Brief Alcohol Screening and Intervention for College Students (BASICS) Training



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BASICS Training Overview

This BASICS training consists of **6 sessions**:

- **Session 1:** Fundamentals of BASICS
- **Session 2:** Personal Alcohol Use
- **Session 3:** Normative (Mis)perceptions and Alcohol Expectancy Effects
- **Session 4:** Alcohol Consequences
- **Session 5:** Protective Behavioral Strategies & Negotiating a Change Plan
- **Session 6:** BASICS Demonstration *(multiple dates/times)*
- ***Session 7:*** *1:1 Practice with the Instructor (only for those implementing BASICS)*



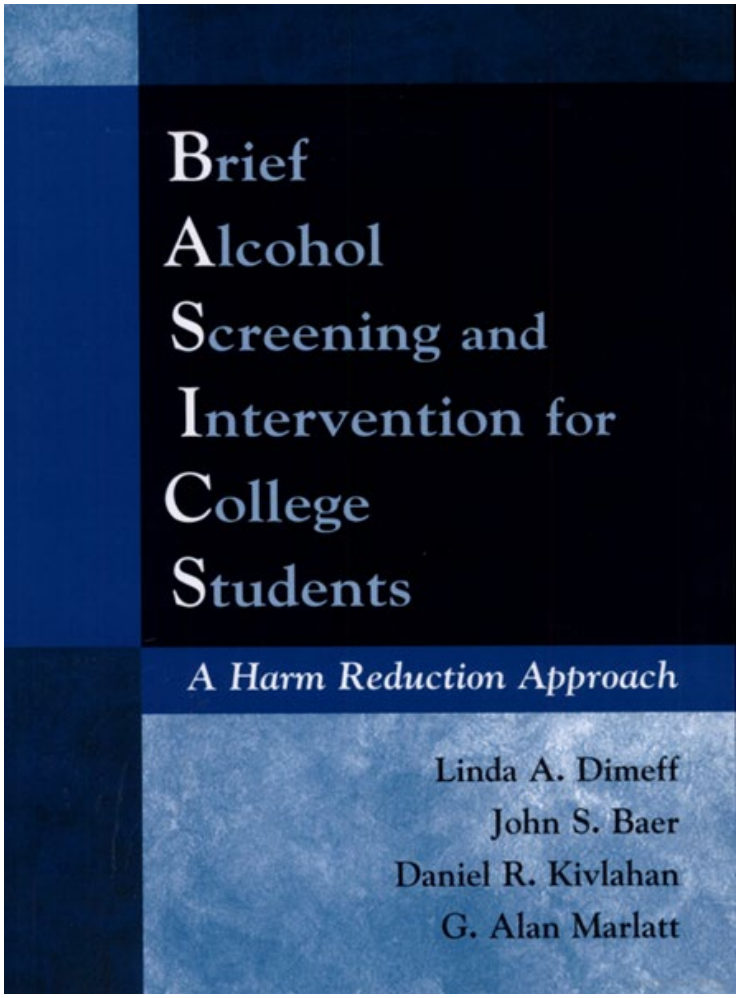
Session 1:
Fundamentals of BASICS

Session Learning Objectives:

1. Explain what BASICS is and is *not*
2. Describe the elements to implementing BASICS
3. Describe the feedback component of BASICS
4. Demonstrate how to introduce a BASICS session to a student

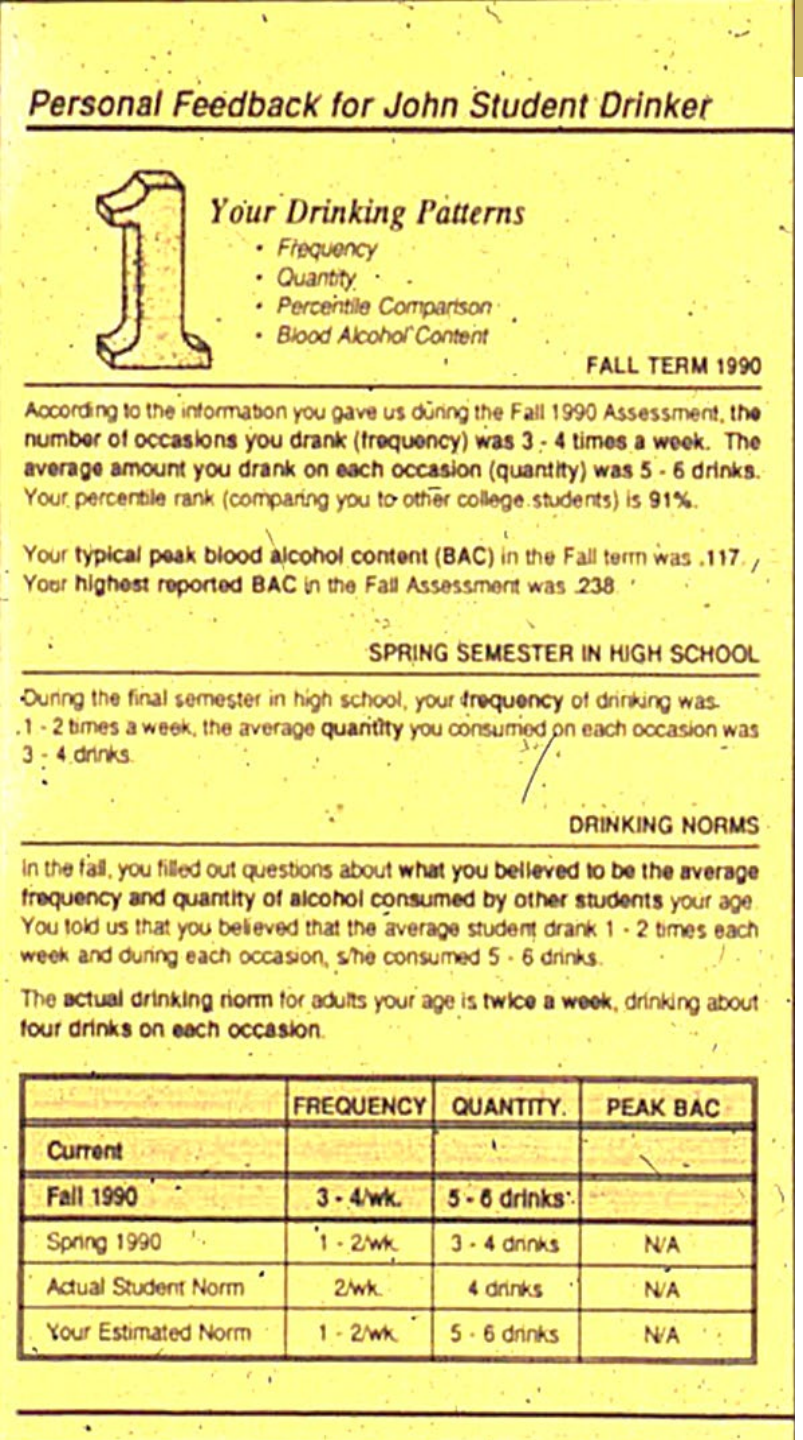


The Original BASICS



Two 1:1 sessions between a facilitator and student

- **Questionnaires/interview** *(Session 1)*
- **Self-monitoring sheets** *(Used during the 2 weeks between Session 1 and Session 2)*
- **Feedback sheet & BAC card** *(Session 2)*
- **Review of information & skills training content** *(Session 2)*



Personal Feedback for John Student Drinker

1 Your Drinking Patterns

- Frequency
- Quantity
- Percentile Comparison
- Blood Alcohol Content

FALL TERM 1990

According to the information you gave us during the Fall 1990 Assessment, **the number of occasions you drank (frequency) was 3 - 4 times a week. The average amount you drank on each occasion (quantity) was 5 - 6 drinks.** Your percentile rank (comparing you to other college students) is **91%**.

Your **typical peak blood alcohol content (BAC)** in the Fall term was .117. Your **highest reported BAC** in the Fall Assessment was .238.

SPRING SEMESTER IN HIGH SCHOOL

During the final semester in high school, your **frequency** of drinking was 1 - 2 times a week, the average **quantity** you consumed on each occasion was 3 - 4 drinks.

DRINKING NORMS

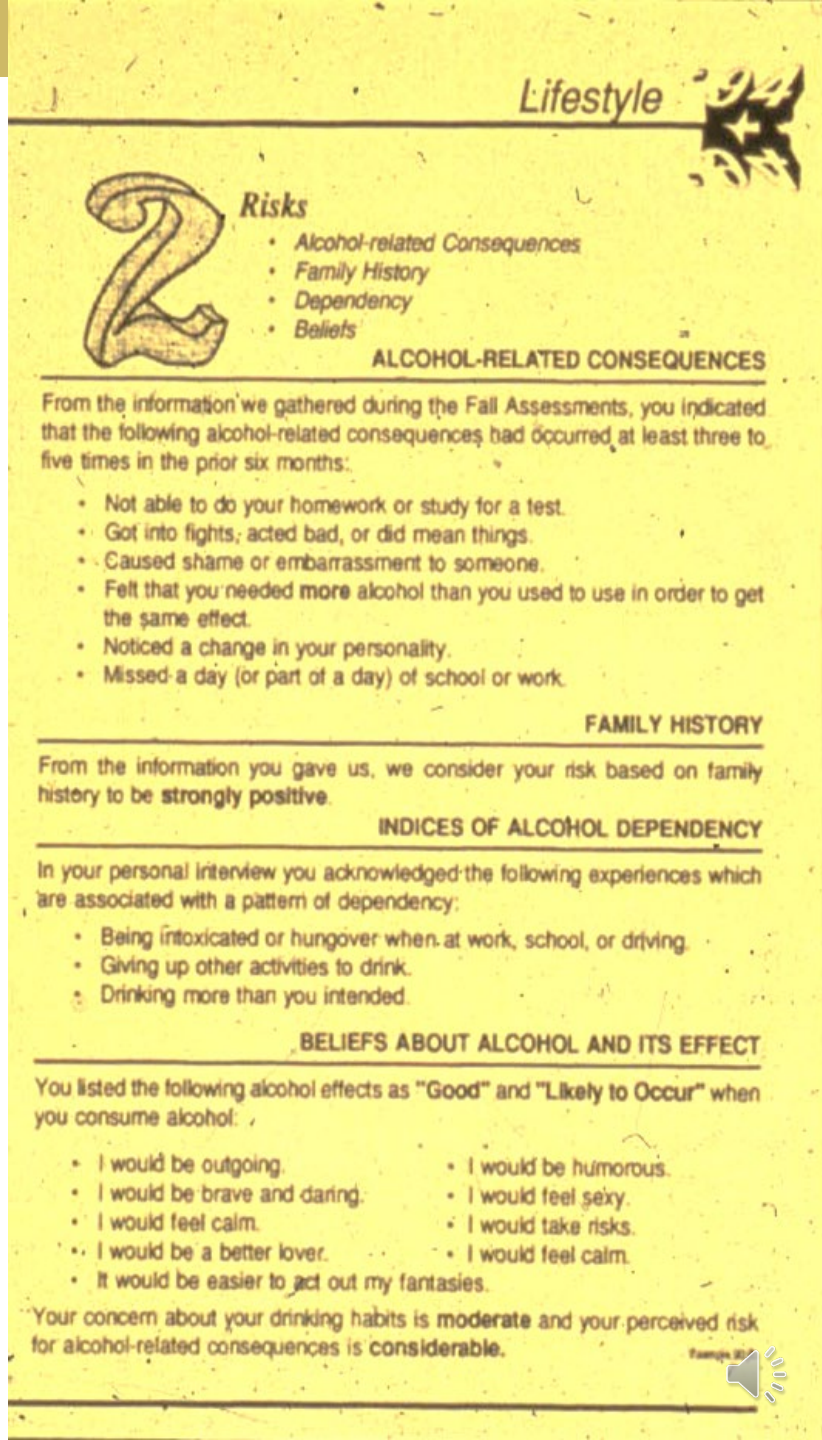
In the fall, you filled out questions about **what you believed to be the average frequency and quantity of alcohol consumed by other students** your age. You told us that you believed that the average student drank 1 - 2 times each week and during each occasion, s/he consumed 5 - 6 drinks.

The **actual drinking norm** for adults your age is **twice a week**, drinking about **four drinks on each occasion**.

	FREQUENCY	QUANTITY	PEAK BAC
Current			
Fall 1990	**3 - 4/wk.**	**5 - 6 drinks**	
Spring 1990	1 - 2/wk.	3 - 4 drinks	N/A
Actual Student Norm	2/wk.	4 drinks	N/A
Your Estimated Norm	1 - 2/wk.	5 - 6 drinks	N/A

- Quantity/frequency of drinking during the fall term
- Percentile ranking
- Typical and peak BAC during the fall term
- Quantity/frequency during spring term of high school
- Perceived descriptive norms
- Actual descriptive norms
- Summary of quantity/frequency/ BAC

- Frequent, recent alcohol-related consequences
- Family history
- Indices of alcohol-related disorder
- Alcohol (outcome) expectancies
- Personal perceived level of concern about drinking habits
- Personal perceived risk for alcohol-related consequences



Lifestyle

2 Risks

- Alcohol-related Consequences
- Family History
- Dependency
- Beliefs

ALCOHOL-RELATED CONSEQUENCES

From the information we gathered during the Fall Assessments, you indicated that the following alcohol-related consequences had occurred at least three to five times in the prior six months:

- Not able to do your homework or study for a test.
- Got into fights, acted bad, or did mean things.
- Caused shame or embarrassment to someone.
- Felt that you needed **more** alcohol than you used to use in order to get the same effect.
- Noticed a change in your personality.
- Missed a day (or part of a day) of school or work.

FAMILY HISTORY

From the information you gave us, we consider your risk based on family history to be **strongly positive**.

INDICES OF ALCOHOL DEPENDENCY

In your personal interview you acknowledged the following experiences which are associated with a pattern of dependency:

- Being intoxicated or hungover when at work, school, or driving.
- Giving up other activities to drink.
- Drinking more than you intended.

BELIEFS ABOUT ALCOHOL AND ITS EFFECT

You listed the following alcohol effects as **"Good"** and **"Likely to Occur"** when you consume alcohol:

- I would be outgoing.
- I would be brave and daring.
- I would feel calm.
- I would be a better lover.
- It would be easier to act out my fantasies.
- I would be humorous.
- I would feel sexy.
- I would take risks.
- I would feel calm.

Your concern about your drinking habits is **moderate** and your perceived risk for alcohol-related consequences is **considerable.**

Implementing BASICS

1. Generating graphic feedback (with additional personalized BAC cards).

2. Generating graphic feedback (with additional personalized BAC cards).

Implementing BASICS

1. Consider when and how alcohol “screening” occurs on your campus.
   - Violation of campus alcohol policy only?
   - Student visits to the ED when they have positive BAC?
   - Through routine visits to student health centers?
   - University counseling centers?
   - Universal screening of all incoming first-year students?

2. Generating graphic feedback (with additional personalized BAC cards).

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University of Missouri - Columbia **UID:** 19542884543

Your Pattern

You drink 47.3 standard drinks per month.

In a typical week you drink 11 standard drinks.

Health, social and academic problems can occur when people drink too much. Current research indicates that adult males who drink five (5) or more standard drinks and adult females who drink four (4) or more standard drinks on any given day within a two-week period are at higher risk for these types of problems.

How do you compare to other US fen

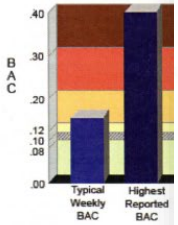
94% of American females drink less than you in a *typical week*.

This tells you what percent of US females drir
than you in a *typical week*. This information w
derived from the 2010 National Alcohol Surve
comprised of representative of the US populat
18 and older. The NAS was conducted under a
Grant from the National Institute on Alcohol A
Alcoholism (NIAAA).

Your BAC Levels

YOUR Estimated highest Blood Alcohol Concentration *during a typical week*: **0.15%**

YOUR Estimated highest Blood Alcohol Concentration *during your heaviest drinking episode*: **0.41%**



Another way of looking at your drinking is to examine your peak level of intoxication. The unit used to express the amount of alcohol that is circulating in your blood stream is called Blood Alcohol Concentration (BAC).

BAC might be thought of as a thermometer, in that, the higher it is, the more intoxicated you are. Police and the c
example, use it to determine whether a driver is too impaired to operate a motor vehicle.

In Missouri it is illegal to drive a vehicle if your level of intoxication (BAC) is 0.08% or above.

At this level judgment is impaired. People are more likely to do things they would not do while sober, and are una
accurately judge their ability to drive safely. Definite impairment of driving ability and memory is also present.

If you are under 21, no level of intoxication is acceptable or legal. Minors can be arrested for "possession by consumption," meaning minors may be arrested if police determine they are "visibly intoxicated" or if they have a
alcohol level of 0.02% percent or more.

Disclaimer
The eCHECKUP TO GO provides **estimates** of your peak BAC levels based on your sex, weight, self-reported dr
and calculations provided by the USA National Highway Traffic Safety Administration (NHTSA). A person's act

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Sobering Up

Once alcohol is in your bloodstream, there is nothing that you can do to speed up the process of elimination. In your case:

- With your typical weekly BAC of **0.15**, it would take **10 hours** for your BAC to return to zero.
- With your highest reported BAC of **0.41**, it would take **27 hours and 20 minutes** for your BAC to return to zero.

Your body gets rid of alcohol at a relatively constant rate. However, that rate is not the same for everyone. Males and females, for example, typically metabolize alcohol at different rates. However, some things often believed to help a person sober up actually have **NO EFFECT ON BAC AT ALL**. They only give the person a false impression of feeling more awake and alert, creating what has been called a ";wide awake drunk.";

Things that DON'T work include:



Coffee and other stimulants



Exercise or a cold shower



Fruit juices or special concoctions

YOUR PERSONAL BAC CHART

	1 hr	2 hrs	3 hrs	4 hrs	5 hrs	6 hrs	7 hrs	8 hrs	9 hrs	10 hrs
10 drinks	0.39	0.38	0.36	0.35	0.33	0.32	0.30	0.29	0.27	0.26
9 drinks	0.35	0.34	0.32	0.31	0.29	0.28	0.26	0.25	0.23	0.22
8 drinks	0.31	0.30	0.28	0.27	0.25	0.24	0.22	0.21	0.19	0.18
7 drinks	0.27	0.25	0.24	0.22	0.21	0.19	0.18	0.16	0.15	0.13
6 drinks	0.23	0.21	0.20	0.18	0.17	0.15	0.14	0.12	0.11	0.09
5 drinks	0.19	0.17	0.16	0.14	0.13	0.11	0.10	0.08	0.07	0.05
4 drinks	0.15	0.13	0.12	0.10	0.09	0.07	0.06	0.04	0.03	0.01
3 drinks	0.11	0.09	0.08	0.06	0.05	0.03	0.02	0	0	0
2 drinks	0.07	0.05	0.04	0.02	0.01	0	0	0	0	0
1 drink	0.03	0.01	0	0	0	0	0	0	0	0

Disclaimer:
It may take you longer to process alcohol than reported in the Alcohol eCHECKUP TO GO program. This information is meant for educational purposes only and should not be used to as a guide to determine when it is safe for you to drive or perform other activities.

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The Cost to You

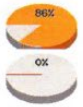
Per YEAR

You spend about **$1548 per year** on alcohol and/or cigarettes, which means you spend about **86%** of your spending money on alcohol and/or cigarettes.



You spend about **$1560** (86%) on **alcohol**.

You spend about **$0** (0%) on **cigarettes**.



Spend your money on what you choc

By way of comparison, the amount of money y on alcohol and/or cigarettes would be enough t

Buy about **1200 music downloads**

Physical Costs



How many cheeseburgers did you *drink* last month?

Each standard drink also contains approximately 100 to 140 calories. Given the number and drinks you reported drinking, in ONE month you drank about 5676 calories, or the equivale cheeseburgers.

If you ran at a pace of 6 miles per hour (a 10-minute mile) you would have to run for 10 ho minute to burn off all of the calories you accumulated from drinking alcohol.

Maintain a steady, healthy diet.

Attempts to save or "bank" calories in one meal so that you can eat or drink more calories at a later time can impa mood, alter your metabolism and cause changes in body weight and composition. Frequent or extreme attempts t calories followed by later binges may become a sign of disordered eating behaviors.

Eating a steady, healthy diet is important in maintaining a healthy weight, positive mood and high energy levels.

Alcohol & Physical Performance

✓ Alcohol takes effect more quickly when mixed with carbonated/caffeinated beverages or mixers.

You said: TRUE Answer: TRUE

Drinking alcohol in combination with carbonated beverages can increase the speed at which your body absorbs al Carbonated drinks tend to irritate the lining of the stomach and *increase the rate* of alcohol absorption. Mixing ca alcohol *does not reduce the effects* of alcohol intoxication.

Mixing caffeine with alcohol also increases the risk of *heart rhythm problems*. High levels of caffeine can increas

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heart rate and blood pressure and cause heart palpitations. Also, like alcohol, caffeine is a diuretic, and mixing the two increases the *risk of dehydration*.

✗ The body uses the calories in alcohol as a source of energy in the same way it uses the calories in other kinds of food.

You said: TRUE Answer: FALSE

Alcohol is metabolized by the liver into an acetate that can be used as a source of energy. *However*, alcohol holds very little nutritional value and the acetate from alcohol is used immediately and cannot be stored for future energy use. Consequently, your body may not be able to sufficiently meet energy demands later after the alcohol calories are expended. Food calories that would have been used in place of the acetate are stored (as fat) for later use.

✗ Drinking alcohol has little or no effect on the body's ability to build muscle strength.

You said: TRUE Answer: FALSE

Alcohol has significant negative effects on your ability to build muscle. Consuming alcohol after exercise can cancel out any physiological gains. Not only does long-term alcohol use weaken protein production resulting in a decrease in muscle build-up, even short-term alcohol use (e.g., a Saturday night binge) can impede muscle growth.

✗ Alcohol does not interfere with muscle recovery and healing.

You said: TRUE Answer: FALSE

Alcohol use prevents muscle recovery. In order to build bigger and stronger muscles, your body needs sleep and chemicals and hormones such as Testosterone to repair themselves after a workout. Alcohol use can cause disturbances in your sleep patterns and can decrease the secretion of these chemicals by as much as 70 percent! Also, alcohol triggers the production of a substance in your liver that is directly toxic to testosterone, further reducing your body's ability to build muscle.

✓ Mixing alcohol and energy drinks (like Sparkx(r), Red Bull(r), Monster(r), Rock Star(r), etc.) does not increase the risk of alcohol related consequences.

You said: FALSE Answer: FALSE

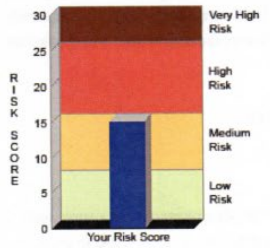
Recent research has shown that individuals who mix alcohol with energy drinks are more likely to suffer alcohol related consequences. These individuals were more likely to be hurt or injured, require medical attention and were even more likely to ride with a driver who was under the influence of alcohol. People who mixed alcohol and energy drinks were also more likely to be taken advantage of sexually or to sexually take advantage of someone else. (More Info...)

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Personal Risk Factors

There are several factors that may indicate your overall risk of developing alcohol-related problems. While there is no way to definitively predict whether a person will be harmed by alcohol or develop alcohol dependence, "high-risk" areas are areas to which you may want to give additional consideration in the future.

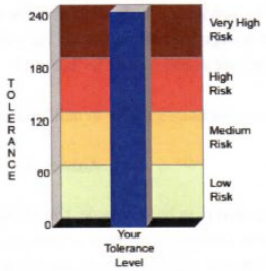
Risk Score



Based on your responses, your risk of having alcohol related problems or developing dependence is medium.

Past consequences are a reliable predictor of risk for future alcohol problems. Higher scores mean that, compared to other people, more harm has resulted from your drinking and that you are at greater risk for future alcohol problems.

Tolerance Level



Misperceptions about tolerance include the common belief that people who can "hold their liquor" are not being affected by alcohol. There are actually two main types of tolerance: "metabolic" and "functional" tolerance. (More below...)

The eCHECKUP TO GO uses your peak monthly BAC as an estimate of your alcohol tolerance as described in the NIAAA's Project MATCH Study.

Family Risk



related.

Your score is calculated based on the NIAAA's Project MATCH criteria.

More about Tolerance...

Functional tolerance is the result of drinking behavior and indicates that the person's body and brain have become adapted to the presence of alcohol. With a high functional tolerance, a person would need to drink more to feel the same effects they used to feel when they drank less. The increase in overall drinking can result in a greater risk of developing alcohol dependence.

Metabolic tolerance is genetic and is also influenced by behavior. A person with a high metabolic tolerance may feel more stimulated by alcohol intoxication, and their liver may produce more of the enzyme (dehydrogenase) that breaks down alcohol and eliminates it from the body. A person with a high metabolic tolerance would need to drink more frequently and in greater amounts to raise their BAC to feel the effects of alcohol. However, the increased production of dehydrogenase can be damaging to the liver and the increase in overall can also lead to a greater risk of developing alcohol dependence.

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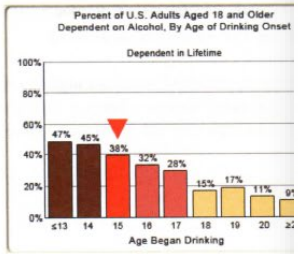
Blackout Risk

One early warning sign of developing abuse or dependence is the presence of alcohol "blackouts" - an inability to remember things that occurred while drinking.

Your reported BAC levels are high enough to suggest that you should be experiencing alcohol blackouts. If you are not experiencing blackouts, you may have developed an increased tolerance to alcohol. An increased tolerance to alcohol can also increase your risk for future negative consequences.

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Early alcohol users are more likely to be alcohol dependent



More than one-third (38%) of persons who began drinking at age 15 were alcohol dependent at some point in their lifetime.

You said that you began drinking alcohol at age 15. In an analysis of data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), early alcohol users were more likely to develop alcohol dependence at a later age. Nearly one-half (47%) of persons who began drinking before age 14 were alcohol dependent at some point in their lifetime, and 13% were dependent in the past year, compared to 9% and 2%, respectively, of those who began drinking after age 20.

While it is not yet known if drinking at an early age actually causes later alcohol problems, there is a clear relationship between early alcohol use and later alcohol problems and dependency. These data suggest that delaying drinking may reduce the risk of later alcohol problems and dependency.

Drinking and Driving

Alcohol-related accidents and violence are the leading cause of death for Americans under the age of 35. When you drive after drinking (or ride with a driver who has been drinking), you greatly increase your risk for alcohol-related injuries or legal problems.

You reported that you drove 1 time in the past month after having 3 or more drinks. It is very likely that you were driving while intoxicated.

You also reported that, in the past month, you rode 5 times with a driver who drank 3 or more drinks. It is very likely that your driver was driving while intoxicated.

The chart below shows the risks of fatal crashes when drinking compared to sober drivers. Remember, your self-reported highest BAC level was 0.41%.

If You Drive With a BAC in This Range:	Your Chances of Being Killed in a Single-Vehicle Crash A
0.02-0.04	1.4 times more likely
0.05-0.09	11 times more likely
0.10-0.14	48 times more likely
0.15 and above	380 times more likely

Before you drink, consider planning a safer way to get home:

- Call STRIPES for a safe ride home when school is in session: available Thursdays-Saturdays from 10pm-3am. (573) 442-9672
- Arrange for a sober driver before you drink
- Call a taxi - Cab fare is cheaper than a D.W.I. (aka D.U.I.)

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- Call a sober friend or family member and ask for a ride

Sexual Risk

Alcohol use is correlated with increased risk for other unintended negative consequences to sexual health. In a report by the Substance Abuse and Mental Health Services Administration (SAMHSA), heavy drinkers between the ages of 18-25 were more than twice as likely to contract a sexually transmitted infection in the past year than young adults who abstained from alcohol.

Alcohol is also more closely associated with crimes of sexual violence than any other drug (CASA, 1999). The National Institute on Alcohol Abuse and Alcoholism estimates that, of all women who have experienced sexual assault, "approximately one-half of those cases involve alcohol consumption by the perpetrator, victim, or both" (NIAAA).

It is important to note that consent cannot be given when someone is under the influence of drugs and/or alcohol. Perpetrators may attempt to use alcohol and/or drugs to facilitate a sexual assault, but alcohol use is never the cause, or an excuse, for sexual assault. Sexual assault is an umbrella term that encompasses all nonconsensual sexual behaviors, including rape. Sexual assault can happen to anyone, regardless of gender identity and sexual orientation. Sexual assault is a crime.

How Does Your Alcohol Use Compare?

What percent of female US College Students *drink MORE* than you in a typical week?

You Said: 85%



Survey results indicate: 3%



What percent of University of Missouri students have FOUR (4) DRINKS OR LESS when they typically drink

You Said: 10%



Survey results indicate: 71%



What percent of University of Missouri students do not drink at all in a TYPICAL WEEK?

You Said: 0%



Survey results indicate: 25%



What percent of University of Missouri students smoke marijuana AT LEAST ONCE A MONTH?

You Said: 95%



Survey results indicate: 19%



Were your guesses off?

You're not alone. Several studies have shown that members of the campus community (including faculty and staff) tend to *overestimate* the number of students who drink heavily and use other drugs.

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The college normative information is based on the anonymous survey responses of 18,702 students from multiple two- and four-year institutions to the 2015 CORE Survey. The survey was conducted by the CORE Institute.

The University of Missouri-Columbia norms are based on the responses of University of Missou
2015 Missouri College Health Behavior Survey N = 1394.

Tobacco Use

Most people are aware of the addictive nature of nicotine and the risk for disease associated with cigarettes and tobacco.

What people may *not* know is that the *combination* of tobacco and alcohol exponentially increases the risk for oral, neck, and stomach cancers. While drinking alcohol may increase smoking, the reverse may also be true - smoking often leads to increased drinking.

Those who choose to smoke should be aware of the impact of passive smoke on others, especially children. Passive smoking refers to those who are exposed to environmental (second-hand) tobacco smoke. Passive smoke accounts for an estimated 53,000 deaths per year in the United States among non-smokers -- *more than the death rates for illegal drug use and murders combined!* Those concerned about the effects of second-hand smoke should limit their exposure, and that may include avoiding drinking and drinking environments.

In a typica
cigarettes.

You have

In your LI
about: 0 ci

You spend
spending r

My Goals & Aspirations

When it comes to my HEALTH AND FITNESS

It is important to me to:

- Spend more time at the gym, exercising or playing sports
- Get a good night's sleep
- Feel relaxed

To meet my health and fitness goals, I could decrease or do away with:

- Feeling stressed
- Not being able to stop drinking once I have started
- Forgetting/blacking out as a result of my drinking
- Being hung-over or feeling sick because I have been drinking
- Driving a car under the influe
- Not being able to sleep becaus
- Feeling tired, groggy, or unmo drinking
- Passing out because I have be

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When it comes to my RELATIONSHIPS

To meet my relationships goals, I could decrease or do away with:

- Feeling lonely
- Disappointing or hurting others because I have been drinking

It is important to me to:

- Feel more comfortable talking to people
- Have fun with friends
- Feel more spontaneous
- Express my feelings more openly
- Feel more courageous

When it comes to my CAREER & LIFE GOALS

It is important to me to:

- Spend more time participating in a campus club or organization
- Become more productive and get things done

To meet my career & life goals goals, I could decrease or do away with:

- Spending more money than I have planned because I have been drinking
- Doing poorly on a test or school project because I have been drinking
- Failing to do what was normally expected from me because of drinking
- Going to class under the influence of alcohol

When it comes to my SELF-ESTEEM

It is important to me to:

- Feel more confident
- Feel confident, attractive and good about myself

To meet my self-esteem goals, I could decrease or do away with:

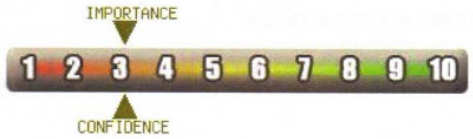
- Personal problems or conflicts that are bothering me
- Drinking out of habit
- Feeling nervous or afraid
- Procrastinating or not getting things done because I have been drinking
- Drinking more alcohol than I plan to when drinking
- Feeling guilty or remorseful after drinking
- Feeling bad about myself because I have been drinking
- Doing things I later regret because I have been drinking

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Making a Change

On a scale of 1 to 10:

- You rated the importance of making a change in your personal use of alcohol as a: 3
- You rated your confidence in your ability to make any change in your personal use of alcohol as a: 3



You indicated that it is not highly important for you to change your alcohol use at this time, and you are not sure could make a change even if you wanted to. People in your situation often find it helpful to consider additional i about alcohol use and abuse to determine if a change might be worthwhile. Each person is different, but when in choose to cut down or quit, they commonly report increased energy and more time for other activities.

The first stage in making any change to your alcohol use is to become aware of your use patterns and the possibl they may have. By completing the Alcohol eCHECKUP TO GO, youâ€™ve already reached this stage.

Your First Steps:

If you were to make a change in your alcohol use, you thought your first step(s) could be to:

- Avoid drinking games
- Space my drinks over time
- Alternate alcoholic and non-alcoholic drinks
- Set a limit on the number of alcoholic drinks before I start drinking
- Keep track of how many drinks I have had; pay attention to serving sizes.
- Have a plan for saying no when I am offered alcohol
- Set a limit on the amount of money I will spend when I go out and leave my ATM card at home
- Avoid mixing energy drinks/caffeinated drinks and alcohol

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Resources

Thank you for completing the eCHECKUP TO GO at University of Missouri - Columbia. If an official at University of Missouri - Columbia asked you to verify that you completed the program, you can do so through the verification site to the right.

CAMPUS & COMMUNITY RESOURCES

If you would like to talk with someone about your eCHECKUP TO GO profile and/or discuss personal goals that are important to you, please contact:

Wellness Resource Center
wellness.missouri.edu
(573) 882-4634

Counseling Center
counseling.missouri.edu
(573) 882-6601

Student Health Center
studenthealth.missouri.edu
(573) 882-1483

The Wellness Resource Center, Student Health Center and the Counseling Center offer assistance for students with concerns about alcohol, tobacco, or other drugs as well as assessment, short-term counseling, referral, and support services.

SUPPORT & INFORMATION

Smart Recovery
Online and face-to-face mutual help groups
www.smartrecovery.org

Alcoholics Anonymous (AA)
Small support groups for people who want to stop drinking
www.aa.org
(573) 442-4424

Marijuana Anonymous
Small support groups for people who want to stop using marijuana
www.marijuana-anonymous.org

Other alcohol and other drug referral services can be obtained by contacting the McCambridge Center ((573) 449-3953), Mid-Missouri Narcotics Anonymous ((573) 634-5123), or the Phoenix Program ((573)442-7026).

GIVE YOURSELF AN ECHECKUP TO GO FROM TIME TO TIME

Implementing BASICS

3. Training of providers in MI and BASICS information.

4. Ongoing supervision/consultation to avoid provider *drift* (issues of fidelity).

5. Ideally, ongoing assessment of MI fidelity.

6. If needed, training of new providers or booster training sessions for seasoned providers.

Four Processes of MI in BASICS



Engaging

- *Listening* to understand the student's concerns
- *Exploring* values

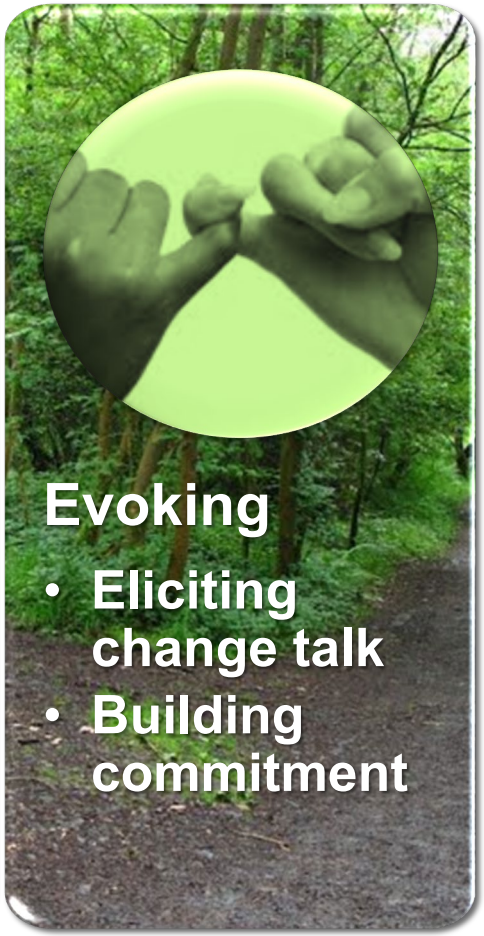
Shall we walk together?



Focusing

- Helping the student determine a change goal ("finding the horizon")

Where?



Evoking

- Eliciting change talk
- Building commitment

Why?



Planning

- Negotiating change goals and plan
- Strengthening commitment

How?

Introducing a BASICS session

- **Engaging (MI Process)**
  - Thank student for their time, even if they are required to be there.
  - Ask about the student's life beyond the focus of the session, to demonstrate **compassion (MI Spirit).**
    - How are things going for you this term?
    - How are you coping and caring for yourself?
  - Ask ***open-ended questions*** **about the assessment** experience to transition to focusing on alcohol.



Introducing a BASICS session

- **Provide a "map" for the session**
  - The purpose of today's meeting is to talk about alcohol use—what you like about it, things you like less about it, and how you compare with other students with respect to drinking.
  - This feedback summarizes your answers to the surveys, and we'll use it to guide our discussion.
  - If you're interested, I can also provide you with some tips on how to maximize the stuff you enjoy about drinking while minimizing the "less-good" stuff.
- Involve the student in creating the "map" to demonstrate **partnership (MI Spirit)**
  - What, if anything, do you want to make sure we talk about today?



Introducing a BASICS session

- Demonstrate **acceptance (MI Spirit)** by highlighting the student's autonomy & further establish **partnership (MI Spirit)**
  - You should feel free to ask questions at any point during our discussion. This is *your* session. It's important that you get what you want out of it.
  - My role in today's meeting is to provide you with information. How you use that information is *up to you*.
  - After we're done talking, you may decide to keep your drinking the same; you may decide you want to cut back or make other changes; or you may decide to not drink at all for a short period or long-term. The decision is *entirely yours*.



Code for Session 2 Video: **Standard**

(Write down this code to access the video later)

