted as the client in one session and as the

provider in the other session. Returning providers discussed how they typically conducted their group sessions and suggested that new providers conduct their group sessions how they saw fit, but strongly suggested that group sessions be loosely based on the following format: an introduction of group participants, ice-breaker questions, alcohol jeopardy or alcohol knowledge questions, alcohol-related scenarios, and a closing. The training session ended with a tour of the Counseling Center and a meeting with Ms. Fisher discussing situations where participants should be referred to the Counseling Center for additional help.

Individual BASICS Sessions

Two individual BASICS counseling sessions conducted by Provider X in October 2012 were analyzed using the PEPA tool in March 2013. Provider X joined the Office of Health Promotion in the fall of 2011 as a BASICS provider. Provider X is enrolled in graduate school at the University of Mississippi.

The researcher met with Provider X at the Office of Health Promotion and informed Provider X about the purpose of the study and of the need to have their individual counseling session videotaped. The researcher emphasized to Provider X that he or she would be the focus of the recording and not the client. After gaining informed consent from Provider X, Provider X was asked to recruit clients coming to the Office of Health Promotion to complete their individual BASICS session. Provider X gave a brief overview of the study and explained the study purpose to the incoming clients. Provider X emphasized to the clients that they would not appear in the recording, but their voices would be heard on the recording. After receiving written consent from the clients, Provider X took them to a private room where individual counseling sessions took place and where the camcorder was set up. After the client was settled and out of the camcorder's view, Provider X turned on the camcorder and began recording the session. The

camcorder was focused only on Provider X during each recording. Figure 2 provides an illustration of the set-up of the counseling room and the location of Provider X in the video. Two of Provider X's individual counseling sessions were recorded following these aforementioned steps.

The first video was labeled Session 1 and was approximately 16 minutes in length. In this session, Provider X met with a student that received a citation for Public Drunk. The second video, or Session 2, was approximately 24 minutes in length and Provider X met with a student that received a DUI citation.

The principal investigator (PI) and a data analyzer separately evaluated the two sessions. The PI and the data analyzer's qualifications for evaluating the sessions include a semester-long class on MI. Analysis of the sessions was done using the PEPA tool. The process used by the evaluators included watching each session and pausing the video as needed to take notes and then watching the sessions a second time in their entirety while making notes or changes. Next, the PI and the data analyzer shared their results with each other and resolved coding discrepancies by reaching consensus. The evaluators experienced the most discrepancies when categorizing reflections and value statements. In addition, there were more discrepancies for Session 2 than there were for Session 1. The results of the analysis are found in Table 8 and it also shows that during each of the two sessions there were more closed questions asked than open-ended questions and the total number of complex reflections outnumbered simple reflections. Tables 9 and 10 contain the coding details for each session, respectively. Each table lists the statements that were identified as components of MI. Examples of open-ended questions identified in the sessions include the following: *What brings you to the program? How was that experience for you? How did your parents react? and How does this affect you?* Examples of

closed questions from the sessions include: *Where's home for you? Has alcohol affected your grades at all? So are you on track to graduate?* and *Do you remember getting into the car to drive?*

The PEPA tool necessitated that the provider build rapport with the client by doing some or all of the following: 'thanking the client for coming into the session, discussing confidentiality, informing the client what they can expect from the meeting, prefacing feedback session (by stating, "We will be going over a lot of information today and what you choose to do with it is up to you."), and/ or summarizing as you move from section to section.' Provider X did not perform any of these rapport building tasks in either of the two counseling sessions. The next section of the PEPA tool addresses the use of value statements or instances when the provider imposes his or her own perspectives or values into the session through comments, voice tone, or non-verbal behavior. Moreover, the PEPA tool suggests that value statements be limited to less than two per fifteen minutes. Provider X used 5 value statements in Session 1 (two and a half times the recommended amount) and 4 value statements in Session 2 (almost twice the recommended amount). Next, the PEPA tool addresses types of questions being asked during the session, open-ended vs. closed questions, and recommends a goal of 2:1 of open-ended to closed questions. Provider X asked 7 open-ended questions to 10 closed questions in Session 1 and 7 open-ended questions to 12 closed questions in Session 2. Lastly, the PEPA tool recommends a goal of 2:1 of complex reflections to simple reflections and Provider X had a 4:3 ratio in Session 1 and a 6:5 ratio in Session 2.

Group Sessions

The PI observed two of Provider X's group sessions on two different occasions in February 19, 2013 and April 10, 2013. The group sessions were held in the Office of Health

Promotion’s conference room. Table 11 provides group session characteristics. The groups were mixed gendered and a variety of sanctions were represented in the groups.

**Table 11:
Group Session Characteristics**

Group Session Characteristics		
Session:	Group Session 1	Group Session 2
Length:	1 hour 15 minutes	1 hour and 25 minutes
Time:	Tuesday afternoon	Wednesday morning
Participants:	8 (5 females; 3 males)	7 (3 females; 4 males)
Sanctions:	DUI, Public Drunk, MIP	MIP, DUI, Public Drunk, Paraphernalia, Possession of Alcohol

Provider X began each group session by allowing group participants to introduce themselves and share why they were present (what sanction they received). Following introductions, Provider X played an ice breaker game with the participants in which they picked a number between 1 and 25 and then answered a question corresponding to that number. A sample of those questions included the following: *If you could be one person for a day who would you be and why? If you could fill a swimming pool with one thing, what would it be? Who is your favorite cartoon character and why?* Next, Provider X provided drug and alcohol facts by asking the participants a series of questions and after receiving their responses giving them the correct answers. A sample of these questions included: *What four factors affect blood alcohol concentration (BAC)? How does the two-strike policy work? What counts as moderate drinking for men and women?* Provider X then proceeded to ask the participants how they would react in different scenarios. A couple of the scenarios included: *You’re 21, you and your friend have been drinking heavily, and*

your friend insists on driving home, what would you do? You're out drinking at the bars and your friend picks a fight with a guy twice his size, what do you do? After scenarios, Provider X asked more questions such as: *What's your definition of being sober? What is your favorite place to eat around Oxford? What are some alternative things to do in Oxford besides drink?* Finally, Provider X wrapped up the sessions by asking each participant what they were taking away from the session. Participants were then asked to complete end-of-program satisfaction questionnaires and were free to leave afterwards.

CHAPTER V

Discussion

The purpose of this study was to conduct a process evaluation of the BASICS program in place at the University of Mississippi and to determine if the program is being implemented in the manner intended by its creators. The intent of this chapter is to present conclusions and discussions concerning the data collected. Recommendations will conclude this chapter.

The process evaluation of BASICS was conducted using several data collecting techniques. *Context* for BASICS was examined through the use of semi-structured interviews with the directors of BASICS. Notably, BASICS is highly supported; however, that support comes in different forms from various entities. The program and its staff receive informational support and emotional support from University of Mississippi administrators; aside from this support, University of Mississippi administrators are removed from the daily operations of the program. Tangible support for BASICS comes from the department housing the program, currently Student Health Services and formerly the Counseling Center. In addition, the BASICS program is primarily funded via student fees, though some additional funding was previously received from an Anheuser Busch grant and the Ole Miss Parent Association.

An analysis of *Reach* for BASICS found that few students are able to violate the university's alcohol policy without being mandated to attend the program, since only students who receive off campus sanctions and go the route of pleading their case have the possibility of being found innocent and thus are not required to attend BASICS. *Reach* also showed that the

design of BASICS at the University of Mississippi differs from the original BASICS design created by the University of Washington with regard to the number of individual sessions and the addition of a group session being the major difference between the two universities' programs. Table 5 displays how the University of Mississippi's BASICS design compares to the original BASICS design created by the University of Washington. Table 5 shows that BASICS was originally designed with 2 individual sessions and that the University of Mississippi's design replaced the second individual session with a group session. During the semi-structured interview with Ms. Murphy Cromeans, it was revealed that the group session was part of BASICS' original design when it began at the University of Mississippi while being administered by the Counseling Center and has been maintained since the program was relocated to the Office of Health Promotion.

**Table 5:
BASICS Design Comparison**

BASICS – University of Washington	BASICS - University of Mississippi
<u>Session 1</u> - One-on-one structured clinical interview - Complete self-report questionnaire packet - 100 minutes total, (50 minutes for each)	<u>Session 1</u> - Complete Background Information Packet - Complete the SASSI-3 assessment - 20 – 30 minutes
<u>Session 2</u> - One-on-one counseling session (participant receives feedback and advice) - Approximately 50 minutes	<u>Session 2</u> - One-on-one counseling session (participant receives feedback and advice) - Approximately 45 minutes
	<u>Session 3</u> - Group session - Approximately 90 minutes

An analysis of *dose delivered* and *dose received* revealed the number of students completing BASICS and student recidivism for BASICS, shows that of the many students who have completed the program, the rate of students completing the program more than once is low. For example, the University of Mississippi reported 13,951 total students enrolled at the Oxford campus for the 2011-2012 academic year and BASICS reported that 470 students completed the program for the 2011-2012 academic year, which means that less than 3.4% of the enrolled student population completed BASICS.

Fidelity and Implementation revealed that the BASICS provider failed to fully use MI during the individual counseling sessions as outlined by the PEPA tool. Based on the PEPA tool, Provider X failed to build rapport with clients and relied heavily on the use of closed questions and value statements.

Limitations

Limitations may have affected this study. Firstly, Provider X may have conducted the individual and group sessions differently than he or she normally would have as a result of being observed. For example, Provider X may have adhered more to MI and performed better on the PEPA as a result of being video-recorded. However, Provider X's performance was opposite of what was expected, possibly a result of nervousness because the sessions were being videotaped or from provider fatigue (continuously meeting with clients throughout the day). Secondly, inter-rater reliability may be a study limitation resulting from the potential subjectivity in categorizing statements (e.g., questions vs. reflections) by the two analyzers. For example, the statement, *you said you reduced your drinking* from Session 1 was categorized by the researcher as being a simple rephrase reflection, while the data analyzer categorized it as complex paraphrase reflection. After reviewing the definitions for each type of reflection and listening to the others

reasoning for their categorization, the two evaluators came to a consensus and classified the statement as a simple rephrase reflection. Third, only two individual sessions were observed. Conducting the study with a greater number of sessions might be considered for future studies. Fourth, only one provider was observed due to provider turn-over and so future studies should observe additional or all providers if possible. The response rate for clients agreeing to have their individual session videotaped could also be a possible limitation. Lastly, only one provider was observed so it is unclear how other providers conduct their sessions and so this study is only generalizable to BASICS at the University of Mississippi as conducted by one provider.

Conclusions and Recommendations

The process evaluation of the BASICS program revealed several important issues regarding the program's current implementation. First, the competence of BASICS providers correctly employing MI during individual BASICS sessions should be addressed. The BASICS providers receive one day of training before the beginning of the fall semester, but in accordance with Provider X's performance on the PEPA this training alone appears insufficient. It is possible that Provider X lacked confidence in employing MI from inadequate MI training and thus scored poorly on the PEPA. In addition, a lack of confidence in correct MI utilization is further evidenced by Provider X's performance while being videotaped. In other situations, when individuals are aware they are under observation, those individuals strive to perform better. If this idea is applied to Provider X's videotaped individual session and it is assumed that he or she attempted to perform better than normal (due to observation) then it can also be assumed that when Provider X knows he or she is not being recorded Provider X may be more lax or negligent with MI use and thus would score worse on the PEPA during these sessions. A simple solution to help with the provider's confidence in using MI would be to supply providers with the PEPA

tool on a periodic basis to refresh providers' memory of what MI entails to increase adherence to MI principles.

The second issue raised by the evaluation was the lack of measurable outcomes used for measuring program success. The only measurable outcome that was observed during the evaluation was the Readiness to Change Questionnaire (Form 7). The questionnaire is self-administered as a pre- and post-test. The questionnaire is completed by students when they visit the Office of Health Promotion for their first session to complete their paperwork (pre-test). Six-weeks after the student completes the last session of the BASICS program, the group session, students are emailed by an Office of Health Promotion staff member and asked to complete the Readiness to Change Questionnaire a second time (post-test). The questionnaire would be a valuable measurable outcome; however, it is limited in that not all students complete the post-test, because it is optional. Additionally, the data were not available to calculate a response rate for the questionnaire. As a result, the Office of Health Promotion only has data on students who decide to complete the post-test. In addition, to incorporating other measurable outcomes into the BASICS program, the Office of Health Promotion could place a hold on student's Bursar account and/or charge a fee (similar to the no-show fee for missing appointments) to encourage students to complete the post-test.

The third issue of recordkeeping was also raised during the evaluation. Student recidivism and participant completion numbers per semester were not readily available and had to be investigated by multiple staff members before the numbers were revealed to the researcher. In addition, the Office of Health Promotion staff was not aware of the specific details surrounding the creation of BASICS at the University of Mississippi.

Lastly, the evaluation highlighted the sudden increase in students completing the program during spring 2012. During this particular semester, BASICS participation nearly doubled in comparison to previous semesters. A possible reason for this sudden spike in participation could have been a result of more Staff members in the Department of Student Housing having the power to issue alcohol sanctions to students.

Consequently, the BASICS program as executed by the University of Mississippi is not being implemented as intended by its creators at the University of Washington. The researcher suggests the following program recommendations. The first three recommendations are to improve the overall functioning of the program, while the latter recommendations are to improve actual implementation of BASICS sessions. First of all, a better recordkeeping system is needed to document and make readily available student program completion numbers, recidivism, number of students starting program but not completing the program, and etc, as well as note the history of the program (to replace the oral history). Secondly, more appropriate measurable outcomes should be integrated into the program. Finally, students should be required to complete the six-week post-test (Readiness to Change Questionnaire) or face a hold on their Bursar account or a fee similar to the no-show fee for missed appointments.

BASICS at the University of Mississippi differs from the original design in that it has one less individual counseling session than originally intended and the one remaining individual counseling session lacks fidelity to MI principles. The researcher proposes University of Mississippi BASICS administrators add an additional individual session to increase the program from 3 sessions to 4 sessions or the additional individual session be added to the paperwork session as a remedy to this issue. Additionally, an online component could be implemented as a booster session after the face-to-face sessions are completed. In addition, an MI trainer should be

brought in to ensure that providers are educated and understand MI and are able to fully perform MI. Another suggestion is to have frequent evaluations of the providers performing MI to ensure continued correct technique deliverance.

Other possible ideas include: 1) hiring an additional provider to aid with increasing demand for BASICS, 2) provide on-going training every six months as booster sessions for providers, and 3) have the supervisor observe the provider and give regular, periodic feedback on the extent to which the provider is conducting sessions in the true MI spirit.

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APPENDICES

APPENDIX A:

TABLES

Table 1:
Therapist Motivational Tasks

Therapist Motivational Tasks	
Client's stage of readiness:	Therapist's motivational tasks:
Precontemplation	Raise doubt; increase the client's perception of risks and problems with current behaviors.
Contemplation	Tip the balance of ambivalence in the direction of change; elicit reasons to change and identify risks of not changing; strengthen client's self efficacy for changing current behavior.
Preparation	Help the client identify and select the best initial course of action to commence change; reinforce movement in this direction.
Action	Continue to help the client take steps toward change; provide encouragement and positive reinforcement (e.g. praise) for action steps.
Maintenance	Teach client relapse prevention skills.

Adapted from L. Dimeff, J. Baer, D. Kivlahan, and G. Marlatt. *Brief Alcohol Screening and Intervention for College Students(BASICS): A Harm Reduction Approach*. Copyright 1999 The Guilford Press.

Table 2:
The BASICS Checklist

The BASICS Checklist		
	Session 1:	Session 2:
Components	<ul style="list-style-type: none"> – Structured clinical interview – Self-report questionnaire packet 	<ul style="list-style-type: none"> – Feedback and advice
Required time	<ul style="list-style-type: none"> – 100 minutes total, 50 minutes for each 	<ul style="list-style-type: none"> – Approximately 50 minutes
Needed	<ul style="list-style-type: none"> – Quiet, private room for the clinical interview – Quiet room with table and chair for student to complete self-report questionnaire packet – Structured Clinical Interview Packet (for therapist) – Self-report questionnaire packet, pencil, and eraser (for student) – Monitoring cards and instructions 	<ul style="list-style-type: none"> – Personalized graphic feedback sheet – Quiet, private room – Personalized BAL chart – Pocket-size laminated personalized BAL chart – “Tips” sheet

Adapted from L. Dimeff, J. Baer, D. Kivlahan, and G. Marlatt. *Brief Alcohol Screening and Intervention for College Students (BASICS): A Harm Reduction Approach*. Copyright 1999 The Guilford Press.

Table 3:
Key Process Evaluation Components

Component	Definition
Context	Aspects of the larger social, political, and economic environment that may influence intervention implementation
Reach	The proportion of intended target audience that participates in an intervention. If there are multiple interventions, then it is the proportion that participates in each intervention or component. It is often measured by attendance. Reach is a characteristic of target audience
Dose delivered	The number or amount of intended units of each intervention of each component delivered or provided. Dose delivered is a function of efforts of the intervention providers.
Dose received	The extent to which participants actively engage with, interact with, are receptive to, and/or use materials or recommended resources. Dose received is a characteristic of the target audience and it assesses the extent of engagement of participants with the intervention.
Fidelity	The extent to which the intervention was delivered as planned. It represents the quality and integrity of the intervention as conceived by developers. Fidelity is a function of intervention providers.
Implementation	A composite score that indicates the extent to which the intervention has been implemented and received by the intended audience.
Recruitment	Procedures used to approach and attract participants. Recruitment often occurs at the individual and organizational/community levels.

Adapted from A. Steckler and L. Linnan, *Process Evaluation for Public Health Interventions and Research*. 1st ed. Copyright 2002 by John Wiley & Sons, Inc.

Table 4:
Semi-Structured Interview Questions

<ul style="list-style-type: none"> • Why did the BASICS program begin on the University of Mississippi campus? <ul style="list-style-type: none"> ▪ What processes were involved to get the program started and functioning? (Please give specific details and dates if possible.)
<ul style="list-style-type: none"> • How is the BASICS program supported by University of Mississippi administrators? (e.g., involvement, etc.)
<ul style="list-style-type: none"> • To what extent is the level of support from University of Mississippi administrators affecting the activities of the BASICS program?
<ul style="list-style-type: none"> • How is the BASICS program supported and received by the University of Mississippi community?
<ul style="list-style-type: none"> • How is the BASICS program supported financially? (e.g. graduate student stipends, office space, supplies, etc.) • How is the BASICS program financially supported by University of Mississippi administrators?
<ul style="list-style-type: none"> • What role, if any, in the future do you see University of Mississippi administrators playing in the operation of the BASICS program?
<ul style="list-style-type: none"> • What role would you like to see University of Mississippi administrators play in the future regarding the BASICS program?
<ul style="list-style-type: none"> • Is there any additional information that you would like to add?

Table 6:
BASICS Participant Completion Numbers

Fall 2008 – Spring 2013 BASICS Participant Completion Numbers	
Semester	Number of Students
Fall 2008	167
Spring 2009	106
Summer 2009	36
Fall 2009	109
Spring 2010	139
Summer 2010	37
Fall 2010	158
Spring 2011	158
Summer 2011	66
Fall 2011	130
Spring 2012	297
Summer 2012	43
Fall 2012	148
*Spring 2013	125

*Note: This number is accurate as of April 12, 2013.

Table 8:
PEPA Coding Results

PEPA Coding Results		
Components	Session 1	Session 2
I. Developing Rapport	None	None
II. Value Statements	5	4
III. Questions		
<i>Open</i>	7	7
<i>Closed</i>	10	12
IV. Reflections		
<i>Simple</i>		
- Repeat	0	1
- Rephrase	3	4
Total:	3	5
<i>Complex</i>		
- Paraphrase	2	3
- Double-Sided	0	0
Reflection		
- Metaphor	0	0
- Reflection of Feeling	1	0
- Summary	1	3
Total:	4	6

Table 9:
PEPA Coding Details – Session 1

PEPA Coding Details	
Session 1	
I. Developing Rapport	None
II. Value Statements	<ul style="list-style-type: none">- I think that would be very helpful. (referring to changes made)- I guess that's one way to avoid it (drugs), no that's good.- You're in the action phase which means you've made a change and you're working on maintaining it, that's consistent with everything that you've said which is fine.- It would be ok even if you were not making changes (to your drinking).- Psychologically you tested low probability for substance dependency disorder, that's really good.
III. Questions	<p><i>Open</i></p> <ul style="list-style-type: none">- What brings you to the program?- How was that experience for you?- What did your parents say?- What are you hoping to take away from this?- What was the reason (you quit drinking)?- How has this affected you?- What are your plans after you graduate? <p><i>Closed</i></p> <ul style="list-style-type: none">- Where's home for you?- Are you still there? Have you made changes? (referring to drinking habits)- The changes in your drinking habits, is that something you're going to maintain as a result of this?- Other than this, any other problems due to alcohol in your life? Friendships? Relationships?- Has alcohol affected your grades at all?- No drugs for you? Just never decided to try?- Are classes going good this semester?- Have you chosen a major yet? Is that something you've always wanted to do?- Is everything else in your life going pretty good?- Do you have any questions?

IV. Reflections

Simple

Rephrase:

- You said you quit drinking two years ago for about six months.
- You said you're drinking probably once per week.
- You said that you reduced your drinking.

Complex

Paraphrase:

- It's early enough in your college career to change your major.
- So with the changes and everything I guess life's been a little bit easier for you.

Reflection of Feeling:

- Well I'm sure that was an exciting night for you...being arrested and spending the night in jail.

Summary:

- Sounds like everything is going really good, it was just a lapse in judgment one night.
-
-

Table 10:
PEPA Coding Details – Session 2

PEPA Coding Details
Session 2
I. Developing Rapport None
II. Value Statements <ul style="list-style-type: none">- That sucks!- For you that sounds okay because that's not a problem in your life, you don't need to make any changes.- You ranked low probability for substance dependency disorder, which is good.- It's good that your grades are good enough and you're doing well enough in school to have other options.
III. Questions <ul style="list-style-type: none"><i>Open</i><ul style="list-style-type: none">- So what was going on the night you got your DUI?- How did your parents react?- How does this affect you?- How often are you getting drunk?- What is it for you? (definition of being drunk)- So what do you think was the change for you?- What would you say would be a goal for you as a result of all this? <i>Closed</i><ul style="list-style-type: none">- Looking forward to graduation in a couple months?- So are you on track to graduate?- So they took all of your scholarships away?- So you don't normally drink and drive?- Do you remember getting into the car to drive?- Long term, do you think it will have a great impact on your life? (DUI)- And you've had your court date already?- So other than this, have you had any problems with alcohol in your life?- Any legal problems?- Did you make any changes to your drinking habits after getting the DUI or since getting it?- What are plans after graduation? Are you going to stay in the South? (open question followed with minimal pause and closed question)

- With regards to your DUI, are you worried this may happen again in the future?

IV. Reflections

Simple

Repeat:

- Because you said it only lasted for a couple of months. (drinking)

Rephrase:

- This was a very isolated event.
- So you said you were drinking once a week on average.
- So you ended up getting arrested and spending the night in jail.
- You're at least monitoring how much you drink.

Complex

Paraphrase:

- You said you were thinking about law school, things like that, so you had other considerations so you're not stuck.
- Southern boy until the end.
- You're meant for different things in life.

Summary:

- Obviously there are huge consequences for this one, aside for the legal consequences.
 - So they (parents) were supportive through this whole process.
 - A life altering day.
-
-

APPENDIX B:
FORMS

Form 1:
BASICS Payment Form

B.A.S.I.C.S.
Brief Alcohol/Drug Screening Intervention for College Students
Office of Health Promotion
University, MS 38677

_____ has paid in full (\$200.00) via

Cash VISA/MASTER CARD Bursar

Signature Date Student ID#

Form 2:
Order to Attend BASICS

B.A.S.I.C.S.

The following has been ordered by the Oxford Municipal Court to complete the Brief Alcohol Screening and Intervention for College Students (B.A.S.I.C.S.) program, offered by the Office of Health Promotion at The University of Mississippi, for the listed violation(s):

Name: _____
Case No: _____ Violation: _____
_____ 1st Offense _____ 2nd Offense _____ 3rd Offense

Judge Lawrence Little Date

Phone Number: _____
Ole Miss E-mail: _____
Student ID #: _____

B.A.S.I.C.S.
Brief Alcohol/Drug Screening and Intervention for College Students
Office of Health Promotion

Explanation of Program:

B.A.S.I.C.S. is a program for those students who have received an alcohol/drug violation and have been mandated by the court to participate.

Contact Information:

B.A.S.I.C.S. staff can be contacted at 662-915-3472 between the hours of 8-5, Monday-Friday. We can also be reached at basics@olemiss.edu.

Cost and Payment Information:

B.A.S.I.C.S. costs \$200.00, is nonrefundable, and includes an intake, an individual education meeting, and a 90-minute group session. In the event that you will not be able to keep an appointment, you must notify the B.A.S.I.C.S. program 24 hours in advance of the cancellation. We will charge \$25 for the 1st missed appointment, \$50 for the 2nd, and \$75 for the 3rd. The 4th missed appointment will incur a \$100 non-compliance fee, all which will be charged to your Bursar bill.

We accept payment in the form of Cash, Visa or Mastercard, or Bursar bill. We do not accept personal checks. If you choose to pay via cash/credit, bring the full payment with you to the first appointment. If we bill your Bursar account, be informed that your Bursar bill will read "Health Promotion." Completion of the program will not occur until payment is received in full.

Intake information:

The Office of Health Promotion is located on the second floor of the V.B. Harrison Health Center (Student Health), Room 226.

Program Completion:

Referents are considered to have completed the program after fulfilling the following requirements: completion of the intake, completion of an individual education meeting, participation in a small group experience, and payment in full.

A completion letter will be mailed to the courts and to the referent once all requirements have been met. Please note, if the B.A.S.I.C.S. staff feels there is a need for further treatment, the recommendations and referral information will be included in the completion letter mailed to the referent. This information will not be included in the letter to the court.

Your signature below indicates that you have read and understand the above information.

Referent Signature

Date

B.A.S.I.C.S. Representative Signature

Form 3:
Off-Campus Conviction

The University of Mississippi
Off Campus Conviction
Two Strike Probation or Suspension (DUI only)

Printed Name: _____ Phone #: _____

Ole Miss E-Mail: _____ Ole Miss ID#: _____

I understand I have been convicted for a Public Drunk, DUI and/or other drug violation. As a result, and in accordance with University Policy DSA.DS.300.007, I understand that I am at minimum on disciplinary probation.

I also understand if that if I am currently on two strike probation this conviction will result in suspension from the University of Mississippi for at least one full semester. If I am not currently on two strike probation I understand if during this probationary period another incident occurs involving alcohol and/or other drugs, and I am found in violation of a related University policy I will be suspended from the University of Mississippi for a least one full semester. I further understand that if I am found in violation any University rules or policies in the future, this offence may be considered an aggravating factor in determining an appropriate University sanction.

You will be contacted by either email or phone by the Office of the Dean of Students outlining the terms of your sanction.

Student Signature

Date

For questions contact The Student Conduct Office at 662-915-3471 or acquest1@olemiss.edu

Office Use Only:

Date of Arrest: _____	Date of Conviction: _____
Date fax/sent to DOS from OHP: _____	

Form 4:
BASICS /JADE Overview

BASICS/JADE

Office of Health Promotion 226 V.B. Harrison Health Center University of Mississippi

I, _____, have been required by either the City of Oxford Municipal Court or the University of Mississippi's Dean of Students Office to complete BASICS or JADE. This requirement consists of three meetings that I must attend: paperwork intake, one on one intervention, and group session. I must complete this requirement in a timely manner (Office of Health Promotion had determined that this requirement can be completed in three weeks). I also have been notified that payment of this requirement is due in full at my first meeting appointment. I hereby agree to these terms, and pledge to complete the program as intended.

(student's signature)

(date)

Payment Policy

Payment is due in full at your first appointment. The program cost for BASICS is \$200, whereas the JADE program cost is \$100. We accept payment in the form of cash, Visa/Mastercard or Student Bursar account. We do not accept personal checks.

(initial here)

Scheduling Policy

The Office of Health Promotion will contact the student to schedule their 1st appointment (paperwork intake). Appointment two and three will be scheduled at the conclusion of the prior meeting. It is NOT the responsibility of our Office to remind the student of their appointment.

(initial here)

If you must reschedule an appointment, the Office of Health Promotion will only consider those with a **48 hour notice**. If you are ill, a doctor's excuse must be presented to our office upon rescheduling. Only in extreme circumstances will we allow an appointment to be rescheduled with less than a **48 hour notice**.

(initial here)

Cancellation Policy

In the event that you missed your scheduled appointment, a penalty fee will **automatically** be billed to your Bursar account. Penalties are as follows:

- 1st missed appointment- \$25.00
- 2nd missed appointment- \$50.00
- 3rd missed appointment- \$75.00

After the 3rd missed appointment, if you do not reschedule your appointment and **complete** the program within one week, you will be considered not in compliance.

Noncompliance penalty- \$100.00 charged to Bursar, a hold placed on your Ole Miss account, and further judicial sanctions.

(initial here)

Form 4 (continued)

Upon Completion

Once the student has completed BASICS or JADE, our office will notify the City of Oxford Municipal Court or the Dean of Students to notify them of your completion of the judicial sanction.

Confidentiality

We often receive calls from parents requesting information about Bursar or credit card charges made by our office as part of your BASICS/JADE program.

If you are under the age of 21 you must check yes and initial giving us permission to discuss your information. **If you are over the age of 21 and your parent/guardian calls on your behalf, do we have permission to explain the Bursar or credit card charges to him or her?** Please check:

Yes _____ No _____ Initial Here: _____

Your signature below indicates that you have read and understood the above information, and that you have had any and all questions answered by the BASICS/JADE representative.

Printed Name: _____ Phone #: _____

Referent Signature Ole Miss ID# Date

State you are from Ole Miss E-Mail Age

Charge or Violation Date of arrest/charge

Form 5:
BASICS Cancellation Policy

BASICS/JADE
Office of Health Promotion
226 V.B. Harrison Health Center
The University of Mississippi

Cancellation Policy

In the event that you will not be able to keep your appointment, you must notify the Office of Health Promotion (662-915-6543) prior to your scheduled appointment time. Failure to do so will result in a missed appointment fee charged to your Bursar account. The cost for a missed appointment is \$25 for the 1st missed appointment, \$50 for the 2nd, and \$75 for the 3rd. If you do not reschedule your appointment within one week, you will be charged an additional \$100 non-compliance fee. At this time, the court/Dean of Students will be notified that you are not in compliance and you may face further judicial consequences. In addition, a hold will be placed on your Ole Miss account which will not be lifted until you have successfully completed the program. Upon completion, the court/Dean of Students Office will be notified that you have complied with the judicial sanction.

Payment is due in full at your first appointment. The program cost for BASICS is \$200, whereas the JADE program cost is \$100. We do not accept payment plans. If you reschedule an appointment and fail to show, your Bursar account will be charged automatically. The fees for missed appointments and non-compliance are the same for the BASICS/JADE programs.

We accept payment in the form of cash, Visa/master card or we can charge your bursar. We do not accept personal checks.

We often receive calls from parents requesting information about Bursar or credit card charges made by our office as part of your BASICS/JADE program. If you are over the age of 21 and your parent calls on your behalf, do we have permission to explain the Bursar or credit card charges to him or her? Please check:

Yes _____ No _____ Initial Here: _____

Your signature below indicates that you have read and understood the above information, and that you have had any and all questions answered by the BASICS/JADE representative.

Printed Name: _____ Phone #: _____

Referent Signature ID# Date

State you are from Ole Miss E-Mail age

Charge Date of arrest/charge

Form 6:
BASICS Confidentiality Policy

BASICS/JADE
Office of Health Promotion
226 V.B. Harrison Health Center
The University of Mississippi

Confidentiality Form

As part of the substance abuse assessment offered by the BASICS/JADE program, in the Office of Health Promotion, you will be asked a number of personal questions to help us gain an understanding of your drug and alcohol use. Specifically, you will be asked about the reason for your referral to BASICS/JADE, your substance use history, the consequences of your substance use, if any, and your current health status. In addition to an interview, you will be asked to complete a questionnaire and an assessment instrument designed to help us assist you in the most appropriate manner. You have the right to ask about any step in the program, including any questions that come up while doing the paperwork or completing the packet, and any questions that you have during the interview and the group experience.

Because you have been referred by the court, your referral to this program, as well as whether or not you complete the program is a matter of public record. You should be aware that your referral to the BASICS/JADE program including paperwork, assessment, individual interview, group experience and 6 week follow up.

Although the Office of Health Promotion will inform the referral court whether or not you have completed the program, any other information you provide is protected by the regulations of confidentiality (i.e. information in paperwork, discussions in interview, and discussions in group session).

Your signature below indicates that you have read and understand the information given above, and that you agree to participate in a substance use and abuse evaluation in the Office of Health Promotion and to allow the office to inform the referral court whether or not you have completed the requirements of the program.

Referent Signature

Date

BASICS/JADE Representative

Form 7:
Background Information Packet

Background Information

1. In a couple of sentences, please describe the circumstances that resulted in your referral to the BASICS/JADE program?

2. What drugs have you tried?

DRUG	How taken (drink, snort, inject etc.)	What amount do you usually consumed?	How often do you consume?	How much time passes while using?	Last Occurrence?
Alcohol					
Marijuana					
Ecstasy					
Inhalants					
Cocaine/Crack					
Opiates (opium, heroin)					
Hallucinogens (LSD, Peyote, Mushrooms)					
Amphetamines (Meth, Crystal)					
Prescription Drugs (Adderall, Ritalin, Xanax ...)					

3. Have you ever been through JADE/BASICS before? If yes, please explain with date and charge.

Form 7 (continued)

4. Have you ever made a decision to stop drinking or using drugs? If yes, when did you make this decision and how long did you successfully stop?

5. Has your alcohol or drug use affected your relationship with your parents, family, friends, teachers, employer etc.? If yes, explain.

6. Is there a history of addiction or alcoholism in your family? If yes, state please state your relationship to the individual/s.

7. Has your academic work been affected as a result of your drug or alcohol use? If yes, circle the following affected:

- a. Attendance b. Missing an exam c. Missing a presentation
d. GPA. e. Participation f. loss of scholarship or loan
g. other _____

8. Have you ever had any judicial sanctions on this campus? If yes, please explain.

9. How would you describe your current alcohol and or drug use?

Form 7 (continued)

Specifically related to your drug or alcohol use, have you ever (**EVEN ONE TIME**) experienced:

(CHECK ALL THAT APPLY!)

- Increased tolerance to alcohol or drugs
- Using or drinking when you are not planning on it
- Personality Changes
- Violation of your own values (doing something you said you wouldn't do)
- Binges or benders
- Blackouts
- Explaining away your use of alcohol or drugs
- Unwanted sexual experiences
- Preoccupation with alcohol or drugs
- protecting your supply from others
- Change in your usual habits, such as when you wake up or go to bed
- Sneaking drinking or drugs
- using a lot in a short time
- Giving excuses or alibis to someone to cover up you're drinking or drug use
- Drinking or using drugs in the morning
- Any threatened loss of friends, jobs, athletic or school opportunities

BASICS/JADE

Readiness to Change Questionnaire: ALCOHOL USE

Please read the sentences below carefully. For each please circle the number that corresponds best to how you feel about your ALCOHOL USE.

Strongly Disagree:-2 Disagree:-1 Unsure:0 Agree:1 Strongly Agree:2

1. I don't think I use alcohol too much (PC) -2 -1 0 1 2
2. I am trying to use alcohol less often than I used to (A) -2 -1 0 1 2
3. I enjoy my alcohol use, but sometimes I use too much (C) -2 -1 0 1 2
4. Sometimes I think I should cut down on my alcohol use (C) -2 -1 0 1 2
5. It's a waste of time thinking about my alcohol use (PC) -2 -1 0 1 2
6. I have just recently changed my alcohol use habits (A) -2 -1 0 1 2
7. Anyone can talk about wanting to do something about alcohol use, but I am actually doing something about it (A) -2 -1 0 1 2
8. I am at the state where I should think about using less alcohol (C) -2 -1 0 1 2
9. My alcohol use is a problem sometimes (C) -2 -1 0 1 2
10. There is no need for me to think about changing my alcohol habits now (PC) -2 -1 0 1 2
11. I am actually changing my alcohol habits now (A) -2 -1 0 1 2
12. Using alcohol less would be pointless for me (PC) -2 -1 0 1 2

BASICS/JADE

Readiness to Change Questionnaire: DRUG USE

Please read the sentences below carefully. For each please circle the number that corresponds best to how you feel about your DRUG USE.

Strongly Disagree:-2 Disagree:-1 Unsure:0 Agree:1 Strongly Agree:2

1. I don't think I use drugs too much (PC) -2 -1 0 1 2
2. I am trying to use drugs less often than I used to (A) -2 -1 0 1 2
3. I enjoy my drug use, but sometimes I use too much (C) -2 -1 0 1 2
4. Sometimes I think I should cut down on my drug use (C) -2 -1 0 1 2
5. It's a waste of time thinking about my drug use (PC) -2 -1 0 1 2
6. I have just recently changed my drug use habits (A) -2 -1 0 1 2
7. Anyone can talk about wanting to do something about drug use, but I am actually doing something about it (A) -2 -1 0 1 2
8. I am at the state where I should think about using less drugs (C) -2 -1 0 1 2
9. My drug use is a problem sometimes (C) -2 -1 0 1 2
10. There is no need for me to think about changing my drug habits now (PC) -2 -1 0 1 2
11. I am actually changing my drug habits now (A) -2 -1 0 1 2
12. Using alcohol less would be pointless for me (PC) -2 -1 0 1 2

Form 7 (continued)

THE CANNABIS USE DISORDER IDENTIFICATION TEST (CUDIT)

Have you used any cannabis over the past 6 months? Yes No

If YES, please answer the following questions about your cannabis use.

Please circle the response that is most correct for you in relation to your cannabis use *over the past 6 months*.

- 1 How often do you use cannabis?
- | | | | | |
|-------|-----------------|-------------------|------------------|------------------------|
| never | monthly or less | 2-4 times a month | 2-3 times a week | 4 or more times a week |
|-------|-----------------|-------------------|------------------|------------------------|
- 2 How many hours were you "stoned" on a typical day when you had been using cannabis?
- | | | | | |
|--------|--------|--------|--------|------------|
| 1 or 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or more |
|--------|--------|--------|--------|------------|
- 3 How often were you "stoned" for 6 or more hours?
- | | | | | |
|-------|-------------------|---------|--------|-----------------------|
| never | less than monthly | monthly | weekly | daily or almost daily |
|-------|-------------------|---------|--------|-----------------------|
- 4 How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?
- | | | | | |
|-------|-------------------|---------|--------|-----------------------|
| never | less than monthly | monthly | weekly | daily or almost daily |
|-------|-------------------|---------|--------|-----------------------|
- 5 How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis?
- | | | | | |
|-------|-------------------|---------|--------|-----------------------|
| never | less than monthly | monthly | weekly | daily or almost daily |
|-------|-------------------|---------|--------|-----------------------|
- 6 How often during the past 6 months did you need to use cannabis in the morning to get yourself going after a heavy session?
- | | | | | |
|-------|-------------------|---------|--------|-----------------------|
| never | less than monthly | monthly | weekly | daily or almost daily |
|-------|-------------------|---------|--------|-----------------------|
- 7 How often during the past 6 months did you have a feeling of guilt or remorse after using cannabis?
- | | | | | |
|-------|-------------------|---------|--------|-----------------------|
| never | less than monthly | monthly | weekly | daily or almost daily |
|-------|-------------------|---------|--------|-----------------------|
- 8 How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?
- | | | | | |
|-------|-------------------|---------|--------|-----------------------|
| never | less than monthly | monthly | weekly | daily or almost daily |
|-------|-------------------|---------|--------|-----------------------|
- 9 Have you or someone else been injured as a result of your use of cannabis over the past 6 months?
- | | |
|----|-----|
| No | Yes |
|----|-----|
- 10 Has a relative, friend or a doctor or other health worker been concerned about your use of cannabis or suggested you cut down over the past 6 months?
- | | |
|----|-----|
| No | Yes |
|----|-----|

For development, scoring, and interpretation, see: Adamson SJ, Sellman JD. A Prototype Screening Instrument for Cannabis Use Disorder: The Cannabis Use Disorders Identification Test (CUDIT) in an Alcohol Dependent Clinical Sample. Drug and Alcohol Review 2003;22:309-315. National Addiction Centre, Aotearoa NZ, www.addiction.org.nz

Form 8:
 Substance Abuse Subtle Screening Inventory – 3 (SASSI-3) Questionnaire

**SASSI - 3
 ADULT FORM**


If a statement tends to be TRUE for you, fill in the square in the column headed T; that is, if a statement tends to be FALSE for you, fill in the square in the column headed F; that is, Please try to answer all questions.

Fill in this way
 Not like this

T	F		T	F
<input type="checkbox"/>	<input type="checkbox"/>	1. Most people would lie to get what they want.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	2. Most people make some mistakes in their life.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	3. I usually "go along" and do what others are doing.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4. I have never been in trouble with the police.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5. I was always well behaved in school.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6. My troubles are not all my fault.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	7. I have not lived the way I should.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8. I can be friendly with people who do many wrong things.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	9. I do not like to sit and daydream.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10. No one has ever criticized or punished me.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	11. Sometimes I have a hard time sitting still.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12. People would be better off if they took my advice.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	13. At times I feel worn out for no special reason.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	14. I think I would enjoy moving to an area I've never been before.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	15. It is better not to talk about personal problems.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16. I have had days, weeks or months when I couldn't get much done because I just wasn't up to it.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	17. I am very respectful of authority.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	18. I like to obey the law.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	19. I have been tempted to leave home.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	20. I often feel that strangers look at me with disapproval.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	21. Other people would fall apart if they had to deal with what I handle.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	22. I have avoided people I did not wish to speak to.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	23. Some crooks are so clever that I hope they get away with what they have done.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	24. My school teachers had some problems with me.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	25. I have never done anything dangerous just for fun.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	26. I need to have something to do so I don't get bored.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	27. I have sometimes drunk too much.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	28. Much of my life is uninteresting.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	29. Sometimes I wish I could control myself better.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	30. I believe that people sometimes get confused.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	31. Sometimes I am no good for anything at all.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	32. I break more laws than many people.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	33. If some friends and I were in trouble together, I would rather take the whole blame than tell on them.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	34. Crying does not help anything.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	35. I think there is something wrong with my memory.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	36. I have sometimes been tempted to hit people.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	37. My most important successes are not a direct result of my effort.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	38. I always feel sure of myself.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	39. I have never broken a major law.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	40. There have been times when I have done things I couldn't remember later.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	41. I think carefully about all my actions.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	42. I have used alcohol or "pot" too much or too often.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	43. Nearly everyone enjoys being picked on and made fun of.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	44. I know who is to blame for most of my troubles.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	45. I frequently make lists of things to do.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	46. I guess I know some pretty undesirable types.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	47. Most people will laugh at a joke at times.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	48. I have rarely been punished.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	49. I smoke cigarettes regularly.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	50. At times I have been so full of energy that I felt I didn't need sleep for days at a time.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	51. I have sometimes sat about when I should have been working.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	52. I am often resentful.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	53. I take all my responsibilities seriously.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	54. I have neglected obligations to family or work because of drinking or using drugs.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	55. I have had a drink first thing in the morning to steady my nerves or get rid of a hangover.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	56. While I was a teenager, I began drinking or using other drugs regularly.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	57. My father was/is a heavy drinker or drug user.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	58. When I drink or use drugs I tend to get into trouble.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	59. My drinking or other drug use causes problems between me and my family.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	60. I do most of my drinking or drug using away from home.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	61. At least once a week I use some non-prescription antacid and/or diarrhea medicine.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	62. I have never felt sad over anything.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	63. I am rarely at a loss for words.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	64. I am usually happy.*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	65. I am a restless person.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	66. I like doing things on the spur of the moment.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	67. I am a binge drinker/drug user.	<input type="checkbox"/>	<input type="checkbox"/>

Name _____ Date _____ Sex _____ Age _____

IT IS ILLEGAL TO REPRODUCE THIS FORM
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 S P301LGT 2/97

Form 9:
Substance Abuse Subtle Screening Inventory – 3 (SASSI-3) Scoring Tool

SASSI-3 Substance Abuse Subtle Screening Inventory

For free consultation on this profile: 1-888-297-2774 To reorder: 1-800-726-0526



Name _____ Gender **M** Age _____
Client ID _____ Test Date _____

RAP Random Answering Pattern
 Check if RAP is 2 or more. Results may not be meaningful. Try to resolve problem before proceeding.

Adult Male Profile										
	Face Valid Alcohol	Face Valid Other Drugs	Symptoms	Obvious Attributes	Subtle Attributes	Defensiveness	Supplemental Addiction Measure	Family vs. Controls	Correctional	
	FVA	FVOD	SYM	OAT	SAT	DEF	SAM	FAM	COR	
Scores										
90	24	26	11							14
	23	25			7					
	22	24	10	12						12
	21	23								
	20	22								
80	19	20	9	11		11				13
	18	19			6					12
	17	18	8	10			10			11
	16	17								
	15	16								
70	14	15	7	9						12
	13	14			5	9	9			10
	12	13								
	11	11	6			8	8			11
	10	10								9
60	9	9	5	7	4	7	7			10
	8	8								7
	7	7	4	6		6	6			9
	6	6								8
	5	5								6
50	4	3	3	4		5	5			8
	3	3								4
	2	2	2	3		4	4			7
	1	1								3
40	0	0	1	2	2					6
						3	3			2
										1
30			0		1	2	2			5
										0

Check every rule, yes or no.

Rule 1 FVA 18 or more? yes no

Rule 2 FVOD 16 or more? yes no

Rule 3 SYM 7 or more? yes no

Rule 4 OAT 10 or more? yes no

Rule 5 SAT 6 or more? yes no

Rule 6 OAT 7 or more ___ and SAT 5 or more ___. **Both?** yes no

Rule 7 FVA 9 or more or FVOD 15 or more } ___ and SAM 8 or more ___. **Both?** yes no

Rule 8 OAT 5 or more ___ and DEF 8 or more ___ and SAM 8 or more ___. **All three?** yes no

Rule 9 FVA 8 or more or FVOD 6 or more } ___ and SAT 2 or more ___ and DEF 4 or more ___ and SAM 4 or more ___. **All four?** yes no

THE DECISION RULE:

Any rule answered "yes"?



HIGH PROBABILITY
of having a Substance Dependence Disorder

All rules answered "no"?



LOW PROBABILITY
of having a Substance Dependence Disorder

Check if DEF is 8 or more. Elevated DEF scores increase the possibility of the SASSI missing substance dependent individuals. Elevated DEF may also reflect situational factors.

Form 10:
BASICS /JADE End-of-Program Satisfaction Questionnaire

BASICS / JADE Evaluation
The Office of Health Promotion
The University of Mississippi

a. My individual session was helpful / worthwhile.

1	2	3	4	5
Strongly Disagree		Unsure		Strongly Agree

b. My group experience was helpful / worthwhile.

1	2	3	4	5
Strongly Disagree		Unsure		Strongly Agree

c. I learned information in BASICS / JADE that I did not know before.

1	2	3	4	5
Strongly Disagree		Unsure		Strongly Agree

d. Overall, BASICS / JADE has been helpful in allowing me to evaluate my current alcohol and drug use.

1	2	3	4	5
Strongly Disagree		Unsure		Strongly Agree

e. Please give us feedback about what would have made your BASICS / JADE experience more helpful / worthwhile for you.

Thank you!

APPENDIX C:
HAND-OUTS

Hand-out 1:
Electronic Check-Up to Go (e-CHUG)

University of Mississippi e-CHUG The electronic Check-Up to Go!

Login Instructions: (PLEASE READ ENTIRE PAGE!!)

To log into e-CHUG, you will need access to the Internet on a *JavaScript enabled* Internet browser, 6-7 minutes to complete the questions, and a printer to print the feedback.

1. Go to: <http://interwork.sdsu.edu/echug2/MISSISSIPPI>
(The link IS case sensitive)
2. Click the "Begin" button under the appropriate heading. If you do not already have a user ID number, then you have not completed the program before.
3. After writing down your user ID number, click the "Begin" button.
4. Fill in the appropriate demographic information and click "Next" after each screen to continue through the questionnaire.
5. When completed, please send an electronic verification of your completion to the BASICS/JADE representatives and a print out of the following from the resource page.
6. Go back to your completion (resource)page and PRINT these documents:
 - a. Your Results (will be about 13 pages)
 - b. e-CHUG Output Summary (will be about 1 page)
7. Bring both of the printed documents (should be 14 pages) with you to your first scheduled paper work session for BASICS or JADE at the Office of Health Promotion.

If you have questions, call the Office of Health Promotion 662-915-3472.

Hand-out 2: Provider Checklist

When you see a client this will be your check list:

1: Pull all files when you arrive to office.

2: Make sure all paperwork is caught up.

3: Check and make sure payment has been received, If not, collect payment. If the student pays with cash or credit card make sure to write it in the correct place that they paid by cash or credit card and the date of collection. If it is a bursar charge, Rhonda will handle it.

4: Paper work session, pull file(s) when arrive to office

If it is a group paper work session, do a "ROLL CALL" when you take the students to the back

Make sure payment has been made and if not collect cash or credit card payment and write in proper place in folder. If cash write a receipt, top copy to student, yellow and green ours.

If it is an individual paperwork session, make sure payment is made and written in file and future appointment are made and written in file, schedule book and card given to student.

5: Individual appointments, pull file when arrive to office

Make sure payment was made, if not get it. Make sure future appt. is made and written in file and schedule book and on card for student.

6: Group appointment:

Pull files prior to appointment and make sure payment has been made. If not collect it then.

When you take students to the back "ROLL CALL" is a must. If there is a student that is not in schedule book but has shown up for appointment go ahead and pull file and include them.

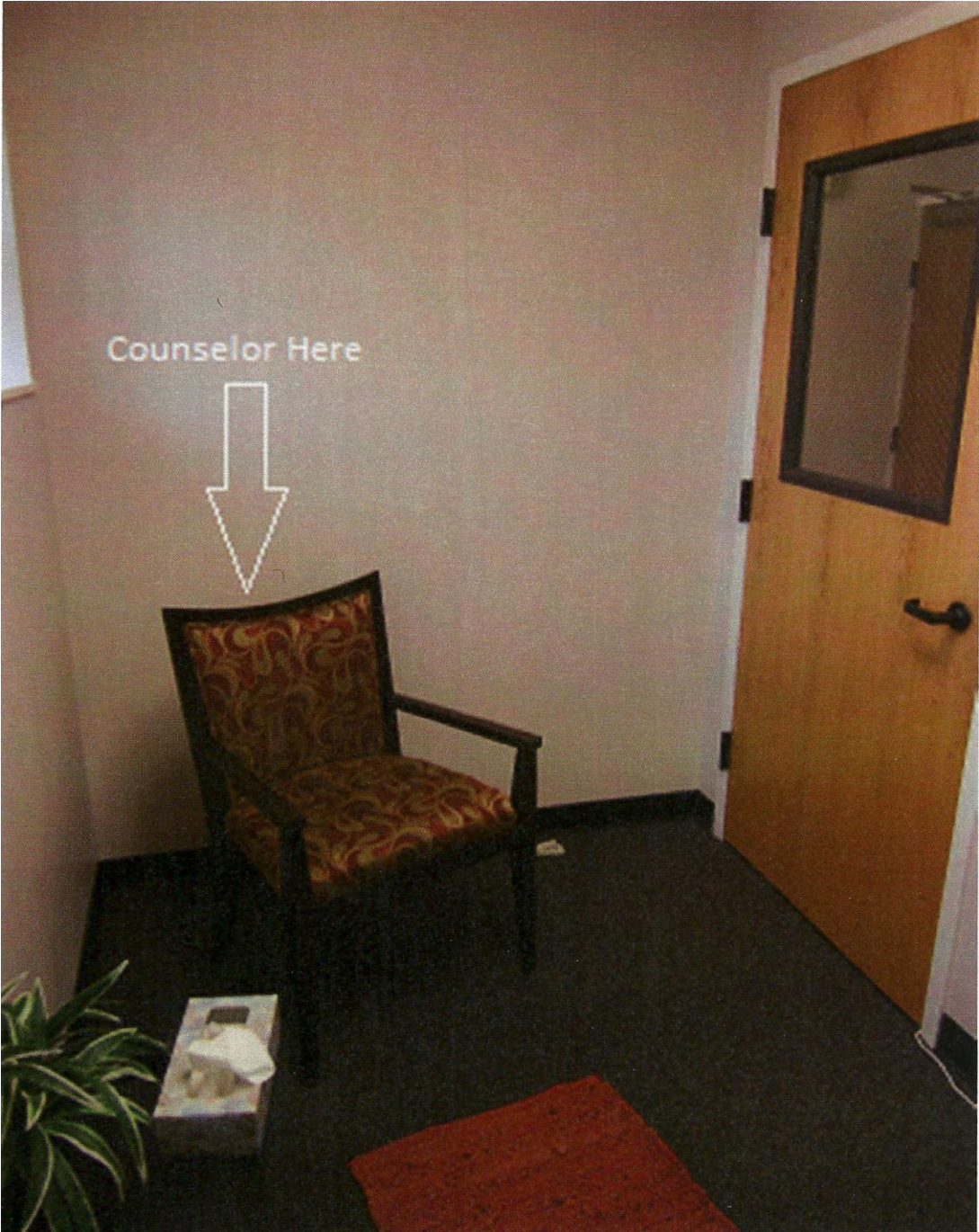
**7: IF THERE IS A NO SHOW MAKE SURE YOU CALL STUDENTS THAT DAY! IF YOU REACH THEM
SCHEDULE**

**THEM AND WRITE IT IN FILE AND PUT IN ALL READY MADE FILE CABINET. IF YOU DO NOT
REACH THEM, MAKE A NOTE OF**

**THAT STATS DATE, TIME AND MESSAGE YOU LEFT AND FILE THEM IN THE TO BE SCHEDULED
FILE CABINET.**

APPENDIX D:
FIGURES

Figure 2:
Counseling Room Set-Up



APPENDIX E:
ANALYSIS TOOLS

PEPA CODING SHEET

I. Developing Rapport: (Check off as completed)

- o Thanked the client for coming in to the session today, made them feel welcomed
- o Discussed confidentiality
- o In the beginning of the session let client know what to expect from meeting and if they are comfortable with moving forward.
- o Preface feedback session stating something along the lines of, "We will be going over a lot of information today and what you choose to do with it is up to you."
- o As move from section to section summarize and let client know you are going to move forward to next section. (e.g. We just talked quite a bit about BAC and now we are going to move ahead and talk about how much you believe other students on campus are drinking.)

Movement to next section transitions: _____ **Total:** _____

II. Value Statements: (GOAL: Less than 2 per 15 minutes)

III. Questions (GOAL: 2:1; Open:Closed) IV. Reflections: (GOAL: 2:1; Complex:Simple)

Open

Simple

Repeat

Closed

Rephrase

Total:

Total:

Complex

Paraphrase

Double-Sided Reflection

Metaphor

Reflection of Feeling

Summary

Total:

(Overall GOAL: 2:1; Reflections:Questions)

I. Developing Rapport

- Thanked the client for coming in to the session today, made them feel welcomed
- Discussed confidentiality
- In the beginning of the session let client know what to expect from meeting and if they are comfortable with moving forward.
- Preface feedback session stating something along the lines of, "We will be going over a lot of information today and what you choose to do with it is up to you."
- As move from section to section summarize and let client know you are going to move forward to next section. (e.g. We just talked quite a bit about BAC and now we are going to move ahead and talk a bit about how much you believe other students on campus are drinking.)

II. Value Statements

Can be identified as imposing own perspectives or values into session through comments, voice tone, or non-verbal behavior of the counselor. Although a strict definition is difficult to operationalize, general guidelines include:

- Tone of language in condescending or judgmental manner
- Statements that show counselor's own perspectives (I don't drink because it is bad for you)
- Statements telling client what to do (You need to stop drinking so much)
- Other general statements that place value or judgment on client behaviors or beliefs

III. Questions

Open Ended Questions

Used to encourage conversation through opportunities for clients to explain and expand upon thoughts, feelings, experiences related to a topic. They are used to encourage the person to talk without feeling defensive.

Questions may start with one of the following stems:

How...

Tell me more...

What...

In what ways...

Closed Ended Questions

Caution in using this form of question as it often limits the client in expressing thoughts and feelings. These do not often encourage conversation. Often ties a client into yes/no answers. Can be used effectively to help move session along, gain clarification on a specific area that a client has mentioned, or gain permission for moving forward with a feedback session.

Questions may start with the following stems: (the main identification is the question can be easily answered with a yes/no or one word phrase answer)

Where...

Are you...

Do you want to...

Is this...

IV. Reflections (GOAL: 2:1; Complex:Simple)

Simple Reflections

Repeat

Simply repeating the speakers words

e.g. Client: Drinking makes it so much easier for me to talk to new people
Counselor: So when you drink you find it easier to talk to new people.

Rephrasing

Repeats speakers words but replaces/substitutes some words with synonyms

Client: Drinking makes it so much easier for me to talk to new people.
Counselor: Drinking makes you more comfortable when you meet and talk to new people.

Complex Reflections

Paraphrasing

Reflects what is said but also infers meaning- hypothesis testing- amplifying change talk

Client: Drinking makes it so much easier for me to talk to new people.
Counselor: You're more social and less nervous around new people when you drink.

Double-Sided Reflection

Type of paraphrasing but reflects both sides of ambivalence described by speaker

Series of Client Statements:
I really like to drink when I am with my friends.
Drinking makes it so much easier for me to talk to new people.
I wake up really sluggish and tired after a night of drinking.
Waking up with a hangover really ruins the rest of my day.

Counselor: On the one hand drinking with your friends seems to make it easier to talk to new people and on the other hand after a night of drinking you wake up tired and hungover which is something you don't like feeling.

Metaphor

A figure of speech in which a word or phrase literally denoting one kind of object or idea is used in place of another to suggest a likeness or analogy between them

Client: I really want to go out and be with my friends but all they ever do is drink and I don't want to be around that.
Counselor: You're really stuck between a rock and a hard place.

Reflection of Feeling

Emphasizes the emotional component of what is said- takes into account body language and inflection/tone in voice of client while making statements

Client: When drunk students come home from a night out I am constantly being woken up by their noise! (Client makes statement with arms folded and in a sharp, cutting tone)
Counselor: You're angry with the students who come home and disturb your sleep.

Summary

Pulls together information from what speaker has said and captures the highlights in a succinct statement

Series of Client statements:
I really like to drink when I am with my friends; Drinking makes it so much easier for me to talk to new people.
I wake up really sluggish and tired after a night of drinking; Waking up with a hangover really ruins the rest of my day.
I know drinking causes me to be more lazy and not get as much done during my day.
I have enjoyed the mornings when I wake up that I don't feel tired or hungover.
I rarely get a good night sleep on the weekends either because of my own or someone else's drinking.

Counselor:
You've talked about some positive things related to drinking such as it being easier to talk to new people and having fun with your friends and you have also noted that on many occasions either your own drinking or someone else's causes you to not get as much sleep as you might like and sometimes ends up with you feeling hungover and tired.

APPENDIX F:
IRB APPLICATION



THE UNIVERSITY OF
MISSISSIPPI

Office of Research and Sponsored Programs
100 Barr Hall
P.O. Box 907
University, MS 38677
Office (662) 915-7482

April 20, 2012

Ms. Tiffany B. Lawson
HESRM
University, MS 38677

Dr. Jeffery Hallam
HESRM
University, MS 38677

IRB Protocol #: 12-264
Title of Study: A Program Evaluation of the Brief Alcohol Screening and Intervention for College Students Program at The University of Mississippi
Approval Date: April 20, 2012
Expiration Date: April 19, 2013

Dear Ms. Lawson and Dr. Hallam:

This is to inform you that your application to conduct research with human participants has been reviewed by the Institutional Review Board (IRB) at The University of Mississippi and approved as Expedited under **45 CFR 46.110 (category 7)**.

Research investigators must protect the rights and welfare of human research participants and comply with all applicable provisions of The University of Mississippi's Federalwide Assurance 00008602. Your obligations, by law and by University policy, include:

- Research must be conducted exactly as specified in the protocol that was approved by the IRB.
- Changes to the protocol or its related consent document must be approved by the IRB prior to implementation except where necessary to eliminate apparent immediate hazards to participants.
- Adverse events and/or any other unanticipated problems involving risks to participants or others must be reported promptly to the IRB.
- **Only the approved, stamped, consent form may be used throughout the duration of this research unless otherwise approved by the IRB.**
- A copy of the IRB-approved informed consent document must be provided to each participant at the time of consent, unless the IRB has specifically waived this requirement.
- Signed consent documents and other records related to the research must be retained in a secure location for at least three years after completion of the research.
- Continuing your study beyond the expiration date above, requiring prior IRB review and approval of the *Progress Report* which we will send to you in approximately eleven months.
- Please include the IRB protocol number and the study title in any electronic or written correspondence.

If you have any questions, please feel free to contact me or Diane W. Lindley, IRB Coordinator, at (662) 915-7482.

Sincerely,

Thomas W. Lombardo, Ph.D.
Member, Institutional Review Board
Director, Division of Research Integrity & Compliance

www.olemiss.edu



The University of Mississippi
 Office of Research and Sponsored Programs
 Division of Research Integrity and Compliance – Institutional Review Board
 100 Barr Hall – University, MS 38677
irb@research.olemiss.edu

APPLICATION TO CONDUCT RESEARCH WITH HUMAN SUBJECTS
 ~ Instructions ~

- Use the most recent version of this form (<http://www.research.olemiss.edu/cms/compliance/IRB/forms>).
- Do not submit a handwritten form. Prepare as a Word document, using no less than a 10 point font. [Note that, as this is a protected form, you cannot use Spell Check. It is best to prepare text in another document first, then cut and paste.]
- Answer all of the questions on this form completely. (If you have questions about this form, please contact the DRIC office at 662-915-7482 or irb@research.olemiss.edu.)
- For examples of Abstracts, go to http://www.research.olemiss.edu/cms/compliance/IRB/sample_abstracts.
- For examples of Procedures, go to http://www.research.olemiss.edu/cms/compliance/IRB/sample_procedures.
- Complete and attach all supporting documentation and all appropriate appendices.
- Complete the checklist that accompanies this form to assure all requirements for submission are completed. *Incomplete submissions will not be reviewed.*
- E-mail the completed form with attachments to irb@research.olemiss.edu. Fax the signature page to 662-915-7577, or mail or bring it to the Office of Research and Sponsored Programs, Division of Research Integrity and Compliance, 100 Barr Hall, University, MS 38677.

CHECKLIST

- All personnel have completed the appropriate CITI course. (Do NOT submit completion certificates.)
 - All questions on the application have been completed and it has been proofread for consistency and accuracy.
 - All supporting documents (consent forms, assent forms, surveys, interview questions, scripts, advertisements, etc.) are attached. All appropriate appendices are completed and attached.
 - Approval of another committee or another institution, if applicable, is attached.
 - Complete copy of the grant proposal, with pages pertaining to human subjects highlighted, if applicable, is attached.
 - Departmental signatures (and signature of advisor for student research) have been obtained.
 - A copy of this application has been made for the investigator's records.
- List all personnel involved with this research who will have contact with human subjects or with their identifiable data. All personnel listed here must complete CITI training before this application will be processed.**

NAME	FACULTY OR STAFF	GRADUATE STUDENT	UNDERGRAD STUDENT	ROLE ON PROJECT
Tiffany B. Lawson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Principal Investigator
Jeffrey Hallam	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thesis Director
Sheryl Chatfield	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Data Analyzer
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If more space is needed to list project personnel, please submit **Appendix A** found on the ORSP Compliance Forms page.

OFFICE USE ONLY

APPLICATION TO CONDUCT RESEARCH WITH HUMAN SUBJECTS

ABSTRACT: Briefly summarize your project using non-technical, jargon-free language that can be understood by non-scientists. Include: (1) a statement of the research question and related theory supporting the reasons for, and importance of, the research; (2) the ages and characteristics of your proposed subjects and how you will recruit them; (3) the research design; and (4) a description of the procedure(s) subjects will undergo. Limit to the space below, using no less than a 12 point font. See Instructions (page 1) for a link to examples.

There is an increasing need for universities to provide targeted intervention programs for students who misuse alcohol and it is important that the interventions that universities choose are ones that the university is capable of properly implementing. The University of Mississippi utilizes the Brief Alcohol Screening and Intervention for College Students (BASICS) program for students who violate alcohol policies and the purpose of this qualitative study is to conduct a process evaluation of BASICS to compare how the program is currently being implemented to how it was designed to be implemented. Study participants will be college students at the university who have received an alcohol sanction and are mandated to attend BASICS and graduate assistants employed as BASICS counselors. BASICS counselors will be approached first and the principal investigator (PI) will begin by explaining the purpose of the study. The PI will inform the counselors that their individual counseling sessions will be videotaped and they will be the focus of the recording. After gaining consent from the counselors they will be asked to recruit mandated students (clients) when they come to the Office of Health Promotion to complete initial BASICS paperwork and schedule their individual BASICS session. The counselors will give the client a brief overview of the study (by reading a script) and ask if the client is interested in talking with the PI further about the study. If the client gives the counselor permission to disclose their identity to the PI and agrees to hear more about the study the PI will be called in to meet with him or her. The PI will then explain the purpose of the study to the client. After consent is received from the client, the PI will return for the scheduled individual session and set up the video camera and direct the counselor on how to start the recording (the PI will not be present in the room during the videotaping of the session). The PI will do this twice for each counselor. After the session, the PI will collect the video camera and store the SD card in a locked, secure location until analysis. The SD card will be securely transported to a password protected computer and opened for analysis, once analysis is complete, the SD card will be removed from the computer and returned to the locked, secure location. The video recording will only be viewed by the PI, the research advisor, and the data analyzer. The PI will also attend and observe two group counseling session for each counselor. The PI will interview the current Student Health Center Assistant Director and the former BASICS program director. The PI will analyze existing BASICS records.

1. **PROJECT TITLE:** A PROCESS EVALUATION OF THE BRIEF ALCOHOL SCREENING AND INTERVENTION FOR COLLEGE STUDENTS PROGRAM AT THE UNIVERSITY OF MISSISSIPPI

If student project: dissertation thesis other:

Date dissertation or thesis proposal approved by committee: 10/24/2011 (committee approval required)

2. **PRINCIPAL INVESTIGATOR:** Dr. Ms. Mr. **Tiffany B. Lawson**

Department: **Health, Exercise Science, & Recreation Management** Work Phone: **662-915-1877**

Mailing Address: **PO Box 2531** Home Phone: **601-259-0370**
Oxford MS 38655

E-Mail Address: **tsbouldi@olemiss.edu** Fax Number: **662-915-3345**

CO-INVESTIGATOR(S): name name

3. **RESEARCH ADVISOR:** **Dr. Jeffrey Hallam** (required for student researchers)

Department: **Health, Exercise Science, & Recreation Management** Work Phone: **662-915-5140**

E-Mail Address: **jhallam@olemiss.edu** Fax Number: **662-915-5525**

4. FUNDING SOURCE:
 Is there funding for this project? Yes ⇨ No
 If Yes, is the funding:
 Internal: ORSP Faculty Research Program
 Other:
 External: Pending/ Agency:
 Awarded/ Agency:

5. ANTICIPATED BEGINNING AND ENDING DATES OF HUMAN SUBJECTS CONTACT:
 Beginning Date: 04/16/2012
 Ending Date: 07/18/2012
 Not Applicable:

RESEARCH METHODOLOGY/PROCEDURES

6. CHECK ALL PROCEDURES BELOW THAT APPLY TO YOUR STUDY:

Pre-existing data ⇨ ⇨ ⇨ Source of data: **BASICS Records (Recidivism Rates, Client Satisfaction Questionnaires,**
 Do data have identifiers? Yes No

Observation
 Oral history
 Interview
 Focus group

Questionnaire ⇨ or Survey Anonymous? Yes No
 Distribution: Internet
 Mail
 E-mail
 In person
 Other:

Anonymous or Confidential?
 Anonymous means (1) the investigator cannot associate a subject with his/her data and (2) the data cannot identify a subject. Examples: Surveys with no names handed to an investigator are not anonymous; surveys placed by the subject in a group data envelope can be anonymous; surveys with no names and with demographic data that can identify a subject (e.g., the only African-American in a class) are not anonymous.

Experiment/manipulation
 Treatment study
 Other:

Exercise ⇨ ⇨ ⇨ ⇨ Moderate
 More than moderate

Videotaping
 Audio recording

X-rays ⇨ ⇨ ⇨ ⇨ E.g. DEXA ~ contact Health & Safety for training requirements.

Collection/use of blood, urine, other bodily fluids, or tissues ** ⇨ ⇨ ⇨ Has IBC application been submitted? Yes No
 If Yes, has IBC application been approved? Yes No

** Requires IBC approval; see <http://www.research.olemiss.edu/cms/compliance/IBC>.
 Contact Health and Safety for training requirements.

Use of drugs, biological products, or medical devices

<p>7. DECEPTION OR OMISSION OF ELEMENTS OF CONSENT: Do any of the following apply to your study? <input type="checkbox"/> The study uses surreptitious videotaping. <input type="checkbox"/> The study gives subjects deceptive feedback, whether positive or negative. <input type="checkbox"/> The study uses a research confederate. <input type="checkbox"/> The study has misleading or deceptive: (1) study descriptions; (2) procedure explanations; and/or (3) survey instructions/rationales. If you checked any of the above, please complete Appendix D.</p>		
PARTICIPANT INFORMATION		
<p>8. SUBJECT CHARACTERISTICS: Number: 9+ Age Range: 18+ If under 18, parental consent is required.</p>		
<p>9. BRIEFLY DESCRIBE SUBJECT POPULATION: College students mandated to attend the BASICS program as a result of receiving an alcohol sanction and the BASICS counselors. E.g. 2nd grade students, college students, etc. Justify exclusion of any racial or gender group.</p>		
<p>10. POTENTIALLY VULNERABLE SUBJECTS INVOLVED: Check all applicable groups.</p> <input type="checkbox"/> Children/adolescents ¹ ¹ Complete Appendix B if applicable. <input type="checkbox"/> Mentally ill - outpatients ² Complete Appendix C. <input type="checkbox"/> Mentally ill - inpatients <input type="checkbox"/> Cognitively impaired <input type="checkbox"/> Elderly, if institutionalized <input type="checkbox"/> Pregnant females <input type="checkbox"/> Prisoners ² <input type="checkbox"/> HIV+ <input type="checkbox"/> Other:		
<p>11. RECRUITMENT PROCEDURES:</p> <p>a. How will you recruit subjects? Check all that apply:</p> <input type="checkbox"/> Psych PSPM <input type="checkbox"/> UM bulletin boards, where: <input type="checkbox"/> Class announcements <input type="checkbox"/> Letters to parents/guardians <input type="checkbox"/> E-mail - specify groups: <small>[Mass e-mails to UM groups must: 1) be in plain text; 2) state "This study has been approved by UM's Institutional Review Board (IRB); and 3) be limited to 200 words.]</small> <input type="checkbox"/> Radio/TV/newspaper ads <input checked="" type="checkbox"/> Other: Students mandated to attend BASICS coming to the Office of Health Promotion to complete initial paperwork; BASICS counselors in the Office of Health Promotion <small>[List all recruitment sites.]</small> Recruitment ad/e-mail/oral announcement is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <p>c. Describe incentives for subjects, if any (money, drawing, class points, etc.). <input checked="" type="checkbox"/> No incentives</p> <p>b. Are subjects in a subservient power relationship to investigators or to parties with an interest in the research, such as students in an instructor/investigator's class or employees of the investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, how will you ensure that their participation is truly voluntary?</p>		

d. List pro-rating for incentives for study drop-outs.	<input checked="" type="checkbox"/> Not applicable
--	--

<p>12. CONSENT PROCEDURES:</p> <p><input type="checkbox"/> Oral (attach script)</p> <p><input type="checkbox"/> Information letter - used in survey research (attach)</p> <p><input checked="" type="checkbox"/> Informed consent form (attach)</p> <p><input type="checkbox"/> Assent form for children or subjects with intellectual disabilities (attach)</p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Request waiver of <i>written</i> consent - justify:</p> <p><input type="checkbox"/> Request waiver of consent - justify:</p>	<p>Check all that apply.</p> <p>If you plan to enroll non-English speaking participants, the consent form and assent document(s) must be translated into the appropriate language(s) and included with this submission.</p> <p>For subject populations where competence to consent is highly questionable (e.g. some psychiatric populations), explain how competency will be determined and by whom.</p>
---	---

<p>13. WHERE WILL THE STUDY BE CONDUCTED?</p> <p><input checked="" type="checkbox"/> UM campus</p> <p><input type="checkbox"/> Local community: elementary/secondary school(s) or child care facility¹</p> <p><input type="checkbox"/> Local community: other - specify:</p> <p><input type="checkbox"/> Another U.S. location - specify:</p> <p><input type="checkbox"/> Another country² - specify:</p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Approval letter from another IRB attached</p> <p><input type="checkbox"/> Approval letter from other organization attached</p>	<p>Check all that apply.</p> <p>¹Complete Appendix B.</p> <p>²Complete Appendix E.</p>
--	--

<p>14. DESCRIBE ALL POSSIBLE RISKS TO SUBJECTS.</p> <p>a. Physical:</p> <p>b. Emotional:</p> <p>c. Social/interpersonal:</p> <p>d. Occupational:</p> <p>e. Financial:</p> <p>f. Legal:</p> <p>g. Other:</p>	<p>LIST STEPS TO MINIMIZE RISKS, INCLUDING EXPERIMENTER AND RESEARCH ASSISTANT TRAINING/EXPERTISE. For example, an emergency plan to handle potential adverse events for traumatic experience surveys or psychology research with children.</p>	<p><input checked="" type="checkbox"/> n/a</p> <p><input checked="" type="checkbox"/> n/a</p> <p><input checked="" type="checkbox"/> n/a</p> <p><input checked="" type="checkbox"/> n/a</p> <p><input checked="" type="checkbox"/> n/a</p> <p><input checked="" type="checkbox"/> n/a</p> <p><input checked="" type="checkbox"/> n/a</p> <p><input checked="" type="checkbox"/> n/a</p>
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<p>15. WHAT ARE THE POTENTIAL BENEFITS, IF ANY, TO SUBJECTS (e.g. recognition of health risks, reduced stress, increased physical fitness, etc.) POTENTIAL BENEFITS DO NOT INCLUDE INCENTIVES OFFERED FOR PARTICIPATION.</p> <p>None.</p>

16. HOW WILL YOU MAINTAIN DATA CONFIDENTIALITY?		Anonymous or Confidential?
<input type="checkbox"/> All data are anonymous (go to next section).		Anonymous means (1) the investigator cannot associate a subject with his/her data and (2) the data cannot identify a subject.
<input checked="" type="checkbox"/> Data are confidential.		
<input checked="" type="checkbox"/> Data kept in locked file cabinets.		THE IRB ENCOURAGES PERMANENT RETENTION OF DATA FOR POTENTIAL FUTURE USE BECAUSE THIS IMPROVES THE COST/BENEFIT RATIO.
<input type="checkbox"/> Data in locked room.		
When will data be de-identified?	<input checked="" type="checkbox"/> n/a	

PROJECT DESCRIPTION

17. DESCRIBE YOUR PROJECT IN THE SPACES BELOW. Spaces will expand as you enter text.

a. Problem statement (including specific aims of your project):

The purpose of this study is to conduct a process evaluation of the BASICS program in place at the University of Mississippi to determine if the program is being implemented in the manner intended by its creators. It will be used to make recommendations and suggestions to aid program planners in improving the implementation of BASICS.

b. Brief literature review that points to a need for this research:

The following studies support the efficacy of BASICS and its underlying principles on positively influencing drinking behaviors in college students. Amaro et al. (2010) investigated the usefulness of implementing a BASICS intervention program within the student health center of a large urban university. The study also examined changes in alcohol use over time and the potential mechanisms for reducing alcohol or drug use. The study utilized a sample of 449 undergraduates that sought care from the student health center or through self referral. Participants included in the study completed an initial online survey, received the BASICS intervention, completed a post-intervention survey, and a six-month follow-up. The intervention consisted of two sessions of BASICS. During the first session, information about the student's alcohol use was obtained and students were given alcohol self-monitoring cards that were to be completed before the second session. During the second session, the alcohol self-monitoring cards were assessed and the students received a personalized feedback packet. Researchers reported that participants' drinking decreased during the period between the initial baseline survey and the six-month follow-up. Similarly, participants reported a lower frequency and amount of drinking at the six-month follow-up. For example, at baseline students' reported drinking on average 12.2 drinks during a typical week within the last month. However, at the six-month follow-up, students reported drinking 9.6 drinks during a typical week. The researchers also reported an eight percent decrease in the number of drinks consumed during a single weekend within the last month. In addition, an increase in protective behaviors (e.g., switching between alcoholic and non-alcoholic drinks, choosing to abstain from drinking, using a designated driver, setting drinking limits beforehand, and eating before and/ or during drinking) and a decrease in alcohol related consequences were reported.

Carey, Henson, Carey, and Maisto (2009) examined the effectiveness of a counselor led brief motivational interview (BMI) versus a computer-administered alcohol intervention program in decreasing alcohol use and alcohol related problems among students sanctioned for first time alcohol violations. The study used a sample of 198 students, and participants were stratified by gender and randomly assigned to one of two groups: an in-person BMI or the Alcohol 101 Plus online intervention program. The participants supplied assessment data at baseline, 1-, 6-, and 12-month follow-ups, which included demographics and alcohol use. Alcohol use was measured with the Daily Drinking Questionnaire. The BMI interventions lasted an average of 50 minutes where drinking patterns, BAC levels, negative alcohol-related risks and consequences, harm reduction strategies, individual goal setting, and safe drinking tips were reviewed and discussed. The Alcohol 101 Plus intervention consisted of an interactive online program that discussed various alcohol related issues on a virtual campus and then allowed the participants to engage in social decision making and learn about various factors that affect one's BAC level. The program was self-paced, but participants were asked to take at least one hour to complete the program; however, there was not a method in place to monitor the amount of time the participant actually spent completing the program. After each intervention session, participants completed post-intervention ratings and scheduled their one-month follow-up sessions. The authors reported that women who received the BMI intervention drank 4.76 fewer drinks in a typical week than women who received the Alcohol 101 Plus intervention; however, there was no observed difference in drinking reduction in men between the two groups. Also, the authors reported that after one year, drinking patterns returned to pre-sanction levels and that participation in the BMI intervention decreased drinking and alcohol related

consequences only short term.

Borsari and Carey (2005) compared two types of intervention methods, BMI and an alcohol education (AE) session, for students mandated to attend a substance use prevention program. The study was designed as a randomized controlled trial and utilized a sample size of 64 undergraduates (BMI, n = 34; AE, n = 30). Participants were recruited from two college campuses after researchers screened the universities over a three semester span for students who had received a sanction for violating their school's alcohol policy. Participants were then randomly assigned to either BMI or AE and a baseline assessment was completed. After receiving the intervention, participants completed a three-month follow-up telephone interview assessment (a requirement of the study) and were offered a \$15 incentive to complete a six-month follow-up assessment. Both the BMI and AE intervention were conducted in one-on-one sessions and were equal in regards to topic sequence and educational content covered. However, the BMI intervention differed from the AE intervention in four ways. The BMI intervention used information from the baseline assessment to create personalized feedback forms for each individual, alcohol educational information was related to the individual's personal experiences, the harm reduction model was introduced, and the interviewer utilized the four MI principles. In addition, during the AE interventions there were no attempts to elicit demographic information, facilitate problem recognition, or goal setting to reduce alcohol use. Researchers reported that both interventions decreased alcohol use in mandated students; however, BMI students reported a greater reduction in alcohol related-problems. The researchers also reported that process measures disclosed that BMI participants were more engaging and collaborative than AE participants and they also exhibited more disclosure.

c. Description of procedures:

The process evaluation of the BASICS program will consist of examining six of the seven key components of process evaluation and how they play a role in the success of the BASICS program. The context for BASICS will be investigated by conducting semi-structured interviews with the Student Health Center Assistant Director, Erin Murphy Cromeans, and the former program director, Amy Fisher, to gain an understanding of the social support and political support for the program from the university community. The interviews will be audiotaped and transcribed verbatim for qualitative analysis utilizing NVivo. Program reach will be investigated by examining the process that takes place after an individual receives a sanction for violating alcohol policies or laws up to the individual's participation in the BASICS program or lack of participation in the program. Dose delivered will be investigated by reviewing primary data on program completion. Dose received will be investigated by examining recidivism rates and by examining end of program satisfaction surveys. Program fidelity and implementation will be examined by having the researcher attend and actively observe the BASICS training session that counselors are required to attend to gain a fundamental understanding of how BASICS is expected to be conducted at the University of Mississippi. In addition, the researcher will videotape two individual counseling sessions to observe how the counselor conducts the session (the researcher will do this for each BASICS counselor). BASICS counselors will be approached first and the principal investigator (PI) will begin by explaining the purpose of the study. The PI will inform the counselors that their individual counseling sessions will be videotaped and they will be the focus of the recording. After gaining consent from the counselors they will be asked to recruit mandated students (clients) when they come to the Office of Health Promotion to complete initial BASICS paperwork and schedule their individual BASICS session. The counselors will give the client a brief overview of the study (by reading a script) and ask if the client is interested in talking with the PI further about the study. If the client gives the counselor permission to disclose their identity to the PI and agrees to hear more about the study the PI will be called in to meet with him or her. The PI will then explain the purpose of the study to the client. The PI will show a picture of the room used for individual counseling sessions and a picture of where the video camera will be set up in the room to the client to help them better understand who will be captured on the video camera. The PI will state that the video camera will focus only on the counselor and the client will not be seen on the video. After consent is received from the client, the PI will return for the scheduled individual session and set up the video camera and direct the counselor on how to start the recording (the PI will not be present in the room during the videotaping of the session). After the session, the PI will collect the video camera and store the SD card in a locked, secure location until analysis. The SD card will be securely transported to a password protected computer and opened for analysis, once analysis is complete, the SD card will be removed from the computer and returned to the locked, secure location. The video recording will only be viewed by the PI, the research advisor, and the data analyzer. The counseling sessions will be assessed using the Peer Proficiency Assessment (PEPA) tool developed by Mastroleto, Mallett, Turrisi, and Ray (2009) to evaluate peer counselors' MI fidelity. The PI will also attend and observe two group counseling sessions for each counselor.

d. Measures:

SURVEY/TEST/QUESTIONNAIRE (e.g. WAIS)

NAME AND ACRONYM

IS THERE PUBLISHED
PSYCHOMETRIC SUPPORT?

1 Peer Proficiency Assessment (PEPA) tool

Yes No

2

Yes No

3

Yes No

4

Yes No

5

Yes No

OTHER MEASURES (e.g. heart rate)

NAME

1

2

3

4

5

- e. Provide a numbered step-by-step list of all procedures, starting with recruitment. Elaborate on more complex items. Attach scripts of procedural instructions to subjects. See Instructions (page 1) for examples.

1 The researcher will attend and observe the BASICS training session for counselors.

2 The Student Health Center Assistant Director and the former BASICS program director will be interviewed.

3 The PI will approach counselors in the Office of Health Promotion and inform them about the study and gain their consent to videotape the individual counseling session. The PI will provide counselors with a script to recruit clients when they come to the Office of Health Promotion to complete initial BASICS paperwork and schedule their individual counseling session and after clients agree to hear more about the study, the PI will meet with them and explain the study and get informed consent from them to videotape the session.

4 The researcher will attend and observe two group sessions per counselor.

5 The researcher will analyze recidivism rates, end of program satisfaction surveys, and other emergent elements.

- f. Data analysis methods:

The videotaped counseling sessions will be analyzed using the PEPA tool. The semi-structured interviews will be analyzed using qualitative analysis and NVIVO.

- g. Debriefing and/or feedback on test results (procedures, forms, scripts, and statements if applicable):

After the evaluation is complete, recommendations and suggestions will be provided to key decision makers and program planners to aid in improving the implementation of the BASICS program.

ASSURANCES ~ CONFLICT OF INTEREST AND FISCAL RESPONSIBILITY

Do you or any person responsible for the design, conduct, or reporting of this study have an economic interest in, or act as an officer or a director of any outside entity whose financial interests may reasonably appear to be affected by this research?

- YES ⇒ ⇒ If Yes, please explain any potential conflict of interest.
 NO

Do you or any person responsible for this study have existing financial holdings or relationships with the sponsor of this study?

- YES ⇒ ⇒ If Yes, please explain any potential conflict of interest.
 NO
 N/A

SIGNATURES

PRINCIPAL INVESTIGATOR, RESEARCH ADVISOR (IF APPLICABLE) AND DEPARTMENT CHAIR MUST SIGN BELOW

PRINCIPAL INVESTIGATOR'S ASSURANCE

I certify that the information provided in the application is complete and correct. As Principal Investigator, I have the ultimate responsibility for the protection of the rights and welfare of the human participants, conduct of the research, and the ethical performance of the project. I will comply with all UM policies and procedures, as well as with all applicable federal, state, and local laws regarding the protection of participants in human research, including, but not limited to the following:

- The research will be performed by qualified personnel according to the approved research protocol;
- No changes will be made in the research protocol or informed consent document(s) until approved by the IRB;
- Informed consent will be obtained from the participants, if applicable and appropriate;
- Adverse events and/or unanticipated problems will be reported to the IRB as required.

I certify that I, and all key personnel, have completed the required initial and/or refresher CITI courses in the ethical principles and regulatory requirements for the protection of human research participants.

Signature of Principal Investigator

Date

RESEARCH ADVISOR'S ASSURANCE (REQUIRED FOR STUDENT PROJECTS)

As the research advisor, I certify that the student investigator is knowledgeable about the regulations and policies governing research with human participants and has sufficient training and experience to conduct this particular research in accordance with the approved protocol.

- I agree to meet with the investigator on a regular basis to monitor research progress;
- Should problems arise during the course of the research, I agree to be available, personally, to supervise the investigator in solving them;
- I will ensure that the investigator will promptly report adverse events and/or unanticipated problems to the IRB as required;
- If I will be unavailable, for example, on sabbatical leave or vacation, I will arrange for an alternate faculty member to assume responsibility during my absence and I will advise the IRB by letter or e-mail of such arrangements; and
- I have completed the required initial and/or refresher CITI courses in the ethical principles and regulatory requirements for the protection of human research participants.

Signature of Research Advisor*

Date

*The research advisor must be a UM faculty member. The faculty member is considered the responsible party for the ethical performance and regulatory compliance of the research project.

DEPARTMENT CHAIR'S ASSURANCE

As department chair, I acknowledge that this research is in keeping with the standards set by our department and I certify that the Principal Investigator has met all departmental requirements for approval of this research.

Signature of Department Chair/Dean*

Date

*If the Principal Investigator is also the department chair, this signature must be that of the Dean.

OFFICE USE ONLY

- Administrative Review
- Expedited Review: Approval expires _____
- Full Board Review: Approval expires _____

Signature

Date

- IRB Coordinator
- IRB Chair
- IRB Member

+++++ ATTACH (INSERT) ADDITIONAL REQUIRED DOCUMENTS HERE +++++

INFORMED CONSENT STATEMENT: CLIENT

Consent to Participate in a Qualitative Study

Title: A Process Evaluation of the Brief Alcohol Screening and Intervention for College Students Program at the University of Mississippi

Investigator

Tiffany B. Lawson, B.A.
Health, Exercise Science, & Recreation Mgmt
215 Turner Center
The University of Mississippi
(662) 915-1877

Sponsor

Jeffrey Hallam, Ph.D.
Health, Exercise Science, & Recreation Mgmt
235 Turner Center
The University of Mississippi
(662) 915-5140

Description

We want to know to what extent BASICS counselors are using Motivational Interviewing (MI) techniques during their individual counseling sessions. In order to answer this question, we are asking you to have your BASICS session videotaped. The videotaping will focus **only** on the counselor and you **will not** be seen or identified on the video; however, your voice will be heard on video. We are evaluating the counselors and are not interested in your responses during the session. We will explain the study to you and you can ask any questions you have about the study.

Risks and Benefits

You may feel uncomfortable because the BASICS session is being videotaped. We anticipate from the research an increase in understanding of how the BASICS counselors use the MI techniques they have learned during training. Such an understanding will help to improve the implementation of BASICS.

Cost and Payments

There are no other costs for helping us with this study.

Confidentiality

We will only include the BASICS counselor in the videotaping. The video tapes will not be used for any other purpose.

Right to Withdraw

You do not have to take part in this study. You can ask the videotaping to be stopped at any time during the session. If you start the study and decide that you do not want your videotaped session included in the study, all you have to do is to tell Tiffany Lawson or Dr. Jeffrey Hallam in person, by letter, or by telephone at the Department of Health, Exercise Science, and Recreation Management, 215 Turner Center, The University of Mississippi, University MS 38677, or 915-1877. Whether or not you choose to participate or to withdraw will not affect your standing with the Department of Health, Exercise Science, and Recreation

IRB Application to Conduct Research with Human Subjects (rev. 2/2008) – page 11

Management, or with the University, and it will not cause you to lose any benefits to which you are entitled.

The researchers may terminate your participation in the study without regard to your consent and for any reason, such as protecting your safety and protecting the integrity of the research data.

IRB Approval

This study has been reviewed by The University of Mississippi's Institutional Review Board (IRB). The IRB has determined that this study fulfills the human research subject protections obligations required by state and federal law and University policies. If you have any questions, concerns, or reports regarding your rights as a participant of research, please contact the IRB at (662) 915-7482.

Statement of Consent

I have read the above information. I have been given a copy of this form. I have had an opportunity to ask questions, and I have received answers. I consent to participate in the study.

Signature of Participant

Date

Signature of Investigator

Date

**NOTE TO PARTICIPANTS: DO NOT SIGN THIS FORM
IF THE IRB APPROVAL STAMP ON THE FIRST PAGE HAS EXPIRED.**

INFORMED CONSENT STATEMENT: COUNSELOR

Consent to Participate in a Qualitative Study

Title: A Process Evaluation of the Brief Alcohol Screening and Intervention for College Students Program at the University of Mississippi

Investigator

Tiffany B. Lawson, B.A.
Health, Exercise Science, & Recreation Mgmt
215 Turner Center
The University of Mississippi
(662) 915-1877

Sponsor

Jeffrey Hallam, Ph.D.
Health, Exercise Science, & Recreation Mgmt
235 Turner Center
The University of Mississippi
(662) 915-5140

Description

We want to know to what extent BASICS counselors are using Motivational Interviewing (MI) techniques during their individual counseling sessions. In order to answer this question, we are asking you to have your BASICS session videotaped. The videotaping will focus on you the counselor and will only be viewed by the principal investigator, a data analyzer, and the research advisor. We will explain the study to you and you can ask any questions you have about the study.

Risks and Benefits

You may feel uncomfortable because the BASICS session is being videotaped. We anticipate from the research an increase in understanding of how the BASICS counselors use the MI techniques they have learned during training. Such an understanding will help to improve the implementation of BASICS.

Cost and Payments

There are no other costs for helping us with this study.

Confidentiality

The video will only be viewed by the three individuals above (no other faculty members will view the videos). Participating in this study will not affect your graduate assistantship in any way. The video tapes will not be used for any other purpose.

Right to Withdraw

You do not have to take part in this study. You can ask the videotaping to be stopped at any time during the session. If you start the study and decide that you do not want your videotaped session included in the study, all you have to do is to tell Tiffany Lawson or Dr. Jeffrey Hallam in person, by letter, or by telephone at the Department of Health, Exercise Science, and Recreation Management, 215 Turner Center, The University of Mississippi, University MS 38677, or 915-1877. Whether or not you choose to participate or to withdraw will not affect your standing with the Department of Health, Exercise Science, and Recreation

Management, or with the University, and it will not cause you to lose any benefits to which you are entitled.

The researchers may terminate your participation in the study without regard to your consent and for any reason, such as protecting your safety and protecting the integrity of the research data.

IRB Approval

This study has been reviewed by The University of Mississippi's Institutional Review Board (IRB). The IRB has determined that this study fulfills the human research subject protections obligations required by state and federal law and University policies. If you have any questions, concerns, or reports regarding your rights as a participant of research, please contact the IRB at (662) 915-7482.

Statement of Consent

I have read the above information. I have been given a copy of this form. I have had an opportunity to ask questions, and I have received answers. I consent to participate in the study.

Signature of Participant

Date

Signature of Investigator

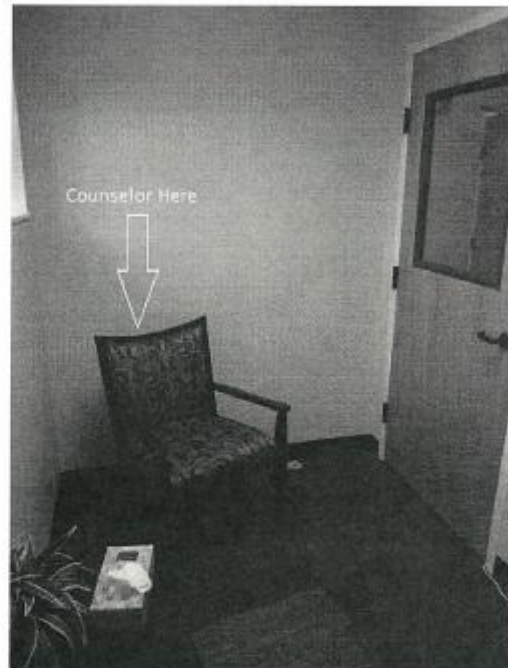
Date

**NOTE TO PARTICIPANTS: DO NOT SIGN THIS FORM
IF THE IRB APPROVAL STAMP ON THE FIRST PAGE HAS EXPIRED.**

Visual depiction of the room used for individual BASICS counseling sessions:



The picture above shows where the individual BASICS counseling sessions take place and the actual room set up. The counselor sits in the top left corner of the room while the client sits in the bottom right corner of the room.



The picture above shows the same room, however it depicts who will be captured in the videotaping. The video recorder will be set up behind the client and focused on the BASICS counselor. The client will not be captured in the videotaping.



The
University of Mississippi
Oxford • Jackson • Tupelo • Southaven

Office of Health Promotion
226 V.B. Harrison Health Center
Post Office Box 1848
University, MS 38677-1848
(662) 915-6543
Fax: (662) 915-1727

Institutional Review Board
100 Bar Hall
University, MS 38655

Dear Institutional Review Board,

February 15, 2011

Please accept this letter as confirmation of support for Tiffany Lawson's proposal *A Process Evaluation of the Brief Alcohol Screening and Intervention for College Students Program at the University of Mississippi* in a cooperative effort to conduct a process evaluation of BASICS to determine if the program is being implemented in the manner intended by its creators. My Office, the Office of Health Promotion, look forward to the analysis of the program, suggestions and improvement recommendations the evaluation could provide.

Tiffany and I have discussed the implications that audio recording and/or video recording may pose and how we can collaboratively work together to uphold confidentiality with our students.

Our challenges with alcohol misuse start well before students enroll in college. Our staff continues to access the problem and design appropriate and effective educational strategies. It is our hope that through Tiffany's efforts, we can verify that the BASICS program is being implemented in the manner intended by its creators.

Please let me know if I can provide further information on behalf of Tiffany and her proposal: *A Process Evaluation of the Brief Alcohol Screening and Intervention for College Students Program at the University of Mississippi*.

Sincerely,

Erin Murphy Cromeans, MS, CHES
Assistant Director for Health Promotion

A Great American Public University
www.olemiss.edu

Semi-Structured Interview Questions

<ul style="list-style-type: none">• Why did the BASICS program begin on the University of Mississippi campus?<ul style="list-style-type: none">▪ What processes were involved to get the program started and functioning? (Please give specific details and dates if possible.)
<ul style="list-style-type: none">• How is the BASICS program supported by University of Mississippi administrators? (e.g., involvement, etc.)
<ul style="list-style-type: none">• To what extent is the level of support from University of Mississippi administrators affecting the activities of the BASICS program?
<ul style="list-style-type: none">• How is the BASICS program supported /received by the University of Mississippi community?
<ul style="list-style-type: none">• How is the BASICS program supported financially? (e.g. graduate student stipends, office space, supplies, etc.)• How is the BASICS program financially supported by University of Mississippi administrators?
<ul style="list-style-type: none">• What role, if any, in the future do you see University of Mississippi administrators playing in the operation of the BASICS program?

RECRUITMENT SCRIPT FOR BASICS COUNSELORS

My name is _____, and I am a BASICS counselor here in the Office of Health Promotion at the University of Mississippi. I would like to invite you to participate in a research study being conducted by a fellow graduate student in the Department of Health, Exercise Science, and Recreation Management.

The purpose of the study is to determine to what extent your BASICS counselor uses specific techniques during your counseling session. If you choose to participate in this study your individual session will be videotaped; however, you **will not** be seen or visually identified on the video and the researcher is **only** interested in evaluating your counselor. **The researcher is not interested in your responses.** Only the BASICS counselor will be seen on the video and the video will only be used as an evaluation tool to improve the implementation of BASICS.

Are you interested in hearing more about this study?

- If answer is **NO**: No further action is required.

- If answer is **YES**: Ask the following question:
Is it okay to bring in the researcher to provide additional information about the study?

Thanks for your consideration!

VITA

Tiffany B. Lawson, B.A., CHES

ACADEMIC RECORD

- 2013 Master of Science The University of Mississippi
Health, Exercise Science and Recreation Management
Major Area: Health Promotion
- 2009 Bachelor of Arts The University of Mississippi
Chemistry and Biochemistry
Major Area: Chemistry
Minor Area: English

AWARDS

- 2013 H. Leon Garrett Graduate Award in Health Promotion

EMPLOYMENT RECORD

- January 2013 – Present **Consultant**
Child Welfare Training Academy
The University of Mississippi
University, MS
Appointments
- UM Child Welfare Training Academy
- October 2011 – December 2012 **Graduate Research Associate**
Child Welfare Training Academy
The University of Mississippi
University, MS
Appointments
- UM Child Welfare Training Academy
- January 2010 – September 2011 **Graduate Research Associate**
The University of Mississippi
Department of Health, Exercise Science & Recreation
Management

University, MS
Appointments

- Stay Dry! : Mississippi Coalition of Partners in Prevention

CERTIFICATIONS

2011 Certified Health Education Specialist (CHES)

GRANTS AND CONTRACTS (University of Mississippi)

TS Bouldin
(Shackelford K, PI) Mississippi Department of Human Services (October 2011 – Present)
Child Welfare Training Academy
Role: Graduate Research Associate/Consultant

TS Bouldin
(Yates J, PI) United States Department of Education (Oct. 2009-Sep. 2011)
(Hallam J, Co-PI) Stay Dry! Mississippi Coalition of Partners in Prevention
(Schafer E, Co-PI) Funded: \$355,289 (\$71,000 sub award to University of Mississippi)
Role: Graduate Research Associate

PROFESSIONAL ACTIVITIES

Service to One's Discipline

- Employee Health Fair Coordinator, 2010, 2011
- Rebel Man Triathlon Volunteer, 2011
- Safe Routes to School (Della Davidson-site coordinator), 2011-2012
- Exercise Science Instructor Search Committee, 2012