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**INFLUENCES ON COLLEGE STUDENT ALCOHOL RECIDIVISTS IN  
RECOVERY AND THEIR DECISION MAKING: A NARRATIVE INQUIRY**

A Dissertation in

Counselor Education

by

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## ABSTRACT

High-risk college drinking behavior can result in student alcohol recidivism. The purpose of this narrative study was to understand the experiences of college student alcohol recidivists attending a 4-year, state-related university to gain an understanding of their experience and decision-making. The study aimed to identify variables that effect college student recidivists that serve as a launching point for further study of this population of students and how to support them. This study focused on four student alcohol recidivists in recovery from alcohol at the individual level to learn about their experience as recidivists and gain understanding into potential variables that influence recidivism and how to potentially intervene.

This qualitative dissertation thematically analyzed the narrative of four college alcohol recidivists. Participants were consecutively sampled, meaning that I enrolled every participant who met inclusion criteria. Data were collected using a three-part in-depth interview protocol conducted in person and online due to COVID-19. The data were analyzed using thematic analysis. The Dual Systems Process Model (Shulman, et al., 2016) and Chickering and Reisser's (1993) theory of student development were used to frame the literature review and provide a conceptual framework for analysis.

The study yielded six themes across all participants: Self, Emotion Management, Cognitive Control, Risky Behavior, Social Influence, and Repercussions. Analysis found that each participant has differing cognitive awareness prior to and after their numerous events that has informed their decision-making, a result of their cognitive control development over time. Additional research is needed to grasp how to identify and support students at risk of repeat alcohol incidents.

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## CHAPTER 1: INTRODUCTION

### Background

Alcohol is a normative part of the university experience, especially in the United States (Center for Behavioral Health Statistics and Quality, 2015). According to the Spring 2019 National College Health Assessment, 58.4% of college students used alcohol in the past 30 days. The use of alcohol in college contributes to numerous consequences including assault, academic concerns, suicide attempts, health problems, risky sexual behavior, legal issues, and death (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2015). Given the magnitude of these concerns on college campuses, colleges and universities have made efforts to promote safety and wellness pertaining to alcohol use. These initiatives include changing alcohol policies, decreasing access to alcohol, modifying conduct policies, bringing in parental notification, distributing mass marketing campaigns, and providing prevention and intervention programs (Walters & Baer, 2006).

Research of alcohol recidivism (relapse into a previous criminal alcohol related behavior) in the college student population is lacking resulting in a gap of knowledge regarding the variables that contribute to recidivism. After a thorough review of the literature, there are few studies that reference recidivism in the college population. Recidivism is mentioned in the literature regarding college student alcohol use, but the variables contributing to recidivism have not been explored (Barnett & Read, 2005; Barnett, Murphy, Colby, & Monti, 2007; LaBrie, Lamb, & Pedersen, 2006). The effects of college alcohol intervention programs (such as BASICS) are brief and in immediate response to an incident. Interventions are geared to target the event in the present rather than explore the larger picture of alcohol use behavior in an individual's life. As a result of a short-term focus,

there is room for students to re-offend. The purpose of this narrative study was to understand the experiences of college student alcohol recidivists attending a 4-year, state-related university situated in the rural northeast to gain an understanding of their experience and decision-making. The study aimed to identify variables that effect college student recidivists that serve as a launching point for further study of this population of students and how to support them. This study focused on four student alcohol recidivists at the individual level to learn about their experience as recidivists and gain understanding into potential variables that influence recidivism and how to potentially intervene. The NIAAA (2015) points to the nature of college life such as having unstructured time, access to alcohol, inconsistent enforcement of policies and laws, and social pressures as variables that exacerbate risky drinking behavior. Additional variables such as interactions with providers may also contribute to increased student alcohol recidivism. Given the importance of rapport building in mandated treatment it is important for providers to have self-awareness in how they work with diverse students who re-offend (Kerrison, 2017; Lopez-Vergara, et al., 2018).

Two theoretical frameworks were utilized in this study, The Dual Systems Process Model (Casey et al., 2008; Steinberg et al., 2008) (referred to throughout this dissertation and the literature as Dual Systems Model or Dual Process Model) and Chickering and Reisser's (1993) Psychosocial Student Development Theory (Chickering's). These theoretical frameworks are discussed in detail in Chapter 2. The Dual Systems Process Model highlights the relationship between brain development and decision-making. Cognitive development in the emerging adult population is important given the critical crossroads of prefrontal cortex development and the freedom of the college environment. The college environment exposes students to frequent decision-making both interpersonally and interpersonally as they learn

and grow within the college context. Chickering's model highlights the impact of the interpersonal and intrapersonal challenges that students face during college. These challenges are then broken down into seven vectors: 1) developing competence, 2) managing emotions, 3) moving through autonomy toward interdependence, 4) developing mature interpersonal relationships, 5) establishing identity, 6) developing purpose, and 7) developing integrity. Both models understand and consider the different biological, psychological, and social contexts that influence student decision-making in this space in time.

### **Statement of the Problem**

Implementing effective prevention and intervention programs continues to be a challenge for higher education institutions around the country (Barnett & Read, 2005; Carey, Scott-Sheldon, Garey, Elliott, & Carey, 2016). While effective programs are implemented, they do not always consider students at the individual level, considering the biological, psychological, and social contexts that influence their unique, individual behavior. There has been a call for more customized treatment to address individual alcohol intervention needs (Litzen, et al., 2015; Miller, et al., 2013). Considering the holistic individual can illuminate variables that contribute to risky drinking and resultant consequences, such as recidivism. There is a need for counselors and other health providers to provide programming that understands their clients through a developmental lens, highlighting the individual to customize their care. It is critical to identify recidivism risk factors related to alcohol consequences, such as Driving Under the Influence (DUI) (Gibson, Woodford, & Czeizinger, 2018). Little is known about college students' recidivists and their specific associated risk factors. Therefore, an initial examination of this population was important to develop an

understanding of themes and variables that influence college student recidivism and in turn how said variables influence overall wellness and wellbeing.

### **Research Questions**

Many factors influence how emerging adults in settings of higher education use and alcohol related decision-making. To address this gap in the literature and gain insight into the recidivism experience, the following broad research questions were asked. These research questions are rooted in the tenants of temporality, sociality, and place.

#### **Research questions:**

1) What is the experience of college student alcohol recidivists?

- The main focus of this question is to gain an understanding of student recidivist experiences broadly. To answer this question, emerging adult recidivists attending an institution of higher education were interviewed.

2) How does decision-making impact recidivism?

- The focus of the decision-making questions is to understand how decision-making shifts in relation to recidivism. In order to be a recidivist, there must have been a primary offense with consequences such as receiving alcohol education, thus what factors resonated, or did not resonate with the individual in regard to decision-making. Further information is needed to identify which resources students find useful in adjusting risky alcohol use behavior.

### **Purpose and Significance of the Study**

The primary purpose of this study was to discover and explore students' experiences as recidivists. A secondary purpose was to illuminate potential variables that may help predict students who are prone to recidivism. Narrative inquiry and thematic analysis were

used to uncover and explore meaning in participants' stories in order to gain insight into their experience, which begins to fill the gap in the literature pertaining to college student recidivism experience. The findings of this study are beneficial to the drug and alcohol counseling and higher education professions as it provides initial insight into the experience of student alcohol recidivists in the collegiate setting and the numerous factors that influence student alcohol recidivism.

### **Limitations of the Study**

A main limitation stems from the nature of a narrative inquiry - researcher bias. As a provider of drug and alcohol education who worked with the study's population daily, there was a risk that I would over-identify with my participants or minimize their experiences due to hearing many alcohol related issues regularly. As a professional in the mental health counseling field, this concern is especially critical. In my clinical training, I dedicated practice to exploring my biases and how my experiences influence bias. Reflecting on my bias and positionality are regularly part of my every day personal and professional life. In order to mitigate this risk, I utilized several methods of trustworthiness including, triangulation, providing participants with written findings, and providing rich and thick descriptions (Creswell, 2013, p. 251). Lastly, participants were recruited from Conduct Offices and Recovery Communities; this may have affected how they participated in interviews and answer questions for fear of punishment or uncertainty about the confidentiality of the research.

### **Definition of Terms**

The following terms have been defined for the purpose of this study in order to minimize the risk of misunderstanding as well as to increase clarity of what I am researching.

**College Student**

Individuals enrolled in an institution of higher education, a university or college. The individuals could be registered part-time or full-time and range between the ages of 18-22 years.

**Emerging Adult**

Jeffery Arnett first coined the term emerging adult. Arnett (2000) defines emerging adult as an age of identity exploration, instability, self-focus, feeling in-between, and an age of possibilities. Emerging adulthood is a distinct period between 18 and 25 years of age where adolescents become more independent and explore various life possibilities (Arnett, 2000). It is distinct from adolescents and young adulthood. Throughout this dissertation proposal, the terms adolescents and emerging adults are used interchangeably.

**Recidivism**

Recidivism broadly is the tendency of a person to relapse into a previous condition or mode of behavior, especially criminal behavior. This dissertation focused specifically on recidivism related to alcohol.

**Recidivist**

A recidivist is an individual who has relapsed in a mode of behavior, especially criminal behavior. This dissertation focused specifically on alcohol recidivists (students who have had more than one alcohol violation).

**Risky Behavior**

Risky drinking defines a pattern of drinking – consumption of large quantities (or more than four standard drinks) of alcohol on a single occasion, as well as drinking in situations likely to result in harm (Gilligan, Kypri, & Lubman, 2012). Risky behavior is also

comprised of the situations an individual places themselves that may impact their overall safety, health, or wellness.

### **Standard Drink**

Standard drink in the United States refers to a drink containing about 14 grams of pure alcohol. This is equivalent to 12oz of beer with 5% alcohol content, 5oz of wine with 12% alcohol content, and 1.5oz of distilled spirits or “hard liquor” with 40% alcohol content (NIAAA, 2015).

### **Blood Alcohol Concentration (BAC) Level**

Blood Alcohol Concentration (BAC) level is the concentration of alcohol in the bloodstream, which is determined by sex, weight, amount of alcohol consumed, and over how much time the alcohol was consumed (Centers for Disease Control and Prevention [CDC], 2016). Other factors that influence BAC include age, physical condition; food consumed beforehand, use of drugs or prescription medications, race or ethnicity, or family history of alcohol misuse (CDC, 2016).

### **Alcohol Use Disorder (AUD)**

Alcohol Use Disorder (AUD) is defined by the DSM-5 (American Psychiatric Association [APA], 2013) as anyone meeting 2 of 11 criteria during a 12- month period. The severity of an AUD can be mild, moderate, or severe, and is determined by the number of criteria met.

### **Cognitive Control**

Cognitive control is associated with the prefrontal cortex, which facilitates impulse control, planning ahead, and other executive functions such as resisting temptation (Wolff & Crockett, 2018).



## CHAPTER 2: REVIEW OF THE LITERATURE

High-risk use of alcohol among U.S. college students result in death, assault, and other negative consequences (White & Hingson, 2014). Many college drinking concerns manifest as binge drinking, academics, threats to overall health and wellness, and safety, to name a few. Provided in this chapter are 1) prevalence and consequences of alcohol use, 2) a discussion of The Dual Systems Process Model and Chickering's Psychosocial Student Development Theory, 3) the extant knowledge of the constructs related to alcohol specific recidivism in the college student population, and 4) prevention and intervention efforts utilized on college campuses, focusing on the Brief Alcohol Screening and Intervention for College Students (BASICS) as a model of intervention offered in the collegiate setting. Finally, a summary providing an understanding of how these factors influence alcohol use leading to recidivism is provided.

### **Prevalence of Alcohol Use**

Drinking style in college is as diverse as the students who exist on its campus (Monk & Heim, 2014). Styles can range from a student who abstains from their alcohol use for religious reasons, all the way through students who experience clinically significant alcohol use disorder. Alcohol use disorder is a chronic brain disease characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not using alcohol (NIH, n.d.). This range in severity of alcohol use at times makes it difficult at times for institutions of higher education to know how best to target and identify students who are at risk. Risk ranges from low or no-risk, to moderate, to severe. One sign of risky alcohol use is binge drinking. Binge drinking, or the consumption of an excessive amount of alcohol in a brief amount of time, has been a concern on college campuses for decades. Binge

drinking means consuming four or more drinks in a two-hour period for women and five or more drinks in a two-hour period for men (Courtney & Polich, 2009). When an individual binge drinks their risk for harm or alcohol related negative consequences increases. Binge drinking can lead to a range of consequences that affect the individual in both the short and long term (Courtney & Polich, 2009). These consequences include, but are not limited to, nausea, memory loss, coordination problems, poor decision-making, legal consequences such as DUI, physical or bodily harm, sexual assault, physical assault, long term health consequences such as heart disease, risk of pregnancy or STI's, injuries (mental/physical/or emotional), alcohol poisoning, alcohol use disorder, and death (Courtney & Polich, 2009; Lindo, et al., 2018).

According to the 2016 National Survey on Drug Use and Health (NSDUH, 2016), 57.2 percent of full-time college students ages 18 to 22 drank alcohol in the past month. 38.0 percent engaged in binge drinking (5 or more drinks on a single occasion for men or 4 or more drinks on an occasion for women) in the past month; and 10.5 percent engaged in heavy alcohol use (binge drinking on 5 or more days in the past month). These rates are higher than those for their non-college-attending peers. Use of alcohol among U.S. college students results in 1,519 amount of deaths, 696,000 assaults and 97,000 sexual assaults/date rapes each year (NIAAA factsheet, 2016). It is estimated that approximated 1.4 million DUI's occur every year (FBI, CDC, Bureau of Transportation Statistics). The statistics are conservative, as they do not account of the many undocumented and repeated DUI events. To support this conservative estimate, the FBI developed a report in 2016 demonstrating that more than 1 million drivers were arrested for driving under the influence of alcohol or narcotics (FBI, 2017). However, that's only one percent of the 111 million self-reported

episodes of alcohol-impaired driving among U.S. adults each year as researched by the Center for Disease Control's decade long self-reported alcohol-impaired driving episodes research (CDC, 2014).

College students are known to engage in risky drinking behaviors. About 60% of college students ages 18-22 report consuming alcohol in the last 30 days and 67% of those students' report engaging in binge drinking (SAMHSA, 2016a). The first six weeks of the first year of college is often considered to be a particularly vulnerable time for high risk drinking and alcohol related consequences due to the social pressures and expectations at students come in with at the beginning of their college experience (Hingson & White, 2014; NIAAA, 2015). Part of the risk involved with the beginning of the school year stems from students re-acclimating to an unfamiliar environment and trying to find friends. A normative way to bond with others in college is through the use of alcohol (Sayette, Creswell, Dimoff, et al., 2012). Students may also seek out new friendships and relationships through get togethers, kickbacks, or parties. Some of these venues may or may not involve alcohol. Students may choose to drink to relax in an uncomfortable or awkward social situation due to the social lubricant nature of alcohol.

The typical college student usually ranges in age from 17-22 years old. This age group falls into the category of late adolescence also known as an emerging adult (Arnett, 2000). Emerging adults face several developmental tasks to master. These include becoming independent from parents, dealing with hormonal changes and growth, exploring, and finding healthy relationships and friendships, and regulating emotions and feelings to name a few (Chickering & Reisser, 1993). According to Erikson, emerging adults are experiencing the psychosocial crisis of Identity vs. Role Confusion where emerging adults take on existential

questions such as “Who am I?” (Erikson, n.d.). This developmental stage is all about identity construction. Emerging adults are then tasked with identifying their own beliefs and values. An inability to solve these developmental tasks may result in problems and concerns ranging from emotional to behavioral.

An example of a concern surrounding behavioral regulation is risky drinking behaviors. Risky drinking behavior is not limited to college students and impacts individuals on a global scale. Culture and context play a role in how individuals interact with alcohol. There are biological, psychological, and social factors that impact our likelihood of engaging in risky drinking behaviors. For instance, students may enter college with some previous drinking experience, while around 9.9% of full-time college students report trying alcohol for the first time in college (Lipari & Jean-Francois, 2016). Overall about 80% of college students report drinking alcohol each year (Hingson & White, 2014). In 2015, 58% of full-time college students drank alcohol in the past month, 37.9% engaged in binge drinking, and 12.5% engaged in heavy drinking (SAMHSA, 2016a) with binge drinking rates consistently staying around 40% over the past decades (White & Rabiner, 2012).

For the purposes of this review, the term *emerging adults* is be used to denote this college age group. Emerging adults and adolescents are used interchangeably throughout this review. It is well researched that emerging adults are more impulsive than in childhood or adulthood (Gonzalez, Reynolds, & Skewes, 2011; Teese & Bradley, 2010; Wong, Zane, Saw, & Chan, 2013). Due to neurocognitive development at this time period, emerging adults are more likely to engage in risk taking behaviors such as binge drinking and gambling. This predisposition for impulsivity coupled with the freedom that college presents to emerging adults creates the perfect context for risk taking and harm. Little is known about the

experience that emerging adults have when considering their decisions and the context of making those decisions qualitatively. The literature emphasized that context and perception are important parts of decision-making for emerging adults. Simply put the context matters (Shulman et al., 2016). A gap in the literature exists surrounding the context of why emerging adults engage in risk taking and the broader context in which these decisions reside (Shulman et al., 2016).

### **Alcohol Related Consequences**

According to NIAAA (2015), many college drinking issues are related to binge drinking, posing serious threats to health, safety, and academics. Explore in this section are the ways alcohol impacts college student health, safety, and academics.

**Health.** Alcohol abuse and dependence can greatly impact overall health and wellness of the individual. Blanco and colleagues (2008) reported that about 20% of college students meet criteria for AUD and found that treatment seeking for substance use issues was lowest when compared to other mental health issues. Many of these consequences occur for both high risk and lower risk drinkers. Weitzman and Nelson (2004) found that between 25-33 % of college students whom experienced alcohol related consequences consumed three or four drinks per occasion. The prevalence of drinking on college campuses is an issue that needs to be addressed by campus officials in order to maintain safety for all those involved from students to the community. As evidenced by the alcohol related consequences, consumption of alcohol is leading to academic, social, sexual health, physical, and mental health, legal, and other traumatic consequences that impact not only individuals, but also their environments and community stakeholders (Looby, et al., 2019; Trolan, et al., 2016; Weitzman & Nelson, 2004; White & Hingson, 2013).

One of the many health impacts of drinking is memory loss. Memory loss or blacking was reported by 10% of non-binge drinkers and 54% of frequent binge drinkers (Wechsler et al., 2000). Blacking out, or alcohol induced amnesia, can result in long- or short-term consequences of health. Some short-term consequences may be increased risk of injury, whereas long-term risk may stem from greater impact on the developing brain resulting in permanent brain damage over time. Miller and colleagues (2018) utilized thematic analysis to study college student blackout knowledge to better inform clinical intervention. The authors found that college students are unclear about what variables impact whether they experience blackouts (periods of alcohol-induced retrograde amnesia) from alcohol use.

Due to the depressant nature of alcohol, there is also increased likelihood that emerging adults are at an increased risk for suicide attempts. College student drug and alcohol use has been linked to suicidal ideation and suicide attempts, with up to 1.5% of students indicating they have attempted suicide 24 when under the influence of drugs or alcohol (Brener, Hassan, & Barrios, 2000; Presley, Leichliter, & Meilman, 1998). The highest risk of health is death. Each year, 1,825 college students die due to alcohol related injuries and drunk driving – an increase from around 1,400 in 1998 (Hingson, Heeren, Zakocs, Kopstein, & Wechsler, 2002; Hingson et al., 2009; Hingson & White, 2012). More and more alcohol related deaths have been documented on college campuses over the last few decades (Hingson, Zha, & Weitzman, 2009; Hingson, Zha, & Smyth, 2017). Several alcohol related fraternity deaths have prompted statewide policy such as the Responsible Action Protocol. All but six states (Hawaii, Alaska, Montana, Wyoming, South Dakota, and New Mexico) in the United States of America have laws around hazing (Hazingprevention.org). These laws

and policies, although beneficial, are often reactionary. Next, I discuss the prevalence of alcohol's impact on safety.

**Safety.** Students who use alcohol are more prone to injury in general. A student who consumed alcohol (Hingson et al., 2005) unintentionally injures over 599,000 students. Specifically, students may experience physical assault or sexual assault. Over 696,000 students are assaulted by a student who consumed alcohol (Hingson et al., 2005), and over 97,000 students are victims of alcohol-related sexual assault or date rape (Hingson et al., 2005).

Students who utilize alcohol are prone to sexual safety concerns. Around 100,000 reported they were too intoxicated to determine whether they consented to having sex (Hingson, Heeren, Winter, & Wechsler, 2003). Important to note that the Hingson et. al, 2003 citation is the citation utilized by the National Institute of Alcohol Abuse and Alcoholism to describe consequences of alcohol use for college students (NIAAA, 2019). More research that is current is needed to confirm this prevalence. This increased intoxication can hinder decision-making and affect overall safety, which lends itself to concerns around sexual consent (Muehlenhard, et al., 2016). Jozkowski and Wiersma (2015) found that alcohol use influences how students go about providing sexual consent. Kilwein and Looby (2017) drew attention to the importance of social motivations in combination with alcohol use. They found that strong social motives significantly increased the odds of risky sexual behaviors in a predominantly female sample.

A number of decisions made while intoxicated can lead to police involvement. Police involvement occurs at various levels on campuses – in the dorms, on campus grounds, off campus grounds, and when called in emergencies. Students receive citations for underage

drinking, public drunkenness, furnishing to minors, DUIs and various other alcohol related charges. Presley and Pimentel (2006) reported that around 8.5% of students were arrested or in trouble with police for alcohol-related issues. These charges can impact them legally and academically. As mentioned earlier in this literature review, driving under the influence of alcohol is a major safety concern (Steinka-Fry, et al., 2015). Hingson and colleagues (2009) found that 12 million 18-24-year-olds (both in and not in college) consumed 5 or more drinks at least one time in the past 30 days, with more than 7 million reporting driving under the influence in the past year. These drinking behaviors contribute to 5,000 injury related deaths – the leading cause of death for this age group (Hingson et al., 2009). Property damage is another reason police may become involved with college students. Penn State fans in October 2016 after the Ohio State football win cost the State College, Pennsylvania borough roughly \$18,000 in damages after 5-10,000 fans rioted downtown (Annarelli, 2016). For decades, administrators from high-risk drinking schools have been and continue to be more concerned about property damage than lower risk schools (Wechsler et al., 1998).

The result of illegal behavior around alcohol use can impact students in a variety of ways. In some cases, having a criminal record can hold students back from internship or other job opportunities, as well as it can influence student visa status. All arrests and convictions as well as any disciplinary action carried out by the school because of an arrest or conviction are reported to Immigration and Customs Enforcement (American Immigration Lawyers Association [AILA], 2011; Indiana University- 25 Purdue University Indianapolis [IUPUI], 2017). If an international student is arrested and/or convicted of a crime, it is up to the discretion of the individual visa officer to determine whether the arrest or conviction will prevent an individual from renewing his or her visa (AILA, 2011; IUPIO, 2017).



**Academics.** Given the health and safety risks mentioned above, it makes sense that while students simultaneously attend to these health and safety concerns while attending classes that their academics may suffer. Binge drinkers who consumed alcohol at least 3 times a week were 6 times more likely to perform worse on a test or project and 5 times more likely to miss class than non-binge drinkers (Blanco et al., 2008; Thombs et al., 2009). El Ansari, Stock and Mills (2013) looked at alcohol consumptions relation to academic performance and found that independent of age and sex, participants who care less about the importance of good grades had a higher frequency of alcohol consumption. El Ansari, Stock, and Mills (2013) conclude that alcohol misuse; especially in the form of binge, drinking is likely to negatively impact academic performance.

### **Theoretical Underpinnings: Dual Systems Process Model and Identity Development**

#### **Dual Systems Process Model**

Before discussing the Dual Systems Process Model, it is important to understand brain development as it relates to emerging adults and alcohol use on college campuses. Cognitive development in the emerging adult population is important given the critical crossroads of prefrontal cortex development and the freedom of the college environment (Diamond, 2002a). The prefrontal cortex serves many functions. One function of prefrontal cortex is to facilitate planning, reasoning, and judgement (Duncan, 2001). To plan, reason, and judge requires the prefrontal cortex to regulate impulse control, focus, and the ability to prioritize and control emotions (Duncan, 2001). Prefrontal cortex is the last brain region to develop does not mature until approximately 25 years of age (Arain, Haque, Johal, et al., 2013). The prefrontal cortex is still developing within emerging adults attending institutions of higher education. This period of growth directly impacts decision-making in the emerging

adult population. For the proposed study, it is important to understand the social emotional system (SES) and the cognitive control systems (CC) and their connection to prefrontal cortex (Casey et al., 2008; Steinberg et al., 2008).

The SES increases emerging adult attraction to exciting and pleasurable activities (Steinberg, 2010). As such, the development of the SES is responsible for impulsive action. The cognitive control system, which includes the prefrontal cortex, is not yet fully developed and because of this gap, there is a heightened threat of risk-taking, such as binge-drinking, during this overlap of developing systems (Jadhav & Boutrel, 2019; Steinberg, 2010). Put simply, one part of our brain acts on impulses, and the brain region responsible for subduing these impulses is not fully developed.

The dual systems model was introduced in 2008. Two labs, one in at Temple (Steinberg et al., 2008) and one at Cornell (Casey et al., 2008), simultaneously proposed similar dual-systems models of adolescent decision-making. This dual systems model (Figure 1) proposed that the social emotional system (SES), which included the striatum, medial and orbital prefrontal cortices matures sooner than the cognitive control (CC) that included the lateral prefrontal, lateral parietal, and anterior cingulate cortices. According to these models, risk taking behaviors increase throughout adolescents and the SES is activated by incentive related information where the cognitive control system lacks the development to regulate this driven behavior (Casey, Getz, & Galvan, 2008; Steinberg et al., 2008). Because the dual systems model's introduction to the field of developmental neuroscience, many studies have been carried out to research the validity of the model. Several comprehensive reviews exist to date that examine the evidence for the dual systems model (Yurgelun-Todd, 2007; Casey et al., 2008; Steinberg, 2008; Geier & Luna, 2009; Luna et al., 2010; Somerville & Casey, 2010;

Richards et al., 2013; Crone, 2014). Two recent reviews completed by Shulman and colleagues (2016) and Kray and colleagues (2018) examined the evidence in support of the model as well as the limitations that exist within the model (Figure 2).

For the purposes of this review, the dual systems model proposed by Steinberg (2008) is utilized. The first system in the dual systems model is the socioemotional system and the cognitive control system (CC). The socioemotional system is through to mature earlier in adolescence and involved dopaminergic areas that are sensitive to rewarding stimuli (e.g., peer presence) (Silva, et al., 2017) whereas the CC system is associated with the prefrontal cortex which facilitates impulse control, planning ahead, and other executive functions such as resisting temptation (Wolff & Crockett, 2018).

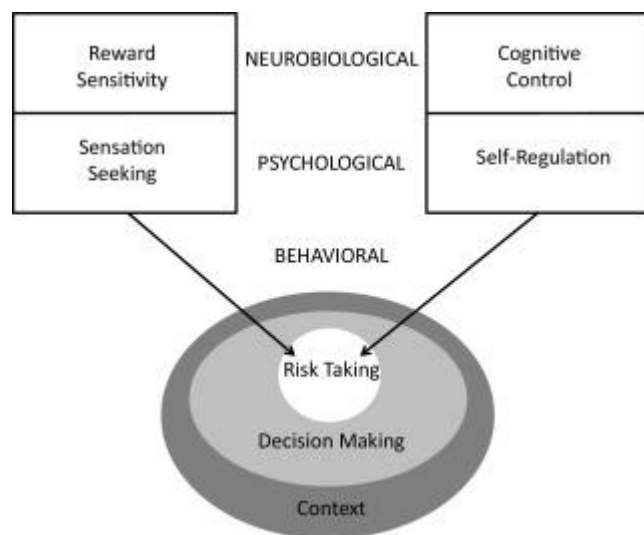
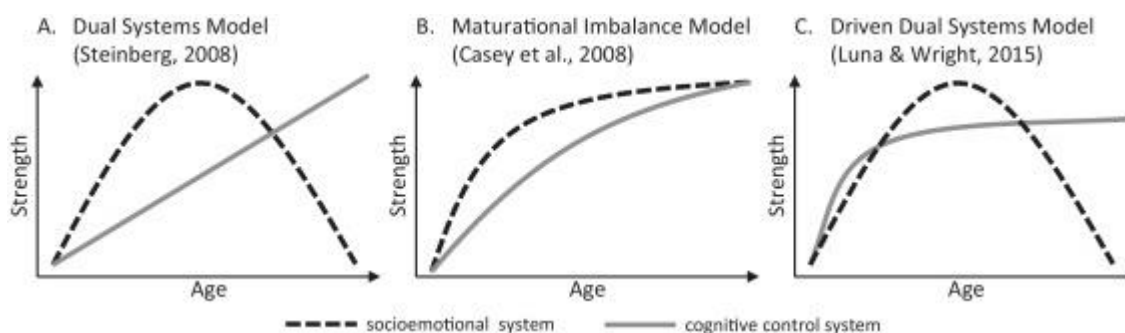


Figure 1. Constructs implicated in the dual systems model of adolescent risk-taking.



*Figure 2. Comparison of dual system theoretical models (Shulman, et al., 2016)*

One core tenet of the dual systems model is that the socioemotional system reaches its peak during mid to late adolescents (Shulman et al., 2016). The dual systems model supports that reward-seeking behaviors are a result of increased engagement of the striatum during decision-making, thus biasing adolescents/emerging adults toward more rewarding choices (Shulman et al., 2016). This maps onto the development of the nucleus accumbens (part of the ventral striatum - the central structure in the reward system of the brain) increases during early adolescence and after shrinks (Luciana & Collins, 2012). The second major claim of the dual systems model is that “cognitive control increases linearly across adolescence and does not reach full maturity until several years after the peak period of reward sensitivity” (Shulman et al., 2016, p. 109).

It is important to consider the entire reward system as a whole rather than in individual pieces because reward processing entails the coordinated action of a system of regions (Smith et. al., 2014). Shulman et al.’s (2016) review asserts the need for more studies that consider the socioemotional system as a coordinated network to better understand how the development of this system relates to the age-differences in reward processing. A limitation to the dual systems model is that it neglects to address the likely involvement of the amygdala in processing the intensity of emotions and how this may impact emerging adult behavior.

The triadic model proposed by Ernst (2014) builds upon the dual systems model by adding in the amygdala. What is true about the brain and behavior is that no action exists in isolation. The brain does not work in neatly segregated chunks as the dual systems model may imply, however if considering all extant brain function involved in decision-making it

becomes more difficult to research how these varied units work together as a larger whole. Additionally the role of the amygdala in decision-making is not yet clear (Somerville, van den Bulk, & Skwara, 2014). Future research is needed to explore the interplay of overlapping brain regions in addressing decision-making.

Shulman and colleagues (2016) found that there is evidence for increased risk taking in adolescence compared to adulthood, however it can be difficult to tease out developmental differences between adults and adolescents given the many factors that confound (e.g., emotional arousal, ambiguous risk, presence of others). One difference between adolescent and adult cohorts is the influence of the peer group in decision-making. Shulman et al. (2016) highlight the importance of the peer group for adolescents and decision-making. They found that during adolescence, social context is an important moderator of reward processing (Shulman et al., 2016). O'Brien et al. (2011) and Weigard et al. (2014) found that in the presence of peers emerging adults will evidence a stronger preference for immediate rewards as opposed to delayed rewards that did not involve risk taking. Rodent studies (Hammerslag, et al., 2019; Logue, et al., 2014) also supported the importance and influence that peer groups can have on our decision-making. Logue and colleagues (2014) found that adolescent mice chose to drink more alcohol in the presence of their peers than when alone. Simply stated, when adolescents of varied species experience peer pressure or group influence, this impacts their decision-making.

The dual systems model holds that, to the extent that decision-making occurs under conditions that arouse the socioemotional system (e.g., conditions that are relatively more thrilling), differences between adolescent and adult decision-making, and hence, risk taking will be more pronounced. (Shulman et al., 2016, p. 106)

The dual systems model proposed that adolescents are more sensitive to rewarding outcomes (Shulman et al., 2016). These rewards are pleasurable and thus increase the likelihood that an adolescent will engage in the pleasurable and rewarding behavior, including risky drinking behaviors. Although there are some inconsistencies in the literature, Shulman, and colleagues (2016) assert support that reward, sensitivity reaches its peak during adolescence.

Support exists for how puberty plays a role in the dual systems. The dual systems model supported that sensation seeking and reward sensitivity are higher among those who are more pubertally advanced (Shulman et al., 2016). The dual systems model posited that in the meeting of the developmental patterns of the 1) Socioemotional (SES) and 2) Cognitive control (CC) systems (relatively high responsiveness to reward combined with relatively weak self-regulation) that renders adolescents particularly vulnerable to risk taking (Shulman et al., 2016). The dual systems model did not suggest that adolescents are universally risky or incompetent decision makers, rather it recognized that basic reasoning capacity is almost fully mature by mid-adolescence. Instead the model suggested that when decision-making occurs under conditions that excite or activate the socioemotional system, adolescents are more prone than other age groups to pursue exciting, novel, and risky courses of action (Icenogle, et al., 2019; Shulman et al., 2016).

The dual systems model did not support biological determinism; rather its perspective explicitly emphasized the context in which decision-making takes place (Shulman et al., 2016). Given the importance of context, it is necessary to learn more about the experiences of emerging adults when making decisions that are risky, such as binge drinking. There is a need to understand the context of decision-making in emerging adults surrounding risky

drinking behaviors. Understanding college student decision-making could be discussed using various identity development models, yet Chickering's Theory of Identity Development Model is one model that is strongly supported when working with college-aged students (Torres, Jones, & Renn, 2009). Chickering and Reisser (1993) believed that the role of higher education institutions was to facilitate healthy student development in conjunction with intellectual learning. Chickering's theory highlighted the interpersonal and intrapersonal challenges student's face throughout their college years.

### **Chickering's Theory of Identity Development**

Chickering (1979) developed seven *vectors* specific to the college student identity given that college students have classically been tasked with ego identity development and identity crisis due to their predominantly adolescent identity. This model was born out of the Eriksonian stage of identity crisis (Torres, Jones, & Renn, 2009). Chickering's vectors differ from stages in that they do not build upon one another and therefore do not need to occur in a linear way. Chickering enhanced the way we view college student identity development and elaborated on multiple dimensions of identity such as race and gender (Torres, Jones, & Renn, 2009). Colleges and universities that utilize this framework effectively promote the development of student potential and talents by establishing a culture that cultivates maturation in self-esteem, socially responsible behavior, and healthy relationships (Chickering & Reisser, 1993). This framework established that college students are developing, and by using Chickering's Seven Vectors, we can see how the vectors apply to alcohol use among college students influences development. Chickering's theory understands the impact of the institutional culture on students, and substance use is part of this culture.

There are seven vectors or “tasks” that college students must go through while developing their identity (Chickering & Reisser, 1993). These vectors include: (1) developing competence, (2) managing emotions, (3) moving through autonomy toward interdependence, (4) developing mature interpersonal relationships, (5) establishing identity), (6) developing purpose, and (7) developing integrity. Chickering and Reisser (1993) incorporated many intrapersonal and interpersonal components that all relate to healthy development. The following section expands on the vectors.

The first vector is developing competence. These competencies include intellectual, manual/physical, and interpersonal. Intellectual refers to the ability to understand, analyze, and synthesize. Manual refers to the ability to physically accomplish tasks, where interpersonal as its name implies involves establishing relationships with others. Within this vector, students are learning how to think critically and engage in activities that bring about personal wellness, which simultaneously students are tasked with developing and maintaining relationships with others (Chickering & Reisser, 1993). Within this vector students are juggling their intellectual competence with their interpersonal competence, which within the context of alcohol use, can influence how a student may make a decision. For example, a freshman many know that drinking a high volume of alcohol quickly isn't healthy (intellectual competence), however they may not be fully competent in their ability to communicate with peers that drinking safely is something they value (interpersonal competence), and therefore may decide to drink more in a social context. This also related to cognitive control as explored earlier in this literature review.

Vector two is the ability to manage emotions. College students face a wide range of emotions and by working through this vector can enhance how their emotions impact them



and learn to manage them (Chickering & Reisser, 1993). In this vector students learn how to release emotions appropriately with the ability to be flexible and identify how and when to control emotions, and when to express those emotions (Evans, Forney, Guido, Patton, & Renn, 2010). Managing emotions is important when considered with alcohol use, and often alcohol programs will take time to review the importance of being aware and recognizing emotions and reviewing strategies for managing these emotions in reasonable ways. Self-awareness and self-control of intense emotions such as fear, anger, sadness, and happiness are at the core of this vector. Vector two is relevant to the current study in that the use of alcohol can alter the intensity in which we experience emotions (Stappenbeck & Fromme, 2014).

The third vector is a movement through autonomy toward interdependence. Students must learn to operate on their own and establish personal responsibility (Chickering & Reisser, 1993). Independence then is twofold: emotional independence and instrumental independence. Emotional independence means the ability of a student to willingly risk relationships of those who are close to them in exchange for pursuing their own individual interests or convictions. Instrumental independence is the ability to solve problems on one's own. Through this vector, students can manage the tensions between the need for independence and the need for acceptance, along with respecting the uniqueness and independence of others. This movement through autonomy toward interdependence is significant when it comes to the influence of peers on many issues, including drinking and drinking culture (Scholl & Schmitt, 2009). Students who have mastered this vector are free from the control of others, have a sense of self-sufficiency, and interact with others in productive ways (Chickering & Reisser, 1993).

Vector four is the development of mature interpersonal relationships. Part of developing mature interpersonal relationships is learning to accept and appreciate unique differences. Diversity consists of many variables and exposure to many unique individuals can help students gain tolerance to unique differences. Students proficient in this vector are more accepting of flaws and appreciative of assets, more selective in the relationships they choose, and look for long-lasting relationships that can endure crises, distance, and separation (Evans, et al., 2010).

The fifth vector deals with the establishment of identity. Development of identity is the process that is related to each of the previous four vectors. The self is created from acknowledging the differences one has in identity (gender, ethnic background, sexual orientation). While identifying and developing the self, an ability to find peace and contentment with this identity emerges. Chickering and Reisser stated, “A solid sense of self emerges, and it becomes more apparent that there is an ‘I’ who coordinated the facets of personality, who ‘owns’ the house of self and is comfortable in all of its rooms” (1993, p. 49). This development establishes how others perceive an individual. The formation of one's identity leads to a sense of contentment with one's self and how that self is seen by others. This identity has been seen as a protective factor when considered with risky behaviors (Schwartz, et al., 2010).

The sixth vector is developing purpose. College students begin to identify why they are earning their degree. They not only establish the purpose of getting a job, earning a living, and building skills, but the development of purpose moves beyond that (Chickering & Reisser, 1993). Through experiences in college, students discover what gives them energy, and what they find to be most fulfilling. Within this vector is where students identify where

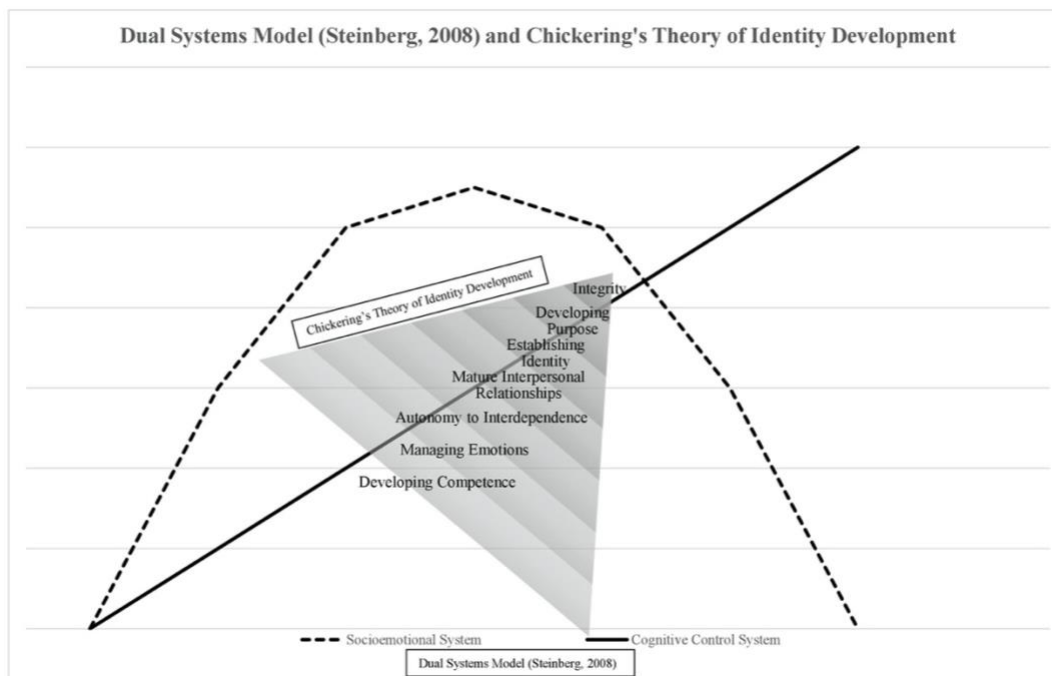
their sense of direction is coming from, which allows students to guide their decision-making (Chickering & Reisser, 1993). Decision-making within this context is important because now students can recognize how their decisions impact their purpose. Related to alcohol use, having a sense of purpose may be a protective factor when drinking as students in this vector are able to evaluate how their decisions can potentially influence their goals.

Lastly, the seventh vector is the development of integrity. This vector is closely related to the previous vector, as it is the ability for students to personalize humanizing values and apply them to their own behavior (Chickering & Reisser, 1993). Many values that students bring with them to college are challenged in this environment as their worldviews, values, and belief systems expand (Chickering & Reisser, 1993). The establishment of integrity is the ability for students to assemble and practice the values that are consistent with their own beliefs after being exposed to and thinking critically about new beliefs, values, and worldviews. Kooyman and Pierce (2014) propose that personal integrity is a vital component in the development of college women as they adjust to college life, which includes alcohol use. Another example included that members of sorority and fraternity life can influence how students socialize and how they view alcohol related beliefs and behaviors (Barry, 2007). Socialization of college students and their ability to master the seventh vector is important, because a failure to do so can result in negative consequences.

### **Dual Process Model and Chickering's Theory of Identity Development**

There are commonalities that emerge among theories of development. The Dual Process Model and Chickering are no exception. Both theories share characteristics and assumptions about the nature of development, the social construction of identity, and the importance of considering environmental influences (Torres, Jones, & Renn, 2009). Now

understanding the dual process model and Chickering's framework, there is overlap. While emerging adults are developing cognitively, they are simultaneously navigating Chickering's tasks. The dance between cognitive development and managing emotions can be delicate. For example, taking vector two - the ability to manage emotions - cognitive control during this time is still developing. An individual's unique development of their cognitive control in a point in time will influence their ability to regulate and manage their emotions. The DPM speaks to the more rigid genetically influenced aspects of our identity where Chickering's theory embraces the influence of social construction and identity development. The marriage of the two establish a lens that fully illustrates the conflict, or disequilibrium (Torres, Jones, & Renn, 2009) occurring internally as we develop on multiple planes. Figure 3, found below, illustrates the overlap of the Dual Process Model and Chickering's Theory of Identity Development.



*Figure 3.* Overlap of Steinberg's (2008) Dual Systems Model and Chickering's (1993) Theory of Identity Development.

## Constructs and Variables

Several individual factors that impact and influence our relationship with alcohol. These factors include individual characteristics related to identity, personality, values, family and upbringing, peer/social influence, and decision-making capacity as determined by cognitive development. Constructs being examined in the study are addressed as well as a review of the theory being applied to these constructs.

As individuals, we are tapestries woven out of our genetics, development, upbringing, and more. This first section addressing individual factors aims to address how these individual factors impact our relationship with alcohol (Bjork & Pardini, 2015; Bruine de Bruin, Parker, & Fischhoff, 2007; Kazemi, Levine, Dmochowski, Angbing, & Shou, 2014). Some identities and traits are fostered and developed over time (i.e. living arrangement, and values), where others are predetermined (i.e. race/ethnicity, sex at birth). For organizational purposes I discuss each variable in the order of fixed to malleable, although I recognize that there are varying degrees of malleability/flexibility between and within each of the following constructs.

**Sex and Gender.** I start with sex and gender to highlight the importance of both the biological underpinnings we enter life with, as well as the socially constructed views and aspects of these two, often coupled, concepts. Sex at birth is predetermined for us as humans from conception, and this sex at birth impacts us from a biological perspective when we utilize alcohol (Collins, Yeager, Lebsack, & Panter, 1975). Alcohol tolerance is impacted due to the amount of alcohol dehydrogenase in male or female bodies. As a result of the difference in alcohol dehydrogenase male and female bodies metabolize alcohol at different rates (Edenberg, 2007). Although sex at birth is an established part of our genetics, this does

not mean it is permanent. It is common knowledge that science and medicine can support the human body in fulfilling a sex type that an individual identifies with sexually. Although sex at birth is important in addressing the impact of alcohol on the body, it is one piece of a larger picture related to how sex and gender impact alcohol use. Sex at birth can influence gender expression, or not.

As humans continue develop and grow, they begin to foster a gender identity, which is separate from our sex at birth (Diamond, 2002b). Gender is an example of a socially constructed phenomenon. An individual's gender identity impacts their drinking style. One example of how gender impacts drinking style comes from Alfonso and Deschenes (2013) who found that female students who participated in drinking games had a higher likelihood of alcohol related harm. This had to do largely with the type of drinking game the individual participated in, which differed by gender. For example, males endorsed greater participation in motor drinking games, which includes physical tasks to be performed such as “quarters” and in team games such as beer pong (Alfonso & Deschenes, 2013, p. 313).

Different expectations in behavior based off gendered social norms influences the way we interact with alcohol. One of the first studies to address binge drinking and the differences between males and females was Orford, Waller, and Peto (1974), finding males were not only fast drinkers, they also had different drinking styles and concerns about drinking. The numbers have changed since then, but the findings are similar in that alcohol use rates are greater for males than females (Grucza, et al., 2009; O'Malley & Johnston, 2002). The American College Health Association (2007) also found that male students experience more alcohol related consequences than female students. Wilsnack, Wilsnack, Gmel, & Kantor (2018) found that not only are there gender differences in the behaviors of

binge drinking, but there are also gender specific predictors and consequences of binge drinking as well. More work is needed to understand the nuance of gender as related to binge drinking. This disparity between male and female identified individuals is likely influenced by gender norms established in our society. Sexuality is another variable that impacts rates of alcohol consumption. According to the National Survey on Drug Use and Health (2015), those who identified as being gay, lesbian, or bisexual reported higher rates of alcohol use and were more likely to have substance abuse disorders in the past year related to their alcohol use than heterosexual individuals.

**Race and Ethnicity.** One predetermined aspect of our identity stems from our race and ethnicity. Both race and ethnicity are parts of us that we cannot control and within these racial and ethnic identities come diverse cultures and subcultures. The connection between the variables of race/ethnicity and alcohol use throughout the lifespan has been examined over decades (Alvanzo et al., 2011; Clements, 1999; Gilman et al., 2008; Reed, 1985). Research has found differences between racial group drinking patterns in the college environment. O'Malley and Johnston (2002) found that heavy drinking is highest for white students, intermediate for Hispanic students, and lowest for black students. Fesahazion, Thorpe, Bell, and LaVeist (2012), studied alcohol use among African American and White populations and aimed to account for alcohol use within social and environmental contexts. The authors concluded that African Americans and Whites exposed to the same social and environmental conditions had similar patterns of current alcohol use compared to the national sample indicated higher use among whites (Fesahazion et al., 2012).

**Mental Health.** Young adulthood is the time for peak onset of most mental health disorders, with 75% of those diagnosed with a mental health disorder having their first onset

by age 25 (Kessler et al., 2008). Anxiety disorders and depression are the most prevalent mental health issues among college students, with 11.9% diagnosed with an anxiety disorder and 7-9% diagnosed with depression (Blanco et al., 2008; Eisenberg, Hunt, & Speer, 2013). According to Weitzman (2014), 81.7% of college students reporting poor mental health engaged in drinking. When compared to their peers, students with poor mental health were less likely to report abstinence and were more likely to report drinking to get drunk (Weitzman, 2014). They also reported higher levels of harm from alcohol – academic, unsafe sex, and property damage (Weitzman, 2014). The p-factor, the single dimension of general psychopathology, has been termed by Caspi & Koffitt (2018). This p-factor speaks to the overall impact of mental health in terms of severity of disturbance to life in general rather than clustered into specific diagnoses. The larger the p-value the more disruption is occurring in that individual's life due to mental health concerns.

**Personality.** Personality can also influence our consumption of alcohol. Personality development has been studied for decades and there are many factors that influence someone's personality. One personality style that some emerging adults embody is impulsivity. It has long been understood that emerging adults are impulsive (Stamates & Lau-Barraco, 2017). Although emerging adults develop more cognitive control over time and thus the ability to control their impulses, there is a higher vulnerability for emerging adults to take risk given their inability to cognitively control their inclinations to seek rewards in this time frame (Steinberg, 2010). Knowing that development occurs at varied speeds, we can infer that some emerging adults are then more impulsive than others. For example, someone with an impulsive personality may choose to engage in a risky but desirable behavior, such as unprotected sex, without taking time to weigh the risk of their actions. Some risk factors for



unprotected sex include sexually transmitted infections or pregnancy. College related alcohol beliefs have been found to predict alcohol use and alcohol related problems better than personality (Pearson & Hustad, 2014). Pearson and Hustad (2014) also found that college related alcohol beliefs mediate the predictive effects of sensation seeking and impulsivity, therefore personality focused interventions may be beneficial in addressing risky drinking behavior. That being said, more research exploring the role of personality and high risk drinking is needed (Kazemi et al., 2014). Research carried out by Cyders and colleagues (2009) found that sensation seeking in college students uniquely predicted increases in the frequency of alcohol use, over and above impulsivity.

**Family History.** Family history and upbringing encompasses both genetic and environmental influences, but the overall impact of family history on college student drinking has been mixed. Adoption and twin studies support that the heritability rate of alcoholism is around 50-70% (Agrawal & Lynskey, 2008; Schuckit, 2009). Environmental risk factors also play a role, including parenting style, modeled drinking behaviors, and fetal alcohol exposure (Hawkins, Catalano, & Miller, 1992; Sher, Greykin, & Williams, 2005). Students with a positive family history of alcohol abuse endorsed greater positive alcohol expectancies, consumed more drinks per week, and experienced more consequences (LaBrie, et al., 2010; Smith, et al., 2015). Elliott, Carey, & Bonafide (2012) conducted a meta-analysis of 65 published papers, comprised of 89,766 participants, and found that family history had a minimal effect on alcohol consumption, but it did have stronger effects on alcohol consequences, alcohol use disorder symptoms, and other drug involvement. The results indicated that students with a family history may not consume more than other students, but they are at greater risk for issues with alcohol and other drugs (Elliott et al., 2012). Research

findings have indicated that if parents so much as talk to their college students before they enter the university environment the student is less likely to engage in risky drinking behavior (SAMSHA, n.d.). Conversely Birn, Roeber, & Pollak (2017) found that very high levels of stress early in development are associated with significant alterations in reward and loss processing in adulthood. This means that individuals who experienced very high levels of stress in their early childhoods appear to have problems as adults in effectively using cues in the environment that signal rewards and losses. These research findings provided an understanding of how and why patterns of poor decisions and maladaptive risk-taking behaviors, such as risky drinking, are common among those individuals who experienced elevated levels of child adversity (Birn, Roeber, & Pollak, 2017).

**Beliefs and Values.** Alcohol beliefs strongly influence how college students interact with alcohol (LaBrie, Kenney, Napper, & Miller, 2014; Osberg & Boyer, 2016). These beliefs can stem from social norms and alcohol expectancies, all of which can predict alcohol use and alcohol related concerns (Kuntsche, Knibbe, Gmel, & Engels, 2005; Neighbors, Lee, Lewis, Fossos, & Larimer, 2007). Osberg and colleagues (2010) describe how students entering college holding beliefs that drinking is an integral part of the college experience are at greater risk for abusing alcohol and selecting environments that promote risky drinking. Research supports that having a positive attitude toward heavy drinking is a strong predictor of alcohol use, binge drinking, and other alcohol related problems (Dibello, Miller, Young, Neighbors, & Lindren, 2018). Hustad and colleagues (2014) found that students who pregame and/or tailgated for football games had higher normative perceptions and beliefs about alcohol than students who did not engage in tailgating or pregameing. Given the internalization of alcohol use and abuse being central to the college experience, students are

likely to seek out others who share this belief and support in heavy drinking (DiBello, Miller, & Carey, 2019). This normalization can lead to greater intensity of use, and therefore greater intensity of related problems.

Research done by Osberg and colleagues (2010) established the cognitive construct of college alcohol beliefs, which are the extent one identifies drinking as a central part of the college experience. The same study found that college alcohol beliefs predicts negative alcohol related experiences better than established cognitive predictors such as social norms and positive/negative expectancies via decisional balance (Qi, et al., 2014). These results were later supported by DiBello and colleagues (2019) who found that college alcohol beliefs are positively associated with attitudes toward heavy drinking. Additionally, attitude toward heavy drinking was found to mediate the college alcohol belief - alcohol use association and the college alcohol belief - alcohol problem association. Essentially the extent to which a student has internalized the drinking culture predicts their respective risk of alcohol related problems (DiBello et al., 2019). DiBello and colleagues (2019) recommend a focus on one's self to include other important aspects of their identity or environment that may be inconsistent with heavy drinking, therefore calling to mind their individual values that may or may not support their current drinking patterns.

Although there are many reasons why students may identify personally with the drinking culture, there are other factors that protect them from harm. Religious identity, for example, has been found to be protective in relation to alcohol related negative consequences. Porche and colleagues (2015) found that "Higher religiosity may be protective against early onset alcohol use and later development of alcohol problems, thus, should be considered in prevention programming for youth, particularly in faith-based settings. Mental

health providers should allow for integration of clients' religiosity and spirituality beliefs and practices in treatment settings if clients indicate such interest." (p. 366). Further support comes from Debman and colleagues (2018) who found differences in substance use, stress, and spirituality between male and female students. Their study results found that higher rates of substance use occurred for males, and that when male or female participants were stressed, they were more likely to use substances even after adjusting for demographic and school-level factors. Both male and female students who reported leaning on their spiritual beliefs when experiencing problems were less likely to use substances (Debman, et al., 2018). Debman et al.'s findings suggest that stress may increase the likelihood for substance use and that faith is a coping mechanism useful for helping students adapt to stressful circumstances and situations.

Given the importance of attitudes in drinking, future interventions may benefit from targeting personal attitudes towards heavy drinking (DiBello et al., 2019). By addressing the individual's personal attitudes, you may begin to shift the peer view slowly and meaningfully. A 2016 study carried out by Borsari and colleagues found that how the student personally reacts to their alcohol related event may influence their treatment outcomes and long-term safety with alcohol. Borsari et al. (2016) points out that students who are already at lower risk of abuse may have values that make them see more cost to using alcohol and more benefit to reduce their use. Therefore, students who drink less may already see the benefits of reducing alcohol use. Considering the students current position surrounding their alcohol use can inform treatment (Fernandez, et al., 2017; Yurasek, et al., 2015).

**Peer Group/Influence.** The perception of alcohol use is an important construct in understanding college student drinking behavior. Given the cultural expectation of alcohol

use in college, students often look towards examples of peers to engage in alcohol use (Borsari & Carey, 2001; Meisel, et al., 2018). Although 58.4% of college students report utilizing alcohol in the last 30 days, they perceived use within the same timeframe is 92.9% (ACHA, 2019). After leaving home and entering the college environment, students need to acclimate to their new surroundings. Often this includes finding a new group of friends to bond with and befriend. One way that students begin making friends is by socializing outside of the classroom at, for example, parties. It is typical for alcohol to accompany college social events, as we established, alcohol is a trademark of the college experience for many (Bravo, Prince, & Pearson, 2017). One factor that varies across contexts, and that influences people's emotions are the nature of the relationships among individuals present in social situations (Fairbain, et al., 2018). Humans are fundamentally social beings, and due to this need to belong we form social connections with others. This is a core human motive (Fairbain, et al., 2018). One impact of our social nature stems from our need to communicate with others. Naturally in college communication about drinking can occur. Carey and colleagues (2016) found that communication about alcohol norms predicted increased consumption, where communication peer to peer regarding safety mitigated the impact of alcohol related negative consequences. For this reason, peer alcohol education may be beneficial (Mastroleo, et al., 2014).

Prior to entering the party environment, students may add one another on a number of social media platforms (i.e. Facebook, Instagram, Snapchat) where they are able to 'scope out' other's behaviors surrounding a number of things, but especially around drinking and party culture (Hendriks, Van den Putte, Gebhardt, & Moreno, 2018). As students become more familiar with the expectations of their new friend group, students are more likely to

engage in behaviors with their friends after witnessing their new drinking experiences on social media. Hendriks, et al. (p. e226, 2018) found that:

“[Social media] posts that displayed people, posts in which others were holding drinks, and posts posted by others yielded more likes and often more comments than posts without people in them, posts in which no one was holding a drink, or posts posted by the participants themselves. This further strengthens the idea that alcohol posts are part of a social process, in which the social aspects common to alcohol posts trigger social interactions that show further appreciation of the post and help spread the message even further. Because often-liked posts are featured higher in Facebook’s newsfeed, this can further increase the chance the post will get liked, commented on, or shared.”

A limitation of Hendriks, et al, (2018) is that they looked at how alcohol social media posts impact social desirability. Further research is also needed to explore which negative scenarios are seen as humorous and therefore sought out or valued in different friendship groups (Davies, Law, Hennesly, & Winstock, 2017).

Research supports (Khamis, Ang, & Welling, 2017; Pegg, et al., 2018; Varnali & Toker, 2015) that when on social media platforms we craft ideal versions of ourselves that we advertise to others connect with us over social media. In college this ideal often includes a party persona, where students demonstrate their social desirability by openly presenting themselves as ‘drunks’ via social media. This indicated that students like to be thought of as capable of binge drinking behavior, which creates an ‘intoxigenic digital space’ that normalizes the excessive consumption of alcohol (Griffiths & Casswell, 2010). Later Ridout and colleagues (2012) confirmed that social media system use and the portrayal of ourselves

on these platforms influence our overall alcohol consumption via the AUDIT. Among both problem and non-problem drinkers, most of the alcohol consumption takes place in social contexts. The expectation that alcohol will enhance social interactions is amount the more robust predictors of alcohol use disorder (AUD) (Fairbairn & Sayette, 2014).

Fairbairn, et al., found in their 2018 study that college students tend to drink more and have more desirable mood outcomes when they engage in drinking behaviors within unfamiliar social contexts that involve strangers. This might support why often first year students experience more risk of alcohol consequences in college given that most everyone in their social context is new to them. Social familiarity is therefore important in examining the social influences on alcohol reward (ex. feeling ‘good’) (Tran, et al., 2015). Their study results also suggested that unfamiliar drinking context are associated with higher levels of alcohol consumption, whereas more fresh faces enter the drinking context there was an associative increase in estimated BAC. They pointed out however that in the context of new or unfamiliar scenarios, although mood is enhanced within these settings, the presence of dangers within these setting may suppress heavier drinking. Therefore, the context, values, and decision-making are important. There is more to learn about when students decide whether to engage in risky drinking behaviors, versus when they do not. Fairbairn, et al, (2018) predicted that individuals who repeatedly drink in unfamiliar versus familiar drinking contexts will, over time, develop a more positive conceptualization surrounding alcohol’s effects, and will be more likely to drink heavily (Fairbairn, et al., 2018).

Living arrangements are impacted by our peer group and influences within the peer group. Drinking rates are also influenced by living arrangements (Hingson & White, 2012; O’Malley & Johnston, 2002). Increased alcohol use is highest in fraternities and sororities,

followed by campus housing (i.e. dorms, residence halls), those in off-campus housing drink less, and those that live with their parents drink the least (Hingson & White, 2012; Silva, et al., 2016). To further support this, Miller and colleagues (2016) found that the tendency for students to live at home with their nuclear family during the summer months influences alcohol use significantly. Students living at home over the summer months in Miller et al. (2016) reported significantly fewer drinks per occasion, lower peak BAC, and experienced fewer alcohol-related consequences during the summer months.

**Other Substance Use.** Other substance use also impacts alcohol use. Approximately 20% of college students have used an illicit drug in the past month. Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, and non-medical use of prescription drugs (pain relievers, tranquilizers, stimulants, and sedatives) (Center for Behavioral Health Statistics and Quality, 2015; Lipari & Jean-Francois, 2016). The most widely used substance is alcohol, next is marijuana, cocaine, hallucinogens, heroin, and lastly, inhalants (Lipari & Jean-Francois, 2016). Additionally, about a quarter of college students endorsed smoking tobacco, with 41% reporting they smoke less than one cigarette per day (Halperin, Smith, Heiligenstein, Brown, & Fleming, 2010). Halperin and colleagues (2010) found that any smoking was linked to high-risk use of alcohol, risky driving, relational abuse, depression, decreased exercise, and use of emergency and mental health services. Mallett et al. (2017) reported that those who use other drugs (Nicotine, marijuana, Adderall, etc.) are at a higher risk of problematic consequences.

**Decision-Making and Cognitive Development.** Many factors influence decision-making in emerging adults. These factors include, cognitive development, situational context, individual values, spirituality, childhood adversity, and more (Casey, Getz, & Galvan, 2008).



These factors help researchers understand and make connections for why we engage in the behaviors that we do. This then helps to recognize patterns and potential dispositions for those at a higher risk of risky decision-making. College students often engage in risk taking behaviors such as intense alcohol use (Wolff & Crocket, 2018). College students are prone to impulsive behaviors cognitively because of the dual-systems model described above. This age group is particularly prone to risky decision-making given their cognitive development (Bjork, Smith, Chen, & Hommer, 2010).

When exploring decision-making, it is then necessary to also explore the importance of values. Shim and Maggs' 2005 study were one of the first to incorporate the importance of values in decision-making for college students. They found that personal values significantly influenced attitudes, which in turn influences behavioral intention, which preceded whether students would engage in a behavior. Shim and Maggs (2005) demonstrated that our values, either social-hedonic (pleasure) or self-actualizing (inner self, utilitarian), influence our attitude toward the consequences of drinking. Therefore, those who have strong values one way or the other will make different decisions. Specifically, Shim and Maggs (2005) found that students with strong self-actualizing values cared less about having fun, however those with strong social hedonic values cared greatly about having fun. Their work supported the importance of exploring values with students who engage in risky drinking behaviors, as their values will play a significant role in their choices surrounding alcohol use. Shim and Maggs (2005) also stated that by understanding the influence of values related to alcohol use we can target college students more specifically to help reduce their risky drinking behaviors. This would allow for the enhancement of individual growth and self-actualization in college.

Bouchard, Brown, and Nadeau (2012) found that decision-making is a plausible explanatory neurocognitive pathway to severer forms of DUI in an adult population. Their goal was to clarify decision-making processes associated with DUI recidivism. They found that DUI offenders with more disadvantageous decision-making when completing the Iowa Gambling Task (IGT) presented with greater risk of DUI. This coupled with frequency of past DUI's and severity of past alcohol misuse both consistently correlate with DUI recidivism. Their study examines DUI offenders either at high or low risk and compared to a no-risk sample. They found a significant association between past frequency of DUI offence and average number of standard drinks/days during the period of heaviest drinking. Correlations exist between education level and decision-making. A strength of the study was that it utilized a more community based and less clinical sample to look at subgroups within the DUI population instead of sole comparisons between recidivism and controls. A limitation of this study is that it examined an adult cohort above the age of 18 with the mean age being 44 years. Because many of the participants were older than 25 and thus beyond the critical developmental period in question these results cannot be mapped onto the emerging adult population. Wolff & Crockett (2018) found that prevention and intervention efforts should be informed by calling attention to the importance of examining an individual's usual style of decision-making and their brain development as important considerations in providing targeted and effective programs.

**Self-Efficacy.** Self-efficacy is the belief about one's ability to successfully cope with a situation, or in this context, resist alcohol (Kadden & Litt, 2011). Multiple studies suggest a relationship between drinking refusal self-efficacy and drinking alcohol, with lower DRSE associated with increased alcohol use and problem behaviors linked to alcohol use (Ehret,

Ghaudarov, & LaBrie, 2013; Oei, Hasking, & Phillips, 2007; Oei & Jardim, 2007; Oh & Kim, 2014). Self-efficacy and self-exploration are important in determining drinking outcomes in mandated college populations (Apodaca et al., 2014).

Each of the variables listed above influence college drinking behavior. Because each of these aspects impact college drinking, they also impact and influence recidivism. Understanding these constructs is imperative to the enhancement of alcohol interventions.

**College Alcohol Interventions.** College campuses have been prompted to increase prevention strategies, alcohol education, and treatment services into their disciplinary sanctions given an increase in recidivism and problematic behavior at university (LaBrie, et al., 2006; Suffoletto, et al., 2016). A limitation of brief interventions is just that – they are brief. Learning new patterns of behavior can take time, as a result the development of combination interventions is needed (Cronce & Larimer, 2011). Targeting first-year students on college campuses has become standard given the overwhelming evidence in the literature that alcohol use established during the first year of college can result in a range of adverse consequences (Scott-Sheldon, et al., 2014; Carey, et al., 2016). Despite the call for combination treatment, the standard treatment modality for the college population is brief intervention. Brief interventions are commonly provided in both in-person or online formats (Hollenbaugh, 2019). There is evidence that in-person brief interventions are more efficacious (Henson, Pearson, & Carey, 2015). The following section highlights one such brief intervention that utilized motivational interviewing called BASICS.

**Motivational Interviewing.** To understand the efficacy of brief interventions you first need to understand motivational interviewing. Motivational Interviewing (MI) is an evidence-based approach that addresses and overcomes the ambivalence that prohibits many

people from making changes in their lives (Miller & Rollnick, 2002). Motivational interviewing is utilized in many brief interventions related to alcohol and other concerns. Motivational interviewing is often used in counseling settings. Miller and Rollnick (2002) describe MI as a skillful clinical method or style of counseling. It involves “a way of being with people” (p. 34), and though the skills and techniques of MI are important, Miller and Rollnick (2002) believe that the ‘spirit of MI’ is the critical component to its successful implementation. This is supported by a 2015 study by Borsari and colleagues (2015) who find that the success behind MI lies in the process, rather than in the specific techniques utilized. Literally the sum of the process is greater than the whole of its parts. They describe three key components that comprise the ‘spirit of MI’: (1) collaboration; (2) evocation; and (3) autonomy. Collaboration involves a partnership between the counselor and the client, where the client’s expertise, opinions, and perspectives are valued and respected. Second, evocation includes eliciting the motivation to change. Evocation is critical and is enhanced when the client’s own goals and values are incorporated into the work. Finally, autonomy is promoted through the counselor’s facilitation of and supporting the client’s intrinsic motivation. This is done when the counselor affirms the client’s ability for self-direction and asserts that it is the client who should be presenting the arguments for change. Motivational interviewing is client driven rather than provider prescribed.

Four general principles that underlie MI (Miller & Rollnick, 2002). These four principles include: (1) express empathy; (2) develop discrepancy; (3) roll with resistance; and (4) support self-efficacy. Table 1 (p. 44) provides a summary of the four principles and their key components as outlined by Miller and Rollnick (2002).

<b>Principle</b>	<b>Components</b>
1. Express empathy	<ul style="list-style-type: none"> <li>● Acceptance facilitates change</li> <li>● Skillful reflective listening is fundamental.</li> <li>● Ambivalence is normal.</li> </ul>
2. Develop discrepancy	<ul style="list-style-type: none"> <li>● The client rather than the counselor should present the arguments for change.</li> <li>● Change is motivated by a perceived discrepancy between present behavior and important personal goals or values.</li> </ul>
3. Roll with resistance	<ul style="list-style-type: none"> <li>● Avoid arguing for change.</li> <li>● Resistance is not directly opposed.</li> <li>● New perspectives are invited, not imposed</li> <li>● The client is the primary resource in finding answers and solutions.</li> <li>● Resistance is a signal to respond differently.</li> </ul>
4. Support self-efficacy	<ul style="list-style-type: none"> <li>● A person's belief in the possibility of</li> </ul>

	<p>change is an important motivator.</p> <ul style="list-style-type: none"> <li>● The client, not the counselor, is responsible for choosing and carrying out change.</li> <li>● The counselor's own belief in the person's ability to change becomes a self-fulfilling prophecy.</li> </ul>
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Table 1.  
*Four Principles of MI* (Miller and Rollnick, 2002)

The goal of MI is to find and foster the client's interests and motivations to change their behavior in a specific direction that is decided by the client. Thus, MI follows the stages-of-change model outlined by Prochaska, DiClemente, & Norcross (1992). The five stages of change in the model are: (1) precontemplation; (2) contemplation; (3) preparation; (4) action; and (5) maintenance (Prochaska et al., 1992). In the precontemplation stage, the client is unaware of risks and problems with current behavior and has no intention of changing his behavior (Dimeff, Baer, Kivlahan, & Marlatt, 1999). Dimeff and colleagues (1999) found that students who engage in high-risk drinking are often in this stage. The contemplation stage is characterized by the client now recognizing a level of discomfort in their behavior and due to this discomfort are giving thought to the idea of making changes to reach their desired outcome (Dimeff et al., 1999). The preparation stage typically follows once ambivalence is resolved and clients have started to act through planning to make changes moving forward (Dimeff et al., 1999). The action stage involves the client actively modifying behaviors to adapt to their desired outcome (Dimeff et al., 1999). The last stage, maintenance, includes maintaining changes and behavioral gains – preventing relapse is a

critical aspect of this stage (Dimeff et al., 1999). An outline of these stages and the tasks of the provider are outlined below in Table 2 (Miller & Rollnick, 1991). Regardless of what stage an individual may be existing within, they are prone to relapse. Ultimately, by embracing the spirit of MI, its key components, and motivational tasks, counselors can work with clients to help free them from the ambivalence that traps them in negative cycles of self-defeating and self-destructive behaviors (Miller and Rollnick, 2002).

**BASICS Intervention.** The Brief Alcohol Screening and Intervention for College Students, or BASICS for short, is an example of brief alcohol harm reduction intervention. BASICS is an evidence based, empirically supported brief intervention for college students that reduces harm (Baer, Kivlahan, Blume, McKnight, and Marlatt, 2001; DiFulvio, et al., 2012; Hustad et al., 2014; Marlatt, et al., 1999). BASICS is a kind of brief motivational intervention and brief motivational interventions have been found to be effective both provided at both individual and group levels (Hustad et al., 2014). The BASICS program consists of two 50-minute long sessions. The goal of session one is to assess the individual's drinking patterns, attitudes about alcohol, and motivation (if any) to change their drinking behavior. The first interview includes assessing the student's drinking patterns. The second 50-minute long sessions aim is to provide the student with feedback about their personal risk factors (i.e. typical drinking patterns, normative perceptions of alcohol use, and self-reported alcohol related consequences) and advice about how to moderate their drinking based on assessments (Dimeff, Baer, Kivlahan, & Marlatt, 1999). Providers also deliver education around the negative behavioral consequences linked to alcohol use (Dimeff et al., 1999). Though the developers found that two sessions tended to be enough for students to make changes in behavior and reduce negative alcohol related consequences, some students

may require additional services ranging from a booster session to inpatient or outpatient treatment (Dimeff et al., 1999). Table 2 outlines the components of BASICS sessions one and two.

BASICS was designed for 18 to 24-year-old college students who drink alcohol heavily and have experienced or are at risk of facing alcohol related consequences (Dimeff et al., 1999). BASICS program utilizes motivational interviewing by taking a collaborative, nonjudgmental, harm-reduction approach, and requires the facilitator to work with students to help them gain more clarity around their own alcohol use by learning about the risks involved with problem drinking. The BASICS intervention program includes a comprehensive curriculum that aims to reduce harmful alcohol use and related problems linked to consumption by providing cognitive behavioral strategies for moderate, lower-risk drinking (Dimeff et al., 1999). As supported earlier in the literature review, one benefit of BASICS is the ability to personalize and customize to meet the student's individual needs. BASICS has become a standard intervention in the collegiate setting (Hennessy, et al., 2019).

Session 1: Initial Assessment	
Goals	<ul style="list-style-type: none"> <li>· Build rapport with the client</li> <li>· Orient client to the structure and purpose of the meetings</li> </ul> <p>Establish commitment from student to participate in the intervention</p>
Components	<ul style="list-style-type: none"> <li>· Structured clinical interview</li> <li>· Self-report questionnaire packet to</li> </ul>



	<p>develop personalized feedback report: Alcohol dependence, other substance use concerns, psychological functioning, family history, drinking patterns.</p> <p>Monitoring activity</p>
Time Required	<ul style="list-style-type: none"> <li>· 50 minutes</li> </ul> <p>Quiet and private room for clinical interview</p>
Session 2: Feedback Session	
Goals	<ul style="list-style-type: none"> <li>· Reorient, reestablish rapport and commitment to intervention</li> <li>· Provide feedback and advice</li> <li>· Make referrals</li> </ul> <p>Define next steps (further care, if necessary)</p>
Components	<ul style="list-style-type: none"> <li>· Discuss personalized feedback report: Alcohol dependence, other substance use concerns, psychological functioning, family history, drinking patterns.</li> <li>· Review and discuss myths versus facts of drinking</li> <li>· Review safe strategies to reduce risk</li> <li>· Increase motivation to make changes</li> </ul>

	<p>to current risky behaviors if client is in that stage of change</p> <p>Problem solve potential barriers to change</p>
Time Required	<ul style="list-style-type: none"> <li>· 50 minutes</li> </ul> <p>Quiet and private room for feedback and goal development</p>

Table 2.

## BASICS Sessions Outline

The initial studies evaluating the effectiveness of BASICS was done by Marlatt and colleagues (1998). They found that after a two-year follow-up period, all high-risk drinkers sampled drank less and reported fewer alcohol-related consequences; however, those that attended BASICS had a greater deceleration in drinking rates, alcohol related consequences, and lower alcohol dependence than those in the control group (Marlatt et al., 1998). Baer, Kivlahan, Blume, McKnight, and Marlatt (2001) added to these findings with their 4-year follow-up indicating greater declines in alcohol use and alcohol related consequences for those that received BASICS. More recently, DiFulvio and colleagues (2012) have found that when implemented with fidelity BASICS is a generally effective intervention. Additional research on BASICS in college settings (Borsari & Carey, 2000; Larimer et al., 2001; Murphy et al., 2001; Turrise et al., 2009) has had mixed results in terms of effectiveness among different variables, with some treatment groups drinking significantly less than the control group for number of drinks consumed per week, number of times consuming alcohol in the past month, and frequency of binge drinking in the past month (Borsari & Carey, 2000), while another study found a drop in the number of drinks per week, but not quantity

or frequency (Larimer et al., 2001). A more recent study (Hustad et al., 2014) found that both individually delivered, and group delivered BASICS resulted in decreased peak estimated BAC levels and number of negative alcohol-related consequences at 1-, 3-, and 6-months follow-up.

From the research, BASICS is an appropriate intervention for college students – as it addresses some of college campuses main concerns, student binge drinking and reducing it. However, within this research there were limitations around the extent to which change occurred and not all goals of the research being met. For instance, in Borsari and Carey (2000), the treatment group reduced drinking, but did not decrease in number of alcohol-related consequences. Additionally Carey and colleagues (2016) found in their review that providing short term interventions to campus alcohol policy violators is only effective in the short-term. This is consistent with brief alcohol interventions other than BASICS (Dunn, Fried-Somerstein, Flori, Hall, & Dvorak, 2019). Carey and colleagues attempted to address the observation that brief alcohol interventions fade over time in their 2018 study by providing post intervention booster emails, however the email boosters did not improve upon drinking reductions. The same results were found by Linowski and colleagues in an earlier study completed in 2016. Contrastingly, Borsari and colleagues (2014) found that booster phone calls over the summer months might help reduce harm. Longitudinal studies are needed to understand the ebb and flow of alcohol risk over time and how brief interventions like BASICS can help reduce risk in the long term, or what kind of supplement may be needed to support overall health and safety.

Despite the empirical support for BASICS, what is true is that students re-offend (Barnett & Read, 2005). Foxcroft and colleagues (2015) found that no meaningful benefit is

associated with social norms information interventions for alcohol misuse by university or college students after as little as 4 months post intervention. Given the call of more personalized treatment in the literature (Gilbert, 2019; Litten, et al., 2015), colleges and universities have adapted brief interventions to meet their unique conduct needs. Colleges and universities have diverse mandated alcohol education processes that may or may not include additional supplemental sessions such as additional sessions (e.g. Additional meeting post BASICS 1 and 2), mandated therapy, recovery groups and programs such as SMART Recovery or Alcoholic Anonymous, and rehabilitation. There are benefits and limitations to each approach (severity limitations, cost, etc.).

Although the literature supports the efficacy of BASICS and other brief interventions, it is not a perfect program and much of the literature calls for more research regarding the potential personalization of the program (Diulio, et al., 2014; Terlecki, et al., 2015). There is a consensus in the literature that the efficacy of BASICS decays over time. A consensus is lacking in how long it takes for effects to reduce to baseline (Henson, Pearson, & Carey, 2015).

For the purpose of this study, the efficacy of brief interventions is not important since it is assumed that for the population being studied, these interventions failed at preventing recidivism. Rather, it is important to learn about the participant's experience to better understand potential variables that led the individual to have a repeat violation.

**Recidivism.** As the efficacy of brief interventions decays, recidivism increases. Recidivism as it relates to incarceration has been explored in the literature. One area where there is dense research around recidivism is when it comes to Driving Under the Influence (DUI). Drivers with a prior DWI were at a relatively considerable risk of recidivating

regardless of how they were sanctioned (Ahlin, Zador, Rauch, Howard, & Duncan, 2011). A limitation of this study is that it examined recidivism normed on a 35-year-old age group. Less is known about DUI recidivism within the college population.

Gibson and colleagues' 2018 literature review examined the DUI literature to support a need for revisited DUI programming to help reduce recidivism rates. They re-asserted that men are more likely to offend than women, and that recidivists are more likely to be older, use drugs other than alcohol, and have psychiatric comorbidity. Ultimately, Gibson et al. found that there is no absolute best practice that prevents repeat DUI. Gibson et al. (2018) recommend a patchwork of best practices that can be customized to the offender, rather than a cookie cutter curriculum that is near impossible to be evidenced based for diverse populations. This call for customization of services stems beyond the recidivism literature (Logan, 2015). Bernstein and colleagues make a case in their 2017 study that one-size-fits-all approaches are not appropriate, and that treatment should be matched to the level of need. Linn and colleagues (2016) found that childhood delinquency, aggressive tendencies, and negative affect, along with substance abuse are evident among recidivists. They call for interventions to address aggression and negative affect as they may help reduce recidivism. Online interventions for reducing risky behavior such as DUI may be useful and cost effective from a public health perspective (Wilson, Palk, Sheehan, Wishart, & Watson, 2017).

Less is known about the impact of recidivism on college students specifically. Behavior change following an initial alcohol event is dynamic and unique. Students may reduce drinking immediately following a sanction or event; however, this reduction is short lived (Carey, et al., 2011). Carey and colleagues (2011) studying the long-term impact of

alcohol interventions in reduction on drinking beyond the college mandated sanction. Overall, they found select short-term differences in behavior within the sample, but no difference was found in recidivism. Barnett and Read (2005) systemically reviewed mandatory alcohol intervention for US based students and found little about recidivism. Despite evidence that select studies reports low recidivism, Barnett and Read (2005) caution that utilizing recidivism as a measure of program success is problematic due to the nature that student may adapt and avoid detection of risky alcohol use, as well as that in most studies, comparison groups are lacking. LaBrie and colleagues hypothesized in their 2006 study that a one-session group motivational interviewing intervention would reduce drinking behavior, drinking-related consequences, and recidivism of alcohol-related violations. They found that the single session intervention significantly reduced recidivism rates when comparing the intervention participants to non-intervention participants. Both groups were referred to services for violating campus alcohol policies. One reason a student may be prone to repeat alcohol violations is due to their continued high-risk alcohol use despite having already completed some form of mandated education. This is supported by Borsari and colleagues (2016) who found that mandated students continue to pregame at a similar frequency before and after a mandated brief intervention regardless of whether pregameing was discussed during the intervention and regardless of gender identity (Yurasek, et al., 2016).

Given the complexity of alcohol use behavior, single measures are not efficient at capturing all relevant aspects of alcohol use (White & Hingson, 2013). The results of alcohol abuse on college campuses are concerning and so most campus communities have incorporated some kind of alcohol education, prevention strategies, or treatment into their

disciplinary process (LaBrie, et al., 2006). Hustad and colleagues (2011) found that students receiving a police citation alone does not appear to motivate students to drastically reduce their drinking. This begs the question, then what does it take for college students to alter their drinking behavior? Despite successes in reducing recidivism utilizing brief interventions, little is known about those who ultimately reoffend and their experience as recidivists. There is a need to better understand the individual experience to inform personalized treatment. One way to address this need is through qualitative research in the form of narrative inquiry.

### **The Treatment of Students of Color Within Higher Education**

Being a Black or Brown in America comes with differences in treatment that are important to understand when working with clients, students, and colleagues of color within institutions of higher education. Acknowledging the different experiences that students of color have is critical for advocacy and equity (Law, 2017). This dissertation study is situated in an important historical context in light of national protests against police brutality and the general treatment of Black and Brown bodies in America (Mustaffa, 2017). This mistreatment of human life is especially captured with the death of George Floyd in May 2020 (Oriola & Knight, 2020). This backdrop underscores the broad influence of systems of the treatment of people of color including how these systems continue to oppress student of color within institutions of higher education. Often the oppression is not overt but systemic. Systemic racism is a byproduct of decades of systemic wrongs. This long history extends back to the colonization of the land on which academic institutions were built (Geiger & Sorber, 2017).

### **Systems and Policies Within Institutions of Higher Education**

The systems within institutions of higher education and the policies within them hold a history of racism (Law, 2017; Mustaffa, 2017). Acknowledging this history and identifying the systems and policies is a first step in fostering anti-racist academic environments. One way to address the systemic racism present in these systems is through creating race-conscious policies (Law, 2017). Jones and Nichols (2020) lay out three arguments for race-conscious policies in higher education that illuminate the historical context surrounding racism in policy making and address how racial inequalities remain. Jones and Nichols (2020) provide ten strategies for addressing racial inequity by creating race-conscious policies in higher education. They suggest building upon and modifying extant policies such as “commitment to affirmative action in higher education and use holistic admissions that include race as a factor” (p. 12) as well as adding policy that takes a closer look at an individual campus’ racial climate (Jones & Nichols, 2020).

One example of where policy can make a difference is in addressing hate speech on college campuses. Discussions over free speech have been a topic in higher education in recent months. When free speech takes the form of hate speech it forces us to look at the First Amendment to decipher whether this behavior, using offensive speech, can be suppressed or not (Herbeck, 2018). Readers can find more information on the legal fundamentals of what constitutes free and protected speech elsewhere (Chemerinsky & Gillman, 2017; Herbeck, 2018; Waltman, 2018) however, one opportunity for addressing racism is for colleges and universities to respond to the issue of hate speech. One way to use the system to respond to hate speech is to use the classroom setting to instruct students about the dangers of hate speech (Waltman, 2018). Another avenue is using existing systems such as campus



orientations to mandating introductory hate speech education just as institutions mandate introductory alcohol education for promoting health and wellness.

Systems of student conduct are one system where there are examples of systemic racism within higher education. Focus on the conduct system is important given it's connection to this dissertation study specifically. Student conduct systems exist at institutions of higher education to promote safe living and learning environments for students. Although their intent is noble, not all students feel supported by student conduct offices in the same way (Jenkins, et al., 2020). There is evidence to support that racial minorities are overrepresented in academic misconduct (Eaton, 2020), however more research is needed.

Many systems feed into the student conduct system including residence life, campus police, and community police, each of which have their own racist capabilities. Policing on college campuses mirror policing across the nation, and as a result student of color feel unsafe and unwelcomed (Jenkins, et al., 2020). Students may feel lost or unsure of the conduct process and how institutions work to support students (Griffin, et al., 2019). One way to advocate for these students is to provide them with advocates who can help them understand the system and how it works. When students violate campus policies, there are consequences. Some of these consequences require that students meet with services providers.

### **Provider Interactions**

One part of the treatment puzzle is the provider themselves. Given the regular stereotyping of marginalized groups, especially in legal misconduct (Kerrison, 2017), it is important for providers of mandated services to be self-aware of their explicit and implicit biases when treating diverse patients (Daniel, et al., 2004). Watkins and Terrell (1988)

addressed the concern of racial mistrust decades ago in their exploration of the Black client – white counselor relationship. Watkins and Terrell assert the need for white providers to be sensitive to the cultural mistrust of clients (1988). This mistrust is deeply rooted in the mistreatment and abuse of people of color throughout history. One glaring example illuminating this mistrust comes from the Tuskegee syphilis study that medically exploited African American men (Alsan & Wanamaker, 2018). Alsan and Wanamaker (2018) argue the importance for fostering trusting patient-provider relationships in the provision of medical care.

Lewis and colleagues (2018) began to address the impact of intersecting identities on substance use treatment and the nuance between variables such as socioeconomic status and race in substance use patterns. Although counselors and other mental health professionals receive training around addressing diversity within the therapeutic alliance (Day-Vines, et al., 2018), not all providers who have contact with college student alcohol recidivists have this knowledge or background, and even those who do may have difficulty converting their knowledge to practice should their academic institution's make-up be predominately white.

To sum, regardless of an institution's demographic makeup, institutions of higher education are inherently racist as a result of their history (Mustaffa, 2017). Understanding the root racism of higher education is critical especially related to rendering services to students who violate institutional policies. This study focused on students who engaged in alcohol misconduct and included the narrative of one person of color. It is important to understand this history to understand the experience of this participant. This begins with understanding policy and how those policies influences systems within individual institutions of higher education.

### **Summary and Conclusions**

I sought to understand the experience of students who have experienced recidivism and who attending mandated intervention programs, like BASICS, to learn about how their pertinent individual factors such as their individual identity and values, family upbringing, peer and social influences, and decision-making are influenced by recidivism. Exploring the potential influence of individual factors present opportunities for students to better understand themselves and initiate and maintain changes and ultimately avoid alcohol related negative consequences. Better understanding the importance of these individual factors from the perspective of the student has the potential to enhance the work beyond BASICS and that of mental health counselors, career counselors, health educators, advisors, administrators, and professors, with the students they serve by addressing drinking behaviors, academic goals, and promoting student health and wellness in college and throughout the lifespan.

Overall, this literature review was developed to highlight the impact of the biological, psychological, and social factors that contribute to and influence college drinking behavior. Although progress has been made in understanding college student risky drinking behavior, less is understood about student recidivists and the factors contributing to recidivism. Given the lack of literature surrounding college student recidivism, the aim of this study to further explore the student experience of recidivism to better get at the potential variables putting students at risk in their own narrative, including their interactions with providers.

### CHAPTER 3: METHODOLOGY

College students often find alcohol use to be part of the quintessential college experience (Center for Behavioral Health Statistics and Quality, 2015). Risk is an intrinsic part of alcohol use, especially for college students, where many of the traditional age group are underage (Bjork, Smith, Chen, & Hommer, 2010). Given the risk, it is common for students to experience varied negative consequences due to alcohol consumption, ranging from mild to severe. Those who take severe risk often alter their behavior due to concerns related to overall health, wellness, and safety (Lua, Freyer-Adam, Gaertner, Rumpf, John, & Hapke, 2010). Despite experiencing negative consequences, a group of college students exist who will continue to take increased risk around their alcohol use, despite already having an adverse experience. What is unknown are the experiences of those students who undergo recidivism surrounding their alcohol use in college. A number of factors such as peer influence, social media, cognitive development, values, and more are identified in influencing college student alcohol use behavior (Cox, et al., 2019; Hinnant, et al., 2019; Mallett, et al., 2019; Merrill & Carey, 2016; Merrill, et al., 2014; Reid, et al., 2014), however narrative inquiry is needed to better understand the experiences of college students who experience recidivism.

To address the needs in this area, qualitative research is needed to gain insight into the student experience of recidivism and how students perceive their risk for recidivism. In gaining insight from participants, future work can identify deficiencies to help avoid the negative alcohol related consequences of recidivism.

#### **Researcher Lens**

As a researcher, I am inherently tied to my theoretical orientation and worldview, which must be situated as part of the study's design. My theoretical orientation informed and guided my research methodology as well as my analysis of data. As a researcher, I align with a social constructivist lens that is informed by both feminist theory and the biopsychosocial framework. My experiences in the world are a fundamental part of who I am and how I construct my reality and language (Hansen, 2015). Because these experiences inform my values and worldview it impacted all aspects of the study, from how I phrased questions to how I interpreted data.

### **Social Constructivism**

In social constructivism individuals seek understanding of the world in which they live and work (Andrews, 2012). They develop subjective meanings of their experiences. These meanings are intrinsically varied and multiple (Andrews, 2012). As a result, the researcher looks for the complexity of views rather than narrow meaning. The goal of research in the social constructivist lens is to rely heavily on the participant's view of the situation being explored, in this case recidivism. Subjective meaning is crafted socially and historically, formed through interactions with others and through historical and cultural norms that operate in the individual's life (Andrews, 2012). The roots of social constructivism originated 30 years ago and stems from sociology. Social constructivists view knowledge and truth as created by interactions of individuals within a society (Andrews, 2012).

Social constructivism asserts that multiple realities are constructed through our lived experiences and interactions with others (Andrews, 2012). Social constructivism also exists within the research dynamic, where reality is co-constructed between the researcher and the

researched and shaped by individual experiences. In social constructivism individual values are honored and are negotiated among individuals. Social constructivist methods include interviewing, observing, and analysis of texts (Creswell, 2013).

Walter and Anderson (2013) make the case for conceptualizing methodologies from the framework of the “researcher standpoint” (p. 45). The researcher standpoint consists of the researcher’s social position, epistemology, axiology, and ontology. My proposed research model is social constructivism, which is the belief that individuals derive meaning and seek understanding from the world in which they live through their subjective experiences (Creswell, 2013; Denzin & Lincoln, 2017 ). In social constructivism researchers situate themselves in the subjective experience, aware that the narratives gathered are one of many possible realities and need interpretation in collaboration with research participants (Patsiopoulos & Buchanan, 2011). Additionally, the social constructivist framework understands that lived experiences are impacted by an individual’s interaction with others, meaning that these experiences do not happen in isolation (Creswell, 2013). We do not then have experiences in isolation, but rather have experiences in a historical and relational context. Results of narrative inquiry are one possible robust way to gain a detailed understanding of an experience that encapsulates a multitude of stories by participants and a researcher’s interpretation that is arrived at in collaboration with participants (Patsiopoulos & Buchanan, 2011). As researcher, I am an intrinsic part of the study, and so it is important for me to situate myself transparently through my “research standpoint” (Walter & Anderson, 2013, p. 45).

### **Feminist Theory**

Feminist draws from different theoretical and pragmatic orientations, international contexts, and dynamic developments. Feminist research approaches center on gender diverse situations and the institutions that frame those situations. A key construct in the feminist lens is the ever present dynamic of power (Enns, 2004). The proposed research examines the impact of education on a mandated population, often referred to these mandated services by a larger power system such as the judicial system or educational system. Feminist theory extends beyond concerns of gender, but rather honors and examines the intersectionality between identities (minority or majority) and how the power in our privileges, or lack thereof, impacts the way we navigate our world.

Feminist theories are a diverse tapestry created and shaped by many. Although feminist theory does not have a soul originator that we can point to as it represents the work of a variety of women stemming from several disciplines (Sharf, 1996), Karen Horney and Clara Thompson are two individuals who contributed greatly to the feminist psychology movement (Enns, 2004). Feminist theory continued to be fine-tuned throughout the 1960's as the Women's Movement began as well as out of the humanistic psychotherapies in terms of borrowing from their techniques (Brown, 2018). Although the Women's Movement ignited the feminist movement, practitioners such as Horney and Thompson had been offering alternatives to male driven nature of psychoanalysis and the corresponding mechanistic view of humans defining behaviorism at that time (Brown, 2018). For the pioneers of feminist theory, other current theories were not enough in understanding the female experience. Although theorists operating from a humanistic/person-centered lens made efforts, the feminist pioneers felt there needed to be a critique of gender relations. Stemming out of

feminist consciousness-raising groups, the intersection of the groups with the practitioners made way for creating a specific school of feminist practice (Brown, 2018).

This intersection of groups and identities, in part, drives my interest in the recidivism of students surrounding alcohol use. Commonly students feel that they were referred to mandated services due to “bad luck” and a curiosity that has emerged from my work in the field is whether this bad luck phenomenon has to do with identity, expression of that identity, upbringing and access to education, and other systemic influences that impact our power. That being said it is important to acknowledge that those in settings of higher education by nature of their setting exhibit the privilege of education. There are many factors that contribute to how we are influenced by the environment around us, and similarly, how we influence the environment to which we belong.

For feminist frameworks, reality is based on power and identity struggles, specifically around privilege and oppression. Reality is known through the study of social structures, freedom and oppression, power, and control. Reality can be changed through research. Diversity of values is emphasized. The methodological approach of feminist frameworks starts with assumptions of power and identity struggles, document them, and call for action and change (Creswell, 2013).

### **Biopsychosocial Framework**

Biological, psychological, and social factors influence our choices, preferences, decisions, and overall lives. The biopsychosocial model is an interdisciplinary model that looks at the interconnection between biology, psychology, and socio-environmental factors (Yaghmaian & Miller Smedema, 2019). This model grounds my personal worldview and experiences and was considered in my own life continuum as the primary investigator. The



model specifically examines how these aspects play a role in diverse topics, ranging from health and disease models to human development. Given the complex influences of alcohol use and misuse, including genetics, mental health, and environment, to name a few, the biopsychosocial framework grounds the study in how our overall health is impacted by several factors. Through the biopsychosocial framework, professionals are encouraged to focus interventions toward the individual as well as the physical, social, and attitudinal environments that surround them (Yaghmaian & Miller Smedema, 2019).

In sum, by applying the biopsychosocial framework to both the social constructivism and feminist lens, there is increased congruence as all emphasize the social and attitudinal environments as highly influential components of the human experience (Yaghmaian & Miller Smedema, 2019).

## **Research Design**

### **Narrative Inquiry**

For the purpose of this study, I utilized narrative inquiry as my research design. Narrative research focusing on the experiences of a phenomenon being expressed in stories by individuals (Creswell, 2013). The procedures surrounding narrative inquiry involves gathering data using stories and ordering them utilizing life course stages. The sole aim of narrative inquiry is to understand the experience of participants (Clandinin, 2018). In collecting stories from participants about their lived experiences, a story is co-created between the researcher and the participant. Thus, narrative research can foster strong collaboration between the researcher and the researched.

Narrative research provides a framework for participants and the researcher to understand and communicate participants experiences through telling of personal stories, or

narratives. “Storytelling,” when combined with semi-structured interviews and other methods of data collection, can provide an in-depth understanding of the lived experiences of individuals (Creswell, 2013; Keats, 2009). Taking the storytelling a step further can help make meaning out of an individual’s (or individuals) narrative or the story behind an experience or life event. According to Clandinin and Connelly (2000), narrative inquiry is:

a way of understanding experience. It is a collaboration between researcher and participant, over time, in a place or series of places, and in social interaction with milieus. An inquirer enters this matrix in the midst and progresses in the same spirit, concluding the inquiry still in the midst of living and telling, reliving and retelling the stories of the experiences that made up people’s lives, both individual and social. (p. 20)

Narrative inquiry is a fluid and collaborative research methodology where the researcher and participants are centrally situated and interconnected. Stories that emerge from the interview, the interview relationship, the relationship between participants and researcher to their world, and the way in which stories are told are both method and data (Clandinin, 2013; Connelly & Clandinin, 2006).

The use of storytelling to elicit meanings has rich traditions in both research and counseling. In counseling, narrative techniques are used to assist clients in retelling their stories as a way to understand, facilitate change, and reframe maladaptive thinking or traumatic experiences (Payne, 2006). In narrative inquiry, the process is used to gain insight and meaning (Connelly & Clandinin, 2006). In narrative inquiry, the focus is not necessarily on truth-telling (as is consistent with postmodernism), but rather on how individuals use stories to make meaning of and interpret their world (Glesne, 2011).

The narrative inquiry approach employs a multifaceted analytical approach. The first step is to situate oneself as the researcher within the study. The experiences, knowledge, and relationships that the researcher brings to co-create with study participants impacted all aspects of the study. Because of this understanding, it is critical for the researcher to analyze and be aware of all facets of myself as the researcher within the study (Connelly & Clandinin, 2006). Clandinin (2018) expresses the importance of the autobiographical narrative inquiry first to help the researcher situate themselves within the work and the context of participants. This aspect of narrative inquiry lends itself well to counselors given their training of introspection and interpersonal/intrapersonal awareness. Another component of narrative inquiry is the collecting of and use of field texts (data sources, such as interview transcripts and my journal) and artifacts (such as letters or photographs from participants or anecdotes). In using field texts, the focus shifts from the content of the story (past focused) to the act of telling the story (present focused) (Connelly & Clandinin, 2006). In narrative terms, this perspective is the difference between *living* the story (past), *telling* the story (present moment with a past focus), *retelling* (here, the researcher “comes alongside” (Clandinin, 2013, p. 34) participants as they tell the story), and *reliving* (both researcher and participant are impacted by the act of storytelling).

Part of engaging in the narrative process is by thinking through what Clandinin (2013) calls three “commonplaces of narrative inquiry – temporality, sociality, and place” (p. 38). The temporality commonplace is the exploration of the past, present, and future of all components of the study (people, places, events). Essentially, attending to the experience of the participant, the researcher, the process of storytelling, and the story itself. Attending to the sociality commonplace ensures that the researcher is paying attention to feelings,

relationships, and the participants environment. And finally, the place commonplace is situating events in space and time. Attending to these three commonplaces during the collection of field texts (data) is critical (Clandinin, 2013). Field texts and artifacts constitute data collected in narrative inquiry. Field texts and artifacts can include things like journal entries, letters, photographs, transcripts of conversations, or anecdotes that support the storytelling process (Clandinin & Connelly, 2000).

Experiences that students have with recidivism are central to this study. In the telling of their stories about experiences with repeat alcohol violations, participants told stories of their literal experience, and their personal view of their literal experience – their emotions and their understanding, all of which are situated in the three commonplaces of temporality, sociality, and place. In developing this study then, qualitative research is the most appropriate form of inquiry because there is little research on this topic in the college population and qualitative research provides us with an opportunity to explore and understand the experience of students in their repeat violations. The question at hand is not *if* students are recidivists surrounding alcohol misuse, we can assume, based on existing literature and personal experience of the researcher that they are. Rather, the focus of this research is on understanding how students experience this experience and vulnerability. A narrative research design can provide more in-depth understanding of their experiences, as well as rich descriptions (Creswell, 2013).

### **Research Questions**

The proposed research questions are rooted in the tenants of temporality, sociality, and place.

#### **Research questions:**

- 1) What is the experience of college student alcohol recidivists?

- The main focus of this question is to gain an understanding of student recidivist experiences broadly. To answer this question, emerging adult recidivists attending an institution of higher education were interviewed.
- 2) How does decision-making impact recidivism?
- The focus of the decision-making questions is to understand how decision-making shifts in relation to recidivism. To be a recidivist, there must have been a primary offense with consequences such as receiving alcohol education, thus what factors resonated, or did not resonate with the individual in regard to decision-making. Further information is needed to identify which resources students find useful in adjusting risky alcohol use behavior.

### **Participants**

#### **Researcher**

I am a White American female Ph.D. candidate in Counselor Education and Supervision. I am 27 years old and worked in a mandated drug and alcohol setting for approximately three years. Furthermore, I hold a master's degree in mental health counseling and have worked in clinical settings both at collegiate and community-based levels, which also provides me with insight, exposure, and expertise in addressing mental health and mental illness needs.

As a researcher I was fully transparent and explored and included detailed disclosure of my background, education, personal experiences related to the research topic, and my profession as a counselor (which impacted not only my ability to handle student's situations and emotions, but also my self-perceived competence and knowledge of mental health concerns). These aspects are important to include because any bias that I may held influenced

my interpretations and findings. This outcome is to be expected (as I come to the research with my own experiences) and should be thoroughly explored. It is also important to take ownership of my experience, or in this case lack of experience, to recidivism with alcohol personally.

### **Participant Demographics**

In order to obtain rich and descriptive data, I sought to recruit a sample size of six participants. Due to COVID-19 and the switch from in person to remote learning brought recruiting limitations. Since students were not in person, study recruitment pathways were hindered. The final sample size was four participants. Participants were undergraduate students at a 4-year, state-related university situated in the rural northeast. Graduate students were excluded from the study.

Criteria for student inclusion are a) a student who is presenting for a repeat alcohol violation/citation, b) the student is an undergraduate student, and c) have attended mandated services following one or both events (ex. Counseling, brief interventions, groups, etc.).

Pseudonym	Race/ Ethnicity	Gender Identity	Sexual Orientation	Sex at Birth	Age	Class Year	Academic Major	Time in Sobriety	Family Composition	AUDIT Score
Rachel	White	Female	Bisexual	Female, born without a uterus.	19	Sophomore	Neuropsychology and RHS double major	4 months	- Only child - Parental Divorce at age 12 - Lives with her mother - No current relationship with father - Birth to 4 years old Protestant Church, no religious involvement after 4 years old	15/40
Kelly	White	Female	Straight/ Heterosexual	Female	21	Senior	Biobehavioral Health	10 months	- Oldest child - Nuclear family of mother, father, and little sister. - Grew up in the Catholic Church	17/40
Peter	Hispanic, Latinx, or Spanish Origin	Male	Straight/ Heterosexual	Male	20	Junior	Economics	3 months	- Grew up with single mother in Mexico - Lives with mother, stepfather, and half-sister currently. - No contact with biological father - Grew up in the Church of God (Seventh Day)	21/40
Jason	White	Male	Straight/ Heterosexual	Male	22	Senior	Psychology with a minor in Business	1 year and 3 months	- Lived with his mother, father, older brother, and younger sister. - Father was abusive and left when he was 7. - Still in contact with both parents. - Currently living with his Mother. - Mother and Father both remarried. Jason has a relationship with his <u>step-</u> <u>parents</u> - Non-denominational Christian background	11/40

Table 3. Participant Information and demographics.

## Sampling

Four study participants were recruited. All participants were undergraduate students attending a 4-year, state-related university situated in the rural northeast. Students were convenience sampled as they are recruited via flier distribution both in vivo and via email.

Snowballing recruitment was utilized but yielded no additional participants. Participants were consecutively sampled, meaning that I enrolled every participant who met inclusion criteria. In an attempt to achieve maximum variation in the sample and participation eligibility a questionnaire was administered via phone interview to interested participants. The phone screening questionnaire (see Appendix B) was used to collect data about participants in multiple choice and short answer form. The phone screening questionnaire took 10-15 minutes to complete. After participants were screened via the phone questionnaire, I reviewed their screening information and contacted eligible participants to schedule three separate interview sessions. Table 3 (p. 70) provides information on how participants self-identifies.

## **Procedures**

### **Recruitment and Data Collection**

Students who are interested in the study responded to fliers distributed around campus and via email. I contacted the interested participants to schedule a phone screening (Appendix B). Interested parties completed the screening, and I schedule three interview times with each eligible participant. I interviewed participants in private classroom spaces on campus (inside the departmental building) and via Zoom video conference when meeting in-person was not possible due to COVID-19.

Participants were recruited via fliers that were distributed across the university via email and physical flier. Interested participants were directed to contact the primary investigator to schedule and complete a phone screening. In the screening the participant provided overall demographic information, outlined in Appendix B. Participants were screened for alcohol misuse severity via the AUDIT (Alcohol Use Disorders Identification



Test) measure. The AUDIT is a 10-item screening tool developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviors, and alcohol-related problems (Conigrave, Saunders', & Reznik, 1995). A score of 8 or more on the AUDIT is considered to indicate hazardous or harmful alcohol use. The AUDIT has been validated across genders and in a wide range of racial/ethnic groups. Exclusion criteria related strictly to students who were unwilling to share their experience, who have not experienced recidivism, and graduate students. One participant was phone screened and ruled out for the study given they had not experienced recidivism personally. One participant completed the phone screening, qualified for the study, but chose not to participate. Participants provided a brief summary of their multiple alcohol related events to illuminate their circumstances and experiences. After participants completed the phone screening, I contacted the participants over the phone and by email to schedule three, approximately one-hour long interview sessions.

All participants were provided with informed consent documents at the time of the first interview or prior to the first interview. Informed consent documents were reviewed, signed (either in person or by electronic signature), and collected during the first individual interview. Participants were provided with an incentive in the form of Barnes and Noble gift cards. I worked with IRB to determine appropriate value of compensation. The approved incentive amount was \$5 U.S. Barnes and Noble gift card dollars for interview 1, \$10 Barnes and Noble gift card dollars for interview number 2, and \$15 Barnes and Noble gift card dollars for interview 3 totaling in \$30 Barnes and Noble gift card dollars for participating fully in the research.

### **Storing Data**

Data were stored in various ways. Paper documents were secured in a locked file cabinet, in a locked room (like how counseling clients' confidential information is stored). Digital documents were stored in a two-factor authenticated password-protected folder on Box, per the University Institutional Review Board.

### **Interview Methods**

Interviews were conducted in person or via video conference, one-on-one, and recorded using a digital recorder. Back-up recordings were created immediately following the interviews. Before, during, and after conducting the interviews, I wrote down my thoughts and reactions in a journal, which was used at various stages in the research and analysis process to gain a better sense of my autobiographical narrative and understanding of the data (Clandinin, 2018). The interviews were transcribed verbatim in order to ensure trustworthiness (Creswell, 2013). The journal was stored inside a locking storage clipboard and kept within a locked room.

Consistent with narrative interviewing, participants were viewed as individuals with a story to tell about their experience rather than as having answers to my research questions (Chase, 2010). In hearing participant stories, the conversation itself provided insight into the phenomena of the experience of students who recidivate while in college (Polkinghorne, 1988). Consistent with narrative inquiry, the interview protocol acted as a guide rather than a mandate and changed depending on the nature of the interview, the story that emerged, and other factors unique to each participant and their telling. For example, the interview guide asked where the participant's alcohol related events occurred at Time 1 and Time 2, but several participants had 3 or more alcohol related events that were explored in data collection (Appendix B).

A pilot interview was conducted in order to assess the interview protocol and the use of a two-part or three-part, interview protocol. During the pilot interview, the interview protocol was adhered to, and appropriate changes were made immediately following the pilot. An example of changes made include the order of the questions asked and the verbiage used. The pilot interview allowed the opportunity to practice the interview protocol and the order in which the questions are asked. Additional benefit of practicing the interview protocol was the opportunity to assess potential follow-up questions. During this process I solidified the utilization of a three-part interview protocol.

Interviews were conducted using a three-part interview protocol and a semi-structured format (Blee & Taylor, 2002; Seidman, 2006) (see Appendix C). Semi-structured interviews allowed for predetermined questions, with room for flexibility as needed. Given narrative inquiry's goal of capturing the participants experience, questions included in the interview protocol were largely open ended to ensure that the participant is not biased (Clandinin, n.d.). Data were collected following Seidman's (2006) phenomenological interviewing structure. This model consists of conducting a series of three separate in-depth interviews with each of the participants (Seidman, 2006). All three interviews had a specific focus.

Interview one consisted of a warm-up phase that served the dual purpose of getting to know the participant and their general context as well as warming them up to answering the interview questions. The first interview focused on exploring the participants overall context and focused life history. The first interview centered on the participant's life history and upbringing (Seidman, 2006). Questions in the first interview focused on gathering background information on the participant's personal narrative and focused life history. The second interview focused on their recidivism experience and decision-making (Seidman,

2006). The purpose of this interview was for participants to concentrate on their present lived experience as it pertains to the topic of recidivism. The last interview focused on participant meaning making. Each interview in the series concluded with an opportunity for the participant to contribute anything they wish to their narrative that they feel is important in describing their experience. The third and final interview highlighted the participants' reflection on the meaning (Seidman, 2006). This final interview asked participants to reflect on the meaning and understanding of their experience. During the interview, all participants were asked to discuss what they feel influenced their experience of recidivism broadly. Each interview in the three-part series looked at aspects of the past, present, and future of the participant.

### **Other Data**

#### **Artifacts**

Prior to and following the first interview, I informed participants that they can bring artifacts to share as part of their story. Artifacts can help trigger memories and provide insight into participants' experiences. An example of an artifact may be a reflection paper a student may have had to write as part of their mandate from university or magisterial processes. Another example might be a photograph from social media (ex. Instagram). Photographs and reflection papers provide additional context and value to the student's experience beyond what is possible from my telling of their story alone.

Potential artifacts that participants might have volunteered to share could have included (a) written reflection from participants (throughout the interviewing process); (b) documents from their incident such as citation documentation or hospital records; (c) emails or letters to the student from the university, (d) pictures, and (e) any other items that

participants felt would be useful in conveying their stories. Participants had mixed responses when I request to share artifacts and ultimately no participant brought artifacts to their interviews, which is a limitation of the study. Participants were indifferent to including artifacts as part of their experience.

### **Memo Writing**

Reflective and analytic memo writing on the part of the researcher occurred before, during, and after each interview, following transcription of the interviews, and throughout the coding process. Reflective memo writing and audits are important tools in evaluating the study's trustworthiness as they trace and reflect the researchers thinking through the study. It allowed me to explore ideas, make a note of questions, and highlight any discrepancies in the data (Creswell, 2013). Questions I asked myself during this process include:

1. How did each interview process begin and end?
2. What emotions and thoughts came up for me during the interview process?
3. How does what I learned from listening to the participant fit with my own experiences?
4. What emotions (stated or perceived) came up for the participant?
5. What changes or enhancement would be helpful for future interviews?
6. What themes or directions are beginning to emerge in the participants' stories?

Using this type of journaling, or memo writing, helped to process any assumptions, biases, beliefs, and thoughts and are used during the data analysis phase of the study (Glesne, 2011).

### **Other Data**

Other data to be collected includes information from the demographic questionnaire provided during the phone screening (Appendix B).

## **Researcher Focus and Data Analysis**

In qualitative studies, the researcher collects a large amount of data and is tasked with narrowing in on themes and phenomena in order to make sense of participants' stories and experiences. Thematic analysis is one way of accomplishing this task. According to Braun and Clarke (2006), thematic analysis "is a method for identifying, analyzing, and reporting patterns (themes) within data" (p. 79). Because the purpose of this study is to understand the experience of students, this method of analysis is best suited to deciphering the data as it produces thick descriptions, in-depth analysis of the experience, which produced thematic patterns across each interview, rather than narrowing in on each individual interview (as in narrative inquiry) (Braun & Clarke, 2006). The following sections indicate the coding and analysis process. Outlining coding and analysis methods is an essential step in transparency that contributes to dependability, trustworthiness, and credibility of the study. It serves to clearly explain how the data were analyzed and how themes and categories were uncovered so that future studies may repeat the procedure. Thematic analysis can be limiting as it looks more at the commonality between participants rather than the uniqueness of each individual participant. It was important to include rich narrative descriptions of participant individual characteristics in addition to the common themes between participants.

### **Analysis**

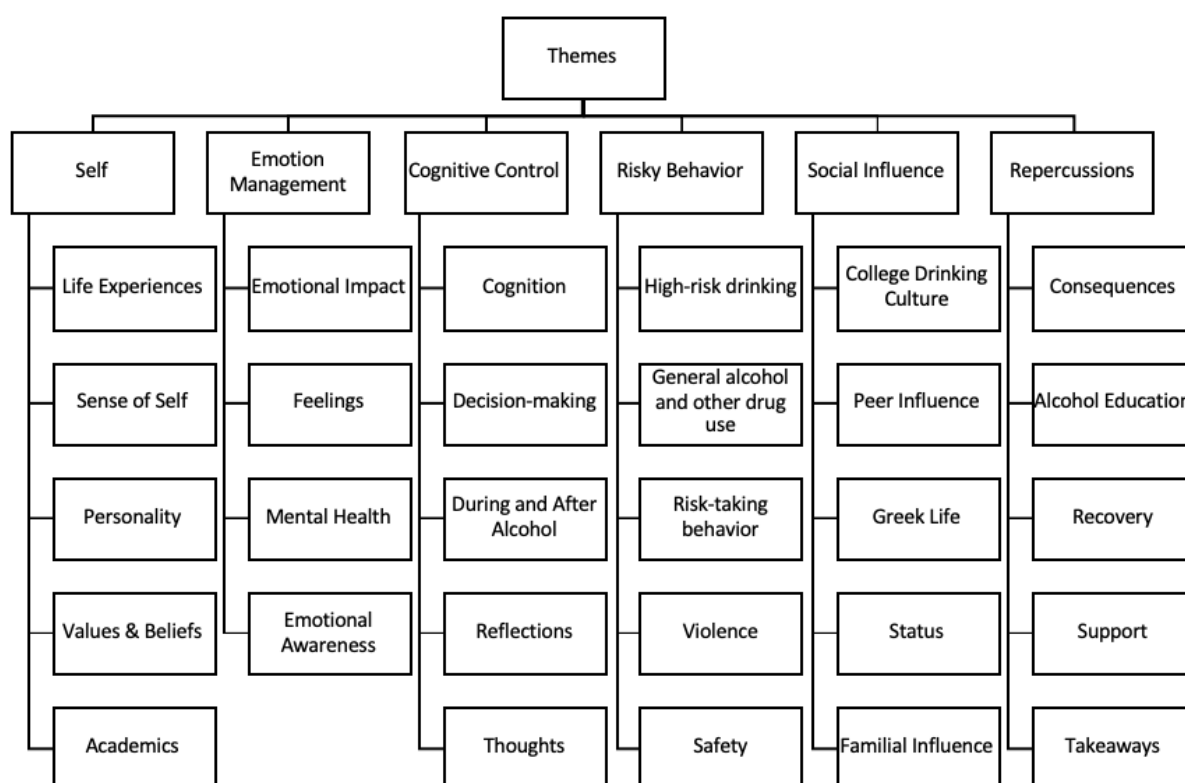
The first step in qualitative data analysis consisted of preparing and organizing the data. From there the data were organized into themes through a process of coding, and finally representing the data in figures, tables, and discussion. First, I took time to organize the data and manage it within files and other organizational units.

Next I took time to familiarize myself with the data and utilized thematic analysis as described earlier. Using thematic analysis required the act of transcribing the

interviews, verbatim, shortly after they took place. Transcriptions included all verbal and non-verbal data, as well as precise punctuation that accurately conveyed the participants' meaning. To ensure accuracy, I reviewed the transcripts while listening to the interviews. As suggested by Creswell (2013) I then re-read the interview transcripts several times to fully familiarize myself with the data. During this process I utilized journaling where I wrote down any thoughts, comments, or questions I had about the data. Once I was certain that the interview transcripts were accurate, I uploaded them to the qualitative research software, ATLAS.ti.

I utilized the qualitative research software ATLAS.ti. I uploaded the reviewed transcripts to ATLAS.ti and I coded the data. Forming categories, or coding, is a central tenet of qualitative research (Creswell, 2013). Coding results in the illumination of themes within the data. I utilized Creswell's (2013) winnowing methods when coding the data, where I began with a few initial categories and then expanded as necessary as I reviewed the data. Creswell (2013) suggests developing no more than 25-30 categories of information, and then reducing those categories to combine them into five or six themes to write the final narrative. The coding categories were fleshed out after data collection. Per Creswell's (2013) recommendation, I did not use a priori codes to guide the coding process to allow for organic categories to appear from the review of the data.

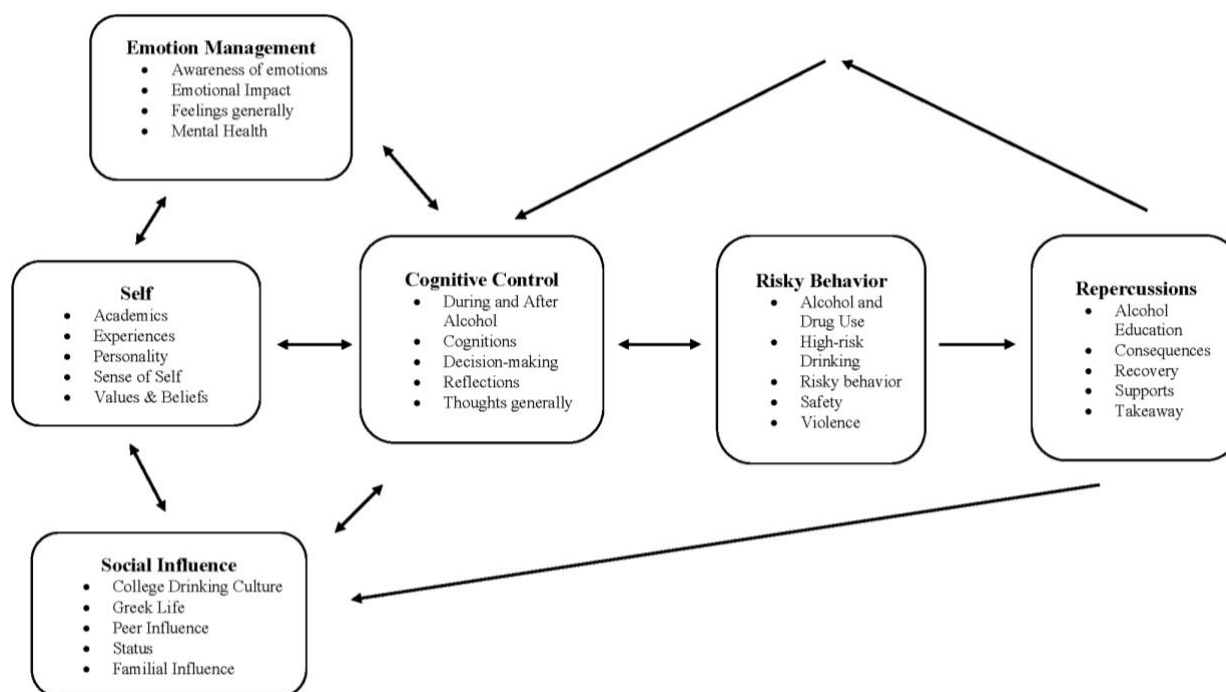
After reviewing my codes, I identified themes that emerged from the data and the codes. Utilizing the identified themes, I began to interpret the data within the larger meaning of the participant's stories (Creswell, 2013). Within ATLAS.ti I grouped thematically similar codes to identify themes (Ex. firsthand experiences and feelings would fall under the theme of 'Self'). I organized and reorganize the codes into themed code groups in ATLAS.ti until the themes were most parsimonious, or simple (Figure 4). These themes are explored further in Chapter Four.



*Figure 4.* Themes and codes.

A broad representation of how specific codes built to the themes. See table 4 for a code map.





*Figure 5.* Thematic connections.

This figure illustrates the six generated themes and the 4-5 codes that comprised each theme. The arrows represent directional relationships between the themes.

### **Validity and Reliability**

Creswell (2013) recommends that in order to account for quality, trustworthiness, and rigor in a narrative study, the researcher must engage in a series of procedures. However, because there are many types of qualitative validation Creswell (2013) acknowledges that authors need to choose the types and terms they are comfortable utilizing. Creswell's (2013) recommendation is then to reference validation terms and strategies explicitly.

The first item to address and monitor were any biases that exist. To address this, I wrote a statement of research bias in the beginning of the study and continued to monitor this bias throughout the duration of the study. Second, I engaged in persistent and thoughtful observation of the data, which included building trust with participants, learning about their

culture, and checking for any misinformation that stemmed from distortions introduced by the researcher or by informants. Third I utilized triangulation (utilizing multiple sources to support themes) by seeking multiple narratives and theories to provide corroborating evidence. I engaged in the recommended (Creswell, 2013) peer review process with my committee chair and my committee as an external check of the research process. I utilized member checking to ensure validity by soliciting the participant's views of the credibility of the findings and interpretations. Lincoln and Guba (1985) consider member checking to the "most critical technique for establishing credibility" in the study. In the final analysis I included rich, thick descriptions and narratives that allows readers to make decisions regarding transferability. To address reliability, I took detailed field notes and employed good-quality tape recordings and transcriptions. I accounted for intercoder agreement by enlisting the help of an individual who is familiar with the study to discuss the rationale and logic for codes and themes.

## CHAPTER 4: FINDINGS

*“Our liquor was but a symptom. So, we had to get down to causes and conditions.” – The*

*Big Book of Alcoholics Anonymous, p. 64*

Qualitative research design allows researchers to focus on lived experiences and stories of participants. The aim of the research is to listen and explore the experiences and stories of participants and learn how their experience relates to the research questions and vice versa. Because the experience of the participant is integral to the methodology, the first step is to meet the participants. These living breathing beings are not merely delivering data, they are people with rich, interesting, and complex stories and experiences. Re-telling their experiences can range from painful to hopeful; and it is critical to remember their humanness prior to analyzing their experiences (Bloom, 2002; Clandinin & Connelly, 2000; Creswell, 2013).

The chapter is an introduction to the participants highlighting participants and their experiences with recidivism as well as an in-depth discussion of the findings. In organizing participant stories, I grouped participant narratives into sections similar to the structure of the interviews they completed: 1) a preliminary introduction, 2) family or origin and/or childhood history, 3) the story of their undergraduate college experience as students, 4) an exploration of their relationship with alcohol. All participant names are changed, and any identifiable affiliations were left intentionally vague or were changed to protect participant identities as best as possible. Due to the limited number of students in collegiate recovery, though, some individuals may be identified by those close enough to recognize the unique nature of the stories. The analyzed interview transcripts were used for the quotes included in this chapter.

## The Human Experience: Personal History

### Rachel

*“For me, it was like third time's a charm. It finally stuck in me that there is a disconnect going on. I also didn't realize it until I looked back at my drinking history and saw all the problems there were.”*

I first met Rachel last year in an office providing her mandated education. Given the brevity of our interaction, I did not realize she was who she was when she selected for the study. Meeting her again came with familiarity and warmth. For me, Rachel felt like a little sister, both when we first met and again in the interview process. I felt protective. She appeared timid and shy during our meetings, but eventually warmed up. In my journal, I document how Rachel was “sweet but a little nervous.” I learned that my perception of Rachel and Rachel’s self-image are in contrast. Rachel is a 19-year-old, White, female, bisexual, college sophomore. When I met Rachel during her initial interview, she was four months sober. Rachel continues to use nicotine and shared that *“I know I should stop and I'm working on it, but one thing at a time.”* Rachel reported that she has been diagnosed with Anxiety and Depression. At the time of this research, she was meeting with a therapy provider in a community clinic. Rachel reported her current medical condition; she was born without a uterus and was diagnosed with Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome.

Rachel grew up in a small, urban Pennsylvania city. Rachel self-described as outgoing, talkative, that she grew up dancing, and was born with a congenital birth defect. Rachel was born in a rural part of Pennsylvania. When she was five, she moved to outside of a small, urban Pennsylvania city where she has lived since then. Rachel’s parents divorced when she

was 12 and her dad moved away. She is “extremely close” to her mom but does not have a relationship with her father. She attended a small grade school and graduated with less than 100 people. Growing up Rachel’s parents had varying views of substance use. Rachel’s Mom forbid alcohol use until she is legally able to drink, versus her father did not care if she drank so long as she avoided trouble. When asked about how others would describe her, Rachel shared:

*“My close friends would probably say really outgoing, passionate, really caring for people. But my parents and other adults probably would be more down to earth. I just sort of mirror what other people's personalities are and shift mine a little bit.”*

In this quote was the first sign of Rachel’s tendency to people please.

Rachel’s first alcohol use occurred around 15-16 years of age. She reported deciding to hide her drinking from her Mom, whom she lived with at the time.

Rachel’s choice of university was because her Mom worked for the university and she received a 75% tuition discount. Rachel likes a big school environment, especially in contrast to her small grade school. As an underclassmen Rachel struggled to find a major. She was originally pre-med, and at the time we met during the Spring of her Sophomore year, she was majoring in a psychology where she reported finding a sense of belonging. Rachel hopes to get her PhD or JD, but she is still exploring her interests and passions. Rachel joined a Sorority spontaneously:

*“One day I woke up and I was like, "I'm going to rush and it's going to happen." And then all of my friends were like, I told them, I was like, "I'm going to join a sorority." And they're like, "Yeah, we knew it." And I was like, "But how?" And they're like, "It's just your personality.””*

Rachel's experience in the sorority is complicated. Although there were many benefits to her involvement, she believed that her sorority sisters did not support her or provide any safety when engaging with the drinking culture. She reported anger after hearing second-hand concerns about her behavior through peers:

*"When I was drinking for a little bit, they were saying like, "Oh we're starting to get worried for you." But no one ever really told me about it. They just brought me up to standards, which is like a judicial board within the sorority being like, "People have expressed their concerns." And I'm like, "No one's ever told me that." ... When I was with my sorority, people didn't really look out for me or stand up for me. It felt like when I was drinking they just let it happen and then talked about it behind my back.... It pisses me off."*

After several hospitalizations, Rachel joined a collegiate recovery community and Alcoholics Anonymous. I will discuss Rachel's alcohol story next.

Rachel sets her college drinking scene:

*"Flashing lights, really, really loud music. There's a bar somewhere. They're only supposed to serve beer and check your ID, but they normally also have vodka. And it's jam packed with people. And normally I go on the elevated surfaces, which are really dangerous."*

She goes on to describe that because being on elevated surfaces is "breaking the rules," she goes on to describe how "it's cooler because there's all these bodies and you're higher up," which makes it exclusive and risky. Risky behaviors like climbing onto elevated surfaces often led Rachel to acquire injuries. She reported drinking with her friends and sorority sisters but given her social nature she has friends from many places. Rachel

primarily enjoyed the social nature of alcohol, but the largest issue for Rachel was her history of injury because of her use. Other consequences of Rachel's use are of legal nature. She has been charged with under-age drinking, which at minimum will prevent her from engaging in certain possibilities such as working for the government or teaching in a grade school. High-risk drinking and blacking out were a regular part of Rachel's relationship with alcohol:

*"I tend to binge drink a little too much, forgetting my limits and making bad decisions and blacking out and ending up in the hospital with underage [citations...I blacked out, fell down a flight of stairs, couldn't hold my body up and was unconscious in the bathroom floor. I ended up in the hospital. Didn't get an underage and then I was like, "Yeah, we might have a problem." So, now I'm in AA."*

Rachel reported receiving alcohol education prior to beginning college, and you will find that she shares this commonality with each participant. Beyond receiving general alcohol education, she also attended information session about alcohol consumption and safety provided by the university. She recalls taking health classes in grade school but does not remember addressing alcohol or substance use specifically.

She expressed an overall desire for her university to provide alcohol-free events that are interesting and fun. She believes that since the college and drinking culture have become so synonymous that there is judgement towards those who do not partake in the drinking culture:

*"When I first decided I was not going to drink, a lot of people were like, "You're not going to drink?" And still people are very confused by me choosing to not drink. And I wish that the school would offer more sober activities. Because I know on Friday nights there's decorating something... But I've never been to that and I don't want to."*

*I think my one friend [attended] and then they decided to take the craft that they made and crack it open on the floor.”*

### **Kelly**

*“This subconscious animal comes out of me and just runs rampant... a demon. She's scary. She does things I've never thought about doing. She wants what she wants, and she goes and gets it. It's a scary scene.”*

Kelly is a White, female, 22-year-old college senior majoring in Biobehavioral Health. When I met Kelly, she had just found out she was accepted into her top Chiropractic graduate program. She exuded warmth and a little bit of sass from the moment I met her. She was cool, and I felt that if we met in college I would want to be her friend. I met Kelly when she was 10 months sober. Kelly is passionate about her sobriety and is heavily involved in her recovery community. Kelly is incredibly involved in Alcoholics Anonymous and was excited about having recently attended AA's conference for young people (ICYPAA). Kelly reported being diagnosed with anxiety and depression. At the time of this research, she was attending regular therapy sessions. Kelly began our work together by stating: *“My name is Kelly. I am from Massachusetts. I am 21 years old, and I have never had a legal drink”*.

Kelly was raised by a small nuclear family consisting of a mom, a dad, and a little sister. Kelly reported growing up in a wealthy, in a White town. Kelly's family was more moderately financially situated in this town. Kelly shared that *“nothing bad happened in my town.”* Kelly described how her parents wanted the best for her and her sister, but she noticed the financial disparity between her and others in her hometown. She described this difference as:



*“I was supported and loved and given everything that I could want in moderation. Not to excess, but I played on travel soccer teams. I wanted to ride horses, so I rode horses. If we were struggling, me and my sister weren't [aware]. It was [more that] we couldn't have the six extra things we wanted at Target. But there was always food on the table.”*

Kelly described her childhood was loving and very family oriented. Family dinners were a regular occurrence where the family would connect. Kelly's drive and passion stemmed beyond her extracurriculars and into the world of work. Kelly's legally sought her work permit and began working at an afterschool program at the age of 14. She embodied the oldest-sibling stereotype of being responsible and independent. Kelly's parents noticed her drive and would contrast her behaviors with her younger sister. *“I always had so much pressure that I put on myself to live up to whatever dreams that I had, not only I had, but my parents had. And then also be a role model for my sister. So, then alcohol became, my only, like my outlet”*. Kelly reported being diagnosed with anxiety and depression during her freshman year of high school. Kelly recalls having her first alcohol as a freshman in high school. She recalls drinking alcohol and immediately feeling like she needed more. Throughout high school Kelly engaged in high-risk drinking behavior where she would routinely blackout. Kelly noticed others drinking in high school and became determined to use alcohol like the *“cool kids:”*

*“I want to be a cool kid and I want to drink with the cool kids. I want to go out in a crop top and jeans and converse with all my friends and I want to get drunk with the kids, all the seniors. That's what I want to do. That was a goal of high school, that was it.”*

Drinking with the cool kids proved to support Kelly's status. She would drink with upper classmen and she finally felt like she belonged. *"My concept of making it was being invited to these older people parties and then being able to impress them with drinking."*

Although Kelly believed she was thriving socially, there were frequent repercussions at home due to her risky drinking behavior. At 14-years-old, Kelly was hospitalized due to alcohol overdose. Her parents grounded her for several months, but as soon as she was able, Kelly reconnected with alcohol and again blacked out. This behavior continued for Kelly throughout high school.

*"I couldn't stop. I just didn't want to stop. No matter how much I was getting in trouble and no matter how badly the consequences were increasing and how many talks they would have with me and how badly they were trying to understand what was going on, it just wasn't clicking."*

Kelly sought a college that had a lot of school spirit, was academically challenging, and had a college football team. Although others from her high school attended the same university, they quickly drifted apart in what Kelly described as going off to find *"somewhere we were genuinely comfortable rather than being put into a group solely because that was where our high school put us."* Kelly immediately rushed a sorority and found a powerful sense of pride and belonging, so much so where she reported going to an extreme and refusing to talk to people if they were not involved in Greek life.

Academically Kelly was thriving, and she asserts that academics were her consistent priority throughout college. Despite acquiring concerns with her alcohol use, Kelly's academics remained a consistent priority: *"My only priority... over my well-being, over self-*

*care, over all of it, was school. That was the only reason that I was here and that was the only thing that mattered to me.”*

Kelly’s story, like most of the participants within the study, was two-fold -college with and without alcohol.

Kelly carried her high school drinking behavior with her to college. Kelly engaged with the college drinking on a regular basis. During this time, she neglected basic needs such as eating and sleeping, and did not take care of her body. Kelly considered her work life balance to consist of balancing partying and substance use with completing academic work when not engaging with the party culture. She justified neglecting her self-care given her ability to maintain a high grade-point-average, albeit with the support of study drugs:

*“My schedule freshman, sophomore year was going out Tuesday or Wednesday, Thursday, Friday, Saturday during the day, and then Saturday night. And it was a priority. I would do everything in my power to do my homework any other time of the day... so I could accommodate to that. And when I was doing my homework, I was getting Adderall from somewhere so I could do it in what I thought was the most efficient time.”*

Kelly utilized peer comparison to normalize her own behavior. She would find connections to peers who also engaged in high-risk drinking behavior which, allowed Kelly to feel better about her own behaviors. The theme of social influence in relation to Kelly’s alcohol use is explored later in this chapter. After numerous consequences because of her alcohol use, Kelly became sober her senior year of college. She asserts that her past year of sobriety has been a time of realization and growth.

## **Peter**

*“I think kids that get in trouble multiple times, I feel like to some extent they feel like they don't have nothing to lose. Yeah, I guess that's how I felt to some extent. That I had nothing to lose with this. I was pretty fearless. I was like, “Whatever goes, wherever God goes.” That's how I face my consequences.”*

Peter is a 20-year-old, Hispanic, straight, male, college junior. Peter is majoring in economics. Peter is an international student who was born in Mexico. I met Peter virtually after he had returned home to Maryland because of the COVID-19 outbreak. Peter seemed like a calm person, or as I would later learn, worked to cultivate a sense of calm. Meeting Peter virtually felt impersonal at first, but quickly Peter and I warmed up to the virtual interview process. He was engaged throughout our interviews. He was quiet and reserved which, I attributed to a combination of variables including of the virtual format of our interviews as well as less experience self-reflecting on his alcohol use behavior given his recent entry into recovery. Peter would lower the volume of his voice at times, especially when sharing behaviors such as violence. At times I could hear people in the background during Peter's interviews and suspected his family was nearby and could potentially overhear him if he did not lower his vocal volume. Peter does not have any diagnosed mental health concern but reported his struggle with anxiety. Peter has attended mandated counseling because of his substance use. Peter had been sober two months when we met for this research. Peter self-described as funny, active, and extroverted.

Peter's origin story begins when his mother had him while she was in college. Due to the stress of raising a baby while attending school, Peter's relatives, specifically his grandparents, raised him. Peter's large family made sure to support one another. Peter does not have a relationship with his biological father. The last time Peter recalls seeing his father

was when he was 7 or 8-year-old. Prior to coming to the United States, his mother gained full custody and left with Peter. Peter grew up in a religious household where they followed the Church of God (Seventh Day). Peter identifies gaining most of his morals from what he learned in his faith community and from his Mexican culture. Since Peter lacked a father figure, he turned to his mother and to his faith for direction and modeling. Peter reported being independent from an early age.

*“In elementary school I stayed after hours. Kindergarten, they have after hours. I stayed until six. Elementary school, I had soccer afterwards and then either my mom picked me up in between her job and her lunch breaks and she just took me home and we stayed home there or after soccer practice I just rode the bus by myself to my grandparents’ house or something like that. But definitely, when I was little, I was very independent at a very young age.”*

Peter began grade school in the United States where he found passion playing soccer. At first, he felt scared of moving to the United States and starting school, but this fear dissipated as he mastered the English language from an early age. Peter was expected to be held back due to his language development, but instead was placed in courses consisted with other native English speakers his age. Despite his success with the language, Peter ran into cultural barriers in seeking out connections and struggled with this until he made it to high school:

*“Getting into the American culture was... took me about a year until I really started to branch out and by high school I was already out there, feeling very confident about my social skills, my language skills and academics as well.”*

High school came with academic achievements and success on the soccer field. Peter challenged himself both on and off the soccer field. Peter was involved in advance coursework to earn a specialized high school diploma. In high school, Peter worked hard and played hard:

*“I was also intense when I had to be, like academics, soccer. When I was on my shit, really, I was intense. My peak in high school, probably like my highest semester GPA, was like almost like a 4.0, 3.8 or something.”*

Peter decided to come to college to continue playing soccer in college. Peter had a dream of playing professional soccer. Peter transferred from one college to another due to his soccer career coming to a halt due to his alcohol use. After regrouping himself, he transferred to his current university. While at his new college Peter developed a reputation as “the party kid.” Peter became a disc jockey (DJ) and began working in a club as a DJ at his first campus. There he made connections that allowed him access to alcohol.

Throughout college, Peter privately struggled with his anxiety. He attended therapy but kept that private from his friends in what he described as navigating a “silent problem:”

*“It was only like my relatives knew and none of my friends knew that I'd been doing it for like anxiety and stuff so and to this point, not a lot of people know. It's just that it's just my personal life, honestly and yeah. I didn't really think it was necessary for people to know.”*

One way that Peter coped with his anxiety was through soccer. After transitioning to his new campus, Peter stopped playing soccer and it has impacted his mental health:

*“I'm like sensitive to some things and it's like I go from zero to like 100, kind of, when something makes me angry and I guess like my anxiety has gotten worse maybe*

*because I've stopped playing soccer, not really sure but I definitely feel like my anxiety is worse now than it was before."*

When I asked Peter more about his sensitivity he shared, *"As in like someone insulted me or something or pushed me, I would overreact and be like, what the fuck's your problem?"*

At his new campus, Peter joined a fraternity where he was further exposed to easy alcohol access. With the means, Peter turned towards substance use to cope with his anxiety:

*"Anxiety definitely led me to smoke weed and drink alcohol, just to relieve some of the emotions I had."*

Peter's alcohol use differed prior to and after transferring to a new campus. Focused on soccer, Peter had little time to engage with alcohol use at his first school. After transitioning and not playing soccer, Peter engaged with alcohol in social situations. When his relationship with alcohol was good, he reaped social benefits: *"I would submerge into that cool vibe, alcohol, kids, drink, whatever. You know, like socially wise, everything was more smooth and more fun.."* On the flip side came consequences:

*"In high school I never really had any problems with drinking and school because I only drank whenever there was a party, but in college it was a different story and it affected my academic life and my athletic life to a bigger extent because it was more readily available and there was no jurisdiction that told me not to drink, [like] my parents or the cops."*

With the perceived green light to drink and the available social capital and means, Peter applied his tendency to push limits to his alcohol use. Pushing the limit for Peter resulted in several police citations, and at his bottom, he was sent to a detention center for his behavior.

**Jason.**

*“Jason wasn't there. It was like my alter ego at the time. I'm really in a position where I'm slowly doing some of that self-discovery stuff that was put on hold my first two years of school. I'm a lot more, I don't even want to just say happy because that's too generic, but it's like I'm a lot more functional in most aspects. For that whole time, I was in school I felt like a loser in all aspects of my life.”*

Jason is a 21-year-old college senior majoring in Psychology and minoring in Business. Jason is a White, male, straight, 22-year-old senior. I met Jason virtually due to the COVID-19 outbreak. At the time he was living with his girlfriend away from his nuclear family. Upon meeting Jason, he struck me as a responsible person. He was quick to respond to emails and communicated with me ahead of time if we had scheduling conflicts. He appeared to value his health and wellness as evidenced in his appearance. He presented as clean cut. Jason reported a history of anxiety and depression. I recall feeling gratitude for meeting Jason in the present moment given the anger he carried with his alcohol use. Jason repeatedly described himself as an open book, and this proved to be true. Jason was vulnerable in recounting his experiences with me.

Jason grew up in a home where he was abused, physically, and emotionally by his father. He shared that his parents ended up divorcing when he was 7 years old. He described everyone in the house *“took a lot of shit”* from his father. Living at home growing up were his Mom, Dad, older brother, and younger sister. Jason's father was and continues to be a heavy drinker. Jason shared that over time his father has made changes and they have a better relationship now but growing up with him was *“just rough.”*



*“It was like living with a monster in your house... there was no point in time where I went home and felt safe”, “There was a lot of that, especially with my dad, there was a lot of that growing up. Just feeling innately unacceptable as a human being for whatever reason. And so that framed the way I thought about myself.”*

Jason’s relationship with his father was unhealthy and over time evolved. Once Jason grew up and was big enough to defend himself, the volatile nature of their relationship diminished. Jason’s sole connection to his Dad was through sports. With Jason’s high school growth, he was playing varsity sports. Jason was able to distract himself from his volatile home life with sports.

*“Our relationship didn't get better, but it definitely wasn't as volatile because I think not only did I have the distraction but also he had something that he cared about for once. That changed then. Then obviously there was a lot of resentment on my end, and a lot of emotional needs that I wasn't even aware of.”*

As Jason witnessed unhealthy relationships and family behavior, he escaped into alcohol and drug use. As a result of his high school substance use, he would get into trouble, and when finally confronted about the reasons behind his behavior he was able to identify the emotional impact and underlying anger Jason had been carrying for years:

*“[Emotions] didn't really even come up in a conversation until I started using drugs and was getting in trouble. Every time I would get in trouble I was usually very, very under the influence of something. When my mom or my dad would be picking me up from the hospital or wherever it was like, that was my moment of, “Oh, my god. I've had all these feelings for so long and I didn't get to share them, so here it is.”*

Jason technically lives with his Mom in Pennsylvania, but has been staying with his girlfriend recently:

*“Right now, I make the joke to my girlfriend. I’m like, “I don’t have a home. I have a couple places to stay” because [her apartment] isn’t obviously my home.”*

Jason’s parents both eventually re-married and Jason acquired a Stepmom and a Stepdad who are both involved in his life. It seems Jason’s family supports are in flux. Although Jason’s mom re-married and he has a good relationship with his stepfather, they are currently working out difficulties in their relationship. Similarly, Jason’s Dad still tends to provoke him. Jason also described difficulties with his brother (discussed later in this chapter).

Like all the study’s participants, Jason’s story consists of a during and after relationship with alcohol. The next two sections highlight Jason’s’ college story and alcohol story both when he was using and as we find him now, recently sober.

Jason is a first-generation college student. Although Jason had opportunities to play college baseball, he chose the university he attended due to a tuition discount he received because his mother worked for the university. Tragically Jason sustained a shoulder injury that prevented him from trying out for baseball at his university. Due to financial reasons and the prospect of baseball being off the table, he settled into his university experience.

A little lost, Jason attended an involvement fair where he met a recruiter for a fraternity, and so Jason joined a fraternity. As a result of this connection to others he increased his social capital and had access to substance use. He reported being very lazy in school, and lacking motivation while he engaged with substance use. To contrast, without substance, Jason reported being a motivated person who enjoys sports and academics. After

recovering from the consequences of his alcohol use Jason channeled his energy into school where he worked hard to recover from the academic impact his substance use had on his GPA.

College for Jason was synonymous with partying:

*“I was treating it like a joke. I was in my fraternity, and I was drinking, smoking, sniffing whatever at least six days a week. I didn't go to any of my classes.”*

*“I couldn't see the next step because I was so involved and so enveloped in using, drinking at the time. There was no desire to have anything special that requires work whether that's good grades, good relationships, or anything. At the time I couldn't see past the next time that I could get drunk or high.”*

Jason is reconnecting with himself and healing from his experiences with alcohol. He is working to understand his life's journey up until this point and is actively processing the events that led him to his experiences with numerous alcohol violations.

*“This past year or so [I] have seen my own development. It's like I couldn't necessarily tell you about myself because I didn't really know myself at all for two, three years. This is a point for me where I'm starting to figure those things out.”*

After a long engagement with the college drinking culture, consequences began to unfold. When confronted with his relationship with alcohol it became hard for Jason to deny the toxicity of his relationship to alcohol specifically. After several citations and rounds of rehabilitation, something finally clicked for Jason. Jason is not currently using alcohol or other drugs due to completing rehabilitation, but he chooses not to drink for reasons beyond mandated requirements, *“Largely yes, but also not wanting to suck at school and life”*.

The introduction to the participants in the preceding this section was to highlight the important human base of this study. Without each participant and their experienced, these data would hold little value or true meaning. Next, the lived experiences of student recidivists are presented. The following major themes emerged: Self, Cognitive Control, Risky Behavior, Emotion Management, Social Influence, and Repercussions. This chapter is divided into themes to develop a rich picture of the data.

### What These Stories Tell Us

Understanding the participants is necessary to highlight the humanness of the individuals centered in this study. Without them and their experiences the data would have little value or meaning. I will take you on a deep exploration of the lived experiences of these

Participant	Participant Data	Data Connects to Code	Code	Code Connects to Theme	Theme
Rachel	<i>"I must have had at least 10 shots that night, and I mixed it with Red Bull. Not fun; probably the worst decision in the world."</i>	Rachel drinking 10 shots in one evening is binge-drink or high-risk drinking. Additional risk stems from her mixing her alcohol with an energy drink.	High-risk Drinking	High-risk drinking is a form of risky behavior. It increases the possibility for mental and physical health concerns such as injuries, liver disease, and anxiety.	Risky Behavior
Kelly	<i>"I think that overstaying my welcome anywhere that has alcohol is dangerous, I don't think by any means that I'm going to drink, I think that it would just do harm to my spirituality and the fitness that I'm in. It's like a spirituality hangover kind of, it leads me to thinking, "Well maybe I can drink normally or maybe I should go up more often... like maybe I should go hang out with them more often." Like all of these what if's arise after you overstay your welcome and you kind of like break down that spiritual fitness."</i>	Kelly overstaying her welcome around alcohol means that she could impact her spiritual fitness. She goes on to describe that being around alcohol breaks down her spiritual fitness and could lead her to drink. By overstaying her welcome with alcohol, she is taking a risk of reconnecting with alcohol. Kelly's risk-taking behavior here was not high-risk drinking or alcohol/drug use and <u>was categorized</u> as risk-taking behavior instead.	Risk-taking Behavior	Risk-taking behavior has a direct connection to risky behavior. The broad theme of risky behavior captures each code.	Risky Behavior
Peter	<i>"Drinking, I probably like average twice a week. Drank, <u>probably like</u> around... drank a lot, I guess. Weed, more often, like maybe four times a week."</i>	Peter discusses his substance use frequency in this excerpt. This <u>was directly coded</u> as alcohol and drug use.	Alcohol and Drug Use	Alcohol and drug use influence behavior. Understanding the frequency, intensity, and duration of the use can illuminate risk behaviors.	Risky Behavior
Jason	<i>"I was fighting a lot"</i>	Jason was referring to physical fights. Physical fighting is a form of violence.	Violence	Violence connects to risky behavior by increasing Jason's likelihood of physical injury and possibility of general harm towards him or towards others.	Risky Behavior

**Table 4. Code Map**

This code map illustrates data from each participant and how the data were coded. The map also demonstrates how codes built to the theme of risky behavior.

four undergraduate student alcohol recidivists. A breakdown of the six themes (Creswell, 2013) identified within the study are now presented to construct the rich picture of the data collected. Each theme will be discussed as it relates to the participants. Below is a code map (Table 4) that explains the process of gathering and coding the data to develop themes.

### **Themes**

Six themes emerged from the data: Self, Cognitive Control, Risky Behavior, Emotion Management, Social Influence, and Repercussions. I will introduce each theme followed by how it connects to each participant's story. Each theme is comprised of several code groupings established in the data analysis process. An example of how participant narratives were coded and compressed into themes can be found in Table 4.

#### **Self**

The theme of Self emerged from learning of the personal, lived experience of the participants. Exploring their experiences, personalities, sense of self, values and beliefs helped paint a clear picture of who these participants are. The self is a critical part of Chickering's model. The theme, Self, is comprised of codes that connect to the participants' self-identity. After analyzing the data, final codes for Self included, academics, experiences, personality, sense of self, values, and beliefs. Next, I will discuss the Self as it relates to each participant. The self was also intertwined with participants introduction narrative described earlier in this chapter.

#### **Rachel**

Rachel self-described as vivacious and talkative: *"I'm really outgoing, and I love to have a great time and always be like super bubbly and everything. I deal with chronic pain, so when I do not have to be serious, I really take advantage of it and some people would be*

like, "You're crazy," but I like to not have to care about things." You can find Rachel in her college dorm environment *"normally jumping around the hallway, just doing weird stuff or hanging out with friends and laughing and watching TikToks and trying to do TikToks."*

Rachel goes on to assert that she's determined to be TikTok famous. Rachel's friends and family describe her as *"really outgoing, passionate, really caring for people."* however her parents and other adults would describe her differently: *"My parents and other adults probably would be more down to earth. I just sort of mirror what other people's personalities are and shift mine a little bit."*

Rachel found academics to be difficult at times but enjoys being a student. She described her university as a *"home away from home."* Early in her college experience, Rachel felt lost as she questioned her major. As a result of failing exams her self-esteem was impacted, and her mental health took a turn. *"I remember crying for weeks about it, fighting with my mom a lot. It wasn't helped that I wasn't in the right major, so I was failing exams. I was really depressed."* One way that Rachel would cope with stress was through substance use.

When Rachel added alcohol to the mix it enhanced her social personality:

*"I'm more social and outgoing and I'll do anything. I'll go up to a random group of people and be like, "Hi, I'm Rachel, what's your name?" And if I don't drink, I probably wouldn't do that. I'm a lot more shy."*

As mentioned in her introduction, Rachel found fun in attending college parties. One way Rachel would have fun at parties was by climbing onto elevated surfaces. When Rachel would attend parties, she noted that when her alcohol related events occurred she was with people who she didn't know well *"They were really packed with a lot of people who I didn't*

*know... all of the spaces I was drinking at were completely new.*” When she would drink, Rachel had a strong self-awareness of what she needed, but this was often influenced by the input of others around her. The Social influence section will explicitly address this:

*“I was telling my friends, “I don't want to go into the game. I don't feel good. I want to go home.” I wasn't trusting myself to walk home alone, because that would have been even worse, probably. So, they were like, “We're just going to stay for one quarter.”*

Growing up Rachel wasn't especially connected to any religious authority, but in recovery Rachel has started connected with her higher power. In reflection on her near death experience of falling down a flight of stairs she shared, *“the fact that my head didn't smash on the floor when I fell down the stairs, because my friends grabbed my head, is my Higher Power through them, giving me a third chance.”*

Rachel is four months sober. She defines herself as the sober option in her sorority:

*“I am abstaining from alcohol. I am working an AA program, and I'm surrounding myself by people who don't drink. I've also been in situations where I could have drank, and I don't have the desire, or the need to participate in that.”*

### **Kelly**

Growing up Kelly had a strong internal drive. One characteristic of Kelly is her sense of humor. Throughout her life she utilized humor as an outlet: *“I have always since I think I was four years old used humor as my, inappropriate humor especially as my outlet and that is something that I just always stuck with.”* Part of this internal drive stemmed from wanting to make her parents proud: *“I've always had this internal monologue of trying to make them proud. I want them to be proud of me, I don't want them to be upset with me.”*

Young understanding of Kelly's substance use:

*"I remember sixth grade we had D.A.R.E come to our class, come to our school or whatever. And I remember every single person around me, maybe not every single person, almost everybody who I was friends with said, "I am never going to drink. I'm never going to do drugs. I'm not drinking until I'm 21." And I'm like, "I am. I am going to." And my friends were all appalled. I was like, you guys are on one if you think you're not going to drink before you're 21."*

Kelly wanted to be realistic about her substance use. Kelly learned from an early age that alcohol use something that is used to help you relax by observing her parents.

Alcohol brought out another side of Kelly.

*"I was known as a psychopath. I was known as a crazy person. I had no center, I was not in any way, shape, or form, sane. I did not try to control my depression or anxiety. I let it run rampant and whatever I was thinking it just came out. I would be two different people on a weekly basis. When I was sober, I was nice, I would do anything for you, I would put other people before myself because I specifically did not care about myself or the outcome of almost anything that happened in my life."*

Kelly's college experience began with her getting involved with a sorority. As mentioned earlier in Kelly's introduction, sorority life became an integral part of her college identity.

*"I was empty. I didn't have anything internally that was driving me. I was only seeking out external satisfaction from what I was wearing that night, from lanky frat boys texting me back. It was not sustainable joy."*

*"Being uncomfortable in your skin isn't a mandatory requirement of Greek life."*



One critical component of Kelly's identity comes from her academic achievement. Even while Kelly was engaging in her most risky drinking behavior she was excelling academically. Since Kelly used her academics as her litmus test for success, it was difficult for her to recognize how problematic her alcohol use had become since Kelly was achieving success in her academics - *"my only priority that I was able to sustain over myself, over my well-being, over self-care, over all of it, was school."* Kelly's drive to drive academically led her to utilizing study drugs so she would not lose the part of her that she valued so highly. Later, once Kelly had sobered from alcohol and other drugs and returned to school, what terrified her was her inability to rely on study drugs like Adderall as an academic support:

*"It was terrifying. It was very, very scary. It was something that I was very fearful that I was not going to be smart anymore. I doubted myself. I had a lot of fear. That was my understanding of what being a student was, was balancing, or what I considered balancing, partying and doing schoolwork on my off partying times."*

Kelly's desire to drink was unstoppable, and the below quotes provide another example of how Kelly's grades took precedent:

*"In the time that I was actively drinking at [school], I was not going to stop, there was nothing that could have made me stop. My parents were constantly threatened to pull me out of school. A threat wasn't enough. I was doing well in school. And as I said, that's the only thing I cared about. So, with my grades maintaining above a 3.5, I was fine, in my own eyes I was fine."*

*"Yeah, definitely rationalizing like rationalizing and then just the stubbornness. I'm like, "I just didn't like denial, refusal to believe that it was real and not like real*

*consequences were coming." Like I just continued to full heartedly believe that I was fine and that my drinking was fine since my grades were okay."*

Kelly identified the stark contrast between who she is when she drinks and who she is when she is sober: *"it's a fully different person coming not drinking than when I was drinking because my priorities are fully different. The amount of time that I spend allocating towards responsibilities is just fully different."* She described herself as a demon like animal who harbors anger and callousness:

*"Almost every night I would drink and become a different person that would single handedly destroy my life. And it was astonishing to see the [physical and emotional] damage that I could do in a weekend.";* *"When I was sober I was nice, I would do anything for you, I would put other people before myself because I specifically did not care about myself or the outcome of almost anything that happened in my life."*

Now that Kelly is living in sobriety: *"So I'm making sure that I'm really working on this year showing up for things that I've agreed on showing up for, whether that be people or appointments, or class."*

*"I was so motivated to perfect, because I could perfect school, I could perfect soccer, I could perfect lying to basically everybody to portray myself in this image of how I wanted to be portrayed."*

Prior to quitting alcohol, Kelly struggled with anxiety and simply thought that's how everyone's life in college was, *"I thought some people were just happy and some people weren't."* She thought that was how everyone existed, carrying around anxiety and distain:

*“These are all things that I genuinely thought was just part of life, like hating the way that I looked. I would wake up and just look in the mirror and just be like, “Fuck.” And I thought that was just how it was. And it's not. You have to put in the work.”*

Later in her college career Kelly began her recovery journey. Although it took her time to identify her complicated relationship with alcohol, in the end Kelly has made changes in her life that served her overall health and wellness:

*“You don't feel like yourself. You feel like your world is falling apart. You don't feel like you're being, you don't feel good about being sober. You feel horrible. Everything is horrible. You're sad, you're jealous, your emotions are over the place. Your whole brain's fucked up, everything's wrong.”*

In recovery, Kelly connected with her spirituality as she attended Alcoholics Anonymous more than she ever had growing up:

*“I always believed that there was something bigger than me, but I never had a very good relationship with God not for any particular reason. But it seemed to distant for me, because it was somebody else's conception of it and so coming into AA and having the freedom of forming my own conception, really in the beginning sounds silly, but I had to think of it while I was driving, I had to think of it as like somebody who was sitting in my passenger seat. I was just talking. I was just talking and hoping something was listening, and it was the easiest to do while I was driving. And then that was easier for me than getting down on my knees and praying.”, “So I always like every morning every night I pray for the, like every morning I pray for the strength to stay away from a drink or substance for next 24 hours then every night I pray for like gratitude just like I'm sober still.”*

## Peter

Peter's upbringing and international student status and the influence of his Mexican roots were explored earlier in this chapter. Peter set the stage for his sense of self when he described the impact of being brought up as a single child:

*I've always been a nice open person, but personally when it comes down to what I want to do, yeah my ego has always been above me. There has always been something about me. I was raised as a single child, so I'm not used to people telling me what to do."*

Peter has always been a high achieving student. Similar to Kelly, Peter's ability to maintain a high GPA resulted in his ability to mask his issues: *"My peak in high school, probably like my highest semester GPA, was like almost like a 4.0, 3.8 or something... so yeah. I was really proud of that. So yeah. But no one really knew... I guess it reflected on me, but no one really knew that I had a silent problem, other than myself. So that's why one of the things that I was so active, and I was always engaged in something."*

Eventually Peter's college alcohol use got in the way of his academics and extra-curriculars.

*"In high school I never really had any problems with drinking and school because I only drank whenever there was a party but in college it was a different story and it affected my academic life and my athletic life to a bigger extent because it was more readily available and there was no jurisdiction that told me not to drink."*

*"When I saw that I got Cs and stuff on my exams... I've always known that I could get As and stuff, but I didn't do enough. I guess, I was always doing the minimum because I was way too upset."*

Peter worked and played hard, meaning that he was driven as a student, spending time in the library as well as engaging with the party culture: *"I'm going to keep my routine, just keep partying, Thursday, Friday, Saturday. Actually, I spent a lot of time in the library and stuff"*

Peter's balance of work and play took on a fearless quality: *"that's how I felt to some extent. That I had nothing to lose with this. I was pretty fearless. I was like, "Whatever goes, wherever God goes." That's how I face my consequences."*

Peter's frequently described himself as intense, someone who liked to push his limits. This tendency to push his limits extended beyond its early manifestation in the classroom and on the soccer field and into Peter's alcohol and other drug use. Peter later connects his intensity to his anxiety. The next theme, emotion management, provides additional context of Peter's anxiety related to his intensity.

Peter's intensity occurred in the classroom, on the soccer field, and in the college drinking culture:

*"I was also intense when I had to be, like academics, soccer. When I was on my shit, really, I was intense", "I've always liked limits, beforehand, and I just took things to an extreme. Well like if in my academic life I want to go to an extreme, in my athletic life I want to go to an extreme, I guess I took that for drinking", "Like I said before, in a lot of things, I like to take it to the limits", "I used to reach the limits. And overall, I am a fearless person, I would say. I'm more like, "Oh, there's like a challenge or something in my way." Somehow I'll knock it out of my way."*

This intensity led Peter to interactions with law enforcement. True to Peter's nature, he had intense feelings about law enforcement as well, *"All the cops... they're such assholes, all of*

*em. They don't even care. They just care about putting people in jail, that's it. That's all they care about."*

Peter on his fraternity:

*"And besides say partying, there's other things that also keep me entertained. I feel like it's almost a hobby, something I enjoy; with recruitment, meeting other people, learning about them and being a role model for new recruits and stuff. I guess, there's trying to grow socially, personally, and academically."*

Right now, Peter is abstaining from alcohol use. While entered recovery and taking ownership of alcohol's impact on Peter's life, one of his main fears was that people would pity him, *"For me, one of the hard things that I didn't want people to have pity on me just because I was down..* One consequence of Peter's alcohol use was having to stop playing soccer:

*"I love soccer and I wanted to continue to play soccer in college. That was my main one and I guess I had like a dream of making it into some top leagues and stuff and probably my love for soccer more than anything else. So that's how I got into [my old campus], and I transitioned to [my new campus] because soccer didn't work out as I thought it would because definitely alcohol played a role in there"*

Over time Peter was able to harness his intensity to build confidence in his ability to recover from his misconduct. *"Thinking about [recovery] that way, it definitely brings out that motivation for change. Kind of like I told you competition wise, I feel like I'm losing in life. So, I'm trying to get back into life."* Peter goes on to share that, *"I've found my courage again to face things."* In interviewing Peter, it became clear that shame was something he was trying to avoid both during his alcohol use and after in sobriety.

**Jason**

Jason grew up as a non-denominational Christian. Jason's identity as a Christian established his locus of control. Academically, Jason started off well in his first and second years of college. His grades took a hit during his peak alcohol use, but returning to school after rehabilitation, he managed to work hard to earn straight A's.

*"Last semester was my first semester back. I had not a very good GPA throughout the first two or so years. Then my first semester back got straight A's in all my actual harder so to speak classes. So, I would definitely say I'm a very motivated person, very hard working once I got my stuff back around."*

Coming to college for Jason began with the realization he would be unable to play baseball. As discussed above in Jason's introduction, this led him to joining a fraternity after feeling a bit lost once baseball was no longer an option. Jason is a first-generation college student and the messaging he received was simply that going to college *"was the thing you do."*

*"For me I had opportunities to play college baseball. I just thought it was the thing you do. All my friends were applying to colleges. I was like, all right well I guess I'm going to college."*

Although he had hoped to play baseball, this dream did not occur since Jason acquired an injury: *"I had a shoulder injury though that prevented me from continuing to play."* This forced Jason to select a college for reasons other than baseball, and due to his mother working at a college he decided to choose a school where he had a tuition discount. Jason on beginning college:

*“I was very lazy in school, and just not very motivated to do anything. But I'd always been a motivated person; sports, academic, whatever.”, “I always knew that growing up, but then you got to college. I didn't even really expect to graduate. I couldn't see the next step because I was so involved and so enveloped in using, drinking at the time. There was no desire to have anything special that requires work whether that's good grades, good relationships, or anything. At the time I couldn't see past the next time that I could get drunk or high.”*

Jason's journey ultimately ends with rehabilitation from alcohol and we learn how after several rounds of rehabilitation, Jason has become anything but lazy:

*“Even with this whole thing going on (COVID-19) with school it's okay with me. I'm not one of those people that needs to have a babysitter specifically like a teacher to make sure that I get out of bed to do what I have to do.”* Since recovery Jason has become less social. Rehabilitation allowed Jason to reflect that, *“I was really just realizing that I am capable, I just wasn't applying myself.”* Through attending AA, Jason internalized some of the values without completely sticking to the AA program.

The repercussions section will explore this more.

Jason described himself as active, humorous, intelligent, while also acknowledging that he struggled with anger:

*“I have a very active and very unique sense of humor. That's just how I deal with most things, through humor. I have a little bit of a temper sometimes. That's for sure. It's something I always try to work on though still. I would say I'm smart. Most people, they tell me those things and I'm like, “Eh, no,” you know? A feeling of that imposter syndrome thing.”*



Similar to Peter, Jason self-described as intense, *“I would say I’m very intense, intense meaning like when I feel strongly towards something I deliver it with as much passion I have whether it’s working, literally working, schoolwork, exercise.”* Jason noticed how his intensity interacted with his substance use:

*“My intensity, my passion, when you put that into drinking stuff happens. You drink too much and you do things that you shouldn’t do, or drink yourself basically dead. Yeah, absolutely. I just didn’t know how to manipulate or use those parts of me for good. I was investing it all into using and drinking.”*, *“I’m intense, so when I’m drinking I’m either very intense about just having a good time, I’m very intense about doing something stupid like breaking laws and stuff like that just for fun. I’m also very intense with my temper.”*

He balances his intensity with compassion and empathy:

*“At the same time, I would say I’m compassionate, empathetic towards others. There’s not a whole lot of things where it’s like something happens or something is said and I’m usually thinking, Okay, but why? This person said something they shouldn’t have said. I don’t know, did they really mean it like that?”*

Jason reflects on his sense of self and what it’s like to discuss his personality:

*“I was always kind of that person that would do whatever I wanted, unless someone could control me not doing it, I was the one who’d be like, “who are you to tell me?!”*  
*“Some of this still makes me a little uncomfortable to talk about, but not because I’m embarrassed, but because I don’t want... I still have that worry of my own image in other people’s eyes, which is always wrong. I always assume this person feels or thinks this way, and they end up never actually feeling or thinking that way.”*

## Emotion Management

Emotion management is a theme that emerged that directly relates to Chickering's second vector of the ability to manage emotions. As participants experienced a range of emotions through their experiences, they are tasked with becoming aware of these emotions to learn how to manage them. Chickering points out the difference between self-awareness and the ability to self-regulate emotions (Chickering & Reisser, 1993). Emotion management emerges from the participant stories in the form of their self-awareness, reported emotional impact, feelings, and mental health self-report.

### Rachel

Rachel's alcohol use behavior impacted her emotions and her ability to manage her emotions. Rachel lacked awareness of how severely alcohol and the results of her alcohol-related events were impacting her life: *"I didn't think I had a problem until I ended up in the hospital the third time", "I felt like I didn't have a problem, and that everything was okay."* Over time Rachel's awareness has expanded to include contemplation of how her behaviors and thoughts impact her emotions:

*"[I've become] more aware of my surroundings, and how things impact me. I've been able to be more in tune with my thoughts and feelings, rather than just acting on emotion. I just sit down, and sort of play everything out, or I'm like, "This isn't the end of the world." Even though there's corona going on, like, "You're probably going to survive." And just being more levelheaded. It's just sort of helped me think about my actions, and what I did leading up to those actions."*

Prior to achieving her awareness, Rachel's numerous alcohol related incidents took a toll on her emotions. As Rachel reflected on her incidents during her interviews she became tearful:

*"I get really emotional thinking about them. It... I'm trying to think of the right words... It's been really traumatic. Each time, waking up in the hospital, I'd get more and more used to it. The third time I woke up, I was like, "I know exactly where I am. Of course, I did this again." Wasn't even really phased by it, except for the fact, I messed up.... The second time, I again woke up with tears running down my face. I wasn't freaking out as much, but I was like, "Are you kidding me? Seriously, Rachel? What's wrong with you?" ...It deeply hurts me to know that I've put myself through that, and poisoned my body to the point where I needed to be hospitalized, especially with all of my health issues. It hurts to see my friends and family, who used to trust me with everything, take away their trust, and I have to work to regain it. It hurts to see how much I've affected my own life."*

For Rachel, sadness stands out above any other emotions when reflecting on her incident.

Rachel shared that her events resulted in trauma for several reasons, the first being her lifelong fear of law enforcement and her trauma experience in hospitals:

*"I remember there was a police officer that came in and talked to us; hated that part. I'm deathly afraid of police officers. It's been a thing since I was a kid... I was terrified. I was like, "I don't want to go to jail. What if I do?"*

While reflecting on her numerous hospitalizations, Rachel shared how her emotions have taken a toll and have traumatized her:

*“It's sort of like ... I don't want to use a word if it's wrong, but it's sort of like PTSD. If I go back there, I'm probably going to start remembering things, and it's going to make me freak out. I don't feel comfortable there, because a lot of bad things have happened there... The first time, I woke up crying. I didn't know where I was, because I hadn't been to the hospital at that point. I found out and my heart literally dropped. I was like, “I really screwed up.”*

Rachel’s emotions have a history of overcoming her:

*“I was in the middle of campus, literally having a full-on meltdown, having a panic attack [after receiving a police citation]... That one was really rough. I remember crying for weeks about it, fighting with my mom a lot. It wasn't helped that I wasn't in the right major, so I was failing exams. I was really depressed.”*

The context surrounding Rachel added insult to injury as she struggled to feel a sense of belonging both inside and outside of the classroom. Later we’ll learn more of how Rachel’s social life took a toll on her alcohol use and consequences of her alcohol use, including these difficult emotions.

### **Kelly**

Kelly’s emotional awareness changed over time. She had several moments where her awareness was really apparent. The first example of her emotional awareness stems from noticing her reluctance to attend alcohol related education sessions, *“I was so reluctant to go because it was forcing me to take a look at myself”*. This reluctance impacted her ability to look inside. We will explore this reluctance more throughout the themes. Looking back on her experiences Kelly is aware of what is in her control and what is not, *“I can't control*

*other people, I can't control my thoughts, I can't control. Honestly anything I can only control how my thoughts play into actions and how I react to situations and that's it."*

Kelly's emotional mindfulness hadn't always existed, Kelly was impacted by her emotions in many ways unconsciously. Kelly was emotionally impacted by her numerous alcohol related events. When she discussed her emotional reaction, she highlighted how each time included tears:

*"I was pulled over by a cop who was standing outside of the stadium. And he kind of looks me up and down and was like, "Are you drunk?" And I was, "No," and then I was slurring and I started bawling my eyes out, scream, crying, and my roommate who was less drunk than I was, or maybe she was, she just was able to be coherent at the time.", "I could not stop crying", "So when the cops came on the ambulances and all that, and they took my fake, and I remember standing, I remember walking myself into the ambulance. And I was screaming, crying. I was like, "Please don't do this. Please don't do this."*

Her feelings of sadness and frustration were even more exasperated when her parents found out about her alcohol related events, *"I got that text and I fell to the floor and was hyperventilating crying."* Kelly reflected on the emotional impact, *"I was so resentful. I was so mad. I was so agitated that I couldn't do what I wanted."* – Kelly on her parents discipline

Kelly's alcohol journey came with a lot of pain and frustration that impacted her overall emotional wellbeing. Kelly put it best when she shared:

*"It's always difficult to think about the pain and the just the worthlessness that I was feeling for that long, I really didn't understand why I was constantly fucking up, it felt like. I just constantly felt like I wasn't good enough or I constantly felt, okay, I could*

*be doing well in my grades but I'm not doing well in any other point in my life. I wasn't getting attention from boys, I was constantly messing up my friendship, so I was constantly getting in legal trouble. None of my other friends were getting legal trouble, I was just this delinquent running around where when I got ready and I put my makeup on and got dressed I felt like this pretty girl that I could be a good person. And I just kept on putting myself in situations that didn't let me successfully do that for years.*

When Kelly began her recover journey, emotions that she had tucked away for years emerged. In her recovery journey, Kelly took the steps to sober, and once sober to feel and experience her emotions from her event. Kelly was able to look back and see how her alcohol use and subsequent behaviors made her feel, *“It was embarrassing. It was humiliating”*. She goes on to discuss the emotions she experiences getting sober:

*“You don't feel like yourself. You feel like your world is falling apart. You don't feel like you're being, you don't feel good about being sober. You feel horrible. Everything is horrible. You're sad, you're jealous, your emotions are over the place. Your whole brain's fucked up, everything's wrong.”*

Kelly's sobriety came with many steps, one step was reintegrating to the campus community, and this brought up anger at first, *“I'm having more good days overall this semester, last semester was also my first semester back at school sober, so I just was angry.”*. Her anger towards sobriety was eventually overshadowed with the benefits she noticed. But over time Kelly notices the overall benefit:

*“I feel really good. I definitely feel like some days are harder than others. Some weeks are harder than others. Sometimes it just hits me out of nowhere and I don't*

*want to do anything. But maintaining consistency is one of the most important things that I've heard from podcasts, random quotes, random things, just remembering that I'm not alone. There are things that I can be doing every day all day to center myself, keep myself in check, in line, on the beam. When I get off the beam, not beat myself off. There's so many things that I never took advantage of while I was drinking because I was never aware of it. And when I chose to be aware of it, I ignored it. So being aware and proactive about it has changed my sobriety for the better. And then in turn my life has improved immensely.”*

I asked Kelly how she would cope with her emotions prior to sobriety, to which she shared:

*“I wouldn't I would drink. I didn't let myself feel emotions whether that be happy sad, excited, proud, jealous, grieving. All of it. All of it was alcohol. It was, you did well on an exam let's drink. You did bad on the exam, let's drink. You're stressed let's drink. It was anything. You have some time to do nothing let's drink. It just was all of my emotions directly went to, "Well, who's coming out with me tonight?"”*

Kelly’s mental health history stems back to childhood where she reported having *“extreme anxiety and bouts of depression”*. Her anxiety initially stemmed from thoughts of wrongdoing or disappointing her parents: *“Thinking that I did something wrong has always run rampant in my brain, especially with my parents and thinking what if they know?”*. Skip forward to Kelly actually doing things wrong, binge-drinking and engaging in risky behaviors, and we can deduce how her alcohol use and anxiety were coupled:

*“I had no center, I was not in any way, shape, or form, sane. I did not try to control my depression or anxiety. I let it run rampant and whatever I was thinking it just came out. I would be two different people on a weekly basis.... I would wake up on*

*Sunday with crippling anxiety of not knowing, having no idea what I did over an entire 72-hour period because I was blacked out for about 50 hours of it."*

The problematic nature of alcohol in Kelly's life was not lost on her, yet she chose to numb:

*"And so once you realize that, "Okay, I don't have relationships with people or myself anymore," you realize, "Okay I have a problem. This is a problem," because all you want to do is drink, you don't want to go work out and be like, "All right, let's go and try to get rid of this anxiety. All right, let's go work out," like, "No, I want to black the fuck out immediately.""*

At its peak intensity Kelly contemplated self-harm:

*"Nobody has like a razor handy and I think I... It was either from a pencil sharpener or dull scissors I tried to self-harm myself as quick... Just like as severely as I could, on the floor of my room, my dorm room with whatever I could find. And nothing was working because nobody has... And then I was so mad at myself. I couldn't even do that right. But I did it enough to point where I realized that I needed somebody with me."*

In reflecting on her experiences with her emotions Kelly shared, *"You need to prioritize your mental health, your physical health, all the things that you can do to grow."*

### **Peter**

It took time for Peter to gain awareness of how beneficial addressing his emotions and becoming aware of his emotions would be for his overall wellbeing. *"It just took way more motivation for me to change the way I was behaving, because I didn't really feel motivated to act different"*. Tapping into Peter's motivation would become critical to his overall behavior change.



One example of how Peter's awareness began to shift comes from his experience attending mandated BASICS education:

*"You know before I went there it was like, "Oh, shit. This is boring." But then, once I got there, it was like, they talked to me. Most of the time it was like counseling, right? And just going through my thoughts. They've even reminded me about all kind of occasions, drinking awareness. But I guess that kind of cleared up some things for me along the way. Of course, it's not the necessary amount I needed to change my style of life, but it definitely made it more clear, the consequences."*

Peter's emotions influenced his substance use, *"Anxiety definitely led me to smoke weed and drink alcohol, just to relieve some of the emotions I had."*, just as his substance use impacted his emotions, *"I was more sensitive when I was drinking. I became a little bit more sensitive to things, but yeah, that was about it."*

At first getting in trouble didn't worry Peter. *"At the beginning of when I started getting in trouble and stuff, I don't know, I felt it didn't really mean a lot to me. I don't know why, it's just the person that I am."* But over time he noticed the impact of his alcohol use behavior on his overall wellbeing:

*"I guess [my use] really complicated things, just like my perspective of life. It really changed it, as in I felt like I was a bad person to some extent."*, *"I definitely learned from [my incidents]. I guess it scared me in a way. I reflect a lot of upon these past two years. Yeah, a lot of emotions come up like shame. I don't know, basically shame when I think of things that I did. It's like I wasn't on the right path."*

The same that Peter felt let to him feeling like a failure:

*“I would say like failure. And yeah, I mean, once I think upon those it's more like the emotions that are keeping me from engaging in that kind of behavior again because I don't want to feel like that. And, I realize everything I did just held me back from where I'm supposed to be now.”*, *“It was hard I guess for people to come around you and say, "I have a problem." Yeah. You're never calm in your emotions like that, whatever emotions you have, whatever is holding you back from realizing that what you're doing is wrong. Mentally, that's the hardest part.”*

Despite feeling shame, Peter pushed through these feelings by finding the courage to be vulnerable about his feelings.

*“And it's hard to find the courage, but I mean somehow it's possible. You just need to have the will do it. You need to be smart about it even though you started... For me and for many people I guess, it just started with, "It's nothing," and then it became something really big. So, it's like jumping in a hole and it's... Many people are going to have... For me, one of the hard things that I didn't want people to have pity on me just because I was down.”*

Peter primarily experienced the feelings of anger and shame. When Peter would drink, he would escalate. *“[If] someone insulted me or something or pushed me, I would overreact and be like, what the fuck's your problem?”* This anger led to conflict that would at times involve law enforcement and subsequent consequences:

*“I'm just right there sipping a beer. And my friend was just there as well. The cops come in and were like... one cop was like... I don't know, he pissed me off as well.”*, *“I was pissed because I feel like they just wanted to get money out of me.”*

In one incident, Peter described how his feelings directly connected to his behaviors:

*“This dude was threatening me. Like, “I want to fucking shoot you.” He was taunting because he was like a drug dealer, I guess. Weed and stuff. Yeah, I was pretty angry, also like anxious, because I actually have anxiety problems, and I’m very defensive. That’s where my anxiety revolves around, like me being defensive. So I grabbed a knife, for self-protection.”*

When I asked Peter directly what feeling stands out to him the most as a result of his events, he shared, *“Angry. It makes me angry to think about it.”* Peter shared how his feelings would range from mild to severe:

*“Also, in my life I had... I’m not bipolar or anything but I’m like sensitive to some things and it’s like I go from zero to like 100, kind of, when something makes me angry and I guess like my anxiety has gotten worse maybe because I’ve stopped playing soccer, not really sure but I definitely feel like my anxiety is worse now than it was before. It’s like more real, like crazy thoughts. I never acted on them but definitely like crazy stuff, hypothetical stuff just happens in my head, what I would do.”*

In Peter’s introduction we learn that he hid his *“silent problem”* of anxiety by immersing himself in activities such as playing soccer. He *“didn’t really think it was necessary for people to know”* about his anxiety and instead hid it away from his family and friends. Peter reflects on how he is now more accepting of his anxiety, but it wasn’t always that way:

*“I feel like, right now, I think it is a part of me. I identify with it. I’ve been treated for it with a psychiatrist, recently, so I’m taking medication for it but beforehand, I was just going with it with natural ways like exercising and stuff. Soccer was good for me. I’ve always had this tendency through my whole life to bite my fingers and that’s*

*something that hasn't stopped. Whenever I'm nervous or something, I bite my fingers.”, “But before, I was really into soccer, scoring and everything. Super intense guy. Still social, but just very intense. I guess when my anxiety went unchecked. I just let it all out in soccer.”*

Peter noticed how his anxiety trickled into several aspects of his life, *“In sports my anxiety? That energy becomes competitive mentality. Studying? It's just like afraid of failing or something. Just never reaching my academic goals. Social life? Always worried about giving a good impression.”* To cope with his feelings, Peter turned to substances: *“Anxiety definitely led me to smoke weed and drink alcohol, just to relieve some of the emotions I had.”*

### **Jason**

In discussing emotion management with Jason, it became clear that he had an advanced understanding and awareness of how emotions influence and inform his self-awareness:

*“I could just say it looks like someone I wouldn't be able to give an accurate assessment on that. I would say that there's this thing that you learn about I'm sure you know and every psychology course they talk about an internal and external locus of control. You can tell if someone doesn't seem very centered in themselves. If they sound like to me, I can kind of feel maybe I'm a little bit tooting my own horn, but I don't feel people can get over on me. If I feel someone has this baseline intent, and they're kind of sugarcoating it with certain words. Like say someone is pretending to be interested, and you kind of know they're not interested, I'd kind of get that feeling, that type of sense of people when I'm talking to them, and to me, it's more like the people that they might even lose their temper about something, and I don't think of it like, okay, well, he's an asshole. He just did this. I think okay, so something happened*

*before this. Something's making you feel some type of way.”, “Often times I really need just time to think about it because... I try to see the complexities in a lot of situations and stuff, and once I see that then I don't... Then my mind just doesn't... Like, okay, well it's an easy answer because it's like, no, think about it. And after I do that, that's usually when I calm down.”*

Jason’s alcohol use was underpinned by anger, especially anger towards his father and how he was treated growing up, *“I was very angry for years, years.”* Jason’s anger would turn inward as well as outward towards others:

*“And sometimes my anger is directed towards others, but a lot of times it was directed more towards myself, which would be at my head and start thinking these angry, hurtful thoughts about myself, which would make me drink more.”, “So that was definitely a common variable after every incident and I definitely think that similar feelings of just anger or resentment definitely fueled just about all of those incidences, especially the fights”, “After the fact there was a lot of things that as a kid I had never gone over, addressed or even just repressed them for so long that just tipping that out of balance a little would very severely escalate any feelings of anger or depression or sadness.”*

Having to confront his anger as a result of his incidents he was able to see his emotional needs, *“That changed then. Then obviously there was a lot of resentment on my end, and a lot of emotional needs that I wasn't even aware of.”* This was how Jason began to notice that something was wrong:

*“[My feelings] didn't really even come up in a conversation until I started using drugs and was getting in trouble. Every time I would get in trouble I was usually very,*

*very under the influence of something. When my mom or my dad would be picking me up from the hospital or wherever it was like, that was my moment of, "Oh, my god. I've had all these feelings for so long and I didn't get to share them, so here it is."", "When I would drink it would exacerbate both the drinking, and the drinking would exacerbate the problem. And I think that was just a lot of insecurity. Just real deep things that you don't really address if you don't go to therapy. I had a lot of stuff with my dad growing up, some stuff with my mom, not so much. And then just a lot of stuff that just framed my thinking around being insecure and protective of my ego. So, every time I would be drinking to access or whatever, and basically that ego of mine would... And my insecurities would come out as anger, almost every time.", "Monumental feeling of low self-worth, which it was definitely probably something that I was struggling with before I'd started using any drinking. But it was always... I had always pushed that down very far and just had this big ego about myself. Probably to protect those feelings as my mental health was just deteriorating and all of that was coming to the surface.", "A lot of those crazy feelings and emotions, they either go away and you're in the clear or they don't go away and you really have to address something."*

Jason had to grow up quickly in the home and to service his hostile homelife he had to wear a mask to the world, a mask he carried with him into his young adulthood:

*"I never wanted, always shoulders back don't show emotion type of guy. But then once I didn't have to wear that facade, then I realized, okay, shit. This is a little bit deeper than just wanting to be cool, you know?"*

Prior to recovery, Jason shared that he was willing to take risks simply to feel something, *“I'd taken a couple opiates, opioids or whatever, but I never really particularly liked them. But if I didn't have anything else I would use those too just to feel something.”*. Looking back Jason is able to see how his feelings of inadequacy influenced his emotions:

*“Really just kind of, probably just baseline very primal feelings of inadequacy that I didn't know at the time what was going on, but looking back, I can kind of point out the, I'm not as typically angry person, but when I do get angry, or I used to I would really blow my top and it would just kind of be this lack of control tantrum thing but when you're a 20 year old adult male, a tantrum can be pretty violent, and that's just kind of how I saw it.”*

Jason turned to alcohol to cope:

*“Obviously there was the physical and just mental dependence, but it was emotional too because using and drinking could very easily make those feelings a little bit less sharp. But it usually ended up coming out as anger.”*, *“I mean, alcohol kind of loosens you up but I had a lot of pent up family stuff, childhood stuff that I'd never really addressed.”*

Now that Jason is in recovery, his feelings have changed:

*“I'm a lot more, I don't even want to just say happy because that's too generic, but it's like I'm a lot more functional in most aspects. For that whole time I was in school I felt like a loser in all aspects of my life.”*

The anger still lives inside Jason, but he is in control:

*“Like I said there was a lot of unresolved anger from a lot of different sources, and I've worked hard to communicate those with the people that I felt needed to hear and*

*I've worked hard to listen as well.”, “And my temper has definitely been reduced [in recovery], especially for just random annoyances from people”, Well, I don't necessarily do anything specific to cope in the moment. Sometimes maybe I'll step away, take a few deep breaths, but a lot of the time I try to just do more healthy behaviors throughout my day.”*

Jason contrasts this with his prior feelings of shame and embarrassment: *“When I was drinking and using this stuff, I was just tremendously embarrassed because I only thought that people would look at me and they'd have that feeling of contempt for me.”*

In one extreme moment for Jason he felt his life was over and contemplated suicide: *“So it was a pretty steep list (of consequences) then I was basically just kind of given up then I'm like all right, well, I guess I'm going to jail my life's over blah, blah, blah.”* After being arrested and contemplating suicide, Jason began to take medication for mental wellness: *“That's when I started actively taking medication and stuff for my anxiety and depression.”*

In his mental health journey, he was able to look back to his past experience and notice their impact on his mental health:

*“After the fact there was a lot of things that as a kid I had never gone over, addressed or even just repressed them for so long that just tipping that out of balance a little would very severely escalate any feelings of anger or depression or sadness.”, “I think it definitely has something to do with where you're at mentally. If you've got something going on, whether it's childhood trauma, current stress, whatever it is, those things will make you drink past consequences, things that are recurrent, things that don't go away even when you do drink”*

Jason goes on to share how his incidents ultimately helped him in the bigger picture:



*“It's definitely helped, I would say, my conflict resolution and just honestly my patience and ability to deal with stress, kinda putting things in the bigger picture. It's a lot easier now, I would say, to not make mountains out of molehills. I mean, that was a lot of my anxiety too then. So, I would say I'm pretty, pretty relaxed in comparison to then. I think I definitely deal with stressors exponentially better.”*

### **Cognitive Control**

Cognitive control as a theme relates to the Dual Process Model and to Chickering's second vector of managing emotions. Cognitive control connects to the Dual Process Model considering the function of the brain and its ability to regulate behavior and engage in control (Casey et al., 2008; Steinberg et al., 2008). Within the theme of cognitive control include participant thoughts, cognitions, reflections, and decision-making. The codes were comprised of participant self-reported thoughts and processing about their cognition and their ability to rationalize. Each participant shared their story of cognitive control.

#### **Rachel**

Rachel's cognitive control has evolved alongside her alcohol use behaviors, or lack thereof. This section on Rachel's cognitive control will highlight her cognitive growth. As we began to explore in Rachel's emotion management section, it took time for Rachel's alcohol related events to impact her feelings. This impact prompted her to think about her behaviors:

*“The first and second [incidents], I was like, "This is not my fault," when it clearly was... looking back, I realized that it wasn't 100% my fault, but it wasn't 0% my fault... The other two incidents, I think I, myself, influenced it. The first one was like, "It's my birthday. It's time to have fun, celebrate making it to 18.”*

Rachel was unable to recognize her role in her alcohol related events at first and therefore justified her consequences:

*"I felt like I didn't have a problem, and that everything was okay. The first incident, I was 99.8% sure I was drugged. So, it was like, "Oh, that's the only reason I got [cited]... [because] I was thinking in my head, "I don't have a problem," it (the severity of her situation) didn't really stick.... so, it didn't really hit in my brain that, "You shouldn't be drinking 10 shots in a night."*

Rachel's decision-making has been impacted by her numerous alcohol related events. Even though she is living in sobriety, this is a recent choice and it comes with challenges. When making decision Rachel generally likes to reflect of whether her decision *"adds any benefit to my life versus if it like sorta ruins my life"*.

In connecting with her recovery community, Rachel has recently utilized positive peer influence to help inform her decision making.

*"I like to figure out how I'm feeling first, to get an idea of where my mind is. Then I like going to talk to some, multiple friends, instead of just one. I'd talk to four girls in the CRC or whatever, and be like, "Is this a good idea?" If they all say no, then no. But it's mainly up to you, for you to decide what you want to do or not to do"*

Since Rachel is able to acknowledge alcohol's impact on her decision making, she now tends to take time to explore her options before deciding on a decision: *"If I'm not drinking and someone randomly invited me to a party, I'd be like, "Probably not." Trying to make good decisions here."* This decision making applied to her friendships and to dating. Rachel shared her decision making process in related to hanging out with a perspective date who heavily utilized substances such as cocaine:

*"I'm trying to surround myself with people who make good decisions, and who will benefit my personality, and benefit me, and not make me a worse person, which would be if I hung out with him."*

To make this decision Rachel consulted with peers:

*"I was like, "I really like him. I could go over there, and he could do it, and I can't. I can, not." I talked to my friends and they were like, "Are you dumb? First of all, what if he [overdoses] or something, and then you have to call the police. You can't handle police, Rachel." - second of all, if he dies, you're to blame." They were like, "Third of all, you could do [cocaine], and that's not good." I was like, "You're right." I knew they were right, but I wanted to hang out with him, so I made an excuse, and I keep making excuses, and now I just want to cut it off."*

In sobriety Rachel has been able to notice the contrast of her cognitions before and after alcohol:

*"At the time, I was like, "This is the worst thing in the world." And now I'm like, "I can use this to like my advantage." And with my career choice, I can use my past information to help people rehabilitate themselves, basically."*

Further, Rachel has successfully been able to emotion regulate through being rational in her thinking:

*"I've been able to be more in tune with my thoughts and feelings, rather than just acting on emotion. I just sit down, and sort of play everything out, or I'm like, "This isn't the end of the world." Even though there's [COVID-19] going on, like, "You're probably going to survive." And just being more levelheaded."*

It took Rachel time to acknowledge her role: *“It was like third time's a charm. It finally stuck in me that there's a disconnect going on. I also didn't realize it until I looked back at my drinking history and saw all the problems there were”*. As Rachel described it, *“it's sort of funny to see how you react, or how you act when you drink, versus viewing it sober.”* The next section will walk us through Rachel’s risky behavior and takeaways in the upcoming sections.

### **Kelly**

In sobriety Kelly, like each participant, is able to reflect on their lives with and without alcohol:

*“I just kind of group the two time periods as drinking and not drinking, because it's a fully different person coming not drinking than when I was drinking because my priorities are fully different. The amount of time that I spend allocating towards responsibilities is just fully different.”*

The difference between these time period for Kelly help us understand how her cognitions evolved over time. I’ll begin discussing Kelly’s thought about her life with alcohol:

*“While I was drinking I was a full time going out person. Full time partier and then part time student. And now I'm a full time student and also I'm a full time in recovery. And under recovery I have self-care, sleeping, eating, going to the gym, human things. While I was drinking, all of the things that I just mentioned under recovery were not on my radar. I slept in my makeup, I didn't understand the concept of washing your face or skin care. It was things like that. My bed was never made, I never washed my sheets. It was all things that were, I thought, while drinking, were unimportant because I was going to class. I was submitting my assignments and I was*

*taking my exams and I was doing well on them. So, since those were the only things that I was prioritizing, my self care and the importance that I had for myself as an individual and as a human was irrelevant. It was not present in my life.”*

Kelly described the contrast between her sober self and her drunk self-prior to sobriety:

*“When I was sober I was nice, I would do anything for you, I would put other people before myself because I specifically did not care about myself or the outcome of almost anything that happened in my life.”, “[Even] while I was drinking I would go out of my way to be there for everybody I could possibly be there for because it would lessen the amount I had to think about myself”*

But add alcohol to the mix and Kelly experiences a Jekyll and Hyde persona: *“This subconscious animal comes out of me and just runs rampant.... a demon. She's scary. She does things I've never thought about doing. She wants what she wants, and she goes and gets it. It's a scary scene.”*

Looking back on her during and after alcohol Kelly shared:

*“I can see myself succeeding in my future only now that I'm sober like I cannot, I would not be able, I would not have gotten to chiropractic school, I would not have been able to graduate college, like there are so many things that I would have stood in my own way if I had continued drinking.”, “It's crazy to talk about because as far away as it seems it was only a year and a half ago it really wasn't that far, it wasn't that long ago. And I just feel like it was years ago. It feels like it was a lifetime ago”*

Kelly's thoughts around her alcohol use often served the purpose of justifying her behavior, *“No part of me saw the validity in stopping. I heard them but, okay everyone else is doing it, why can't I? Why can't I just keep trying until I get it right?”*. She goes on to share,

*“I wanted to feel good and my brain saw alcohol as that key.”* I asked Kelly what she felt put her at risk for engaging in risky alcohol use and she shared:

*“I think my willpower, like I really think it was my internal willpower and like my internal drive, I remember mentioning that when I was in that room of like I was in a fraternity and all I could hear was my internal dialogue saying like, I identified where all the alcohol was and then saying like, “Why aren't you drinking? You're out. You're dressed like, no one's going to judge you if you're drinking because everyone else was drinking. Like, you know, you're not drunk, you know you have one more drink, you're not going to be blacked out like just drink. It's okay. Just drink.... all I could think about was why aren't you drinking, everyone else is drinking. No one's going to look at you differently if you drink some more, you should be drinking, you're out. Why aren't you drinking?”*

As Kelly gathered police citations she cognitively found ways to justify these events in her life: *“But those quote unquote “weren't my fault”. I was in the wrong place at the wrong time, all those things”*. She would make excuses and blame her events on others. *“Mom, this is not my fault. This is not my fault mom.”* Kelly was quick to justify continued high-risk alcohol use by quickly discounting her role in her citation history, *“Sophomore year I didn't get any [citations]. So, I was just like, “Okay it was just bad luck so let's fucking go.””* She also compared her actions to her peers:

*“Like if I was a boy and I lived in a frat house I wouldn't have under ages, that was my mindset for like a whole year. I was like, “Well, if I was a boy and I lived in a frat house, I probably wouldn't even have under ages.”*

The social influence section will address the influence of peers.

In retrospect and after taking psychology courses Kelly shared her understanding of how her cognitions connected to her addiction, *“I believe my dopamine pathways just hooked real fast and changed while I was young, so it was something that I craved often and at a great magnitude.”*. Her addiction became most clear for her when describing this experience at a fraternity party:

*“And there were three people surrounding me sitting and they all were talking to me at each other, like they were having a conversation, which I was supposed to be involved in, the whole room was filled with people. The music was blasting, it was like a very closed environment. So, it was a very, like actively talking environment. It wasn't a dancing where you're going to be speaking like everyone was talking to each other. And I was not drunk. And I remember very quickly I was like, "I wonder if there's alcohol in here." And then my brain, literally, I scan across the room. My brain was like, there, there, there and there. I literally just spotted the handles like it was. I knew where the handles were, I didn't know who was in the room or what was talking about, what was being talked about, or what was being played.”*

Kelly can identify how her sense of control has changed over time. This began with her sense of academic control, *“The only thing that I can control are my grades.”* And since Kelly was in control of her grades she had difficulty accepting the detrimental nature of alcohol in her life:

*“Definitely rationalizing like rationalizing and then just the stubbornness. I'm like, "I just didn't like denial, refusal to believe that it was real and not like real consequences were coming." Like I just continued to full heartedly believe that I was fine and that my drinking was fine since my grades were okay.”*

In sobriety Kelly's sense of control has shifted and that her personal control is something she shares "*between me and [her] higher power*".

*"The strength to be able to stay away from a drink, drug or substance for the day. And that is what I have found has worked the best for me. And that's what I have control over. I have control over asking for help.", "I can't control my actions and that is basically it. I can't really control, I can't control other people, I can't control my thoughts, I can't control. Honestly anything I can only control how my thoughts play into actions and how I react to situations and that's it. Those actions involve showing up when I say I'm going to show up or maintaining a self-care routine or not procrastinating."*

Kelly's decision making changed over time. After several negative alcohol related experiences in high school, Kelly came into college intending to modify her behavior:

*"I had all these things where I had them in place, and I felt strong about making those decisions. I felt right. I felt like I can do this. It was after my first underage and it was like, "All right, I'm not going to black out and I'm going to do this correctly, I'm going to do this right. I'm going to be perfect. I'm going to make sure that this is different than high school in the sense that I'm not going to black out and get a name for myself, I want it to be good."*

Early in her alcohol use Kelly would make the choice to lie both to avoid an incident and to avoid additional consequences:

*"I was pulled over by a cop who was standing outside of the stadium. And he kind of looks me up and down and was like, "Are you drunk?" And I was, "No," and then I was slurring and I started bawling my eyes out, scream, crying, and my roommate*



*who was less drunk than I was, or maybe she was, she just was able to be coherent at the time.”, “I would go [into mandated services] hungover, I would go in just reluctant to even be there. When filling out the questionnaire on how much I was drinking, I was always lessening the amount that I was drinking to make it seem as if I wasn't drinking to the full extent to make sure that it didn't come up as a red flag. And still it came up as a red flag.”*

After Kelly would wake up from another black out she would gather herself to be proactive in addressing her incident:

*“I think I was still drunk. And I think I just didn't know what happened. And I needed to know what happened. And I had known that if I got my hands on the Student Conduct back before they reached out to me, then I could get on with whatever their consequences would be sooner than I had to deal with it later. I knew I'd have to deal with them eventually. So, me getting on it first usually just kind of got everything taken care of sooner.*

After acquiring numerous alcohol citations and their consequences, Kelly has made cognitive changes in her recovery:

*“I would say that it has made me a lot more cognizant about my decisions and about the consequences of my decisions in knowing what works and making sure that I'm continuing to do that and then what doesn't work, making sure that I'm like not doing that and kind of altering my actions for just like seeking improvement at all times rather than remaining stagnant.”, “Although there were things I wasn't proud of, I still had to remain responsible for those and kind of take responsibility for a lot of things that I didn't want to. It helped me understand, especially in sobriety, it has*

*helped me understand that in all situations in life, I do have some responsibility but I can't take responsibility for other people's actions or things that aren't in my control because then I'm just taking the entire world's weight on my shoulders and that's not fair to myself. And that's something that I would do while I was drinking.”*, *“When I'm drinking I don't have control over my life. But in sobriety, I have control over many things in my life, but I don't... Part of being sober is giving up that sense of control and allowing whatever your concept of a higher power is kind of take control and making sure that you're just doing his will, their will, it's will.”*

Kelly reflects on her change or lack of change over the years:

*“I didn't change, my emotional maturity didn't change, my social standing didn't change, in my mind. Everything in the world was going on without me and I was competing for the same goals, the same, just the same things that were just barely out of my reach. And I wasn't growing. And I've grown more in this past year of sobriety than I have in the entire time that I've been at college.”*, *“I was doing my own things that were dangerous and questionable and I, rather than addressing them and facing them and facing myself in the mirror, I was avoiding it.”*, *“And that was the last thing that I wanted to do. I just wanted to go and do whatever I wanted. And whatever I wanted was to avoid my problems through drinking.”*

Although Kelly can reflect and see herself clearly in hindsight it was difficult for her to address these aspects of her life at the time. *“I was so reluctant to go [to therapy] because it was forcing me to take a look at myself.”* Kelly became skilled in avoidance, *“It's the act of avoiding hurt, act of avoiding the true feeling of something of hurt or allowing yourself to experience sadness, it's healthy, but it's not a desirable feeling.”*, *“I was fully in denial the*

*whole time that I was drinking. I didn't know that I was in denial of it. I thought what I was doing was normal.”*

Kelly reflecting on her improvements:

*“I really think that improvement from me is when I apologize to someone, it is asking what I can do better to or how I can change and then living up to that because apology without change is just manipulation.”, “I think that improvement for me is maintaining the feeling of being comfortable in my own skin and that's through going to meetings, maintaining my sobriety, like my recovery schedule, making a to-do-list and making achievable to-do-list for everyday and then checking things off on it”*

I asked Kelly how she thought her behavior may have changed if her academics were impacted by her decisions. She shared,

*“I think that if my grades were bad like I think if my grades were below like a two-three, I really think that I would have done more Adderall I would have stayed in more. My addiction would have gone in a different direction. I don't think like, I think I would have gone out less and done alcohol less, but I think I would have done other things. Because that form using substances in some way of like taking Adderall being like a superhero for six hours and then smoking weed to sleep like that was routine that I was on for almost every exam.”*

When asking Kelly how she sees control related to level of recidivism risk she shared:

*“People who think that they are in control of their own life. They make different decisions than people who think that things just happen, and they have no control over their own life. And people who think that they don't have any control of their own life are more likely to make bad decisions. And people who think that they have*

*full control of their own life are more or likely to make more intellectual, responsible decisions.”*

### **Peter**

While exploring Peter’s thoughts surrounding his alcohol use he shared about how he tended to have a “*reckless mentality*” where it was difficult for him to “*learn from [his] mistakes*”:

*“I knew it was going to take something big for me to change my behavior, because I’d been a party guy. A lot of that stuff I eventually got into trouble for my whole life. And so that’s why I was like, “Yeah, it’s going to take something big to happen.” But I knew it was going to come to something, I just didn’t know if it was going to be jail or something like that.”*

He goes on to describe how there was a part of him that was a rebel:

*“I was young, and I was just going through life, just going against the rule. I guess in my ego, I was very high, and I just thought I knew what I was doing in my life and I didn’t need to hear it from anyone else. And yeah, that eventually led me to pull myself farther down the line.”*

In retrospect Peter can see how his rebellious and intense nature influenced his cognitions and overall mentality.

During Peter’s events he has the mentality that he had nothing to lose: “*I guess that’s how I felt to some extent. That I had nothing to lose with this. I was pretty fearless. I was like, “Whatever goes, wherever God goes.” That’s how I face my consequences.*”. Despite experiences consequences to his actions Peter maintained his behavior:

*“I kept on, even though I went to drug and alcohol counselors, and ARD, community service. It was like, “Okay, I’m just going to receive my punishment, and keep doing the same thing.” It was like, don’t get, don’t get caught the next time.”*

Peter’s able to reflect back and notice that if his cognition had been different, his life would have unfolded differently, *“If I hadn’t done those things, and if I would have gone a different path, I would’ve been better now.”*

Peter walked me through how he makes decisions:

*“I think about the big picture based on what I need and what I want. What I want to be in life, and what I need to get there. And then if it’s not there, the options for me to make a decision? Somehow I make it happen. I engineer some scenario where it’s possible to make that decision. And then try to get to that point. Right now, also make decisions about... when I’m in my free time and stuff, I make decisions. It’s hard for me not to say no, also. Sometimes I’m just optimistic, and just like to do a lot of things. You know, if you would tell me, “Let’s go out and eat. Let’s go out and get a sandwich, get a coffee.” I’m like, “Okay, cool. Take me out” to go over to a friend’s or something, yeah. Same if someone asks me to smoke something, and drink. If I had homework, I was like, “Okay, let me do this homework,” but then if I got bored with my homework, I’m like, “Fuck it. I’m just going to go.””*

Peter tends to examine how a decision will impact him for better or for worse. *“You know, whatever makes the situation better, I guess. Right now, I don’t see it that way, but before. Whatever makes a situation better, pros. Whatever made a situation worse, cons.”* The final way Peter reported making decisions stems from trusting his gut instinct, although he can acknowledge that trusting his instinct is not fool proof:

*“I guess my intuition, when dealing with certain things. My information about the system or how it works, how cops are, how they react. Definitely had to put them... me getting fucked up from getting into more trouble. Yeah. I guess I was much more of a... my decision making. I've never got into a car drunk. That one time I had a .04, but I actually didn't know it was that. I felt sober. I felt good. Didn't feel drunk or anything. But yeah, pretty much.”*

When addressing his alcohol related decision-making specifically, Peter discussed how he would weigh the pros and the cons:

*“Pros, just I would submerge into that cool vibe, alcohol, kids, drink, whatever. You know, like socially wise, everything was more smooth and more fun. Cons, if I got caught, I was in trouble. In high school I never really had any problems with drinking and school because I only drank whenever there was a party but in college it was a different story and it affected my academic life and my athletic life to a bigger extent because it was more readily available and there was no jurisdiction that told me not to drink, my parents or the cops.”*

Peter shared his perspective on how others tend to make decisions and comes to an insightful conclusion about who he described as “*smarter people*” and how they fine tune their decision-making:

*“I think people make decisions based on their desires, most of the time. About what they want. And the smarter people make decisions about what they need. I think that as things come to them, they will take it, they assess their decision.”*

In reflecting on his own cognitive control Peter shared about how it took time for him to learn from his mistakes and re-evaluate his decision making, “*I have a reckless mentality,*

*and I just didn't learn from my mistakes.”. “[Not learning from mistakes] took me to reach an extreme where I was like... extremely ready to change.”. Once Peter was ready to make changes he was able to hold into the lessons her obtained. Earlier we learned about how he reflected over the past few years and noticed how shame appeared in his life. Peter’s attributes much of his cognitive growth to his attitude change:*

*“My attitude. My friendships, leaning towards friends that have a healthier impact on me. My activities and trying to do more healthy things like running. I was thinking about doing a 100 pushup challenge and stuff like that. I guess definitely my mentality, what I can see that are my dangers. “*

In seeking out healthier behaviors Peter reported feeling motivated and energized. *“Things are so much easier now that I'm not stagnate and doing stuff while being impaired; high or anything. Learning is better. I feel more motivated. I feel more energy.”*

### **Jason**

As we’re learning, Jason’s perspective changed prior to and after using alcohol. He goes as far as to describe himself as a different person:

*“Now it's like a different person. I'm still figuring out things about myself. I'd started a relationship with my current girlfriend once I got back to school not this past time, but the time before that. I was still drinking and smoking weed and stuff. We've been together for a little over a year and a half now and it's like there was a long time where we really didn't know each other at all because I wasn't even there.”*

During his alcohol use Jason lacked the capacity to plan for the future, instead he was living moment by moment.

*“I had mentioned in the last interview, when I was in school for the first almost three years, I had no long term projection or, expected trajectory of what my life was going to be like. So, everything was just really immature in the moment decisions all the time. So now it's I definitely think that I look forward to the future more. I have expected long term goals for myself, which was never even anything that I contemplated, and that kind of started when I like I said, I was roofing in the middle of July and I was thinking okay, I had talked to Sharon, there's a possibility that I might get back school. I don't know yet. We'll see. But I know for sure, I need to do whatever I can to make sure this is not what I'm doing for the rest of my life.”*

This changed for Jason over time, and in reflecting on his cognitive control after rehabilitation highlights these changes.

*“I'm a lot more, I don't even want to just say happy because that's too generic, but it's like I'm a lot more functional in most aspects. For that whole time, I was in school I felt like a loser in all aspects of my life.”*

Jason goes on to discuss how his most recent alcohol related incident to his ability to achieve change in his thoughts and behaviors:

*“Well, it's been almost a year and a half since then, and I can tell you looking back and probably most my family could have told after the first time I had got arrested and then lived in [a halfway house] for a little bit, it didn't seem there would be an imminent change for most of us and I had kind of felt that too, that part of a little bit resentment towards myself. Started the drinking again. But then after this one, it was really the come to Jesus moment.”*, “I'm also very at peace with who I am now, and I do think that a lot of the self-transformation that I've gone through either would have



*taken a really long time or wouldn't have happened if the consequences didn't call for immediate reflection and change.”, “Definitely after this last incident, because it was like... It was pretty severe, and it was at one of those... It was a real gut check kind of moment. Like, okay, you've got to shit or get off the pot really. You know what I mean? You have to change; you have to do this or you're going to be stuck in this type of cycle. And it was really like... They always say in AA that you always have a new rock bottom. And I finally got to the point where I was like, okay, this is far enough. I've got to really fix it. I've got to start addressing emotional and mental issues for real.”*

Jason has carried his transformation back to college with him. After returning to campus and taking his educational opportunity more seriously, Jason notes his perspective shift:

*“I just hear those conversations in class now all the time because I notice, oh those where the conversations I used to think were important. I just giggle to myself. I'm like, "Oh, my god. Everybody thinks that's what the whole point of Monday through Friday is just so you can get to Saturday.””*

He has also changed who he associates with and how he engages with the drinking culture:

*“I don't particularly hang out with a lot of people anymore. I don't like that many people. The groups and the quantity and the big parties and stuff, like going to the clubs is the opposite of what I find interesting, and I've reconnected with a few of my friends from the past after this last time getting in trouble and just we have a better understanding of each other.”*

Jason's decision making changed significantly overtime. Where in the past Jason would decide to be dishonest about his behavior when in trouble, *“That was, I had to go into the*

*hospital and everything after that was continuing, the whole student conduct thing basically just lying. You know? Like “everything's good. That won't happen again”, today Jason takes a different approach:*

*“I'm just always trying to see the better side of the situation, or at least an alternative side than what's at face value. That could be an extension of my lack of trust growing up, but at the same time I think it's beneficial for me and for the people that are close to me.”, “I tend to not think of it as like, wow, this person's trying to affect my day. Rather it's like, maybe they're going through something too. Maybe that's why... Maybe... Who knows? You know what I mean? Instead of just jumping to conclusions.”*

When making a decision Jason evaluated the benefits and drawbacks while simultaneously considering the impact of his decision on his future as well:

*“If there's a tangible, or visible effect whether it's something literally that you can see, or something that you can figuratively see. A pro would be like, okay I don't do the shit I used to so now I am doing a lot better in school. You can't necessarily see that, but there's an effect. There's an output to a change in behavior.”, “A con I would say is just a wasted investment, whether it's time, resources, money, whatever. If you put that into something and all you did was put it in, you didn't get anything out of it, that's a con you know?”, “So I was just basically thinking about the future. It was not a normal function of my daily life then but now, I would say I definitely think long term, even the little things I do, I kind of I look forward to how this is going to feed back to me. Whether it's, eating too much birthday cake, I'm thinking about tomorrow. Am I going to feel terrible? Or is it, if I want to procrastinate an*

*assignment, it's like okay, well if I want to keep getting straight A's you're not going to get an A by doing something the day of."*

While in rehabilitation, Jason described how being responsible for making decisions wasn't a responsibility he was burdened with:

*"I was more, at least at that point in time, I didn't have to make the decision of am I going to use? Am I going to drink? I knew I wasn't, and then also the staff and the people there."*

He discussed how he viewed himself after being in rehab:

*"Yeah, I mean, 100% like I said, it depends how you see your situation. When I first went to St. Joe's I was 20 years old. In my mind, I thought what a loser. What kind of idiot goes to rehab when they're 20 years old? But on the flip side, there was all these adults with kids and sometimes grandkids that were like listen dude, if I would've got this when I was 20, you're going to be much better off if you just take this now, rather than let it develop for another 20, 30, 40 years, and so it's all just a matter of perspective. Eventually, especially this last time, I realized okay, you're 21 years old, right? You're not 20, you are basically an adult by every sense, except for the fact that you're still a student in school.", "Now you have to just make these adult decisions, do I want to continue to let this precipitate until eventually it has effects on a future family or a future job or a future house? Is really just, are you going to take care of it now or later? And it really depends on how people see it."*

He left rehabilitation with an enhanced awareness of how alcohol can negatively impact him if he doesn't take care of his mental wellness:

*“In my mind, there's things that you always have to be aware of, because once you feel you think you got it down, things can sneak up on you, and that's not where I would like my story to end. I don't want to be someone's tragedy to tell I guess.”*

How other make decisions

One question each participant was asked was “How do others make decisions?”, to which Jason responded:

*“Selfishly. Selfish, however it pertains I think we're all very much “me” people. Some people are very group and community oriented but at the end of the day, push comes to shove and that was another thing I realized especially my family is, yeah, they love you and they'll support you but if you keep messing this up, there's going to be a point of no return where because I'd seen it in other people where they hadn't talked to their parents in years because their parents are probably like, I can't help you. And I think that's natural. I don't even mean selfishly in a bad way. Against people, it's more like for us. Even just small decisions... I think many people make most of their decisions based on the inevitable benefit to themselves. That might be a little cynical, but that's just my experience.”*

And in contrast I asked Jason, “how do you make decisions?”:

*“In conflict with that (how other people make decisions), and not wanting to be that person. I think, especially when you are using and stuff and drinking, your whole world is revolved around you, and so I've seen that in myself. I still see it and little things. I am in constant; I wouldn't say conflict but development with myself. Sometimes even just little things that on the outside someone not, I got into an argument with my brother over the Superbowl. It was pretty heated. He started saying*

*some, he's always kind of been that guy to just say something, say something, say something, and then when you finally lose your temper, he'll point at you and be like, look, you're out of control, and so I know that. Luckily, we don't fight that often. But we did, and the only thing that bothered me was not anything I said, but that I lost my temper because that's something I've always tried to work on. Is no matter what it is, you may not be able to control what they do, but you can control losing your cool and acting crazy, and so that was it. I actually felt bad about, even though this person was being really mean and hurtful to me, I shouldn't have done the selfish thing and lose my temper because all that's doing for you is not channeling your frustration healthily., "I actually felt bad about, even though this person was being really mean and hurtful to me, I shouldn't have done the selfish thing and lose my temper because all that's doing for you is not channeling your frustration healthily."*

Jason described how he thought-stops:

*"That's just something I always... That plays into everything, the decisions that I make. If I'm uncomfortable with something, if I've got some anxiety about something, like a school assignment or a presentation, it's like, okay. Instead of just belting this out real quick, getting it over with and just not dealing with it, it's like, okay. This sucks. You don't want to do it, but you still got to do your best. And just really not going with your first instinct or thought to really the bad stuff."*

Jason shared an example of a recent decision he has made where he pulls in the emotional impact of his decisions as well:

*"This year, there was opportunity to apply for the student manager position, which is like would have been three promotions. And, I was like you know what? Instead of*

*just being lazy about this, I can actually help this program because there's a lot of people in higher positions that basically have no help. At least during the games and stuff, they don't understand the sports and so a lot of these new officials kind of get hung out to dry. So, I applied for that. I did not get it, but they gave me the supervisor position, which is one step down from that. So basically a two promotions, and I had actually had an honest moment with my girlfriend. Was kind of disappointed in myself for having not ever tried to take that initiative to get that promotion possibly because of fear of rejection, and I recognized that and that was bugging me. So, I was like you know what? I'm going to do it, and I did get rejected actually, but they offered me, it was actually even the job that I wanted. I honestly didn't know the job title specifically, but this way it was that I could still be at the games and still help the officials instead of being in the office all day and really having no face time with people.”*

Jason shared with me an example of how his decision making worked in retrospect. Jason took laced drugs without his knowledge, and I asked him had he known the drugs were laced, would he still have taken them?

*“It's possible. I was never really in the right mindset to make any responsible decisions literally for that whole year and a half, two year period, but I never really was a downer guy. It wasn't my thing. I didn't enjoy it. And then also I had taken a bunch of Xanax before and never overdosed. I was always kind of concerned, I don't want to die. I really don't want to but I'm willing to kind of push it because Fentanyl is a scary thing. Maybe if it ended up being laced with Oxycontin, or something that. Just your mind doesn't think it's as dangerous because it doesn't have all these horror*

*stories of Fentanyl does. So, I would say maybe, most likely no but there is a distinct possibility that I would have. I probably would have engaged at first I wouldn't have taken that many so maybe after a while yeah I would have but if I wouldn't have known that before at the very least I wouldn't have taken as many as I did."*

Since taking the laced Xanax Jason's perspective on substance related decisions has changed:

*"I think it's silly to me that I used to think that way. Actuality if you're not relaxed, and you drink, and you get relaxed chances are tomorrow is going to make you...*

*You're going to feel even worse than you did today, so that doesn't make any sense."*

He goes on to address how he balances the pros and cons of his use. He uses alcohol as an example here:

*"The cons are it cost money. The cons are eventually, whether it's to a moderate or a severe extent I lose focus and that's all I want. It's also makes me put on a couple more pounds, and that's something that I really don't like. I could have told you before there probably would have been stupid things I would say are pros like, "Oh, it helps me relax," silly stuff."*

I asked Jason if he feels at risk for another alcohol related incident despite making such meaningful change in his life, and he said he doesn't pay that though mind:

*"No, I'm not going to say it can't happen, I'm sure it could but it's in the very back. Of all the things I worry about, school relationships, money, just basic fundamental needs, it's been very far removed, which is ironic because that was always a concern up until about a year and a half ago. But no, it doesn't really, I don't think about that. I don't really give myself the satisfaction of worrying about that because now I know I'm capable of not getting in trouble."*

Since going through recovery, Jason takes time to sit with his thoughts, “*I spend a lot of time every day just reflecting on a lot of stuff.*” One example of a reflection that Jason shared was, “*They don't just send anyone to jail. So, I had to kind of think about that.*”. When Jason would use, he would become overwhelmed with shame, but in reflecting on his circumstances he has come to see himself with the same empathy he provides to others:

*“When I was drinking and using this stuff, I was just tremendously embarrassed because I only thought that people would look at me and they'd have that feeling of contempt for me. Even though most of the time that's not correct. But if you think things often enough and believe them, then you shape your own situation. So over time it was kinda hard... It was hard initially to even acknowledge that I needed help or had a problem because it was like, I don't want people to think I need help or have a problem.”, “I was severely messed up. I mean, everyone knew, all my friends and family knew, it was just I wasn't believing, like letting that on. So now I just really try to be as open as possible as I can, even to the point of maybe it's a little uncomfortable. I wish I wouldn't have said that, but it helps me because then I don't start building up those walls again, that lead to the using and drinking.”*

Jason reflects on how rehabilitation and his intensive outpatient program (IOP) helped him reflect:

*“Yeah. I mean, when you're given time to think about it. It was probably, again, after the second incident, because I was given multiple opportunities and extensive time and resources to address these things. These things are just conflicts in my head that usually just boil over and can lead you to just explode or jump to a conclusion or just overreact.*



*And being in jail and then rehab and then a six month IOP program, you have plenty of time to reflect”.*

Looking back on his cognitions and decision making, Jason had several final thoughts: *“Jason wasn't there. It was like my alter ego at the time. I'm really in a position where I'm slowly doing some of that self-discovery stuff that was put on hold my first two years of school.”*, and finally:

*“If you're going to surround yourself with those types of situations, you also have to have a balance of healthy relationships in your life where you can be real with yourself because if you're always acting the fool in the party scene, that's all you'll ever be.”*

### **Risky Behavior**

The next theme that was evident in the participant's narratives was risky behavior. Risky behavior was coded as high-risk drinking or drug use, risk-taking behavior, barriers to safety, safety factors, and violence. A graphic representation of how these codes developed into themes is represented in Table 4 (p. 99). In this section, thick, rich, descriptions of the theme are provided for each participant. Risk-taking behavior connects to the Dual Process Model directly given the Dual Process Model's emphasis on emerging adulthood being the time of highest biological predisposition for risk-taking. Need representation of the codes that lead me to the themes from the codes.

#### **Rachel**

Rachel's first alcoholic drink was at 15 or 16. Prior to trying alcohol, Rachel's first substance use experience was with cannabis, *“I started smoking weed around freshman year and then I think I started drinking around the sophomore year.”* She also utilizes nicotine

with a JUUL device. She is contemplating reducing or quitting her use and shared, *“I know I should stop and I’m working on it, but one thing at a time.”*. Currently Rachel is focusing on her sobriety.

When Rachel was using alcohol, she found she was *“more social and outgoing and [would] do anything.”* Rachel as we’ve learned was already an outgoing people, but alcohol enhanced this part of her: *“I’m normally a very outgoing person, but when I’m drinking I become more outgoing”*. This outgoing side of Rachel was a double-edged sword. On one had it was a tool for social wellness, but it led her to drinking to access where she would suffer the consequences: *“The cons [of using alcohol] are I end up in a hospital, throwing up, hangover. You can get bad grades, you can lose friends, that kind of stuff.”*

For Rachel, alcohol was required when attending parties, *“I need to be drunk to go out, because frats are really not fun if you’re sober.”*. This mentality led Rachel to drinking alcohol but would often bypass any notion of safety by consuming excessive amounts of alcohol.

### High-Risk Drinking

Rachel would regularly drink enough alcohol to stimulate alcohol induced amnesia, or blacking out: *“I tend to binge drink a little too much, forgetting my limits and making bad decisions and blacking out and ending up in the hospital with under ages and all of that stuff.”*. Despite Rachel’s awareness of the variables influencing memory loss, *“it depends on a person’s weight, how much alcohol they can handle. I guess drinking more than what a person who also, their weight can handle”*, she continued to engage in this behavior, *“I must have had at least 10 shots that night, and I mixed it with Red Bull. Not fun; probably the worst decision in the world.”*

When asked to reflect on who Rachel perceives to be a high-risk drinker she shared:

*“I think the people who [are at high-risk] might ignore their limits sometimes, or are not aware that they have a limit, and that they can be really sloppy drunks... I have started to notice a lot more factors. It's not just about drinking, but it's about peoples' personalities. If they're really selfish, or aggravated, that can be a factor”.*

Rachel goes on to share that, *”One of my other friends, she's a high-risk drinker.*

*Whenever I hang out with her, she'll literally cut me off from saying something, to talk about herself. That's a sign [she needs] help.*

Another way Rachel shared she can identify those who are at a high-risk is:

*“By how much people drink. A lot of people drink a lot and then build tolerances. If you do it Thursday and Friday, it's going to soon turn in ... Or Friday and Saturday, then it's going to turn to Thursday, Friday, Saturday, like thirsty Thursday or wine Wednesdays. We have all of these days of the week where it's okay to drink, but it's still you're binge drinking”*

Rachel also notices social capital as a variable that keeps high-risk drinkers safe despite their level of risk, *“I think there are, also, a lot of people don't go to the hospital when they receive an underage. They just have someone watch over them. I feel like that can be a factor for a high-risk drinker.”.*

Other risky behaviors that Rachel engaged in include climbing onto elevated surfaces which, we've learned earlier are very dangerous:

*“And normally I go on the elevated surfaces, which are really dangerous.... There's a table this tall that's made out of wood that they made that you're standing on. Sometimes you try to jump up and down and break it... If I'm not feeling like dancing*

*with a guy, I like to stand on the elevated surface because it sort of separates me but it's also more fun.... It's just I guess because you're not supposed to in Greek life.*

*You're not allowed to. So, when you do it you're like, "I'm breaking the rules.""*

In one shocking event certainly impacted by a lack of motor control due to alcohol impairment, Rachel fell down a flight of stairs. *"I blacked out, fell down a flight of stairs, couldn't hold my body up and was unconscious in the bathroom floor. I ended up in the hospital...I was walking up the stairs, and my friends think that my guy friend was trying to get me up there to sleep with me, but I fell backwards down the stairs".*

Safety for Rachel stems from her social connections, especially in sobriety. In addressing safety this section will explore what kept Rachel safe and what hindered her safety. One hindrance to Rachel's safety stemmed from the actions of others and drinking in a risky and unfamiliar environment:

*"Later on, I found out that they were actually drugging people. I think I was one of them, because I didn't drink that much, but I lost all control of my body. I fell into a bathtub, and these guys at the house kicked me out, but I didn't have my shoes."*

Much of Rachel's safety support stemmed from her friendships:

*"My one friend, she knows everything about my life. I would feel comfortable, I would trust her with my life. And so, she would not really take care of me but be like, "Okay, Rachel, you should stop drinking now." We'd be drinking together and we'd be drinking more than with my other friends, how much we drink.", "My one friend who wasn't afraid to cut me off and she would yell at me if I kept drinking and she's the only person I would really feel comfortable around drinking and I've never gotten in trouble when I was with her."*

And some of Rachel's safety stemmed from her own behaviors and awareness of safety: *"Drinking my own stuff and actually being aware of how much I'm drinking and spacing it out because 10 shots in 45 minutes equals not safe. But eight shots over four hours, probably still not safe but more safe."*

In one example Rachel shared it highlights how her peers potentially impacted Rachel's safety by choosing to bring her to a bathroom rather than seek medical attention when Rachel became unconscious from alcohol overdose: *"I was not really doing well, so my friends took me to the bathroom. I threw up, wasn't conscious on the bathroom floor. The paramedics had to take me to the hospital."* Although her friends potentially endangered Rachel in this moment, in other moments, friends are there to literally catch her when she falls: *"My head didn't smash on the floor when I fell down the stairs, because my friends grabbed my head".*

Connecting with trustworthy peers has supported Rachel's safety. One clear example of this peer support stems from Rachel's recovery community and is discussed more in depth in the following section:

*"Yeah, if you ever need to crash here, you could. We have an air mattress." And I was like, "I've known you for a week." And they're just so nice, and I know that they'd be there for me, whenever I would need them. Like, I could call them at 3:00 AM, and they would pick up, and it would just be, it's just... I don't know, they were just so nice to me."*

When asked about her confidence in maintaining her safety Rachel replied,

*"I am abstaining from alcohol. I am working an AA program, and I'm surrounding myself by people who don't drink. I've also been in situations where I could have drank, and I don't have the desire, or the need to participate in that."*

## Kelly

As we have learned Kelly began using alcohol in high school. Kelly's first alcoholic drink occurred in her freshman year of high school, and although she recalls the taste being horrible she vividly remembers feeling like, "*[Alcohol] was horrible, but 'meh', I could have more.*" *It was just something that I knew I could use as an excuse to escape. And I wanted more of it.* In general Kelly felt comfortable with risk taking. "*That was always how I was. I was not opposed to [trying substances]. I didn't go out and fish around for it but when the opportunity presented itself, I tried [them].*"

To narrowing in on her college experience I will focus solely on her college alcohol use behavior. Kelly's college substance use behavior followed a routine:

*"My schedule freshman, sophomore year was going out Tuesday or Wednesday, Thursday, Friday, Saturday during the day, and then Saturday night. And it was a priority. I would do everything in my power to do my homework any other time of the day. Any other days so I could accommodate to that. And when I was doing my homework, I was getting Adderall from somewhere so I could do it in what I thought was the most efficient time"*

Kelly's alcohol use almost never resulted in a good time.

*"I think I can count maybe the times that I felt a good drunk, was five times. I've been drinking for six years and I've gotten good drunk five times and I've blacked out over 300. There was never a time where my brain said, "Okay, stop." It just said, "You're not drunk enough.", "Then almost every night I would drink and become a different person that would single handedly destroy my life. And it was astonishing to see the damage that I could do in a weekend", "Every night that I'd come home or every*

*morning that I would wake up it was just the same thing, the same empty feeling of, did you do that again? Why did you do that? Where were you? What did you do? Because many, many, many times I didn't know."*

Kelly's alcohol misuse took an aggressive course where she bypassed any fun or benefit to her alcohol use and instead charged forward into problems and problems only.

As her alcohol misuse resulted in the ultimate consequence of expulsion from school she continued to utilize alcohol and other drugs, *"I was still drinking like regularly alone. I had a dab pen and I was smoking. I was high almost every day. It did not. It took me like a month to actually sit down alone and be like, "I have to stop.""*

High-Risk Drinking was Kelly's default. Her high-risk drinking behavior first made its appearance in high school:

*"Every time I got in trouble, it was because I blacked out somewhere and I had to get brought home, "My parents would just wait until the next morning and just look at me, because when I would black out, I blacked out almost every time I drank.", "I was blacked out, throwing up in the bathroom, and the open house got busted and cops came, and ambulanced me to the hospital. That was the second time I drank, freshman year, 14. That is where my drinking career began."*

Kelly was unable to help herself from refraining from excessive alcohol consumption. One example of Kelly's risky behavior stemmed from trying to keep up with other people's drinking pace, *The second time I ever drank, I was at an open house in the town next to me and I blacked out because I tried to keep up with this girl who was about 200 pounds bigger than me."*

Fast forward to Kelly's college alcohol use where blacking out continued. In this setting Kelly shared how she took advantage of the drinking culture: “

*“I am taking full advantage of this social construct that I'm a part of. I am going to every social, every party, every pregame that I'm being offered and I'm drinking all the alcohol and that's what I'm doing.”, “I just kept blacking out at socials and parties and pregames and stuff and being brought home by like sober sisters or blacking out at formals and having been brought home”.*

Over time Kelly was able to recognize how her behavior impacted her relationships:

*“And so, once you realize that, “Okay, I don't have relationships with people or myself anymore,” you realize, “Okay I have a problem. This is a problem,” because all you want to do is drink, you don't want to go work out and be like, “All right, let's go and try to get rid of this anxiety. All right, let's go work out,” like, “No, I want to black the fuck out immediately.”*

The social influence section will explore the impact of peer relationships and behavior. The risky nature of Kelly's decisions led her to dangerous situations. Kelly does on to describe two of her events, one where Kelly was found alone passed out in an alley, and other where she was found passed out on the lawn of a fraternity:

*“If I cross the street.. I would have been home, but I guess passed out in the alley behind McDonald's. And they literally shut down McDonald's and had all the cops and ambulances and everything. And I remember coming to... And I was just surrounded, I was surrounded by cops.”, “I was found laying outside of a frat. And I think the boys tried to help me and I think I peed on them. And they called an*



*ambulance and the cops came I was cited with public drunkenness and another underage, I was ambulated to the hospital”.*

These two alarming and dangerous events significantly influenced Kelly’s mental health and wellness.

Now that she is in recovery, she has strategies for addressing her safety. Later we will learn more about Kelly’s recovery story as related to safety. While in sobriety Kelly knows to avoid lingering too long around alcohol:

*“I think that overstaying my welcome anywhere that has alcohol is dangerous, I don't think by any means that I'm going to drink, I think that it would just do harm to my spirituality and the fitness that I'm in. It's like a spirituality hangover kind of, it leads me to thinking, "Well maybe I can drink normally or maybe I should go up more often... like maybe I should go hang out with them more often." Like all of these what if's arise after you overstay your welcome and you kind of like break down that spiritual fitness.”*

I asked Kelly to paint a picture of who she felt was at a high-risk for alcohol recidivism and alcohol abuse, and she shared:

*“My answer two years ago would be somebody in Greek life and somebody more attractive than not and somebody who's like relatively smart and it just would be wrong place wrong time for me to like say that. That would be my thing. I would blame it on the system. Although being in the rooms, I have no idea. Alcoholism it affects everybody. I have seen everyone, like everyone. It is saying, like there's something else we used to say, you're put in a room of people that you would not usually talk to or would not usually be in a room with. And you all have a*

*commonality and you don't judge, you don't say... You just talk about this one problem, which is why you're all in the same room.”*

### **Peter**

Peter was 15-years-old when he had his first alcoholic drink. Growing up between cultures Peter reported his awareness of the differences between alcohol use in Mexico versus alcohol use in the United States:

*“Over there, it's all about how long can you last and how you pace yourself. Here, it's about, fuck it. I'm going to get drunk, whatever. It's cool. It's like the thing over there, it's also cool but it's also more like a chill, like vibe, it's like chugging down like a full bottle or some crazy stuff like that and yeah I think like American kids just when they get to college just like the laws surrounding everything feel like whenever they get the opportunity, they exploit it, they just abuse it even from like the music culture, like the videos and stuff, a lot of kids just want to be like them and they engage in a lot of drugs and think it's cool and stuff and even with drinking, they see something and they, oh, I'm going to do it because I'm cool and stuff.”*

Peter shared about how his high-school experiences prepared him for the college drinking culture:

*“I started drinking in high school, so I was like I knew more about the average kid in college, because I had experience with it, so I knew how to handle my alcohol better. But I guess I wasn't ready for my anxiety and not being in soccer. I guess I wasn't ready for that, but I definitely knew stuff about alcohol”*

As we've learned, substance use in college was driven in part by Peter's anxiety:  
*“Anxiety definitely led me to smoke weed and drink alcohol, just to relieve some of the*

*emotions I had.*”. In college Peter reported an uptick in his use during his first year of college. *“I kind of started drinking heavily and I guess smoking weed my second semester, first year of college.”*. In college Peter would use alcohol and cannabis regularly. *“Drinking, I probably like average twice a week. Drank, probably like around... drank a lot, I guess. Weed, more often, like maybe four times a week.”*. Peter shared his complete substance use history, but shared that drugs other than alcohol and cannabis were used infrequently: *“Adderall, Ritalin. I've tried like ecstasy, coke, LSD. That's pretty much all I can remember.”* Another influence of Peter’s alcohol use behavior stems from his social connections:

*“I guess, like that'd be like my biggest influences into drinking, I guess, like people. I would say like my roommates in college. My first roommate, my freshman year, was a pothead. He didn't drink much but he was a big pothead. Who else? I guess, like when I started working at the club, there were a bunch of alcoholics around me so that too. I kind of went with the vibe.”*

Peter described his high-risk drinking as infrequent and shared that he rarely had moments when he would drink so much where he would have alcohol induced amnesia: *“I definitely blacked out, not as often, but sometimes I would.”*. When describing the nature of his high-risk drinking behavior, Peter described it as having high frequency but low intensity, meaning he would go out regularly to drink, but wouldn’t often drink to excess:

*“It wasn't like, "I'm going to wake up and take 10 shots." No. It was more, "I'm going to keep my routine, just keep partying, Thursday, Friday, Saturday." Actually, I spent a lot of time in the library and stuff.”*

This is one of several examples where Peter described how he would work hard and play hard. One example where Peter seemed to minimize the severity of his risky-behavior stems

from his third alcohol related event: *“The third time it was when I was like driving back from the Block Party. I hadn’t drank that much that day. Probably like three beers and some shots from a mix water bottle”*. While interviewing Peter and hearing him discuss driving drunk, he described this drink driving incident, and although we learned earlier his blood alcohol was a 0.04, since he was a minor at 20-years-old at the time, he was eligible for a DUI.

Unlike Rachel and Kelly, Peter does not report an alcohol history of frequent black outs from his alcohol use. Peter’s strategies for safety included,

*“I probably drank water. I always ate beforehand. I was always around friends or someone I knew. I rarely party alone and I was extroverted. I wasn’t introverted and I felt comfortable partying. I guess I was a magnet for social interaction to some extent, so that’s what kept me safe.”*

Peter shared earlier how he would maintain his alcohol use behaviors after his initial incidents, but he would do his best to modify his behavior to avoid getting caught:

*“I had alcohol; I mean like a beer can in my pants. And my friend had like bottle of alcohol in his backpack. We went back to my place and we were just changing. We were about to go to another friend’s place, and my roommate called the cops, because he felt unsafe. He was like, this South Korean kid... He was international too, and he was like, “I feel unsafe.” So, he tried to report it because of beer in the room.”*

Peter’s roommate is an example of how peers influence college student alcohol use behavior, and soon we’ll learn more specifically about the impact of peers on Peter’s life. We’ll learn that not all social relationships were detrimental to his safety:

*“Yeah, I have my friends who are Greek life and I guess it depends on the fraternity, but I found out I can do my fraternity because everyone... It’s not like dumb people.”*

*They're actually really smart and they're very aware of dangers such as alcohol and stuff, and everybody we can rely on that if you tell them they'll respect it. We don't haze or do anything like that, that's actually against the rules and we could get punished. So yeah, we don't push people to their limits or encourage them to get fucked up or anything."*

Where Peter certainly found risk was in his violent behavior. Peter described an incident:

*"This dude was threatening me. Like, "I want to fucking shoot you." He was taunting because he was like a drug dealer, I guess. Weed and stuff. Yeah, I was pretty angry, also like anxious, because I actually have anxiety problems, and I'm very defensive. That's where my anxiety revolves around, like me being defensive. So, I grabbed a knife, for self-protection. I didn't put it near him or everything, but yeah... And I didn't threaten him like, "I want to fucking stab you," or something. I told my friend, "Kick him the fuck out of here." So, they kicked him out. They left. Then it was kind of like where we just... he called the cops. Well, his girlfriend, she was scared or some shit. I don't know, I've never talked to her. But that's what I heard. I don't know, called the cops. But it was someone from that group."*

### **Jason**

Jason had his first ever alcohol at the age at 13. He recalls being so focused on sports that he had little time for parties and substance use:

*"I went to a few parties in high school when I was like 16 because my girlfriend was a senior. I was a sophomore, so it was like I got invited to all these parties with these kids that, usually it was like kids that were coming back from college and still had friends in high school. But that really died down. Literally when I became a junior*

*people stopped partying.”, “I smoked weed like three times in high school. I was pretty... It wasn't even that I was straight edge. It was that I just only cared about sports, you know what I mean?”*

After coming to college and joining a fraternity, Jason's substance use took a turn and he was treating his education with little importance, *“I was treating it like a joke. I was in my fraternity, and I was drinking, smoking, sniffing whatever at least six days a week.”* Jason wasn't only using drugs while in his fraternity, but he was selling them as well and this gave him underage access to the bars, *“When I was in a frat. I knew a bunch of the bouncers because me and my buddy were selling drugs to them so they would let us in.”* Fraternity life came with the beginning of his recreational drug use. A discussion of Jason's substance use connected to his fraternity is provided in a later section. In this next excerpt Jason discussed the impact of his use:

*“It started in pledging my freshman summer, or freshman fall, so that'd be 2016. I started using coke (cocaine). Started using Xanax. Didn't really understand the magnitude of what using those was. By the end of the year I was using cocaine whenever I could get it. Sometimes that'd be three, four, five times a week, and Xanax whenever I could get that. Really anything I could get my hand on. I was smoking weed every day. Anything I could get my hands on right away I would use. There was no discrimination against drugs for me, or drinking. Yeah. I did cocaine, smoked weed, and Xanax. I'd taken a couple opiates, opioids or whatever, but I never really particularly liked them. But if I didn't have anything else I would use those too just to feel something. That also is like... I had lost a lot of weight. I was down to like 160. I came into school at like 190.”*

The last time Jason used: *“No I haven't done anything. I think the last time I did any pills or cocaine was what, May 2018?”*. Jason shared how he can potentially see himself connecting with substances down the line:

*“Yeah. Maybe. Probably. But like I said nothing in pill or powder form. I went to AA for a little bit and a lot of those people there, they have a long, long, long history. It was the same consequences, same everything. It just kept getting worse. For me it was like, my shit hit the fan really quick. To have an actual belief that oh... I don't do the meetings anyway, any meetings.”*

Jason's high-risk drinking started his first year of college, and over time it became difficult for Jason to deny the severity of his use:

*“I started heavily drinking and using my freshman year, within the week of getting back to campus, my sophomore year, the week I moved into my apartment, so the week before classes, I was at a party at my frat house and was just drinking an egregious amount.”*, *“When I was using and drinking absolutely. It wasn't hard to address because it was like it's hard to deny that... It's hard to lie, especially with my parents it's hard to lie for them to themselves and to me after picking me up from the hospital, you know what I mean? That's an obvious problem. That was more than one time.”*

Jason's use stemmed beyond alcohol and into polysubstance use where he would drink alcohol and mix it with over drugs: *“I mean the drugs for sure. I wasn't the type of guy that if I was high I wouldn't drink.”*. At this point in take safety was the last of Jason's concerns, *“[I would] go to the bathroom in a random campus building just to get high. There wasn't anything really that kept me safe because I didn't care.*

Jason's choice to mix alcohol and drugs resulted in a significant hospitalization:

*"I was definitely using drugs a lot more, but my drinking was just as much too excess. I was going to classes hammered having not had slept at all from the night before. Just kept drinking and using all the way through until my 9:00 AM, then I could go to my 9:00 AM and still be awake. So that continued for a while and then I met a friend of mine who was, he was always getting stuff off the dark web and bought a quantity of 2000 Xanax... So he was just givin them to me and then in January I was drinking and using Xanax, in January of my sophomore year and ended up trying to, I was walking to my brother's and it was two degrees out and I'm wearing a t-shirt and luckily for me, an off duty police officer was driving by and he found [me] passed out in the park, near my brother's apartment, and the same situation, very high BAC. Obviously mixed with Xanax wasn't good. That was, I did overdose that night because apparently hearing the doctors talk after I'd have my stomach and bladder pumped and everything. They said that they'd found not only the Xanax and alcohol but also Fentanyl in my system, which I didn't know was apparently, it was cut with these Xanax that he had got off the internet. So, it was a triple threat there."*

Jason's upbringing was abusive, *"It was abusive the whole time basically. My parents ended up splitting when I was seven. I took a lot of shit from my dad. We all did."*, and growing up Jason learned to reciprocate the violence in self-defense. Over time Jason's anger was unstoppable and led to numerous fights and bouts of violence:

*"Normally just fights, fists, whatever. I was pretty crazy back then. So, it wasn't like I had any restrictions. Almost like, oh, I won't do that, I'll do this, but I won't do that. It was really if I was angry no one could really stop me."*, *"It was usually, yeah, it was*



*just fists, possibly weapons. When I was arrested the first time they took, I had a bunch of different hunting and fishing knives and stuff, and they took all of those because they were just in my room and, I was still kind of messed up from the night before.”*, *“One night we were both on drinking and using other pills and stuff that, and we got into a fight and then, I had went to bed and a couple hours go by and they had called the cops. So, I got taken in for that.”*

After the fights Jason was able to notice how anger and resentment underpinned his behavior. *“So that was definitely a common variable after every incident and I definitely think that similar feelings of just anger or resentment definitely fueled just about all of those incidences, especially the fights.”* After his most significant event these feeling culminated in violence towards inward:

*“Again, similar circumstance with the alcohol [BAC] 0.4 or so, and apparently, we got into a fight. I remember most of it but apparently one of the kids must have cracked his head pretty bad. So, I was then sent to the Correctional Facility. Well, actually, no, I had made a suicide attempt that night after getting arrested, so I was transferred to the hospital that day in their behavioral health center”.*

Jason shared how he feels about his violence looking back:

*”Really just kind of, probably just baseline very primal feelings of inadequacy that I didn't know at the time what was going on, but looking back, I can kind of point out the, I'm not as typically angry person, but when I do get angry, or I used to I would really blow my top and it would just kind of be this lack of control tantrum thing but when you're a 20 year old adult male, a tantrum can be pretty violent, and that's just kind of how I saw it.”*

## Social Influence

The theme of social influence emerged from learning of participant experience of the college drinking culture, peer influence, and family influence. Participants alcohol experiences were impacted by multiple sources including their family and peers. The social influence theme is comprised of participant experiences of the college drinking culture and the individuals they interacted with. The social influence theme connects to both the Dual Process Model and Chickering's third vector. Student's in Chickering's third vector are tasked with managing the tensions that arise from their need for independence and the need for acceptance.

### Rachel

We will learn in this section the impact of others on Rachel's alcohol use behavior. This begins for Rachel as for all of us, in childhood within our family or origin. Rachel's parents had varying views on alcohol in Rachel's life:

*"My dad [has] talked to me about alcohol before. He used to be like, "I don't care what you drink as long as you don't get in trouble." And then I got in trouble and he was like, "You're never drinking for the rest of your life." And my mom I'm really close with, but she lives by the model of like "You're never drinking, not even if you're 21. No alcohol is ever going to be in your life."*

As mentioned before, Rachel's father utilizes cannabis regularly, to which she shared:

*"My dad smokes a lot of weed. And I think we talked about this; I don't remember. He's just not a very positive influence in my life, and I try to stay away from him as much as I can, because of the decisions he makes in his life."*

Rachel's Dad's substance abuse history came up several times throughout the interview. *"My dad's mother was an alcoholic. I think my dad is an alcoholic and a drug addict. He doesn't get any help for it, but he smokes a lot of weed. A lot. He makes really bad life decisions."*

In college Rachel was exposed to the drinking culture where she has felt the pressure to drink, *"The culture makes me feel pressured to go out more"*. Further she described how others in college react to you avoiding the alcohol culture:

*"If you don't go out Friday and Saturday night, you're weird. And if you don't go out every weekend, it's like, "Why not?" And if you're not drinking, it's like, "Well why aren't you drinking?" It's basically expected of you to go out every weekend to relieve stress, but it's a little excessive."*, *"The [college drinking] culture makes me feel pressured to go out more. Like tonight we're having a baby's night and I sort of have to be there. This is the one time I have to be there. But it's a pressure of why are you staying in? You should be going out and socializing with people versus hanging out with my friends and playing Mario kart. You know?"*, *"I think that I, it was partially due to peer pressure."*

She goes on to describe the general culture from her perspective:

*"A lot of people drink a lot and then build tolerances. If you do it Thursday and Friday, it's going to soon turn in ... Or Friday and Saturday, then it's going to turn to Thursday, Friday, Saturday, like thirsty Thursday or wine Wednesdays. We have all of these days of the week where it's okay to drink, but it's still you're binge drinking."*, *"I would say, in college life, not like, I feel like waking up and taking a drink in the morning is not a thing most people do. I've never heard of someone doing that. But just waking up, not really feeling regret or shame of embarrassing themselves, or*

*putting other people at risk, and constantly making their same bad decisions.”, A lot of our social groups [at my college] are either based around drinking, or heavily influenced by drinking. So, Greek life, it's almost weird if you don't go out.”*

Rachel even described the lengths students are willing to go through to gather and drinks, “*Then there's this club, called Ski Club. They don't even go skiing. All they do is drink!*”.

Earlier Rachel set the scene for us of a typically fraternity party that she would attend. Throughout her interviews Rachel shared her feelings surrounding drinking in these settings:

*“I think it's more dangerous because instead of going to a house party or an apartment party, you're going to frat houses and the boys can be really scummy. And I've heard terrible things happen to my friends. So, it's the same culture but a little more extreme.”, “They were all really crowded. They were really packed with a lot of people, who I didn't know. The people I was with, I didn't know that well.”*

Rachel wishes “*there'd be less of a bias towards getting help or deciding to not go out*”. At this point in her sobriety Rachel has made a choice to avoid the drinking culture as she begins her sobriety journey: “*I just don't surround myself with that type of culture at the moment.*” When she did drink she shared her thoughts on how her comfort with the drinking culture impacted her safety:

*“I think I was getting too comfortable in the college culture, and that made me have the two, the multiple offenses. Just being able to do whatever I want, whenever I want, and not really having any self-control of going out or not. And just being so excited by it. I think that impacted it.”*

Drinking and socializing were synonymous for Rachel. Rachel would be drinking with friends and sorority sisters and shared in this research how peers impacted her own

independence. Although it's clear from her narrative that peers influenced her, not all friendships were created equal. Later we'll learn how Rachel's relationships in recovery keep her safe, but often the influence of peers increased her risky drinking behavior:

*"My roommates for next year definitely [influenced my drinking], but I don't think my other friends did", "My one friend, she knows everything about my life. I would feel comfortable, I would trust her with my life. And so, she would not really take care of me but be like, "Okay, Rachel, you should stop drinking now." We'd be drinking together and we'd be drinking more than with my other friends.", "My one friend who wasn't afraid to cut me off and she would yell at me if I kept drinking and she's the only person I would really feel comfortable around drinking and I've never gotten in trouble when I was with her.", "I think others, for my third incident, other people were a big factor for me. Because my one friend was already really drunk, and he's like, "Let's do shots!" I was like, "Yeah!" I wanted to be as drunk as him, so I was trying to play catch up.", "Lots of people are drinking, and I wanted to join in."*

Next I will provide one example of Rachel's thought process around the peer influence on her drinking behavior. This happens to be from an event where she ultimately went on to receive a police citation:

*Then these three people came along, and were like, "Do you want a shot? Do you want a shot?" They went down the row. Everyone said no. I was like, "You know what? I know these guys." I didn't know them personally, but I knew the brothers of the frat. So, I was like, "Sure, I'll take one." I ended up taking three. Then these guys were peer pressuring me, being like, "But we like, love you. You're so fun! Just take some more." I don't know how many I took; probably around eight. I was telling my*

*friends, "I don't want to go into the game. I don't feel good. I want to go home." I wasn't trusting myself to walk home alone, because that would have been even worse, probably. So, they were like, "We're just going to stay for one quarter."*

Since these peers were familiar to Rachel she felt equal parts pressure and comfort, which appear to have influenced her taking more alcohol than she had planned.

Over time Rachel's thinking evolved from valuing her peers to leaning on more healthy behaviors she identified on her journey. In reflecting on her growth and change Rachel shared, *"One of my friends, I was trying to get her to hang out with me. She was like, "Oh, sorry. I completely forgot. I had a really bad day, so I went to the bars." I was like, "What? You had a bad day, so you did that? That's not healthy."*

Recovery also influenced Rachel's interaction with peers in the drinking culture. After feeling welcomed into her recovery community she found new social supports that helped her maintain her safety:

*"They were all so nice and they gave me their numbers. They were like, "Please come back"... All the people I met were so warm, and inviting, and they were like, "Oh my God, come over." It was the second day, I had met everyone, they were like, "Yeah come over whenever you want." I was like, "What?" And they were like, "Yeah, if you ever need to crash here, you could. We have an air mattress." And I was like, "I've known you for a week." And they're just so nice, and I know that they'd be there for me, whenever I would need them. Like, I could call them at 3:00 AM, and they would pick up, and it would just be, it's just... I don't know, they were just so nice to me."*

This kindness was in contrast to Rachel's experience with her sorority and the larger Greek community at the time.

Rachel would frequently drink with her sorority sisters where they would pre-game for a party at a fraternity. She described this as, *“I need to be drunk to go out, because frats are really not fun if you're sober. I went to one on Thursday sober. I wanted to leave 20 minutes after I got there, and I had to stay.”* Rachel’s drinking would become excessive as we learned and later Rachel would learn that peers in her sorority were concerned, *“When I was with my sorority, people didn't really look out for me or stand up for me. It felt like when I was drinking they just let it happen and then talked about it behind my back.”* It is no secret that belonging to Greek Life comes with commitments to your organizations. There are expectations of chapter members and consequences for not meeting those expectations. Even as she began making behavior change and reducing her alcohol use and moving towards sobriety Rachel continues to feel this pressure:

*“Between [my] second and the third [incidents] is when I started going out less. Until the beginning of fall semester, because being in a sorority, there's socials and everything. I went to every, single one, because a lot of the girls are 21. So, not a lot of people would show up, so I felt like I needed to show up.”*

Rachel’s high-risk drinking led her to attend her sorority’s peer standards board on several occasions given her risky alcohol use behavior, *“I was sent to standards for falling in my heels, and taking them off and everything... they try to help you become a better person, but also give you things to do so you have consequences.”*

One of those consequences was having Rachel connect with a recovery community. There she adjusted how she interacts with her sorority sisters. When I asked Rachel about how she balances being a member of a recovery community and sobriety with belonging to a sorority she shared:

*“I have set a lot of boundaries with my sorority sisters. Like, I don't want to go to this, I don't want to go to that. And they're super understanding of it, and they're super supportive of me and my choices. But it is definitely a little bit awkward when I haven't been in my room all day, and they come back at midnight, and everyone's hanging out and I'm like, and they're like, "Hey, good to see you again." I'm like, "Yeah. Hey, I'm going to bed." It's a little hard to balance, but also whenever I would need my sorority sisters, they'd be there for me, in the drop of the hat”.*

### **Kelly**

Kelly's family influences her relationship with alcohol. At first growing up Kelly's parents rarely drank in front of her: *“In relation to alcohol there was no times where I saw my parents drink too much. My parents drank almost every single night with one beer or one glass of wine.”* She learned from watching her parents that using alcohol was a way to relax:

*“At night, depending on how 'hard of a day' it was. But it was only one, and it was at the end of the day while they were watching TV, or dinner, or whatever. And that was where I learned that it was something to relax, from a very young age”.*

But since Kelly came to college her parents' alcohol use behavior has changed: *“Each of my parents have had blacked out experiences since I've been at college. And I feel very bad because it's affected my sister. My sister doesn't really drink or smoke or do anything.”*

Kelly's concerned about her parents' substance use on his sister since her sister still lives home with the family. Although Kelly shared that her parents aren't “alcoholics” there are still times where her parents engaged in risky drinking behavior:

*“But my parents each have had their own situations since I left for school. And my mom, same thing. She thinks she's fine after two, she goes to have a third, she's*



*blacked out. My dad, he'll come home after a hard day of work, he'll have, I don't even know what he drinks, scotch, maybe something weird.”, “He wakes up the next morning with \$200 worth of Grubhub in our house. And it's like, "Sir, did you need this?" It's normal for maybe a college student. And they're both mad at each other. And I'm like, "You both just did something in the same two weeks." So, I know where I get it from, but they both never, don't do it often. And when they do drink it's not out of hand. So maybe they have tendencies, but they're not alcoholics.”*

Watching her parents’ drinking behavior while simultaneously being punished felt hypocritical and brought out feelings of resentment:

*“And having two people who in my perception could get it right and could do it normally and had never gotten in trouble, had never had anything wrong with it, talk to me about all the things that I was doing wrong and how I needed to not drink until I was 21 and what I was doing was illegal, and all these things when I was 14. I was so resentful.”*

Kelly described the college drinking culture:

*“So, I was doing it and then it just got too fun, there was alcohol everywhere. It was so easy to not do that. And I started making more friends, girls and guys, guys living in the frats, girls everywhere, just girls in all the sororities, all ages everywhere. You start making friends, you start seeing people. Every time you see them while you're out, the first and last thing that you do is say like, "Oh my gosh, hey, how are you? Oh my gosh, drink." It's just, the culture's ridiculous.”*

When I asked Kelly about alcohol and the party culture, Kelly goes on to describe how in the college party culture and its dependence on alcohol:

*“No one is going to voluntarily give up alcohol because that is the ultimate sacrifice that no one, like no one who is at [my college], no one, many individuals who are in [my town] at [my college] are going to voluntarily be like, “I don't really want to drink on a Friday night. That's not what I'm here [to do] tonight.”*

She also expressed her feelings about looking at the culture through a sober lens, *“I don't think that it's sustainable for everybody. I see a lot of people who are struggling people and a lot of people who aren't talking about [their problems with alcohol]”*.

The impact of social expectations influences each college student as they work to manage their need for independence against their need for acceptance.

Kelly utilized peer comparison to inform her self-image:

*“It was extremely unhealthy, and I just never saw anything wrong with it because I attracted hard drinkers like myself who were doing similar actions. So not spending too much time with people who had healthy habits allowed me to feel better about myself.”*; *“A lot of the people who I was drinking with liked me because of how much better I made them feel about themselves. I've realized that now. I just thought they liked me for me. But now I'm realizing they liked me because they liked how quote unquote “crazy” I was, and it made them feel better about themselves.”*

Kelly noticed how other students were better able to balance their lives with alcohol:

*“So being a student, I would see other people doing all three. The recovery aspect, the title, wasn't there for them. It was just being a human for them, I would say. But they were going to class, they were doing their assignments, taking the exams, doing everything that they needed to do to be a student. They were going out in moderation*

*when they could and when they were they weren't consuming everything they would see, and they would come home at a normal time."*

Kelly received additional peer feedback of how her behavior differed from other college students, but it didn't stick for her:

*"My friends were more hesitant to, I believe kind of voice their concern about it, because I just wouldn't listen. I wasn't like I said in denial about it. And I would just say, "Yeah, okay. I'll see you guys out tonight." Or like, I would go out with different friends. Like it was I wasn't going to stop. I just was going to continue to do it either on my own time or with other friends. And then my parents would also try to tiptoe around it and say anything but since I didn't live at home when I was at school, they didn't want to say anything that could have upset me in a way that sent me over the edge or anything. I also did a very good job at hiding it from them.*

Later in sobriety Kelly restructured her friendships and thus her peer influence and the quality of her friendships, *"I've made new friends in sobriety. I'm still working on being constantly reliable and loyal."*, *"Now, being sober, I haven't seen a majority of those people that I was going out with and drinking with, because a lot of those people I would only see while I was out."*, many of whom were involved in Greek life.

Joining a sorority came with an enhanced self of self, *"I rushed, I was in Greek life. I was fully sorority, like do not speak to me if you're a geed (slang, non-Greek person)."*. Joining a sorority came with an overwhelming and important need for inclusion:

*"[Seeing] something that had that sense of inclusion in a way that I hadn't seen it before. I had all of these plans and these ideals. I remember vividly before I rushed I had watched all of the five top share sorority videos. I was like, "I want to be in this one or*

*this one." And then second round of rush, whatever the third round was, I got dropped from all of them. And I was like, okay well no one told me that I was ugly so who knew? It was the best thing that could've happened to me, getting dropped by those sororities and getting into the one that I ended up being in. But it was soul crushing. It was something that I did not see coming. It was out of left field. I was mind blown. I was mind blown. I was so mad."*

After not getting into her top sororities, Kelly connected with a group of others who enjoyed the college drinking culture:

*"They were both hungover and I was just so mad that I didn't get my other sororities, the other sororities that I wanted to be in. And they were extremely hungover and we're just talking about how they were hungover. And I was like, "Yep, I like you guys." And I ended up being in that sorority."*

Finally, in her sorority Kelly found belonging:

*"After rush I ended up having such a strong group of friends and such a sense of inclusion.", "I was put in with everybody else who was also just looking for friendship, inclusion, and was able to be there for me on a communication basis., "It's that sense of inclusivity, yeah that's the word. That feeling of being included in something that is more important than me as an individual. It makes you feel like you're doing something that's good. And it makes you feel like you are in like an important social group that is validated by other important social groups."*

Belonging to a sorority came with social capital and access to substances:

*"Getting into frats, getting free alcohol, getting free weed, getting free drugs, it just all ended up happening so seamlessly that it never made me question it. Because I*

*was able to find myself hanging out with other white privileged people who were doing the same thing. And then we were all using other people's daddy's money. Not mine because my dad doesn't have any money for me to go use it on this habit, but other people's parent's money.”*

By now we know of Kelly’s risky behavior in relation to alcohol and despite finding a sense of belonging, her risky behavior came with consequences from the sorority:

*“I [disassociated] right when I came back because I had been called to [the peer executive board] four times. And being called to [the board] involves sitting in front of seven people who are on the executive board and those seven people are either your age.”, “It was humiliating, it was just disrespectful to asked these things by people who didn't understand, didn't care to understand or were asking them superficially because they had to.”, “I was on social probation for that entire time that I was... Because that was middle of sophomore year, or like beginning of sophomore year. And I just kept blacking out at socials and parties and pregames and stuff and being brought home by like sober sisters or blacking out at formals and having been brought home, it was just, every event that they had.”, “My punishment was to be sober sister for a formal when I had to be sober around all my drunk friends.”*

As punishments from the sorority emerged Kelly felt more and more removed from her previous sense of belonging. One way that the sorority would bond was through partying together and by going out together it was a way to fit in:

*“I think that by being in a group or some sort of social hierarchy where you do not feel as included as you could be, you feel maybe sort of on the outskirts of a group*

*which drinks or does drugs or does something. There is that extreme longing to fit in and if that involves going out to fit in or drinking to fit in or smoking, buying drugs, buying alcohol to fit in, those actions will be done. I think that I've definitely gone out when I didn't want to, or like going out when I was hungover, but didn't want to go out. But I've also pressured people to go out and been like, "I want to go out, who is coming with me?" And my friends were like, "Nah." And I was like, "No, that wasn't a question like who's coming with me?" And they were like, "I guess we'll come out."", "And the friends, quote unquote friends that I was making, were all going out friends, they were all people who were in the frats when I was in the frats, and they were going to the same frats that I was."*

Status was important to Kelly from an early age where she wanted to fit in with the “cool kids” and drink with the older kids in high school. Earlier Kelly described how not getting into her top sorority choices was “soul crushing”. The last time she was called to the executive board to address her dangerous drinking behavior, Kelly was frustrated at having to explain herself to underclassmen:

*“The second I came back, it was after my fourth underage, so I figured before I get called into exec to explain it, I'm just going to Disaffiliate because I don't need to explain myself to anybody. I don't need to explain myself to seven people that I don't know. Because at this point it's all younger people.”*

Now that Kelly is in recovery she is able to see the lasting impact of Greek Life social status on life even beyond college:

*“I know so many frat boys who live together now in Boston or New York or Philly and they're just continuously fucking around, going to bars, at their jobs that they*

*happened to get. And now they're just like, "Okay who wants to fuck me because I was a pledge master in [a fraternity]." You need to do more."*

### **Peter**

Earlier we learned a little bit about Peter's family influence. Growing up with a single mother, Peter was raised by his family:

*"I was basically raised by my mother and family members. My grandparents and my whole entire family is very religious. It's like we practice the Seventh Day of God Church, yeah. That's what it's called. It's basically like a produce stand religion and we go to church on Saturday so that was where I got a lot of my morals from, I'd say."*

Peter turned to his family growing up in search of a role model:

*"I didn't really have any fatherly image that I had to follow. Probably, my grandfather, my uncles, they were like good role models, but no one really stuck out to me that much, probably just my mother."*

Peter's current family system consists of him, his mom, his step-father, and his younger sister:

*"It's just my sister and my two parents. We have a house here and it's very warm here. Yeah, it's like a good relationship with them and it's very like a healthy lifestyle. My parents are fun. I mean, now, my mother, eventually, she got her master's in finance and my stepdad also has a master's, so they both have good jobs at this video game company that he works like 50 minutes away. So yeah, they're in the video game industry. They have, I guess, they love what they do and where they are and that really reflects on our family and how they have sustained me and my little sister"*

*and just ourselves in general. And yeah, I don't think we have any... we have everything we need."*

Peter's parents (mother and step-father) are very involved in Peter's life and have talked with him about his substance use:

*"They have talked to me about alcohol a lot. They are the main ones watching over me, I guess. They have firsthand experience of all that I have been through because they had to help me out a lot."*

Growing up Peter would host parties in high school and his parents would assert their concerns around Peter's adolescent alcohol use. *"I threw parties and stuff. Yeah, they kind of got angry and they talked to me about it, that that wasn't right, especially the drinking, under the age of 18."* He goes on to share how his mother addressed the behavior, as well as the biological dangers of drinking at such a young age:

*"In high school, my parents, of course, my mother was like, not like I was abusing it or anything but she's like, you're behaving bad. You threw a party and you had kids drinking here. You're grounded, type stuff., "My mom tells me a lot like my brain isn't developed yet, so I have to fully develop, and she doesn't want me drinking alcohol and kill my nerve cells and just become stupid somehow. Second, also because we're in the United States and ruin my status and everything. So, it was very risky for me and for them as well. They could get in trouble."*

Due to Peter's continued alcohol use behavior, family tension grew: *"So like my family, I guess, for the first freshman and sophomore year (of college), things were getting worse between us. Every time I came home we argued and stuff. At some point I didn't want to come back home."*



When exploring family use history Peter shared that his maternal grandfather had a history of alcohol misuse:

*“The only person I’ve heard of is my grandfather from my mom’s side. He was... I guess he was also raised without parents. His father died really early. He was homeless. I mean his brother, they cleaned cars and that sort of stuff and he engaged... Yeah, he was an alcoholic until 30 something around there and I guess he became super Christian.”*

Peter described how he notices the college drinking culture and its influence on thinking and behavior: *“Yeah, I feel like, to some extent, American youth is not as exposed and experienced to certain things that might help them in the future like alcohol. They’re not mature with it.”*, *“I don’t know, there’s like some psychology behind it. Everyone just wants to follow the trend of whatever group they’re on”*. He goes on to share how the American college drinking culture contrasts with the Mexican drinking culture specifically:

*“I think it is a nationwide culture of when I compare Mexican drinking culture with American drinking culture, I’ve always had this perspective that Mexican people, like Mexican kids, youth, are like taught at a younger age how to drink and so right now you go to Mexico and you drink [inaudible] you don’t see the same stupid shit that American people do. They’re more mature in their drinking just how they drink. They don’t binge drink like they do here.”*

Peers no doubt influenced Peter’s behavior. This influence begins with turning to peers to model their behaviors:

*“The way I grew up, I kind of didn’t have someone like a character, like a role model, how I really wanted. I kind of just made it up along the way. “I want to be that. I want*

*to be that." And I was just like whatever environment I was immersed in? I would always choose the person that have the most possibilities of success. And that's how I was like, "Okay, I want to be like that person if I want to get that."*

He goes on to share:

*"I guess, like that'd be like my biggest influences into drinking, I guess, like people. I would say like my roommates in college. My first roommate, my freshman year, was a pothead. He didn't drink much but he was a big pothead. Who else? I guess, like when I started working at the club, there were a bunch of alcoholics around me so that too. I kind of went with the vibe."*

Although Peter recognizes the influence of his peers on his use, he clarifies that they more influenced how often he would use, not how much he would use. *"It was more of like a thing to do together, but they didn't influence how much you drank or something like that."*

Peter's incidents were centered around socializing and relationships. Two of Peter's alcohol related events rotate around roommate relationships:

*"I took six people back to my place, my apartment. My roommate, he didn't smoke, and you know, I was smoking in my room. Not in the living room or anything else. I was smoking in my room. He was mad. He was with like his girl or something, and he was like, "Please stop smoking. I'm telling you, get all these people out of here." I think I was like, "Okay, whatever." I didn't care. He ended up calling the cops on me, but by that time, everyone was gone. There was no weed, just paraphernalia. They just cited me, disorderly conduct for that. Eventually I got community service hours and had to pay a fine, for court fees and stuff."*, *"I had alcohol, I mean like a beer can in my pants. And my friend had like bottle of alcohol in his backpack. We went*

*back to my place and we were just changing. We were about to go to another friend's place, and my roommate called the cops, because he felt unsafe. He was like, this South Korean kid... He was international too, and he was like, "I feel unsafe." So, he tried to report it because of beer in the room."*

Despite peer connections causing issues with safety, Peter identifies his friendships as a source of support, *"My friendships, leaning towards friends that have a healthier impact on me."* While Peter would seek out healthier friendships he would be avoid discussing his alcohol related issues with his friends. *"I never really told my friends anything that was going on. So, I kept doing the same thing. I guess they knew separately of each case, but no one knew the extent of how much trouble I got in."*

Two aspects of peer influence that influenced Peter were his life working at a club, and his involvement in a fraternity. While working at the club, Peter was given access to alcohol as a minor, *"There was like a bunch of security guards there that allowed me to drink and then, wow, like Xs on my hands and stuff which is a little out of control for me."* Life at the club came with perks, both social and professional:

*"And yeah, it was like, then my life was more fully immersed in it, in the club acting all cool and I definitely gained more perks because of it, because the company I worked for was very big and I also worked with owner. He owned like five clubs and he hosted like a big fest, like two festivals. They were big like top artists go there and I was just up top, working in management and stuff. It was an internship."*

It seems fraternity life was calmer for Peter than life at the club. He shared with me that *"there's a big conception and it's true to some extent that everyone in Greek life is wild"*, but that was not necessarily his experience:

*“I have my friends who are Greek life and I guess it depends on the fraternity, but I found out I can do my fraternity because everyone... It's not like dumb people. They're actually really smart and they're very aware of dangers such as alcohol and stuff, and everybody we can rely on that if you tell them they'll respect it. We don't haze or do anything like that, that's actually against the rules and we could get punished. So yeah, we don't push people to their limits or encourage them to get fucked up or anything.”*

Peter also shared about how even in recovery he has maintained his connection with other Greeks:

*”I found a good balance and I found for example, my sponsor for AA. He was the president of Delta Sigma. Even though he eventually became sober as well, he had to go to rehab, and... Well, yeah, I learned a lot about him as well and how to handle Greek life and CRC at the same time.*

Status and inclusivity were two social variables that influenced Peter. He described the benefits of alcohol on his “vibe”- *“I would submerge into that cool vibe, alcohol, kids, drink, whatever. You know, like socially wise, everything was more smooth and more fun.”*. When Peter would DJ, alcohol didn’t have to be part of the picture for him to feel good about his social status, *“I just wanted to DJ a lot. It isn't about drinking. It never was. And I would DJ sober, just enjoy it any time. But partying is like... yeah, when I worked for the club and stuff, being a baller or some shit.”*. Having status at the club particularly impacted Peter:

*“It was an 18 plus club, so I started as a promoter just like getting people in the club and stuff and getting paid for it so definitely like people just because I was around alcohol and I was able to pre-game and go in there fucked up and I guess I developed*

*an image because of it. There's a chain and if you've got the connections to drink and enter for free and stuff."*

Peter offers some insight into who is prone to high-risk drinking and its connection to status and inclusion, "[They have] money, capital to make that happen. And connections, for an ID. Then they're just tired of life. I guess they're like stressed, or alcohol has always been there for them".

### **Jason**

Jason's not shy about how difficult it was living with his family, and more specifically with his dad who Jason described to be "like a monster". Growing up Jason did not have healthy relationships to look towards, "I hadn't seen healthy relationships, or healthy coping behaviors, or healthy conversation.". Jason recalls having his first ever beer with his dad:

*"Our parents, our dads got trashed all day, but then we went out at night. We're sitting by the fire and our dads are just like, "Hey, we're not going to tell you don't drink the beer because you're going to do it, but just don't be stupid." That was the first time I'd actually had more than one beer, or even a taste of beer."*

Today Jason's parents and step-parents continue to be a part of his life:

*"Yeah. I mean they all are. My mom and dad both remarried so I have a stepdad and stepmom. For the last 15 years or so my stepdad has been wholly involved in my life, but right now him and my mom are having a thing going on. Their relationship, they're working through that. Right now, he's not involved really at all. He works out of town too... It's gotten a little worse now. Her and my stepdad have been having some things going on", "My dad and my stepmom are also... They're involved. For me I try not to spend too much time with my dad because I know that for both of us*

*small doses is the best case, especially for me. Yeah. Me and him have a lot of the same tendencies and personality traits, so he's not a dumb guy but neither am I."*

Communication has been difficult between Jason and his parents and siblings:

*"My mom does her best to understand. She just doesn't. That's never been an issue of hers. My dad, it has always been a issue of his, drinking and whatnot, whatever else he was doing about my age.", "It's always just they don't really understand. They do their best to. I do my best to communicate those things. I've had the conversation though with my brother and my sister a few times. Because it's hard to communicate things that you're realizing as a young adult in 2020 with someone who was a young adult in 1990. It was just that gap of awareness." , "My brother's got some of his own dependency things too. As much as I can I try to talk to him, just give information really, just nudge him like, "Hey, man. What's going on," but never anything that could be... It's very baseline conversation when it's talked about."*

So, when Jason would talk to his parents about alcohol it came with frustration:

*"The irony is, is that my dad had even said it something a few times but that just pissed me off because, not only did I know his history, but I knew his present and he was still presently drinking to access most nights.", "And oftentimes if my parents did get involved, which was most of the time, there was a very heated conversation after the fact, kind of blaming them and blaming me. This is why I did this because everything was so messed up, blah, blah, blah."*

Time was a good remedy for Jason and his various familial concerns. When dissing the present, things are better between Jason and his family, *"That took a lot of work, but all the*

*relationships that I have in my family now are exponentially better, with my dad, with my sister, with my girlfriend, all of the above". His family is more encouraging now:*

*"But my family continually reaches out, just to say stuff like I'm proud of you. I can't believe how far you've come and literally just this year, it's really awesome. We love you. I'm like, all right, settle, but that's just kind of the overall reaction, and it even took me a little bit to actually believe that, but I mean, everything's, it's pretty great right now."*

I asked Jason that if there was anything If things could have been different, something that would have altered his path to substance use, to which he replied:

*"Well, there's the obvious. If my relationship hadn't been that way with my dad growing up. And it's difficult because then you're not only... And then of course they're split so now I'm dealing with one or two parents going through this. But you're also listening to them just berate your other parent and you're thinking, well both my parents are pieces of shit and what am I?"*

Jason experienced the college drinking culture as pervasive:

*"I haven't met, worked with... I haven't worked with, talked to, been in a party... I haven't been in a class with someone that I hadn't really... If I had talked to them chances are the conversation of, "Oh, what are you doing this weekend? Oh, I can't wait until I turn 21. Oh, I just want to go to the bar," all that dumb stuff. Now it's to the point where it doesn't really interest me going to a frat party, or to the bars with like 300 sweaty people."*

Substance use was influenced by peer behavior:

*“There's a lot of people that were like me. I need to do this otherwise I'm not going to be happy. I'm not going to have fun. I'm not going to be cool. There's a lot of people who actually feel they need to drink, but then the majority of people feel they need to... It seems like because of external influences they hear other people say it, and it sounds cool, or they have friends who consistently will go out to the bars every weekend, or even in the middle of the week.”*

But this influence went beyond simple behavior observation and into peer pressure: *They're like, "Oh, well yeah my friend..." It's almost like peer pressure. If you don't want to do it yourself chances are you will eventually feel the peer pressure of everyone else doing it whether it's intentional or not”,* Jason continues to describe how peer groups influence behavior, *“You're probably more willing to want to step out or even shy away but be more extra or introverted in that group based on how much you know people.”* After returning to school after having to take an absence due to his substance use, Jason stayed strong against the pressure:

*“Yeah, the first time I came back to school I had almost five months completely clean. At that point it was like, all the physical and a lot of the mental withdrawal symptoms are gone. I still kinda chose to do it. Because at the time when I first started seeing my girlfriend I was still clean. I knew she drank, and that wasn't a big deal to me. But then eventually it was like, hey maybe I can do this. I talk to myself enough in my head that I don't have... Listening to other people isn't a huge, big influence on me.”*

Jason's involvement in his fraternity started off by connecting with peers who had characteristics he valued:



*“Everyone was different, but everyone was cool as shit to me at least. They were nice to me. They liked me. I liked them. That was inevitably the decision, was just like, “Oh my god. I don't think I've met anyone here that I don't like so I'll just join.”*

We have learned how influential Jason’s substance use was after joining a fraternity:

*“I mean they were offered to me as a pledge. If you're pledging you do what the hell you're told. Also if you're pledging you want to feel like you're part of the brotherhood already, and so if people were doing Xanax, or sniffing coke, and they offered it to me hell yeah.”, “The using and everything was secondary because technically they didn't want the pledges to be buying or using drugs from any of them, but once you became... Literally the night that I got initiated or whatever one of my buddies who was selling coke and Xanax was like, “Hey, now you can get whatever you want and you get it for this price too.” I'm like, “All right. Cool.”*

Jason described how being at the fraternity house provided safety since he had friends looking out for him:

*“Honestly being at the fraternity house, being there with a bunch of my friends that I know cared about me. But other than that, I've shown that I can be very... Like I said, I'm intense, so when I'm drinking I'm either very intense about just having a good time, I'm very intense about doing something stupid like breaking laws and stuff like that just for fun. I'm also very intense with my temper.”*

After recovery Jason recognizes his evolved perspective on how belonging to a fraternity influenced his behavior. Now he stays away from locations where he got into trouble: *“I'm not very social. I wouldn't say that. I'm not very social with the context of the places around [the college town], because I was going to all them when I was in a frat.”*

Jason described how his reputation and social status influenced his behaviors, *“I also was doing drugs and stuff. I was selling drugs and stuff. To me that felt like that made me cooler that I was doing drugs, and I was drinking all the time.”*, but over time his understanding of what made him *“cool”* changed:

*“In the beginning I would say, the influence was just, like I just said, just wanting to be cool or wanting to fit in. After that, once I was already, one I was a brother of the fraternity, and I was continuing to do the same dumbshit that's when I realized, okay, this is Jason thing. This isn't a fraternity thing; this is a Jason thing. So, a little bit at the beginning for sure. I never wanted, always shoulders back don't show emotion type of guy. But then once I didn't have to wear that facade, then I realized, okay, shit. This is a little bit deeper than just wanting to be cool, you know?”*

### **Repercussions**

The final theme of repercussions included codes such as: consequences, recovery, support, and takeaways. Consequences included the legal and academic consequences participant faced. The student recovery experience and the support they received contributes to this theme. Finally the repercussions theme examined participant takeaways of their entire alcohol recidivism experience. This themes relates to Chickering’s third vector of movement through autonomy and interdependence where the student must take responsibility for themselves (Chickering), and Chickering’s seventh vector of developing integrity. Although each of the participants are in different stages of development, this section will highlight how they are developing integrity and practicing values consistent with their own beliefs.

### **Rachel**

Rachel reported numerous consequences of her alcohol use behavior ranging from the immediate to the long term. I will organize this section by addressing Rachel's more immediate consequences and ending with her recovery story.

Immediate consequences for Rachel were the result of her drinking habits and her alcohol related events, *"I've gotten two under ages from drinking, so that's destroyed my life because that means I can't have certain jobs like being a teacher or if I want to work for the government, I can't do that."* As a result of her events Rachel's mother also threatened repercussions. Out of fear of her mother's repercussions, Rachel chose to hide her incidents and hospitalizations at first:

*"I didn't tell her. Because, I used to have separate insurance from her, for my disability. It covers everything. So, I was like, "It's okay." I was tryi-, I wanted to tell her, but I didn't know how to tell her, because the first one, she almost pulled me out of school for. She was like, "I thought I could trust you, but obviously, I can't," and all of that."*, *" [After another incident] my mom almost pulled me out of school again."*

After Rachel's college found out about her police citations and hospitalizations she was required to attend mandated alcohol education. Her experience attending this mandated education three times with three different providers for three separate events yielded mixed impact. The first time Rachel attended the mandated education, she shared that the educator she met with *was rude*:

*"The [person] that I was talking to was really rude to me. I was like, "I know I got an underage, but this is what went down." [They] just [weren't] receptive, and it wasn't about my feelings per se, but what is a standard drink? That's all I learned about. I was like, "I've done this multiple times. I know how this works, trust me."*

In addition to feeling like the provider was rude, Rachel felt like she already knew the baseline alcohol education the provider was teaching when she attended:

*“There was a little quiz with videos that we had to watch before coming to [college]. And you weren't allowed to skip the videos. It's really dumb. Then going to [trainings] and then when you join a sorority or fraternity you have to attend one or two information sessions about drinking.”*

After returning for her repeat alcohol events her experience was different:

*“[The second time I attended], the woman I had was really, really caring. It was more of a therapy session... The woman basically helped me talk to my mom, figure out how to go to court, all of that stuff. She was really receptive. She was also a counselor for a really long time. So, I really liked her... then, [my third time attending], the woman I [had was] amazing. She used to work in a rehab facility, so she understands every, single step I'm going through. She's like, "So, how would you feel if you were sober in a situation where there was alcohol?" I was like, "I've actually done that, and it's been fine." She's like, "That's so awesome." She's my hype, man!”*

In reflecting on how she felt about the usefulness of the mandated education overall Rachel shared:

*“[The first time], and [the last time], I sort of feel like they were a waste of time. Because [the second time], she gave me, like how to talk to the number, or the place to go where I could get a free lawyer, for being a student. She gave me a place to go to help me figure out my major. She was like, "If you need help covering the cost for a lawyer, go here.”,*

*“Again, super supportive, being like, “You can do this. You got this.” I feel like, instead of being like, “This is this, and this is this,” and “You’re in trouble.”, “And the support, to be like, “I believe in you. This is how we’re going to fix your life,” basically was really, really helpful.”*

In addition to attending a mandated serviced provided my employees of the university, Rachel also attended a peer driven alcohol class facilitated by a trained alcohol educator:

*I loved [it] so much. I remember, we talked. When we first got there, we talked about, we went around and shared our favorite drink and either, our first drinking memory or the funniest one.”*

Rachel shared how she appreciated this more casual and positive approach to alcohol education.

Additional places where Rachel received alcohol education include:

*“I took health online (in high school). So, I don’t think they did. And if they did, it was stuff that you didn’t have to read about and you could just answer the question”, “I learned about excessive drinking in my abnormal psych class and I think he gave us different outlets if you think you have a problem, like Smart Recovery, AA, Moderation Management, those kinds of things.”, “If I ever had any questions, I’d probably just look at the internet.”*

Rachel’s recidivist story culminated with us meeting her in the beginning of her recover story. Her first connection with someone in recovery came from attending the mandated peer to peer service mentioned above:

*“Someone from the [recovery community] actually came and spoke. She was talking about how she'd been to jail. She was an addict, all of this stuff. It sort of scared the shit out of me, for a week, but then that slowly wore off.”*

Despite the impact of this interaction wearing off, when Rachel re-offended she knew where to turn.

Folks in Rachel's recovery community are a source of support and connection. After her near death experience Rachel more seriously connected to her recovery community:

*“They were all so nice and they gave me their numbers. They were like, “Please come back. We love you,” all of this stuff. And I was like, “If they give me free lunch, I'm going to come back...So I did for a little bit and got to know everyone. And then about a month later, a month and a half later, I blacked out, fell down a flight of stairs, couldn't hold my body up and was unconscious in the bathroom floor. I ended up in the hospital. Didn't get an underage and then I was like, “Yeah, we might have a problem”... I had known people in the CRC before that incident. I texted one of the girls, and I was like, “I messed up.” When I got home, she called me, and we talked about it. She was really, really helpful and supportive.”*

Overall Rachel shared how supportive her recovery community is in contrast to the rampant alcohol culture:

*“It's definitely different, because coming into college I was like, “Oh, sorority, Greek life, all of that stuff.” And I love my sorority and everything, but having non-Greek life friends, who were there to support me through everything, it's a lot better than I imagined. And I never knew there was this type of community out there before coming into college.”*

She goes on to discuss how she wishes that sobriety and sober events could be more of the norm:

*“I know that the [recovery community] is working on this, but I wish that we could advocate more for people binge drinking and having sober options, like you don't have to go out. So, I know the [recovery community is connecting with Greek life] and being like, “If you think you have a problem, come talk to us.” Because I know a lot of guys who are definitely alcoholics where fraternities just fuel them. So, I wish it wasn't so stigmatized, like you have to go out or else you're never going out and you're lame if you don't drink.”*

At this point in Rachel's story we have learned of Rachel's multiple sources of support throughout her events, ranging from beneficial supports to detrimental ones. Such as friends who are willing to cut her off when she has had too much alcohol, or those friends who she needed to set boundaries with or the detrimental support of providers who Rachel experienced as rude and unhelpful. Additional support stemmed from the caring providers Rachel encountered as she attended mandated services.

When asked to describe her takeaways Rachel shared: *“[My events] were learning experiences, and like I look out for my friends more, now that I've had those experiences.”*. Rachel also learned to *“[be] more aware of my surroundings, and how things impact me. I've been able to be more in tune with my thoughts and feelings, rather than just acting on emotion.”*

Rachel has been able to use her learning experience to be a support to her peers:

*“I just tell them, “It's not the end of the world. Even if you or your parents think, ‘Oh my God, this is the worst thing to happen to me.’ It might be bad at that time, as you*

*move on from it, you'll be able to sort of look back at your past experiences, and just grow from it. And even if you just get one citation, or something, you should take that as a sign to maybe not go out as much, or be more careful in the situations you're in, and all that stuff. But definitely the biggest thing is don't freak out as much." Because I remember the two times I was crying for days, I didn't go to class, and I was just... I couldn't do anything. And it felt like the end of the world, and it really isn't."*

Rachel's penultimate thought of her growth as a result of these events stems from her confidence:

*"I'm more confident with who I am now, and I feel like I don't have to compare myself to anyone. Like, it's okay for me to be who I am. Cause when I was in high school, I wore makeup every single day. I couldn't leave the house without my eyebrows. And you've seen me three times now, and all three times, no eyebrows, no makeup. I'm just like comfortable in my own skin."*

### **Kelly**

We have learned about Kelly's experiences with consequences throughout her interviews. Whether it was consequences from home, *"I just remember my dad was screaming, my mom was yelling, I was throwing up so much, I was obviously drunk. And was grounded again."*, consequences from school, or legal consequences, it took many repercussions for Kelly to make changes in her life.

*"I've had for [underage citations] while at [college], and I have... All of which have gone through Student Conduct. I've done BASICS twice. I've done the AOD Plus Program, which is offered by Student Conduct. And each time it just was like a hassle for me. I didn't feel like I wasn't excited to do it. I was very reluctant to engage. I*



*never felt like I was being truthful while I was doing it. There's a part in the big book that talks about remaining mindful when speaking about medical professionals or like physicians, especially since they have such a negative outlook or viewpoint on alcoholism, because when dealing with alcoholics, they're either dealing with alcoholics who are currently battling with it and judging with individuals who are sick, or they're dealing with individuals in active drinking, who weren't telling them the full truth."*

Kelly had a variety of experiences navigating the outcomes of her alcohol related events. She shared in the interview about her interaction with a judge:

*"We went to the judge, and I remember he individually made us all stand up, look him in the eyes and swear to him that we would never drink again until we were 21. That was his methodology...I was trying not to laugh. I was like, "What is this old man doing?" As soon as we walked out, we were like, "All right, we're lit." And I'm pretty sure we got drunk that night."*

Kelly did not take her consequences seriously and felt that this approach was useless.

*"[After] the first [incident] I had no intention of stopping [my alcohol use]."* She goes on to describe that after attending mandated education for her first event confirmed that she was not ready to alter her behavior:

*"It made me more aware that I wasn't doing what was supposed like drinking, how I was supposed to be, but I don't... It like kind of, weirdly I think it made me realize like I wasn't going to stop."*

One way Kelly did report feeling the severity of her consequences was in her wallet:

*“The charges were like, I think it was like two grand for the whole thing collectively.”, First time I had to do BASICS, I had to pay 250 for that, and then did it, second time I did BASICS, but I didn't have to pay for it again.*

It was not until her education, what Kelly have valued above everything else, was in jeopardy that she decided to make a change:

*“I didn't value myself or the outcomes, like the emotional damage that I was causing to myself. So, once my education was pulled from me because I was suspended after my fourth underage, that was the time where I really decided that I needed to do something.”*

Kelly attended many required alcohol education programs because of her alcohol citations and incidents. Kelly most often met with the college's student conduct office as a result of her behavior. After one incident Kelly met with a conduct officer and:

*“She asked if I drank recently. And I was honest. And I said, "Well, it was my friend's birthday last night. So, I went out." And she's told me she just was so shocked that I was so close to getting suspended and that I wasn't listening or I wasn't getting, I wasn't comprehending the seriousness of it and hearing me speak to her now, like the difference in my tone and my perception and my just how I am as a person has fully changed. She was like, "It's honestly crazy. It's insane. Seeing you and hearing you talk and having an interaction with you is, in just a year, it's one of the craziest things that I've ever experienced.”*

It was clear to the staff member Kelly met with in conduct that she simply was not grasping the severity of her behavior. Kelly was then required to attend multiple mandated requirements to stay in school:

*“I had like this whole checklist of things that I had to take care of, like do, activities wise. I had to go look at... One of them was go to a meeting. And one of them was talk to a CRC member. And I was like, “Fuck that I'm not doing it.””*

Student conduct required Kelly to attend brief alcohol education in the form of BASICS where she was encouraged to self-reflect and learn about alcohol safety. After attending BASICS for her earlier events Kelly intended to modify her behaviors. *“My second one I woke up and tried all these changes. I remember thinking that I was going to only drink... I was only going to take out a Gatorade bottle”* she even recalls keeping some of the content provided by BASICS as a reminder of safety, *“I remember I hung up the BAC thing for a while on my freshman dorm room”*. In reflecting on how BASICS was helpful, Kelly shared that, *“It has really helped me in knowing that there are consequences and that my decisions, regardless of my age.”* She also shared that:

*“It's super hard knowing that the individuals who are coming into BASICS or coming out of BASICS or all of those things they're not... Most of them if they have alcoholic tendencies are not going to stop until they had their bottom”*.

In addition to health education Kelly simultaneously attended counseling:

*“I had been going to counselors. I had been going to a substance abuse counselor and to a therapist for mental health and they both had suggested that I try AA, but they hadn't pushed it. They just suggested it. So, I had a meeting list and I just remember walking in, and it was the craziest thing. I just felt so welcomed and not alone. And I remember coming home and being happy and smiling.”*

One counselor encouraged Kelly to reflect on her relationship with alcohol as if alcohol were a person, *“I just was crying. I was crying because I didn't want to think about it like*

*that. Because I always had this like love hate relationship with alcohol. And she was so right. It was such a weird way to put it and understand it.”*

The final mandated education for Kelly was a peer to peer program provided by the town. In Kelly’s words, *“It’s peer to peer and it’s no bullshit.”* In this peer to peer program was where she first met other students who were in recovery. Although the peer program was *“no bullshit”* it still did not help wake Kelly up to her substance use issues.

### Recovery

Kelly’s hesitance to join a recovery community makes a lot of sense given the importance of alcohol in the college drinking culture:

*“I had no idea what AA was and or what the college sobriety life looked like.... I just think that [students] need to see it. Like see us, see me, see somebody else. Like one of the guys in recovery. See that other students their age are doing this and you can do it. ”, “ I think that by seeing other college students in AA speaking, it can really, really get to something like really hit home with some people“.*

Up until being required to connect with a recovery community and was encouraged to attend AA, Kelly had only seen depictions of AA, *“I had only seen AA in movies, which was like old white men with beards and being scary in a smoky basement.”* After Kelly attended her first meeting, she felt a sense of safety.

Now that Kelly is in recovery, she regularly attends meetings and is focused on her health and wellness:

*“I go to meetings, I meet with a counselor, I meet with a sponsor. I am on medication and I work out, I sleep, and I eat at normal times of the day. So, I’m giving myself a fair shot at a life in a way that I have never tried before, which I’ve felt the benefits of*

*in the past few months in ways that I've never felt before because I've never given myself such a fair shot. I've never tried this hard."*

Attending Alcoholics Anonymous was extremely beneficial for Kelly as she returned to campus after suspension:

*"I am not an angry person, I never have been, I just came back to school and I was so jealous, it was like petty jealousy, I was working on my steps, I was doing everything that I need to do with my sponsor, but it was seeing the Snapchats, the Instagrams, talking to my friends, being here in person, because it faded when I was home. When I was home I would see Snap stories and Instagram stories and I was subject myself to it. But here at school it was everywhere."*

Returning to campus brought its challenges but getting involved in her recovery community helped ease the transition and provided her with the support she needed to cope.

*"So, I would hang out with my sober friends and then whenever I would talk about it they wouldn't understand because they all came here sober. So, all of [my college] is the sobriety community and I came into the sobriety community from Greek life. So, I was sitting here like this is not what [my college] is like this isn't it. This isn't why I came here.", "Then we went to football games sober, we went [amusements parks and concerts], they just kept dragging me to things and it really showed me how relaxed I can be in my own skin and how weird is to be sober amongst all drunk people."*

Kelly asserts the importance of her recovery community in her life: *"I really can see my future because of this program."* Building a healthy future for Kelly hasn't been without sacrifice and loss:

*“I’ve been able to conceptualize grief in such a different way. And I’ve had to grieve so many things in recovery. I’ve had to grieve friendships, not that have gone wrong or not that I’ve done anything to lose, in a sense, but I’ve had to distance myself from certain people or certain things, certain places because it’s not productive for my health and I’ve had to grieve that. I’ve had to take time for myself and feel that because I don’t have a coping mechanism that involves drinking something to forget about it.”*

The ultimate tell of Kelly’s success stems from peer feedback:

*“Some of the girls who were in my sorority, one of them just turns around to me and she was like, “Are you happy? You look happy.” And I was like, “What?” And she was like “I can see it in you. You’re glowing.”*

Kelly shared that she often gets asked, *“When did you know you’re an alcoholic?”*, and she shared,

*“I kind of always knew, like I always wanted to drink like I just always drink different than everybody else blacked out, wicked hard. Like it just wasn’t like, I also heard like you could never scare an alcoholic like I get myself into terrifying situations like wake up outside of frats, like wake up on the floor or frats, like people would tell me terrifying stories of myself that I had done or did do and I was like, “Yeah, that’s kind of funny.”*

Kelly’s current support system consists of friends who are also in recovery. When I asked Kelly about whether she feels at risk for another incident, and she asserted:

*“I don't because of how strong the support system I have. I can feel it whenever I feel like sassy or whenever I'm like, "Come on, Margaret let's go relapse." She's like, "Kelly we should go to a meeting." And I'm like, "You're right."”*

And it is a two-way street for Kelly and Margaret. When Kelly wants to go to a meeting and Margaret does not, Kelly is able to support her too. *“It's very equal, our friendship and our relationship and our conversation. It's very equal, which is something that I need.”*

Kelly turns to supports that she can trust and rely on rather than her old strategy of consulting with a broad range of friends:

*“Rather than texting in a group chat of for me 11 girls saying, "Hey guys, I have a problem," and getting 11 different random opinions that most likely won't lead me to the right answer, especially on recovery since none of them are in recovery.”, “I only really seek the opinions of people that I trust and I want something from their program. I don't seek opinions of strangers because they don't know me or my program and I'm an alcoholic, I get easily affected by every opinion that's out there and I constantly want to do better. So, making sure that I'm localizing my outside opinions. So, people who matter is improvement for me.”*

Now peers turn to Kelly for support and guidance surrounding their own alcohol use, *“I kind of give a few suggestions like I can bring you to a meeting, you can come to seminars, which are student led kind of semi meetings [for the recovery community].”*

Kelly has learned a lot about herself during her first year of sobriety. One takeaway for Kelly was putting her needs before that of others:

*“I understand that I don't need to be anywhere that I don't want to be, that I don't feel comfortable, and I've gotten so much more comfortable utilizing that, exercising my*

*right to do that wherever I am being like, "Nope, we're good, I'm going to go," and kind of like just leaving."", "I think that improvement for me is maintaining the feeling of being comfortable in my own skin and that's through going to meetings, maintaining my sobriety, like my recovery schedule, making a to-do-list and making achievable to-do-list for everyday and then checking things off on it.", "I would say that it has made me a lot more cognizant about my decisions and about the consequences of my decisions in knowing what works and making sure that I'm continuing to do that and then what doesn't work, making sure that I'm like not doing that and kind of altering my actions for just like seeking improvement at all times rather than remaining stagnant."*

Her spiritual fitness is especially important for Kelly and surrounding herself with peers that support her spiritual fitness has become important, *"Don't stick around people who co-sign your bullshit and like you can do anything if you're spiritually fit"*. She has learned more about how to find her own happiness and hopes that others can find that happiness source and benefit from it, *"I think that having a more, I guess, explicit clarified understanding of internal happiness versus external happiness is something that every college student can benefit from."*

Kelly has found in her recovery journey that being comfortable in your own skin is significantly more important than fitting in socially:

*"I really thought that I fit into this whole drinking personality and this whole person who was supposed to be drunk having fun, wild, that was just who I was, and I thought I felt comfortable in her skin. And the longer I've been in sobriety, the more I realized that I'm supposed to be Gandhi. Like not actually Gandhi but like I just feel*



*so comfortable in this position and I can't wait to see what else it has for me because I relate so much to the like the spirituality aspect.. like not understanding how everything happens for a reason, but knowing that it does."*

### **Peter**

Peter's alcohol use behavior resulted in consequences on many fronts. As a student we have learned already how Peter's substance use impacted his soccer career. Peter shared that one consequence his mother would remind him of is his eligibility for tuition support. Since Peter is an international student, his legal consequences have a different impact on his educational opportunities than for American students:

*"Moreover, probably like me being here as an international student, being Mexican, I have to obey more laws and there's like less benefits for myself. For example, I cannot get help with tuition, like FAFSA, if that's what you call it, cannot apply for that, state aid, no government aid so yeah, my parents are basically forced to pay full for college and stuff."*

Peter's numerous alcohol violations resulted in legal consequences such as fines, mandated rehabilitation, and being taken into custody. As a result of Peter's alcohol use, he was made to pay many fines and fees:

*"I took six people back to my place, my apartment. My roommate, he didn't smoke, and you know, I was smoking in my room. Not in the living room or anything else. I was smoking in my room. He was mad. He was with like his girl or something, and he was like, "Please stop smoking. I'm telling you, get all these people out of here." I think I was like, "Okay, whatever." I didn't care. He ended up calling the cops on me, but by that time, everyone was gone. There was no weed, just paraphernalia. They*

*just cited me, disorderly conduct for that. Eventually I got community service hours and had to pay a fine, for court fees and stuff.”, “He was going to go with an underage... That was solved because I went to court for it, and I eventually got... they just reduced it to disorderly conduct. And it was a prosecutor, and it was a judge. She was like, "It was a .04. We won't give you an underage. You weren't even really impaired, so just pay \$600 and you'll be fine."”.*

The financial impact of his alcohol and other drug misconduct really upset Peter, *“I was pissed because I feel like they just wanted to get money out of me.”.*

Peter had several interactions with law enforcement. Peter walked me through one incident where he had left a party where he had been drinking:

*“He caught up to me. He was telling me, "I smell alcohol," which I know I didn't. He was asking me, "Where are you coming from?" I was like, "Block Party," and stuff. I was being honest and stuff. He didn't smell alcohol yet. He just pulled it out of his ass. He assumed like that. He did an alcohol test and shit, and I passed it and everything.”*

At another incident police responded to his campus dorm room after his roommate called the campus police:

*“One cop was like... I don't know, he pissed me off as well. He was like, "You have something else in here?" I did have more beer in my fridge, and he was like, "Do we have permission to search your room?" And I said "no." And so, he got pissed, and he goes, "Okay, we're going to search it anyways. We're going to get a warrant." It's like, "Okay, whatever." So, I tell them, "Just stay out of my room." But he wouldn't. Eventually he left, because he got to talk to the other kid, and to the RA. That was just*

*there. I was talking to the other official, which was nicer. She was very calm, and the main one comes back, he's like, "Okay, we couldn't get a warrant so we're just going to give you an underage."*

In the incident where Peter was threatened by a drug dealer, he was ultimately arrested for being suspected of possessing a small knife and for being intoxicated underage:

*"Once we get up to the detention center, I was pretty pissed. I was telling him, "Dude, do your investigation. Nothing even happened. I don't even have a knife. What are you talking about? I didn't even threaten anyone."*

Intoxicated and angry, Peter's intensity made an appearance:

*"I can't remember it well, but like I spat at him. And that's when they put me in full... I don't know what you call it. Full restraint. They put handcuffs on my wrists, connected to my hips and my ankles. I was like fucking maximum security prisoner, basically."*

Eventually Peter consulted with his lawyer who encouraged him to seek out alcohol education to demonstrate his willingness to alter his behavior:

*"Well, it was both because my lawyer told me I had to do things to prove to the judge that I was changing for the better, so I walked into it. But now yeah, that has given me incentive to keep being at it. It's actually like I'm willing to stay there and go the extra mile, which is different than just going for being... It's for the simple fact that I needed to prove something to the judge. It has become more like I need to prove something to myself."*

Aside from learning about alcohol in his health education class in high school, Peter learned more about alcohol after attending mandated alcohol education and also met with

drug and alcohol counselors. At first Peter felt annoyed at having to attend, but in his own words, *“My attitude during those things, it was never poor, so it was like open-minded.”* He goes on to share:

*“You know before I went there It was like, “Oh, shit. This is boring.” But then, once I got there, it was like, they talked to me. Most of the time it was like counseling, right? And just going through my thoughts. They’ve even reminded me about all kind of occasions, drinking awareness. But I guess that kind of cleared up some things for me along the way. Of course, it’s not the necessary amount I needed to change my style of life, but it definitely made it more clear, the consequences.”*, *“Yeah, I had two of them (alcohol counselors), one here at home and then one when actually in college. So, I bounced here and there. When I was home, I went to this drug and alcohol counselor. When I was [at my old campus], I went to that drug and alcohol counselor. And yeah, most recently, this past summer, I started going to a psychiatrist and I guess I’ve always had this long life mentor like therapist, he was the same one that treated me, and my mother and he was like a family friend as well. So yeah, I talked to him like once in a while, but yeah, he was someone I could, since he has known me a long time, someone I can really feel be more deep with and more clear.”*

Peter had mixed feedback for the benefit of attending university sanctioned alcohol education. The first time Peter took the program he felt it was easy and he didn’t need the education: *“I just finished this program for the time I got caught with a beer at [school]. The first time that I got... I passed it the first time without even looking at it.”* However, after having to go back to complete several rounds of the mandated education he described it as relieving, *“Every time I came out of one of these sessions, something... It was like when I go*

*to church, afterwards I feel relieved.*”. He goes on to share that although the program allows you to reflect, the impact isn’t immediate: *“Yeah they help you reflect, Is the impact immediate? No.”*. He goes on to share how he felt the information provided was not as helpful as the reflection, *“The fact that it's not impactful, none of that information, at all.”*.

We learned earlier that it took effort for Peter to find the courage he needed to address his problematic relationship with alcohol, but once he did, he found support from his family, friends, and recovery community.

*“I think it's a very welcoming community. If you want to get started in recovery, I feel like it's a good place to find role models and motivation, and just realize that it's possible. You find someone to help you get on a better path in there, and it's good to know there's a community for that. And, they're definitely very supportive. It's a program that holds you accountable, because you need to go to a meeting once a week and then be involved in another 12 Step program, and so that's a way to keep accountability on your soberness. It also provides you housing. Yeah, if you know you need a change in environment, I think that's very good.”*, *“I just go through it, stay there for seminar, and then I just hang out and talk to some other people which I found nice because you can air out with them. A lot of times they are very open. They know you're going through a lot and they're there for you.”*

Peter described the difficult parts of recover for him:

*”Probably realizing that you are wrong. And like I said, that while doing things you actually also fucked up people and saying sorry to those people whether it's your parents or friends. And that's the hardest thing to come to because like I said, at the time you thought you were right, what you were doing was right for yourself for the*

*moment, and it turns out it wasn't. And just looking back, yeah, that's hard to come to."*

#### Takeaway

When asking Peter about his takeaways, what stood out to him was the sheer volume of alcohol related events he had:

*"Well, I mean just the fact that like, there's been so many times that I remember getting in trouble and just not being able to remember the exact date and something having drama and you remember, "Oh, what happened first?". I think that highlights a lot how many times I got in trouble, how much shit I went through."*

Peter reflects on the importance of addressing your alcohol use behavior concerns:

*"That you need to face, and you need to have the courage to face what you have done to yourself. So, you cannot keep away from all the problems that you brought upon yourself because you're going to care then wherever you go, ignoring them is just going to make things worse. Then there's going to be a weight on your back and everything around you is going to come down to it.", "And the next part is, reaching out to someone that you trust or be willing to listen to that voice that you know it's right, but you just want to accept it. Those people will always be there."*

Peter feels that his recovery came when he was ready. I asked Peter if he could identify a time where an intervention might have put him on a different track, to which he responded,

*"Myself? A program? No, I don't think so."*

#### **Jason**

Learning about Jason's experiences so far have highlighted his many alcohol related incidents and repercussions. Jason's consequences varied depending on his incidents, and he was suspended from school. During his suspension Jason had ample opportunity to think:

*"I started roofing again because I thought I wasn't going to be able to come back to school. I was realizing during those terrible August days I'm like, "Man, if you don't get your shit together you're going to be doing this. You won't ever have your nine to five. You won't ever have whatever.", "I had felt I blew that. So, it's okay, well, now, is this what you want to do for the rest of your life? Because I knew I was going to have to go back and work the same shitty job I had worked before, roofing and I was just like I can't imagine doing this for the rest of my life and then when it comes time to retire, not being able to. I knew guys that were there that were 70 years old still working. So, once it came down to just one on one with myself, nothing to do with the girlfriend or friends or the family. It was okay, so this is on you, what are you going to do? I really needed a hard slap on the wrist because the first few obviously, were not a major determinant or anything else.", "But I think as it became something that I realized, I'm going to have to deal with, either for a very long time or forever, it's well, now what dude? Because you had a great opportunity you were at [school]."*

It took this extreme consequence for Jason to move his thinking from the short term to the long term: *"Once mine became officially a legal issue, that's kind of where I was like, got to get your stuff together because it's on paper now forever."* The legal consequences for Jason had the greatest impact. To requote Jason from an earlier section, *"They don't just send anyone to jail. So, I had to kind of think about that."* He goes on to share his experience leading up to jail:

*“After that, they then transferred me to [the] County Correctional Facility. After a couple days there, I then got my lawyer had gotten to talk to the judge over this case and then also agreed to let me go back to [rehabilitation] for another 30-day stay. That was, not this past December, but the December before that, and then from January until May, I was in an [intensive outpatient] program... and on it was last May I was sentenced to what I have now, two to five years of state supervision, \$6,000 fine, a bunch of different stuff.”*

Jason can understand why it is so difficult for some individuals to notice the impact of alcohol on their lives:

*“People don't understand. People really don't. You can say it all day. You can be like, "Listen. If you keep drinking on weekdays and stuff you're not..." Until they see the consequences either in themselves or someone else then they just won't get it. It's not ignorance... Or it is ignorance. It's not malicious. It's just ignorance. They won't understand.”*

At first Jason's experiences with the law did not seem so bad:

*“So, as those circumstances kept coming up, and the consequences weren't that drastic, it was usually at night in the hospital. At least, they weren't drastic in perspective at the time for me, because I didn't give a shi-, care what anyone else was dealing with”, “That one was pretty simple. It was just a \$200 fine. So that was technically the first one.”, “My experience has been through primarily [the county], and most of the people that I had experience with especially in the district attorney's office, and even the judges, they're pretty lenient.”., “The biggest issue with [Accelerated Rehabilitative program] was that my [Accelerated Rehabilitative*



*program] officer, or whatever you would call it basically didn't know I existed and or cared. So instead of actually checking in, I only had to send an email once a month and the selfish part of me kind of capitalized on that, and then obviously, went back to exactly what I was doing until got sentenced to state supervision. I think that I've had to do just about every level of rehabilitative services here at the university and legally and in the mental health field I think I've been through just about every phase and level that I don't think it matters unless you care."*

But over time his charges began to stack, and his experience became harder:

*"I can tell you from experience it gets a lot harder after you keep getting in trouble. The consequences get more and more severe. And, for some people I know just from my experience with other people in the same situation, some people can tolerate a lot more problems, especially legally."*

Jason's violent outbursts resulted in assault charges and incarceration:

*"I went from wearing a pretty nice outfit with a jacket and you know everything the night I got in trouble at this formal and then the next two days later, I'm on suicide watch in jail and you're literally stripped butt naked with no blankets, no clothes, not even a pillow, and there's a camera on you. Lights on 24/7, and they don't even give you books. They don't give you anything but the skin you have, and you basically have to sit there and be stuck with your thoughts. Luckily I got a Bible at least to read but even then it's you're locked in at an eight by six with no windows and it's hot, and, just crazy stuff written all over the walls from people in there before and I'm like, I was either at that point it was a shit together or slowly lose your mind because I had never even really been on a timeout."*

The school had Jason complete numerous steps before moving to suspension. Initially, Jason didn't take his school mandated requirements seriously, but after regular appearances in the conduct office, Jason began to lean into the experience:

*“I knew with [the school requirements], I knew I very well could just kind of BS my whole way through it, and I thought why would I do that? That's the dumbest thing you could do. So, I took advantage of the opportunities. We met every week on Thursdays and some weeks, [the campus staff] kind of wanted to talk about personal stuff, and it was some weeks, I'm an open book, but some weeks, it's just like I'm stressed. I don't want to be here. But guess what you put yourself here, so do it, and that's kind of how it went.”*, *“It's just one off because all you got to do is show up at student conduct, do an interview, and say you won't do it again. Then [you] go out and do it again.”*, *“I enjoyed my experience with that, because I knew that it was a tangible source of evidence for me that instead of saying I'm going to do something and lying about it, I was more of a sign of integrity on my part. I said, I would do this, and I did it.”*

Jason's conduct mandated also required him to attend brief alcohol education sessions and counseling sessions:

*“Everyone gets sent to BASICS. I don't think people understand that to the fullest extent CAPS, it's more than just your regular therapist. I think that they can at least offer to get you in the right place if you come to them with”*

Jason entered alcohol education with his doubts:

*“I know the statistics that I saw when I did my freshman survey thing was like, oh the majority of college students don't drink. I was like, I don't know if that's true at all*

*because... I'm sure a lot don't, but you can't walk down Curtain Road without hearing three people on their phone talking about what they did last weekend.”, “I think I had to take... There was like an online class thing you had to take during pledging that talked about it. Then we had to do RAMP certifications my sophomore year. Other than that, until I started getting in trouble I didn't really receive any information or message.”, I would google, "How long does it take for this," and, "What's the proper amount of this." That's where I got all of it.”*

But submersed in these environments Jason learned more about alcohol safety and explored his experience with the campus culture. Despite receiving alcohol education and academic consequences due to his actions, Jason continued to offend and was suspended. During this time Jason entered recovery.

Jason’s recovery experiences mostly took place in a rehabilitation facility, and at a recovery house. After his incidents’ he was sentenced to recovery instead of incarceration:

*“They (the judges) advocate for the recovery route. So, I was lucky there, both times. Well, every time really getting in trouble, I was offered stricter and stricter but still, it was more of a chance to get help than just to punish and then revisit the situation after the sentence.:*

At first Jason was skeptical for how counseling and rehabilitation were going to help him, especially given his experience with novice mental health providers in the past:

*“I definitely know there is opportunities out there. I just don't think people understand the magnitude. The issue is to me, at least for me was being a very skeptical person. When I was going to CAPS and all this stuff, I was talking to somebody and getting answers from somebody that really had no personal experience*

*with what I was talking about. I think that is the key. That's really it. That's the only way to communicate things like the severity of substance and alcohol abuse to other people is by showing them like, "Hey..." Not just the scary stories but also the success stories. You need to see that people really do, literally lose their lives, and figuratively lose their lives for drugs and alcohol."*

Jason spent about a month in rehabilitation before moving to a recovery house; *"I was [in rehab] for a month and then lived [there] at a recovery house for four months, came back to school, stayed clean for about the first month of school."*

Jason isn't currently involved in AA and does not identify as an alcoholic, but he still finds meaning in the lessons he learned while working a program, *"I've come to actually believe a lot of the clichés of things I learned in therapy or AA or whatever is, that people have to be at the point where they actually want to change"*. He goes on to share:

*"That's what I struggled with when I stopped going to AA. That was AA really makes it simple, and I get that for a lot of people. They want that. Just give me a program, give me a way of life, and I'll do it and I won't drink, and that's great. For me, I knew that I had so many other things that were contributing to this that I wasn't like, I wouldn't have been able to be like, yeah, Jason, you're an alcoholic, because I didn't really believe that."*

Although support for Jason stemmed from multiple sources, the most significant to him come from his recovery community. Even Jason's parents were there to support him, *"Everyone stepped up, my parents, my siblings. Everyone stepped up to help."*

Jason had mixed results when attending campus counseling resources:

*“For me I've had two experiences with CAPS, and the first one was when I was first using drugs, and drinking and stuff. I'd gone to multiple sessions there. Instead of being directed to a different type of mental health facility I was still talking to the same therapist who had no background in drug use, or disorders and drinking and stuff, “When I was going to CAPS and all this stuff I was talking to somebody and getting answers from somebody that really had no personal experience with what I was talking about.”, “But then the second time I went that was the person... They were very open to helping me find someone else. I think that was very beneficial because I didn't even know that they would, what's the word, refer you to another professional if you asked them to. That's extremely beneficial but I don't think people know that at all. I actually learned that from my girlfriend because she told me that her therapist had referred her to a psychiatrist. I'm like, “Wait, they do referrals?” She's like, “Yeah.” I was like, “I never knew that.”*

This referral process helped connect Jason to the recovery communities he needed, and ultimately where he reported noticing the most support, so much so where he did not want to leave. *“I'll tell you right now that is the second time at least, especially, both times, but the second time especially it was I felt safer going there than going home at the situation.”* The environment was so supportive that leaving it was difficult:

*“I'm like, listen, you're not going to wanna leave when it comes to day 30 because it's the best, the healthiest and it was the most fulfilling environment I had ever been in. You were just close with people who work there, people who were there, closer than you'd ever been with other people because at that point everyone really has nothing to hide. You can kind of assume they're not there because they're really healthy.,*

*“That was definitely what helped more than anything. My friend even said the same thing I said, when it comes to day 30 you don't really want to leave because you will go from a shithole of, excuse me, a terrible life experience into a very serene family environment, and you just don't want to leave that. Yeah, it was fundamental, and this time around, for sure.”*, *“My whole time [in the recovery house] I was just... I was completely enveloped, just always surrounded by people who helped me. Just everyone, just despite flaws and everything, just great people all around.”*

The relationships Jason fostered in recovery from others struggling with addiction and from counselors and other staff were especially helpful to his own healing:

*“And that's something that I love because it's like, then I look at them now and then I hear that, and I'm like, Oh my God, that's... I mean, that's just the best part of just knowing people in recovery, is that you get to know that this person, you love them, they're great, but they also sucked at one point in time. And it's like you can just see the light come back into someone, the desire to live and be happy and to do good things, versus the person that's just getting by so they can get high again.”*, *“I think what helped me the most was just... It was talking to this one therapist I had, and then actually becoming friends. He was just a part time guy in rehab, but I actually grew up 10 minutes away from him and his family and I knew his sons doing Little League and stuff. And one of his sons had actually overdosed when he was 14 so I knew the family really well, and also knew the family issues. So, me and him just started talking a lot. And the advice that he had given me was that... Do you need to take the time to respond to your situation instead of just reacting right away?”*

Now Jason is a source of support to his peers:

*“To me it's like if I'm not able to share that then how could I expect anyone to be real with me, if I can't be real with myself and them? Since all of this I've had actually a few friends of mine that have come to me because they knew that I had my issues. I got in trouble. I did all the rehabilitative stuff and they were asking me like, "What do I do? I'm using too much. I'm drinking too much.”*

Jason had learned a lot about himself through his experience as an alcohol recidivist. He shared that his primary takeaways are, *“Well, I think honestly I've learned... I think the biggest thing is just really empathy for other people”, “And my temper has definitely been reduced, especially for just random annoyances from people.”* What stands out to Jason from participating in these interviews is how his work is not done: *“I wouldn't say anything particular [stood out], like new revelation or insight. I think it's just reaffirming some things that I still am dealing with.”* For Jason this starts with self-reflection on how he finds meaning and purpose in his choices:

*” Accept the things you cannot change. And then for me, I realized there's a lot of things I can't, but then there's also a lot of things I can and I take satisfaction and pride in doing the best that I can with the things that I can change, whether it's just eating right, or doing my homework or, not sleeping in every day of the week, even though there's no classes. Just little things.”*

## **Conclusion**

This chapter provided a discussion of the themes organized within the participant's experiences and stories with thick, rich descriptions. It began with an introduction to the participants to allow the reader to grasp the nature of the individual participants with an in-

depth discussion of the findings. Next, I will provide a discussion of the findings within the context of the study's theoretical base.



## **CHAPTER 5: DISCUSSION, LIMITATIONS, AND IMPLICATIONS**

As discussed in Chapter Three, six themes were determined. Chapter Four served the dual purpose of discussing themes and organizing participant experiences and stories into a substantive text compiled of rich, thick descriptions that support the themes. Discussed in Chapter 5 are findings within the context of the study's theoretical underpinnings (Dual Systems Process Model and Chickering's Identity Development Model) as well as discuss how additional theories connect to the themes extrapolated from the rich, thick descriptions of the participants. Finally, discussed in Chapter 5 are strengths, limitations, implications, and areas for future research.

This chapter is organized according to how the data were analyzed using the foundation of the research questions (1. What is the experience of college student alcohol recidivists? 2. How does decision-making impact recidivism?) and through the use of theory (Dual Systems Process Model and Chickering's Identity Development Model). To further support the rigor of the data, a discussion of how themes connect to theories beyond those identified at the onset of the study is provided.

### **Alignment of Theories and Themes**

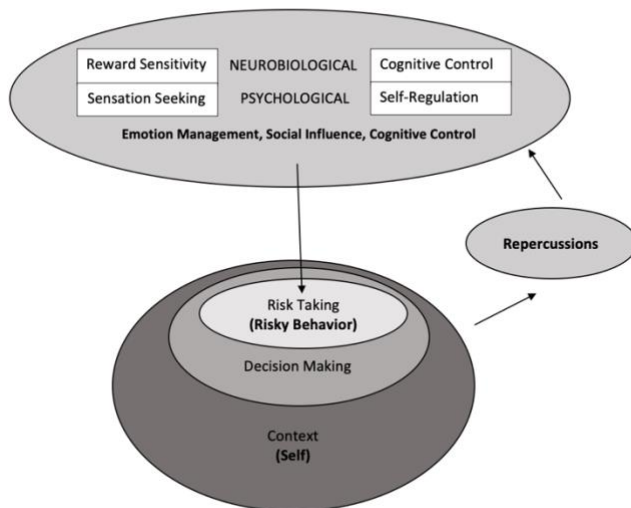
As I analyzed the data, I used Dual Systems Process Model and Chickering and Reisser's (1993) theory of student development as a basis for uncovering codes and understanding the lived experiences of the participants. I created a thematic map as an organizational tool for coding and assistance with analysis (see Figure 6 p. 224). In the thematic map, I conceptualize the two theories as co-occurring. While students proceed accordingly through Chickering and Reisser's (1993) student development theory, they are simultaneously growing and developing cognitively as described by the Dual Process Model.

Figure 3 (p. 27) represents how the two processes are simultaneous and overlap. In the next section I will explain how the theories connected to the themes as the data were analyzed. Each theoretical section will provide examples from participant experiences and how these experiences were coded, and how these codes connect to each theme.

### Dual Systems Process Model

All observed themes in this study were related to the Dual Systems Process Model.

*Self.* The theme of self was comprised of five codes: academics, experiences, personality, sense of self, and values and beliefs. The interviews obtained each participant's personal history to gain insight into their educational and social collegiate experience. This was critical as it provided the larger context of each participant's life and how they observed alcohol throughout their lifespan. The self theme connects directly to the Dual Systems Process Model via its construct of context surrounding our decision-making and risk taking (Figure 6 p. 225).



*Figure 6.* Dual Systems Process Model (Shulman, et al., 2016) and Themes. Figure of the Dual Systems Process Model (Shulman, et al., 2016) modified with study themes.

This highlights the importance of honoring and understanding individual contexts to understand how individuals come to make decisions. The theme of self directly speaks to the context of the participant and thus to their broader experience of alcohol recidivists. Shulman et al, 2016 asserts that “all decision-making takes place within a broader context that encourages and enables some acts but discourages and prohibits others” (p. 105). This study highlights the real-world experiences and contexts of emerging adults and their individual broader contexts.

***Emotion Management.*** The emotion management theme was comprised of four codes: awareness of emotions, emotional impact, feelings generally, mental health. Emotion management as outlined by Shulman et al. (2016) connects to both the social emotional system (SES) via reward sensitivity as well as the cognitive control (CC) system through self-regulation. The relationship of emotions within our SES and CC highlight the influence that our emotions have on our overall impulsivity and control.

Reward sensitivity is an individual’s tendency to detect, pursue, learn from, and derive pleasure from positive stimuli (Goodnight, 2018). How a positive stimulus is defined and differs from person to person and can be helpful or problematic (Strang, et al., 2013). In the context of college student alcohol recidivists, they may seek out reward stimuli from their peers. For example, for Peter and Jason their reputations were as the guys who liked to party, so if Peter or Jason receive rewarding messaging from peers about their risky behavior, they are more likely to engage in a behavior (good or bad) because peers rewarded that behavior. Another example that highlights the influence of reward sensitivity comes from Jason’s experience of being perceived as cool as a result of his alcohol and drug use. For Jason and each participant in the study social rewards outweighed self-regulation at this developmental

time. Their reward sensitivity is reflected in their decision-making behavior (Shulman, et al., 2016).

Self-regulation put simply is our impulse control. It is an extension of the CC system. Shulman and colleagues (2016) describe self-regulation as: “A group of interrelated but distinguishable constructs that refer to the capacity to deliberately modulate one’s thoughts, feelings, or actions in the pursuit of planned goals; among these constructs are impulse control, response inhibition, emotion regulation, and attentional control” (p. 105) . The emotion management theme connects directly to this self-regulation. Our ability to process our emotions as they relate to a decision. One example that highlights the relationship between self-regulation and emotion management comes from Rachel. Rachel has described her numerous alcohol related events as traumatic. Given the emotional weight of her circumstance, Rachel has learned over time to connect with her thoughts and feelings instead of acting on impulse. Another example highlighting this relationship come from Peter when he connects his feelings of shame and of being a failure to his decision making. As we read earlier Peter shared, “*[Shame and failure are] the emotions that are keeping me from engaging in that kind of behavior again because I don't want to feel like that*”. Again, Peter connected to his cognition, inform his decision making with his feelings, and consider his choices to engage in the same behavior but risk feeling shame, or avoid shame by choosing a different behavior.

***Cognitive Control.*** The cognitive control theme was comprised of five codes: during and after alcohol, cognitions, decision-making, reflections, and thoughts generally. We have learned that cognitive control, in addition to being a theme of this research, is a main component of the dual systems process model and that the CC system is responsible for self-

regulation, one example of this regulation being impulse control (Ellingson, et al., 2018; Shulman, et al., 2016). Put simply, cognitive control is the ability to discern and contemplate prior to acting on an impulse. Shulman et al. (2016) assert self-regulation as an extension on cognitive control. This research was able to understand the construct of cognitive control by exploring participant decision-making experiences. Each participant was asked about how they make decisions. Rachel shared her decision making as it relates to cognitive control and the power of peer influence and the SES over the CC system:

*"It was around midnight, I was like, "I have an exam tomorrow I haven't studied for. I have homework due at 9:00 a.m. I have to go to class at 9:00 a.m. I want to go home." And I was like, "But [my friends are] having fun. I can do my homework later".*

This quote from Jason demonstrates how he can resist impulses with his cognitive control:

*"I would say I definitely think long term, even the little things I do, I kind of I look forward to how this is going to feed back to me. Whether it's, eating too much birthday cake, I'm thinking about tomorrow. Am I going to feel terrible? Or is it, if I want to procrastinate an assignment, it's like okay, well if I want to keep getting straight A's you're not going to get an A by doing something the day of."*

It should be noted the age difference between Rachel and Jason. Rachel is a college sophomore and Jason is a college senior. A key part of the dual process model is the fact that as the cognitive control system matures it can stand up to the social emotional system and can override sensation seeking for the benefit of future endeavors, in Jason's case doing homework ahead of time with the focus on his academic future.

**Risky Behavior.** Risky behavior was coded as alcohol and drug use, high-risk drinking, risk-taking behavior, safety, and violence. Each participant recruited for this study by default engaged in risky behavior by being alcohol recidivists. Each experienced legal action as a result of their behavior. Diving into their narratives illuminated the danger each participant placed themselves in. Several participants experienced events that could have ended in death had a bystander not intervened. In Shulman et al.'s (2016) original model, risky taking is most synonymous with the risky behavior theme. These risky behaviors are the result after our brain emotionally processes and cognitively processes. Shulman et al. (2016) assert that emerging adults are at an elevated possibility of risk taking due to an enhanced reward-seeking system and a weaker (less developed) cognitive control system (Figure 2, Steinberg, 2018). Due to the imbalance of the systems, emerging adults are more impulsive and engage in risk taking behavior such as high-risk drinking (Steinberg, 2018). The emerging adult processes their risky behavior and decision making within their individual context (self theme). We learned that an important part of Kelly's context was her desire to be "cool". This example highlights how her desire to "drink with the cool kids" led her to risky behavior, in this case binge-drinking:

*"I was at [a house party] in the town next to me and I blacked out because I tried to keep up with this girl who was about 200 pounds bigger than me. I didn't understand how to drink. I just thought that I could be cool and keep up with her because it didn't make sense to me that that was how that worked."*

**Social Influence.** The social influence theme was comprised of the following codes: college drinking culture, Greek life, peer influence, status, and familial influence. Social influences addresses all the people in a participant's circle who influences their thoughts,

feelings, and behaviors. Social influence impacts both systems of the dual process model, SES and CC. As mentioned above, reward sensitivity is one construct that is susceptible to social influence. Peer approval is one aspect of each participant's experience that influenced their reward sensitivity. Peer influence can be protective or precarious. For each participant having connections in their recovery communities prove protective. Two clear illustrations of the protective nature of social influence stems from Rachel and Kelly where they would seek peer feedback from vetted and trusted friends who are also in recovery from alcohol. Rachel and Kelly can identify that there are many friends they could seek input from, rather they choose to connect with social supports that promote their safety and goal of sobriety. The precarious nature of peer input is experiences by each participant, especially as related to pressure stemming from the broader college drinking culture and within their Greek organizations.

Sensation seeking is influenced by social connections. Emerging adults are especially vulnerable to seeking experiences that feel good. In search of the sensation emerging adults are inclined to seek new experiences that derive pleasure. In the pursuit of pleasure, they take on numerous risks including legal risks for the sake of novelty (Kray, et al., 2018; Zuckerman, 1994). If peer acceptance feels good, the emerging adult is more likely to take the risk as it satisfies not only the desire, but is reinforced by the social influence (reward sensitivity) (Logue, et al., 2014; Shulman et al., 2016).

Finding from the cognitive control theme indicate social circles also impact the cognitive control system. Albert, et al., (2013) study asserts that emerging adults are not only particularly sensitive to their peer rewards, but that this heightened sensitivity to peer rewards may weaken their ability to slow their impulses in their presence. To sum, social influence is

a double-edged sword when considering its impact on an emerging adult's ability to manage their emotions and control their cognitions (Ernst, 2014; Harden, et al., 2017). Peers have the power to guide individuals towards making risky decisions or towards safety (Albert, et al., 2013).

*Repercussions.* Alcohol education, consequences, recovery, supports, and takeaways were the codes that comprised the repercussions theme. Each of the four participants met repercussions as a result of their recidivism and general alcohol use. The adapted Shulman (2016) model (Figure 6 p. 225) adds the feedback loop of consequences on the emotional and cognitive processes. For example, the emerging adult has a cognitive experience, they engage in a risky behavior, there is a consequence/reinforcement (repercussions can be good or bad) this informs the emerging adult's thinking and feeling, resulting in either altering behavior or repeating the same behavior, leaving me subject to a reinforcement or a punishment depending on the context. Future research regarding recidivists who repeat the same behavior (repeat DUI) vs those that try a different behavior but still get in trouble (1 DUI, 1 public drunk), Idea of “yets”.)

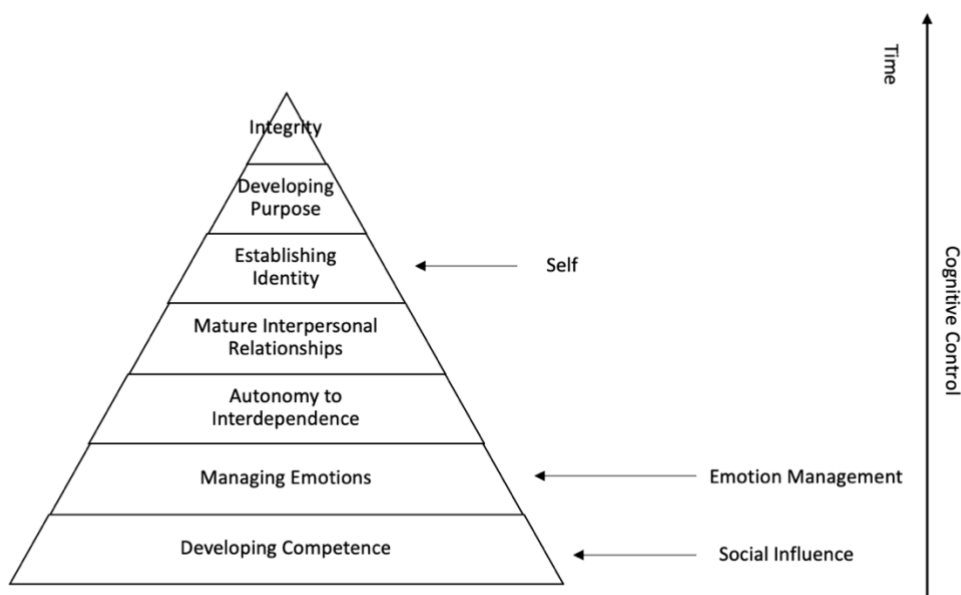
As explored in the literature review Ernst's (2014) incorporates the amygdala to the dual systems process model. Ernst (2014) hypothesizes that the amygdala – responsible for emotional intensity and avoidance – also impacts motivation. Although there is more research needed around the role of the amygdala in decision making and cognitive control (Somerville, et al., 2014), it is work noting here the potential impact of trauma on Rachel's SES and CC. Rachel described her numerous hospital visits as traumatic, and due to the emotional intensity of this repercussion she thinks twice when making decisions that could



result in repeat trauma. Since this only emerged in one participant overtly, more research is needed.

### Chickering and Reisser's Student Development Theory

To summarize Chickering and Reisser's (1993) theory, the student development theory proposed that there are seven developmental tasks or milestones a student must develop to achieve a healthy transition into adulthood. To read a full description of the student development please consult Chapter Two. Three of Chickering's stages are relevant to the themes: developing competence, managing emotions, and establishing identity. The



*Figure 7.* Chickering and Reisser's (1993) Student Development Model and Themes. This figure demonstrates the overlap between the study's themes and Chickering and Reisser's theory of student development.

three emergent themes related to student development were, self, emotion management, social influence, and cognitive control. These themes were comprised out of four to five

codes (see figure 4 p. 79). I will discuss the themes in order based on the vectors they connect to (Figure 7).

We know that Chickering's vectors are not stages and therefore are not linear, they build upon one another. This allows room for simultaneous growth across the vectors over time, but for the purposes of this dissertation I will focus primarily on where these themes connect most directly to the individual vectors, though we know that themes, such as cognitive control, may have connections between the vectors. One could argue that cognitive control fits within this framework, however we know from Figure 3 (p. 27) that cognitive control does not fully mature until a student is beyond traditional college age. Since our cognitive control is developing throughout college, we may notice the applicability of cognitive control intermittently throughout the vectors.

### ***Social Influence.***

The first theme related to student development was social influence. Social influence connects to Chickering's first vector of developing competence. More specifically the theme of social influence connects to interpersonal development. This interpersonal development involves establishing relationships with others. As noted in Chapter 2, college students are tasked with developing and maintaining relationships with others while simultaneously learning how to develop competence in their intellectual and manual lives (DiBello, et al., 2019; Osberg & Boyer, 2016). I will return to an example utilized in Chapter 2. A student may know that drinking a high volume of alcohol quickly is not a healthy choice thus demonstrating their intellectual competence, however they may not be fully competent in their ability to communicate with peers that drinking safely is something they value (interpersonal competence), and may decide to drink more within the social context. We can

see in this example how cognitive control begins to emerge and overlays the first vector. This example from Kelly's experiences highlights social influence on developing interpersonal competence:

*"I think that by being in a group or some sort of social hierarchy where you do not feel as included as you could be, you feel maybe sort of on the outskirts of a group which drinks or does drugs or does something. There is that extreme longing to fit in and if that involves going out to fit in or drinking to fit in or smoking, buying drugs, buying alcohol to fit in, those actions will be done, I think that I've definitely gone out when I didn't want to, or like going out when I was hungover, but didn't want to go out. But I've also pressured people to go out and been like, "I want to go out, who is coming with me?" And my friends were like, "Nah." And I was like, "No, that wasn't a question like who's coming with me?" And they were like, "I guess we'll come out.""*

***Emotion Management.***

The second theme related to student development was emotion management as it is the literal inverse of Chickering's second vector, managing emotions. We have learned about the array of emotions college students experience in their development and in Chickering's vector two, students are tasked with learning how to manage their emotions (Chickering & Reisser, 1993; Cooper, et al., 1995). The development of self-awareness and self-control of emotions are at the core of this vector, yet with alcohol's influence on cognitive control, college alcohol users are prone to emotional intensity and impulsivity (Bjork & Pardini, 2015; Read, et al., 2006). Violence is a clear example of how emotion management is hindered by alcohol use. We can think of Peter's anger towards law enforcement and his decision while inebriated to spit on an officer, or in Jason's case the many physical fights he

would get into while under the influence of alcohol. The addition of alcohol and other drugs often prevented participants from managing their emotions and they frequently discussed the differences in their sober and inebriated emotions. Rachel puts it well when she shared, *“It’s sort of funny to see how you react, or how you act when you drink, versus viewing it sober.”*

### *Self.*

The third and final theme directly connected to the seven vectors is self. The self theme relates to the fifth vector - establishment of identity. Development of identity is built upon the previous vectors of one, two, three, and four. Similar to cognitive control, the development of self will evolve over time, yet in vector five college students are tasked with acknowledging their individual differences and finding peace and contentment with their emerging identities. Mastering vector five means forming a sense of serenity with the self and how the self is experienced by others. The sense of identity is a protective factor when considered with risky behaviors (Schwartz, et al., 2010). When participants did not have a sense of connection between their real and ideal selves, it caused emotional difficulty. Kelly highlights an example of the impact of confronting her authentic self:

*“During the times that I was being called into student conduct or being forced to look at myself in BASICS or the [conduct mandated] program, it was, I was so reluctant to go because it was forcing me to take a look at myself. And that was the last thing that I wanted to do. I just wanted to go and do whatever I wanted. And whatever I wanted was to avoid my problems through drinking. And it was a negative feedback loop.”*

Versus in sobriety where Kelly has done the work to connect to herself and her needs and is okay making choices that reflect her ideal self:

*“And so I understand that I don't need to be anywhere that I don't want to be, that I don't feel comfortable, and I've gotten so much more comfortable utilizing that, exercising my right to do that wherever I am being like, "Nope, we're good, I'm going to go," and kind of like just leaving, Whereas I used to feel so uncomfortable like what if they judge me? What if they talk about me when I leave?”*

### **Strengths and Limitations**

Strength of this study included the exploration of an area of high-risk drinking that is underrepresented in research. Due to the sparse research of this population choosing narrative inquiry for this study is a strength, as in doing so I was able to delve deeply into experiences of my participants and elicit rich stories. The participants included in this research are a strength. They participated in the work fully and shared their experiences with the aim of helping others. They spoke from a place of vulnerability and were transparent about their personal successes and challenges. As a former staff member at the university who also engages in supporting students in situations like that of my participants, I have a personal understanding of the work and some of the struggles that come with recidivism. My training as a clinical mental health counselor has provided me with an understanding of developmental theories and has provided me with a holistic and strength-based focus that allows me to understand the participants, their emotional distress, and their experiences.

The study was not without limitations. One limitation stems from all participants being actively in recovery from alcohol. This study was not designed with intent to focus on this population, however the data they yielded in their narratives is telling of their relationships both during alcohol and after alcohol. Future research is needed to understand more about the collegiate recovery process and how this process impacts students in sobriety.

One significant limitation of this study is that the COVID-19 outbreak occurred mid-way through the recruitment period. The impact of COVID-19 in academia impacted my ability to connect with students directly. As academia moved to a remote learning model, I too moved to a remote data collection process where I met with participants via Zoom technology rather than in person. This influenced my ability to build rapport with the participants. In hindsight it appears that meeting in an online format may have influenced the depth of participants responses during their interviews due to being home and close in proximity to their family members. The online format made it near impossible to gather artifacts from participants. Ultimately no artifacts were included in this dissertation study. Sample size is certainly a limitation of this dissertation study. Due to COVID-19 recruitment efforts proved impossible. However, the use of theory to support the claims made in this study highlight the validity of the research despite the small sample. The use of multiple interviews as data sources, each including thick, rich descriptions allowed for valuable data.

Two additional limitations stem from the identifies of the participants. Each of my participants were involved in Greek organizations. There is stigma surrounding the behavior of Greek organizations in relation to alcohol (Neighbors, et al., 2007), and I acknowledge that although my participants were members of Greek life with complex relationships with alcohol, this is not the rule. That being said, members of Greek life have higher exposure to the college alcohol culture due to reasons explored earlier (Borsari, et al., 2009). Second, each participant belonged to a recovery community. In my experience providing services to this community, not all recidivists are connected to recovery communities. Future studies are needed to understand decision making specifically for individuals who are sober. Or how recovery influences cognitive control development.

## **Implications**

There are numerous implications for this study and have potential impact and application beyond high-risk alcohol behaviors at institutions of higher education. This study illuminated the experience of four alcohol recidivists and their individual experiences around their college drinking and its consequences. It is important to understand and apply the findings of this study within higher education, counseling, and in health promotion. The themes identified in this study were self, emotion management, cognitive control, social influence, risky behavior, and repercussions. The insights gathered from the participants experiences and themes can inform policy, resource development, and training because of this work.

### **Implications for Institutions of Higher Education**

The most obvious area where these results matter at in the systems of higher education that college alcohol recidivists find themselves. Although most institutions of higher education offer various levels of alcohol intervention (LaBrie, et al., 2006), there is still a need for interventions that are personalized to the student. College campuses often target first-year students with alcohol prevention and safety information (Carey, et al., 2016), but research continues to indicate a need to consider the developmental process of this age group through a lens like the dual systems process model (Steinberg, 2008). Student conduct offices and the programs they require (BASICS) should focus on motivation within the context of human development via the dual systems process model (Steinberg, 2008).

Other implications include the need for collegiate recovery programing at institutions of higher educations. The support provided to participants from their recovery communities were invaluable. Collegiate recovery programs provide effective and meaningful experience for college alcohol reoffenders. Additional implications include informing student affairs

administration about how students experience the conduct system to better understand their motivations for safety/adherence. If students think that the programing offered to them is a “*joke*” (in the words of the participants), then perhaps there is a need to re-evaluate the program selection and utility with student stakeholders. One way to gauge this need would be to survey students who received the service to gather their feedback for how to be more effective and implementing their suggestions as appropriate.

As explored in Chapter 2 there is a long history of mistreatment of Black and Brown bodies. George Floyd’s May 2020 murder and increased exposure of police brutality in the United States provided additional context to this work, and with that additional context stems additional implications. It is critical for providers to consider their competency when addressing diversity in the therapeutic relationship (Day-Vines, et al., 2018). There is a long history of mistreatment of Black and Brown bodies in the health care setting (Alsan & Wanamaker, 2018) and it is imperative for the service provider to be introspective and address their potential biases and intersection of those biases to support client health and wellness (Daniel, et al., 2004). Counselors have specialized training in this area yet may have difficulty translating knowledge into practice given the lack of experience working with clients who share different identities from their own.

Beyond the therapeutic relationship, this research holds implications for Black and Brown lives on college campuses. Broader implications of this research on institutions of higher education include, policy change, increasing the representation of faculty, staff, and administration of color, policy to enforce the discipline of racist faculty, staff, and students. There is a need to critically examine the systems operating within higher educations, one example of which are campus police departments (Jenkins, et al., 2020; Law, 2017). Part of



addressing systemic racism in higher education comes from continued education in the form of diversity and anti-racism trainings, especially at institutions who are predominately white (Jenkins, et al., 2020). Although this list is not exhaustive, it serves as a starting point for where institutions can look inward and assess how they are actively working to become anti-racist rather than simply non-racist.

### **Implications for Counselors and Counselor Educators**

As a counselor educator and supervisor who provided mandated alcohol and drug services to students at an institution of higher education, I am acutely aware of the need for alcohol and drug services that are client derived rather than provider prescribed. Although psychoeducation is important in health promotion, counselors and counselor educators are equipped with clinical skills to bridge the gap between information delivery and meaning making in a client's life.

Utilizing Motivational Interviewing is one way to bridge this gap. Counselors are uniquely positioned to deliver motivational interviewing skills given their parallels to many counseling skills such as active listening, reflecting, summarizing, probing, and being attentive and present to the student to facilitate and build rapport. Using these skills, the counselor sets the stage for the spirit of MI. Counselors and counselor educators within higher education may consider collaborating with campus partners such as student conduct and health promotion offices to train other providers without counseling backgrounds how to deliver MI effectively. Counselors should seek out opportunities to attend continued education via workshops, trainings, and conferences to enhance their MI skills and MI's application to their emphasis area. Regardless of counseling specialty area (clinical mental health, school, rehabilitation, career, etc.) we will encounter substance use concerns and

should seek our continued education around this topic, especially since courses in addictions are not required for all emphasis areas (CACREP, 2016).

### **Suggestions for Future Research**

This study yielded valuable information to build future studies upon. This research highlighted the student alcohol recidivist experience as well as illuminated how these four student alcohol recidivists internalize and describe their decision making. Exploration of this population's experience has not specifically explored, and future research is necessary to learn more about this specific population and how to support them within and outside institutions of higher education.

Each participant in this study was recommended by recruitment sources given their extant relationships with Rachel, Kelly, Peter, and Jason and knowing that these four students would be willing to provide rich verbal feedback. Before and after the interviews several participants joked that they were ideal participants because of their willingness and openness to share their experiences. Future research need keep in mind the difficulties student recidivists navigate. It would be difficult for each participant to have talked with me immediately after their alcohol related events. In retrospect it does not appear to be a coincidence that I recruited four individuals who had been long sharing their story prior to meeting with me and were comfortable and acclimated to sharing their experiences with others through their various recovery programs. Additional research is needed regarding the perceptions, attitudes, and treatment of re-offenders by service providers such as health educators and counselors and how those perceptions, attitudes, and treatment impact clients of color. For example, Peter seemed apprehensive at times during this study, yet in the

moment I was unaware of these dynamics at play. Future work can address how to support and create safety for clients of color in the moment rather than in retrospect.

Qualitative and quantitative research of college student alcohol recidivists and their experiences is needed. One area for qualitative research stems from the affiliations of the four participants who completed this study. Each study participant was involved with a recovery community and were members of fraternity and sorority life, yet not all alcohol recidivists require recovery or exist within the Greek structure. Future research would be beneficial to understand the experience of alcohol recidivists from a broader range of students, especially to understand the experiences of those not living in sobriety. Future qualitative work addressing the experiences of students and recidivists of color within institutions of higher education are needed.

Quantitative research can help illuminate demographically who alcohol recidivists tend to be to then focus back in on populations of significance that are identified. Quantitative studies in general would produce a larger amount of data that could yield vital information related to wellness barriers within with population. Future research is needed that can identify and understand the developmental connect of the high-risk drinkers ahead of their incidents. For many of these students, alcohol became problematic in high-school, one way to address prevention would be to examine early intervention. COVID-19 and the mistreatment and murder of Black lives are two societal contexts that surround this work. Additional research is needed to examine the impact of COVID-19 on college student alcohol drinking behavior generally. For example, the chronic stress of COVID-19 and its consequences can lead people to cope in ways that may not serve their health or wellness such as increased alcohol consumption (DiBello, et al., 2018; Herd, 2011). Qualitative and

quantitative studies that focus on understanding cross-cultural interviewing and cross-cultural interactions and relationships generally are especially needed. Black people are specifically prone to additional health complications. Seeing the murder and mistreatment of Black people contributes to chronic stress and depression among other health consequences (Grills, et al., 2016).

Research addressing program efficacy would be beneficial as well. Several study participants described their alcohol education experiences as conflicting where some aspects of the service were helpful, and others were not. More studies are needed to take a deeper look at the implementation of techniques such as MI in various structures such as student conduct, in facilitation BASICS, or counseling. Beyond this it can be valuable for future studies to examine the role of the provider and patient dynamic (Watkins & Terrell, 1988) in programs like BASICS or in the counseling setting or in recovery communities.

## **Conclusion**

The aim of this study was to provide an intimate and in-depth look into the experiences of college student alcohol-recidivists and their needs. It marries two theories – Chickering and Reisser’s (1993) theory of student development and the Dual Systems Process Model in order to understand decision making in order to understand how students re-offend at the college level. Findings from this study yielded implications for institutions, departments, counseling training programs, health promotion and wellness offices, student conduct, and counselor education and supervision programs. Additional research is needed to expand our knowledge of college student recidivists, especially recidivists of color, and identify ways to support their overall health and safety.

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## APPENDIX A: Recruitment Flyer

### VOLUNTEERS NEEDED FOR RESEARCH STUDY

# Influences on College Student Alcohol Recidivism: A Narrative Inquiry

- Penn State Counselor Education and Supervision Doctoral candidate Taylor Bigelow is conducting research to discover and explore students' experiences as alcohol recidivists.
- Eligibility participants are:
  - Undergraduate students,
  - Who have experienced a repeat alcohol violation/citation, and
  - Has attended mandated services (such as BASICS) for one or both alcohol violations/citations.
- You will be asked to discuss your experience with recidivism via semi-structured interview and involves 3 interviews that will take approximately 60 minutes each.
- Participation will take place on campus in Taylor Bigelow's campus office. There is minimal to no risks involved in this research.
- Participant confidentiality will be strictly enforced and maintained.
- Eligible participants will be compensated for their participation in the form of Barnes and Noble gift cards (USD).
  - Interview 1 participation = \$5.00 USD to Barnes and Noble
  - Interview 2 participation = \$10.00 USD to Barnes and Noble
  - Interview 3 participation = \$15.00 USD to Barnes and Noble
- Interested? Please contact Taylor Bigelow at [tmb1029@psu.edu](mailto:tmb1029@psu.edu) to schedule an initial phone screening.

CONTACT Taylor Bigelow  
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**APPENDIX B: Phone Screening Questionnaire****Multiple Choice**

- 1) What is your race/ethnicity?
  - a) White
  - b) Black or African American
  - c) Hispanic, Latinx, or Spanish origin
  - d) Native American or American Indian
  - e) Asian/Pacific Islander
  - f) Two or more racial/ethnic identities
  - g) Prefer to self-describe \_\_\_\_\_
  - h) Prefer not to answer
- 2) What is your current gender identity?
  - a) Female
  - b) Male
  - c) Genderqueer/gender non-conforming
  - d) Trans male/Trans man
  - e) Trans female/Trans woman
  - f) Prefer to self-describe \_\_\_\_\_
  - g) Prefer not to answer
- 3) What is your sexual orientation?
  - a) Straight/heterosexual
  - b) Gay or Lesbian
  - c) Bisexual
  - d) Pansexual
  - e) Asexual
  - f) Prefer to self-describe \_\_\_\_\_
  - g) Prefer not to answer
- 4) What is your sex at birth?
  - a) Female
  - b) Male
  - c) Intersex
  - d) Prefer to self-describe \_\_\_\_\_
  - e) Prefer not to answer
- 5) What is your age?
  - a) 17
  - b) 18
  - c) 19
  - d) 20
  - e) 21
  - f) 22

- g) 23
  - h) 24+
- 6) What is your class year?
- a) Freshman/First Year
  - b) Sophomore
  - c) Junior
  - d) Senior
  - e) Masters Student
  - f) PhD Student
- 7) What is your housing status?
- a) On campus
  - b) Off campus
  - c) Homeless
- 8) What is your employment status during the academic year?
- a) Work study
  - b) Full-time
  - c) Part-time
  - d) Unemployed
- 9) Which best describes the nature of your first incident?
- a) Hospital visit (voluntary or not)
  - b) Police citation (on or off campus)
  - c) Residence life violation (on campus in housing)
  - d) Prefer to self-describe \_\_\_\_\_
- 10) Which best describes the nature of your second incident?
- a) Hospital visit (voluntary or not)
  - b) Police citation (on or off campus)
  - c) Residence life violation (on campus in housing)
  - d) Prefer to self-describe \_\_\_\_\_

### Short Answer

- 1) Name, phone number, and email?
- 2) Days of the week and times during the day that work best for you?
- 3) Are you a first-generation college student?
- 4) What clubs/activities are you involved in?
- 5) What is your academic enrollment status (full-time, part-time)?
- 6) Do you receive financial aid support of any kind?
- 7) Are you an in state or out of state student?
- 8) What is your major/minor?
- 9) Have you ever received treatment for alcohol or other drugs?

10) Do you have a history of treatment for Mental Health, or any diagnosed mental health concern?

11) Any other information you'd like to share?

#### AUDIT screening

- AUDIT score (<https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf>)

#### Alcohol Use Disorder Identification Test (AUDIT)

Circle the answer that best describes your answer for the period covering the past 12 months

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4 or more times per week
2. How many drinks containing alcohol do you have on a typical day of drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 +
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year

10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year
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## APPENDIX C: Interview Guide

### Interview One (Introductions and Focused Life History): Schedule and Rationale

**Warm Up:** As you know, this research consists of interviewing you about your experience with alcohol use and its consequences in college. Before we dive into the interview, I wanted to get to know you better. I will be asking you several questions about yourself to warm both of us up to the interview process.

Question	Rationale
Warm up phase questions: <ul style="list-style-type: none"> <li>- Tell me about yourself (Age, class year, major, clubs/activities, anything the participant deems important to know about them)</li> <li>- Tell me about your experience as a student attending university.</li> <li>- Is there anything that would be important for me to know about you before we begin the interview process?</li> </ul>	To warm up the participant by getting to know them.

Thank you for helping me get a better sense of who you are. Next I will be asking you questions that relate to your life story and alcohol use, including aspects of your past, present, and future.

Question	Rationale
Tell me about your upbringing.	To gather background and context and lived experience of the participant.
Where is home for you? What is it like?	To gather background on the participants sociality and place within their lifespan.
Are your parents/guardians involved in your life? Have you ever talked about alcohol with them?	To explore how upbringing and family relates to substance use.
What brought you to college?	To gather background information about the participants decision to attend college. Speaks to temporality.
What led you to become a student?	To gather background information about the participant's understanding of their circumstances as a student.

<p>How would you describe yourself?</p> <ul style="list-style-type: none"> <li>- How would others describe you? (reputation, identity, personality)</li> </ul>	<p>To gather background information on how participants view themselves, both by self-report and by describing how others view them.</p>
<p>How do you see yourself as a member of the university community?</p>	<p>To gather the participants' perspective on their sociality in their present context.</p>
<p>What do you think about/is there a college drinking culture? If so, please describe it in your own words.</p>	<p>To gather participants perspective on their environment and how it impacts the participant.</p>
<p>Do you drink?</p> <ul style="list-style-type: none"> <li>- When did you start drinking? (age)</li> <li>- Where do/did you drink?</li> <li>- Who do you drink with? Do you feel these people influence your alcohol use? If so, how?</li> </ul>	<p>To gather background information about the participants alcohol use. This question also speaks directly to whether the student's peer group influences decision-making related to alcohol?</p>
<p>What are the pros and cons of drinking for you?</p> <ul style="list-style-type: none"> <li>- How do you decipher between a pro and a con?</li> </ul>	<p>To gather background information on how participants' view alcohol as a benefit or cost. This also addresses decision-making</p>
<p>Earlier I asked you to describe yourself. Now having explored the college drinking culture;</p> <ul style="list-style-type: none"> <li>- do you feel your identities impact/influenced by your alcohol use? If so, how?</li> <li>- Are your identities impacted by the drinking culture? If so, how?</li> </ul>	<p>To gather background information on how participants view themselves in relation to alcohol.</p>
<p>Can you tell me about your substance use history? (frequency/duration/intensity)</p> <ul style="list-style-type: none"> <li>- Do you feel you have a problem/concern with your alcohol use?</li> <li>- Do you feel you have a problem/concern with any other substance used?</li> </ul>	<p>To gather relevant background information about other substance use and any perceived problematic use.</p>
<p>What kind of training or education did you receive around drinking in college?</p> <ol style="list-style-type: none"> <li>1. Where have you learned about alcohol/from who? What kind of education did you receive around alcohol prior to college (ex. Family, high school, internet)?</li> <li>2. Is there any training or education you wish you had in preparation for college drinking?</li> </ol>	<p>To gather background on readiness for alcohol use as well as understanding of safety surrounding alcohol use.</p>

<p>3. What experiences have you had that have helped prepare you to drink in college?</p> <p>4. Did/do others express concern about your behavior surrounding alcohol?</p> <p>5. What do you feel has helped keep you safe with alcohol? Not kept you safe?</p>	
<p>Do you know about campus resources surrounding safety with alcohol?</p> <ul style="list-style-type: none"> <li>- Did you receive any information about the resources available to students on campus?</li> <li>- To the best of your knowledge, what resources are available here on campus?</li> </ul>	<p>This question aims to gather information that may continue to data that will shape potential future research about alcohol and safety information accessibility.</p>
<p>Is there anything else that would be important for me to know that I didn't ask you directly?</p>	<p>This question provides an opportunity for the participant to contribute any thoughts freely.</p>

**Table 2**

**Interview Two (Recidivism and Decision-Making: Details of the Experience): Schedule and Rationale**

Welcome back. In our second interview, I will be asking you about your alcohol related events and decision-making. Similar to our first interview, this will include aspects of your past, present, and future. The more detail you can provide, the better.

<b>Question</b>	<b>Rationale</b>
What is your experience of recidivism?	Explicitly addresses the first research question.
Tell me about your incidents (Time 1 and Time 2)? How much time elapsed between them?	To gather background and context of what the participant experienced with recidivism.
Where did your events occur? Time 1 and Time 2?	To gather thick descriptions of the environment and better understand the commonplace of place.
<p>What do you feel contributed to having a second incident?</p> <ul style="list-style-type: none"> <li>- What has been your experience of having a second incident?</li> <li>- How have your incidents impacted your emotions?</li> <li>- Do you feel at risk for a 3rd incident?</li> <li>- Do you feel in control of your life? Or do you feel there is an outside actor?</li> </ul>	To gather background information about the participant's experience with recidivism and expectations surrounding locus of control.
Did you experience any emotions from either incident? Emotions from recidivism in general?	To gather information about the impact of recidivism and its consequences on their emotions.

Did your decision-making change at all between Time 1 and Time 2? If so, how?	To gather information about the participant's decision making.
Do you think decision-making influences recidivism? How so?	To gather background on how participants', connect decision making to recidivism.
What has been your experience attending mandated services as a result of your incident(s), such as BASICS/counseling? - What were the places like where you were mandated? (Rich description)	To gather background information about the participant's experience attending mandated services for recidivism.
How do you think people make decisions?	To gather information about how participants, connect decision making on the level of sociality.
How do you make decisions in general? - Walk me through a recent decision you made. - How do you make decisions involving alcohol?	To gather background on decision-making at the individual level.
How would you perceive/describe someone as a high-risk drinker? - What do they look like? - What do you attribute to students who receive multiple violations, versus those who don't?	To gather information about the participant's understanding of markers of risk.
Do you think social groups influence the way we make decisions?	To gather background on how participants' view decision-making at the group level. Aims to address social constructivism.
How do you view yourself and others as actors/influencers within your alcohol related events?	To gather information on how participants, see a college student's peer group influence decision-making related to alcohol?
Have friends or family expressed concern about your drinking behavior?	To gather background on third party perception of the participants risky drinking behavior. To be compared to the initial AUDIT assessment.
Is there anything else that would be important for me to know that I didn't ask you directly?	This question provides an opportunity for the participant to contribute any thoughts freely.

**Table 3****Interview Three (Reflection on Meaning): Schedule and Rationale**

Welcome back. In our third interview, I will be asking you about the impact of recidivism on your life and general take-aways.

Question	Rationale
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How do you see your experiences impacting you moving forward?	This question is designed to gather focus around the participants' experience of their events.
What are your takeaways from your repeat events?	To gather focus around the participants' experience of their events.
What have you learned, or re-discovered, about yourself through experiencing a second alcohol related event?	This question is designed to allow participants to bring what they have shared over the interview process into focus.
What advice would you give someone in a similar circumstance to your own?	This question is designed to allow participants to bring what they have shared over the interview process into focus.
What do you feel is the largest contributor to your own recidivism?	This question is designed to allow participants to bring what they have shared in the previous interviews into focus.
When telling me these stories/experiences, did anything stand out to you?	This question is designed to allow participants to bring what they have shared over the interview process into focus.
How would you describe your competency in addressing safety surrounding alcohol?	The aim of this question is to understand how participants view their self-efficacy surrounding safety.
Was there anything I failed to ask during our interviews that comes to mind for you, or you feel would be important for me to know?	This question provides a final opportunity for the participant to contribute any thoughts freely, as well as ensure they have shared all they wish.
Additional questions will be asked following a preliminary analysis of the first two interviews and will vary by participant and what came up in interviews.	

## APPENDIX D: IRB Approval



**Office for Research Protections**  
 Vice President for Research  
 The Pennsylvania State University  
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 University Park, PA 16802

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### EXEMPTION DETERMINATION

**Date:** February 11, 2020

**From:** Michelle Covert,

**To:** Taylor Bigelow

Type of Submission:	Initial Study
Title of Study:	Influences on College Student Alcohol Recidivism: A Narrative Inquiry
Principal Investigator:	Taylor Bigelow
Study ID:	STUDY00014466
Submission ID:	STUDY00014466
Funding:	College of Education
Documents Approved:	<ul style="list-style-type: none"> <li>• APPENDIX B. Phone Screening Questionnaire. 2.3.2020 V2.docx (2), Category: Other</li> <li>• APPENDIX C. Interview Guide. 2.3.2020.docx (0.01), Category: Data Collection Instrument</li> <li>• Bigelow Grant Award (0.01), Category: Sponsor Attachment</li> <li>• Bigelow HRP-591 Dissertation Study Protocol (2), Category: IRB Protocol</li> </ul>

The Office for Research Protections determined that the proposed activity, as described in the above-referenced submission, does not require formal IRB review because the research met the criteria for exempt research according to the policies of this institution and the provisions of applicable federal regulations.

Continuing Progress Reports are **not** required for exempt research. Record of this research determined to be exempt will be maintained for five years from the date of this notification. If your research will continue beyond five years, please contact the Office for Research Protections closer to the determination end date.

Changes to exempt research only need to be submitted to the Office for Research Protections in limited circumstances described in the below-referenced Investigator Manual. If changes are being considered and there are questions about whether IRB review is needed, please contact the Office for Research Protections.

We would like to know how the IRB Program can better serve you.  
 Please fill out our survey; it should take about a minute: <https://www.research.psu.edu/irb/feedback>.

ID27

## CURRICULUM VITAE: Taylor Marie Bigelow

### Degrees Awarded

- Ph.D. Counselor Education and Supervision, Pennsylvania State University, *August 2020*
- M.Ed. Master of Education, Clinical Mental Health Counseling in Schools and Communities, Pennsylvania State University, *May 2016*
- B.S. Psychology, Le Moyne College, *May 2014*

### PROFESSIONAL EXPERIENCE

- Community Health Educator, Health Promotion and Wellness, University Health Services, The Pennsylvania State University, University Park, PA. (2017-2020)
- Adjunct Faculty, Rehabilitation and Human Services, College of Education, The Pennsylvania State University, University Park, PA. (2018-2020)
- Clinical Supervisor, Department of Educational Psychology, Counseling, and Special Education. The Pennsylvania State University, University Park, PA. (2017-2020)
- Counselor at the CEDAR Clinic, Department of Educational Psychology, Counseling, and Special Education, The Pennsylvania State University, University Park, PA. (2015-2017)
- Graduate Research Assistant, Neurofeedback Team, Department of Educational Psychology, Counseling, and Special Education The Pennsylvania State University, University Park, PA. (2015-2017)
- Intern at the Moore Clinic, Department of Psychology, The Pennsylvania State University, University Park, PA. (2015-2016)
- Teaching Assistant, College of Health and Human Development, Department of Biobehavioral Health The Pennsylvania State University, University Park, PA. (2015-2016)
- Clinical Research Assistant, College of Health and Human Development, Department of Kinesiology, The Pennsylvania State University, University Park, PA. (2014-2016).

### PUBLICATIONS

- **Bigelow, T.** (2020). *Notes from the field: Observations from a doctoral cyber-supervisor*. Manuscript submitted for publication to The Professional Counselor journal.
- **Bigelow, T.**, Das, B., Gilfillan, B.,..., Kim, S. (2020). *Wellness-based writing retreats: Promoting academic productivity across professional stages within counselor education*. Manuscript submitted for publication to the Journal for Creativity in Mental Health.
- **Bigelow, T.** (In progress). Effects of Caffeine on the Presentation of Depression Symptoms: Implications for Counselors.
- Jones, D., Park, J., Gamby, K., **Bigelow, T.** (2020) Mental Health Genetics and Epigenetics Primer with Implications for Counselors. Manuscript submitted for publication to The Professional Counselor journal.
- McManus, H. A., Baltrusitis, D. M., and **Bigelow, T. M.** (2012). Assessing the Phylogenetic Utility of Chloroplast Genes within the Hydrodictyaceae (Sphaeropleales, Chlorophyceae). [Article] Department of Biological Sciences, Le Moyne College, Syracuse, NY 13066 USA

### PROFESSIONAL PRESENTATIONS

- **Bigelow, T.**, & Hanna, J., (2020, October). Taking care of societal subgroups: Mental healthcare for people with intellectual disabilities. North Atlantic Region Association for Counselor Education and Supervision (NARACES) 2020 Conference, Pittsburgh, PA. (Conference canceled)
- Jones, D., Park, J., Gamby, K., **Bigelow, T.** (2019, October). The Connection Between Epigenetics and Trauma: Applications for Pedagogy, Supervision, Practice, and Research. Association for Counselor Education and Supervision (ACES) 2019 National Conference, Sheraton Seattle Hotel, Seattle, WA.
- Ulupinar, D., **Bigelow, T.**, Das, B., Kim, S., & Dedeoglu, N. (2019, March). Psychoeducational Groups for Alcohol Harm Reduction: A Demonstration. Presented at the American Counseling Association 2019 Conference, Ernest N. Morial Convention Center, New Orleans, LA.
- **Bigelow, T.** (2018, May). Honoring and Balancing Our Multiple "Hats". Presented at B1G Health Promotion Meeting, Penn State University, University Park, PA.
- **Bigelow, T.** (2018, April). Enhancing Understanding: Online Pedagogy. Presented at Chi Sigma Iota, Pennsylvania Statewide Conference, West Chester, PA.
- Das, B. and **Bigelow, T.** (2017, October). Trauma informed perspective of countertransference: A wellness approach. Presented at ACES, Chicago, IL.
- **Bigelow, T.**, Gilfillan, B., Ulupinar, D. & Nadermann, K. (2017, April). The long and short of it: The road to "Dr.". Presented at Chi Sigma Iota, Pennsylvania Statewide Conference, Scranton, PA.

### GRANTS AND AWARDS

- Dissertation Research Initiation Grant, The Pennsylvania State University (2020-2021)
- Edwin L. Herr Scholarship for the Education of Counselors, The Penns State University (2017-2018)
- Stephen R. Smith and Eileen Baumgarten Smith Graduate Scholarship in the College of Education. The Penn State University (2015-2016)