

## **ASPIRE Pilot**

The ASPIRE program was pilot tested during the spring semester of 2002. During this period a subset of students with alcohol violations were mandated to participate.

### **Students**

Those entering the program were not “subjects” or “participants” per se, as the program was a sanction imposed by the University, albeit on a trial basis. In the first four months of implementation (February – May of 2002), ninety-six (96) SDSU students (56% male) were mandated to participate in the ASPIRE program. Most were referred to the program by the Office of Housing and Residential Life (63%) and the remainder by the Center for Student Rights and Responsibilities (36%) and other sources (2%). Referrals were based on violations of alcohol and other drug policies on campus. Many students were concurrently working with the legal system, as they had been cited for minor in possession of alcohol, possession of illegal substances, or disturbing the peace.

### **Treatment**

Students were first administered a short battery of assessments. Using these measures and at least one face-to-face interview, all students were screened for co-occurring mental health disorders, risky behavior and other psychosocial concerns that might compromise their academic performance and progress. Then, a step-care model was used; students were assigned to interventions appropriate to their assessed level of abuse and need. Approximately half of students (49%) were seen for the maximum of three mandated intervention sessions. Each session used the Motivational Interviewing (MI) strategy. One quarter (25%) were seen for two sessions and the remainder (26%) were seen for one session. Those requiring only one session completed the Alcohol 101 interactive CD-Rom (Reis et al., 2000) program and submitted their completed personal worksheets. All students, regardless of the number of sessions attended, were provided feedback regarding their “Check-up-to-Go” (CHUG) intervention/assessment instrument and the Brief Symptom Inventory (Derogatis, 1975).

### **Results**

There was one student (out of 96) who did not complete the proscribed three-session intervention; two others did not return following the end of the semester. Preliminary analysis of data taken from students mandated to complete the full three-session regimen, including the six-week follow-up assessment, are quite promising. Alcohol use reduced among 79% of these students, with a decline of an average of 13.5 drinks per week per person (the reduction range was 3-49 drinks per week). Furthermore, these students reported the number of drinks consumed on their heaviest drinking episode in the past month had decreased by an average of 6.0 drinks. The money spent on alcohol reported by participants declined by an average of \$11.38 per week. Students who reported smoking marijuana reduced their number of smoking occasions by an average of 4.9 times per week.

Of the students who reported they had driven while under the influence of alcohol in the past month, 75% decreased the number of drinking and driving incidents to zero. These

results suggest that students, after completing the ASPIRE program, are engaging in fewer behaviors that put themselves and the community at risk.

In addition to the statistical outcome data presented above, anecdotal evidence of positive outcomes is also quite strong. The Director of Residential Education for the over 3,000 students living on campus, reported notable reductions in recidivism of alcohol and other drug violations in the residence halls subsequent to the ASPIRE program's implementation. Furthermore, the therapists treating students through the ASPIRE program consistently reported positive process outcomes beyond the numerical data. Even the students who did not report actual changes in their patterns of use of alcohol and other drugs, were noted to have made substantial progress on indicators of "readiness for change".

Furthermore, many students assessed not to be using alcohol and other drugs in a problematic fashion, benefited from the ASPIRE intervention in a number of ways. Several students were referred for further psychotherapy regarding personal and/or family problems that were found to be interfering with their academic performance; others were referred to the Disabled Student Services Office to be screened for learning disabilities and/or to a Career Services counselor to sharpen their academic and career goals.

#### **Conclusions and limitations**

The results of the pilot test of ASPIRE is very promising. Had we not seen reduction in consumption and other positive outcomes, there would be little motivation to continue. We also demonstrated that, at least on a limited basis, the processes put in place to handle the administration of ASPIRE were effective. However, it is clear that this trial fails to demonstrate the causative connection between participation in ASPIRE and positive change. It is certainly possible that the mere act of being sanctioned could have produced these results. Or, as some have suggested, measurement alone could have had a therapeutic effect. There was no comparison or control condition for the pilot trial. Pre- and post-test measures of participants were informative, but the serious limitations of the pilot-test design are the primary motivation for seeking to conduct a more comprehensive test of the intervention model with the research design proposed here.