

# Using the Transtheoretical Model and Motivational Interviewing in the Development and Implementation of Health Behavior Interventions

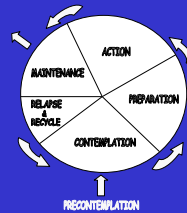
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## Stages of Change



## Transtheoretical Model

### STAGES OF CHANGE

Precontemplation - Contemplation - Preparation -  
 Action - Maintenance - Termination

### PROCESSES OF CHANGE

#### Experiential Processes

Consciousness Raising  
 Self-Reevaluation  
 Dramatic Relief  
 Environmental Reevaluation  
 Social Liberation

#### Behavioral Processes

Self-Liberation  
 Counterconditioning  
 Stimulus Control  
 Reinforcement Management  
 Helping Relationships

DECISIONAL BALANCE

SELF-EFFICACY



Department of Family and  
 Community Medicine

University of Texas  
 Medical School at Houston





### Transtheoretical Model

- Offers an integrative framework for understanding, measuring, and intervening with problem behaviors
- Clinicians assess clients' readiness to change and enhance motivation through a series of techniques, depending on patients' stage of readiness

### Motivational Interviewing

Motivational Interviewing is an empathic, client centered, yet directive counseling style.

**Its goal is to explore and resolve ambivalence about changing behaviors**

## Why Motivational Interviewing?

- Evidence-based >130 clinical trials
- Relatively brief
- Specifiable
- Grounded in testable theory
- With specifiable mechanisms of action
- Generalizable across problem areas
- Complementary to other treatment methods
- Verifiable – Is it being delivered properly?

## Motivational Interviewing Assumptions – I

- ❖ Motivation is a state of readiness to change, which may fluctuate from one time or situation to another. This state can be influenced
- ❖ Motivation for change does not reside solely within the client
- ❖ The counselor's style is a powerful determinant of client resistance and change. An empathic style is more likely to bring out self-motivational responses and less resistance from the client

## Motivational Interviewing Assumptions – II

- ❖ People struggling with behavioral problems often have fluctuating and conflicting motivations for change, also known as ambivalence. Ambivalence is a normal part of considering and making change and is NOT pathological
- ❖ Each person has powerful potential for change. The task of the counselor is to release that potential and facilitate the natural change process that is already inherent in the individual.

Underlying the *Spirit of Motivational Interviewing* is:

- **Collaboration** - In motivational interviewing, the counselor does not assume an authoritarian role. The counselor seeks to create a positive atmosphere that is conducive to change.
- **Evocation** - Consistent with a collaborative role, the counselor's tone is not one of imparting things, such as wisdom or insight, but rather *eliciting* – finding these things within and drawing them out from the person.

- **Autonomy** – Responsibility for change is left with the client, hence there is respect for the individual's autonomy. The clients are always free to take our advice or not. When motivational interviewing is done properly, it is the client rather than the counselor who presents the arguments for change.

## Basic Interaction Strategies

O = Open-ended Questions

A = Affirmations

R = Reflections

S = Summaries

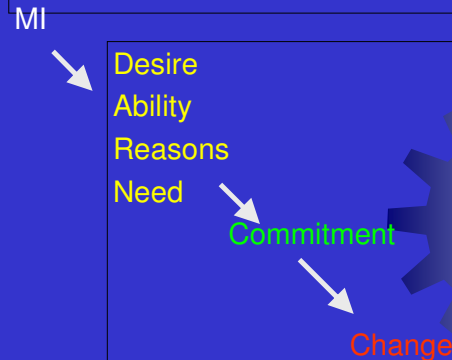


## Using OARS Micro-skills

### Eliciting Change Talk

The idea in MI is to have the client present arguments for both sides in making changes. It is the clinician's task to facilitate the client's expression of such change talk. This is a process of shared decision-making, not an attempt to manipulate or sculpt the client's will.

## The Flow of Change Talk



### Recent Studies

- ▶ Project CHOICES Efficacy Study: A Fetal Alcohol Spectrum Disorder (FASD) Trial (CDC)
- ▶ Preventing Alcohol Exposed Pregnancy After a Jail Term (NIAAA)
- ▶ STI Screening in Young Women: A Stage-Based Intervention (NIAID)
- ▶ HIV Risk Reduction in Alcohol-Abusing MSM (NIAAA)
- ▶ A Transtheoretical Model Group Therapy for Cocaine (NIDA)
- ▶ Screening and Brief Intervention in Primary Care (NIAAA)
- ▶ Alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT; CSAT)
- ▶ Efficacy of Motivational Enhancement and Physiologic Feedback for Prenatal Smoking (RWJ)
- ▶ How Does Motivational Interviewing Work? Mechanisms of Action in Project CHOICES (NIAAA)

### Project CHOICES Efficacy Study: A Fetal Alcohol Syndrome (FASD) Trial



Project CHOICES is a multisite clinical trial funded by the CDC, aimed at reducing alcohol consumption and increasing birth control use among women at high-risk for having an alcohol-exposed pregnancy.

### Preventing Alcohol Exposed Pregnancy After a Jail Term



Project SUCCESS is a demonstration and efficacy study funded by NIAAA, in collaboration with the UT-H School of Public Health. SUCCESS is aimed at reducing alcohol consumption and increasing the use of contraception in high-risk women in a county jail.



## Project ROSE

### STI Screening in Young Women: A Stage-Based Intervention

Funded by the National Institute of Allergy and Infectious Diseases (NIAID). This project, in collaboration with Baylor College of Medicine, aimed to decrease the duration of untreated gonococcal and chlamydial infection in urban adolescent and young adult women through promotion of STI screening.

### A Transtheoretical Model Group Therapy for Cocaine

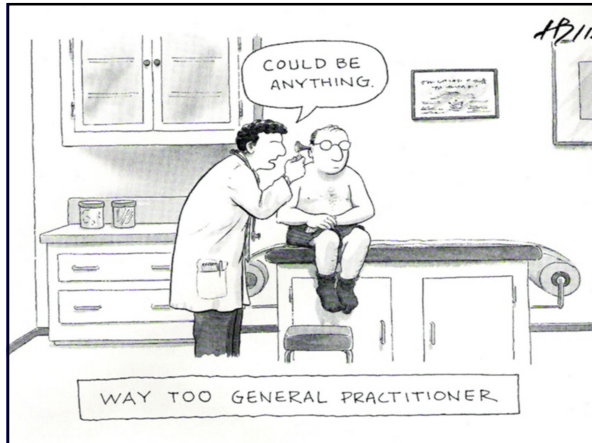
This study, funded by the National Institute on Drug Abuse, will test the efficacy of a group treatment for substance abusers based on the stages and processes of change. Each group session is based on a specific TTM process of change. Motivational Interviewing counseling strategies are used throughout the sessions.



### Developing Alcohol-Related HIV Preventive Interventions

Funded by (NIAAA), this five-year study was conducted in collaboration with Hunter College Center for HIV Education and Studies and NYU. The integrated behavioral intervention was aimed at both the promotion of alcohol abstinence and the consistent use of safer sexual behaviors in HIV + men.

### Brief Interventions in Medical Settings



### Efficacy of Motivational Enhancement and Physiologic Feedback for Prenatal Smoking Cessation: Smoke Free Families II

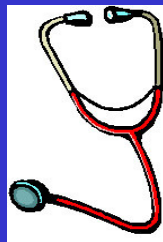
A randomized clinical trial to test the efficacy of motivational enhancement (ME) therapy combined with biologic feedback (fetal ultrasound) for increasing smoking quit rates among low-income pregnant women considered resistant smokers. Funded by Robert Wood Johnson



### Improving Brief Interventions

Reducing Alcohol Related Morbidity and Mortality in Primary Care

The goal of this project is to increase physicians' perception of the importance and confidence in performing tobacco and alcohol brief interventions. Funded by NIAAA.



SBIRT (SAMHSA)



STI Screening and Intervention for Nurses  
Cape Town and Port Elizabeth, South Africa



### Implementation of a Smoking Cessation Counseling Program in the Texas Statewide Family Practice Preceptorship Program

Niemann, L., Velasquez, M.M., Groff, JY., Cheng, L. & Foxhall, L.E. (2004) Implementation of smoking cessation counseling module in a preceptorship program. *Journal of Family Medicine*. Vol. 37 (2) pp. 105-111

Rollnick, S., Mason, P., Butler, C. *Health Behavior Change: A Guide for Practitioners*. 1999. London, Churchill Livingstone.

### Importance Ruler

**How important is it to you to quit smoking?**

*If 0 was "not important," and 10 was "very important," what number would you give yourself ?*

### Exploring Importance

- *Why are you at x and not y? Or, how did you get from x to y? (always start with the higher number)*
- *What would have to happen for it to become much more important for you to change?*
- *What would have to happen before you seriously considered changing?*

- *Why have you given yourself such a high score on importance?*
- *What would need to happen for your importance score to move up from x to y?*
- *What stops you moving up from x to y?*

- *What are the good things about your tobacco use?*
- *What are some of the less good things?*
- *What concerns do you have about your tobacco use?*
- *If you were to change, what would it be like?*
- *Where does this leave you now?*
  - *Use this when you want to ask about change in a neutral way)*

## Confidence Ruler

If you decided right now to quit smoking, how confident do you feel about succeeding with this?

*If 0 was 'not confident' and 10 was 'very confident', what number would you give yourself?*



## Other Projects

- Oral Health Pilot Project with UT Dental School and University of the Western Cape in Cape Town, South Africa
- Teaching Brief Motivational Skills to Dental Students for Smoking Cessation

## Fetal Alcohol Spectrum Disorder

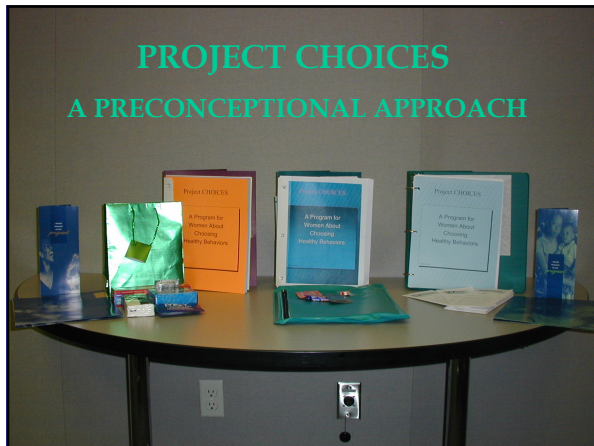
Fetal Alcohol Spectrum Disorder is a devastating developmental disorder that affects children born to women who abuse alcohol during pregnancy. It is among the most commonly known causes of mental retardation

Although FAS is entirely preventable, and in spite of our increasing knowledge about the effects of prenatal alcohol exposure, children continue to be born exposed to high amounts of alcohol.



## Project Choices

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## Project CHOICES Epidemiologic Survey

The Project CHOICES Research Group (2002).  
Alcohol-exposed pregnancy: characteristics  
associated with risk. *American Journal of  
Preventive Medicine*, 23(3), 166-173.

### Epidemiology Survey

- Characterize the population including level of risk for AEP
- Identify variables correlated with risk
- Identify independent predictors of risk

### Settings



- Jail
- Treatment Center  
University of Texas Health Science Center
- Inner City Primary Care
- Inner City GYN  
Virginia Commonwealth University
- Primary Care Clinics in an HMO
- Media Recruits  
NOVA Southeastern-Florida

### Definition of "At Risk"



LAST 90 DAYS

- FERTILE
- UNPROTECTED INTERCOURSE

AND

- $\geq 7$  OR MORE DRINKS PER WEEK

OR

- $\geq 5$  DRINKS IN ONE DAY MORE THAN ONCE IN LAST 6 MONTHS

### Demographics (n=2672)

- 62% African American; 21% White; 8% Hispanic; 6% Native American; 3% Other
- 17 % were legally married
- 51% were employed
- 68% were high school grads or equivalent
- 70%  $\leq$  \$20,000 annual household income



## Pregnancy Risk

- 32% infertile, 9% abstain
- 13% pregnant or trying
- 25% contracepting correctly
- ✦ • 12% not contracepting correctly
- ✦ • 8% not using contraception

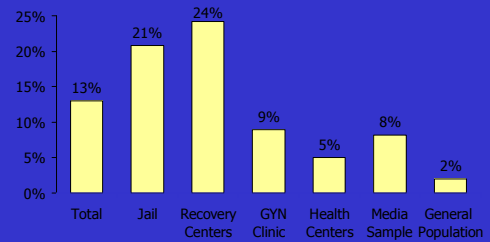
## Alcohol Risk

- 71% of respondents drank
- 31% were binge drinkers  
–(5 or more drinks on a day)
- 25% were frequent drinkers  
–(8 or more drinks per week)

## At Risk for AEP

- 333 Respondents (12.5%)
- National estimates for the general population suggest a 1% to 2% risk
- Respondents were 6.9 times more likely to be at risk for AEP (95% CL 5.2-9.3,  $p=0.0001$ ) than general population
- All sites were at increased risk ( $p<0.05$ )

## Community-based Settings with High Proportion Of Women at-Risk for an Alcohol Exposed Pregnancy



## Project CHOICES Feasibility Study

### Reducing the Risk of Alcohol-Exposed Pregnancies: A Study of a Motivational Intervention in Community Settings

The Project Choices Intervention Research Group (2003). Reducing the risk of alcohol-exposed pregnancies: a study of motivational counseling in community settings. *Pediatrics*, 111(5), 1131-1141.

## Objective: Prevent Alcohol-Exposed Pregnancies

Reduce Drinking  
or  
Contracept Effectively  
or  
Both

Can we develop and implement an intervention to target BOTH behaviors that place women at risk for alcohol-exposed pregnancy?

Can this intervention be implemented in community settings?



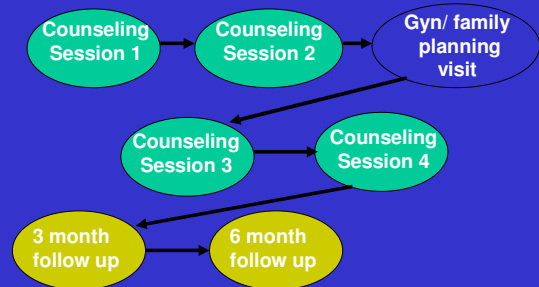
## Definition of "Not at Risk"

- Drinks  $\leq 7$  drinks/week & no days  $\geq 5$  drinks  
or
- Contracepts Effectively  
or
- Both

## Recruitment

- 2,384 women screened
- 230 eligible
- 190 consented and enrolled

## Project CHOICES Intervention



## Primary Research Questions

Will a greater proportion of women reduce their risk of having an alcohol-exposed pregnancy after participating in the Information + Counseling group (IPC) than do those in the Information Only (IO) group?

Which sociodemographic and behavioral variables mediate or moderate the effects of the intervention on high-risk behaviors?

## TimeLine Follow-Back

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
A: VI: Y N BC: Y N T:	A: VI: Y N BC: Y N T:	A: VI: Y N BC: Y N T:	A: VI: Y N BC: Y N T:	A: VI: Y N BC: Y N T:	A: VI: Y N BC: Y N T:	A: VI: Y N BC: Y N T:
8	9	10	11	12	13	14
A: VI: Y N BC: Y N T:	A: VI: Y N BC: Y N T:	A: VI: Y N BC: Y N T:	A: VI: Y N BC: Y N T:	A: VI: Y N BC: Y N T:	A: VI: Y N BC: Y N T:	A: VI: Y N BC: Y N T:

**CODES:**

- |                          |                       |                   |
|--------------------------|-----------------------|-------------------|
| A: Alcohol Use           | C: Condom             | S: Spermicide     |
| VI: Vaginal Intercourse  | P: Birth Control Pill | N: Norplant       |
| BC: Birth Control        | D: Diaphragm          | E: Depo-Provera   |
| T: Type of birth control | I: IUD                | Other: (write in) |

## Review of the intervention

### Session I

- \* Review Fact Sheet
- \* Advise Family Planning Visit
- \* Present Daily Journal
- \* Present Thinking Exercises
- \* Give Brochures - Gift Package

## Thinking About Birth Control

*Here's an example done by another woman. Remember, every person has different reasons they might want to change their birth control use.*

### Good things about my using birth control:

I don't have to plan ahead for sex.  
I won't get pregnant until I'm ready.  
I will feel in control of my body.  
I will respect myself.  
When I am ready for a child, I will decide.  
If I drink, I won't have to worry about harming my health.

### Not so good things about my using birth control :

I will have to plan ahead to protect myself.  
I may have to discuss birth control with my partner, and that may be uncomfortable.  
I will have to get a good birth control method.  
Birth control could get expensive.

## Session II

- \* Personalized Feedback
- \* Review & Discuss the Daily Journal
- \* Discuss Family Planning Visit
- \* Review Thinking Exercise
- \* Complete Self-Evaluation
- \* Complete Goal Statement & Change Plan
- \* Discuss Temptation & Confidence Profiles

## Your Personalized Feedback - I

At your last session you said that you drink \_\_\_\_\_ drinks/week.  
You also said that on occasions you may drink \_\_\_\_\_ drinks in a single day.

### Moderate Drinking:

Drinking Level: *No more* than 7 drinks per week AND *no more* than 3 drinks in any one day.

Risks:

### Risky Drinking:

Drinking Level: *More* than 7 drinks per week or *more* than 3 drinks in any one day.

Risks:

### How much money did you spend on alcohol last year?

- Based on what you told us, you drank around \_\_\_\_\_ drinks in the past 3 months.
- If you usually drink at home, and an average drink at home costs \$1.25, then you spent about \$\_\_\_\_\_ on alcohol last year.
- If you usually drink at a bar or restaurant, and an average drink there costs \$3.50, then you spent about \$\_\_\_\_\_ on alcohol last year.

### How many calories did you consume from alcohol per drinking day?

- Alcohol has calories which have no nutritional value. Sometimes women gain weight because of the extra calories they get from alcohol.
- Based on what you told us, you drank around \_\_\_\_\_ drinks per drinking day.
- If an average drink has 100 calories, you consumed about \_\_\_\_\_ calories per drinking day from alcohol.

## Your Personalized Feedback - IV

### Pregnancy Risk

[ ] **Low** -- You use birth control correctly every time you have vaginal intercourse .

[ ] **Risky** -- You never use birth control or you sometimes have vaginal intercourse without using birth control correctly.

You are at risk because \_\_\_\_\_

\_\_\_\_\_

### Self-Evaluation Ruler - Alcohol

On the following scale, which point best reflects how ready you are at the present time to drink below risky levels?

(Below risky levels means having 7 or fewer drinks per week, 3 or fewer drinks per day, or none if you become pregnant.)

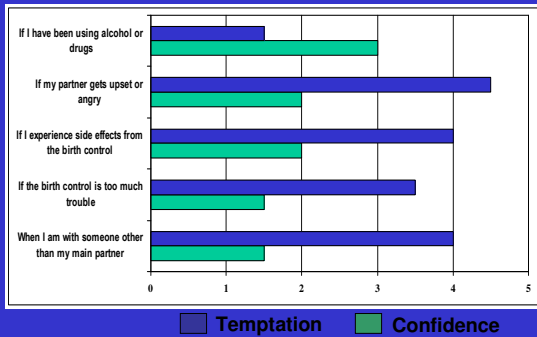


### Goal Statement & Change Plan for Alcohol - I

- Choice 1: I plan not to drink at all.
- Choice 2: My plans for drinking are:

- A. On the average day when I drink, to drink no more than \_\_\_\_\_ drinks.
- B. During the average week, to drink on no more than \_\_\_\_\_ days.
- C. Never to drink more than \_\_\_\_\_ drinks on any one day. other (*specify*) \_\_\_\_\_

### Temptation and Confidence Profiles -Birth Control



### Session III

- \* Discuss Family Planning Appointment
- \* Discuss Daily Journal
- \* Review & Update Thinking Exercises
- \* Review & Update Self-evaluation Exercise
- \* Revisit & Revise Goal Statements and Change Plans

### Session IV

- \* Recap Previous Sessions
- \* Review Goals & Change Plans
- \* Problem-solve, Reinforce Goals, Revisit Temptation and Confidence, Strengthen Commitment to Change
- \* Discuss Plans for Aftercare

### Counselor Training

- \* On-site training in Motivational Interviewing
- \* Centralized training in Study Protocol
- \* Weekly Supervision
- \* "Pilot" clients

## Intervention Quality Control

- \* Audiotaped Sessions
- \* Session Checklists
- \* MI Rating Scale
- \* Supervisor Rating Scale
- \* Weekly Supervision

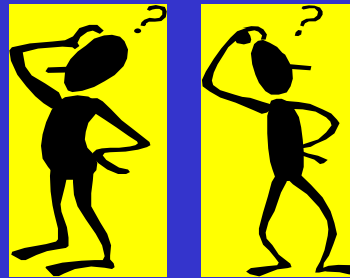
Pre-Intervention  
100% At Risk

6 Months Post-Intervention  
68.2% Not At Risk  
31.8% At Risk

## Completion Rates

Counseling Session 1	100.0%
Counseling Session 2	92.0%
Counseling Session 3	67.2%
Counseling Session 4	58.7%
Ob/Gyn Session	62.2%
3-Month Follow-Up	74.6%
6-Month Follow-Up	75.1%

## What Happened?



## Routes to "Not At Risk"

- 18.4% Reduced Drinking
- 34.0% Contracepted Effectively
- 47.6% Did Both

## "Not At Risk" X Setting

Setting	% Not At Risk
Jail	66.7%
Treatment Center	57.1%
Inner City Primary Care	57.1%
Inner City Gyn	66.7%
Media Recruits	79.5%
Broward Co. Prim. Care	60.0%

## Conclusions

- Findings suggest the intervention is promising
- More women chose to contracept than to reduce drinking
- Problem severity may predict outcome
- Shows enough promise to move on to a randomized control trial (Efficacy Study)

## Project CHOICES Efficacy Study

*Centers for Disease Control and Prevention*  
R. Louise Floyd, DSN

*University of Texas Health Science Center*  
Mary Marden Velasquez, PhD  
Patricia Dolan Mullen, DrPH  
Kirk von Sternberg, PhD

*Virginia Commonwealth University*  
Mary Nettleman, MD  
Karen Ingersoll, PhD

*NOVA Southeastern-Florida*  
Mark Sobell, PhD  
Linda Sobell, PhD

## Project CHOICES Efficacy Study

A CDC funded multi-site collaborative RCT to evaluate the efficacy of a motivational intervention for reducing alcohol-exposed pregnancies in high-risk women. Women are recruited from six special community-based settings found to have high concentrations of women at high-risk of having an alcohol-exposed pregnancy.

Floyd, L., Sobell, M., Velasquez, M. M., Nettleman, M., Sobell, L., Dolan-Mullen, P., von Sternberg, K., Skarpness, B & Nagaraja, J., and the Project Choices Efficacy Study Group (2006). Preventing Alcohol Exposed Pregnancies: A randomized controlled trial. *American Journal of Preventive Medicine*, 32(1), 1-10.

## Recruitment

- 4626 women screened
- 830 randomized
  - 416 information plus counseling (IPC)
  - 414 information only (IO)

## Participant Characteristics

	<b>Treatment (IPC) n = 416</b>	<b>Control (IO) n = 414</b>
Age Mean (SD)	29.8 (7.51)	29.5 (7.66)
<b>Marital Status</b>		
Single	214 (51.4%)	209 (50.5%)
<b>Education</b>		
Grade 12 or GED	310 (74.5%)	286 (69.1%)
<b>Income</b>		
< \$20,000	235 (56.5%)	221 (53.4%)
<b>AUDIT Score</b>		
Mean (SD)	17.81 (9.69)	17.48 (10.01)
Median	16	15.5

## Participant Behaviors at 9 Months

- 69.1% of the intervention women reduced risk for an AEP at 9-months.
- 15% more women in the intervention group reduced risk for AEP than in the control group (p<.05)
- Of the intervention women who reduced their risk for AEP
  - 32.8% used effective contraception only
  - 19.9% reduced risk-drinking only
  - 47.3% used both effective contraception and reduced risk drinking



**So, now what? How do we implement this evidence-based intervention in community settings?**

The practical issues:

- In most studies, counselors were trained mental health professionals
- Counselors were highly trained in MI
- The intervention was monitored for fidelity to MI and to a treatment protocol (audio taped sessions, coding, supervision)

Examples of implementation problems (so far):

- Several agencies rushed to add CHOICES to their programming
- CDC funded several state health departments to implement "CHOICES Light"
- Other funding agencies with FASD projects "adopted" CHOICES and requested "the manual"



*A Transtheoretical Model Group Therapy for Cocaine*  
(Project TTM)

Funded by the National Institute on Drug Abuse  
RO1 DAO15453

**Investigators**

- Mary Marden Velasquez, Ph.D.- PI
- Angela L. Stotts, Ph.D.- Co-PI
- Kirk von Sternberg, Ph.D.-Co-Investigator
- Carlo DiClemente, Ph.D.-Consultant
- Gerard Connors, Ph.D.-Consultant
- Joseph Carbonari, Ed.D.-Consultant
- John Grabowski, Ph.D.-Co-Investigator
- Joy Schmitz, Ph.D.-Co-Investigator
- Madeleine Dupree, M.A.- Consultant
- Carrie Dodrill, Ph.D.-Project Director

**Experiential Processes**

- Consciousness-Raising
- Self-Reevaluation
- Dramatic Relief
- Environmental Reevaluation
- Social Liberation

**Behavioral Processes**

- Self Liberation
- Stimulus Control
- Counter Conditioning
- Reinforcement Management
- Helping Relationships

PROCESSES OF CHANGE by STAGE	
P R O C E S S E S	STAGES
	PC C PA A M
	Consciousness raising
	Self-reevaluation
	Dramatic relief
	Helping relationship
	Self-liberation
	Contingency management
	Counter-conditioning
	Stimulus control

**Consciousness Raising**  
Clients gain knowledge about themselves and the nature of the behavior

**Self-reevaluation**  
Rethinking the problem behavior and recognizing when and how this behavior conflicts with personal values and life goals

**Dramatic Relief**  
A significant, often emotional experience related to the problem

**Environmental Evaluation**  
Recognition of the effects the behavior has on others and the environment. For substance abusers, this includes the effect their use may have had on their work or social life

**Social Liberation**  
Recognition and creation of alternatives in the social environment that encourage behavior change

**What Do We Know?**

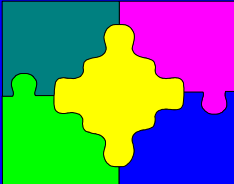
Experiential and Behavioral Processes are good predictors of outcome

Change processes are related to stage of change

It appears that people must first go through the experiential processes before moving on to the behavioral processes

**But...is it always that straightforward?**

It seems that there is an understandable process, but no simple linear path through that process (DiClemente, 2005).



**What Do We Need to Learn?**

- ▶ Does clients' use of the experiential and behavioral processes facilitate movement through the stages of change, or are the processes primarily markers of progress?
- ▶ Can we elicit clients' use of change processes?
- ▶ If so, can we assess a client's change process use and target areas of deficit?
- ▶ What therapist strategies are most effective for targeting specific processes?

- ▶ Can we identify or develop exercises or activities that facilitate process use?
- ▶ Are specific treatments better at facilitating change process use? For example, is MI more effective in facilitating experiential process use and CBT the behavioral processes?
- ▶ Is facilitation of change process use best done in individual therapy or can it be done in a group format? What about self change?



## Aims:

To conduct a Stage 1 trial with cocaine abusing patients comparing the TTM group therapy to an education/advice comparison group. This pilot study will:

- demonstrate the feasibility of delivering the TTM group therapy
- determine acceptance of the TTM group therapy as measured by client adherence, retention, and treatment satisfaction
- assess patient improvement over the course of treatment (e.g., drug use)

To assess the effect of the TTM group therapy on the proposed mechanisms of change; thereby testing whether:

- TTM group therapy increases processes of change use compared to the Education-Advice group
- increased process use promotes stage of change movement
- process use and stage movement enhance retention and diminish drug use

## TTM Group Session Titles & Processes Targeted

<b>TTM Session 1</b> <i>The Stages of Change &amp; A Day in the Life</i> Processes: Consciousness Raising	<b>TTM Session 7</b> <i>Identifying Triggers &amp; Managing Thoughts</i> Processes: Stimulus Control, Counterconditioning & Reinforcement Management
<b>TTM Session 2</b> <i>Effects of Cocaine</i> Processes: Consciousness Raising & Self-Reevaluation	<b>TTM Session 8</b> <i>Managing Thoughts, Cravings &amp; Urges</i> Processes: Stimulus Control, Counterconditioning & Reinforcement Management
<b>TTM Session 3</b> <i>Relationships &amp; Concerns</i> Processes: Self-Reevaluation, Dramatic Relief & Environmental Reevaluation	<b>TTM Session 9</b> <i>New Ways to Enjoy Life &amp; Rewarding My Successes</i> Processes: Stimulus Control, Counterconditioning & Reinforcement Management
<b>TTM Session 4</b> <i>Values &amp; Pros &amp; Cons</i> Processes: Self-Reevaluation & Decisional Balance	<b>TTM Session 10</b> <i>Effective Communication, Effective Refusals &amp; Managing Criticisms</i> Processes: Counterconditioning & Reinforcement Management
<b>TTM Session 5</b> <i>Confidence &amp; Temptation</i> Processes: Self-Efficacy	<b>TTM Session 11</b> <i>Avoiding a Slip &amp; Recommitting Afterwards</i> Processes: Self-Liberation
<b>TTM Session 6</b> <i>Setting a Goal &amp; Preparing to Change</i> Processes: Self-Liberation	<b>EdAdvice Session 12</b> <i>Where do I go from Here?</i> Processes: Social Liberation & Helping Relationships

## Example Sessions to Facilitate Consciousness Raising

- Personalized feedback to raise awareness of physiological and psychological effects of alcohol and other drugs. Brief assessment (AUDIT, Drug Screen Inventory), self-scoring, feedback and group sharing
- A Day in the Life
- Teaching Stages of Change
- Exploring Expectations
  - Using alcohol makes me feel less shy
  - I'm more clumsy after drinking
  - I'm more romantic when I use alcohol
  - Alcohol makes the future seem brighter to me
  - I'm more likely to say embarrassing things after drinking



## Adapting MI to the Group Setting

Velasquez, M.M., Stephens, N. & Ingersoll, K. (2006). Motivational Interviewing in groups. *Journal of Groups in Addiction and Recovery*. Vol.1 (1). Pp. 27-50.

## O.P.E.N.

**O**pen with group purpose: to learn more about members' thoughts, concerns, and choices

**P**ersonal choice is emphasized

**E**nvironment is one of respect and encouragement for all members

**N**on-confrontational nature of the group

## Inform group members that...

- If there is any changing to be done, they will be the ones to do it. The responsibility for change is up to them and you will not coerce or try to force them to change
- The group will use the motivational approach, meaning that members will help facilitate change in one another through supportive interactions
- Each client will play a role in helping other group members

## Group OARS



Open Questions  
Affirming  
Reflective Listening  
Summarizing



This transcript contains examples of one type of Change Talk (i.e., reasons for wanting to change) which is subsequently repeated in a group summary.

**Joe:** Yeah, because it's like when I get money in my hands ...my extra money that I used to take to go to the movies or go here and there, we don't go anymore, we don't go out to eat.

Therapist A: [simple reflection] *The money is gone for something else.*

**Mike:** I don't hang out with my brother no more or my sister. I know something is wrong. This isn't me.

**Darren:** I just went through a lot of hell in my relationships and with financial problems, and I did lose my job a while back. I used to have money, plus I had a decent job, finally a little money in the bank, and was more or less a more normal, regular person, you know paying my bills. But my loony side came out. I've never done anything illegal, but you know, it was bad enough, I did a lot of things I never imagine I would do.

**Joe:** I let them down.

Therapist A: [summarizing common elements among group members] *You know, there's a real commonality here about losses and pain - about hurting your self-image, losing self-esteem, and certainly losing money.*

**Joe:** It kind of feels bad when the folks, the people you love, see you...

**Calvin:** Yeah, when they see you, you feel guilty.

Therapist A: [reflecting feeling] *You feel ashamed.*

## The Motivational Interviewing Treatment Integrity (MITI) Code: Version 2.0

Moyers, Martin, Manuel & Miller

The MITI is a behavioral coding system that is used to assess how well a practitioner is using MI. It provides feedback that can be used to increase clinical skill in the practice of MI.

- A treatment integrity measure for clinical trials of MI
- A means of providing structured, formal feedback about ways to improve practice in non-research settings

## Global Scale 1: Empathy

Captures the extent to which the therapist understands and/or makes an effort to grasp the client's perspective

### *Ideal Adherence*

- Actively interested in understanding the clients perspective.
- Accurately following or perceiving a complex story or statement; probing gently to gain clarity.
- Actively listening reflectively to convey understanding to the client.

## Global Scale 2: Spirit

Captures the overall competence of the clinician in using MI

### *Ideal Adherence*

- *Collaboration*
- *Evocation*
- *Autonomy*

## Motivational Interviewing Treatment Integrity Scale Scores \*

	Empathy	Spirit
Group 1	7	6
Group 2	7	6
Group 3	7	5
*Scores range from 1-7		

## Future Directions and Recommendations for TTM Interventions

Identify where the client is in the process of change and use that knowledge to guide the selection of intervention goals and strategies

“Teach” clients about the process of change...

*The ideal treatment matching would be to have the therapist and the client consciously collaborating on the same goals and tasks that are required at each stage in the process.* (Connors, Donovan & DiClemente, 2001).

Avoid overly simplistic views of motivation for treatment or for change. It is likely that approaches to facilitating change process use need to differ, depending on the client

Keep in mind that use of the experiential and behavioral processes happens both inside and outside of session

Track motivation and change process use frequently and adjust treatment strategies accordingly

Remember that with multiple substances, clients can be in a different place in the process of change for each

We need to continue to refine measures to accurately track clients' process use and change (e.g., weekly “process probes”)

Clients are their own agents of change, and will usually tell us what they need if we will listen.

## Where are we headed?

- SBI in Pediatric Trauma Settings
- TTM Group Treatment: Next Steps
- Teaching Brief Interventions for Health Behavior Problems in Medical Settings (diabetes, obesity, smoking)

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Ing-Ming Chiu, Columbus OH

