Addressing Anxiety Within a Brief Intervention for AOD Use Among Mandated Students

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Statement of the Problem

- Given the ubiquity of problematic substance use on college campuses, brief interventions to address alcohol and drug use have become increasingly critical strategies to enhance student well-being
- Frequently, substance use co-occurs with psychiatric risk factors, including anxiety, yet brief interventions often do not address these co-occurring symptoms
- The present research highlights outcomes of an innovative evidence-based brief intervention designed to address comorbid substance use and anxiety among mandated college student clients at a university counseling center within a midsize, diverse public institution

Method

Based on theoretical frameworks of Motivational Interviewing (Miller & Rollnick, 2012) and Personalized Feedback approaches to interventions (Miller et al., 2013), we developed a one-session evidence-based intervention to reduce AOD use and mental health symptoms in a sample of college students mandated to complete an AOD intervention

Participants were:
- 179 college students (76% men, 24% women) mandated due to AOD policy violation at a large Northeastern public university
- Race/ethnicity
  - White (58.1%; n = 104)
  - Black/African American (16.2%; n = 29)
  - Hispanic/Latino (11.2%; n = 20)
  - Asian (6.7%; n = 12)
  - Biracial/multiracial (7.8%; n = 14)
- Year in school
  - Freshman (40.2%; n = 72)
  - Sophomores (31.3%; n = 56)
  - Juniors (21.2%; n = 38)
  - Seniors (7.2%; n = 13)

Results

- To determine whether the intervention was effective for reducing anxiety symptoms reported by participants:
  - A repeated-measures ANOVA was conducted to assess change in the intervention and wait-list groups’ anxiety levels over time from baseline to 1-month follow-up
  - Students who received the intervention reported a significant reduction in anxiety symptoms compared to wait-list controls, $F(1,141) = 4.733, p = .031$ at 1-month follow-up
  - However, the two groups reported significantly different anxiety levels at baseline [$F(1,175) = 5.275, p = .023$], such that students who were assigned to the intervention tended to report significantly more anxiety, necessitating further analysis to determine the efficacy of the intervention
  - A paired samples t-test showed that, despite the students in the treatment condition entering the study with higher anxiety levels ($M = 2.768, SD = 4.01$), the reduction in their anxiety at 1-month follow-up ($M = 1.404, SD = 3.52$) was statistically significant, $t(98) = 3.084, p = 0.003$

Discussion

- Findings illuminate that brief one-session AOD interventions may reduce anxiety among mandated students
  - Based on present study findings, we conclude that the one-session intervention for reducing concurrent anxiety and substance use among mandated college students led to a significant reduction in mild anxiety symptoms among students who completed the intervention compared to those who were wait-listed, who did not demonstrate improvement
  - Data from the present study provide support for addressing college student substance use and co-occurring mental health symptoms in one intervention as a viable and economically advantageous way to promote college student mental health given constraints on the resources of college student health professionals

- Results underscore the challenges (but distinct importance) of conducting research with mandated student populations
  - Mandated college students may evidence higher attrition in treatment, underreporting of symptoms, and psychological defensiveness, so health professionals need to be aware of these considerations to promote their health and wellbeing
  - Consider using MI techniques to “roll with resistance” or innovative ways to encourage students to attend mandated appointments beyond penalties

- Results can inform efforts to create interventions tailored to the needs of diverse student groups who are mandated to treatment
  - One-session interventions to reduce anxiety concurrently with AOD use may improve population-level college student health