REDUCING BARRIERS AND ENHANCING LINKAGES TO ALCOHOLICS ANONYMOUS 12-STEP GROUPS FOR ALCOHOL DEPENDENT STUDENTS ON COLLEGE CAMPUSES: A PROGRAM EVALUATION

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A dissertation submitted to the faculty at the University of North Carolina at Chapel Hill in partial fulfillment of the requirements for the degree of Doctorate of Nursing Practice in the School of Nursing.

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ABSTRACT

Brittany Guthrie Mitchell: Reducing Barriers and Enhancing Linkages to Alcoholics Anonymous 12-step Groups for Alcohol Dependent Students on College Campuses: A Program Evaluation
(Under the direction of Cheryl Giscombe)

Aim: This project was completed due to a lack of research and low likelihood of attendance to Alcoholics Anonymous (AA) 12-step groups by college students suffering from Alcohol Use Disorder (AUD). This program evaluation was completed to provide university students and campus wellness staff the opportunity to evaluate a newly created *Frequently Asked Questions* (FAQs) video about AA and an AA attendance plan for consideration of future use in psychiatric practice.

Background: Current evidence reveals a need for college aged interventions for AUD. College students may be referred to AA by campus staff but have difficulties bridging the gap between recommendation and attendance (American Addictions Centers, 2017). Students seeking mental healthcare prefer brief computerized interventions which have shown to promote treatment initiation in young adults (Buscemi, Murphy, Martens, McDevitt-Murphy, Dennhardty, & Skidmore, 2010; Pedersen & Paves, 2014).

Methods: This program was delivered via e-mail distribution to college students and counseling center staff and in person sessions with nursing student advisory council groups. All data collected were obtained on a volunteer basis by electronic anonymous questionnaire.

Results: Outcomes were measured in three groups (nursing student advisory council, campus wellness staff, and general university students) by qualitative and quantitative data from post-implementation survey responses. In all three groups, 70% or more of the participants found

the program improved their knowledge, was interesting, and useful. Recommendations from participants for program improvement included informative aspects and visual enhancements of the FAQs video.

Conclusion: These findings support the potential benefits of revising the “Guide me to AA—FAQs video and making it available for use by psychiatric professionals to educate and support students in need of support for AUD and whom could benefit from AA attendance.

ACKNOWLEDGEMENTS

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LIST OF ABBREVIATIONS

AA	Alcoholics Anonymous
AUD	Alcohol Use Disorder
CAPS	Counseling and Psychological Services
DNP	Doctorate of Nursing Practice
DSM	Diagnostic and Statistical Manual
FAQs	Frequently Asked Questions
SON	School of Nursing
TPB	The Theory of Planned Behavior

CHAPTER 1: PRACTICE PROBLEM AND PURPOSE STATEMENT

Introduction

This chapter contains the practice problem explored for this Doctorate of Nursing Practice (DNP) project and the purpose statement. Additionally, this chapter explores the relevant and existing literature within the scope of this problem and potential solutions are presented.

Practice Problem

College campus social norms often encourage routine drinking and binge drinking which can result in academic consequences, assault, injury, and even death (National Council on Alcoholism and Drug Dependence INC. [NCADD], 2015). Nearly 2,000 college students die every year from alcohol related situations (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2015.) Initiating and maintaining a treatment regimen such as attendance to 12-step support group meetings promotes positive outcomes for people who have Alcohol Use Disorder (AUD) (Medscape, 2017; National Institute on Drug Abuse, 2014). Support groups are underutilized within this age group even though widely available and a free of cost resource (Alcoholics Anonymous [AA], 2014).

Students seeking AA meetings as a resource face several significant barriers. Fearfulness or anxiety of the unknown and insufficient knowledge of AA may hinder their initiation of AA attendance and result in treatment delay and increased likelihood for relapse to occur (Alcohol Rehab, 2017). Young adults report the public stigma surrounding mental healthcare leads them

to feeling shame associated with seeking 12-step support groups or other means of treatment (Andreasson, Danielsson, & Wallhed-Finn, 2013; Pedersen & Paves, 2014).

College students with AUD could benefit from education about and orientation to support groups. Unfortunately, students may be referred to Alcoholics Anonymous 12-step groups by campus counseling but there may be difficulties in bridging the gap between recommendation and actual attendance at a 12-step AA meeting (American Addictions Centers [AAC], 2017). Health professionals such as student wellness staff, who treat students with AUD may benefit from knowledge about AA meetings to enhance referral to these 12-step meetings (Vederhus, Kristensen, Laudet, & Clausen, 2009).

Purpose Statement

The purpose of this program evaluation was to develop, implement, and evaluate a new tool, "Guide Me to AA—*Frequently Asked Questions Video*." The goals of this video are to (a) enhance understanding among students of and engagement with seeking 12-step AA support groups and (b) collaborate with campus wellness staff members to effectively engage students and develop an AA attendance plan in order to increase the intention and likelihood of a student attending AA. The main goal of this program evaluation was to provide students and campus wellness staff the opportunity to evaluate the video and attendance plan to enhance the success and desired outcomes of future dissemination and to ultimately improve the health of college students with alcohol use disorder.

Review of Literature

As described by the fifth edition Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), AUD includes a pattern of alcohol misuse that is complex and results in clinical impairment or distress for a person during a 12-month time frame (American Psychiatric Association [APA], 2013, p. 490). Specific criteria must be met and is further outlined in the

DSM-5 to include symptoms such as increased tolerance for alcohol accompanying increased consumption, previous unsuccessful attempts to reduce or eliminate alcohol use, extensive time spent trying to obtain alcohol, long time periods of physical recovery from alcohol consumption, heavy cravings or significant urges to consume alcohol, frequent failure to adhere to responsibilities, or on-going alcohol use even with evident social or legal consequences of use (APA, 2013, p. 490-491). In the United States, AUD prevalence rates are around 8.5% for adults older than 18, including 20% of college students, ultimately affecting 15.1 million adults (APA, 2013, p. 493; NIAAA, 2015; NIAAA, 2017). From 2006 to 2010, severe alcohol use was attributed to approximately 88,000 deaths per year (Centers for Disease Control [CDC], 2018).

Treatment for AUD varies depending on availability, severity of disease, and feasibility but can include detoxification, counseling and therapies, pharmacological approaches, and mutual support groups (NIAAA, 2014). Intensive outpatient treatment is often the starting point for recovery (NIAAA, 2010). This is typically followed by recommendation for on-going aftercare, such as support group meetings; as long-term intervention has been determined to have the highest success rates (NIAAA, 2010).

College campuses, typically offer alcohol assessment services and counseling for alcohol disorders through their student wellness programs (University of North Carolina at Chapel Hill Student Wellness [UNC-SW], 2018). These programs provide treatment referrals and resources as needed (UNC-SW, 2018). Additionally, campus security departments play a role in upholding university alcohol policies (UNC-SW, 2018).

Alcoholics Anonymous, founded in 1935 is a 12-step support group organization and fellowship that helps those suffering from AUD to maintain sobriety (AA, 2014). According to the AA ‘Big Book,’ 50% of alcoholics who attend AA remain sober (AA, 2001, p. 569). A

published literature review and synthesis of research on this topic reported that AUD patients who attend AA are twice as likely to achieve abstinence compared to those who do not attend AA (Kaskutas, 2009). Additionally, 22% of AA members have maintained sobriety for 20 years or more (AA, 2014). However, only 12% of AA members are age 30 and younger, showing this resource is underutilized by this age group (AA, 2014).

The literature review presented highlights the importance of support groups for those suffering from AUD, as this is a chronic condition with relapse frequently occurring (Glass, McKay, Gustafson, Kornfield, Rathouz, McTavish, Atwood, Isham, Quanbeck, & Shah, 2017). Key barriers to recovery are often related to the stigma of seeking mental health treatment and/or financial concerns such as insurance coverage issues (NIAAA, 2010). When psychiatric services are geographically limited, the AA organization is accessible, international, and free of cost and becomes a valuable resource for students with AUD facing these barriers (Kahler, Read, Ramsey, Stuart, McCrady, & Brown, 2004; Vederhus, Timko, Kirstensen, Hjemdahl, & Clausen, 2014).

Evidence reveals referral rates by medical staff and mental health professionals needs improvement and could result in an increase in AA attendance by approximately 56 percent (Johnson, Schonbrun, Stein, 2014; Vederhus et al., 2014). Only 17 percent of AA members report introduction to AA by medical staff or mental health professionals (AA, 2014). Enhancing the AA referral process led to better attendance outcomes in some studies (Johnson, et al., 2014; Vederhus et al., 2014). Increasing knowledge for both AUD clients and care providers is important for the utilizing of self-help groups such as AA (Glass et al., 2017; Kelly, Greene, & Bergman, 2016).

Solutions for the Problem

A growing body of literature stresses the importance of identifying and overcoming barriers to AA attendance in order to aid in developing solutions for this problem (Johnson et al., 2014; Vederhus et al., 2014). The National Institute on Alcohol Abuse and Alcoholism recommends college campuses provide strategies for the individual student and strategies aimed at providing community solutions (2015). The College Alcohol Intervention Matrix (AIM) was developed to help college campus officials access and potentially provide appropriate interventions in order to address campus drinking (NIAAA, 2015). Linkage to AA-12 step support groups has been studied in a variety of settings such as incarceration facilities, outpatient, and inpatient hospital settings. Common themes within the literature support use of a connecting or linking factor such as sponsors, to enhance AA knowledge, increase attendance, and to decrease alcohol misuse. Use of a support person or sponsor to establish a working and therapeutic relationship can lead to increased AA attendance and better outcomes for people suffering from AUD as found in two studies (Johnson et al., 2014; Kelly et al., 2016). However there appear to be no studies that have implemented an intervention aimed at encouraging and reducing barriers for college students in order to enhance AA attendance among this population.

Modern day advances in technologies can play a positive role in increasing access to services and information which aids in promoting treatment (NIAAA, 2010). Supportive technological interventions such as a video or use of a mobile health device to introduce individuals to the potential benefits of AA have been implemented with successful improvement in AUD outcomes when used as self-help information resources (Glass et al., 2017; Vederhus et al., 2014). Another two studies found that motivational interviewing and motivational enhancement led to higher 12-step affiliations after AUD treatment (Kahler, 2004; Vederhus et al., 2014). Some of the evidence reports these interventions may have a higher success rate

within a population without previous experience with or knowledge of 12-step support groups (Kahler et al., 2004). Other studies report that college students seeking mental healthcare prefer computerized interventions and brief interventions and report low likelihood of AA attendance, thus highlighting the need for attendance encouragement (Buscemi, Murphy, Martens, McDevitt-Murphy, Dennhardty, & Skidmore, 2010; Pedersen & Paves, 2014). Online programs and school-based programs promote treatment initiation among young adults (Pedersen & Paves, 2014).

This DNP Project included an evaluation component in order to meet the 2006 American Association of Colleges of Nursing (AACN) requirements of completing doctoral level work (Waldrop, Caruso, Fuchs, & Hypes, 2014). Program evaluation is a method used to analyze outcomes, assess accountability, assess effectiveness, and potentially lead to development of improvement strategies for innovative programs (CDC, 1999). Formative evaluation is one type of program evaluation that is used in the beginning stages of a project in order to assess the appropriateness of the intervention or program (Smith & Ory, 2014). This method can lead to quality improvement and implications for future dissemination of the program (Smith & Ory, 2014).

College age students are also known as 'Generation Z,' the first generation to have easy access to internet their whole lives (Patel, 2017). This includes people born between 1995 and 2012 (WJ Schroer Company, 2018). This generation is known for being open-minded and mindful of humanity and inclusion (Patel, 2017). According to Forbes.com, engaging this generation should focus largely on technological usage and meaningful messages that can help the greater good (Patel, 2017). Challenges with engaging Generation Z include 8-second attention spans and large amounts of distraction from other devices or apps (Patel, 2017).

CHAPTER 2: THEORY

Introduction

This chapter contains presentation and information of the selected theory and its application to this DNP project. The theory presented, guided the development of the newly created program and provides rationale for the proposed program and supports its utilization for ultimate success in clinical practice.

Theory of Planned Behavior

The Theory of Planned Behavior (TPB) developed by Icek Ajzen in 1985 was selected and used to guide the development of this program. Ultimately this theory can be applied to the newly developed DNP project program by using the factors proposed by the theory in order to increase an AUD student's intention to attend AA 12-step meetings.

Theory Description

The Theory of Planned Behavior was developed in 1985 by Icek Ajzen as an expanded version of the 1980 Theory of Reasoned Action by Martin Fishbein and Icek Ajzen. The TPB is a social cognitive theory used to describe human behavior (Ajzen, 1985). This theory includes three predictors of intention used to describe a behavioral outcome or lack thereof. These three predictors are attitude, subjective norms, and perceived behavioral control (Ajzen, 1985). Attitude refers to personal judgment of the behavior, subjective norms refer to social pressures and support of the behavior, while perceived behavioral control refers to personal capability of carrying out the behavior (Ajzen, 1985). Overall the TPB proposes that if a behavior is enjoyable with benefits, is socially encouraged and accepted by others, and one feels they can

perform the behavior then they will therefore form stronger intentions and will be more likely to complete the behavior (Ajzen, 1985; Ajzen, 1991).

This theory will be used within the DNP project by providing rationale for the proposed program and its influence on a student's attitude, subjective norms, and perceived behavioral control. Each of these components were considered during the development of the DNP Project program. The TPB provides justification for development of an AA attendance plan for use after viewing the FAQs video.

Application of Theory

The TPB includes the concept of attitudes having the ability to influence intention to carry out a selected behavior (Ajzen, 1985). This largely focuses on the risk versus the benefits of the behavior being explored (Ajzen, 1985). When applying this concept to the DNP project, the *Frequently Asked Questions* video being viewed during implementation addresses the recovery rates within AA 12-step group involvements and therefore leaves the student with an increased understanding of the benefits of AA attendance. According to the tenets of this theory, an increase in knowledge of benefits of attendance could positively affect attitude and therefore lead to increase in intention to carry out the behavior (Ajzen, 1985).

As stated by Ajzen (1991), it is necessary to know whether the important people in one's life will be in support of the intended behavior and this is referred to as the factor of subjective norm. Involvement of campus counseling staff with the distribution of the *Frequently Asked Questions* video and with aiding AUD students in plan development, allows staff to be seen as a positive and supporting influence for the subjective norm factor as proposed in the TPB (Ajzen, 1985). As students complete their AA attendance plan, they will be prompted to seek social support outside of campus staff, also encouraging positive influence on subjective norms.

Within the TPB, the concept of perceived behavioral control addresses the need to be capable and confident in achieving a selected behavior (Ajzen, 1985). This can be problematic within the AUD population due to past behavior and the strong nature of the disease of addiction (Ajzen, 1985; Ajzen, 1991). These students may feel less in control of their behavior which highlights the importance of enhancing their perceived behavioral control (Ajzen, 1985). A lack of information can negatively affect intended behavior (Ajzen, 1985). This could be improved by enhancing a student's skills and providing information needed to seek out an AA group meeting. This idea is being explored within the DNP project which may decrease the TPB barriers related to perceived behavioral control (Ajzen, 1985). With implementation of the *Frequently Asked Questions* video, barriers and challenges in attending AA meetings are addressed and development of an AA attendance plan will leave the viewer with more information and increased ability and confidence in seeking out and attending an AA 12-step meeting.

Based on the TPB, if this program implementation is effective it will have a positive effect on a patient's attitude, subjective norms, and perceived behavioral control therefore enhancing intention to attend an AA meeting. Similar studies have suggested linking patients with an AA support person to enhance perceived behavioral control in order to increase AA attendance (Johnson, Schonbrun, & Stein, 2014; Vederhus et al., 2015).

Prediction of intention to attend follow up care has been successfully measured within the substance use disorder population in a few studies. In 2016, Kelly, Leung, Deane & Lyons were able to predict attendance for follow-up treatment of substance use disorder clients, which included support groups such as AA. The TPB is additionally applicable to this DNP project by proposing future measurement of student's intention to attend AA 12-step meetings post

implementation. The TPB states that the best predictor for changed behavior is intention, thus measuring intention to attend an AA 12-step meeting after video implementation can help predict outcomes and the success level of the program (Ajzen, 1985).

Theory Justification

The TPB is important for this DNP project program and guided the program development and long-term goal of assisting college students in seeking AA and leading to successful change for this population. Perceived behavioral control has been found to significantly predict behavior within AUD population (Vederhus, Zemore, Rise, Clausen, & Hoie, 2015). With the understanding of the three items that influence intention as discussed by the TPB, specific interventions can focus on these items in order to increase the likelihood of behavior change occurring (Ajzen, 1985). Human behavior is an intricate and complicated process and this theory provides essential concepts to aid in the understanding of behaviors and helped facilitate appropriate program development for this DNP project (Ajzen, 1991). If a student is unaware of the requirements needed to successfully carry out the behavior, behavioral intention is insufficient, and outcomes or questions/may not be met; this supported justification for providing information and developing a plan for AA attendance by incorporation of the TPB (Ajzen, 1991; Kelly et al., 2016).

CHAPTER 3: DNP PROJECT

Introduction

This chapter contains information on the delivery of the proposed program and the outcomes of the program evaluation project. Procedures are discussed in detail and results of the collected data are presented. Additionally, this chapter includes a discussion of barriers to implementation and considerations for future development of this program and discussion for its future use in clinical practice.

Design and Methods

The completed project was a program evaluation of the effectiveness of a customized video and worksheet aimed at better connecting and encouraging college students to attend AA-12 step support groups and assisted with ways to address personal barriers to attendance. Quantitative descriptive and qualitative data were obtained from students and staffm embers who evaluated the program via post program implementation surveys (Research Methodology, 2017).

Setting, Population, and Resources

The population in this program evaluation sample included college students from a large research-intensive university in the Southeastern United States. Inclusion criteria included (1) current university enrollment (2) willingness to provide feedback about strategies to engage students with AUD into 12-step treatment groups, and (3) willingness to provide feedback on the FAQs video and AA attendance plan worksheet. Potential evaluators from the general student body were recruited using a University student listserv. School of Nursing advisory council volunteers were recruited by posting flyers on bulletin boards in the School of Nursing,

providing luncheons, and via email correspondence to undergraduate nursing students and undergraduate nursing student organizations. Staff from the Counseling and Psychological Services (CAPS) center were recruited via handouts describing the program evaluation and displayed at their workplace during a donut drop-off breakfast. Resources necessary for implementation of this program evaluation included internet connection for use of youtube.com, access to the university student mass-mail e-mail server, and online use of Qualtrics survey software.

Ethics and Human Participants Permissions

The program evaluation did not require Institutional Review Board (IRB) approval, but a human research ethics application was submitted. However, the IRB determined that the project did not require formal evaluation as a research study due to its design as a program evaluation project. The IRB did provide guidelines regarding ensuring confidentiality and data security, which were followed throughout the implementation of the project. All participants were accepted on a volunteer basis, and volunteers were able to discontinue participation at any time. This project was designed to have minimal to no risk nor harm for participants. Participant confidentiality was maintained and no private information was gathered. Additionally, technological security was maintained via use of secure network, firewall protection, and password secured access to survey responses.

Procedures for Project Development and Implementation

This project development began in September 2017 and the program proposal was approved by the DNP Project Committee in April 2018. The education video and AA attendance plan worksheet were designed in spring of 2018. These contents were distributed to evaluators between June 2018 to November 2018. This process was monitored by the three members of the DNP Project Committee as well as the CAPS director. The program was delivered via e-mail to

the university student body and CAPS staff and in-person sessions were offered at the School of Nursing for volunteer nursing student advisory council evaluators. If a student was interested in participating and met the inclusion criteria, they then could proceed with viewing the educational video and AA attendance plan worksheet and completed the post-program survey. See appendix 1 through 5 for the "Guide Me to AA—*Frequently Asked Questions Video*" transcript, the AA attendance plan worksheet, and copies of the survey questions. All participants received an e-mail detailing the process for project participation and evaluation measures. All project survey measures were distributed and obtained electronically using an anonymous questionnaire platform.

Key Personnel

Important stakeholders for this project included the three DNP Project Committee members and university CAPS center staff. The Associate Dean and Director of Student Wellness represents the stakeholder for the CAPS center a sector of the university's Student Wellness Department and serves as the expert committee member for this project's implementation site. Additionally, student volunteer evaluators were critical components for this program evaluation.

Data Analysis and Outcomes

Quantitative and qualitative data were analyzed. There was a total of 43 survey responses, however 15 of these surveys were incomplete and therefore discarded. The discarded surveys appeared to have been initiated by a participant but did not provide responses to any of the survey questions. The remaining 28 completed survey responses were used for data analysis. Data were collected from three sources (1) participants from the general university student body, (2) an advisory council of students from the School of Nursing (SON), and (3) university CAPS center staff. Of these three groups, SON student advisory council members represented the

largest group of participants (50%). All three groups responses provided both quantitative and qualitative data.

Quantitative Results

Table 1 displays the number of surveys completed by each of the three groups. There were 10 university student responses, 14 SON student advisory council responses, and 4 completed survey responses from CAPS center staff. Responses for each individual group are discussed in detail and displayed in individual tables (Table 2, 3 and 4).

Table 1: Completed Survey Response Rates

General University Students	SON Student Advisory Council	CAPS Staff	Total Completed Surveys
n=10	n=14	n=4	n=28

In total, there were 10 general university students who completed the post-program survey. Half of these 10 were undergraduate students and the remaining half were graduate students. Table 2 displays their responses to the quantitative survey questions.

Overall, the majority of general university student volunteers found the program to improve their knowledge about AA, found it useful, interesting, and agreed the video duration was appropriate. Eight out of ten (80%) student volunteers rated a '3' or higher on a 1-5 Likert scale (1 equals least likely and 5 equals most likely) indicating their likelihood of referring someone they knew in need to AA 12-step group meetings.

Undergraduate nursing student advisory council volunteers made up 14 out of 28 participants. Of these 14, two were male. The SON student advisory council were the only group asked to specify their biological sex in order to determine if there was any difference in responses based on sex. However, this did not appear to be a source of any large variation in responses. Table 3 displays the quantitative data and responses of the 14-student nursing advisory council volunteers.

Table 2: General University Students Survey Response Rates

	Undergraduate			Graduate		
Student Status	n=5			n=5		
	Yes	**No**	**Unsure**	**Yes**	**No**	**Unsure**
Did the intervention improve your knowledge?	4		1	5		
Is it interesting?	4		1	4	1	
Is it useful?	4		1	4	1	
Is it too long in duration?	1	4		2	3	
Is it easy to understand?	4		1	4		1

	Scale:	**1**	**2**	**3**	**4**	**5**	**1**	**2**	**3**	**4**	**5**
How likely are you to refer someone to AA?			1		3	1	1		1	2	1

Overall, the majority of nursing student advisory council volunteers found the program to improve their knowledge about AA, found it useful, interesting, and agreed the video duration was appropriate. Eleven out of fourteen (77%) student advisory council volunteers rated a '3' or higher on a 1-5 Likert scale of their likelihood of referring someone they knew in need to AA 12-step group meetings. When asked questions "Did the intervention improve your knowledge" and "Is it useful," respondents who choose the option "unsure" specified in the comments section that they were unsure due to already having learned about AA within their program of study, however many added additional feedback within the "comment section" and said this tool would likely be useful and improve knowledge for college students who were not studying nursing or whom had no prior knowledge of AA 12-step groups.

Counseling and Psychological Staff made up 4 out of the 28 total respondents. Table 4 displays quantitative data based on their responses.

Table 3: SON Student Advisory Council Response Rates

	Male			Female		
Biological sex	n=2			n=12		
	Yes	**No**	**Unsure**	**Yes**	**No**	**Unsure**
Did the intervention improve your knowledge?	2			10		2
Is it interesting?	2			8	3	1
Is it useful?	2			9	2	1
Is it too long in duration?		2		1	11	
Is it easy to understand?	2			11		1

	Scale:	Male 1	Male 2	Male 3	Male 4	Male 5	Female 1	Female 2	Female 3	Female 4	Female 5
How likely are you to refer someone to AA?		1		1				2	3	6	1

Overall, the majority of CAPS staff volunteers found the program improved their knowledge about AA, found it useful, interesting, and agreed the video duration was appropriate. Three out of four (75%) CAPS staff volunteers rated a '3' or higher on a 1-5 Likert scale of their likelihood of using this program within their own practice.

Table 4: CAPS Staff Response Rates

Survey Questions	Responses	
	Yes	**No**
Did the intervention improve your knowledge?	3	1
Is it interesting?	3	1
Is it useful?	3	1
Is it too long in duration?	1	3
Is it easy to understand?	4	0

	Scale:	1	2	3	4	5
How likely are you to use intervention in your practice?		1	0	0	3	0

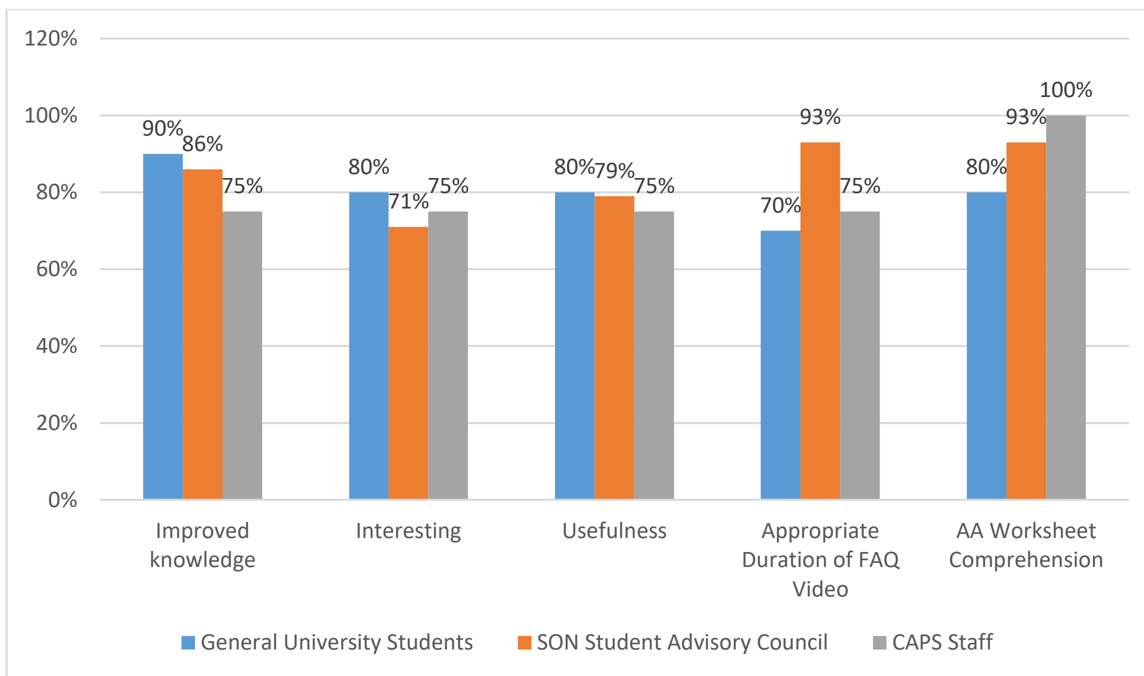
In conclusion, the responses from all three groups revealed an overwhelmingly positive evaluation of this newly developed program. Figure 1 displays the response rates in percentages by comparison of all three groups. Responses within the three groups varied only slightly and resulted in similar outcomes. All three groups largely agreed that the program is useful for

college students. The largest disagreement present were responses gathered from assessing appropriate duration of the FAQs video. University students were more likely to rate the video as too long in duration, whereas SON advisory council students believed the duration of the video was appropriate.

Qualitative Results

Qualitative content was collected by use of voluntary responses via a comment section on the post-program implementation survey that requested recommendations for improvement of the proposed program.

Figure 1: Response Rates in Percentages



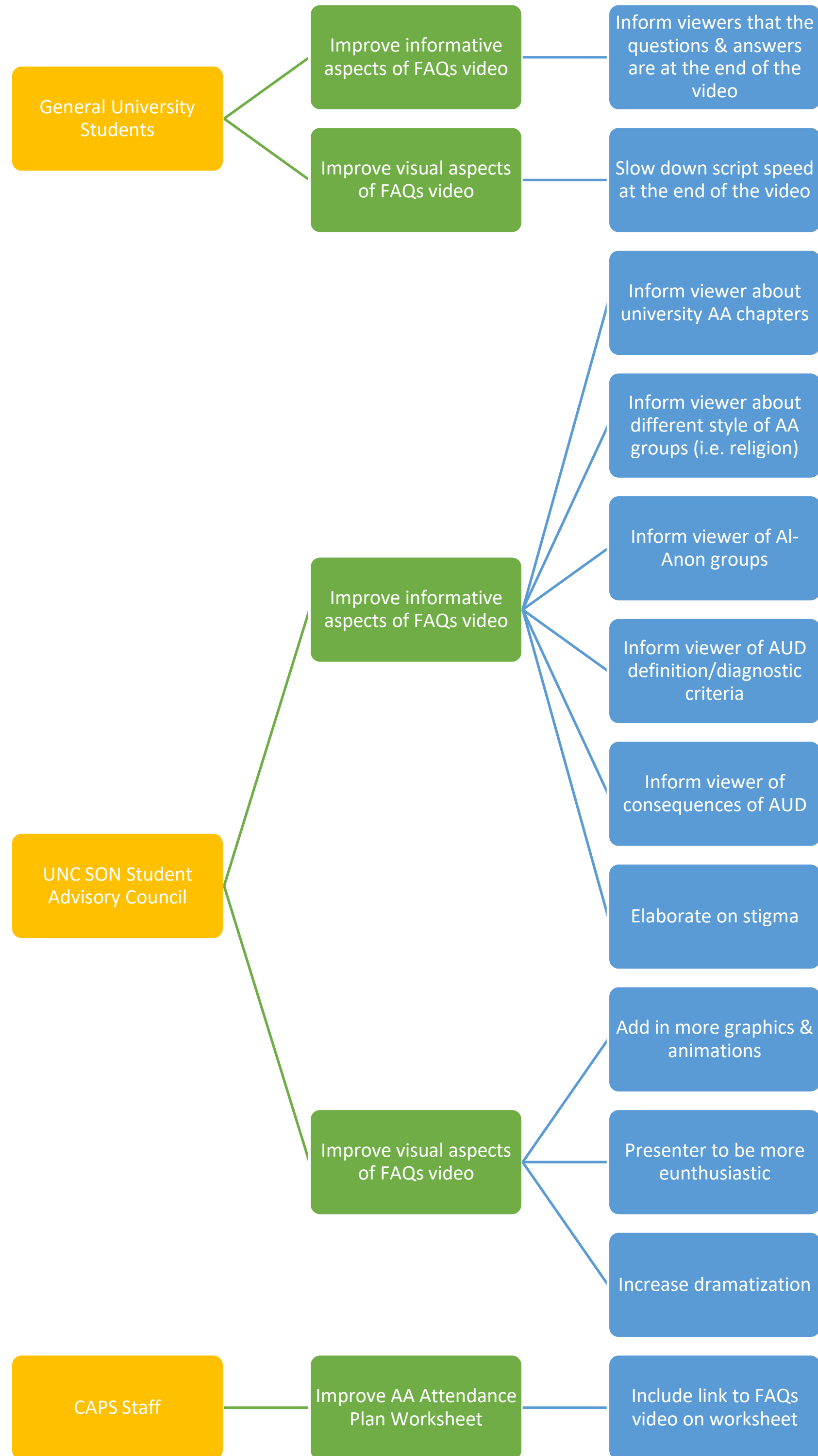
These results were broken down into three thematic groups based on commonality in responses; (a) improve informative aspects of FAQs video (b) improve visual aspects of FAQs video and (c) improve AA attendance plan worksheet. Figure 2 displays this information in a flow diagram. Most qualitative feedback came from the largest group of respondents, the SON student advisory council volunteers.

Recommendations for (a) improving informative aspects of the FAQs video included adding information within the video about AUD and its consequences, discussing stigma, including information about family support meetings (Al-Anon), and various formats and styles of AA-12 step group meetings (i.e. religion/atheist style and university chapters) and lastly, informing viewers that the FAQs and their answers are listed in a transcript at the end of the video. These recommendations, would however lengthen the total video time when some participants considered the current FAQs video "too long in duration." Recommendations for (b) improving visual aspects of the FAQs video included increasing dramatization, adding in more graphics such as animations, enhancing presenter enthusiasm, and providing a slower presentation of the FAQs and answers transcript at the end of the video for ease of viewers' ability to read along. Lastly, participants recommended (c) improving the AA attendance plan worksheet by adding a quick-link on the worksheet that directs the user to the FAQs video.

Predicted Barriers to Implementation

Prior to implementation, potential project barriers were considered and included concerns regarding low response rate due to age group concerns of being identified (despite description of survey participation as anonymous) and potential lack of readiness for change, culture of student body and established social norms of college campuses engagement in alcohol consumption (Prochaska, DiClemente, & Norcross, 1992). Concerns were also considered of student participants whom may perceive that they have limited time to engage in the project. Therefore, strategies were integrated to overcome these barriers. The FAQs video was developed with a goal to be less than five minutes and the survey questionnaires included seven brief questions to minimize length of time needed for engagement.

Figure 2: Common Themes in Feedback



Limitations and Strengths of Implementation

There were numerous challenges presented during project implementation. Initially, it was planned to collect information from two groups, (1) university undergraduate students and (2) CAPS center staff. However, two unexpected barriers were encountered. During project implementation, the university's mass mail server was incapable of sending the project volunteer recruitment information to only undergraduate students due to a system-wide technological issue, therefore project information had to be sent to all students, including graduate students. Also, when the project was initially dissemination via the e-mail server, there was little response. This prolonged the survey dissemination timeline to include multiple disseminations and led to creation and inclusion of a third group of respondents, the SON student advisory council, for additional data collection. Additional IRB communication was sought for approval of these changes.

Strengths of this project include an overall high response rate from nursing students and CAPS staff whose feedback is valuable and specialized; this evaluation had the ability to be informed by their knowledge. Additionally, the ability to disseminate this program in a variety of contexts also serves as a strength for reaching multiple audiences for program evaluation measures. The strategy of an online and brief delivery format serves as a strength that meets the learning preferences of todays' college-aged population. Lastly, the descriptive qualitative comments from respondents serve as a strength for further improving this program for future implications within clinical practice.

Sustainability and Implications for Practice

This program and brief intervention are sustainable due to being easily accessible, adaptable, having potential for diverse dissemination formats, and it has informative longevity. Implementing the program involves little disruption in work flow therefore making sustainability

for college counseling departments applicable. The video format is compatible with many common devices and allows for easy access of the program. This program can be disseminated in many forms to meet differing needs of environments and departments such as e-mail distribution, in-person delivery for individuals or groups, and/or online live delivery. It is also adaptable and can be refined based on common recommendations in order to improve the program. Additionally, the FAQs used within the video have responses that are unlikely to change and can be used for various settings and populations.

Recommendations for the Future

Based on the information gathered from this program evaluation, we recommend that future efforts consider using the gathered feedback to improve and build upon this existing program. Considering the suggested video enhancements, it would be optimal to collaborate with film or videography experts to aid in the graphic enhancement of this program for its overall attempts at engaging the college aged population effectively. Also, considering participant feedback of incorporating more information within the video, highlights an important concern of video duration and attention span of this population, which may need further review before proceeding. Additionally, further research could be conducted by expanding to multiple universities in varying geographical regions in hopes of increased data collection for further verification of this programs' usefulness and application for college wellness departments.

The results obtained from this program evaluation are valuable and college wellness departments may benefit from applying the findings to their work with students. The outcomes of this project suggest that new and engaging electronic tools could be beneficial to encourage use of resources and attendance to group meetings, such as Alcoholics Anonymous 12-step

groups among college students. With the on-going concerns of college alcohol consumption rates and the multitude of barriers for college students seeking treatment for AUD, additional services and resources may be necessary.

APPENDIX 1: QUALTRICS SURVEY QUESTIONNAIRE

General University Student Body Version

1. Are you an undergraduate or graduate student at UNC?

   UNDERGRADUATE or GRADUATE or OTHER- Please write-in student status in the space provided.

2. Did the "Guide Me to AA—*Frequently Asked Questions Video*" improve your knowledge about Alcoholics Anonymous support groups and their program?

   YES or NO or UNSURE- Please feel free to share comments in the space provided.

3. Did you find the information in the "Guide Me to AA—*Frequently Asked Questions Video*" interesting?

   YES or NO or UNSURE- Please feel free to share comments in the space provided.

4. Do you believe the "Guide Me to AA—*Frequently Asked Questions Video*" is useful for college students who may need help with their alcohol use?

   YES or NO or UNSURE- Please feel free to share comments in the space provided.

5. Was the "*Guide Me to AA—Frequently Asked Questions Video*" too long in duration?

   YES or NO or UNSURE- Please feel free to share comments in the space provided.

6. Do you find the Alcoholics Anonymous Attendance Plan Worksheet easy to understand and follow?

   YES or NO or UNSURE- Please feel free to share comments in the space provided.

7. After viewing the "Guide Me to AA—*Frequently Asked Questions Video*", on a scale of 1-5, how likely are you to refer someone you know to an Alcoholics Anonymous support group meeting?

   (least likely) 1 – 2 – 3 – 4 – 5 (very likely)

8. Do you have recommendations for improving this, "Guide Me to AA—*Frequently Asked Questions Video*" in order to better engage students and/or promote Alcoholics Anonymous attendance among college aged students in need of help with alcohol use?

APPENDIX 2: QUALTRICS SURVEY QUESTIONNAIRE

SON Student Advisory Council Version

1. Are you an undergraduate or graduate student at UNC?

   Undergraduate or Graduate or Other-Please write-in student status in the space provided.

2. Please select your biological sex.

   Male or Female or I prefer not to answer this question.

3. Did the "Guide Me to AA—*Frequently Asked Questions Video*" improve your knowledge about Alcoholics Anonymous support groups and their program?

   YES or NO or UNSURE- Please feel free to share comments in the space provided.

4. Did you find the information in the "Guide Me to AA—*Frequently Asked Questions Video*" interesting?

   YES or NO or UNSURE- Please feel free to share comments in the space provided.

5. Do you believe the "Guide Me to AA—*Frequently Asked Questions Video*" is useful for college students who may need help with their alcohol use?

   YES or NO or UNSURE- Please feel free to share comments in the space provided.

6. Was the "*Guide Me to AA—Frequently Asked Questions Video*" too long in duration?

   YES or NO or UNSURE- Please feel free to share comments in the space provided.

7. Do you find the Alcoholics Anonymous Attendance Plan Worksheet easy to understand and follow?

   YES or NO or UNSURE- Please feel free to share comments in the space provided.

8. After viewing the "Guide Me to AA—*Frequently Asked Questions Video*", on a scale of 1-5, how likely are you to refer someone you know to an Alcoholics Anonymous support group meeting?

   (least likely) 1 – 2 – 3 – 4 – 5 (very likely)

9. Do you have recommendations for improving this, "Guide Me to AA—*Frequently Asked Questions Video*" in order to better engage students and/or promote Alcoholics Anonymous attendance among college aged students in need of help with alcohol use?

APPENDIX 3: QUALTRICS SURVEY QUESTIONNAIRE

CAPS Center Staff Version

1. Did the "Guide Me to AA—*Frequently Asked Questions Video*" improve your knowledge about Alcoholics Anonymous support groups and their program?

   YES or NO or UNSURE- Please feel free to share comments in the space provided.

2. Did you find the information in the "Guide Me to AA—*Frequently Asked Questions Video*" interesting?

   YES or NO or UNSURE- Please feel free to share comments in the space provided.

3. Do you believe the "Guide Me to AA—*Frequently Asked Questions Video*" is useful for college students who may need help with their alcohol use?

   YES or NO or UNSURE- Please feel free to share comments in the space provided.

4. Was the "*Guide Me to AA—Frequently Asked Questions Video*" too long in duration?

   YES or NO or UNSURE- Please feel free to share comments in the space provided.

5. Do you find the Alcoholics Anonymous Attendance Plan Worksheet easy to understand and follow?

   YES or NO or UNSURE- Please feel free to share comments in the space provided.

6. On a scale of 1-5, how likely are you to use the "Guide Me to AA—*Frequently Asked Questions Video*" and the Alcoholics Anonymous Attendance Plan Worksheet in your practice?

   (least likely) 1 – 2 – 3 – 4 – 5 (very likely)

7. Do you have recommendations for improving this, "Guide Me to AA—*Frequently Asked Questions Video*" in order to better engage students and/or promote Alcoholics Anonymous attendance among college aged students in need of help with alcohol use?

APPENDIX 4: ALCOHOLICS ANONYMOUS ATTENDANCE PLAN WORKSHEET

Turning Intentions into Actions by use of the Theory of Planned Behavior

My attitude towards AA:

Support Person(s):

Barriers:	Solutions:
1.	1.
2.	2.
3.	3.

Desired meeting date, time, & location:

Find meetings at: https://www.aa.org/pages/en_US/find-local-aa

APPENDIX 5: "GUIDE ME TO AA—FREQUENTLY ASKED QUESTIONS VIDEO" SCRIPT

Introduction:

"Hi. I'm Brittany Mitchell and I'm a Registered Nurse and a Psychiatric Nurse Practitioner Student."

"I would like to give you some information about college statistics on alcohol use and FAQ's of people who would like to manage their alcohol us in a different way."

"Let's be realistic: Alcohol is everywhere. It's in our communities, restaurants, movies, commercials, weddings, concerts, bowling alleys, college parties, and even certain 5K runs offer it! Combine a certain combination of risk factors, amount of usage, genetics, and altered brain neurotransmission and you're in the realm of an alcohol use disorder."

Frequently Asked Questions:

"Even though access to alcohol is abundant, so are Alcoholics Anonymous meetings. Also known as "AA," Alcoholics Anonymous is a largely underutilized resource for the college aged population even though 20% of college students suffer from Alcohol Use Disorder. The problem is—college students may not know much about this service. Let's go through nine frequently asked questions about AA."

1. What is Alcoholics Anonymous? AA is a fellowship for people recovering from alcoholism who also wish to help others suffering. It is a 12-step program.
2. Who goes to AA? Anyone who identifies as an alcoholic can go to AA. Also, healthcare providers are welcomed and encouraged to attend open AA meetings. 12 percent of AA

members are ages 30 and below, however this rate is higher for meetings near college campuses.

3. What's the difference between "closed" and "open" meetings? Closed meetings are for established AA members. Open meetings are for AA members, new comers, supportive personnel, and healthcare professionals. You do not have to go alone.
4. What happens at an AA meeting? The meeting begins by introductions around the room. For example, you may hear "I'm Jane, I'm an alcoholic" or "I'm Brittany, I'm a nurse." After introductions the 12 steps and 12 traditions will be read by those leading the meeting. Meetings titled 'Big Book Readings' will continue with reading chapters from the Alcoholics Anonymous book and members may take time to self-reflect and share experiences. (Shows AA big book)
5. What are 12 steps and 12 traditions? 12 steps are working and progress goals for those in AA, however this is not mandatory work. The 12 traditions are principles and foundation of the AA fellowship.
6. How long are the meetings? Meetings are scheduled for one hour.
7. How do you locate a meeting site? You can go to aa.org, enter your country and zip code in the spaces on the left-hand side and follow the prompts and links for finding an AA meeting near you. Many meetings take place in churches or other community clubs or venues with conference style rooms.
8. Is AA confidential? Yes. Anonymity is largely valued within this fellowship.
9. How do you become a member? The only requirement to become an AA member is having the desire to quit drinking alcohol. There are no membership dues. Some members donate funds to help rent spaces for meetings.

(Alcoholics Anonymous, 2018; Strobbe, Thompson, & Zucker, 2013)

Conclusion:

"Let's wrap this up! You're college students and you're busy! If you or someone you know is interested in attending AA to help with your alcohol use, I have created a simple action plan worksheet by use of the Theory of Planned behavior. This may help to visualize your barriers to attendance and increase your likelihood of using AA as a resource for help. Thank you for taking time to view this message!"

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