

Brief Alcohol Screening and Intervention for College Students (BASICS) with the Mandated Student: Some Practical Considerations

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Abstract:

Brief Alcohol Screening and Intervention for College Students (BASICS) is a common intervention for high-risk drinking. Many institutions mandate that students who violate alcohol policies complete the BASICS program. While there is strong evidence that supports the use of BASICS with college students, little is known about the experiences of mental health professionals who facilitate the intervention with the mandated student population. This article details a qualitative study exploring the perspectives and experiences of 13 mental health professionals who use BASICS on their campuses. Recommendations for working with mandated students are discussed herein.

Introduction

High-risk drinking and the consequences associated with it may be the most serious public health concern for colleges and universities throughout the United States (Slutske, 2005). Indeed, many students between the ages of 18 and 24 experience alcohol-related issues on an annual basis. For example: a) 3,360,000 drive under the influence of alcohol; b) 599,000 are unintentionally injured; c) 150,000 develop an alcohol-related health problem; d) approximately 110,000 are arrested for an alcohol-related violation such as underage possession or public intoxication; e) 97,000 are victims of sexual abuse or date rape; and f) 1,825 die from alcohol-related consequences (NIAAA, 2013). In 1999, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) established a task force to address the culture of drinking at colleges and universities nationwide (NIAAA, 2002). The task force issued a report in 2002 (updated in 2007) that highlights the consequences of high-risk drinking on college campuses and provides recommendations for effective prevention and intervention strategies. These recommendations became known as the 3-1 Framework, which consists of a three-tiered approach to reach students on an individual level, a campuswide level, and within the greater college community. Brief Alcohol Screening and Intervention for College Students (BASICS) was highlighted as an evidence-based intervention that can be used with students at the individual level.

This qualitative study explored the perspectives and experiences of 13 mental health professionals who use BASICS on their campuses. All 13 participants described the complexities of serving students who are mandated to take part in BASICS. Themes related to challenges and strategies emerged from the data and are highlighted here, along with implications for mental health professionals, who often serve as members of the campus Behavioral Intervention Team (BIT).

The campus Behavioral Intervention Team is a multi-disciplinary group that addresses health and safety issues in a proactive manner and often includes members from student conduct, residence life, counseling and health centers, disability services, veterans' affairs, academic affairs, multicultural affairs, the women's center, the dean of students office, and campus security. The BIT's primary goal is to establish a "coordinated, caring, developmental intervention for those in need prior to a crisis" (NaBITA, nd). As a group, the

BIT collaborates to promote the health and safety of all students. For example, staff in residence life and student conduct address students who violate the alcohol policy and make referrals to mental health professionals for counseling interventions such as BASICS.

What is BASICS?

BASICS is a two-session, motivational intervention that aims to increase personal awareness around the use and abuse of alcohol, and reduce harmful consequences associated with high-risk drinking (Dimeff, Baer, Kivlahan, and Marlatt, 1999). Based on the principles of motivational interviewing (Miller and Rollnick, 2013) and harm reduction (Marlett et al., 1998), BASICS is facilitated in a nonjudgmental manner and conveys empathy for the students. The overarching goal is to reveal discrepancies between students' high-risk drinking behaviors and their values and goals (Baer, Kivlahan, Blume, McKnight, and Marlatt, 2001; Borsari and Carey, 2000, 2005; Dimeff et al., 1999). The success of interventions is contingent upon the facilitator's proficiency with motivational interviewing (Miller and Rollnick, 2013) and adherence to the core components of the program (Dimeff et al., 1999).

The primary focus of the first session is to establish rapport with students and gather information about their history of alcohol use, problems associated with use, mental health problems, and typical drinking patterns over the last 30 days. Following the first session, students complete a self-report questionnaire about patterns of alcohol consumption, problems associated with use, family history of substance abuse, alcohol outcome expectancies, perception of health and behavioral risks due to alcohol, perceptions of college drinking norms, readiness to change, and indices of alcohol dependence (Dimeff et al., 1999). The counselor summarizes the questionnaire responses and develops a feedback report for the second session. The objective of this second session is to provide feedback to participating students based on the self-report questionnaire in regards to: a) personal goals related to alcohol use; b) drinking patterns; c) drinking patterns relative to college norms; d) risks and consequences associated with alcohol use; e) clarification of myths and facts about the effects of alcohol; f) strategies to reduce risks associated with alcohol use; g) options to assist in making changes; and h) a referral list, if warranted (Dimeff et al., 1999).

Quantitative researchers have consistently found that

participants reduced the quantity and frequency of drinking behaviors and occasionally decreased the number of problems associated with high-risk drinking via BASICS or adaptations of the intervention program with volunteer and mandated students (Baer et al., 2001; Borsari and Carey, 2000, 2005; Fromme and Corbin, 2004; Larimer et al., 2001; Marlatt et al., 1998). Consequently, a number of institutions selected BASICS as part of their Tier 1 interventions (Nelson, Toomey, Lenk, Erickson, and Winters, 2010). The Nelson et al. (2010) survey generated data from a nationally representative group of college administrators at four-year institutions to determine how familiar and to what degree the recommendations from the NIAAA task force report were implemented. They found that 66 percent of administrators were familiar with the report, and from this group, 67 percent reported that intervention programs were available to students either on campus or off campus with an agreed-upon provider. Survey questions further explored the type of interventions offered and found that 50 percent of colleges were using empirically supported programs that included norms clarification, motivational interviewing, cognitive-behavioral skills training, and expectancy challenges. These findings suggested that administrators at colleges and universities have adopted the Tier 1 recommendations and established policies and procedures such as mandating students who violate the alcohol policy to participate in an intervention (Barnett et al., 2008; Barnett and Read, 2005; Nelson et al., 2010).

The Mandated Student

Mandated disciplinary counseling as a sanction for student misconduct on campus has been a practice adopted by student conduct professionals for quite some time. Kiracofe and Buller (2009) pointed to the historical context of this practice and highlighted data generated over the last 30 years demonstrating prevalence. For example, in 2003, more than 38 percent of campuses accepted mandated disciplinary referrals as indicated in the survey from the Association for University and College Counseling Center Directors (Gallagher, Zhang, and Taylor, 2003). Furthermore, another nationwide survey of university Student Conduct Officers and Counseling Center Directors focused on reasons for referral and cited alcohol as the most frequent cause (Consolvo and Dannells, 2000). The most recent results from the College Alcohol Survey indicated that 41 percent of students screened by a health professional for problems with drugs or alcohol were referred due to a student conduct violation (Anderson and Gadaletto, 2015).

While the process of mandating students who are found responsible for violation of a campus alcohol policy has become standard practice at postsecondary institutions nationwide, it is often accompanied with challenges (Barnett et al., 2008; Kiracofe and Buller, 2009). One concern commonly mentioned is resistance or reluctance on the part of the mandated student (Kiracofe and Buller, 2009). Though challenges persist around mandatory counseling, other research points to the importance of this practice. Specifically, when adjudicated students are compared to their non-adjudicated peers, the adjudicated students report higher levels of alcohol abuse, as well as other problems associated with alcohol use, such as lack of sleep, relationship issues, poor academic performance, and health concerns (Barnett et al., 2008; Barnett and Reed, 2005). Given the high-risk nature of these students, it is critical for the campus Behavioral Intervention Team to collaborate and establish practices to meet the special needs of this sub-population. A mandated referral process can serve multiple purposes, such as deterrence, accountability, and early (or perhaps not-so-early) intervention (NIAAA, 2007). Moreover, the National Institute on Drug Abuse (2012) highlighted research findings on best practices for treatment of abuse and addiction, and stated that treatment does not need to be voluntary to be effective.

Implementing BASICS with Mandated Students

Regarding best practices, it is not uncommon for practitioners to experience barriers with implementation due to a lack of knowledge, standardization issues, costs, training, supervision, and adequate staffing (Beidas and Kendall, 2010; Carise et al., 2009). These difficulties often force practitioners to adapt the program within their immediate work settings. Unfortunately, doing so may compromise the effectiveness of the program, as demonstrated in the research studies (Backer, 2002; Cohen et al., 2008). This phenomenon is known as treatment fidelity and represents a real challenge to implementing best practices (Substance Abuse and Mental Health Service Administration, 2012). If mental health professionals are adapting BASICS to fit the needs of their campuses, the core components of the program may be jeopardized in the adaptation process, thereby reducing treatment fidelity. This may be particularly likely when it comes to serving mandated students, as the rapport building and identification of discrepancies portion of BASICS may be difficult to conduct with students who did not choose to engage in the intervention.

Purpose of the Study

Given the high prevalence of alcohol use, its resulting problems, and the common practice of mandating students to treatment, this study was designed to gain a deeper understanding of BASICS through the perspectives of the mental health professionals who use the intervention on their campuses. Mandated students are a special population that require a tailored approach. Therefore, the research question addressed in this study was: How do mental health professionals implement BASICS with students who are mandated to engage in the intervention?

Methods

A gap exists in the research on BASICS, considering that there are no studies that include the perspectives of mental health professionals who use the intervention on their campuses. Qualitative methodology is appropriate when the focus is on exploratory research to increase understanding of a particular phenomenon (Creswell, 2013; Hays and Singh; 2012; Rosman and Rallis, 2012). In this case, the perspectives and experiences of mental health professionals who use BASICS on their campus was the phenomenon under investigation.

Procedure

Prior to beginning the study, the interview protocol was approved by the Institutional Review Board of the authors' universities. The first author gathered contact information of mental health professionals who facilitate BASICS on college campuses in the Mid-Atlantic, Mid-West, and Southeast United States from publicly available institution websites. The first author then contacted 17 potential participants and invited them to participate in the study, of which 13 agreed to participate. The first author then traveled to each of the 13 institutions, where in-depth, semi-structured interviews were conducted and combined with observations and field notes. Conducting the live interviews at the institutions allowed the first author to gain deeper insight into the campus cultures, student populations, and the participants' work settings. Following the interviews, the researcher gathered demographic information, including age, gender, ethnicity, education level, and years of experience using BASICS, as well as years of total experience. The 50–60-minute interviews were audio recorded for transcription purposes and researcher reviewed.

In addition to the interviews, artifacts from site visits were collected and field notes recorded. A reflective journal was

maintained to enrich the interview data and recognize researcher biases (Creswell, 2013; Rosman and Rallis, 2012). An audit trail was used to record all research activities.

Interview Protocol

The interview protocol was developed based on a review of the literature by the authors and two reviewers (*see Table 1, below*).

Table 1: Interview Protocol

1. First, tell me about your about your work at this college or university. What is your approach to addressing high-risk drinking among college students?
2. Describe the typical student seeking services in your office. Are they mandated to attend? If so, why would they be mandated? Please describe the institution policies.
3. How did your institution decide to use BASICS in your setting?
4. How do you use BASICS in your setting?
5. What type of training did you have to be a BASICS provider?
6. How easy or difficult is it for you to adhere to the BASICS protocol?
7. How do you generate the feedback report for the intervention?
8. Are their certain parts of the feedback component that you find more effective than others?
9. What challenges accompany the use of BASICS in your setting?
10. What helps or hinders the process of facilitating an effective intervention with students?
11. What are the strengths of the BASICS intervention?
12. Describe any limitations of the BASICS intervention?
13. If you could change one thing about BASICS, what would you change?
14. Marlatt and Baer said that we know that BMI works, but we don't know exactly what about it works. Do you agree with this statement?
15. "If you don't follow the exact BASICS protocol then you are not doing BASICS nor can you claim that you are doing BASICS." How do you respond to that?

Demographic Questions

1. What is your gender?
 2. What is your race?
 3. Which best describes your age?
21–29 ___ 30–39 ___ 40–49 ___ 50–59 ___ 60–69 ___ 70 and over ___
 4. What master's degree do you hold?
 5. Describe the setting in which you facilitate BASICS?
 6. How many years of experience do you have using BASICS?
 7. How many years of experience do you have in this profession?
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The use of “how” and “what” interview questions guided the data collection process as means to formulate a thick description of participants’ lived experiences (Creswell, 2013; Rosman and Rallis, 2012; Seidman, 2013). The interview questions were non-directive and open. Prior to the beginning of study, the first author conducted a pilot interview to ensure that questions yielded relevant data that pertains to the phenomenon under investigation (Creswell, 2013; Rosman and Rallis, 2012).

Participants

Thirteen mental health professionals (11 female and two male) participated in the study. Ten identified as white, two as bi-racial, and one as African-American. The participants’ total years of experience facilitating the BASICS intervention averaged 4.5 years, and total years of experience in the mental health profession averaged 15.7 years.

Six participants provided BASICS within a counseling center on their campuses, while three were in an interdisciplinary health center. The other four participants worked in a student wellness center, university life center, dean of students’ office, and an academic department (*see Table 2, next page, top*).

Five of the campuses at which study participants worked are large state research universities with enrollments ranging from 25,000 to 35,000 students. Two of these campuses are located in an urban setting and three are located in a rural setting. Three campuses are mid-size state research universities with enrollments ranging from 15,000 to 20,000 students and are located in rural settings. Three campuses are private liberal arts institutions with enrollments ranging from 1,000 to 3,000 and students are all located in rural settings. One campus is a small regional state university with an enrollment of 7,500 and is located in a rural setting. Finally, one campus is a small state research university with an enrollment of 8,000 students and is located in a rural setting.

Data Analysis

An iterative process through which data collection and analysis happened concurrently was used in this study to ensure that researchers’ understandings were truly coming from the data (*see Figure 1, next page, bottom*) (Anfara, Brown, Mangione, 2002; DiCicco-Bloom and Crabtree, 2006).

Upon completion of each interview, the researcher created verbatim transcripts and reviewed them twice to ensure accuracy of the data. Next, the researcher read each transcript in its entirety for the purpose of surface analysis (Anfara, et al., 2002). This line-by-line fluid process produced key words and phrases that were common among the research participants (Hahn, 2008; Rosman and Rallis, 2012). Further analysis of the data occurred through a second iteration, during which the researcher used the constant comparative method to recognize similarly coded data to consolidate and produce categories and subcategories (Anfara, et al., 2002; Creswell, 2012; Hays and Singh, 2012). Consultation with two independent analysts occurred to identify blind spots and develop new understandings. The final iteration involved further analysis of the first two iterations and allowed for the discovery of how the categories and sub-categories related to one another to generate themes. During the third iteration, the researcher used axial or thematic coding as a means to critique previous codes and to develop refined categories (Creswell, 2012; Hahn, 2008; Hays and Singh, 2012). To confirm findings, four auditors (different individuals than the independent analysts) reviewed the coding process and results.

Credibility

To ensure credibility within the study, prolonged engagements and observations, triangulation, researcher reflexivity, member checks, and peer debriefing were used. Prolonged engagement and observation is the investment of adequate time to learn about the research participants’ perceptions and experiences (Creswell and Miller, 2000). As mentioned earlier, the first author traveled to each campus to conduct interviews and view the site where BASICS was facilitated. In addition, the first author toured the campus and community to increase understanding of the institutional culture. In terms of triangulation, multiple data sources were used to build a justification for themes (Cresswell, 2012; Rosman and Rallis; 2012). In this case, data from each interview combined with artifacts and the field notes were used to determine areas of convergence and divergence. Researcher reflexivity was ensured through ongoing journaling and record-keeping of all research activities to safeguard against potential biases (Cresswell, 2013).

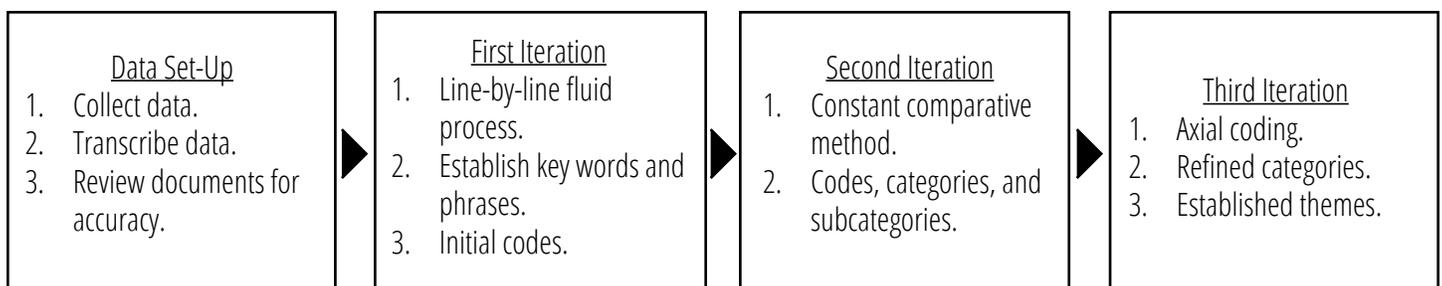
According to Guba and Lincoln (1985), member checks are critical to ensure the credibility of qualitative research. All research participants were given the oppor-

Table 2: Demographic Summary of Participants (N=13)

Name	Gender	Age	Race*	Degree	Years BASICS	Years in Profession	Setting
Pam	F	30–39	W	M.Ed. - Counseling Psych. and Student Affairs	3	14	Health Center
Joy	F	20–29	AA	Ph.D. - Counseling Psychology	1.5	2	Counseling Center
Lou	F	50–59	W	MA - Counseling	9	25	Health Center
Meg	F	50–59	W	MSW - Social Work	3	3	Counseling Center
Ned	M	30–39	W	MA - Counseling Clinical Mental Health	1.5	4.5	Health Center
Ann	F	50–59	W	MSW - Social Work	10	34	Counseling Center
Viv	F	50–59	W	MSW - Social Work	3	24	University Life
Sky	F	40–49	W	MA - Substance Abuse Counseling	2.5	17	Wellness Center
Gia	F	60–69	BR	MS - Clinical Psychology	10	25	Counseling Center
Tab	F	30–39	W	MS - Counseling and Student Affairs	3.5	7	Dean of Students
Ava	F	30–39	W	M.Ed - Counselor Education	3	8	Counseling Center
Jeb	M	60–69	BR	MSW - Social Work	6	38	Counseling Center
Aly	F	30–39	W	M. Ed. - Community and Addictions Counseling	3	3	Academic Dept. Clinic

* W = White, BR = Bi-Racial, AA = African-American

Figure 1: The Iterative and Coding Process



tunity to review the interview transcript for the purpose of validation and were encouraged to make changes and additions to control for errors. Lastly, a peer debriefing process was incorporated to allow for an external check by someone familiar with the phenomenon under investigation (Creswell, 2013). The peer debriefer used for

this study has 25 years of experience working in the field and was not involved as an independent analysis or auditor. The peer debriefer reviewed transcripts, field notes, and artifacts, and assisted with reflexivity throughout the process to ensure that the findings and conclusions were supported by the data.

Results

Five broad themes emerged through analysis of the research question: “How do mental health professionals implement BASICS with students who are mandated to engage in the intervention?”

Theme 1: BASICS Recipients Are Primarily Mandated

Participants were asked to describe how students typically initiate the BASICS intervention. With the exception of one participant who indicated that the campus policy states that students may not be mandated to counseling or addiction-related services, all others stated that students were most often mandated by another campus entity following a behavioral infraction. These 12 participants further explained that more than 80 percent of the students they serve using the BASICS intervention are mandated.

Theme 2: The Pros of Mandating Outweigh the Cons

All participants discussed the desire to see more self-referred students because they are motivated, whereas students required to attend are sometimes resistant. One participant (Gia) said:

“I would much rather have students signing up for it (BASICS) because they are curious about it, or they are interested in it, or they are wondering, or they are self-referring. That would be pretty nice ... Sometimes when I see them (mandated students) sitting in there, I will say to our administrative assistant, ‘I will pay you to go in and face that crowd.’ They look so hostile sitting in there. They are pissed off that they were busted for some reason and view it as unfair.”

While the difficulties of working with mandated students were acknowledged by all participants, 12 of the 13 participants said there is value in having a campus protocol in place that requires BASICS when students violate the alcohol policy. Another participant (Sky) stated:

“It helps if students self-refer because there is buy-in, but at the same time it is the ones (students) that I don’t know about that I am concerned about. The students who aren’t coming in. There are so many out there who need help. The sanction process helps. How else would I find them?”

A third (Ned) echoed Sky and stated:

“We wanted to be more proactive as a university. We had the opportunity to see other universities that were already using BASICS and decided that we would do the same. We partnered with the staff in

the Office of Residence Life and the Office for Student Conduct to develop a referral process. We have approximately 600 referrals annually.”

In summary, the mental health professionals in the study recognized that mandating students to BASICS serves as a means to address high risk drinking on their campuses.

Theme 3: Procedural Strategies for Successful Referrals

Participants spoke of specific challenges and strategies to make the mandated referral as successful as possible. An emphasis was placed on the need to foster a strong working relationship with Behavioral Intervention Team members who are responsible for making referrals. According to one participant (Meg), the staff in the Student Conduct Office can make or break the intervention depending on how it is presented to the student. For example, if BASICS is presented as a punishment rather than opportunity for growth, the student may be far more resistant.

Others mentioned challenges presented by the passage of time between the incident, student conduct process, and meeting with the mental health professional for the intervention. If too much time elapses between these three steps in the behavioral intervention process, BASICS loses its impact. For example, one participant (Lou) stated:

“The bigger issue is working with the Student Conduct Officer to cut back on the window of how long students have from the date of the incident to come in and meet with us. We could have students coming in during the fall semester when their incident was in February or March of the previous semester. As you know, you lose that window of the ‘ah-ha’ moment, or they don’t even remember that night because there are so many things that happened since then.”

Another (Ava) discussed a similar experience:

“I guess one of the challenges that comes up a lot is that there is a lag in sanctioning, and then sometimes depending on what part of the semester it is, there is a lag in scheduling because we get so busy. For example, what happened last Halloween may not be addressed until the spring [semester].”

Meanwhile, Ned spoke of the timeline he established on his campus:

“When students get a citation, we have a structure in

place and a timeline of when they have to complete the requirements. This timeline is based on what has been determined to be effective for BASICS. Within a two-week minimum of the citation, you have to come in for the initial session. This really helps us reach the students in a timely fashion and is most effective.”

Theme 4: One Size Does Not Fit All

The practice of referring every student who violates the alcohol or drug policy to BASICS was another barrier mentioned frequently. Several mental health professionals stated that there can be unrealistic expectations on the part of the administration. They want BASICS to be the magic solution that rids the campus of alcohol problems, when in reality, students may benefit from different campus resources. For example, one participant (Pam) stated:

“I say this as if it’s pretty black and white, but BASICS is not easy when the student ... what they really need is to use this as a bridge to a more appropriate resource. So it’s when they need to be with a counselor or they need to be in treatment. I am not doing BASICS ... I am supporting the students in another way or helping them get to a more appropriate resource.”

Two others (Viv and Lou) also spoke of challenges encountered with the one-size-fits-all model. Viv stated:

“I don’t know if it’s a limitation or it’s just inherently the wrong intervention for heavy-duty drinkers. I think they have come out with some research that shows that for this type of drinker, BASICS is really kind of missing the mark.”

Lou described the same situation on her campus:

“I don’t know if BASICS would work at each school with each population. I am convinced that it’s not perfect. I do see some benefit, but I think it’s really for the lower- to mid-risk students.”

Other participants referenced the stages of change model and indicated that BASICS was not a good match for those students in pre-contemplation. While they recognized that it is the facilitator’s role to move students along the stages of change, two sessions may not be sufficient. One participant (Aly) shared her perspective with regard to students in pre-contemplation:

“BASICS is built on MI (motivational interviewing). MI is built on being flexible and meeting your client where he or she is. If he or she is pre-contemplation, that feedback sheet isn’t going to mean a

thing. Especially if he or she answered all the questions to keep you from noticing if anything is going on. If your client is in pre-contemplation and you are meeting him or her like they are in action, you are not adhering to MI, which is sort of the bread of the burger of BASICS.”

Ava also spoke of students in pre-contemplation:

“Sometimes it difficult to work with pre-pre-pre-pre-pre-pre-contemplative students. Despite it being MI, I think it can be difficult because oftentimes they are like ... ‘Whatever.’”

Theme 5: Embrace the Resistance

Resistance on the part of students emerged as a central problematic issue with mandated students. All mental health professionals in the study acknowledged that working with resistant students is frustrating. With that being said, several spoke about their responsibility to manage that resistance. Four poignant examples of this emerged, including Ava’s perspective:

“I think that roadblocks occur when I have my own agenda like, ‘This is what you need to do,’ and the student isn’t there yet (in terms of the stages of change). Also, when I am confrontational or when other people are confrontational, I think that that can be ineffective.”

Meanwhile another participant (Jeb) stated:

“...You have to use those basic counseling tools, and you know, resist that ‘righting’ reflex, right? You know, because we want to fix them. We are therapists because we want to help people. So I think that that is one of the cores that I think about when I think about MI and BASICS. That you want to resist that ‘righting’ reflex. And that you are not lecturing students. And I think not trying to flood them with information.”

Yet another participant (Tab) said:

“It’s like with any helping service, if you are in a crappy mood and you’ve had a bad day, sometimes I find myself getting into the yes or no questions, and I’m like, ‘OK back out of that. Let’s get back into MI.’ Sometimes I want to flip into that administrative role and be like, ‘Watch your tone,’ but I have to remember, ‘OK we will address that later,’ or have that teachable moment in session two. Sometimes they [students] give you a lot of attitude. So we have to

be able as counselors, or counselors in training, or facilitators, to be able to take that and kind of work through it.”

These results depict what mental health professionals are experiencing in their roles on campus when working with students mandated to BASICS.

Discussion

In previous studies of BASICS with mandated students, there was no focus on the experiences of those who deliver the intervention with this sub-population. This study was designed to gain a better understanding of the perspectives of mental health professional who use BASICS with mandated students. The 13 in-depth interviews generated five themes: 1) BASICS recipients are primarily mandated; 2) the pros of mandating outweigh the cons; 3) procedural strategies work for successful referrals; 4) one size does not fit all; and 5) embrace the resistance. The need to identify best practices to address the issue of high-risk drinking remains constant on campuses nationwide. These findings as they relate to the existing research on BASICS are discussed here along with recommendations for mental health professionals and Behavioral Intervention Teams.

The first theme highlighted that the majority of BASICS recipients are mandated. This finding supports the research on the part of Kiracofe and Buller (2009), who pointed out that mandatory disciplinary counseling is a long-established practice that is quite prevalent on college campuses. Considering that this sub-population reports higher levels of alcohol abuse and often experiences other problems associated with high-risk drinking, this is a logical solution to reach these students (Barnett et al., 2008; Barnett and Reed, 2005). It is recommended that all campuses establish this practice. Pairing this practice with a Motivational Interviewing-based intervention may be best, as the mental health professionals can meet the mandated students where they are in terms of readiness, therefore avoiding some reluctance or resistance.

While reluctance and/or resistance are often associated with those who are mandated to attend counseling, the second theme points to the benefits of this practice. Indeed, it is important to take into consideration that students will present resistant or reluctant, and therefore a focus must be placed on rapport-building. It is also important to recognize that most students will not present of their own accord (Kiracofe and Buller, 2009).

Mandatory counseling provides a structure to reach students and quite possibly prevent some students from falling through the cracks. As mentioned earlier, the most recent research by the National Institute on Drug Abuse (2012) reminds us that the treatment for abuse and addiction issues does not need to be voluntary to be effective. No system is perfect, but through a mandatory referral process, the mental health professionals within campus Behavioral Intervention Teams will have the opportunity to work with those students who are experiencing issues with alcohol and in turn have an impact on campuswide alcohol initiatives. Beyond alcohol, this protocol can also be applied to other behavioral issues.

A referral process is often accompanied with challenges, which is the focus of the third theme. Whereas the majority of mental health professionals (12) acknowledged the benefits of mandatory referrals, they also pointed out the difficulties that accompany this process. This finding supports the research by Barnett et al. (2008), who highlighted the challenges associated with mandated students. The notion that the referring party could make or break the intervention is of particular concern, as well as the timeliness of the intervention. It is through strong partnerships between mental health professionals and BIT members that the referral process can be made efficient and effective. Those who make referrals must understand the purpose of BASICS and how it works procedurally, while those who receive referrals must understand the student conduct process.

BASICS training is highly recommended for all members of the Behavioral Intervention Team. The training should include an overview of the NIAAA recommendations to address high-risk drinking, an introduction to brief motivational interventions, and an in-depth review of BASICS. A training of this nature could combat the issue of presenting BASICS as a punishment. Keep in mind that BASICS is designed to be brief, with rapport-building as a major component (Dimeff et al., 1999). If the facilitator needs to spend a significant amount of time establishing rapport, other parts of the intervention may be compromised. The training could also address the issue surrounding the timing of interventions. A good case study to include is a student who is arrested for public intoxication during the fall semester and participates in BASICS in the late spring. In this case, it would be important to discuss the implications of this time lapse. It may be difficult for the student to recall the reason for the referral or connect the incident to the consequence,

which lessens the impact of the intervention. Barnett et al. (2008) acknowledged that delays between an incident and intervention are unavoidable, but also stressed that in the context of the stages of change process, these delays must be taken into consideration. To better serve mandated students and to increase the effectiveness of interventions, BIT members should make a concerted effort to establish an agreed-upon timeline. Furthermore, this timeline and referral process should be revisited on an annual basis. The value of this type of collaboration cannot be overstated.

The fourth theme that emerged was that one size does not fit all, meaning that BASICS may not be the most fitting sanction for every student. The use of alcohol screening instruments could help address this concern. There are a variety of brief alcohol screening instruments available for use with college students. Those with a focus on the quantity and frequency of alcohol consumption, high-risk drinking rates, alcohol-related symptoms (e.g., tolerance and withdrawal), and problems experienced as a result of alcohol use provide the greatest snapshot of students who are at risk for alcohol-related problems (NIAAA, n.d.). Researchers suggest the use of the CAGE Assessment for Alcohol Abuse, Alcohol Use Disorders Identification Test (AUDIT), and the College Alcohol Problems Scale (CAPS) to identify students who are at risk for alcohol-related problems (Larimer et al., 2005; Lenk et al., 2012). These instruments are available free of charge at the NIAAA site and do not require formal training (NIAAA, n.d.). Behavioral Intervention Team members should work together to establish a screening process that ensures students receive sanctions and interventions that best fit their needs.

The final theme focused on the need to embrace the resistance on the part of students. Considering that the use of alcohol is common among college students, it makes sense that those students who are “caught” will be frustrated. In their minds, their behavior is no different from that of their peers. The research on motivational interviewing by Miller and Rollnick (2013) involved the exploration of resistance between counselors and clients. On numerous occasions, they found that resistance was due to a confrontational style on the part of the counselor. The aim of BASICS is to move students in a direction where they acknowledge their personal concerns about alcohol and identify reasons for change (Dimeff et al., 1999). Similar to screening students for alcohol-related problems, it is also important to screen for stages of change. A simple tool called the Readiness

to Change Questionnaire is available free of charge at the NIAAA website (NIAAA, n.d.). To effectively serve students, it is critical for mental health professionals to remain in the here and now while facilitating and focusing on eliciting arguments for change from students, rather than imposing change. An annual refresher training on motivational interviewing and a network of supportive colleagues who can normalize challenges and share strategies are strongly recommended.

Limitations and Conclusion

As in any study, there are limitations to consider in concert with the findings presented here. For example, this study focused on the experiences of mental health professionals who implement BASICS on college campuses. Public health educators also facilitate BASICS on college campuses and may have different experiences given their different training and philosophies of treatment. Also, the use of semi-structured interviews as the main data collection method has limitations. In particular, the reliance on self-reports and dependence on the interviewer's ability to skillfully conduct an interview and develop rapport with interviewees pose some concerns (Hays and Singh, 2012). Finally, the presence of the researcher in the process of data-gathering can influence the responses of participants.

While additional research is always a necessity to substantiate results, there is merit in applying these findings now. Mental health professionals found great value in using BASICS and strongly support having it as a part of their system of care on campus. As these participants highlighted, rapport-building is key and resistance is inherent in serving mandated clients. Other members of the interdisciplinary campus Behavioral Intervention Team are also focused on finding solutions to prevent and address disruptive behaviors such as high-risk drinking. Timely adjudication and a warm referral to BASICS may improve outcomes as well. Effectively serving students who experience personal, social, and academic issues due to high-risk drinking behaviors can shift the culture of drinking across campus and add to the health and safety of all students.

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