Student Affairs Learning Improvement Application

Please complete the application below to apply for the learning improvement initiative with Student Affairs Support Services (SASS) within the Center for Assessment and Research Studies (CARS). This initiative is a partnership between SASS and the Division of Student Affairs to focus on the improvement of student learning and development.

At Madison, we value improvement of learning and development, which can be accomplished by well-thought-out programming and assessment. In turn, a complete and coherent application is a first step to making such initiatives successful. **Applications are due May 15th**.

There are two options for when programs may begin the project: Summer or Fall. In the application, you will be asked to indicate whether you plan to begin the project in the Summer or Fall. Please select a starting date that best aligns with your office schedule. **Selected programs will be notified by May 31st**.

Please select one starting date: __X__ Summer
___ Fall Semester

Although several application questions will ask you to describe previous assessment results and previous improvement efforts, programs will not be selected based on the number of years they have conducted assessment or demonstrated improvement. **Rather, programs will be selected based on readiness and commitment to a long-term improvement process**. Up to 2 programs will be selected per year based on their readiness and commitment.

Should any questions arise while completing this application, you may contact SASS (SASS@jmu.edu). Once completed, submit your application to the co-chairs (Sarah Sunde, sundesa@jmu.edu; Kathleen Campbell, campbekl@jmu.edu) of the Student Affairs Assessment Advisory Council for review.

I. Program Overview

In this section, please provide general information about your program. Responses are meant to be **short**, as you will have the opportunity to provide more detail in the sections below.

a. Name of applicant's office:

University Health Center

b. Name of program of interest:

Brief Alcohol Screening and Intervention for College Students (BASICS)

c. Purpose of the program (1 paragraph max):

BASICS is a one-hour individually delivered, brief feedback-and-skills intervention session. The purpose of the program is to help students evaluate the risks that may result from alcohol use. It directly targets peer influences through the provision of personalized feedback and discussion of alcohol norms, alcohol expectancies, negative consequences, and protective behavioral strategies and skills. This intervention is delivered in a motivational-enhancement style.

d. Number of students who complete the program:

Every year we identify 400-800 incoming first-year students likely to engage in high-risk drinking behavior (based on a questionnaire all students complete upon enrollment). These students are then invited to complete BASICS during their first semester of classes. In the past, we've had participation rates range from 50-60%.

e. Number of staff members who facilitate the program:

21 trained undergraduate/graduate students

f. Point person/primary overseer of the program:

Paulius Satkus, Substance Education Coordinator, University Health Center

II. Current Assessment of Student Learning Outcomes

The goal of this section is to ensure your office is well acquainted with the assessment process. We find that offices that have carefully thought about programming and assessment are in a better position to make improvements. In the space below, please provide a **brief** summary of the program of interest. In your summary, please include 1) your student learning and development outcomes; 2) a **general/broad** description of the programming in which students are provided the opportunity to learn or develop; and 3) the procedures used to assess whether the desired outcomes are actually being met. Careful consideration of these questions is crucial to the success of a learning improvement project. Please address 1, 2, and 3 within 1 to 2 pages maximum:

STUDENT LEARNING & DEVELOPMENT OUTCOMES

As a result of completing the BASICS program, students will:

A. be able to evaluate the risks that may result from alcohol use
B. adopt more positive beliefs and attitudes about alcohol usage as compared to baseline levels
C. reduce their self-reported Blood Alcohol Content (BAC) level during a typical drinking event

GENERAL DESCRIPTION OF THE PROGRAMMING

BASICS is a one-hour motivational interview with a peer facilitator. Incoming students deemed at "high risk" for abusing alcohol (e.g., binge drinking) in college are invited to schedule an interview appointment.

When students arrive for their appointment, they are directed to a computer screen that displays a personalized feedback sheet concerning their drinking behaviors. This report is produced from data obtained from a pretest (baseline) completed prior to their appointment. The facilitators then start a conversation that addresses students' current use of alcohol, potential risks associated with usage, and strategies the student can use to combat risky drinking behavior. Lastly, students receive a physical copy of the feedback report along with a list of tips and resources. Thus, the BASICS program consists of three main components described in greater detail below:

- an overview of the participant's personalized feedback report
- a one-on-one motivational interview with a peer facilitator
- a referral to additional resources

Note: The peer facilitators of the program are trained by clinical psychologists and counselors. They are given strict instructions about their apparel, language to be used, and strategies to employ in the motivational interview.

Personalized Feedback Report

The computer-generated personalized feedback sheet (created from pretest results) contains information about students' drinking patterns, their perceived drinking norms, consequences of alcohol abuse, the caloric consumption associated with their drinking habits (along with the amount of hours of exercise necessary to burn those calories), and lastly, some of the protective behavioral strategies participants have already used. This report is generated from a questionnaire that is sent out to all incoming first-year students in the summer. The questionnaire includes all of our measures (described below). Students usually take about 10 minutes to read their report. During this time there is no discussion between the facilitator and the student; this activity is simply to provide context for the motivational interview that follows.

Motivational Interview and Discussion

After the student has read the personalized report, the facilitator starts the interview. BASICS intervention interviews take about 45–60 minutes and are conducted one-on-one. The facilitator and student meticulously go through the report to 1) make sure the student understands everything in the report and to 2) discuss potentially troubling results.

Resources

The last step of the program is to provide resources. After the motivational interview students receive a tip sheet with contact information for addiction services in the area. The purpose of this tip sheet is to provide resources for students who would like to seek professional help after learning about their alcohol-related risks. Students are encouraged to review the list of resources with the facilitator, however some choose to do so by themselves at a later time.

PROCEDURES USED TO ASSESS WHETHER THE DESIRED OUTCOMES ARE ACTUALLY BEING MET

Measures

Outcome A (students will be able to evaluate the risks that may result from alcohol use) was assessed using two items from the Core Institute's Campus Assessment of Alcohol and Other Drug Norms, which were summed to create a composite score. Additionally, we administered Rutgers Alcohol Problem Index (RAPI; White & Labouvie, 1989), which is a 23-item instrument designed to assess the consequences of alcohol abuse.

Outcome B (related to "beliefs and attitudes about alcohol") was assessed using a total score created by summing 6 items from previous alcohol research (Turrisi et al., 2000). One example item reads, "Drinking at a bar is completely normal". All items were rated on a scale ranging from "Strongly Agree" (1) to "Strongly Disagree" (5).

Outcome C (students will reduce their typical BAC level) was assessed by using the Daily Drinking Questionnaire (Collins et al., 1985) and several direct questions such as, "During a typical drinking event, how many drinks do you consume per hour?". By having this information, in addition to students' weight and gender, BAC was calculated using established guidelines (Dimeff et al., 1999; Matthews & Miller, 1979).

Data Collection Design

Before adopting BASICS as an intervention offered by our department to all students identified as high risk (voluntary), a randomized control study was conducted to evaluate the program's effectiveness. The design of this study is described below and illustrated in Figure 1:

In the summer before the 2015-2016 academic school year, all incoming students completed an online assessment as part of the university's orientation program. The online assessment covered a variety of topics, and as part of that assessment, students completed the measures we used in our study. After obtaining this data, we identified 831 high-risk students and invited them to participate in our study. Sixty-four percent of students (n = 534) responded to the invitation, thus constituting our sample size. Next, these students who were identified as high-risk were randomly chosen to be in either the control (n = 267) or intervention group (n = 267). The control group received a mailed brochure regarding responsible drinking. The treatment group received the BASICS program described above. Descriptive analyses provided evidence that both groups were equivalent at the start of the project on background variables (e.g., gender, age, SAT scores) and all of the outcome measures mentioned above.

During the first couple weeks of the semester, the students who were selected to be in the intervention group were contacted to set up an appointment with a facilitator. At this time, the students in the control group were given information regarding potential risks involved with alcohol consumption.

At the end of the semester, both groups of students were then asked to complete the online assessment instruments again. The information collected at this time served as our posttest data. See Section 3f for results.

The data collection described above is nearly identical to the assessment process that we will be using when offering our program next year. In fact, the only difference is that we no longer will have a control group. This way, all students who request to participate in the program will receive the BASICS intervention. We will contact "high-risk" students using the same method as described above and participation will remain voluntary. Without a control group, we will obtain data on students' pre and post measures, thus we will be able to infer how students have changed from before the program to after.

III. Focus of Partnership with SASS

You may want to improve learning/development related to all outcomes. However, for this partnership, you will need to **select 1 or 2** learning/development outcomes on which to focus. These outcomes should be sufficiently important to warrant the ample resources that will be devoted to improving all related programming and assessment activities.

The most crucial information you will provide in this section concerns the **program theory** that guides your program. In other words, how was your programming *intentionally designed* to achieve the student learning and development outcomes you've decided to focus on for this partnership? Programs that have not given this considerable thought will find it difficult to engage in a learning improvement initiative.

a. Student learning/development outcome(s) **selected** for the improvement initiative (1 or 2):

We will work on Objective C—reducing students' Blood Alcohol Content (BAC) level during a typical drinking event.

b. Description of **why** these outcomes were selected for the learning improvement initiative. Why are these outcomes important to your department? (1-2 paragraphs):

An abundance of literature provides links between excessive drinking behavior and health impairments. A number of studies also suggest increased difficulty for success in college (i.e., lower retention, lower graduation rates, poorer classroom performance) for high-risk students as compared to students who consume alcohol at less alarming rates. (Wechsler, Davenport, Dowdall, Moeykens, & Castillo, 1994). Thus, while Outcomes A and B are important intermediate objectives, Outcome C is the ultimate aim of the program—and our focus for this improvement initiative.

c. Description of why these outcomes are important to JMU (1 paragraph):

JMU's strategic plan lists several core qualities that the University deems important. One of them is "Academic Quality". Overuse of alcohol has been empirically shown to be related to lower academic performance. It is important to educate students regarding various factors that can affect their academic performance. Another core quality endorsed by JMU is student wellness, and overuse of alcohol impacts students' health.

d. Description of the specific programming (curriculum, pedagogy, intervention, etc.) used to provide students with an opportunity to meet the **selected outcome(s) only**. An objective-to-curriculum map should be included as part of this description (may be attached as an appendix):

See Table 1 for the structure of the program, along with a detailed objective-to-program component map. From this map, it is clear that all program components indirectly map to Outcome C (the selected outcome).

e. Describe *how* this programming is expected to result in the desired student learning/development outcome(s). In other words, please explain the logic behind why certain program features were chosen to achieve the selected outcomes. This is often referred to as program theory or logic. If you are unfamiliar with these terms, please watch this short introductory video before constructing your response (1 page max). If you need support using program logic to develop curriculum/programming, please visit JMU's Center for Faculty Innovation (CFI):

A logic model that describes how we built programming to meet Outcome C (reduced Blood Alcohol Content level) is included in Figure 2. Note, even though every component of the program is intended to impact Outcome C, some program components provide only "slight coverage" (more detail on coverage can be found within the objective-to-program component map located in Table 1). Thus, for the purposes of this application, the logic model includes only the program components hypothesized to impact Outcome C at least moderately.

Harm-Reduction vs. Abstinence. The BASICS program is based, in large part, on empirical studies done using the *harm-reduction approach* (Marlatt, Larimer, Baer, & Quigley, 1993; Baer et al., 1992; Bien, Miller, & Tonigan, 1993; World Health Organization [WHO] Brief Intervention Group, 1996). These studies found that drinking behavior was reduced by providing advice on how to reduce or manage the risks associated with alcohol rather than by attempting to extinguish alcohol-related behavior altogether.

Addressing Behaviors. The BASICS program also pulls heavily from the Theory of Reasoned Action (Fishbein & Ajzen, 1975). In brief, this theory states that the performance or

nonperformance of a specific behavior is largely determined by a person's intent to perform (or not perform) the behavior. Behavioral intentions, in turn, are impacted by a person's attitudes towards the behavior and subjective norms. In the case of alcohol behavior change, then, we would have to affect students' intentions to engage in high-risk drinking. To do so, our program targets student's attitudes towards alcohol use and perceived social pressure to drink (Outcome B). For more detail, see Figure 2.

Focus on Education. The harm-reduction literature suggests students do not like to be told what to do (i.e., may trigger psychological reactance). Thus, the focus of a brief alcohol intervention should be shifted towards educating students, not mandating particular behavior.

Peer Facilitators. Our intervention is facilitated by students to reduce the potential for resistance. The rationale is that students will feel more comfortable asking questions to peers as opposed to a psychologists who might be perceived as judgmental or able to impose judiciary sanctions.

Early Intervention. Our intervention targets high risks students when they enter college (Turrisi et al., 2004). By acting upon excessive drinking early in their college experience, our department believes we can shape students beliefs more effectively.

f. Summarize the results of previous assessment related to the selected outcomes (1 page max):

The study we conducted in 2015-2016 showed that peer-facilitated motivational interviews were successful in reducing alcohol use as measured by Blood Alcohol Content levels. More specifically, we found a 0.15 standard deviation decrease in Blood Alcohol Content levels for high-risk students who were in the intervention group as compared to a negligible decrease (nearly zero) in the control group. The program has also been successful in changing attitudes towards some alcohol-related behaviors as measured by a composite score made from 6 items (Turrisi et al., 2000). For example, less students endorsed the item "I am going to party to get drunk" after the program than at the baseline measure.

IV. Action Plan

In this section, you will be asked to consider why the student learning/development outcomes you selected are not being met and propose possible strategies for addressing these obstacles.

a. For each selected outcome, provide an explanation/hypothesis about why current programming is not supporting student learning/development to the degree you desire (1 page max):

While the BASICS peer intervention has achieved some success in reducing alcohol-related behavior, our department thinks that the effect should be greater (at least 0.5 SDs). At a department meeting in June, we discussed possible reasons why satisfactory results were not achieved. We also sent a survey to program participants asking them to provide feedback about their one-on-one interviews to inform program changes. The common theme that emerged from the surveys was that there is a lot of variability in the one-on-one interviews. Peer-facilitators sometimes deviate from the established procedure, not implementing the program fully. Nonetheless, most students noted that they appreciated discussing their alcohol behaviors with peers because they could relate to them.

b. Prior to this new partnership with SASS, have you tried to ***improve*** student learning/development related to these outcomes? If so, please describe the improvement initiatives. Have those initiatives been successful? (1 page max):

The BASICS program was initially piloted in 2013 with clinical psychologists as facilitators. We noticed, however, that students were intimidated by the titles and specializations of the facilitators (they didn't engage, were reluctant to provide information about their behavior and attitudes, etc.). To create a more comfortable environment, we decided to use peer facilitators. The effectiveness of using peers as facilitators is supported by the literature, and we ultimately found that using peers resulted in the same or better outcomes as using clinical psychologists. Since training students as peer facilitators is more cost-efficient than hiring clinical psychologists, we have continued to implement the program with this modification. However, with respect to our program outcomes, we believe there is still room for substantial improvement.

c. Based on your answers to the questions above, what changes to a) your programming and b) your assessment processes do you believe are necessary to demonstrate improvements in student learning/development?

A) The biggest change we would like to make is to strengthen our intervention. Currently, the duration of the whole intervention is one hour and the large majority of this time is devoted to the motivational interview. In order to achieve greater results, we believe it is necessary to provide additional opportunities for students to discuss and reflect on their alcohol usage. Thus, we would like to add another workshop or session later in the semester (as noted at the bottom of Table 1). As an office, we have had some initial discussions about the potential curriculum for this additional session; if our program were to be selected, however, we would explore this further—perhaps involving other support services across campus.

B) With respect to the assessment processes, although we have obtained positive results regarding use of peer facilitators, we would like some evidence that the intervention is delivered as intended (i.e., implementation fidelity). Our initial thoughts are to record the motivational interviews and rate the extent to which facilitators address the five elements of the interview identified in Table 1. Having this data would strengthen the inferences we are able to make because if we obtained data suggesting the intervention was delivered as planned, we could infer that the outcomes were due to the intervention. In contrast, if the intervention was not delivered as planned, even if the outcomes were positive we would not be able to say that the planned intervention caused the reduction in alcohol consumption.

d. Provide a detailed timeline that articulates your plan to improve student learning/development to the degree you desire. This timeline should include 1) whether you plan to begin this work in Summer or Fall, 2) plans to initially assess the program, 3) plans to make programmatic changes, and 4) plans to re-assess the program:

1) Our plan is to conduct a second effectiveness study beginning in the summer of 2018 (when our data collection process begins again). As we have done in the past, we will send an email to all first-year students that are identified as high-risk in terms of alcohol use and invite them to participate in the study.
2) The baseline data for the learning improvement project will be the data we collect next summer. Apart from adding an implementation fidelity component, our *assessment processes* will look about the same for the next year. To evaluate the effectiveness of the new program with modified intervention we will adopt the data collection process described in Section II and illustrated in Figure 1.
3) Proposed *programmatic changes* are still under development, but will likely include strengthening the intervention by adding another time point where students will be further exposed to the curriculum.
4) Our plan is to re-assess students at the end of fall semester, approximately 6 months after pre-test data-gathering (see Figure 1).

V. Commitment to Partnership

One of the most important resources needed to evidence student learning improvement is time. As such, **each program will commit 10 hours per week to the initiative**. This amount of time is necessary to think critically about the program, collect evidence regarding student learning and development, and engage in evidence-based, intentional program redesign. By committing this time up front, programs will be able to distribute other responsibilities accordingly.

a. Weekly Time Commitment (10 hours/week)
   Please select a Lead Coordinator who will serve as the primary contact and chief overseer of the initiative. This person may choose to commit all ten hours each week, or assemble a team to share the workload. *Note: Graduate assistants may lend support where needed, but most decisions/discussions will require extensive familiarity with the program over several years, an understanding of the program theory/logic behind the program, knowledge of departmental resources, and a level of authority beyond what most graduate students possess. As such, graduate assistants may not serve as lead coordinators and should contribute less than 1/3 of the total hours spent on the initiative each week.*

b. Support from Direct Supervisor (1 hour/week)
   Regular contributions from upper-level administrators are crucial to the long-term success of a learning improvement initiative and, in turn, the future of the program. Direct Supervisor, please sign below to indicate **a commitment of 1 hour per week** to the learning improvement project detailed in this application. This time may be spent in whatever manner is most helpful to the program.

Lead Coordinator:

_____	_____	_____
(Name)	(Signature)	(Date)

Other Team Members (names only; no signatures required):

_____

_____

_____

_____

_____

Direct Supervisor (1 hour commitment each week):

_____	_____	_____
(Name)	(Signature)	(Date)

Director:

_____	_____	_____
(Name)	(Signature)	(Date)

Table 1. Objective-to-Program Component Map for Current BASICS Program

		Outcomes Degree of Coverage: 1=Slight, 2=Moderate, 3=Major		
Component	Time Allocated	A. Students will be able to evaluate the risks that may results from high alcohol use	B. Students will change their beliefs and attitudes about alcohol	C. Students will reduce their Blood alcohol Content (BAC) levels
1. Overview of personalized feedback sheet	10 mins	2	2	1
2. Different topics covered in the interview:				
2.1 Drinking patterns of the student	6 mins	3	2	1
2.2 Perceived and actual descriptive norms for drinking	6 mins	1	3	2
2.3 Drinking consequences	6 mins	3	3	2
2.4 Alcohol caloric consumption	6 mins	2	1	1
2.5 Protective behavioral strategies used	6 mins	1	1	3
3. Time allocated for additional questions & to provide resources	10 mins	1	1	1
Assessment Instruments for Each Outcome		2 items from Core Institute's Campus Assessment of Alcohol and Other Drugs Norms and Rutgers Alcohol Problem Index (White & Labouvie, 1989)	Composite scores created from 6 items from previous alcohol research (Turrisi et al., 2000)	Daily Drinking Questionnaire (Collins et al.,1985) and additional questions

Note. If selected for program improvement, we would likely add additional program components that map to these outcomes in order to have a greater effect on these outcomes.

Figure 1. Timeline for Carrying out Study of Effectiveness

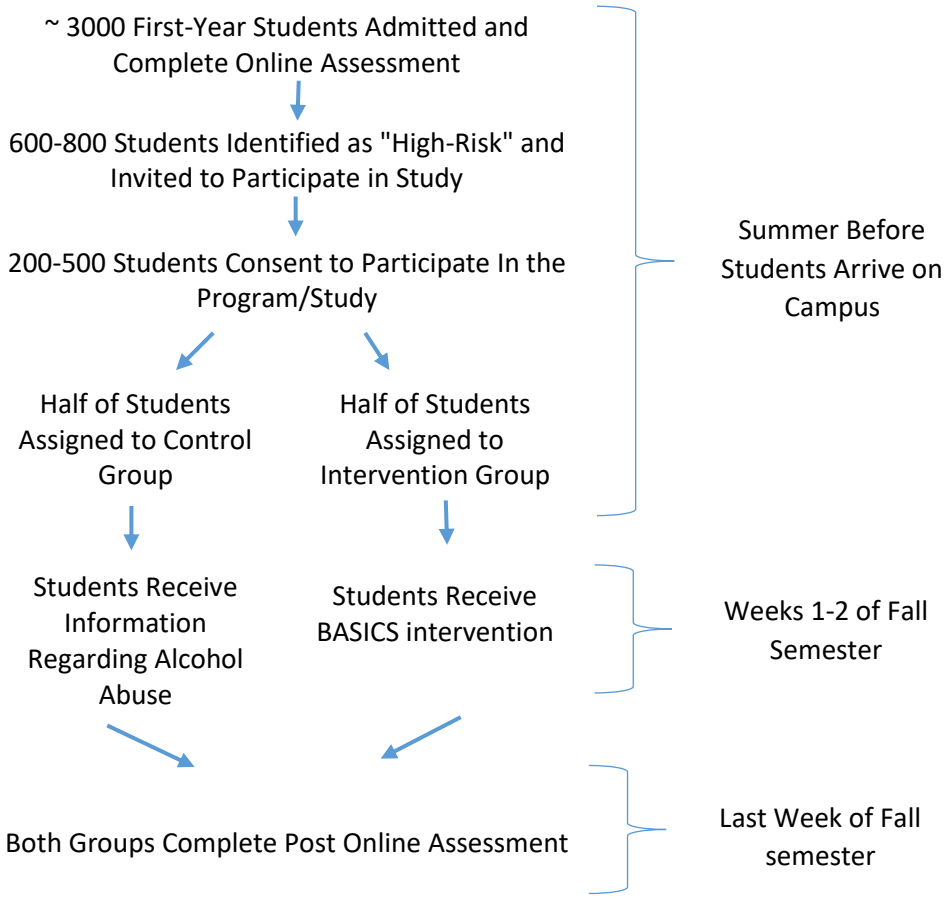

Figure 2. Logic Model Showing Potential Causal Mechanism for Reducing Drinking as Measured by Blood Alcohol Content Level