

Brief Alcohol Screening and Intervention for College Students on Campus: Lessons From Experienced Practitioners

Jennifer F. Wagstaff and Laura E. Welfare

Brief Alcohol Screening and Intervention for College Students (BASICS; Dimeff et al., 1999) is an evidence-based treatment to reduce high-risk drinking among college students. Despite evidence of effectiveness, little is known about treatment fidelity when BASICS is implemented in a practical setting. This qualitative study explored the experiences of 13 mental health professionals who use the BASICS intervention. Themes emerged around the strengths of the intervention and barriers to implementation.

Keywords: BASICS, alcohol screening, college students, motivational interviewing, treatment fidelity

In any given month, approximately 65% of college students drink alcohol (Johnston et al., 2016). Of students who drink alcohol, 44% meet the criteria for binge drinking, defined as five standard drinks for men/four standard drinks for women within a 2-hour period (Johnston et al., 2016; White & Hingson, 2013). Adding to this concern is the number of students who far surpass the threshold of binge drinking. In a study of 10,424 college freshmen in their first semester, it was discovered that over 50% of men and approximately 33% of women drank at levels two to three times the binge-drinking rate (White et al., 2006). To address the issue of high-risk drinking and the negative outcomes associated with this behavior, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has recommended brief interventions that include motivational enhancement techniques, cognitive behavioral skills, and norms clarification (NIAAA, 2002, 2007). These interventions can be delivered to individuals or small groups of students. The intervention known as Brief Alcohol Screening and Intervention for College Students (BASICS) meets these criteria and is used in varying forms on campuses nationwide (Dimeff et al., 1999; A. Miller, 2013; NIAAA, 2007).

The purpose of this qualitative research was to explore the experiences of college counselors who use the BASICS intervention as a means to address high-risk drinking on their campuses. Although numerous quantitative studies have pointed to the effectiveness of BASICS (Wagstaff, 2015), no studies to date have addressed counselors' experiences using the intervention. Considering that BASICS is used nationwide, it is important to conduct qualitative research that gathers firsthand accounts for the purpose of further enhancing the intervention. Consequently, this study was implemented to collect "stories from the trenches" that shed light on counselors' day-to-day use of BASICS as a means to help students who engage in high-risk drinking behaviors.

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Why BASICS?

High-risk drinking is a persistent issue on college campuses that often leads to problems, including poor class attendance, failed assignments, mental health issues, accidents, assaults, and violence (Wagstaff & Welfare, 2016). In an effort to curb these problems, campuses are developing prevention and intervention programs such as BASICS that heighten awareness and provide students with the opportunity to be screened and assessed for alcohol use disorder. Through extensive research by the NIAAA, it was determined that the best way to reduce harm caused by high-risk drinking on campuses is to use the 3-in-1 Framework, which provides a logical approach to prevention and intervention (Nelson et al., 2010; NIAAA, 2002, 2007). The 3-in-1 Framework is a three-tiered model that simultaneously targets (a) individual students, (b) the campus community, and (c) the surrounding community (NIAAA, 2002, 2007). Interventions within Tier 1 are the most promising because they are designed for individuals and small groups of students and use cognitive behavioral skills along with motivational enhancement techniques in a brief format (NIAAA, 2002, 2007). BASICS fits into Tier 1 of the framework for the reason that it is brief (two sessions) and relies heavily on motivational interviewing (MI) as a means to provide students with knowledge and skills to reduce high-risk drinking behaviors (Dimeff et al., 1999).

How BASICS Works

BASICS aims to increase awareness around the use and abuse of alcohol and reduce harmful consequences associated with high-risk drinking (Dimeff et al., 1999). Based on the principles of MI and harm reduction, BASICS is facilitated in a nonjudgmental manner and conveys empathy for the student. The overarching goal of BASICS is to reveal discrepancies between the students' high-risk drinking behaviors and their values and goals (Baer et al., 2001; Borsari & Carey, 2000, 2005; Dimeff et al., 1999). Success is contingent upon the counselor's proficiency with MI and adherence to the core components of the two-session intervention (Dimeff et al., 1999).

MI. MI is a nonjudgmental, client-centered, directive counseling approach with the primary goal of increasing clients' internal motivation to change (W. R. Miller & Rollnick, 2013). W. R. Miller and Rollnick (2013) described four basic principles that guide the practice of MI: expressing empathy, developing discrepancy, rolling with resistance, and supporting efficacy. Empathy involves accepting the client where they are in relation to their current situation. The development of discrepancy occurs when the client recognizes that their present situation does not match their values and goals for the future. To roll with resistance, the counselor works with a client in a manner that avoids arguing for change and keeps communication open. Supporting efficacy is the process of instilling the belief that change is possible.

Counselors who use these principles help clients think differently about their current situation and consider potential gains as a result of change (W. R. Miller

& Rollnick, 2013). For college students, often there is a belief that everyone drinks excessive amounts of alcohol; therefore, problem recognition is minimal (Caldwell, 2002). College counselors who use MI to address this issue should draw attention to the inconsistencies between personal goals such as academic success and current drinking behaviors (Dimeff et al., 1999). When discrepancies are brought to their attention and techniques are provided to handle upcoming risky situations, students can envision future success (Dimeff et al., 1999; LaBrie et al., 2006).

The two-session format. The primary focus of the first session is to establish rapport with the student and gather information about their history of alcohol use, problems associated with alcohol use, mental health problems, and typical drinking patterns over the past 30 days. During the 2 weeks between the sessions, the student is asked to self-monitor their drinking and complete a self-report questionnaire about patterns of alcohol consumption, problems associated with alcohol 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 and develops a feedback report for the second session. The objective of the second session is to provide feedback based on the questionnaire in these areas: (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).

BASICS on College Campuses

BASICS has gained recognition as a model program through the Substance Abuse and Mental Health Services Administration (SAMHSA) and is listed in the Evidence-Based Practices (EBP) Resource Center as part of the College AIM: Alcohol Intervention Matrix (SAMHSA, 2019). According to Nelson et al. (2010), approximately 50% of campuses nationwide offer intervention programs such as BASICS for students who engage in high-risk drinking. A standard practice is to mandate students who violate the alcohol policy to participate in the intervention (Wagstaff & Welfare, 2016). Although challenges can accompany mandatory counseling, there are also benefits to this practice. For instance, when adjudicated students are compared with their nonadjudicated peers, the adjudicated student reports higher levels of alcohol abuse and often experiences problems associated with alcohol use, such lack of sleep, relationship issues, poor academic performance, and health concerns (Barnett et al., 2008; Barnett & Reed, 2005). The mandated counseling process can serve as a means to intervene with these high-risk students in a timely manner.

As mentioned above, BASICS is considered an EBP. The use of EBPs provides mental health counselors with the assurance that they are using the most relevant

treatment approach to improve client outcomes. To maintain the integrity of an EBP, practitioners must preserve the core components, such as number of sessions, type of session (individual or group), and content of the session. The authors of BASICS established a specific protocol for the intervention, and the initial research points toward effectiveness (Dimeff et al., 1999). However, the literature review for this research raises questions about the degree to which the intervention was delivered as intended. In fact, when taking a closer look at the 18 studies included in a meta-analysis that explored the efficacy of BASICS, Fachini et al. (2012) found that only four studies followed the exact intervention protocol. Deviations from the core components included the number of sessions (which ranged from one to four), type of sessions (individual vs. group and face-to-face vs. computerized), and the number of topics covered in the feedback session. Although these researchers concluded that BASICS was effective at lowering alcohol consumption and negative consequences among college students, they called for additional research to explore the individual components of the BASIC intervention (Fachini et al., 2012).

The ongoing challenge surrounding EBPs is whether practitioners can maintain the fidelity of the practice if they adapt it to their settings. Furthermore, from a multicultural perspective, is it realistic to think that one size fits all? From the onset, Marlatt et al. (1998) and Baer et al. (2001) determined that brief motivational interventions were effective at reducing alcohol use, but they were unclear as to precisely how they work. Thus, this transcendental phenomenological research (Moustakas, 1994) was designed to answer the following question: What are the experiences of college counselors who use BASICS to address high-risk drinking on their campus?

Method

Transcendental phenomenology is a philosophical approach to qualitative research that seeks to understand human experiences by investigating individual points of view in relation to a specific phenomenon and factoring out notable attributes for further elaboration (Moustakas, 1994). This approach was selected to add depth to the existing research on BASICS by focusing on gathering the narratives of counselors who facilitate the intervention. Through the examination of lived experiences, a deeper understanding emerges. In this case, individual interviews were conducted to better understand the experiences of counselors who use the intervention on their campuses as a means to address high-risk drinking. Qualitative methodology is appropriate when the focus is on exploratory research to increase understanding of a particular phenomenon (Creswell, 2013; Rossman & Rallis, 2012). Prior to implementation, our institutional review boards approved the study, and informed consent was obtained from all participants. Semistructured interview questions were developed to answer the research question (see Table 1).

To visit the campus and conduct in-person interviews, the first author gathered contact information of counselors who facilitate BASICS within a 400-mile radius of her home from publicly available institutional websites.

TABLE 1
Interview Questions and Probes

Question and Probe
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? <i>Probe:</i> Discuss the NIAAA 3-1 approach, BMI approaches. <i>Probe:</i> What is the campus-wide approach to addressing high-risk drinking? 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. <i>Probe:</i> Student conduct policies? <i>Probe:</i> Do students seek your services voluntarily? 3. How did your institution decide to use BASICS in your setting? <i>Probe:</i> What is the history? <i>Probe:</i> What systems were needed to get BASICS in place/up and running? 4. How do you use BASICS in your setting? <i>Probe:</i> What is the number of sessions? <i>Probe:</i> Are the sessions group or individual? 5. What type of training did you have to be a BASICS provider? <i>Probe:</i> Describe any training in MI, BASICS, graduate school, and coursework. 6. How easy or difficult is it for you to adhere to the BASICS protocol? <i>Probe:</i> BASICS was designed to be a two-session intervention. <i>Probe:</i> What is the time between sessions? <i>Probe:</i> What is the number of areas that you deliver feedback in? <i>Probe:</i> What are possible roadblocks? <i>Probe:</i> What are the critical ingredients? 7. How do you generate the feedback report for the intervention? <i>Probe:</i> Is the feedback protocol computer generated or hand scored? Is Blu Sky^a used? 8. Are there certain parts of the feedback component that you find more effective than others? 9. What challenges accompany the use of BASICS in your setting? <i>Probe:</i> Have you experienced any barriers with regard to implementation? 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? <i>Respond to these statements:</i> 1. Marlatt et al. (1998) and Baer et al. (2001) said that we know that BMIs work, but we don't know exactly what about them works. Please share your thoughts. 2. 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?

Note. NIAAA 3-1 = National Institute on Alcohol Abuse and Alcoholism 3-in-1 Framework; BMI = brief motivation intervention; BASICS = Brief Alcohol Screening and Intervention for College Students; MI = motivational interviewing.

^aIn spring 2020, the software platform BASICS Feedback (owned by Blu Sky and managed by First Light Web Services) was phased out and replaced with IMPACT Feedback.

This included campuses in the Mid-Atlantic, Midwest, and Southeast of the United States. The lead author was purposeful in identifying participants who had at least 1 year of experience using BASICS on their campus and experience in the mental health counseling profession. On the basis of these criteria, 13 counselors participated in the study. The first author then traveled to each of the institutions, where in-depth, semistructured interviews were conducted.

These live interviews allowed the first author to gain deeper insight into the campus culture, student population, and the participants' work setting. Following the interview, demographic information was gathered, including age, gender, ethnicity, education level, years of experience using BASICS, and years of experience counseling. The 50-to-60-minute interviews were audio recorded for transcription purposes and researcher review.

In addition to the interviews, artifacts from site visits such as examples of assessments and personalized feedback reports (PFRs) were collected, and field notes were recorded. A reflexive journal was maintained to enrich the interview data and recognize biases (Creswell, 2013; Rossman & Rallis, 2012). An audit trail was used to record research activities.

Interview Protocol

A thorough literature review led to the development of the interview protocol (see Table 1). Interview questions were nondirective and open ended and entailed the use of "how" and "what" as a means to guide the data collection process (e.g., "What helps or hinders the process of facilitating an effective intervention with students?"). This protocol allowed the researchers to formulate a thick description of participants' lived experiences (Creswell, 2013; Rossman & Rallis, 2012; Seidman, 2013). Prior to the onset of study, the first author conducted a pilot interview with a counselor who had over 5 years of experience facilitating BASICS to ensure questions yielded relevant data that pertain to the phenomenon under investigation (Creswell, 2013; Rossman & Rallis, 2012).

Participants

Thirteen college counselors participated in the study (see Table 2). Each self-identified as a college counselor despite some having social work or psychology degrees. Eleven of the 13 were female, and two were male. Ten identified as White, two as biracial, 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, and 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.

Five of the campuses are large state research universities with enrollments ranging from 27,000 to 34,000. Two of these campuses are located in an urban setting, and three are located in a rural setting. Three campuses are midsize state research universities with enrollments ranging from 15,000 to 20,000 and are located in rural settings. Three campuses are private liberal arts institutions with enrollments ranging from 1,100 to 2,600 and 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 8,200 and is located in a rural setting.

TABLE 2
Summary of Participant Demographics

Name	Gender	Age R	Race	Degree	BASICS	Prof	Set	MS	Sessions			PFR	FP
									n	Type	Weeks		
Pam	Female	30–39	White	MC	3.0	14.0	HC	Yes	2	Ind	2	Yes	I-H
Joy	Female	20–29	AA	PhD CP	1.5	2.0	CC	Yes	1 or 2	On, Ind	1	Yes	Blu Sky ^a
Lou	Female	50–59	White	MC	9.0	25.0	HC	Yes	2+	Ind	2	Yes	Blu Sky ^a
Meg	Female	50–59	White	MSW	3.0	3.0	CC	Yes	2+	Ind	1–2	No	None
Ned	Male	30–39	White	MC	1.5	4.5	HC	Yes	3	Ind	4	Yes	Blu Sky ^a
Ann	Female	50–59	White	MSW	10.0	34.0	CC	Yes	3–5	Ind	1	No	None
Viv	Female	50–59	White	MSW	3.0	24.0	UL	Yes	2+	Ind	2	Yes	e-CHUG
Gia	Female	40–49	White	MC	2.5	17.0	WC	Yes	2	Ind	2	No	None
Sky	Female	60–69	BiRac	MClinP	10.0	25.0	CC	Yes	2	Group, Ind	2	No	None
Tab	Female	30–39	White	MC	3.5	7.0	DofS	Yes	2	Ind	1–2	Yes	e-CHUG
Ava	Female	30–39	White	MC	3.0	8.0	CC	Yes	2+	Ind	2	Yes	I-H
Jeb	Male	60–69	BiRac	MSW	6.0	38.0	CC	Yes	2+	Group	1	No	None
Aly	Female	30–39	White	MC	3.0	3.0	ADC	Yes	2	Ind	2	Yes	I-H

Note. Age R = age range in years; BASICS = years participating in Brief Alcohol Screening and Intervention for College Students; Prof = years in the profession; Set = work setting; MS = mandated students; Weeks = number of weeks between sessions; PFR = personalized feedback report; FP = feedback provider; MC = master's in counseling; HC = health center; I-H = individual; I-H = in-house; AA = African American; PhD CP = doctorate in counseling psychology; CC = counseling center; On = online; MSW = master's of social work; UL = university life; e-CHUG = eCHECKUP TO GO (an online prevention intervention; San Diego State University Research Foundation, n.d.); WC = wellness center; BiRac = biracial; MClinP = master's in clinical psychology; DofS = dean of students; ADC = academic department clinic.

^aIn spring 2020, the software platform BASICS Feedback (owned by First Light Web Services) was phased out and replaced with IMPACT Feedback.

Positionality of Researchers

The research team included the first author as interviewer and coder, the second author as auditor, and an additional peer debriefer. The first author identifies as a White woman with over 20 years of experience as a college counselor, educator, and researcher. The second author identifies as a White woman with over 20 years of experience as a counselor and researcher. She served as the auditor as described below. The peer debriefer identifies as a White man with 25 years of experience in primary prevention and intervention, assessment, and program evaluation.

Data Analysis

To analyze the data, the first author used an iterative process wherein data collection and analysis happened concurrently (Anfara et al., 2002; DiCicco-Bloom & Crabtree, 2006). At the conclusion of each interview, the first author transcribed the recording and reviewed it twice to ensure accuracy. Next, as a first iteration of analysis, each transcript was read in its entirety for the purpose of surface analysis (Anfara et al., 2002). This line-by-line fluid process produced keywords and phrases that were common among the research participants (Rossman & Rallis, 2012). Further analysis of the data occurred through a second iteration during which the first author used the constant comparative method to recognize similarly coded data to consolidate and produce categories and subcategories (Anfara et al., 2002; Creswell, 2013).

After the second iteration, consultation with the auditor occurred to identify blind spots and develop new understandings. Discussion resolved inconsistencies, and categories and subcategories were confirmed. The third iteration involved further analysis of the first two iterations and allowed for the discovery of how the categories and subcategories 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 themes and subthemes (Creswell, 2013). To confirm findings, the second author then reviewed the third iteration, and discussion identified the scope and saturation of each theme and subtheme.

Credibility

To ensure credibility, the first author used prolonged engagements and observations, triangulation, researcher reflexivity, member checks, and peer debriefing. Prolonged engagement and observation is the investment of adequate time to learn about participants' perceptions and experiences (Creswell, 2013). Travel to each campus not only allowed for an in-person interview but also provided the opportunity to tour the campus and community to increase understanding of the culture. In terms of triangulation, multiple data sources were used to build a justification for themes (Creswell, 2013; Rossman & Rallis, 2012). The researchers combined data from each interview with artifacts such as

assessment tools and the PFR along with field notes to determine areas of convergence and divergence.

Researcher reflexivity was enhanced through ongoing journaling and record keeping of all research activities. This safeguarded against potential biases (Creswell, 2013). Guba and Lincoln (1985) stated that member checks are critical to ensure the credibility of qualitative research. All research participants were given the opportunity to review the interview transcript for the purpose of validation and were encouraged to make changes and additions to control for errors. In addition, four auditors who were experienced researchers and/or counselors reviewed the coding process and results. Finally, 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 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

The research question guiding this study was “What are the experiences of college counselors who use BASICS to address high-risk drinking on their campus?” After a thorough data analysis, we identified four distinct themes: (a) adaptations, (b) PFRs, (c) strengths of BASICS, and (d) maintaining the spirit of MI. These themes represent the lived experience of counselors who use BASICS. Each participant provided a detailed narrative of their approach. Through analysis, it was determined that there was great variance in how counselors facilitated BASICS (see Table 2). Differences existed in relation to the number of sessions that students attended, the type of session (individual or group), the length of time between sessions, and the PFR. Along with these variances, making adaptations to the intervention was a distinct theme that emerged with participants describing the need to modify the intervention to fit their settings.

Adaptations

All 13 participants described some adaptations to the BASICS protocol. Some adaptations were minor and others were extensive. For example, five participants did not use a PFR, and others varied the session format. Joy described the use of BASICS on her campus in this manner:

We do not use the protocol [*laughter*]. It is difficult. I think there is absolutely no way that we would be able to meet with each student twice. . . . We use a hybrid model that seems to work for us. As you know, you never have just one job if you are a student affairs professional. That means you have to roll with the punches. So for us, that has meant pulling out the best of what this intervention can offer us and not be bound by rules that do not make sense in our environment.

Gia described why adaptations occurred on her campus:

We used to adhere to the model of two individual sessions. After it became known from the NIAAA to be the most evidence-based intervention, we received more and more referrals. It came to the point where it was difficult to do it that way, and therefore we made modifications. I spoke to many people who were modifying it and doing more of a group intervention. Now we do one group meeting that includes alcohol education and hand out a drinking log. Students track their drinking for 2 weeks. Then, we meet with the students individually and review their drinking log. We give them their feedback in that session, which includes normative information.

Because of the cost of a feedback tool, Meg described adaptations in this manner:

We were using eCHECKUP [TO GO], but quite frankly it is too expensive for my budget. This is the first semester we have not had that service. There is a good chance that I will have to come up with something else, but I am not sure what that will be due to budget constraints. So for now, when students come in for the second session, we review Session 1, discuss how things are going, and create a harm reduction plan. Within that plan, we go over the triggers and strategies.

PFRs

It is acknowledged in the BASICS manual that the generation of the PFR is expensive and requires computer expertise and costly equipment (Dimeff et al., 1999). In fact, five participants used commercial PFRs, three used in-house PFRs, and five participants did not use PFRs at all (see Table 2). Several of the research participants discussed the difficulties they have encountered trying to develop the PFR for their campuses. Others explained that it is too long, rote, and cumbersome. Subthemes that emerged in this theme were (a) the development of a PFR and (b) inefficient.

The development of a PFR. All participants fully understood that feedback is an essential component of the intervention. With that being said, five participants admitted that they were not using a PFR because of a lack of resources, including time, money, and personnel. In fact, two of those five participants previously contracted with an outside provider to generate the PFR but encountered fiscal constraints and were forced to end their partnership. When Ann discussed her experiences with the PFR, she used the expression “instrument fatigue.” She further elaborated and described that her campus did not have the resources to contract with an outside company nor did she have on-campus resources to develop a computerized PFR. As a result, she used a hard copy of the PFR that is hand scored. She noted that students would disengage when filling it out because there were so many questions and jokingly admitted that she encountered the same issue when scoring the instrument. Ava also uses a self-created PFR at her institution but indicated that the process of hand scoring the instrument is “annoying” and at times the “bane of my existence.” The participants who contract with a company to generate the PFR described feeling fortunate and were quick to acknowledge that it would be difficult to facilitate the intervention without that resource. These accounts confirm that the PFR can cause complications, leading one research participant to beg for the development of a simple, affordable tool that everyone can have access to.

Inefficient. The PFR was seen as inefficient because of length combined with being rote and cumbersome. These concerns were discussed by all participants. In terms of length, it was not uncommon to hear comments about the number of pages and the amount of feedback topics to cover within the report. Some reports are more than 20 pages, with Lou's as the lengthiest at 26 pages. Because of the length of the report, all counselors described difficulties reviewing the report in its entirety within a 50-minute counseling session. Pam shared,

There is just too much to cover in 45 minutes. . . . More often than not, I am unable to discuss all items on the PFR with the student. Sometimes students will be really engaged and interested in BAC [blood alcohol content], so we spend 15 minutes of our time on that topic. Other times, they want to spend time processing which protective strategies are realistic. When this happens, time elapses quickly.

“Rote” and “cumbersome” were words selected by Ann. She expressed concern about becoming too mechanical in facilitating the PFR and simply checking things off the list rather than connecting with the students. Others agreed and suggested that the PFR can be a security blanket when facilitating: It serves as a guide to the harm reduction conversation, but simply going through the motions and bullet points leads to problems. Viv stated, “Personally, I don’t like to use forms because I find that it disrupts the flow of the intervention. It is too long and at times repetitive.” She expanded further:

When I say I am not wedded to the structure of the intervention that does not mean that I do not cover it all. It just means I may not cover it with their handout. I make my own handout, and I may cover it in a different order depending on the student.

Others mentioned times when students brought up concerns unrelated to the report. These types of situations raise the question of whether a counselor should stick with the PFR or gravitate away and validate the student when necessary. As Aly stated,

I find with any kind of “manualized” treatment, as soon as you know the manual, the client comes in and nothing in the manual applies to the client. So what I have learned to do as a supervisor and a facilitator was to trust MI and the spirit of MI. So in the session, being MI adherent, being MI congruent, sometimes means that the feedback sheet needs to wait.

Strengths of BASICS

All participants were able to identify more strengths than limitations of BASICS, and many spoke of a deep appreciation for the intervention. The subthemes that emerged under the strengths were (a) education, (b) personal awareness, and (c) empowerment.

Education. All participants agreed that the education component of BASICS is valuable. In particular, standard drinks, blood alcohol content, tolerance, sobering up, and protective strategies were commonly cited as valuable. Lou stated, “The beauty of BASICS is that students get some education.” Sky described the value of standard drinks, blood alcohol content, and protective strategies by explaining

that students “did not realize that they were drinking more [than a standard drink]. I can point out that they did not realize they had three drinks because they filled their cup with half liquor and half soda.” She went on to describe how important the protective strategies are: “They [students] will actually learn a thing or two about that and make a commitment . . . and making a commitment is important.”

Gia explained how she approached the education component of BASICS:

You can equate it with other types of health information. For example, how often do you wear a seatbelt? How many times do you go to the gym? How often do you have that second piece of chocolate cake? It is just good to know about yourself and the drinking choices you are making. It normalizes and it is just one more health decision that we make.

Personal awareness. Several participants saw the intervention as a tool to help students become more self-aware. For example, Viv described the intervention as an opportunity for students to reflect on their choices in relation to alcohol use and determine whether change is necessary. Two participants used the metaphor of a mirror. Pam stated,

It sounds cheesy, but I really do feel like it is holding up a mirror. . . . I can help them in that process of looking at themselves. . . . I love that it paints a picture for them of the way in which they are benefiting from alcohol in their life, real or perceived, and the ways in which they could be doing something differently. I love that all those things are self-identified.

Joy described it in this manner:

You know, sometimes students get defensive and they want to argue. BASICS is a real quick and dirty way to hold a mirror up to students about their use. It is OK that they are not happy about being mandated to the intervention. I want to talk about what it is that they are not happy about, and I want us to consider the possibility that this could be true. That is really different than having a mom say, “Oh you drink too much and you need to stop.” It is really different because it is what they reported. It is on the student to own it and figure out what that means. . . . But if you could hold up the mirror and say, “Talk to me about what you see.” Tell them it is OK. Whatever they see is OK, but talk to me about it. I think that is really powerful for students, and it really empowers them to make some decisions about lower risk drinking.

Empowerment. The counselors also spoke to the importance of empowerment. As Viv described, “You are not being assessed, lectured, judged right or wrong. It is feedback for you to do with it what you will.” Meg echoed Viv: “First of all, they are treated as human beings who have choices and their choices are honored. They are given information, and they are treated like an adult to go use this information or not.” The metaphor of allowing the student to be in the driver’s seat emerged and was supported by Lou, who stated, “The beauty of BASICS is that you are not forcing students to do anything that they don’t want to do. When they are ready, they either do it or they don’t. It’s their choice.”

Maintaining the Spirit of MI

The final theme that emerged was maintaining the spirit of MI: expressing empathy, developing discrepancy, rolling with resistance, and supporting efficacy

(W. R. Miller & Rollnick, 2013). Over half of the counselors described this challenge and explicitly stated that it is the counselor's personal responsibility to determine how the student receives the intervention. Four poignant examples of this emerged. Each of these participants described how their own agendas or other roles on campus conflict with the spirit of MI. Ava said, "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." Similarly, 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 [students]. We are therapists because we want to help people. So, when I think about one of the core principles of MI and BASICS, I think about resisting the "righting" reflex.

Tab shared her perspective in this manner:

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 and use open-ended questions and reflections." Or sometimes I see them rolling their eyes and getting really disrespectful . . . then I want to flip into that administrative role and be like, "Watch your tone." But I have to remember to roll with the resistance even when they give you a lot of attitude. So we have to be able as counselors to work through those difficult situations.

Sky said,

You know, in our field, a lot of us are wearing more than one hat. So I do find that if I don't have the time to reflect and meditate on this one particular BASICS recipient that I don't do as good of a job.

These examples depict what counselors are experiencing in their roles on campus with the BASICS intervention.

Discussion

This study was designed to gain a deeper understanding of counselors' experiences using the BASICS intervention on their respective campus. The 13 in-depth interviews generated four themes—adaptations, PFRs, strengths of BASICS, and maintaining the spirit of MI—that shed light on the benefits of the intervention along with the challenges that accompany implementation. Implications for practice emerged.

First, the detailed narrative provided by each counselor demonstrated that visible differences existed with the implementation of the intervention, similar to those described in the meta-analysis conducted by Fachini et al. (2012). This included whether the student was mandated to attend, the number of sessions that students attend, the type of session (individual or group), the length of time between sessions, and the PFR. It is acknowledged by SAMHSA that adaptations often occur when implementing EBPs for the purpose of fitting the organiza-

tion's setting or program structure. It is also acknowledged that this should be done cautiously without compromising or deleting the core components of the intervention (SAMHSA, 2012). Counselors should consider carefully whether adaptations made for practical or logistical reasons compromise treatment outcomes.

With the process of mandating students, concerns are commonly mentioned, including the ethical issues in conjunction with coerced counseling and resistance or reluctance on the part of the student (Kiracofe & Buller, 2009; Wagstaff & Welfare, 2016). To combat these concerns, counselors should screen students to determine whether BASICS is the appropriate intervention. Researchers suggest the use of the CAGE questionnaire, Alcohol Use Disorders Identification Test, College Alcohol Problems Scale, and Rutgers Alcohol Problem Index to identify students who are at risk for alcohol-related problems (Larimer et al., 2004/2005; Seigers & Carey, 2010). These instruments are available free of charge at the NIAAA and do not require training (NIAAA, 2005).

The authors of the BASICS manual conceded that the generation of the PFR is expensive and requires computer expertise and costly equipment (Dimeff et al., 1999). The crux of BASICS is to provide the student with feedback during the second session. All participants in this study described challenges encountered with the report, thus affecting outcomes. It is recommended that further research surrounding the PFR be conducted to address this issue for the purpose of enhancing BASICS. This recommendation is in line with research by Chambers and Norton (2016), who pointed out that adaptations to EBPs are not always at odds with the efficacy but rather can serve as an opportunity to expand the knowledge base for overall improvement. Counselors can explore their university's subscriptions to platforms designed for course management or survey research that may be able to generate a similar feedback report. Such platforms have become more versatile and user-friendly since BASICS was first developed, and interdisciplinary collaborations across campus could lead to the development of a free, tailored, and in-house version of the PFR.

It is also worth considering alternative routes to providing feedback. Fachini et al. (2012) called for additional research to determine which components of the intervention are most effective. Is it sufficient for counselors to use consistent MI techniques to produce change talk and establish a change plan, or is the PFR the only viable option? One counselor described using a change plan that included setting specific goals and identifying obstacles that could potentially interfere with the goals as well as strategies and people who can be of support. Campuses lacking the resources for the PFR should consider the use of a change plan and assess accordingly.

Despite challenges, these counselors heralded the strengths of BASICS as well. Because problem recognition is often limited (Caldwell, 2002), counselors need an approachable way to educate students and increase their self-awareness. The participants reported that BASICS is effective in delivering relevant, personalized information and drawing attention to the discrepancies between current behaviors and personal goals (Dimeff et al., 1999; LaBrie et al., 2006; Larimer et al., 1999). They also described the importance of hav-

ing an encouraging, empowering message when students acknowledge those discrepancies and begin working toward change.

The encouraging, empowering message is fundamental to BASICS as a motivational intervention (Dimeff et al., 1999). MI is often described as an art rather than a science (W. R. Miller & Rollnick, 2013). Several research participants said that there is a spirit to MI or a way of being. This way of being creates a space that is nonthreatening and nonjudgmental, which results in the freedom to be open and honest and discuss anything. Counselors vary in theoretical orientation and helping styles. Considering this, there is no doubt that it can be a challenge to stick with MI when there are distractions. The need to be mindful is never-ending and takes effort. Therefore, counselors must keep in mind that MI is a key component of the BASICS intervention. Institutions must make a concerted effort to identify facilitators who can adhere to the principles of MI, and consistent, ongoing training must be provided to ensure the fidelity of the intervention.

Limitations and Future Research Directions

Several limitations should be considered in concert with the findings. First, qualitative studies gather rich and nuanced information from participants, but their stories may not represent all counselors using BASICS. Additional quantitative research could reveal trends in college counselor experiences and inform revisions to the BASICS protocol itself. Second, because gathering data by interview relies on self-report, the information shared is limited by a participant's self-awareness and willingness to share. These counselors participated eagerly and were candid in what they shared, but they could have been influenced by social desirability or overrepresented recent experiences. Finally, an area for future research related to training emerged as these interviews were conducted. All counselors in this study reported that they were trained in MI, and 11 of the counselors reported participating in one or more BASICS trainings. Nevertheless, the majority expressed the desire to have refresher trainings available. Effective training, adequate time to practice, and ongoing supervision are the precursors to ensure the fidelity of EBPs (Beidas & Kendall, 2010; Carise et al., 2009). The Motivational Interviewing Network of Trainers consistently offers trainings with the goal to ensure good practice and skill development (Motivational Interviewing Network of Trainers, 2018), but the developers of BASICS have not developed a network of trainers. As a result, it is unclear how counselors are trained in BASICS and whether adequate continuing education opportunities are available.

Conclusion

The need to identify best practices to address the issue of high-risk drinking remains constant on campuses nationwide. New evidence of the negative impact of drinking

on the developing brain is alarming (A. Miller, 2013). All research participants were in agreement that, overall, BASICS is an effective intervention to mitigate high-risk drinking among students on their campuses. Logistical challenges may lead to practical adaptations, however, and counselors must work to maintain the strengths of this brief, motivational intervention while implementing it in their settings.

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