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## Comparison of Student Self-Reported and Administrative Data Regarding Intercession into Alcohol Misuse among College Freshmen Dormitory Residents

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### Abstract

Intercession into collegiate alcohol misuse by the Department of Resident Live (DRL) in freshmen dormitories at one large, Mid-Atlantic, diverse, public university was examined. Freshmen dormitory resident drinkers ( $n=357$ ), 71% of whom reported alcohol misuse, were surveyed. Student self-report and DRL documentation, respectively, revealed that 6.4% and 7.8% ( $Kappa=.77$ ) of drinkers were documented with an alcohol violation, 4.2% and 3.4% ( $Kappa=.81$ ) lost housing priority points, 1.4% and .6% ( $Kappa=.28$ ) were referred for alcohol counseling, and 1.4% and .3% ( $Kappa = .33$ ) were taken to the emergency room. DRL infrequently interceded into alcohol misuse, perhaps because most misuse occurred off-campus.

### INTRODUCTION

Although student alcohol misuse has long been a problem for many campuses of higher education, the opportunities and challenges for campus housing authorities to help mitigate this problem have not been well defined. A major barrier to progress in this area is a lack of data on current campus housing authority intercession into the problem. Specifically, the rate of alcohol use among college students is 59.2% and almost half of all college students (47.0%) self-report that they have suffered negative consequences due to their own alcohol use (ACHA, 2010). Despite such consequential alcohol use, it is not well understood how often, and how, campus housing authorities identify and intercede into this problem. As freshmen may be particularly vulnerable to alcohol problems due to their relative inexperience in the campus environment (Citation), their alcohol use is of particular concern. Furthermore, as freshmen often live in on-campus residence halls, alcohol use among residents of on-campus residence halls is of particular concern.

For purposes of this study, we define alcohol “misuse” as alcohol use resulting in an observable negative consequence without considering the actual amount of alcohol consumed. These negative alcohol-related consequences include: passing out, missing class, being disruptive or confrontational, being tardy for class or work, getting injured, and damaging property (Amaro, et al., 2009; Park, 2004; Perkins, 2002; Reis, Trockel, & Wall, 2003; Wechsler, Lee, Nelson, & Kuo, 2002). Alcohol misuse not only affects the drinker him/herself but may cause secondhand consequences for others (ie: interruptions to sleep and study, having to care for an inebriated person, being inconvenienced by noise and vomit,

and being assaulted) (Boekeloo, Bush, & Novik, 2009). College student alcohol misuse and secondhand consequences affect quality-of-life in residence halls and are thus a concern for residence hall authorities.

Unfortunately, little literature describes rates at which university resident hall authorities intercede into alcohol misuse (Perkins, 2002). Resident hall authorities that identify alcohol misuse and then provide special intercession for misusers may prevent further misuse: alcohol counseling programs often employed for students that have received citations for violating university alcohol policy appear to have high rates of effectiveness (Amaro, et al., 2009; Cimini, et al., 2009).

Most alcohol-related research data on resident hall intercession into misuse is collected directly from college students based on self-report (Devos-Comby & Lange, 2008; Schaus, et al., 2009). Administrative data have infrequently been researched regarding resident hall intercession into alcohol misuse (Perkins, 2002). Given the potential for student self-report biases regarding resident hall intercession into their alcohol misuse, other available university data may be revealing. For this study, data from the Department of Resident Life (DRL) were accessed. Typically, the responsibility of documenting student alcohol misuse in on-campus housing falls to the DRL staff, primarily the resident advisor (RA) who lives in the dormitory unit with the students. DRL data are free of the selection and social desirability biases associated with student self-report but they may have other biases. RAs may find their roles as policy enforcers and trusted mentors as sometimes conflicting and difficult to navigate; role ambiguity may influence, consciously or unconsciously, their documentation (Boekeloo, Bush, & Novik, 2009). The reliability of RA documentation of student violation of alcohol-policy is, unfortunately, not known.

We conducted a trial of a dormitory-based intervention with predominantly first-year freshmen to reduce alcohol misuse (Boekeloo, Novik, Bush, & O'Grady, 2009). When examining the data, we were concerned about student self-report biases regarding resident hall intercession into alcohol misuse. DRL administrative data about intercession into alcohol misuse were available and afforded alternative measures. However, such data had not been commonly used for program evaluation and the literature provided little guidance on the use of these data for program evaluation. Hence, we specifically investigated rates of student self-reported and DRL documented rates of alcohol intercession and determined the level of agreement between these two sources of data. This study is significant because it examines system-level (DRL) intervention into college alcohol misuse and furthermore, assesses the reliability of data sources available for such examination.

## METHODS

This study was part of a larger alcohol problem prevention trial implemented at a large, Mid-Atlantic, suburban, public university with a diverse student body (Boekeloo, Novik, et al., 2009). While most incoming freshmen students live on campus in residence halls, the majority of undergraduate students at the university live in various types of off-campus housing in the surrounding community that includes both residential and commercial areas. The study was approved by the university's Institutional Review Board. The methods by which the sample was selected and the data were gathered have been explained in detail elsewhere (Boekeloo, Bush, et al., 2009; Boekeloo & Griffin, 2009; Boekeloo, Novik, et al., 2009).

Self-report data were collected from students via a web-based survey administered two months into the fall 2006 academic semester. There were 1269 students (635 females, 634 males) recruited to complete the survey, and 551 students (324 females, 227 males) provided

complete and reliable data. A screener question in the survey asked students whether they had drunk alcohol of any type since arriving on campus for the academic semester. Students were identified as 'drinkers' if they answered affirmatively to this question for purposes of this study and, thus, comprise the sample ( $n=357$ ).

The self-identified drinkers were asked "How often did you experience any of the following as a result of your own alcohol use since arriving (on campus) for the Fall 2006 semester?" Eighteen response items (Figure 1) were borrowed from the National Study of Living Learning Programs (NSLLP) instrument (Inkelas, et al., 2004). The items were coded 0=never, 1=1 time, and 2=2 times, 3=3 or more times but were dichotomized (ever and never) for this study. A 'misuser' was defined as a drinker who self-reported one or more of the 18 negative consequences.

In addition to the 18 items above, seven items addressed university intercession into student alcohol use. Of these items, four mirrored DRL administrative data that were identified and available for the study. The university administrative data were obtained from the DRL. These four items included 'was documented by resident life staff for noise violation, destruction of property or vandalism, possession of alcohol, and/or hosting a party'; 'lost housing priority points'; 'referred for alcohol counseling'; and 'was taken to the emergency room'. The original response options for these administrative data were 0=never, 1=1 time, and 2=2 or more times but were dichotomized (ever and never) for this study. These DRL measures are referred to in this study as 'intercession' because they reflect official university identification and confrontation of student's alcohol misuse. Data collection for these administrative variables involved searches of the respective databases for each student study participant. Administrative variables had to be associated with alcohol for them to be documented in the affirmative for this study. All data (self-reported and DRL documented) addressed the same time frame (the first 2 months of the fall academic semester).

The data were analyzed using SPSS version 14.0. Chi-Square and kappa values were used to examine alcohol misuse and the level of agreement between the self-report and administrative data. Chi-square was considered significant at the  $p=0.05$  level and kappa values were considered to indicate acceptable reliability if they were above 0.75.

## RESULTS

The self-reported rates of experiencing various negative personal consequences (types of misuse) were examined (Figure 1). In total, 71.2% of drinkers reported one or more negative personal consequences from their alcohol use during the first two months of the semester including a hangover (50.1%), sickness or vomiting (39.8%), memory loss (36.1%), or shame (35.0%). In regard to DRL intercession that was both self-reported and DRL administratively documented (Table 1), the data indicate that being referred for alcohol counseling and having been taken to the emergency room due to alcohol use occurred infrequently regardless of the source (self-report, administrative) of data. These variables were considered too low frequency for meaningful interpretation of agreement between the two sources of data. It was determined that both self-report and DRL administrative sources agreed that 5.6% of drinkers were documented for a DRL alcohol violation and 3.1% were documented as having lost DRL housing points. Level of agreement between self-reported and DRL administratively documented data was acceptable for both documentation of a DRL alcohol violation ( $\text{kappa}=.77$ ) and documentation of having lost DRL housing points ( $\text{kappa}=.81$ ) (Table 1).

## DISCUSSION

The aims of this study were to determine the rates at which collegiate alcohol misusers living in predominantly freshmen dormitories have their misuse interceded by DRL officials and the agreement between self-reported and DRL administratively-recorded university intercession into collegiate alcohol misuse. The results indicated that alcohol misuse was frequent among collegiate drinkers living in freshmen dormitories (71% reported at least one personal consequence) but DRL intercession into this alcohol misuse was relatively infrequent (5.6% were documented by DRL for an alcohol violation). It is not known from this study how often the alcohol misuse took place off campus without DRL knowledge or how often DRL interceded informally avoiding administrative sanctioning. Nevertheless, high levels of observed alcohol misuse and low levels of DRL intercession warrant further examination given the risks to drinkers and others from alcohol misuse. With regard to university intercession into alcohol misuse, there was a high level of agreement between self-reported and DRL administratively documented data on student violation of dormitory policy regarding alcohol use and lost housing points.

The infrequent intercession by DRL officials into student alcohol misuse may reflect lost opportunities to reduce negative consequences for individual students as well as the campus community. Given that effective counseling and education programs have been developed for student alcohol misusers (Caudill, et al., 2007; Glindemann, Ehrhart, Drake, & Geller, 2007; LaBrie, Thompson, Huchting, Lac, & Buckley, 2007; Walters & Neighbors, 2005), misusers could be more frequently identified and encouraged to participate in such programs. Increased rates of DRL intercession into student alcohol misuse could reduce the rate of alcohol-related negative personal and secondhand consequences experienced by students. To the extent that alcohol use occurs off campus out of the purview of DRL, DRL may not be expected to intercede. It may not be clearly defined, however, which consequences suffered in residence halls due to drinking off campus fall under the purview of DRL. Also, not all alcohol behaviors may be considered risky and problematic enough for documented DRL intercession. There may not be consensus, however, about which types of suffering by drinkers and/or residence hall-mates of drinkers fall under the purview of DRL and are appropriate for documented intercession. Hence, better defined, more frequent, and more effective university intercession may be warranted and such intercession deserves further evaluation.

It is important to note the study limitations. This study was based on data from students who self-identified as drinkers and whom resided in predominantly freshmen dormitories at one large, Mid-Atlantic public university. The university and this student sample, and thus the findings, may not be representative of other universities and student samples. It is likely, however, that this study reflects many other predominantly freshmen dormitory samples and that this university reflects many other large and diverse universities. Administrative data were assumed to be complete and up-to-date. Administrative data entry was not conducted by the researchers and the reliability of administrative data entry processes was not specifically evaluated. It must be remembered that DRL data are dependent on the DRL staff being aware of alcohol transgressions and actually documenting the transgressions. The researchers did not re-contact students to gain insight about any self-reported disagreements with the administrative data. Self-reported 'taken to the emergency room' incidents could have occurred off-campus and would thus not be administratively documented. Finally, the study sample was comprised of only those who participated in the student survey as part of the larger intervention trial, and, thus, the administrative data only reflect these cases.

Despite the limitations, the information from this exploratory study provides evidence that student self-report and DRL data may be reliable sources of data about university

intercession into college students' alcohol-related misuse. While much of alcohol problem prevention has focused on individual student knowledge, attitudes, and behaviors (Carey, Scott-Sheldon, Carey, & DeMartini, 2007; Hustad, Barnett, Borsari, & Jackson, 2010; Larimer, et al., 2009; Tollison, et al., 2008), organizational or systems level approaches may also be warranted (College Drinking-Changing the Culture, 2010). The use of DRL administrative data and/or student self-report data may be used to examine alcohol problem prevention at the resident hall organizational/systems-level. More research is needed to validate the reliability of the different sources of data on systems-level intercession into college student alcohol misuse so that these data may be used to better understand university systems-level approaches for alcohol risk-reduction. DRL examination of alcohol policy standards and protocols may lead to enhanced DRL intercession into alcohol misuse to prevent collegiate alcohol problems. DRL administrative data may offer reliable measures for evaluation of DRL intercession into alcohol misuse.

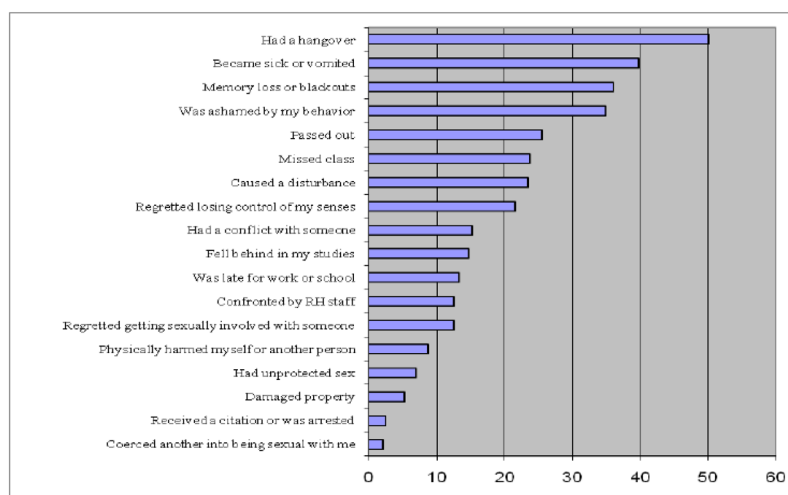
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**Figure 1. Rates\* of College Student Self-Reported Misuse (n=357)**

\* Percentage of incoming freshmen who “ever” self-reported these behaviors since arriving on campus that semester.



**Table 1**

Self-Reported (SR) and Administratively Documented (AD) Rates of Department of Resident Life Intercession into Alcohol Misuse

	<i>n</i>	SR, <i>n</i> (%)	AD, <i>n</i> (%)	SR and AD, <i>n</i> (%); kappa
Documentation for policy violation				
Total sample	357	23 (6.4)	28 (7.8)	20 (5.6); 0.77
Males	140	13 (9.3)	12 (8.6)	10 (7.1); 0.78
Females	217	10 (4.6)	16 (7.4)	10 (4.6); 0.76
Lost housing points due to alcohol violation				
Total sample	357	15 (4.2)	12 (3.4)	11 (3.1); 0.81
Males	140	11 (7.9)	7 (5.0)	7 (5.0); 0.76
Females	217	4 (1.8)	5 (2.3)	4 (1.8); 0.89
Referred for alcohol counseling				
Total sample	357	5 (1.4)	2 (0.6)	1 (0.3); 0.28
Males	140	3 (2.1)	1 (0.7)	0 (0.0)
Females	217	2 (0.9)	1 (0.5)	1 (0.5); 0.67
Taken to the emergency room				
Total sample	357	5 (1.4)	1 (0.3)	1 (.3); 0.33
Males	140	4 (2.9)	0 (0.0)	n/a
Females	217	1 (0.5)	1 (0.5)	1 (.5); 1.00