



Response of heavy-drinking voluntary and mandated college students to a peer-led brief motivational intervention addressing alcohol use[☆]



Nadine R. Mastroleo, Ph.D.^{a,*}, William C. Oakley, PsyD^{a,b}, Erica M. Eaton, MS^{a,c}, Brian Borsari, Ph.D.^{d,a}

^a Center for Alcohol and Addiction Studies, Brown University, Box G-S121-5, Providence, RI 02912, USA

^b Midwestern University, 555 31st Street, Downers Grove, IL 60515, USA

^c Fielding Graduate University, 2112 Santa Barbara Street Santa Barbara, CA 93105, USA

^d Mental Health and Behavioral Sciences Service, Providence VA Medical Center, Providence, RI 02908, USA

ARTICLE INFO

Article history:

Received 2 October 2013

Received in revised form 11 March 2014

Accepted 19 June 2014

Keywords:

College students

Alcohol

Peer counselors

Brief intervention

ABSTRACT

Little is known about the way in which mandated and heavy-drinking voluntary students comparatively respond to peer-led brief motivational interventions (BMIs) and the mediators and moderators of intervention effects. Research suggests that mandated students may be more defensive due to their involvement in treatment against their will and this defensiveness, in turn, may relate to treatment outcome. Furthermore, it is not clear how mandated and heavy-drinking voluntary students perceived satisfaction with peer-led BMIs relates to treatment outcomes. Using data from two separate randomized controlled trials, heavy drinking college students (heavy-drinking voluntary, $n = 156$; mandated, $n = 82$) completed a peer-led brief motivational intervention (BMI). Both mandated and heavy-drinking volunteer students significantly reduced drinking behaviors at 3-month follow-up, reported high levels of post-intervention session satisfaction, yet no effects for mediation or moderation were found. Findings offer continued support for using peer counselors to deliver BMIs; however, results regarding the mechanisms of change were in contrast to previous findings. Implications for treatment and future areas of research are discussed.

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1. Introduction

Concerns over high-risk student drinking and related negative consequences continue to grow (Baer & Peterson, 2002; Ham & Hope, 2003; Mitka, 2009) while various prevention and intervention efforts have been tested and adopted by universities (Larimer & Cronce, 2002, 2007). One common intervention approach is use of brief motivational interventions (BMI), and a common BMI format used with college students is the Brief Alcohol Screening and Intervention for College Students (BASICS; Dimeff, Baer, Kivlahan, & Marlatt, 1999). BASICS employs individualized personal feedback to enhance students' motivations to change high risk drinking behaviors, with the ultimate goal of reducing alcohol related consequences. BASICS has been modified to a more brief approach where counselors (professional or peer) meet for one 50-minute session with college students. Efficacy studies have shown that BASICS, when delivered by professional counselors (minimal training of a master's degree), have been found to reduce drinking and/or consequence among both

voluntary (Larimer et al., 2001; Marlatt et al., 1998) and mandated (or adjudicated) college students (Barnett, Murphy, Colby, & Monti, 2007; Borsari & Carey, 2005; Carey, Carey, Maisto, & Henson, 2006; White, Mun, Pugh, & Morgan, 2007).

To date, the use of peer counselors in reducing drinking with college students has not received as much attention. This is unfortunate, as peer counselors have been integrated into prevention and intervention approaches in the effort to find effective, yet inexpensive methods to reduce drinking in college students (Mastroleo, Mallett, Ray, & Turrissi, 2008). Ender and Newton (2000) identified peer counselors as having the capacity to be as, or more, effective than professionals at delivering some services. Fromme and Corbin (2004) and Bergen-Cico (2000) noted that students relate better to peers than to older adults, peer-delivered programs have a stronger influence on students' attitudes and behavior, and using upper class students to implement substance use programs may be effective for first-year students. Overall, these factors lend support for the effectiveness of peer based programs creating behavior change in college students (Astin, 1997; D'Andrea & Salovey, 1996).

A small body of research supports the use of individual peer-led brief alcohol interventions with voluntary college students (Larimer et al., 2001; Mastroleo, Turrissi, Carney, Ray, & Larimer, 2010; Turrissi et al., 2009). In the first study to test individually based peer interventions, Larimer et al. (2001) tested the effects of BASICS delivered by peer and professional counselors with first-year members of Greek social organizations. Not only did fraternity members receiving BASICS

[☆] Author note: Nadine Mastroleo's contribution to this manuscript was supported by the National Institute on Alcohol Abuse and Alcoholism grants F31 AA 017012 and T32 AA07459. Brian Borsari's contribution to this manuscript was supported by National Institute on Alcohol Abuse and Alcoholism grant R01-AA017427. The contents of this manuscript do not represent the views of the National Institute on Alcohol Abuse and Alcoholism, the Department of Veterans Affairs or the United States Government.

* Corresponding author. Tel.: +1 401 863 6624; fax: +1 401 863 6697.

E-mail address: nadine_mastroleo@brown.edu (N.R. Mastroleo).

decrease their drinks per week and estimated peak BAC, but peer providers were found to be at least as effective as professional providers (Larimer et al., 2001). Mastroleo et al. (2010) and Turrisi et al. (2009) tested peer-led BASICS with heavy-drinking voluntary first-year college students. Both studies showed reductions in drinking behavior relative to control conditions; however, Turrisi et al. (2009) found peer-led BASICS to be most effective when combined with a parent-based intervention.

Even less is known regarding the efficacy of peer-led BMIs with mandated students. This is of concern, as mandated college students in particular are at a higher risk for negative alcohol-related consequences and heavier typical weekly consumption than other college students (Barnett & Read, 2005; Fromme & Corbin, 2004). Two constructs have emerged as particularly relevant: defensiveness and session satisfaction. Regarding defensiveness, heavy drinking college students have been found to consider problems with alcohol as less important, are more skeptical of scientific literature on alcohol effects, and are more likely to respond to alcohol-risk information in a defensive way (Leffingwell, Neumann, Leedy, & Babitzke, 2007; Vik, Culbertson, & Sellers, 2000). Likewise, students who receive an alcohol violation understandably respond with defensiveness when risking penalties or punishment (Sharkin, 2007), and perceived external pressure to change as a result of being mandated could produce increased defensiveness (Zonana & Norko, 1993). As such, mandated students that are resistant and defensive may have worse outcomes. For example, Palmer, Kilmer, Ball, and Larimer (2010) compared treatment effects of a two-session group-based Alcohol Skills Training Program with a sample of voluntary and mandated students. Compared to the voluntary group at baseline, the mandated group reported higher defensiveness, with intervention defensiveness moderating intervention efficacy (Palmer et al., 2010).

Likewise, it is plausible that perceived satisfaction with peer-led BMIs (e.g., credibility of the peer counselor, intentions to change drinking) may predict post-session drinking outcomes. Research with adults in substance use treatment indicates participant satisfaction is significantly related to outcome following a brief preventive intervention (Carlson & Gabriel, 2001; Holcomb, Parker, & Leong, 1997; Palmer, 2004; Perreault et al., 2010). For example, Donovan, Kadden, DiClemente, and Carroll (2002) analyzed Project MATCH data and found that greater treatment satisfaction was associated with higher rates of therapy attendance, greater reduction in drinking during therapy, and better clinical status at the end of therapy. The relationship between satisfaction with treatment and clinical outcome has yet to be explored systematically with heavy-drinking voluntary or mandated college students.

Given the prior research supporting the efficacy of peer-led BMI and the common use of the intervention approach in practice on U.S. college campuses (Mastroleo et al., 2008), it would be important to compare how heavy-drinking voluntary and mandated students perceive their peer counselors. The current study utilized data from two independent trials to evaluate four hypotheses regarding the efficacy of peer-led BMIs with heavy-drinking voluntary and mandated college students. First, we hypothesized that a peer-led BMI would produce similar reductions in alcohol use outcomes at 3-month follow-up for both mandated and heavy-drinking voluntary students. Second, we hypothesized that mandated students would score higher at baseline on defensiveness than heavy-drinking voluntary students. Furthermore, we predicted that there would be no differences on post-intervention peer counselor credibility or intention to change drinking between heavy-drinking voluntary and mandated students. Third, we predicted that defensiveness would moderate intervention effects: students with higher levels of defensiveness would be associated with higher drinking outcomes post-intervention. Finally, we hypothesized that post-intervention peer counselor credibility and intention to change drinking ratings would mediate intervention effects: peer counselor credibility and intention to change drinking are mechanisms by which the intervention impacts drinking outcomes and alcohol-related problems.

2. Materials and methods

The current study combined data from two independent studies examining the efficacy of a peer-led BMI with high-risk college students. In study 1, participants were students mandated to a BMI following a campus alcohol policy violation. Study 2 participants were heavy-drinking voluntary students recruited from the overall first-year student population as they transitioned to college. The current study focused on baseline assessments prior to randomization and intervention procedures, post-intervention satisfaction assessments conducted immediately following BMI completion, and 3-month follow-up assessments. Each study was approved by their institutions' institutional review board, and was in compliance with APA ethical guidelines, and participants completed an informed consent form before participating in the study.

2.1. Study 1

Study 1 evaluated the efficacy and training of peer counselors in a peer-led BMI with college students mandated to treatment following an alcohol policy violation (Mastroleo, Magill, Barnett, & Borsari, 2014). Mandated students were invited to participate in the study upon arrival to the Office of Health Promotion and Education (OHPE) between September 2009 and February 2010 at a 4-year, private liberal arts university located in the Northeast. Upon signing the informed consent form, participants were given an introductory letter, which included a Web-link, a personalized identification number, and information describing how to access the Web-based survey. Students were randomized to complete a peer-led BMI within one of two peer counselor training conditions (group supervision vs. group + individual supervision). Participants ($n = 82$) were undergraduate students who violated campus alcohol policy. Campus policy at this university dictates that first-time offenders are fined \$50 and mandated to complete an alcohol intervention. Eighty-two of 123 students (67%), 18 years and older, agreed to participate and provided informed consent. Students who declined participation received treatment as usual, which consisted of a peer-led BMI session, but no follow-up assessments. Participants completed a 45-minute baseline assessment prior to receiving the peer-led BMI and were not paid for their baseline assessment. Of those who were recruited to participate in the study, 82 of 82 (100%) completed baseline and the BMI. Follow-up assessments were conducted at 6-weeks and 3-months post-intervention with completion rates of 71 and 72%, respectively. Participants were paid \$15 for the 6-week and \$20 for the 3-month follow-up assessments. All 82 participants completed the session satisfaction surveys post-intervention. Participants ($n = 82$) were primarily male (79.3%) and White (90.2%). Mean age for the sample was 19.39 years ($SD = 1.28$; See Table 1). The sample demographics mirror the overall campus population, with the exception of gender. As is common in mandated samples, a higher proportion of male students compared to female students were referred to the OHPE for a campus alcohol violation. No significant differences were found on drinking outcomes between supervision conditions (Mastroleo et al., 2014), as such, treatment groups were combined to create a single sample of mandated students for the current study.

2.2. Study 2

Study 2 examined the efficacy of a brief, peer-led alcohol intervention on drinking behaviors of first-year students as they transition to college (Mastroleo et al., 2010). First semester, first-year students ($n = 947$) were randomly selected through the university database of student information at a large, rural, public Northeastern university. Potential participants were mailed an introductory letter inviting their participation during the first week of the Fall 2007 academic semester, which included a Web-link, a personalized

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