

Working with Drug Court Clients at Each Stage of Change

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About Pro-Change

- Founded in 1997 by Dr. James Prochaska, lead developer of the Transtheoretical Model of Behavior Change (TTM)
- Develops and disseminates behavior change interventions based on the TTM
- Located in South Kingstown, RI



Presenter

**Deborah Levesque, Ph.D.**

Senior Vice President
Research and Product Development

- Has received over \$6.5 million in federal grant and contract funding to develop and test computerized interventions based on the Transtheoretical Model of Behavior Change
 - Criminal behavior
 - Mental health
 - Physical problems
- TTM trainer



Workshop Objectives

1. Provide an overview of the stage approach and the science supporting it
2. Provide tools for assessing stage of change
3. Present evidence-based strategies for working with drug court clients at each stage of change
4. Assess attendees' stage of change for using a stage approach in their own work

Also, Q&A & additional resources



Overview of the TTM

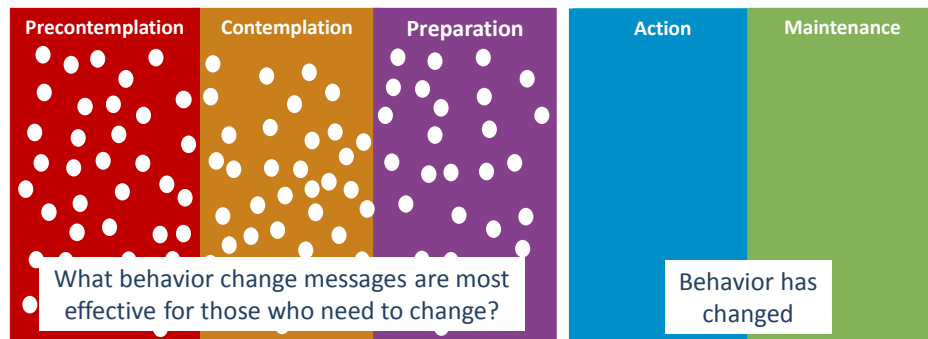


Transtheoretical Model Overview

- Based on principles of behavior change developed from over 35 years of scientific research, including scores of empirical studies
 - Over \$80 million in research grants
 - Over 150,000 research participants
- Currently in use by professionals around the world
- Integrates ideas from several different theories and therapies



Stage of Change



Key concepts

- Behavior change happens along a **continuum**
- Individually **tailored** guidance can facilitate change among those who are ready, getting ready, or not ready to change behavior
- Can have an **impact** on all participants – and predict future change



Stage of Change

- Index of readiness
- Tells **WHEN** people change
- Predicts who will change successfully
- A dynamic, not static, client characteristic
- Inclusive, empathic, optimistic
- Guides client-treatment matching



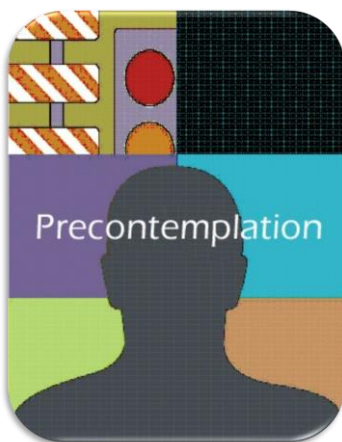
Other Key Dimensions of the TTM

The model also includes the following dimensions also central to change:

- Decisional balance—the pros and cons of changing
- Self-efficacy—confidence to make and sustain the change in challenging situations
- Processes of change—10 experiential and behavioral strategies and techniques used to change behavior



Precontemplation



No intention to change in next 6 months

- Resistant
- Uninformed
- Demoralized



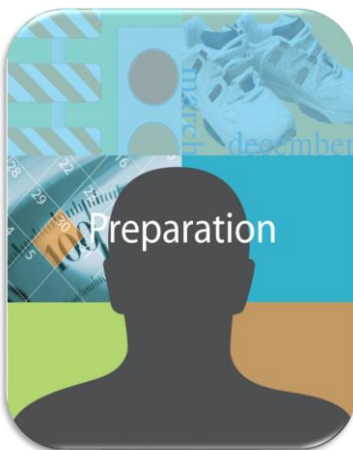
Contemplation



Intend to change next 6 months

- Ambivalent
- Lack commitment
- Lack confidence

Preparation



Intend to change in next 30 days

- Decisive/committed
- Have a plan
- May have taken small steps

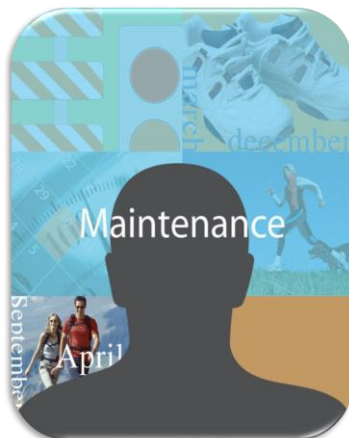
Action



Have been meeting action criteria for less than 6 months

- Hard work
- Urges to slip
- Inappropriate goals?

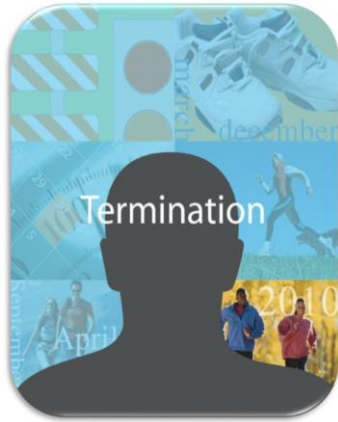
Maintenance



Have been meeting action criteria for more than 6 months

- Increased self-efficacy
- Consolidation of gains
- Dynamic, not static

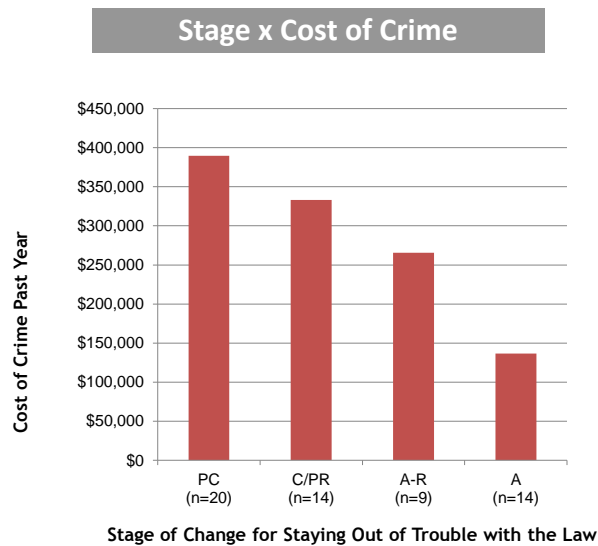
Termination



Have been meeting action criteria for more than 5 years

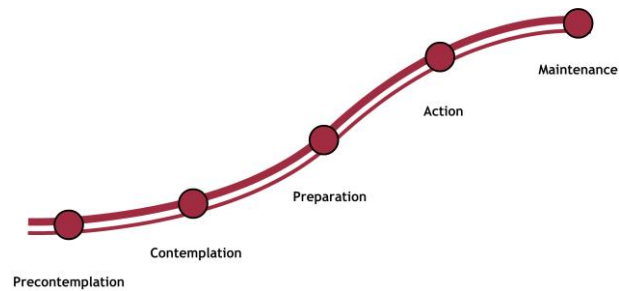
- 100% confidence
- Zero temptation
- Automatic habit

Stage Matters

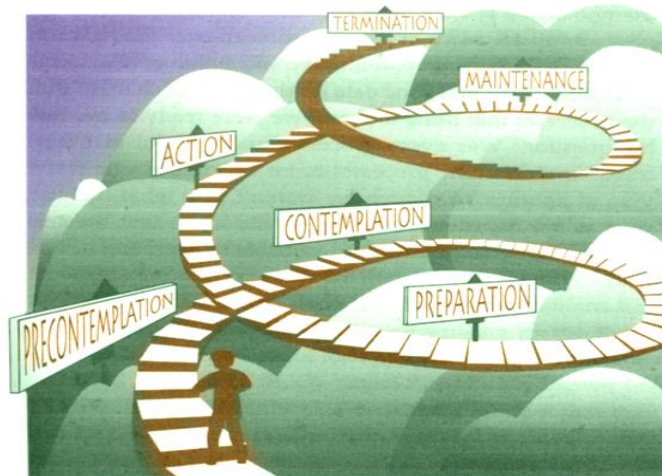


Quote

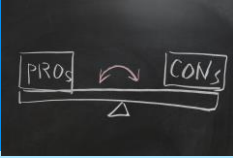
"Most theories are about behavior,
not about behavior change." – James O. Prochaska



Stage-Matched Interventions Principles and Process of change

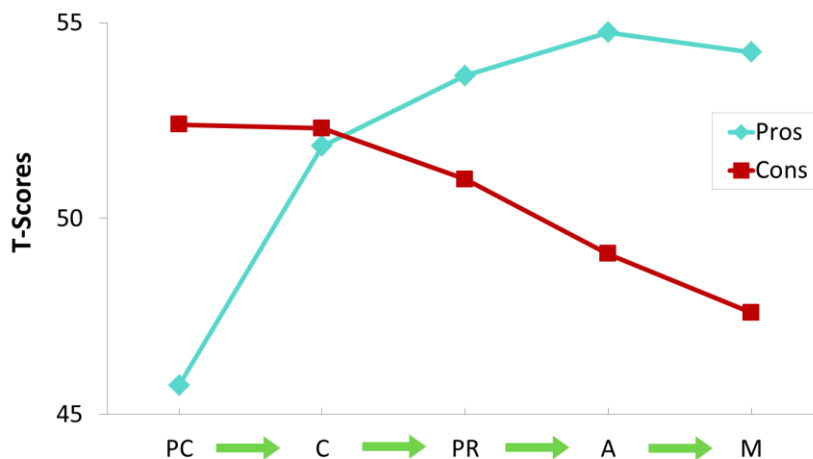


Decisional Balance: Pros & Cons

Pros = Advantages Of Changing		Cons = Disadvantages Of Changing
Quitting Drugs <ul style="list-style-type: none"> I would be less likely to get into trouble I could make better use of my time I would feel better about myself 		Quitting Drugs <ul style="list-style-type: none"> I would have to give up activities I enjoy I would have trouble forgetting my problems I would have withdrawal symptoms

Stage of Change Transitions – General Pattern

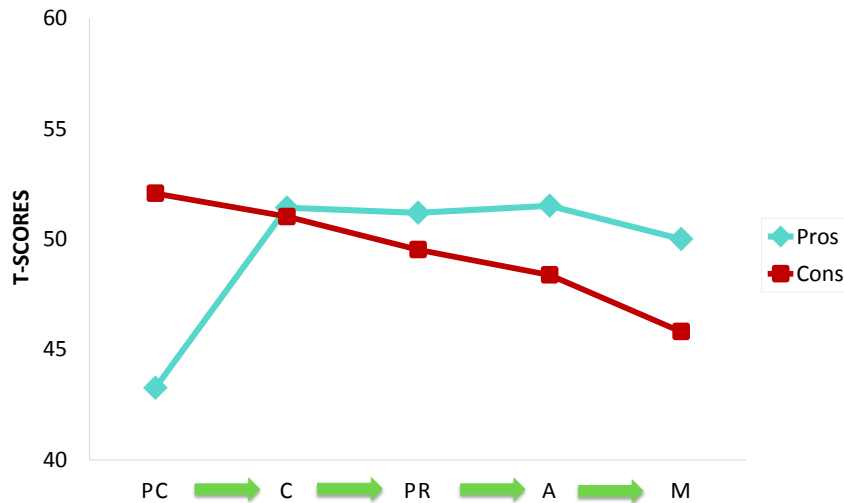
The Pros & Cons x stage for 48 behaviors



Hall, K. L. & Rossi, J. S. (2008). Meta-analytic examination of the strong and weak principles across 48 health behaviors. *Preventive Medicine*, 46, 266-274.

Stage of Change Transitions for Juvenile Offenders

The Pros & Cons x stage for quitting alcohol & drugs



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Self-Efficacy: Confidence & Temptation

Confidence

Degree to which individuals believe they can achieve a healthy goal even in challenging situations

Temptation

Degree to which individuals would be tempted to engage in unhealthy behavior in challenging situations

Not at all tempted

Very Tempted

1-----2-----3-----4-----5

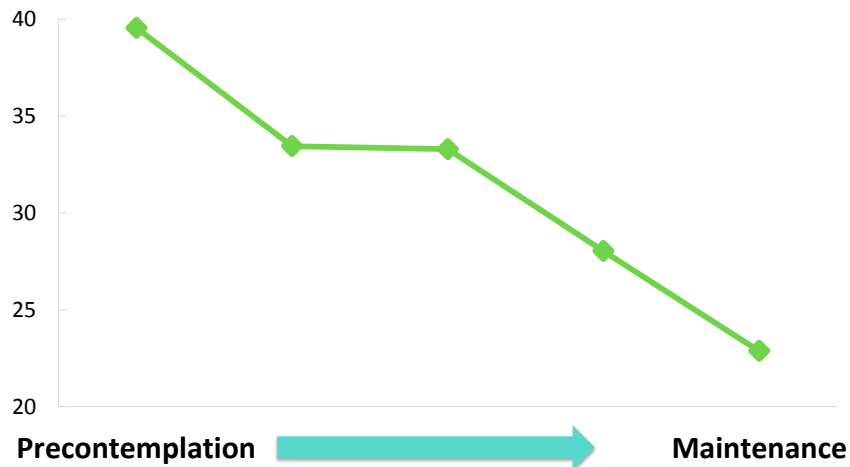
Temptation to drink or use drugs

- When I'm at a party
- When everything seems to be going wrong in my life
- When I feel pressure from my friends

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Stage of Change Transitions for Juvenile Offenders

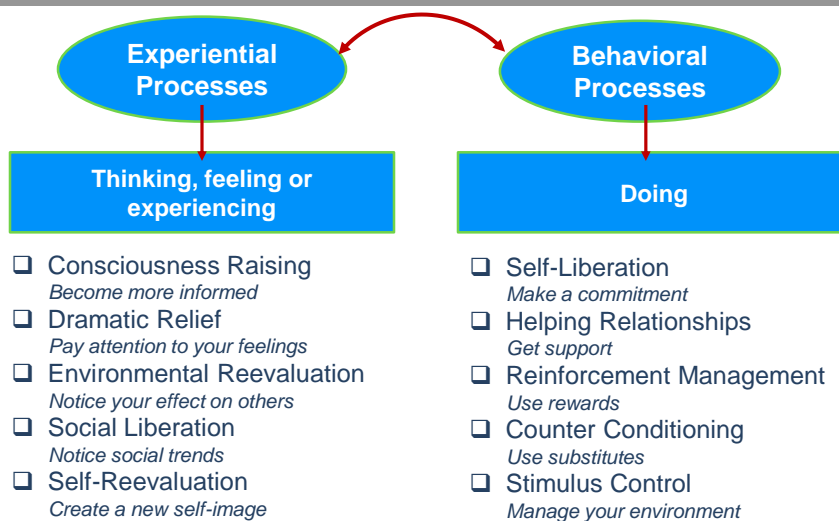
Temptation x stage for quitting alcohol & drugs



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Processes of Change

Processes of Change



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Experiential Processes of Change

- 1) Consciousness Raising: Learning new facts, ideas, and tips that support the healthy behavior change
- 2) Dramatic Relief: Experiencing negative emotions (fear, anxiety) that go along with the old behavior or the positive emotions (e.g., inspiration) that go along with behavior change
- 3) Environmental Reevaluation: Realizing the negative impact of one's behavior—and the positive impact of change—on others
- 4) Social Liberation: Realizing that social norms are changing to support the healthy behavior
- 5) Self-Reevaluation: Realizing that the behavioral change is an important part of one's identity



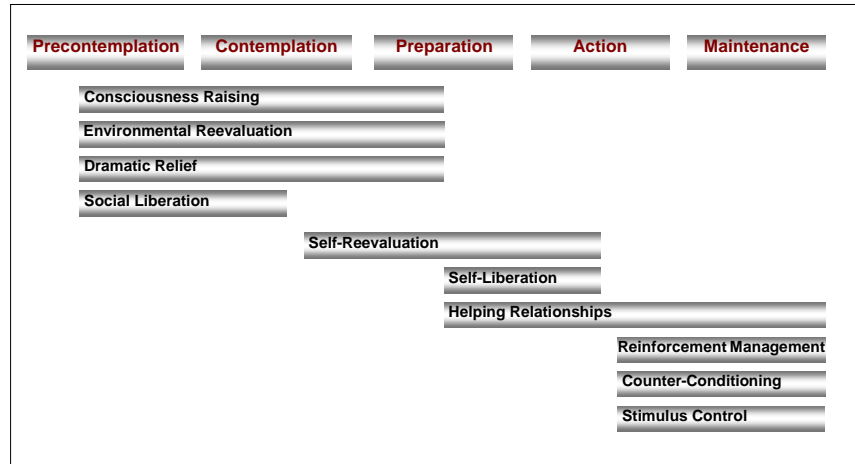
Behavioral Processes of Change

- 6) Self-Liberation: Believing in one's ability to change and making a commitment to change based on that belief
- 7) Helping Relationships: Seeking and using social support to make and sustain changes
- 8) Reinforcement Management: Increasing the intrinsic and extrinsic rewards for healthy behavior change and decreasing the rewards for old behaviors
- 9) Counter-Conditioning: Substituting healthy alternative behaviors and thoughts for unhealthy ones
- 10) Stimulus Control: Removing reminders or cues to engage in the old behaviors, and using cues to engage in the new healthy behavior



Stage of Change Transitions – General Pattern

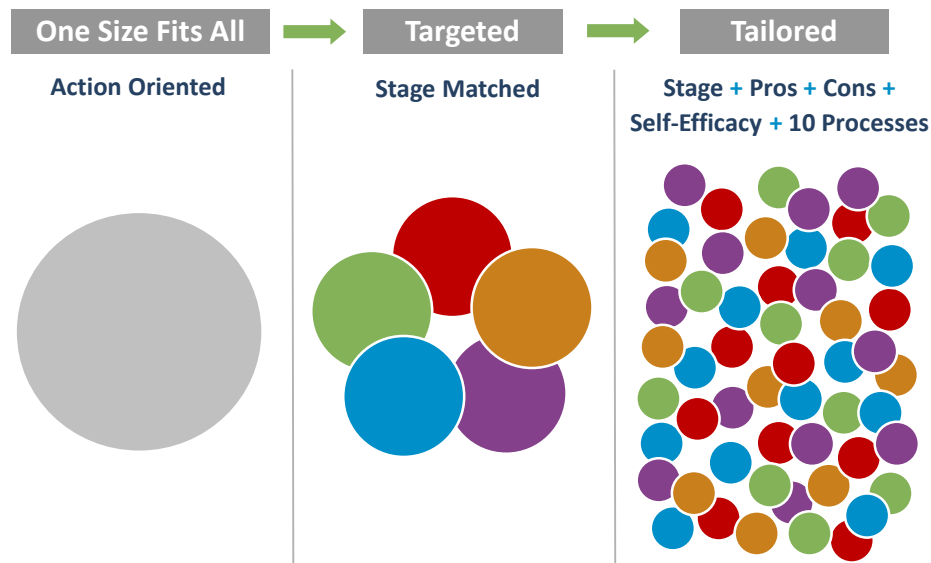
For each behavior and population, decision rules are determined by research



Prochaska, JO & DiClemente, CC. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51, 390-395.



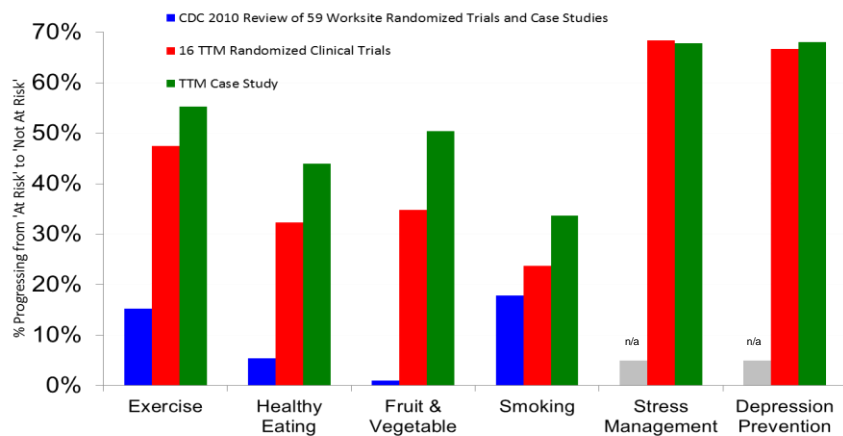
Depth of Tailoring



The Science Supporting the TTM Approach



Comparative Outcomes of Health Promotion Interventions



Johnson, J.L., Prochaska, J.O., Paiva, A.L., Fernandez, A.C., DeWees, S.L., and Prochaska, J.M. (2013) Advancing bodies of evidence for population-based health promotion programs: Randomized controlled trials and case studies. *Population Health Management*, 16, 373-380.



Domestic Violence

- Randomized trial involving 492 domestic violence offenders in court-mandated treatment
- Intervention condition:
 - Usual care
 - Computerized assessments at baseline & 5 mos follow-up
 - 3 computer-tailored sessions & printed reports
 - Print workbook
- Control condition:
 - Usual care
 - Computerized assessments at baseline & 5 mos follow-up
 - 2 one-size-fits all reports

Levesque, D.A., Ciavatta, M.M., Castle, P.H., Prochaska, J.M., & Prochaska, J.O. (2012). Evaluation of a stage-based, computer-tailored adjunct to usual care for domestic violence Offenders. *Psychology of Violence*, 2, 368-384.



Domestic Violence

Table 2
Usual Care Versus Usual Care + Journey to Change Differences in Stage of Change, Behavioral Engagement in Change, Condom Use at End of Batterer Treatment, and Batterer Program Completion

Variable	Usual care (%)	Usual care + Journey to Change (%)	OR	95% CI	Adjusted OR ^a	95% CI
In action at follow-up ^b	26.4	52.1	3.030	[1.812, 5.068]****	4.114	[2.175, 7.783]****
Behavioral engagement in change ^b						
Talked to partner	76.4	79.0	1.165	[0.653, 2.078]	1.100	[0.594, 2.039]
Talked to friends or family	70.1	76.6	1.395	[0.806, 2.412]	1.335	[0.748, 2.382]
Talked to clergy	9.0	22.6	2.939	[1.447, 5.969]**	2.999	[1.452, 6.194]**
Talked to medical professional	25.7	39.5	1.889	[1.124, 3.175]*	1.947	[1.117, 3.392]*
Attended one-on-one counseling	34.0	40.3	1.310	[0.796, 2.155]	1.339	[0.798, 2.245]
Attended couple's counseling	11.1	20.2	2.020	[1.023, 3.988]*	2.269	[1.101, 4.677]*
Attended other group counseling	18.8	33.9	2.220	[1.268, 3.885]**	2.301	[1.287, 4.116]**
Read self-help books	27.8	56.5	3.370	[2.026, 5.607]****	3.921	[2.256, 6.814]****
Left relationship short while	41.7	41.1	0.978	[0.601, 1.593]	1.088	[0.649, 1.825]
Left relationship permanently	34.0	40.7	1.328	[0.807, 2.186]	1.440	[0.854, 2.428]
Reduced stress	92.4	98.4	5.045	[1.096, 23.219]*	4.727	[1.001, 22.318]*
Managed anger	95.1	96.0	1.216	[0.376, 3.932]	1.055	[0.307, 3.622]
Used other strategies	79.9	86.3	1.587	[0.825, 3.053]	1.388	[0.706, 2.731]
Condom use ^c	8.1	17.2	2.348	[1.074, 5.136]*	2.434	[1.079, 5.493]*
Batterer program completion ^d	68.2	68.1	0.995	[0.676, 1.464]	1.016	[0.676, 1.527]

^a Adjusted for stage of change at baseline (preaction/action), race (non-White/White), income, and age. ^b Usual care *n* = 144, usual care + Journey to Change *n* = 121. ^c Usual care *n* = 135, usual care + Journey to Change *n* = 116. ^d Usual care *n* = 239, usual care + Journey to Change *n* = 235.
p* < .05. *p* < .01. ****p* < .001. *****p* < .0001.



Domestic Violence

Table 3
Victim Reports of Partner Violence, Threats, and Emotional Abuse, and Recidivism Based on Victim Reports and Official Records

Variable	Usual care (%)	Usual care + Journey to Change (%)	OR	95% CI	Adjusted OR ^a	95% CI
Victim reports of violence and abuse						
Violence						
Months 0–6 ^b	37.3	16.3	0.329	[0.128, 0.847]*	0.189	[0.063, 0.567]**
Months 7–12 ^c	15.4	13.2	0.833	[0.231, 3.001]	0.866	[0.218, 3.443]
Months 0–12 ^d	40.0	22.4	0.433	[0.194, 0.969]*	0.305	[0.123, 0.753]**
Threats						
Months 0–6	60.8	46.9	0.571	[0.258, 1.263]	0.555	[0.233, 1.322]
Months 7–12	59.0	31.6	0.321	[0.126, 0.818]*	0.331	[0.120, 0.913]*
Months 0–12	66.7	55.2	0.615	[0.292, 1.297]	0.593	[0.268, 1.313]
Emotional abuse						
Months 0–6	86.0	77.6	0.562	[0.198, 1.596]	0.513	[0.168, 1.567]
Months 7–12	92.1	70.3	0.203	[0.051, 0.800]*	0.232	[0.054, 1.005]
Months 0–12	91.7	81.0	0.388	[0.126, 1.198]	0.304	[0.088, 1.050]
Police involvement						
Victim reports ^d	43.3	36.2	0.742	[0.354, 1.555]	0.774	[0.344, 1.745]
Official records ^e	23.4	24.2	1.045	[0.690, 1.582]	1.063	[0.683, 1.655]

^a Adjusted for stage of change at baseline (preaction/action), race (non-White/White), income, age, and program completion. ^b Usual care $n = 51$, usual care + Journey to Change $n = 49$. ^c Usual care $n = 39$, usual care + Journey to Change $n = 38$. ^d Usual care $n = 60$, usual care + Journey to Change $n = 58$. ^e Usual care $n = 248$, usual care + Journey to Change $n = 244$.
* $p < .05$. ** $p < .01$.

Domestic Violence

Among Cases with Calls to Police, Percent with Documented Violence and Visible Physical Injury

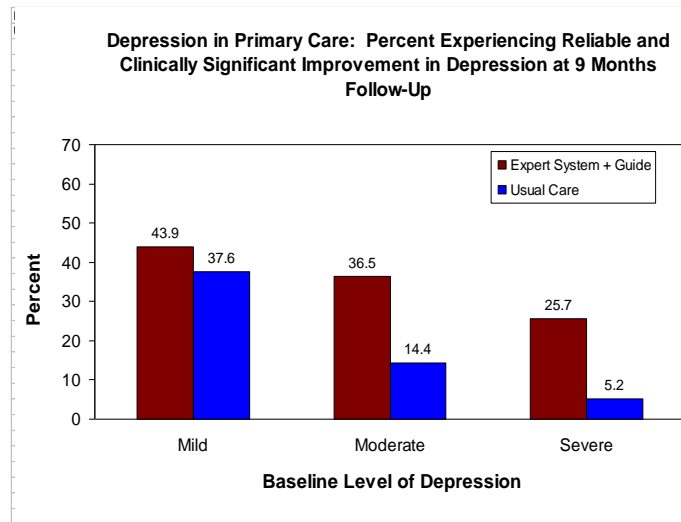
	Usual Care	Usual Care + Journey to Change	Odds Ratio (95% CI)
Documented Violence	47.5	34.6	0.585 (0.252 - 1.360)
Visible Physical Injury	42.5	26.9	0.498 (0.207 - 1.198)

Depression Management

The treatment group was significantly more likely than control to experience a reliable and clinically significant improvement in depression (38.0% vs. 22.5%, $p<.001$).

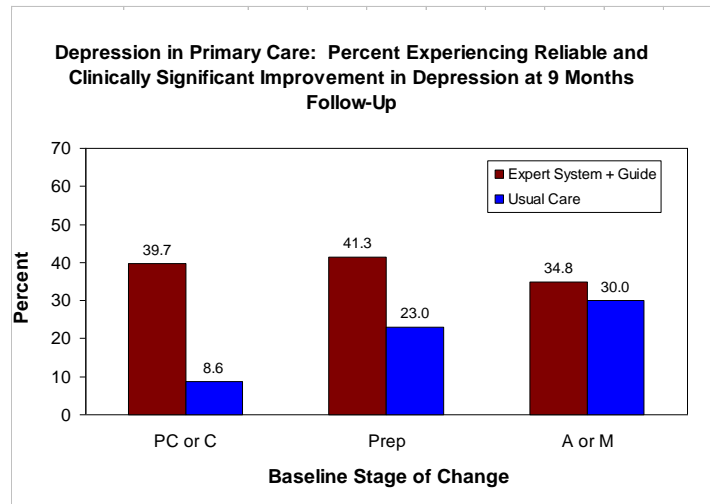
Depression Management

Intervention x baseline level of depression



Depression Management

Intervention x baseline stage of change



Tools for Assessing Stage of Change

Assessing Stage of Change – “Algorithm Method”

1. Identify behavioral criterion/criteria for Action

- Identify specific target behavior(s) associated with better health outcomes
- Which specific behaviors? How often?

Examples:

- Quit using all alcohol and drugs
- Attend xx treatment xx/week
- Work on education by xx

2. Use staging algorithm to assess stage

- Current behaviors
- Future intentions



Assessing Stage of Change – Algorithm Method

Not intending to in the next 6 months

Intending to in the next 6 months

Intending to in the next month

Already doing it

Been doing it for 6 months



Assessing Stage of Change – Algorithm Method

Strengths:

- Quick and easy to administer and score
- Can be adapted to different behaviors and populations
- Face validity

Weaknesses:

- Arbitrariness of temporal cutoffs
- Social desirability



Stage Yourself

Pick a behavior that you think you should change or have been encouraged to change.

- What are the Action criteria?
- What is your stage of change for meeting the Action criteria?

Not intending to in the next 6 months

Intending to in the next 6 months

Intending to in the next month

Already doing it

Been doing it for 6 months



Assessing Stage of Change – Profile Method

- Individuals can have attitudes and exhibit behaviors that characterize more than one stage at the same time
- Assesses stage using continuous measures representing the different stages
- Profiles or patterns of scores on the various measures characterize readiness to change



Assessing Stage of Change – Profile Method

University of Rhode Island Change Assessment (URICA)

- Developed by Ellie McConaughy, a URI doctoral student, to assess psychotherapy patients' readiness to address the "problem" (unspecified) that brought them to treatment
- Four dimensions
 - Precontemplation
 - Contemplation
 - Action
 - Maintenance



Assessing Stage of Change – Profile Method

Precontemplation

As far as I'm concerned, I don't have any problems that need changing.

Contemplation

I think I might be ready for some self-improvement.

Action

I am doing something about the problems that had been bothering me.

Maintenance

It worries me that I might slip back on a problem I have already changed, so I am here to seek help.



Assessing Stage of Change – Profile Method

General URICA Score Sheet

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Name: _____ Date: _____

Precontemplation		Contemplation		Action		Relapse	
1. _____	2. _____	3. _____	4. _____	5. _____	6. _____	7. _____	8. _____
9. _____	10. _____	11. _____	12. _____	13. _____	14. _____	15. _____	16. _____
17. _____	18. _____	19. _____	20. _____	21. _____	22. _____	23. _____	24. _____
25. _____	26. _____	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
Totals: _____		_____		_____		_____	

T-Score	Precontemplation	Contemplation	Action	Relapse
100	40			
95	37-39			
90	35-36			
85	32-34			
80	30-31			
75	27-29		30-40	40
70	25-26		37-38	37-38
65	22-24	40	35-36	35-36
60	20-21	37-39	32-34	31-33
55	17-19	35-38	30-34	29-30
50	15-16	33-34	30-31	26-28
45	12-14	30-32	27-29	23-25
40	9-11	28-29	25-26	20-22
35	8	26-27	22-24	18-19
30		23-25	20-21	15-17
25		21-22	18-19	12-14
20		18-20	15-17	10-11
15		16-17	13-14	8-9
10		14-15	10-12	
5		11-13	8-9	

See measure,
scoring sheet, and
profile interpretation
sheet, provided

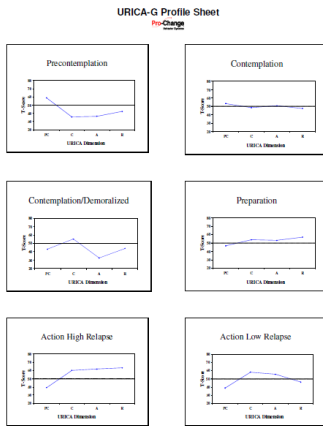
URICA-GV Scoring Instructions:

- Transfer responses from URICA client answer sheet to Score Tally box on this form. Record response to question #1 in the space in the Precontemplation column labeled "1," record responses to question #2 in the space in the Contemplation column labeled "2," and so on.
- Tally total scores for Precontemplation, Contemplation, Action and Relapse dimensions by summing eight scores in each column.
- In lower box, circle total scores for Precontemplation, Contemplation, Action and Relapse dimensions.
- Draw lines between circles to yield the URICA profile.
- Interpret profile by matching to profiles provided on URICA-GV Profile Sheet.

Developed by Pro-Change Behavior Systems, Inc. and the Calgary Consulting Centre



Assessing Stage of Change – Profile Method



*See measure,
scoring sheet, and
profile interpretation
sheet, provided*

Developed by Pro-Change Behavior Systems, Inc. and the College Counseling Center

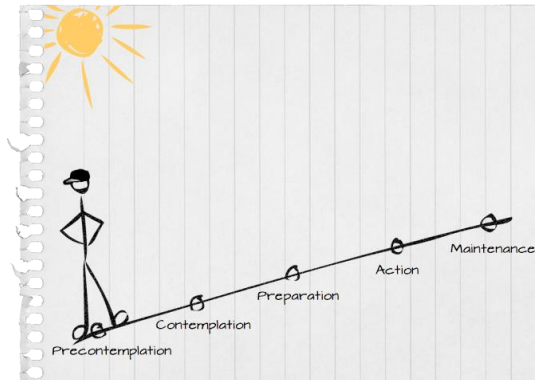
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Evidence-Based Strategies for Working with Drug Court Clients at Each Stage of Change

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Steps

- 1) Assess and provide feedback on stage of change
- 2) Use stage-matched intervention strategies



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Providing feedback on stage of change

- Use visual – i.e, staging algorithm with or without graphic
- Define stage of change
- Possible discussion points:
 - Ask how stage feedback fits with client's view of where he/she is at.
 - Describe how stage feedback fits with your view of where client is at.
 - Ask what it feels like to be in this stage of change.
 - If in a Pre-Action stage, ask if client was ever in the Action stage, and if so what that looked like and what happened.
 - Explain that the goal is to help client move to the next stage of change, or prevent relapse to an earlier stage.

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Precontemplation

- Goal: To engage in the change process
- Guidelines:
 - Use less intensive interventions
 - Avoid lectures and confrontation (it is their change, not yours)
 - Do not encourage taking action
 - Change is progress to **Contemplation**



Precontemplation – Strategy 1

Increase the Pros

- Engage clients in generating own Pros or benefits of changing
- Use motivational interviewing techniques
- Provide lists of benefits
- Encourage clients to look for additional benefits

Increase the Pros



THINK ABOUT THE REASONS:

List 10 reasons for making this change and rate how important each one is on a scale of 1 to 5 (1=not at all important, 5 = extremely important).

Precontemplation – Strategy 2

Become More Informed *(Consciousness Raising)*

- Provide information that can initiate the behavior change process
 - Increase awareness of behavior, causes, and healthy alternatives
 - Make observations
 - Teach about stages
- Provide resources like movies, articles, books, pamphlets, website links
- Ask clients to look for information between contacts

Become More Informed



LEARN MORE:

Please read _____ and write down three important things you learned about your condition or unhealthy behavior.

Precontemplation – Strategy 3

Notice Your Effect on Others *(Environmental Reevaluation)*

- Ask clients to consider consequences of behavior on others and the environment
- Ask clients to consider which, if any, of listed consequences their family members, friends, victims have experienced
- Provide articles, books, videos that depict the effect of the problem on others

Notice Your Effect on Others



THINK ABOUT THE BENEFITS TO OTHERS:

Think about how others would benefit if you made this change. Make a list of 3 people who would benefit and how they would benefit.



Contemplation

- Goal: To resolve ambivalence
- Guidelines:
 - Don't encourage to take action – but rather to start to **prepare**
 - Interventions can be more intensive than for Precontemplators



Contemplation – Strategy 1

Become More Informed (Consciousness Raising)

- Ask clients to start or continue to raise consciousness by:
 - Asking questions
 - Looking at Antecedents (triggers) and Consequences of unhealthy Behavior (i.e., ABCs of the behavior)
- Ask clients to keep a diary about behavior(s)



Become More Informed



LEARN MORE:

To take a look at your current behavior by completing the log you were provided. Log your behavior for (amount of time).



Become More Informed



LEARN MORE:

Learn about ways in which you can achieve your behavior goal. Write down three choices and circle the one you can most see yourself doing.

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Contemplation – Strategy 2

Consider Your Self-Image (Self-Reevaluation)

- Encourage clients to examine self-image:
 - “How do you think and feel about yourself as someone who _____?”
 - “What kind of person do you want to be?”
 - “What might it be like if you changed that behavior?”
- Share testimonials from people whose self-image improved as a result of behavior change
- Provide checklist of adjectives for client to endorse
- Listen for and reinforce comments related to self-reevaluation



Consider Your Self-Image



CONSIDER YOUR SELF-IMAGE

Write down three ways in which your self-image would change if you changed your behavior.

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Contemplation – Strategy 3

Make the Pros Outweigh the Cons

- Acknowledge and resolve ambivalence by encouraging Contemplators to make the Pros outweigh the Cons
 - Ask clients to name most significant Cons
 - Acknowledge changing does have costs, but avoid debate about whether change is “worth it”
- Ask clients to shrink Cons by:
 - Comparing them to growing list of Pros
 - Asking how important they are relative to Pros
 - Challenging themselves to counter the Cons or problem-solve to reduce them

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Make the Pros Outweigh the Cons



FACE YOUR CHALLENGES

List the biggest thing that could get in your way of making this change, and three ways in which you could deal with it.

Preparation

- Goal: To encourage, excite, empower
- Guidelines:
 - Focus on developing an effective plan
 - Provide praise, support, and recognition
 - Problem solve
 - Describe how others have succeeded
 - Interventions should be short, focused, and action-oriented



Preparation – Strategy 1

Make a Commitment (Self Liberation)

- Encourage clients to make a strong commitment to change by:
 - Setting a start date, rather than waiting for a magic moment
 - Sharing commitment with others
 - Creating a specific “Action Plan”
- May be helpful to:
 - Ask clients to write down commitment, start date, and action plan
 - Role play how client will tell others
- Follow-up



Make a Commitment



MAKE AN ACTION PLAN

List behavioral change(s) to be made:

List your start date:

Describe what might get in the way:

Describe how you will handle those situations:



Preparation – Strategy 2

Get Support

(Helping Relationships)

- Ask clients to identify others who can support change efforts
 - Family, friends, neighbors
 - Someone trying to make the same changes
 - Therapist, probation officer
- Encourage clients to be specific about the type and amount of support and encouragement needed
- Assist clients by:
 - Believing in them
 - Role-playing requests for support
 - Identifying additional sources of support
 - Fading support if it appears the client is becoming dependent



Get Support



GET SUPPORT:

List three people who can support you as you make these changes and how they can help. Talk to one person on this list and write down how your conversation went.



Preparation – Strategy 3

Consider Your Self-Image (Self-Reevaluation)

- Encourage clients to think about how they will think and feel about themselves after they've started making changes
 - How they will think about themselves
 - How their image of themselves will shifted
 - How their outlook will change
- Can also ask clients how others will view them as they change

Note: For the addictions, this process of change continues to be important into the Action and Maintenance stages



Consider Your Self-Image



CONSIDER YOUR SELF-IMAGE:

Imagine that it has been three months since you have changed your behavior(s). How would you see yourself?



Action

- Goal: To support action
- Guidelines:
 - Focus on behavioral processes of change
 - Encourage active efforts to change behavior and cope with urges to slip
 - Plan ahead to prevent slips and relapses
 - Provide support during stressful and demanding times
- Communicate that maintaining changes is a marathon, not a sprint



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Action



REVIEW YOUR CURRENT BEHAVIOR:

Review the behavioral change(s) you have made and list them.

75

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Action – Strategy 1

Manage Your Environment (Stimulus Control)

- Encourage clients to:
 - Identify and avoid people, places, things that increase the likelihood of engaging in the unhealthy behavior(s)
 - Use reminders to engage in healthy behavior(s)
 - Restructure environment to make it easier to engage in healthy behavior(s)
- Assist clients in identifying personal situations and developing plans to take control



Manage Your Environment



MANAGE YOUR ENVIRONMENT:

- *List the people, places and things that you can avoid to help you stay on track. Circle the things that you are currently avoiding to stay on track.*
- *List the people, places and things you can surround yourself with to help you stay on track. Circle the things that you currently surround yourself with stay on track.*



Action – Strategy 2

Use Substitutes (Counter Conditioning)

- Help client plan ahead for how he or she will replace negative behaviors with positive behaviors
 - Alternative ways to fill time
 - Alternative ways to deal with stress and frustration
 - Alternative ways to have fun
- Help clients to challenge negative thoughts by substituting positive alternatives
 - Alternatives to “stinking thinking”



Use Substitutes



PLAN AHEAD:

Write down 1-2 situations that would most tempt you to return to your old behavior. List some things that you can do instead in those situations to help you stay on track. Make sure that they are things that you can really see yourself doing.



Action – Strategy 3

Use Rewards (Reinforcement Management)

- Encourage clients to:
 - Identify healthy rewards that are reinforcing and personally meaningful
 - Rely more on self-reinforcements than social reinforcement
 - Rely on more than one type of reward:
 - Positive self-statements
 - People cheering them on
 - Noticing intrinsic rewards (feel healthier, more in control)
 - Things you buy or give self (e.g., new clothing, game)



Use Rewards



IDENTIFY REWARDS:

List the benefits that you have noticed as a result of your healthy behavior change(s).



Action – Strategy 4

Get Support (Helping Relationships)

- See Preparation stage
- Clients may need to adjust support team over time



Get Support



GET SUPPORT:

List the people who are supporting you as you make changes, and how they are helping. Do you think you need more support? If so, what kind of support do you need and who can provide it?



Maintenance

- Goal: Relapse prevention
- Guidelines:
 - Create a plan for dealing with times of distress
 - Work to consolidate gains and increase self-efficacy
 - Create a plan for dealing with slips and lapses and achieving long term success



Maintenance – Strategies 1 & 2

Continue to Manage Your Environment and Use Substitutes

- Majority of relapses occur at times of stress and disappointment
- Although stress and disappointment cannot be prevented, relapse can be
- Prepare clients to cope by using healthy alternatives:
 - Positive activities
 - Exercising
 - Seeking support



Maintenance – Strategies 3 & 4

Continue to Use Rewards and Get Support

- See Action stage



Maintenance – Dealing with Relapse

- Many clients relapse before reaching permanent Maintenance
- Encourage clients to view setbacks/lapses as an opportunity to learn and move ahead better prepared
 - Encourage view of setback as temporary
 - Analyze slip and problem-solve about what can be done differently the next time
 - Encourage clients to maintain image of who they are working to be and image of self as someone who is succeeding in the process
 - Ask clients to reassess current stage; only a minority of clients slip all the way back to Precontemplation



Your stage of change



How ready are you to use the TTM in your work?

What are the Action criteria?

What is your stage of change for meeting the Action criteria?

Not intending to in the next 6 months

Intending to in the next 6 months

Intending to in the next month

Already doing it

Been doing it for 6 months



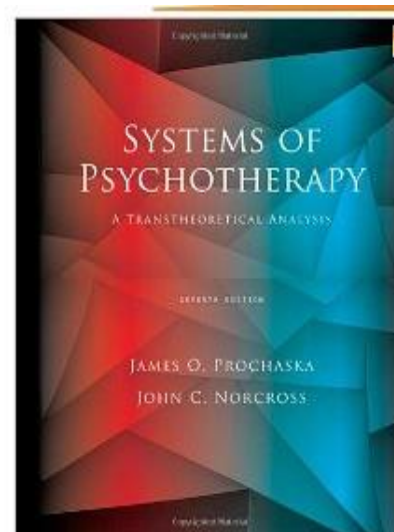
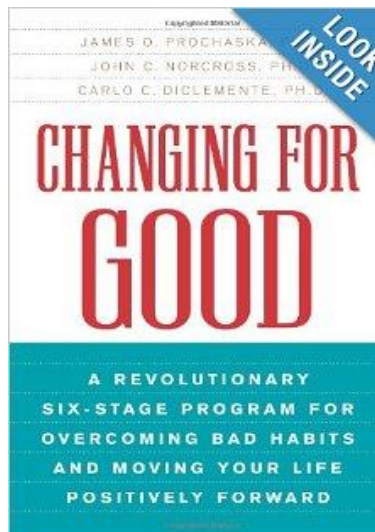
Q & A



Resources



Books



Elearning

- Four hours, entirely online, currently \$100
- Includes role-plays, knowledge checks, and a 25-item multiple choice certificate test
- Learner will be able to:
 - Understand and describe the characteristics of people in each Stage of Change.
 - Describe the four main constructs of the TTM.
 - Know which TTM principles and processes to employ at each Stage of Change.
 - List and define techniques of Motivational Interviewing (MI)

Physicians, physician assistants, psychologists, dietitians, case managers, and nurses may be eligible for CEs.

Go to <http://www.prochange.com/continuing-education-information>



Your Progress:

back
next

Benefits of Computerized Interventions

- Low-cost
- Require little staff time or training to administer
- Allow a high degree of tailoring
- They can be delivered with perfect fidelity, following pre-programmed decision rules



Rise Above Your Situation (RAYS) Program

- Multimedia, computer-tailored intervention that relies on the TTM to help youth progress through the stages of change for ending criminal behavior and substance abuse
- Developed by Pro-Change with funding from the National Institute on Drug Abuse (NIDA)
- Integrates best practices from existing evidence-based programs for juvenile offenders and substance abusers, and helps youth set personal goals



Rise Above Your Situation (RAYS) Program

RAYS program includes:

1. Up to six online assessments and immediate feedback for youth
2. Printed reports for youth
3. Printed helpgiver reports listing stage-matched best practices to guide one-on-one discussions of youth reports
4. Tools for tracking client participation in online and one-on-one sessions
5. Tools for documenting what was discussed during one-on-one sessions
6. Tools for automatically generating progress notes

Currently being tested in randomized trial involving 700 moderate-to high-risk juvenile offenders recruited by 54 probation officers randomly assigned to treatment or control