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in a Military Population

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13. ABSTRACT (Maximum 200 Words) The overriding objective of this research is to reduce hazardous drinking in a military sample by implementing two motivational interventions and comparing them to a treatment-as-usual condition. Individuals who are referred to the Air Force Alcohol and Drug Abuse Prevention and Treatment (ADAPT) program as the result of an alcohol incident or who are self-referred will be randomly assigned to one of three interventions: (1) a group motivational intervention (GMI), (2) an individual motivational intervention (IMI), or (3) a treatment-as-usual (TAU) group. All participants will provide data regarding drinking and related problems at baseline and at 3, 6, and 12 months post-intervention. Analyses will focus on (a) determining the effectiveness of the interventions for reducing alcohol use and alcohol-related problems, (b) testing factors that may mediate or moderate responses to the interventions, and (c) determining the cost and cost-effectiveness of treatment. The research includes a large sample (N=900) and an extended follow-up (1 year) of intervention effects, both of which have been largely missing in previous intervention studies. From a practical perspective, the ability to classify which individuals will benefit from a motivational intervention has important military readiness and alcohol policy implications.				
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1. Introduction and Objectives

Alcohol abuse has been a long-standing problem in the military. The Armed Services have experienced problems with alcohol from the earliest days of military service, in part because heavy drinking has been an accepted custom and tradition (Bryant, 1979; Schuckit, 1977). In the past, alcohol was thought to be necessary for subsistence and morale and, as such, was provided as a daily ration to sailors and soldiers. Within the predominantly male U.S. military population, heavy drinking and the ability to "hold one's liquor" have served as tests of "suitability for the demanding masculine military role" (Bryant, 1974). A common stereotype has been to characterize hard-fighting soldiers as hard-drinking soldiers. Alcoholic beverages have been available to military personnel at reduced prices at military outlets and, until recently, during "happy hours" on base (Bryant, 1974; Wertsch, 1991). In addition, alcohol has been used in the military to reward hard work, to ease interpersonal tensions, and to promote unit cohesion and camaraderie (Ingraham, 1984).

More recently, however, military policy has stressed the negative effects of alcohol abuse and has sought to foster responsible use (DoD, 1994, 1997). Since 1972, the DoD has established prevention and treatment policies to confront alcohol abuse and alcoholism among military personnel (DoD, 1972, 1980, 1983, 1985, 1994, 1997). In 1986, these directives were combined with ones aimed more broadly at health behaviors to form a comprehensive health promotion policy that recognized the value of good health and healthy lifestyles for military performance and readiness (Bray et al., 2003; DoD, 1994). Under this policy, programs were directed toward preventing the misuse of alcohol, providing counseling or rehabilitation to abusers, and providing education to various target audiences (Bray, Kroutil, & Marsden, 1995). The DoD Prevention, Safety, and Health Promotion Council (DoD, 1999) put forward a broad-based initiative to address the substantial impact of alcohol use on the military. The strategic plan seeks to reduce heavy alcohol use, promote a responsible alcohol use lifestyle and culture, promote alcohol alternatives, and deglamorize alcohol use. More recently, in 2003, DoD reissued and expanded the health promotion directive (DoD, 2003).

Despite these various policy initiatives, rates of heavy drinking (five or more drinks per typical drinking occasion at least once a week) have remained remarkably stable over the past two decades and increased significantly between 1998 and 2002, from 15% to 18% (Bray et al., 2003). Heavy drinking remains at problem levels and is particularly common among young enlisted personnel. High rates of heavy drinking were found among military personnel with a high school education or less (27%), those aged 20 or younger (26%), those aged 21 to 25 (28%), unmarried personnel (26%), and junior enlisted personnel (31%). In 2002, about 10% of military personnel experienced serious consequences from their alcohol use, about 17% experienced productivity loss, and about 12% had alcohol dependence symptoms. Negative effects associated with alcohol use were more common among heavy drinkers than among less frequent drinkers. For example, compared with moderate drinkers, heavy drinkers were more likely to experience serious consequences (30% vs. 4%), productivity loss (45% vs. 12%), and symptoms of dependence (40% vs. 6%) (Bray et al., 2003).

This study will seek to empirically assess the effectiveness of two MI-based interventions compared with treatment as usual in the Alcohol and Drug Abuse Prevention and Treatment Program (ADAPT). Three, six and twelve month follow-up assessments are planned. In addition, the study will establish cost-effectiveness indices for these interventions, providing the DoD with valuable information on which well-informed funding and policy decisions can be made. Findings from this study will provide information regarding potential interventions for use by the DoD as part of its alcohol abuse reduction initiative. Specifically, the data will help inform alcohol

abuse prevention strategies targeted toward heavy-drinking personnel. Our findings will also have important implications for the DoD's efforts to develop comprehensive plans for treating alcohol abuse among military personnel. Finally, our results will help to identify avenues for further investigation. The study is guided by four major objectives:

- To evaluate the short- and long-term effectiveness of two motivational interventions with heavy-drinking military personnel. We will test the effects of a motivational intervention delivered individually and in a group format to determine whether a group MI condition can produce outcomes similar to those demonstrated with individual MI.
- To compare the group and individual motivational interventions with a treatment as usual (TAU) control group. Results will provide information concerning the effectiveness of the current Air Force treatment and a comparison with two experimental conditions.
- To test factors that may mediate or moderate responses to the MI interventions. Motivational interventions are thought to be effective in reducing harmful drinking to the extent to which they trigger the change process (i.e., problem recognition, concern about drinking, and a desire to change drinking behavior). The assessment portion of the intervention will include measures of these factors to be tested as mediators of the intervention. Knowledge of the change process will offer a better understanding of how MI leads to behavior change. Also, a number of individual-level factors may interact with the interventions to attenuate responses. These factors will be included in the design as potential moderators of the interventions' effectiveness. Factors that moderate effectiveness will help to identify those for whom the interventions work.
- To assess the cost-effectiveness of the three interventions. The cost-effectiveness analysis will provide an estimate of the additional cost, relative to treatment as usual, of achieving a given improvement in effectiveness using either of the MI interventions. The results from this analysis will allow decision makers to make fully informed treatment resource allocation decisions by weighing gains in effectiveness against any additional cost.

An evaluation of outcomes will provide a clearer understanding of the approach having the greatest benefit for military drinkers and the factors that mediate and/or moderate the intervention. The research includes a large sample and an extended follow-up (1 year) of intervention effects, both of which have been largely missing in previous intervention studies. From a practical perspective, the ability to classify which individuals will and will not benefit from a motivational intervention has important military readiness and alcohol policy implications.

2. Body

2.1 Background

Almost 200,000 new personnel are recruited into active-duty military service each year, entering a force now numbering about 1.4 million (Department of Defense, 1999). The young adults among these recruits bring with them many of the same issues and problems experienced by young adults in the civilian population. Within the civilian population, young adults aged 18 to 25 are the age group with the highest rates of heavy alcohol use and tobacco use (Substance Abuse and Mental Health Services Administration, 2001). These high rates observed among civilian young adults may be exacerbated among military personnel who are away from family and other social supports and who are facing the stresses of military life, including working in high-risk environments. Indeed, heavy alcohol use is significantly higher among military personnel than civilians, with heavy drinking among the military population highest for males and younger enlisted personnel (Bray et al., 1999).

Alcohol abuse has been a longstanding problem in the military. The Armed Services have experienced problems with alcohol from the earliest days of military service, in part because heavy drinking has been an accepted custom and tradition (Bryant, 1979; Schuckit, 1977). In the past, alcohol was thought to be necessary for subsistence and morale and, as such, was provided as a daily ration to sailors and soldiers. Within the predominantly male U.S. military population, heavy drinking and being able to "hold one's liquor" have served as tests of "suitability for the demanding masculine military role" (Bryant, 1974, p. 133). A common stereotype has been to characterize hard-fighting soldiers as hard-drinking soldiers. Moreover, alcoholic beverages have been available to military personnel at reduced prices at military outlets and, until recently, during happy hours on base (Bryant, 1974; Wertsch, 1991). In addition, alcohol has been used in the military to reward hard work, to ease interpersonal tensions, and to promote unit cohesion and camaraderie (Ingraham, 1974). More recently, however, military policy has stressed the negative effects of alcohol abuse and has sought to foster responsible use (Department of Defense, 1972, 1980, 1983, 1985, 1994b, 1997).

Alcohol use among military personnel is implicated in lowered work performance, accidents and injury, and serious problems with others and the law. These factors detract from military readiness. According to research conducted by RTI International (RTI) on behalf of the Department of Defense (DoD), heavy alcohol use (defined in military studies as drinking five or more drinks per typical drinking occasion at least once a week) decreased slightly between 1980 and 1998, from 21% to 19%; none-the-less, it remains at problem levels and is particularly common among young enlisted personnel (Bray et al., 1999). High rates of heavy drinking are found among military personnel with a high school education or less (24%), those aged 20 or younger (24%) or those aged 21 to 25 (26%), unmarried persons (24%), and junior enlisted personnel (26%). In 1998, about 7% of military personnel experienced serious consequences from their alcohol use, 14% experienced productivity loss, and about 5% could be defined as dependent on alcohol. Negative effects associated with alcohol use were more common among heavy drinkers than less frequent drinkers. For example, compared with moderate drinkers, heavy drinkers were more likely to experience serious consequences from alcohol use (24% vs. 4%), productivity loss (39% vs. 9%), and symptoms of dependence (22% vs. 1%).

Since 1972, the DoD has established prevention and treatment policies to confront alcohol abuse and alcoholism among military personnel (Department of Defense, 1972, 1980, 1983, 1985, 1994b, 1997). In 1986, these directives were combined with ones aimed more broadly at health behaviors to form a comprehensive health promotion policy that recognized the value of good health and healthy lifestyles for military performance and readiness (Department of Defense, 1994a; Bray, et al., 1998). Under this policy, programs were directed toward preventing the misuse of alcohol, providing counseling or rehabilitation to abusers, and providing education to various target audiences (Bray, Kroutil, & Marsden, 1995). The DoD Prevention, Safety, and Health Promotion Council (Department of Defense, 1999) recently put forward a broad-based initiative to address the substantial impact of alcohol use on the military. The strategic plan seeks to reduce heavy alcohol use, promote a responsible alcohol use lifestyle and culture, promote alcohol alternatives, and deglamorize alcohol use.

An important target group for education and enforcement of DoD alcohol abuse policies is young adult personnel. Heavy alcohol use is common among young adults in the civilian household population, from whom military recruits are drawn. Findings from the 2000 National Household Survey on Drug Abuse (NHSDA) indicate that about 38% of young adults aged 18 to 25 were binge drinkers (drank five or more drinks per occasion on at least 1 day in the past 30 days) and 13% were heavy drinkers (drank five or more drinks per occasion on 5 or more days in the past 30 days) (Substance Abuse and Mental Health Services Administration, 2001). Both binge drinking and heavy drinking were relatively stable among young adults during the 1990s, although both increased significantly between 1997 and 1998. Heavy drinking was particularly common among young adult males (47%), whites (43%), those with a college education (41%), and those employed full-time (41%). Heavy drinking decreased between 1999 and 2000 for those in college (from 43% to 41%) but was stable among other young adults (34%).

Research suggests that brief interventions can be effective with young adult populations (Anderson et al., 1998; Bien, Miller, & Tonigan, 1993; Marlatt et al., 1998; Miller, 2000; Monti et al., 1999). A brief intervention for alcohol use is typically defined as minimal interaction with a medical or mental health professional, focusing on the health risks associated with drinking and ranging from several minutes in length up to several sessions. Brief interventions are particularly effective for individuals who do not have severe alcohol dependence but are drinking at harmful levels—the target population for this research. Thus, brief interventions are a cost-effective way of providing services to more individuals while saving more intensive efforts for those requiring more intensive treatment (Dimeff et al., 1999).

One of the most successful brief interventions used to date has been motivational interviewing (Zweben & Zuckoff, 2002; Butlet et al., 1999). Motivational interviewing is conceptualized as a style of therapeutic interaction that has at its core the belief that individuals are responsible for changing their (drinking) behavior and for sustaining the changed behavior (Miller & Rollnick, 1991). Because MI includes techniques that allow the individual to explore ambivalence about changing and techniques that avoid triggering defensive behaviors, this approach is particularly useful for people who are reluctant to change and/or are ambivalent about changing. MI-based approaches have demonstrated effectiveness in young adult samples (Marlatt et al., 1998; Miller, 2000; Monti et al., 1999). Because heavy-drinking military personnel are likely to fall in the 18–25 age group, we believe that MI-based interventions may be effective in reducing abusive drinking behaviors in this population.

Although decision makers often find it necessary to weigh the costs required to achieve any gains in effectiveness, there is little existing published research that can be used for guidance. There is no published evidence on the cost-effectiveness of GMI. Moreover, there is no published evidence on the cost-effectiveness of similar prevention interventions conducted in the Air Force. Therefore, to help policy makers allocate treatment resources within the Air Force, a rigorous cost-effectiveness analysis of these treatment alternatives compared with treatment as usual is necessary.

2.2 Year 1 Activities

RTI was awarded this contract on March 1, 2004. Year 1 of the project has consisted of obtaining clearances and seeking IRB approvals for Phase I of the study, developing Motivational Interviewing (MI) training materials, developing intervention manuals, finalizing the web-based assessment, obtaining MI tape coding training for project staff, and developing a collaborative relationship with three Air Force base ADAPT programs in order to institute the study.

2.2.1 Obtaining Study Approvals

Prior to funding, a protocol for the protection of human subjects for the study was submitted to the Institutional Review Board (IRB) at RTI International. Final approval was given by the RTI IRB on January 20, 2004. (See **Appendix A** for copy of approval).

Following the RTI IRB approval process, the protocol and documentation materials were prepared for the Air Force Wilford Hall Medical Center (WHMC) IRB review. During this time, our Air Force contact in the Surgeon General's Office, Maj. (Lt. Col) Paul Wilson was promoted and transferred and Maj. Christine Hunter became our contact person. Dr. Brown traveled to Major Hunter's office on July 13 to brief her on the study and its objectives and to review the WHMC IRB materials for submission. Maj. Hunter suggested a few revisions, which were incorporated into the final set of materials submitted to Wilford Hall on August 2, 2004. Maj. Hunter and Dr. Brown traveled to San Antonio, TX to be present for the IRB review of the study and to answer questions from the Committee. On August 24, 2004 Wilford Hall provided approval for the study. (See **Appendix A** for copy of approval letters.)

On September 17, 2004, we submitted IRB materials including the RTI and Air Force IRB approvals to the Ft. Detrick's Human Subjects Research Review Board (HSRRB) for review and approval. (HSRRB Log No. A-12529, Proposal No. PR033142, Cooperative Agreement No. DAMD 17-04-1-0072).

Unfortunately, the IRB protocol was not reviewed by the Ft. Detrick HSRRB for five months - February 2005. This delay was *not* the fault of the research team, all materials had been provided and multiple email and telephone contacts inquiring about the status of the review failed to yield any information. The Memorandum for Review (MFR) was emailed to the PI on February 14, 2005. We are in the process of responding to the concerns of the HSRRB and expect to resubmit our materials by the end of March.

2.2.2 Prepare MI Training Manuals and Intervention Manuals and Study Protocol Manual

A Motivational Interviewing Training Manual was developed to train ADAPT staff in the basic principles of MI. The manual includes modules for practicing MI skills and components. The book *Motivational Interviewing* by Miller and Rollnick and a series of videotapes were also mailed to each of the participating bases for use during the MI training session. Training will take place across three days at each of the study sites.

A Group MI Training Manual and an Individual MI Training Manual were developed for training ADAPT personnel in the specific treatment conditions for the study.

A project manual documenting all aspects of the study including protocols to be followed was completed in December 2004 and a copy will be given to each participating base.

The training manual and two intervention manuals can be found in **Appendix B**.

2.2.3 Prepare Computer Assessments

The primary source of data for participants will be the standardized assessment provided by the ADAPT programs. The Substance Abuse Assessment Tool (SUAT) is currently being rolled out to all Air Force bases and will be onsite at the study bases once we begin data collection. This is a comprehensive assessment from which the study team will request specific variables. Another component of the baseline assessment includes a web-based assessment covering items not asked in the standard ADAPT assessment (SUAT). This computerized assessment was finalized in January 2005 (see **Appendix C**).

2.2.4 Obtain Tape Coding and Supervision Training

During December of 2004, the PI and a second staff member traveled to the Center on Alcoholism, Substance Abuse and Addictions (CASAA) in Albuquerque for intensive supervision training for maintaining treatment integrity. In addition, the tape coding leader traveled to Santa Fe during February to receive training in tape coding.

2.2.5 Recruiting Air Force Bases for the Study

Working with Maj. Hunter, we have recruited three Air Force bases to participate in the study: Tinker AFB in Oklahoma, Eglin AFB in Florida, and Offutt AFB in Nebraska. Initial contacts have been established, training dates have been set, materials have been forwarded to the base, and we anticipate a smooth start to training ADAPT staff in study procedures, MI, and the treatment protocols. See **Appendix D** for base approval letters.

2.3 Project Schedule

Due to the lengthy process of obtaining clearance for this study, we have not been able to meet all of the milestones that were originally proposed for Year 1 (see **Appendix E** for original SOW). We have, however, moved forward with as many aspects of the study as possible and are scheduled to begin training ADAPT staff in May 2005. We will conduct a brief pilot test of the web-based assessment during the site visits for training and we expect to begin enrolling participants into the study as early as June 15, 2005. While slightly behind schedule, we felt that our initial schedule was perhaps too ambitious and have modified it accordingly.

2.3.1 Treatment Intervention/Data Collection

Participants will be enrolled in the study at each of the bases beginning in the summer of 2005. Data collection will continue until 250 individual have been assigned to each of the three treatment conditions.

2.3.2 Follow-up Questionnaire Development

The follow-up questionnaire is currently under development and will be finalized by May 2005.

3. Key Research Accomplishments

Accomplishments during Year 1 include the following:

- Obtained final clearances for the study from RTI and Wilford Hall (Air Force) IRBs.
- Developed the web-based study questionnaire.
- Submitted study protocol to Ft. Detrick HSRRB.
- Recruited three bases to be in the study
- Established base level POCs as the ADAPT Program Manager.
- Developed training and intervention manuals for the project.
- Purchased computers, training tapes, tape recorders, and MI books for the three Air Force bases to be included in the study.
- Scheduled training at all three bases.

4. Reportable Outcomes

There are no reportable outcomes at this time because this study has not yet received all approvals and data collection has not begun.

5. Conclusions

At this time there are no conclusions that can be made because the main study has not been conducted.

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APPENDIX A

Study Approvals

Research Triangle Institute
P.O. Box 12194
Research Triangle Park, NC 27709-2194
Federalwide Assurance No. 3331

INSTITUTIONAL REVIEW BOARD NOTICE OF APPROVAL

PROJECT LEADER: Janice Brown

TITLE: Motivational Interventions to Reduce Alcohol Use in a Military Population

SPONSOR AGENCY: US Army Medical Research and Materiel Command

SUBMISSION DOCUMENT DATE: January 19, 2004 (revised)

RTI PROJECT NUMBER: 9033

or PROPOSAL NUMBER: _

NATURE OF REVIEW:

(check one)

FULL X

EXPEDITED ____

EXEMPT ____

MEETING DATE: January 12, 2004

TYPE OF APPROVAL:

____ PRELIMINARY. SCHEDULE NEXT REVIEW PRIOR TO INVOLVEMENT OF HUMAN SUBJECTS.

____ PRETEST/PILOT TEST. SCHEDULE NEXT REVIEW PRIOR TO FULL IMPLEMENTATION.

X FULL IMPLEMENTATION.

____ RENEWAL.

____ AMENDMENT DATE

Please note the following requirements:

PROBLEMS OR ADVERSE REACTIONS: If problems in treatment of human subjects or unexpected adverse reactions occur as a result of this study, you must notify the IRB Chairperson immediately.

CHANGES IN PROTOCOL: If there are significant changes in procedures or study protocol, you must notify the IRB Chairperson before they are implemented.

RENEWAL: You are required to apply for renewal of approval at least annually for as long as the study is active.

IRB approval for this project expires and your next review date should be before January 12, 2005.

Original Signed
Chair, IRB#2, Acting

January 20, 2004
Date

Connie L. Hobbs
Print or Type Name

Signed Approval Notice in IRB File

X Copy sent to project leader on: 1/20/04

 Entered into MIS

Research Triangle Institute
P.O. Box 12194
Research Triangle Park, NC 27709-2194
Federalwide Assurance No. 3331

INSTITUTIONAL REVIEW BOARD NOTICE OF APPROVAL

PROJECT LEADER: Janice Brown

TITLE: Motivational Interventions to Reduce Alcohol Use in a Military Population

SPONSOR AGENCY: US Army Medical Research and Materiel Command

SUBMISSION DOCUMENT DATE: December 14, 2004

RTI PROJECT NUMBER: 9033

or PROPOSAL NUMBER: _

NATURE OF REVIEW:

(check one)

FULL ____ EXPEDITED X

MEETING DATE: N/A

TYPE OF APPROVAL:

- ____ PRELIMINARY. SCHEDULE NEXT REVIEW PRIOR TO INVOLVEMENT OF HUMAN SUBJECTS.
____ PRETEST/PILOT TEST. SCHEDULE NEXT REVIEW PRIOR TO FULL IMPLEMENTATION.
____ FULL IMPLEMENTATION.
X RENEWAL.
____ AMENDMENT

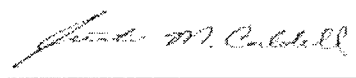
Please note the following requirements:

PROBLEMS OR ADVERSE REACTIONS: If problems in treatment of human subjects or unexpected adverse reactions occur as a result of this study, you must notify the IRB Chairperson immediately.

CHANGES IN PROTOCOL: If there are significant changes in procedures or study protocol, you must notify the IRB Chairperson before they are implemented.

RENEWAL: You are required to apply for renewal of approval at least annually for as long as the study is active.

IRB approval for this project expires and your next review date should be before January 12, 2006.



12/14/2004

IRB Member or Chair

Date

Juesta M. Caddell
Print or Type Name

Signed Approval Notice in IRB File

X Copy sent to project leader on: 12/16/04

X Entered into MIS

59th Medical Wing (Wilford Hall Medical Center)
Institutional Review Board (IRB) FWA#00001750
59th Clinical Research Squadron
Protocol Support/MSRP/(210) 292-7143
1255 Wilford Hall Loop, Lackland AFB, TX 78236-5319

FINAL IRB APPROVAL

29 Sep 04

Approval Date: 24 Aug 04**Principal Investigator:** Maj Christine Hunter/AFMOA/SGOP**IRB Reference Number:** FWH20040179H**Protocol Title:** "Motivational Interventions to Reduce Alcohol Use in a Military Population"

1. Your study, referenced above, is **approved** by the Wilford Hall Medical Center's Institutional Review Board (WHMC/IRB). Additional items reviewed and approved by the WHMC/IRB include:

Informed Consent (ICD) dated 24 Aug 04
HIPAA Authorization Form, Research Triangle Institute IRB Approval Letter, AFMSA/SGOP
Support Ltr, Consent to Audio-Tape, Substance Use Assessment Tool (SUAT)
Questionnaire, SUAT Psychometrics, and RTI/CAP Questions

2. Only investigators listed below are approved to participate in the study (e.g., obtain consent):

- Maj Christine Hunter, PI
- Dr Janice M. Brown, AI
- Dr Alexander J. Cowell, AI

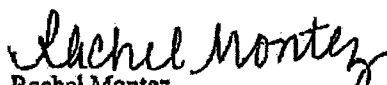
These are the only investigators identified by the Board to have completed "IRB approved" investigator training. Any additions to this list must first be approved by the IRB by submitting an amendment, along with a copy of the investigator's training certificate.

3. Your **minimal risk** study will be forwarded to the Surgeon General's Research Oversight Committee (SGROC) for concurrence.

4. The WHMC/IRB must be notified immediately of any additional information, or changes to the protocol. All amendments to either the protocol or ICD must be reviewed and approved by the WHMC/IRB prior to their inception.

5. You must comply with the information contained in the Research CD (Investigator Brochure) and your Certificate of Compliance.

6. It is the WHMC/IRB's decision that this study will be terminated as of 23 Aug 05 unless you submit a progress report, using the template provided on your research CD (Human Progress Report 2004). Your first progress report, which is a request for continuation of the study, will be due to the Protocol Office no later than 1 Jul 05. A progress report will be due every 11 months thereafter, in order for the WHMC/IRB to approve continuance of the study for another year. Upon completion of your study you must submit a final report.


Rachel Montez
Protocol Assistant

File this and any other IRB correspondence in your study binder

APPENDIX B

Study Manuals

MOTIVATIONAL INTERVIEWING TRAINING

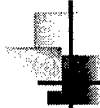
MOTIVATIONAL INTERVENTIONS TO REDUCE
ALCOHOL USE IN A MILITARY POPULATION

MAY/June 2005

Janice M. Brown
RTI International

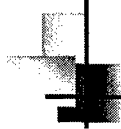
MI TRAINING – AIR FORCE GROUP MI PROJECT

- I. Introductions
- II. Favorite teacher exercise
- III. What is MI?
- IV. Prochaska and DiClementi - Stages of Change
- V. Discuss pending change
- VI. Rate self and partner on SOC
- VII. Ambivalence
- VIII. Roadblocks and Traps
- IX. Reflective listening
- X. Reflections
- XI. Resistance



What is MI?

- A directive, client-centered counseling style for eliciting behavior change by helping people to explore and resolve ambivalence.
- Useful for people who are reluctant to change.
- Seeks to create a positive atmosphere.



The Spirit of Motivational Interviewing

- Motivation to change comes from the person
- The individual must resolve ambivalence
- Direct persuasion is not effective
- The interaction style is a quiet one
- The counselor helps examine ambivalence
- Readiness to change fluctuates

Spirit of MI is:

- respectful of the individual and her/his freedom to choose
- facilitating value clarification
- sort of Zen-like, moving with the individual, uses an open & accepting stance
- very strategic, listening for opportunities for self-motivational statements
- demanding for both participants
- believing that the client is the expert on her/his life and needs
- focused on therapeutic indifference or detachment (no real investment in whether it “works”)
- a profound optimism that people can change
- de-emphasis on labeling
- knowing that ambivalence is normal
- egalitarian; working with the person, not “fixing” them
- a focus on meaning and understanding; getting into the client's reality
- believing that there are positives of not changing
- not blaming
- genuinely affirmative and not adversarial (joining, along side, guide)
- highlighting the implications of behaviors and increasing behavioral options
- a grounding of behaviors in the environmental context (client's reality)

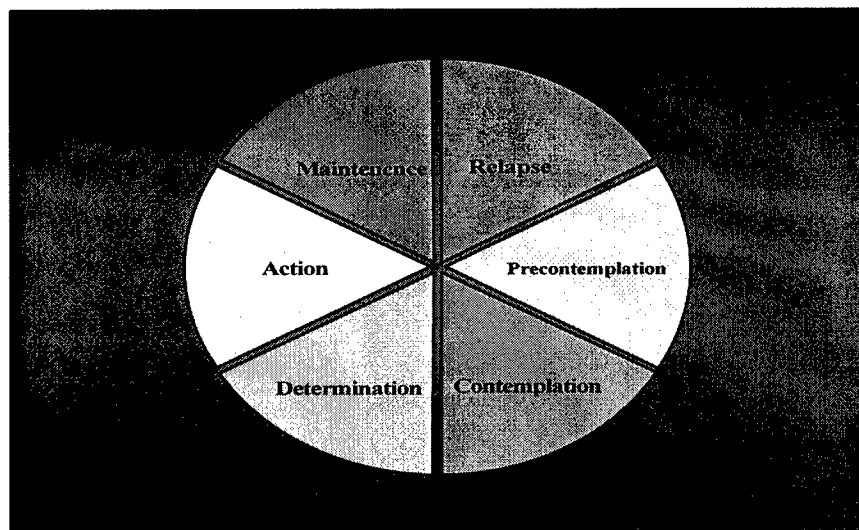
Basic Tenets of Motivational Interviewing:

- Motivational is the probability that a person will enter into, continue, and adhere to a specific change strategy.
- Motivation is a state of readiness or eagerness to change, which may fluctuate from one time or situation to another. This state is one that be influenced.
- Motivation for change does not reside solely within the client. Motivation involves an interpersonal context.
- Therapist style is a powerful determinant of client resistance and change.
- People struggling with addictive problems often have fluctuating and conflicting motivations, also known as ambivalence. Ambivalence is normal, not pathological.
- Each person has a powerful potential for change. The task of the therapist is to release that potential to facilitate the natural change process already inherent in the individual.
- Motivational interviewing involves helping people resolve the ambivalence that entraps them.

STAGES OF CHANGE

PROCHASKA, DICLEMENTI, & NORCROSS

Stages of Change



Precontemplation Stage

- No intention to change
- Usually coerced
- May change due to “pressure” but once pressure is off goes back to “old ways”
- --“It isn’t that they can’t see the solution. It is that they can’t see the problem

TASK: Help them to see there is a problem.

- Raise doubt
- Increase client’s perception of the risks and problems with current behavior
- Decrease defensiveness
- Increase personal realization

Contemplation Stage

- Aware of the problem
- Aware of some of the negative effects of the problem
- Know where they want to go but unwilling to take action yet
- Willing to change in the next 6 months

TASK: Tip the balance in favor of the benefits of behavior change

- Elicit reasons for change, risks of not changing
- Strengthen the client's confidence for changing current behavior
- Encourage a commitment to a change attempt
- Resolve ambivalence

Preparation/Determination Stage

- Have tried to make changes unsuccessfully in the past
- Intent to change within the next month

TASK: Negotiate a plan with the client

- Help client to determine the best course of action
- Work on developing a plan for change
- Strengthen commitment

Action Stage

- Have actually taken a step to change behavior
- Are very committed to change
- May not have completely accomplished the behavior change

TASK: Support the person and strengthen action if necessary

- Help client identify necessary steps to implement the plan for change
- Help the client use skills and problem solve
- Support the client's confidence in making the change
- Help client identify additional resources that may be helpful
-

Maintenance Stage

- Have successfully made change for at least 6 months
- Can express the many positive aspects of the change

TASK: Support and continue to monitor

- Help client identify potentially tempting situations and develop strategies to prevent relapse
- Help client resolve associated problems

- Affirm client's commitment and efforts to change
- Ask about the positive benefits the client has noticed since changing behavior

Relapse

- Patient frequently feels shame and guilt
- Reluctant to see counselor because of failure
- May feel hopeless

TASK: support and help devise new plan

- Help client identify what led to relapse
- Help client to develop a plan for dealing with trouble spots

EXERCISE 2

THINK OF AN IMPORTANT LIFE DECISION THAT'S CURRENTLY HANGING OVER YOUR HEAD.

HOW LONG HAVE YOU BEEN TRYING TO MAKE THAT DECISION?

IMAGINE THAT YOU MUST MAKE THE DECISION RIGHT NOW, AND YOU MUST LIVE WITH WHATEVER DECISION YOU MAKE.

EXERCISE 3

THINK OF AN INTENTIONAL CHANGE THAT IS GOING ON IN YOUR LIFE - EITHER ONE YOU ARE THINKING OF MAKING VOLUNTARILY OR ONE THAT SOMEONE ELSE WANTS YOU TO MAKE.

CHOOSE A PARTNER

SPEAKER - TALK ABOUT YOUR CHANGE FOR 2 MINUTES

LISTENER - TAKE NOTES

SWITCH ROLES AND REPEAT

EACH PERSON NOW HAS TO RATE

1. WHERE THEY ARE ON THE WHEEL WITH RESPECT TO CHANGE
2. WHERE THE OTHER PERSON IS

Appropriate Motivational Strategies for Each Stage of Change (adapted from CSAT TIP #35)

Precontemplation Goals: Help person engage in counseling process and begin considering patterns and potential effects of their substance use	• Establish rapport, build trust • Explore and “decontaminate” the referral process • Affirm clients for willingness to attend and talk • Explore the meaning of events that brought the client to treatment • Elicit the client’s perceptions of their behaviors and the larger situation • Offer factual information about the risks of substance use • Provide personalized feedback about assessment findings • Explore the good things and less good things about substance use • Express concern and “keep the door open”
Contemplation Goals: Help person see the “big picture”, discover discrepancies between their current behavior and their goals for the future, and consider making some lifestyle changes	• Normalize ambivalence • Help the client tip the decisional balance scales toward change by: • Eliciting and weighing the pros and cons of continuing substance use versus discontinuing or changing use patterns • Examining the client’s personal values in relation to change • Imagining the future • Emphasizing the client’s free choice, responsibility, and self-efficacy for change • Elicit self-motivational statements of intent and commitment from the client • Elicit ideas regarding the client’s expectations regarding treatment • Summarize self-motivational statements • Assess client’s sense of importance and confidence in changing

Appropriate Motivational Strategies for Each Stage of Change (adapted from CSAT TIP #35)

Preparation Goals: Help person resolve ambivalence about changing, develop a sense of ability to change, and make initial plans for going about changing	• Clarify the client's own goals and strategies for change • Develop a menu of options for change • With permission, offer expertise and advice • Help the client develop a change plan • Assist the client in decreasing barriers to change (e.g., financial, child care) • Ask client to consider announcing plan to change ("going public") • Help client to identify and plan for high-risk situations and other negative aspects of change
Action Goals: Help person initiate change, cope with difficulties in the change process, and gain social support for new ways of being	• Support small steps toward change • Acknowledge difficulties and losses involved in change • Assist the client in finding new reinforcers of positive change • Help client access and use social support • Identify current triggers • Help client cope with unanticipated negative "side-effects" of changing • Emphasize that setbacks and lapses are unintended failures of planning process and help improve long-term plan • Generate additional change strategies
Maintenance Goals: Help person cope with difficult situations, maintain commitment and energy, initiate new facets of living to protect against relapse, and process through relapses that occur	• Affirm client's resolve and self-efficacy • Maintain contact and reaffirm appropriateness of seeking support • Assist client in making the transition to working on other long-term goals • Express willingness to assist client in event of setback or relapse

AMBIVALENCE

Understanding Ambivalence

- Ambivalence as the heart of the problem
- Attachment to the behavior
- Approach-Avoidance conflict
- The decisional balance

Many people experience little or no serious conflict about whether to have a drink, enter a lottery, or eat fattening food; they are in a state of balance or equilibrium. Other people experience severe conflict about engaging versus resisting – this is ambivalence.

Attachment to the behavior occurs in many ways. One process is pharmacological dependence, another is tolerance, and yet others may be learning or conditioning. People may also use addictive behaviors as a means of coping. They come to rely on a drink to help them deal with difficult states.

Approach-avoidance conflicts have a special potential for keeping people “stuck” and creating stress. Here the person is both attracted to and repelled by a single object. “I can’t live with it, and I can’t live without it.”

A helpful way of illustrating the ambivalence conflict involves the metaphor of a balance or seesaw. The person experiences competing motivations because there are both benefits and costs associated with both sides of the conflict. This is not to imply that clients are always (or even usually) aware of this balancing process, or that when they are made aware, they will proceed toward making rational decisions. For both the client and the counselor, ambivalence can be confusing, frustrating, and difficult to understand.



Working with Ambivalence

- Response to ambivalence is critical
- Ambivalence is not rational

Clients will vary in the extent to which they have understood their ambivalence. This is how far the person has progressed into the contemplation stage.

As a counselor, you should be careful not to jump too far ahead.

Pressuring a person to make a change in drinking is jumping too quickly – a recipe for resistance.

As ambivalence is understood and worked through, the person moves closer to determination and decision making.

4 Reasons Why People Are Ambivalent About Change

- Behaviors seem to “work”
- Behaviors seem “normal”
- Patients are accustomed to passive role
- Seems too hard to change

ROADBLOCKS and TRAPS

Thomas Gordon's 12 Roadblocks

1. Ordering Directing	2. Warning Threatening	3. Advice Suggestion
4. Persuading Arguing	5. Moralizing Preaching	6. Judging Criticizing
7. Agreeing Approving	8. Shaming Ridiculing	9. Interpreting Analyzing
10. Reassuring Sympathizing	11. Questioning Probing	12. Distracting Humoring

It is not *wrong* to use roadblocks, but they are not listening and tend to divert the client. Thus, they are best minimized when reflective listening is the purpose. To listen well is to avoid the roadblocks and to do something else.

Traps to Avoid

- Question-Answer Trap
- Confrontation-Denial Trap
- Labeling Trap
- Expert Trap
- Premature Focus Trap
- Blaming Trap

Question-Answer

- May be the result of anxiety
- Teaches the patient to give short answers
- It implies interaction between an active expert and a passive patient
- As a rule, avoid asking 3 questions in a row

Confrontation-Denial

- The most important trap to avoid
- Leads to a power struggle
- Increases resistance
- Common in early phases

Labeling

- May be an issue of control
- Evokes unnecessary resistance
- No need to actively *oppose* self-acceptance
- Emphasis is not to get into debates and struggles over labels

Expert

- Conveys the impression of having all the answers
- Edges patients into a passive role

Premature Focus

- Not uncommon to want to hone in on alcohol/drug use and problems
- Patients may need to explore other problems
- Avoid struggles about what to focus on
- Start with patient's concerns

Blame

- Blame is irrelevant
- Wastes time and energy on defensiveness

REFLECTIONS

Exercise 5

BEFORE STARTING TO SHAPE REFLECTIVE LISTENING IT CAN BE USEFUL TO INCREASE AWARENESS OF THE IMPORTANCE AND VALUE OF NONVERBAL (PASSIVE) LISTENING SKILLS.

NON-VERBAL LISTENING

FORM PAIRS AND DECIDE WHO WILL SPEAK AND WHO WILL LISTEN.

SPEAKER: SPEAK FOR FIVE MINUTES

WHAT IT WAS LIKE GROWING UP IN MY HOME.
WAYS IN WHICH I HAVE CHANGED AS A PERSON.
WHAT I HOPE/ PLAN TO DO OVER THE NEXT 10 YEARS.
HOW I CAME TO DO THE KIND OF WORK I AM DOING.

LISTENER: **SAY NOTHING AT ALL** NOT EVEN **MM HMMM** ABSOLUTE SILENCE. THE LISTENER IS TO USE NONVERBAL SKILLS TO COMMUNICATE TO THE SPEAKER THAT HE OR SHE IS LISTENING AND UNDERSTANDING.

Exercise 6

LEARNING TO **THINK** REFLECTIVELY

THERE IS A WAY OF THINKING THAT ACCOMPANIES GOOD REFLECTIVE LISTENING. IT INCLUDES, OF COURSE, INTEREST IN WHAT THE PERSON IS SAYING AND RESPECT FOR THEM. THE KEY ELEMENT IS A HYPOTHESIS TESTING APPROACH TO LISTENING **C** WHAT YOU THINK THEY MEAN MAY NOT BE WHAT THEY MEAN.

DO YOU MEAN THAT...?

EACH PERSON SHOULD BE PREPARED TO SHARE AT LEAST THREE PERSONAL COMPLETIONS OF THE SENTENCE ONE THING THAT I LIKE ABOUT MYSELF IS THAT I ...

TAKE TURNS, IN ROTATION, SAYING ONE OF YOUR SENTENCES

LISTENERS RESPOND BY **ASKING: DO YOU MEAN THAT YOU?**

THE SPEAKER CAN RESPOND ONLY WITH **YES** OR **NO**

GENERATE AT LEAST 5 DIFFERENT **DO YOU MEAN THAT** STATEMENTS

Exercise 7

THE QUESTIONS ASKED IN THE LAST EXERCISE WERE CLOSE TO REFLECTIVE LISTENING, BUT NOT QUITE.

A GOOD REFLECTIVE LISTENING RESPONSE IS A STATEMENT. IT GOES DOWN AT THE END.

YOU'RE ANGRY ABOUT WHAT I SAID?
YOU'RE ANGRY ABOUT WHAT I SAID.

SOME PEOPLE LIKE TO HAVE SOME WORDS TO GET THEM STARTED.

SO YOU FEEL...
IT SOUNDS LIKE YOU...
YOU'RE WONDERING IF...
YOU...



Listen Reflectively

- Crucial element is how one *responds*
- Make a guess as to what the person *means*
- Should be formed as a statement
- Questioning distances the person from the experience
- Reflection is not passive

Perhaps the most challenging skill in motivational interviewing is that of reflective listening. In popular conceptions, listening just involves keeping quiet and hearing what someone has to say. The crucial element in *reflective* listening is how the counselor *responds* to what the client says.

In order to offer reflective listening, you first must train yourself to *think* reflectively. To think reflectively is to make the process more conscious. Reflective listening is a way of checking, rather than assuming that you know what is meant.

Reflection is not a passive process. The counselor decides what to reflect and what to ignore, what to emphasize and de-emphasize, what words to use in capturing meaning. Reflection is particularly important following open-ended questions.

EXERCISE 7

SUSTAINED REFLECTIVE LISTENING

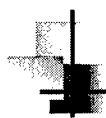
FORM PAIRS

SPEAKER SPEAKS FOR ABOUT 10 MINUTES. LISTENER RESPONDS ONLY WITH REFLECTIONS. SPEAKER CONTINUES TO ELABORATE



Resistance

- Arguing
- Interrupting
- Defensiveness
- Ignoring



Strategies for Coping with Resistance

- Reflective Responses
 - Simple reflection
 - Amplified reflection
 - Double-sided reflection
- Strategic Responses
 - Shifting focus
 - Emphasizing personal choice and control
 - Agreeing with a twist

Handling Client's Resistance To Change

Connect the technique for handling resistance to the short definition that best describes that technique.

Simple Reflection

-move the client away from a difficult issue.

Amplified Reflection

- make a positive change in the meaning of something the client might say.

Double-Sided Reflection

-re-stating what the client says to insure you heard the client correctly.

Shifting Focus

-add something to increase the intensity of what the client has said.

Reframing

-reflect the ambivalence a client may feel/think in responding to the client.

Agreement With a Twist

-emphasize the reasons a client might feel resistance to the idea of behavior change.

Emphasize Personal Control

-reflect the client's concerns and use a reframe in the response.

Siding With the Negative

-make sure the client knows that change is something he or she can choose to do or not to do.



THINGS THAT DON'T WORK

- Nagging
- Preaching
- Talking and not listening
- Telling the person what to do
- Labeling the client
- Getting involved in power struggles

THINGS THAT WORK

- Listen
- Acknowledge affect (don't try to change how the person feels)
- Express empathy
- Develop discrepancy
- Avoid arguments
- Roll with resistance
- Anticipate problems
- Support and praise positive efforts no matter how small

ELICITING SELF-MOTIVATIONAL STATEMENTS

PROBLEM RECOGNITION - THE CLIENT EXPRESSES RECOGNITION OF PROBLEMS OR DIFFICULTIES.

WHAT THINGS MAKE YOU THINK THAT THIS IS A PROBLEM?
WHAT DIFFICULTIES HAVE YOU HAD IN RELATION TO YOUR DRUG USE?
IN WHAT WAYS HAS THIS BEEN A PROBLEM FOR YOU?

CONCERN - THE CLIENT VOICES PERSONAL CONCERN FOR HIS OR HER CONDITION, HEALTH, FAMILY, ETC.

WHAT WORRIES YOU ABOUT YOUR DRINKING?
HOW MUCH DOES THAT CONCERN YOU?
WHAT DO YOU THINK WILL HAPPEN TO YOU IF YOU DON'T MAKE A CHANGE?

DETERMINATION - THE CLIENT INDICATES WILLINGNESS, DESIRE, COMMITMENT, OR A DECISION TO CHANGE.

WHAT ARE THE REASONS YOU SEE FOR MAKING A CHANGE?
WHAT MAKES YOU THINK YOU MAY NEED TO MAKE A CHANGE?
WHAT WOULD BE THE ADVANTAGES OF MAKING A CHANGE?

OPTIMISM - THE CLIENT INDICATES HOPEFULNESS OR OPTIMISM.

WHAT ENCOURAGES YOU THAT YOU CAN CHANGE IF YOU WANT TO?
WHAT DO YOU THINK WOULD WORK FOR YOU, IF YOU DECIDED
TO CHANGE?

ONCE THE PROCESS HAS BEGUN, KEEP IT GOING WITH **AND WHAT ELSE?** STATEMENTS.

**GROUP MOTIVATIONAL INTERVIEWING TREATMENT
MANUAL**

AIR FORCE MI PROJECT

**TRAINING
May/June 2005**

GROUP MOTIVATIONAL INTERVIEWING MANUAL

The purpose of the group is to discuss health habits and lifestyles that might be causing problems for the group members. The group is not intended to be a process group, in which interactions between members are analyzed. Rather, members can provide feedback and support for each other as they consider lifestyle or habits that might need to change.

Staying with the spirit. There will be times a group leader may not feel he/she is following the motivational approach to the letter. Some deviations will be necessary, but the key is for the leader to keep and model the spirit of the motivational approach by truly believing in an individual's ability to make a change, and by attending to the members of the group with skillful reflective listening. Rather than confronting clients for not taking the group leader's viewpoint, group leaders can present information and encourage clients to use it in their decision making process. Continually reinforcing the idea that "change is up to you" will allow clients to address their ambivalent feelings about change, rather than becoming defensive.

I. Introduction and Welcome

1. *Introduce yourself and go around the room and get first names of group members.*
2. *Remind them that the session is being tape recorded but that no identifiers will be included. No names will be associated with the tapes and no Air Force personnel will have access to them. They will be used only to ensure that they are getting the type of treatment they should be getting and for your (group leader) supervision.*
3. *Remind participants that all information shared in the discussion is confidential and must not be shared with persons outside the group.*

Respect we are all here to learn from each other.

II. What to expect from the group

Spend a few minutes orienting group members as to what to expect. This section is also one of the unique aspects of Group MI – raising awareness of disruptive group processes. It is also important that you, as the group leader, continue to monitor for these processes and interrupt or diffuse them as soon as possible. Go through the list of things below:

1. We expect your full participation – I will want to hear your thoughts on the issues we raise today as well as your ideas about how you might go about making changes in your drinking.

2. Things that sometimes get in the way of a good group discussion:

a. Group Polarization – attitudes express themselves in multiple ways, such as by their importance, how accessible they are, and by how extreme they are. Individuals with extreme attitudes tend to believe that a larger proportion of others share one's own point of view. It is important to understand how the expression of ideas in a group context can influence attitude formation. Group polarization means that a person's attitude toward a given issue tends to polarize (or shift) during a group discussion. Individuals revise their opinions as they learn that their beliefs differ from the opinion of outspoken members.

Young people commonly make statements like, "Everyone drinks in the military, but it doesn't get in the way of their job." or "I'm in great physical condition, so drinking doesn't affect my health." or "It's not fun to party unless you're drinking." It will be my job to fully explore these ideas with the group, because we do not want any group members to accept someone else's ideas without critically evaluating them.

As the MI group leader, you should explore each of the opinions being expressed, remaining care to avoid argumentation. Provide the group an opportunity to critically evaluate statements – are they based in truth, does anyone

hold a different opinion/attitude? Reiterate to the group that we want to hear everyone's thoughts on the issues we discuss and caution them to remember that there is no ONE approach to or attitude about the things we'll be discussing today.

b. Social Loafing – the effect of the presence of others on individuals' attitudes and behaviors is well known. People are motivated by their expectations about the likely consequences of their actions. Often when people perform in groups they do less work or put in less effort than when they work alone. This probably happens because the responsibility placed on an individual diffuses with the presence of additional people. There may be less incentive to work hard on an activity, or contribute to a group when the probability of being singled out for insufficient performance is low. People may be content to allow other group members carry the weight of the discussion. When a person doesn't contribute the risk is that they could disbelieve what someone else is saying without ever expressing his or her opinion to the group so that important issues may not get discussed.

Group members may also feel that their comments would simply be repeating what someone else said or that their ideas don't warrant attention from the groups. We can only have a full discussion if everyone has a say. Again, I'll be working to ensure that everyone contributes and has an opportunity to explore the topics. You all also have a responsibility for your contributions.

As the group leader, it is important to remember that people will be less likely to worry about making redundant comments in an unconstrained environment. Also, group members may feel less apprehensive about being evaluated by others in a nonjudgmental environment. Finally, soliciting an individual's opinion will prevent that person from remaining detached from the discussion.

c. Production Blocking or Free Riding – one of the most important aspects of success in this group today will be the expression of thoughts and feelings. You are the critical resource for developing strategies needed to reduce hazardous drinking problems. We want to be sure we are not limiting ideas or promoting the belief that one's contributions are less important to the outcome. Production blocking may also occur because the discussion goes so quickly that a person may forget their thoughts before having an opportunity to speak. In order to keep that from happening, they may rehearse their ideas while other speak but that then makes it difficult to hear and process comments from other group members. There will be a number of times today when we will be generating ideas or solutions and it is important to remember that the more ideas you can come up with, even ideas that seem wild, the better.

After these introductory remarks, the counselor asks the group to share some information about their lifestyle and daily habits, using an open-ended question. This leads to elaboration by the clients in the group, which is maintained by using reflective listening statements and further open questions. The strategies are listed here, along with a brief description of how counselors might use each. The strategies build upon each other, with greater readiness to change being required of the clients in the group the further the group progresses down the list.

III. Opening strategies - Exploration of Lifestyles

The key task of the opening strategies is simply to build rapport and open the door to discussing the behavior change process. After the rules have been set, members introduced, and any paperwork/framework chores completed, the leaders should introduce the first topic, "Lifestyles."

- Ask members for their definitions of the word.
- Summarize responses and define lifestyle as *the overall pattern of behaviors and choices that a person makes in organizing their life.*

- State that a person's lifestyle can have effects on their health, mental health, financial security, relationships, and achievements.

In general, you will ask about the current status of their stressors and gather information/establish rapport as you do this. (Ex., *"Let's talk a little about your lifestyles. How do you spend your free time, and what are some of your habits?"*)

Continue discussing this until good rapport is established, and most group members have volunteered some information about their habits. Then ask, what about your use of alcohol and drugs? How does that fit in? Explore how substance use fits into their lifestyle, empathizing with the positive aspects of substance use. Use reflective listening and summarization, being careful not to interject your ideas. If the group continues to be receptive, introduce the next strategy.

- Using substances to relax, unwind, or socialize
- Using substances to block out problems or pressures
- Feeling that you deserve the substance for successfully dealing with your circumstances
- Feeling trapped in an unrewarding lifestyle, such that substance use seems like the only pleasurable activity

IV. The Stages of Change

Objectives:

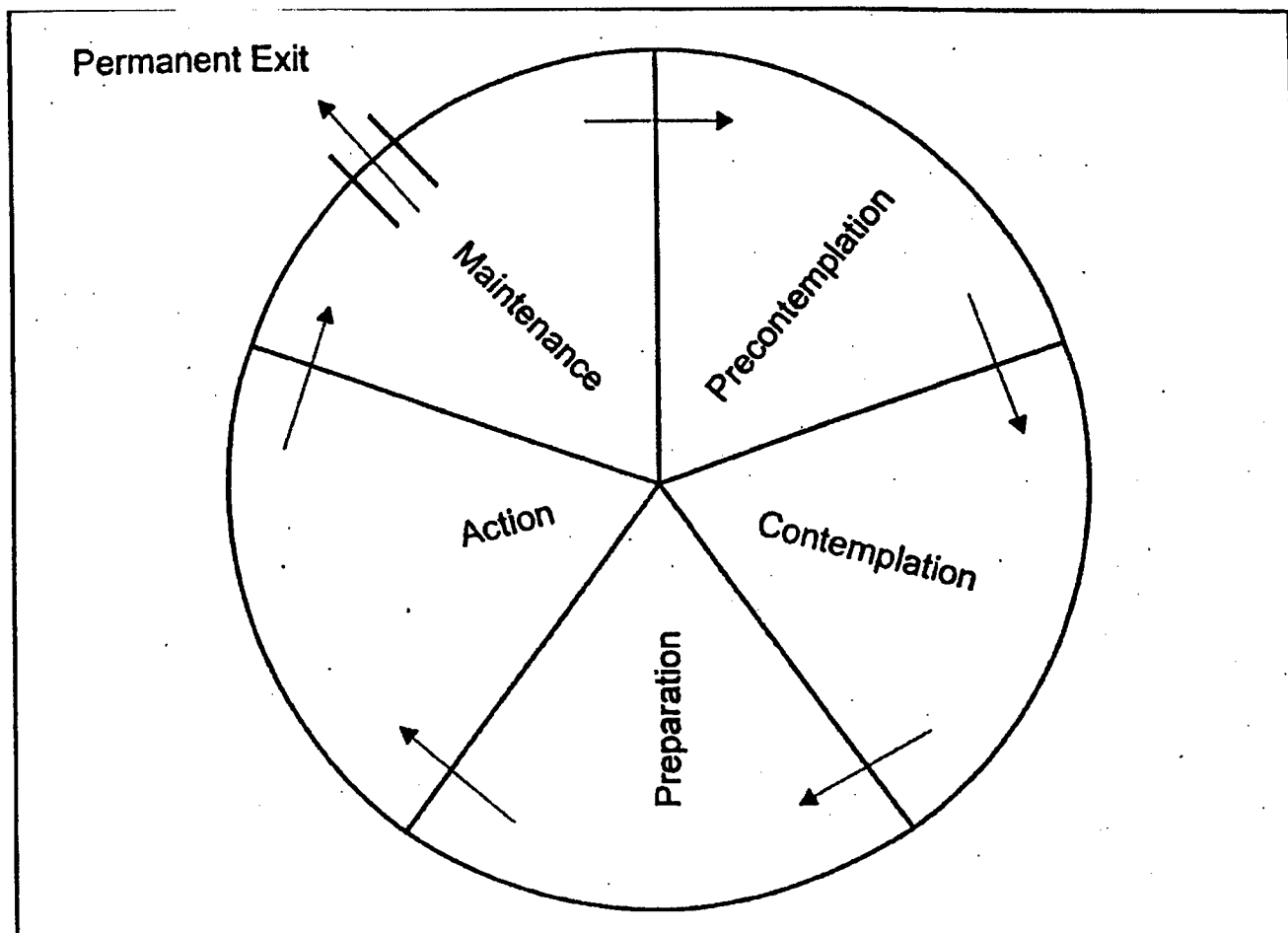
1. To explain the concept of change occurring as a process over time, rather than a single event.
2. To explore and discuss changes group members have made, and how they occurred.
3. To introduce the idea that changes can be made using specific strategies that are useful at the different stages.

Handouts of the stages of change OR a poster depicting the spiral stages of change.

1. Explanation of the Stages of Change: *Hand out the sheets depicting the Wheel of Change. Tell the group that you are going to discuss how change typically occurs. Consider presenting the following information in an interactive format, in which you present each paragraph, stop and ask for examples from the group, and make sure the group is following you.*

In or out of treatment, people seem to pass through similar stages as they work on making changes. This goes for many kinds of changes. The same stages seem to apply to people who want to lose weight as they do to people who want to cut down or stop their drinking.

Stages of Change: Wheel Model



The first stage of change is called the "Pre-contemplation Stage". During this stage people are not thinking about making a change. This may be because they have never thought much about their situation or they have already thought things through and decided not to change their behavior. Sometimes people may want to change, but not feel as if they could successfully make the change they desire. *People in this stage might find it useful to get more information about their situation.*

When people start thinking about their situation, they begin the second stage called the "Contemplation Stage." During this stage, people are "unsure" about what to do. There are both good and not-so-good things about their present situation. People in this stage also struggle with the good and not-so-good things that might come with change. *During this stage people often both want change and yet want to stay the same at the same time. This can be a bit confusing for people as they feel torn between these options.*

At some point, when people have been thinking through whether or not to change, they may come to feel that the reasons for change outweigh the reasons not to change. As this weight increases on the side of change, the person becomes more determined to do something. This is the beginning of the next stage called the "Preparation stage." *During this stage, people begin thinking about how they can go about making the change they desire, making plans, and then taking some action toward stopping old behaviors and/or starting new, more productive behaviors. People become more and more "ready" and committed to making change.*

During the next stage of change call the "Action Stage" people begin to implement their change plans and trying out new ways of being. *Often during this stage people let others know what's happening and look for support from them in making these changes.*

Once people have succeeded in making and keeping some changes over a period of time they enter the "Maintenance Stage." During this stage, people try to sustain the changes that have been made and to prevent returning to their old ways. This is why this stage is also known as the "Holding Stage" Many times the person is able to keep up the changes made and then makes a permanent exit from the wheel of change. *During this stage is also common for people to have some "slips" or "lapses" where old habits return for a short time.*

There is some pretty good evidence that people shouldn't skip stages. Someone that jumps right into the action stage may not spend enough time preparing for change. The result is they have trouble in keeping the changes they've made. For this reason, it is important for you to know which stage you're in, what changes you want to make, and what things you need to do to move into the next stage.

Personal Change Experiences: *Ask the group members to react to the explanation you have just given them about the stages of change. Ask them to think about things they have changed in the past, and examples of when they were in the various stages of change during this process. Gather several examples and write them on the marker board, if used. If a member got stuck in a stage, ask them to think about what methods they were using during that stage, if he or she can identify any. Write these down as well. Spend about 30 minutes discussing people's experiences with change, focusing more on "less threatening" changes such as diet, adhering to medical advice, cigarette smoking, work habits, exercise, rather than on alcohol abuse. This can reduce defensiveness about alcohol and help to teach how changing problem alcohol behaviors is similar to making other changes.*

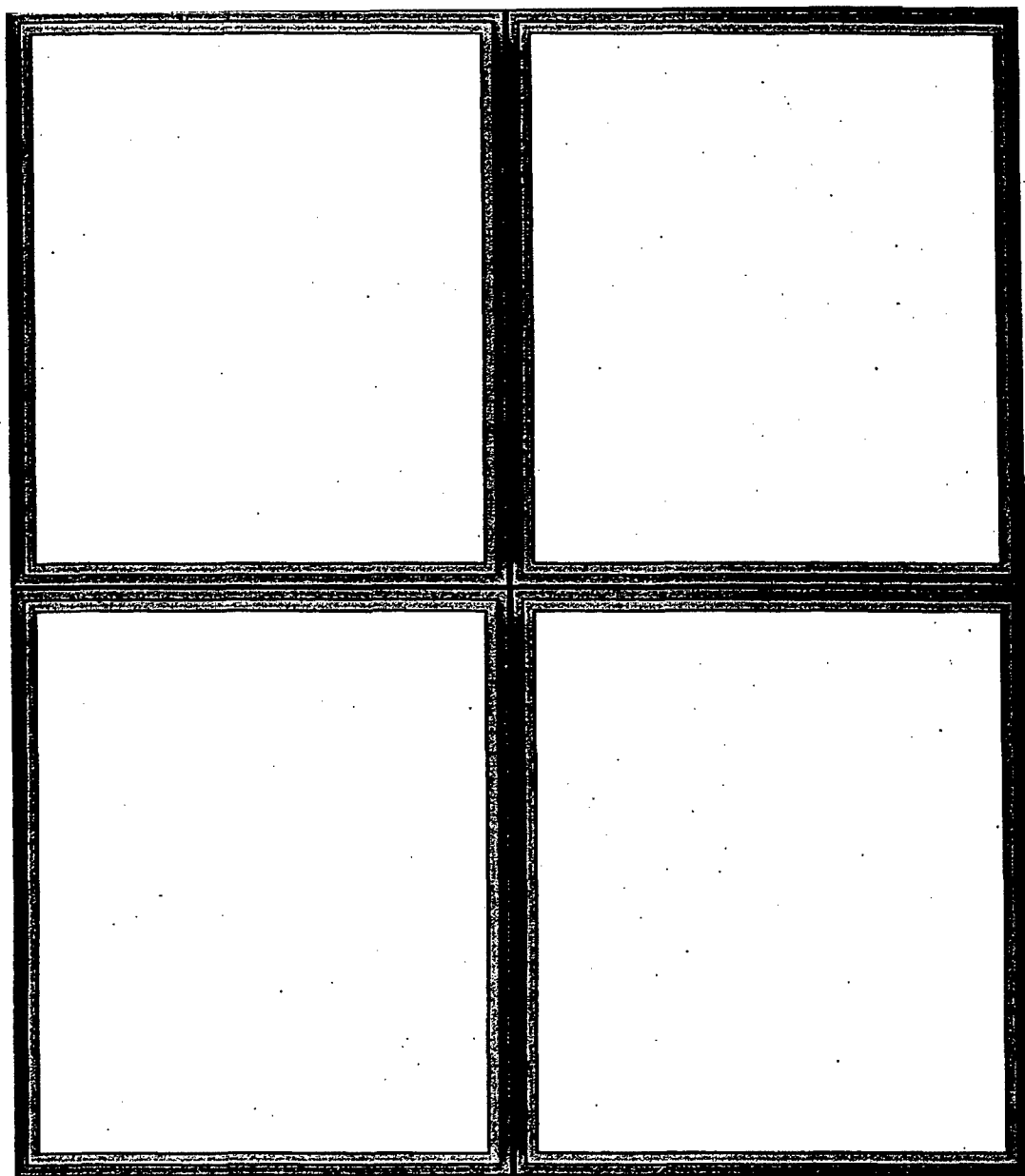
V. The Good and Not So Good Things

1. Draw the Awareness Window on the board.
2. Generate examples for each of the categories in the window panes.

The **Awareness Windows** below will help you explore what is "good" and "not-so-good" about drinking or using drugs in various areas of your life. In each box, list the things you have personally experienced in that category. For example, in the "Good things" box, under "Short-term, Social" you might put "helps me to relax in a crowd", while in the "Not-So-Good things" box, you might put "has led to risky sex with someone I didn't really like to begin with."

	Good things	Not-So-Good things
<u>Short-Term</u>		
Social	3. Summarize and conclude with the idea that now that they are seeing the good things and not-so-good things about their alcohol use how are they reacting to the topic.	
Emotional	<i>Sometimes, we get into habits without ever really thinking about it. Sometimes, the habits are harmless, and other times, the habits can have consequences that we don't want. Today we are going to think about drinking and talk about the role that habit has played in our lives. We are going to talk about the good things and not-so-good things about drinking. You might be surprised that we want to hear about the good things about using. But the truth is, nobody would drink if there were no good things about using alcohol, and we want you to be realistic about your choices. So let's begin.</i>	
Financial		
This page shows a window, with the headings "Good Things" and "Not-So-Good Things" on the top, and some short term and long term areas of your life on the left side. Let's take a few minutes now, starting with the "good thing" and write down (or talk about) at least one good thing in each area on the left. Let's start first with an example from the group. (Go to the board (if you use one), ask for a volunteer to state a good thing to put under "social." If appropriate, write it down, then ask if everyone understands. Only write in the "Good Things" Boxes right now. If you use handouts, allow time for members to think through the topics. When everyone is nearly done, ask members to share their responses. List these on the board. Facilitate discussion of the "good things" topic. Encourage the group to share experiences with each other; the point here is to develop an understanding of the positive reasons for substance use, and the context of people's use.		
<u>Long Term</u>		
Health		
Work/School	Awareness of the Not-So-Good Things. Tell the group, “Now we are going to look at another side of the picture.” On the right side of the window; list some of the “not-so-good things” about drinking. For example, you might list "have been arrested for drunk driving" or "have missed work" as "not-so-good things" about drinking. <i>Can anyone give me another example of a Not-So-Good Thing that they might list?"</i>	
Relationships	List appropriate responses on the board. Allow some discussion of the "not-so-good things" topic. <i>Be careful to avoid labeling and help members refrain from labeling each</i>	

Legal



other's answers. If necessary, remind the group that the purpose today is to develop a clear picture, using the Window, of what substance use is like for each person. There are no right and wrong answers to the exercise. Encourage group discussion.

If it has not come up naturally, ask a variant on the following questions: "Now that you are seeing both the good things and the not-so-good things about using, how are you reacting to this topic? How are you feeling in general about exploring these issues?" Also try similar exploratory questions that will help you judge whether any group members are becoming defensive. Explore the answers using reflective listening and summarizing skills. You may want to illustrate with a particularly open-minded group member, perhaps summarizing as follows:

So, George, you enjoy drinking, especially when you're with your friends on the weekends while you work on your cars. Drinking seems to be a big part of hanging out with the guys, and you like the way everyone loosens up and jokes around while you're drinking. On the other hand, some not-so-good things are the way you feel late Sunday and Monday sometimes, the fights you get in with Darlene when you come home after drinking, and of course the DUI that brought you here. Is that about right?

Encourage group members to summarize their windows in a similar manner.

Exploring concerns. This is the "meat" of motivational counseling, when you will discuss the group's ambivalence about changing. Only when a group member indicates a concern should you proceed. The typical opening question is "*What concerns do you have about your use of alcohol?*" The goal here is to explore then summarize each of the client's concerns about their substance use behaviors, then to highlight the ambivalence by also summarizing the substance use's positive effects for the client. Ask the client to give examples of each concern, to be sure you understand it. Lastly, summarize all the material covered in this strategy by acknowledging the group member's concerns one by one, then asking "I wonder what you make of all this now?" If the client indicates a need or desire to change, proceed with the next strategy. After briefly focusing on an individual within the group, be sure to check for all the other members' reactions, and solicit common experiences or concerns from the other members by asking if anyone else has had similar concerns.

VI. Pros and Cons of Changing and Staying the Same

1. Discuss the fact that there are also good and bad things about changing and/or staying the same. Use the board to make columns for the benefits and costs of changing and not changing.
2. Generate the pros of changing
3. Add the cons of changing
4. Generate the pros of staying the same
5. Add the cons of staying the same
6. Summarize

Decisional Balance Worksheet

When we think about making changes, most of us don't really consider all "sides" in a complete way. Instead, we often do what we think we "should" do, avoid doing things we don't feel like doing, or just feel confused or overwhelmed and give up thinking about it at all. Thinking through the pros and cons of both changing and not making a change is one way to help us make sure we have fully considered a possible change. This can help us to "hang on" to our plan in times of stress or temptation. *Below, write in the reasons that you can think of in each of the boxes. For most people, "making a change" will probably mean quitting alcohol and drugs, but it is important that you consider what specific change you might want to make, which may be something else.*

Benefits/Pros

Costs/Cons

Making a
Change

Not
Changing

Objectives:

1. To increase group members' awareness of ambivalence about substance use.
2. To increase group members' awareness of ambivalence about change.

Materials/Supplies Needed:

Handouts of Decisional Balance Worksheet

Content:

1. Write the term "motivation" on the flip chart or blackboard, if you use one. Ask members to define this term. Record appropriate responses. Ask "*What influences our motivation?*" Record appropriate responses.

Summarize by stating something like, "*Motivation is influenced by how we view what we will gain and what we will lose by acting in different ways. Because most of the things we choose to do have both good and not-so-good things about them, we often experience ambivalence when we think about changing some of our habits. Ambivalence is a term that means you have mixed feelings about the same issue, and those different feelings are competing or in conflict with each other. When people are ambivalent, they have a harder time making decisions because nothing they do will meet all of their needs. One-way to help this is to look at both sides of our feelings at the same time.*"

2. Distribute the handout. Explain the diagram by stating that the "costs of change" and the "benefits of not changing" influence a person to stay the same.

Similarly, the "benefits of change" and the "costs of not changing" influence a person in favor of trying something new.

When we think about making changes, most of us don't really consider all "sides" in a complete way. Instead, we often do what we think we "should" do, avoid doing things we don't feel like doing, or just feel confused or overwhelmed and give up thinking about it at all. Thinking through the pros and cons of both changing and not making a change is one way to help us make sure we have fully considered a possible change. This can help us to "hang on" to our plan in times of stress or temptation. *Below, write in the reasons that you can think of in each of the boxes. For most people, "making a change" may mean quitting alcohol, but it is important that you consider what specific change you might want to make, which may be something else.*

Each person has different answers to all of these, but each group member is to write an answer in each empty box on the diagram. Do an example from the group for each of the four areas to promote understanding of the exercise. Then ask the members to write their answers individually.

3. Ask the members to share their responses. Write appropriate responses on the board. Point out to the group members where most of their responses fall, in a nonjudgmental tone. Ask members if there is any one response that is so important it outweighs other influencing factors. Your role is to help the group members explore their ambivalence, not necessarily to shift the balance. However, you may point out that for some members, the balance is leaning in one direction or the other, and what does that mean to them?

Helping with decision making. When it is clear that they have concerns and are ready to consider making a change, you can shift toward decision making by summarizing and asking "where does this leave you now?" Listen carefully, and remember to stay in the listener role, rather than shifting into giving advice about HOW to change. Generally, the clients will show signs of decreased ambivalence, and may make several self motivational statements such as "I really want to change this problem now, but I'm not sure how to do it," indicating a desire to consider making a plan for change. Although it is tempting to encourage and praise clients at this point, it may be premature. Rather, the following guidelines from Rollnick should be borne in mind at all times:

- Do not push clients into making a decision
- Present options rather than a single course of action
- Describe what others have done in similar situations

Everyone has values, or standards they believe in. However, sometimes we act in ways that do not match our values, because we forget about them, we get tired, or we're distracted by other things. This exercise is intended to help us remember our values and share them with others.

- Restate that "you are the best judge of what's right for you" Provide information in a neutral manner
- Do not assume that failure to make change now is failure overall.
- If the client seems resolved to change now, reflect on the fluctuating nature of such resolutions, normalizing shifts in levels of motivation

VIII. Exploring Values and Strengths

1. Hand out Values sheet and have the person list their most important values.
2. Explore values of group members.
3. Hand out Coat of Arms and have participants complete.
3. Discuss and summarize

Objectives

1. To review group members' decisional balance status.
2. To explore members' goals and values.
3. To contrast decisional balance status with central values.

Content:

1. Write the term "Values" on the board. Ask for definitions; list appropriate responses. Explain to the group that sometimes, exploring our values can help us to shift the balance so that we are no longer ambivalent about a choice we need to make.

Exploring Values Worksheet

1. What are some of your personal values? For example, some people believe in "the Golden Rule," or "do unto others as you would have them do unto you." Other people value telling the truth above all, or using their talents and energy to benefit others. Others see being a good friend or parent as an important value. *List some values that are meaningful for you, then circle the two that are most important to you at this time.*

2. What gets in the way of living by your values? What would it take for you to live in a way that is closer to your most important values?

Coat of Arms

Something important from my past	Something I hope to be doing in the future
Something I enjoy doing	Something I do well

Pass out the Exploring Values worksheet, then, have each member complete the form. Ask the members to share their highest value, the one they ranked most important. After this has been shared, paraphrase the statement on the handout: *"Everyone has values, or standards they believe in. However, sometimes we act in ways that do not match our values, because we forget about them, we get tired, or we're distracted by other things."*

Then go back around the circle, and review responses to the second question on the values sheet, asking how their actions are inconsistent with their highest value and some ways in which they might live closer to their values. Spend a considerable amount of time processing this section.

2. Since they have already completed the Decisional balance worksheet, ask the group members how this worksheet relates to the Decisional Balance worksheet.

If there are no appropriate answers, make the following points:

- Not living up to our most important value might be a cost of use, and might add another reason to make a change.
- Living up to our most important value might be a benefit of change, again weighing in on the side of change.
- Members may want to think about how they are living in line with their own values, and revise their Decisional Balance Worksheet if necessary.

Future and present. Once a group member has expressed a concern, you can use the discrepancy between their hopes for the future and their current behavior to move them along in terms of readiness for change. To open this strategy, you can summarize the behavior they've been discussing, including its good and bad points, then ask, *"How would you like things to be different in the future?"* Clarify what the client says, and summarize your understanding. Then say, *"I wonder what's stopping you from doing ... (the thing they hope for in the future)."* Explore their dissatisfaction with present circumstances, or barriers to behavior change. Summarize and reflect as you go. If the group member remains receptive, ask *"How does your use of alcohol affect you at the moment?"* This likely will lead you to the next strategy.

IX. Planning for Change

1. Point out that some may be ready to consider implementing an action plan.
2. Distribute and introduce the change plan worksheet.
3. Have participants complete the worksheet.
4. Summarize and discuss.

Objectives:

1. To review group members' decisional balance status.

2. To encourage members to be hopeful about the possibility of change.

Materials/Supplies Needed:

Handouts of the Change Plan worksheet.

Content

Start the topic by telling the members that the next topic is "*Successful Changes*." Write that on the board, if you use one. Ask members what that means to them. Record appropriate responses.

Distribute the worksheet, and tell the group that each of us has some success stories, but sometimes we forget them, especially if we unhappy or frustrated about where we've gotten to in life. For example, members in the group may have experienced some of the following successful changes:

- Completing school
- Improving sports performance
- Been promoted
- Becoming a better parent or partner

Say something along the lines of, "*Many of these changes represent a time when you moved through the stages of change -from not even thinking about changing, to thinking about it but having mixed feelings, to taking action, to maintaining the new habit or behavior. Let's take a few minutes now to complete the Worksheet. "*

Using the stories clients just shared, select one for debriefing by the group. Ask the group to discuss the Stages of Change the person cycled through. Question the client about their recollection of what helped and/or motivated him/her to change, using reflective listening skills. Make the discussion as concrete and simple as necessary to help clients understand the abstract concepts. Summarize by pointing out that each of the clients has the skills they need to make changes. The evidence exists in the form of previous successful changes. If there are areas in their lives that they would like to change now, they probably have the power to start.

Content:

1. Tell the group members that some of them may now be ready to consider implementing an action plan. Examples would include:

Change Plan Worksheet Outline

The changes I want to make are:

List specific areas or ways in which you want to change

Include positive goals (beginning, increasing, improving behavior)

The most important reasons why I want to make these changes are:

What are some likely consequences of action and inaction?

Which motivations for change seem most important to you?

The steps I plan to take in changing are:

How do you plan to achieve the goals?

Within the general plan, what are some specific first steps you might take?

When, where and how will these steps be taken?

The ways other people can help me are:

List specific ways that others can help support you in your change attempt

How will you go about eliciting others' support?

I will know that my plan is working if:

What do you hope will happen as a result of the change?

What benefits can you expect from the change?

Some things that could interfere with my plan are:

Anticipate situations or changes that could undermine the plan.

What could go wrong? „

How might you stick with the plan despite the changes or setbacks

Change Plan Worksheet

The changes I want to make are:

The most important reasons why I want to make these changes are:

The steps I plan to take in changing are:

The ways other people can help me are:

I will know that my plan is working if:

Some things that could interfere with my plan are:

"Even if you don't yet feel ready to solve your biggest concern, you might be ready to tackle a smaller problem. This exercise will give you practice solving a problem, even if you don't yet think you are in the action stage of change. "

2. Distribute the change plan worksheet. Allow time for completion, then ask group members to share their plans. Be careful to prevent group members from judging others' plans, and don't get drawn into praising only those whose plans are filled with action. Be sure to reinforce at least one positive aspect of each person's plan, even if it is to say something like *"I can tell you put a lot of thought into selecting a smaller problem that would be easy to handle. Now you will have a method for solving even bigger concerns if you choose to."* Remind clients that this activity can be done whenever they need to develop a plan to make a change, no matter how big or small. This exercise is a life skill that can be applied outside the group experience.

X. Importance, Confidence, and Desire to Change

1. All of you are here because you are either thinking of making a change in your alcohol use or because someone else believes that you may need to change. Sometimes the change is to quit using alcohol but that may not be the focus for you.
2. I'm going to pass out a paper with three scales for you to rate the importance of changing, your confidence in whether you can make changes, and how much you want to make a change in your alcohol use.
3. Discuss and summarize

Objectives:

1. To review group members' progress through the stages of change during the group experience.
2. To explore the members' feelings about the importance of making changes; their confidence that they can succeed, and their desire or excitement about making changes.

materials/Supplies Needed: Handouts of Importance Worksheet

Content

Note: We include two versions of the handout, one version that focuses on a single change and another that focuses on multiple changes. You may find the first handout less intimidating when first introducing this task to clients. The second handout may be more beneficial for follow-up contacts or as homework once clients understand the task

1. Ask clients to (silently, not aloud) identify the main problem that brought them in to the group. Ask them to think about the categories of change: Precontemplation, Contemplation, Preparation, Action, and Maintenance (or use local, simpler terms for these stages). Have them silently identify what stage they were in on the day they were referred to the program. How does that compare to now? Have they moved along the Stages of Change or stayed in the same category? Ask if anyone is willing to share their silent comparison. After several group members have shared their progress (or lack of progress), ask members how they are feeling in general after this group. Are they really the same? Are they a little more motivated? Process answers for a few minutes.
2. Distribute the Importance worksheet. Review the instructions on the sheet. After members have completed the sheet, ask them to pick one change they identified, and review their responses with them. For each dimension (importance, confidence, desire), ask members *"what makes your response a __, and not a 0?"* (assuming that their response wasn't a 0). This elicits a self-motivational statement that can be reflected or summarized. Then ask, *"What might make you mark two higher on the scale?"* (So if the person has rated their importance 6, ask *"What might*

make you mark 8?'). This sensitizes you and the clients to events or concerns that can increase the clients' motivation to make a change.

For confidence, also ask, "*How can your family or friends help you increase your confidence (or desire) for making this change?*" Suggest to the group that keeping these factors in mind while they implement their change plans can help to prevent setbacks.

For "desire," make sure to normalize feelings of dread. It is common for people to have negative feelings about making a change, even if they believe the change is important to make and they have strong confidence that they can achieve the intended change.

3. Remind the group that making lasting changes often takes time and involves some setbacks. Take a few minutes to summarize your perceptions of the group, and reflect on positive aspects of the group that you have noticed (e.g., openness about vulnerable issues, determination of members to succeed, quality of participation, etc.). Ensure that the group ends on a positive note.

Ending the group/summarizing the session. At the end of working through whichever strategies you explore in the session, you will want to review the progress made by individual members or the group as a whole. You can use key questions to help summarize when several members are ready to make a plan for change. A key final question for any of the strategies is "*Where does this leave you now?*"

In summarizing, include some statements pertaining to progress in moving from precontemplation to contemplation or early stage movements, rather than focusing only on the progress of those on the cusp of changing. A few minutes before the end of the group, thank the members for participating, and ask them to go around the circle and share something they learned today. End the group by stating that the group members are the best judges of what is right for them, and if they need to make a change. Give them a list of resources in your agency and area if they want to change and find they need more help.

Importance, Confidence and Desire to Change

Think of a few changes you'd like to make or have already begun making. Think about their importance to your life. Some changes may be very important to your life, others may not be important at all to you personally. Decide how confident you are that you can succeed in making these changes. Sometimes, even when goals or plans are important to us, we are still not sure if we can successfully achieve them. Finally, think about your feelings about changing - sometimes, even though we know a change is important and we are confident we can make it, we really aren't looking forward to making the change. Below, enter some changes you are planning to make or to continue making in your life, and rate the importance of each change to you, your confidence that you can successfully make (or maintain) each change, and your feelings about making each change.

Change Plan	Importance	Confidence	Desire
1.	1 2 3 4 5 6 7 8 9 10 Not at all important	1 2 3 4 5 6 7 8 9 10 No confidence	1 2 3 4 5 6 7 8 9 10 Dread making change
2.	1 2 3 4 5 6 7 8 9 10 Not at all important	1 2 3 4 5 6 7 8 9 10 No confidence	1 2 3 4 5 6 7 8 9 10 Dread making change
3.	1 2 3 4 5 6 7 8 9 10 Not at all important	1 2 3 4 5 6 7 8 9 10 No confidence	1 2 3 4 5 6 7 8 9 10 Dread making change

Importance, Confidence and Desire to Change

Most people are in this group because they are thinking about making a change, or because other people think they should make a change. Often, that change is to quit their use of alcohol or drugs. However, that may not be the focus for YOU. If you are not focusing on quitting use of substances, please write in what change, if any, you are considering in your life.

Change:

On the following 0 - 10 scale, please rate the importance to you of making a change in your life (or continuing to make a change that you've already begun). Please circle the number that most closely matches the importance of this change to you:

0 1 2 3 4 5 6 7 8 9 10

Not at all important *Most important thing in life*

Sometimes, even when goals or plans are important to us, we are still not sure if we can successfully achieve them. Please rate your confidence that you can successfully make (or maintain) the change you desire.

0 1 2 3 4 5 6 7 8 9 10

Not at all confident *Completely Confident*

Sometimes, even though we know a change is important and we are confident we can make it, we really aren't looking forward to making the change. Please circle the number that most closely matches how much you want to make this change:

0 1 2 3 4 5 6 7 8 9 10

Dread making change *Excited about the making the change*

**INDIVIDUAL MOTIVATIONAL INTERVIEWING
TREATMENT MANUAL**

AIR FORCE MI PROJECT

**TRAINING
May/June 2005**

Individual Motivational Interviewing Manual

Overview of Session (Tasks and Time Lines)

I. Welcome and Introduction (Time: 5 minutes)

- Welcome the client and introduce yourself.
- Remind them that the session will be tape recorded but that no names will be associated with the tapes and no Air Force personnel will have access to them. Immediately following the session, the tape recording will be sealed in a mailer and sent to RTI.

II. What to expect from the Session (Time: 5 minutes)

- You'll be spending anywhere from 1.5 to 2 hours with the client.
- Stay with the spirit of MI by truly believing that the client has the ability to make a change.
- Reinforce the idea that the change is up to them.
- Ask the client for permission to talk with them about their alcohol use. You could say "*Can we spend some time talking about your alcohol use and explore the motivations you have for continuing to use or perhaps change?*"

III. Opening strategies - Exploration of Lifestyles (10 minutes)

The key task of the opening strategies is simply to build rapport and open the door to discussing the behavior change process.

- Ask client for their definition of the word "lifestyles."
- Summarize response and define lifestyle as the overall pattern of behaviors and choices that a person makes in organizing their life.
- State that a person's lifestyle can have effects on their health, mental health, financial security, relationships, and achievements.

In general, you will ask about the current status of their stressors and gather information to establish rapport as you do this. (Ex., "*Let's talk a little about your lifestyle. How do you spend your free time, and what are some of your habits?*")

Continue discussing this until good rapport is established, and then ask, "*What about your use of alcohol and drugs? How does that fit in?*" Explore how substance use fits into their lifestyle, empathizing with the positive aspects of substance use. Use reflective listening and summarization, being careful not to interject your ideas. Some potential issues to discuss:

- Using substances to relax, unwind, or socialize
- Using substances to block out problems or pressures
- Feeling that you deserve the substance for successfully dealing with your circumstances
- Feeling trapped in an unrewarding lifestyle, such that substance use seems like the only pleasurable activity

IV. Discussion of the Stages of Change (Time: 20 minutes)

Objectives:

- To explain the concept of change occurring as a process over time, rather than a single event.
- To explore and discuss changes group members have made, and how they occurred.
- To introduce the idea that changes can be made using specific strategies that are useful at the different stages.

Handout: Stages of Change Wheel

In or out of treatment, people seem to pass through similar stages as they work on making changes. This goes for many kinds of changes. The same stages seem to apply to people who want to lose weight as they do to people who want to cut down or stop their drinking. The first stage of change is called the "Pre-contemplation Stage". During this stage people are not thinking about making a change. This may be because they have never thought much about their situation or they have already thought things through and decided not to change their behavior. Sometimes people may want to change, but not feel as if they could successfully make the change they desire. People in this stage might find it useful to get more information about their situation.

When people start thinking about their situation, they begin the second stage called the "Contemplation Stage." During this stage, people are "unsure" about what to do. There are both good and not-so-good things about their present situation. People in this stage also struggle with the good and not-so-good things that might come with change. During this stage people often both want change and yet want to stay the same at the same time. This can be a bit confusing for people as they feel torn between these options.

At some point, when people have been thinking through whether or not to change, they may come to feel that the reasons for change outweigh the reasons not to change. As this weight increases on the side of change, the person becomes more determined to do something. This is the beginning of the next stage called the "Preparation stage." During this stage, people begin thinking about how they can go about making the change they desire, making plans, and then taking some action toward stopping old behaviors and/or starting new, more productive behaviors. People become more and more "ready" and committed to making change.

During the next stage of change call the "Action Stage" people begin to implement their change plans and trying out new ways of being. Often during this stage people let others know what's happening and look for support from them in making these changes.

Once people have succeeded in making and keeping some changes over a period of time they enter the "Maintenance Stage." During this stage, people try to sustain the changes that have been made and to prevent returning to their old ways. This is why this stage is also known as the "Holding Stage" Many times the person is able to keep up the changes made and then makes a permanent exit from the wheel of change. During this stage is also common for people to have some "slips" or "lapses" where old habits return for a short time.

There is some pretty good evidence that people shouldn't skip stages. Someone that jumps right into the action stage may not spend enough time preparing for change. The result is they have trouble in keeping the changes they've made. For this reason, it is important for you to know which stage you're in, what changes you want to make, and what things you need to do to move into the next stage.

Personal Change Experiences: Ask the client to react to the explanation you have just given them about the stages of change. Ask them to think about things they have changed in the past, and examples of when they were in the various stages of change during this process. If they got stuck in a stage, ask them to think about what methods they were using during that stage, if he or she can identify any. Spend about 10 minutes discussing their experiences with change, focusing more on "less threatening" changes such as diet, adhering to medical advice, cigarette smoking, work habits, exercise, rather than on alcohol abuse. This can reduce defensiveness about alcohol and help to teach how changing problem alcohol behaviors is similar to making other changes.

V. Development of the Good/Not-So-Good List (Time: 10 minutes)

Use the awareness window to review client's alcohol use and help generate examples for each of the categories in the window panes.

- You may start the discussion using questions such as:
- What are some of the good things about your drinking?
- People usually use alcohol because it helps in some way - how has it helped you?
- What do you like about the effects...?

Next develop a list of the downside of their use.

You can use such questions as:

- What are some not-so-good things about your drinking?
- Can you tell me about the down side?
- What are some aspects you are not so happy about?
- What are the things you wouldn't miss?
- If you continued as before, how do you see yourself in a couple of years from now if you don't change?

While you are completing your awareness window, summarize and conclude with the idea that now that they are seeing the good things and not-so-good things about their alcohol use. "Now you're seeing both the good things and the not-so good things about using, how are you feeling in general about exploring these issues?"

VI. Pros and Cons of Change and Matrix (Time: 15 minutes)

- Use the decisional balance work sheet to increase the client's awareness of ambivalence about change. During this part of the session you will be discussing the fact that there are good and bad things about changing as well as about staying the same.
- Present the client with the concept of developing a matrix of the benefits and costs of changing and not changing.
- Use the matrix to make columns for the benefits and costs of changing and not changing.

You may use the following to help with the discussion:

*What would you miss if you weren't drinking/partying?
What else?*

1. Ask "What influences motivation?"

Summarize by stating something like, "Motivation is influenced by how we view what we will gain and what we will lose by acting in different ways. Because most of the things we choose to do have both good and not-so-good things about them, we often experience ambivalence when we think about changing some of our habits.

Ambivalence is a term that means you have mixed feelings about the same issue, and those different feelings are competing or in conflict with each other. When people are ambivalent, they have a harder time making decisions because nothing they do will meet all of their needs. One-way to help this is to look at both sides of our feelings at the same time. "

2. Give them the awareness window. Explain the diagram by stating that the "costs of change" and the "benefits of not changing" influence a person to stay the same.

Similarly, the "benefits of change" and the "costs of not changing" influence a person in favor of trying something new.

When we think about making changes, most of us don't really consider all "sides" in a complete way. Instead, we often do what we think we "should" do, avoid doing things we don't feel like doing, or just feel confused or overwhelmed and give up thinking about it at all. Thinking through the pros and cons of both changing and not making a change is one way to help us make sure we have fully considered a possible change. This can help us to "hang on" to our plan in times of stress or temptation. *Below, write in the reasons that you can think of in each of the boxes. For most people, "making a change" may mean quitting alcohol, but it is important that you consider what specific change you might want to make, which may be something else.*

3. Go over their responses. Ask if there is any one response that is so important it outweighs other influencing factors. Your role is to help them explore their ambivalence, not necessarily to shift the balance. However, you may point out that the balance is leaning in one direction or the other, and what does that mean to them?

Helping with decision making. When it is clear that the person has concerns and is ready to consider making a change, you can shift toward decision making by summarizing and asking "where does this leave you now?" Listen carefully, and remember to stay in the listener role, rather than shifting into giving advice about HOW to change. Generally, the client will show signs of decreased ambivalence, and may make several self motivational statements such as "I really want to change this problem now, but I'm not sure how to do it," indicating a desire to consider making a plan for change. Although it is tempting to encourage and praise clients at this point, it may be premature. Rather, the following guidelines from Rollnick should be borne in mind at all times:

- Do not push clients into making a decision
- Present options rather than a single course of action
- Describe what others have done in similar situations
- Restate that "you are the best judge of what's right for you" Provide information in a neutral manner
- Do not assume that failure to make change now is failure overall.
- If the client seems resolved to change now, reflect on the fluctuating nature of such resolutions, normalizing shifts in levels of motivation

VII. Exploring Values and Strengths (10 minutes)

Objectives

1. To review decisional balance status.
2. To explore goals and values.
3. To contrast decisional balance status with central values.

Content:

1. Ask for definition of values. Explain that sometimes, exploring our values can help us to shift the balance so that we are no longer ambivalent about a choice we need to make.

Give them the Exploring Values worksheet, then, have them complete the form. Ask them to share their highest value, the one they ranked most important. After this has been shared, paraphrase the statement on the handout: *"Everyone has values, or standards they believe in. However, sometimes we act in ways that do not match our values, because we forget about them, we get tired, or we're distracted by other things."*

Then review response to the second question on the values sheet, asking how their actions are inconsistent with their highest value and some ways in which they might live closer to their values. Spend a considerable amount of time processing this section.

2. Since they have already completed the Decisional balance worksheet, ask how this worksheet relates to the Decisional Balance worksheet.

If there are no appropriate answers, make the following points:

- Not living up to our most important value might be a cost of alcohol use, and might add another reason to make a change.
- Living up to our most important value might be a benefit of change, again weighing in on the side of change.
- Members may want to think about how they are living in line with their own values, and revise their Decisional Balance Worksheet if necessary.

Future and present. Once a client has expressed a concern, you can use the discrepancy between their hopes for the future and their current behavior to move them along in terms of readiness for change. To open this strategy, you can summarize the behavior they've been discussing, including its good and bad points, then ask, "*How would you like things to be different in the future?*" Clarify what the client says, and summarize your understanding. Then say, "*I wonder what's stopping you from doing ... (the thing they hope for in the future).*" Explore their dissatisfaction with present circumstances, or barriers to behavior change. Summarize and reflect as you go. If the group member remains receptive, ask "*How does your use of alcohol affect you at the moment?*" This likely will lead you to the next strategy.

VIII. Planning For Change (Time: 10 Minutes)

Present change plan worksheet restating his/her dilemma or ambivalence and ask the client to make a decision.

You could say something like:

You were saying that you were trying to decide whether to continue or cut down...

After this discussion, are you more clear about what you would like to do?

So, have you made a decision?

1. Point out that some may be ready to consider implementing an action plan.
2. Distribute and introduce the change plan worksheet.
3. Have participants complete the worksheet.
4. Summarize and discuss.

Content

Start the topic by telling them that the next topic is "*Successful Changes.*" Ask what that means to them. Give them the worksheet, and tell them that each of us has some success stories, but sometimes we forget them, especially if we unhappy or frustrated about where we've gotten to in life. For example, they may have experienced some of the following successful changes:

- Completing school
- Improving sports performance
- Been promoted
- Becoming a better parent or partner

Say something along the lines of, "*Many of these changes represent a time when you moved through the stages of change -from not even thinking about changing, to thinking about it but having mixed feelings, to taking action, to maintaining the new habit or behavior. Let's take a few minutes now to complete the Worksheet. "*

Ask them to discuss the Stages of Change they cycled through. Question the client about their recollection of what helped and/or motivated him/her to change, using reflective listening skills. Make the discussion as concrete and simple as necessary to help clients understand the abstract concepts. Summarize by pointing out that they have the skills they need to make changes. The evidence exists in the form of previous successful changes. If there are areas in their lives that they would like to change now, they probably have the power to start.

Content:

1. Tell them that they may now be ready to consider implementing an action plan. Examples would include:

"Even if you don't yet feel ready to solve your biggest concern, you might be ready to tackle a smaller problem. This exercise will give you practice solving a problem, even if you don't yet think you are in the action stage of change. "

2. Give them the change plan worksheet. Allow time for completion, then ask the client to share their plans. Be sure to reinforce at least one positive aspect of each person's plan, even if it is to say something like *"I can tell you put a lot of thought into selecting a smaller problem that would be easy to handle. Now you will have a method for solving even bigger concerns if you choose to."* Remind clients that this activity can be done whenever they need to develop a plan to make a change, no matter how big or small. This exercise is a life skill that can be applied outside the group experience.

IX. Importance, Confidence, and Desire to Change (Time: 10 Minutes)

Content

Note: We include two versions of the handout, one version that focuses on a single change and another that focuses on multiple changes. You may find the first handout less intimidating when first introducing this task to clients. Or, from your earlier discussion you may find that they have multiple changes to make.

1. Ask clients to identify the main problem that brought them in. Ask them to think about the categories of change: Precontemplation, Contemplation, Preparation, Action, and Maintenance (or use local, simpler terms for these stages). Have them identify what stage they were in on the day they were referred to the program. How does that compare to now? Have they moved along the Stages of Change or stayed in the same category? Ask how they are feeling in general after this session. Are they really the same? Are they a little more motivated? Process answers for a few minutes.

2. Distribute the Importance worksheet. Review the instructions on the sheet. After they have completed the sheet, ask them to pick one change they identified, and review their responses with them. For each dimension (importance, confidence, desire), ask *"what makes your response a __, and not a 0? "* (assuming that their response wasn't a 0). This elicits a self-motivational statement that can be reflected or summarized. Then ask, *"What might make you mark two higher on the scale?"* (So if the person has rated their importance 6, ask *"What might make you mark 8?"*). This sensitizes you and the clients to events or concerns that can increase the clients' motivation to make a change.

For confidence, also ask, *"How can your family or friends help you increase your confidence (or desire) for making this change?"* Suggest that keeping these factors in mind while they implement their change plans can help to prevent setbacks.

For "desire," make sure to normalize feelings of dread. It is common for people to have negative feelings about making a change, even if they believe the change is important to make and they have strong confidence that they can achieve the intended change.

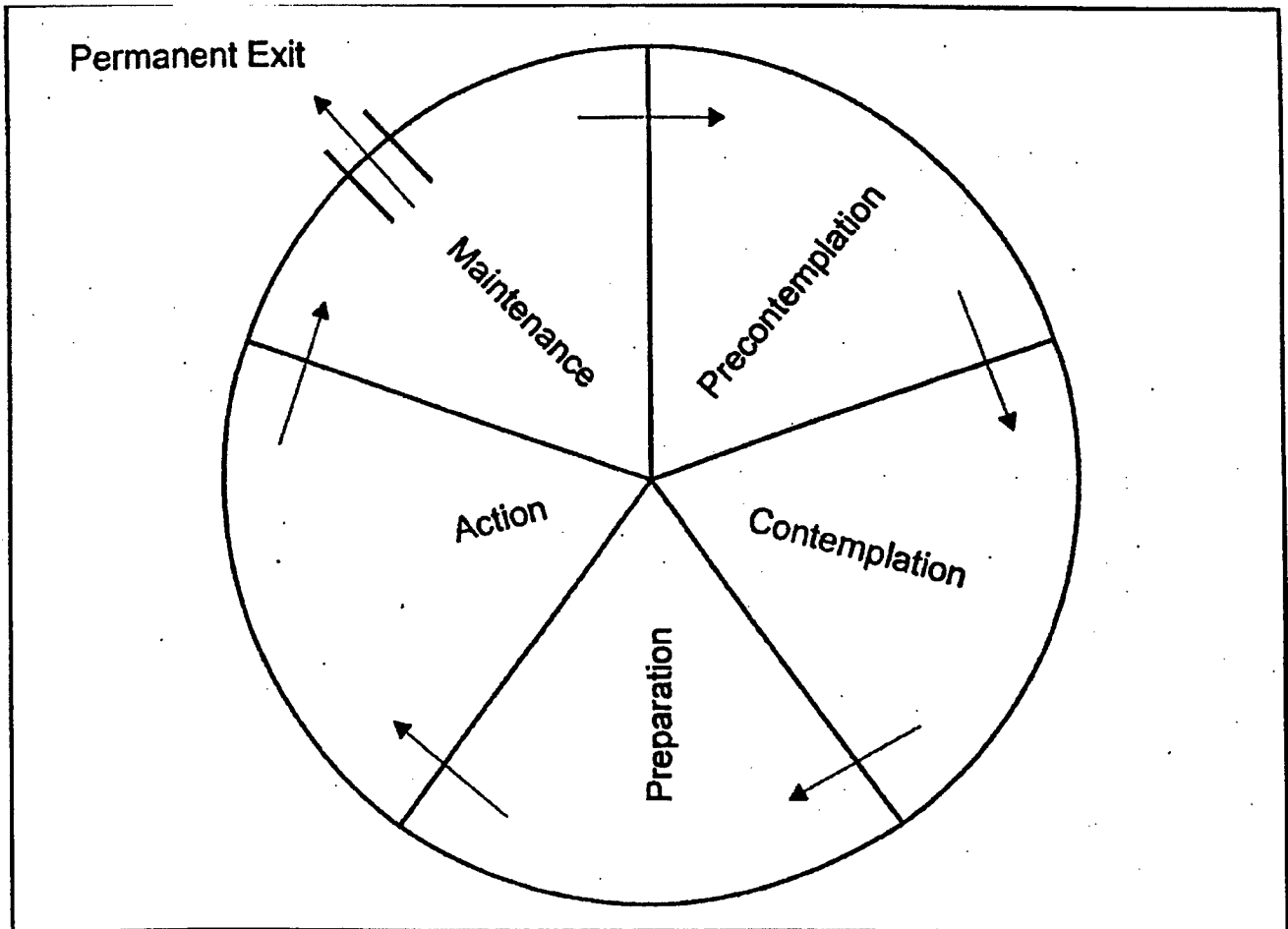
3. Remind them that making lasting changes often takes time and involves some setbacks. Take a few minutes to summarize your perceptions, and reflect on positive aspects that you have noticed (e.g., openness about vulnerable issues, determination to succeed, etc.). Ensure that the session ends on a positive note.

IX. Ending the Session. (Time: 5 minutes)

Review follow-up expectations with the client and remind them that they will be contacted at 3, 6, and 12 months for the web-based follow-up survey.

In summarizing, include some statements pertaining to progress in moving from precontemplation to contemplation or early stage movements, rather than focusing only on the progress of those on the cusp of changing. End the session by stating that they are the best judges of what is right for them, and if they need to make a change. Give them a list of resources in your agency and area if they want to change and find they need more help.

Stages of Change: Wheel Model



Importance, Confidence and Desire to Change

Think of a few changes you'd like to make or have already begun making. Think about their importance to your life. Some changes may be very important to your life, others may not be important at all to you personally. Decide how confident you are that you can succeed in making These changes. Sometimes, even when goals or plans are important to us, we are still not sure if we can successfully achieve them. Finally, think about your feelings about changing - sometimes, even though we know a change is important and we are confident we can make it, we really aren't looking forward to making the change. Below, enter some changes you are planning to make or to continue making in your life, and rate the importance of each change to you, your confidence that you can successfully make (or maintain) each change, and your feelings about making each change.

Change Plan	Importance	Confidence	Desire
1.	1 2 3 4 5 6 7 8 9 10 Not at all important	1 2 3 4 5 6 7 8 9 10 No confidence	1 2 3 4 5 6 7 8 9 10 Dread making change
2.	1 2 3 4 5 6 7 8 9 10 Not at all important	1 2 3 4 5 6 7 8 9 10 No confidence	1 2 3 4 5 6 7 8 9 10 Dread making change
3.	1 2 3 4 5 6 7 8 9 10 Not at all important	1 2 3 4 5 6 7 8 9 10 No confidence	1 2 3 4 5 6 7 8 9 10 Dread making Change

Importance, Confidence and Desire to Change

Most people are in this group because they are thinking about making a change, or because other people think they should make a change. Often, that change is to quit their use of alcohol or drugs. However, that may not be the focus for YOU. If you are not focusing on quitting use of substances, please write in what change, if any, you are considering in your life.

Change:

On the following 0 - 10 scale, please rate the importance to you of making a change in your life (or continuing to make a change that you've already begun). Please circle the number that most closely matches the importance of this change to you:

0 1 2 3 4 5 6 7 8 9 10

Not at all important

*Most important thing in
life*

Sometimes, even when goals or plans are important to us, we are still not sure if we can successfully achieve them. Please rate your confidence that you can successfully make (or maintain) the change you desire.

0 1 2 3 4 5 6 7 8 9 10

Not at all confident

Completely Confident

Sometimes, even though we know a change is important and we are confident we can make it, we really aren't looking forward to making the change. Please circle the number that most closely matches how much you want to make this change:

0 1 2 3 4 5 6 7 8 9 10

Dread making change

*Excited about the
making the change*

Change Plan Worksheet Outline

The changes I want to make are:

List specific areas or ways in which you want to change

Include positive goals (beginning, increasing, improving behavior)

The most important reasons why I want to make these changes are:

What are some likely consequences of action and inaction?

Which motivations for change seem most important to you?

The steps I plan to take in changing are:

How do you plan to achieve the goals?

Within the general plan, what are some specific first steps you might take?

When, where and how will these steps be taken?

The ways other people can help me are:

List specific ways that others can help support you in your change attempt

How will you go about eliciting others' support?

I will know that my plan is working if:

What do you hope will happen as a result of the change?

What benefits can you expect from the change?

Some things that could interfere with my plan are:

Anticipate situations or changes that could undermine the plan.

What could go wrong?,,

How might you stick with the plan despite the changes or setbacks

Change Plan Worksheet Outline

The changes I want to make are:

The most important reasons why I want to make these changes are:

The steps I plan to take in changing are:

The ways other people can help me are:

I will know that my plan is working if:

Some things that could interfere with my plan are:

Exploring Values Worksheet

Everyone has values, or standards they believe in. However, sometimes we act in ways that do not match our values, because we forget about them, we get tired, or we're distracted by other things. This exercise is intended to help us remember our values and share them with others.

1. What are some of your personal values? For example, some people believe in "the Golden Rule," or "do unto others as you would have them do unto you." Other people value telling the truth above all, or using their talents and energy to benefit others. Others see being a good friend or parent as an important value. *List some values that are meaningful for you, then circle the two that are most important to you at this time.*

2. What gets in the way of living by your values? What would it take for you to live in a way that is closer to your most important values?

Coat of Arms

Something important from my past	Something I hope to be doing in the future
Something I enjoy doing	Something I do well

Motivational Interventions to Reduce Alcohol Use in a Military Population

Computerized Baseline Assessment

Alcohol Use Questions

A calendar format will be used to assess daily alcohol use for the past month.

1. Alcohol Use

[For each day, participants will enter the number of drinks consumed on that day, the type of alcohol (i.e., beer, wine, liquor), and the time period over which alcohol was consumed. (A standard drink equals: 10 ounces of beer, 1 ounce of liquor, and 4 ounces of wine)]

Sun	Mon	Tue	Wed	Thurs	Fri	Sat
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	Today				

2. Look at this calendar. Does this represent how much you typically drink in an average month?

Yes [Go to question 4]

This represents less than I typically drink in an average month

This represents more than I typically drink in an average month

3. In a typical month, how many days do you drink alcohol?

28-30 days (about every day)

20-27 days (5-6 days per week, average)

11-19 days (3-4 days a week, average)

4-10 days (1-2 days a week, average)

2-3 days

Once

Do not drink alcohol

4. In a typical month, on the days you drink, how many drinks do you have during one occasion of drinking? (A standard drink equals: 10 ounces of beer, 1 ounce of liquor, or 4 ounces of wine.)

Enter number of drinks ____

5. INSTRUCTIONS: Please read the following statements carefully. Each one describes a way that you might (or might not) feel *about your drinking*. For each statement select one number from 1 to 5 to indicate how much you agree or disagree with it *right now*. Please select one and only one number for every statement.

	NO! Strongly Disagree	No Disagree	? Undecided or Unsure	Yes Agree	YES! Strongly Agree
a. I really want to make changes in my drinking.	1	2	3	4	5
b. Sometimes I wonder if I am an alcoholic.	1	2	3	4	5
c. If I don't change my drinking soon, my problems are going to get worse.	1	2	3	4	5
d. I have already started making some changes in my drinking.	1	2	3	4	5
e. I was drinking too much at one time, but I've managed to change my drinking.	1	2	3	4	5
f. Sometimes I wonder if my drinking is hurting other people.	1	2	3	4	5
g. I am a problem drinker.	1	2	3	4	5
h. I'm not just thinking about changing my drinking, I'm already doing something about it.	1	2	3	4	5
i. I have already changed my drinking, and I am looking for ways to keep from slipping back to my old pattern.	1	2	3	4	5
j. I have serious problems with drinking.	1	2	3	4	5
k. Sometimes I wonder if I am in control of my drinking.	1	2	3	4	5
l. My drinking is causing a lot of harm.	1	2	3	4	5
m. I am actively doing things now to cut down or stop drinking.	1	2	3	4	5
n. I want help to keep from going back to the drinking problems that I had before.	1	2	3	4	5
o. I know that I have a drinking problem.	1	2	3	4	5
p. There are times when I wonder if I drink too much.	1	2	3	4	5
q. I am an alcoholic.	1	2	3	4	5
r. I am working hard to change my drinking.	1	2	3	4	5
s. I have made some changes in my drinking, and I want some help to keep from going back to the way I used to drink.	1	2	3	4	5

The next set of questions asks about things that may have happened in the past 30 days.

6. In the past 30 days did you received an UCMJ punishment?

_____ Yes _____ No – (Skip to question 7)

a. If yes, how many times did you receive an UCMJ punishment?

_____ Times

7. In the past 30 days, were you incarcerated for any of these punishments?

_____ Yes _____ No – (Skip to question 8)

If yes, for how many days were you incarcerated?

_____ Days

8. In the past 30 days, have you spent the night in a hospital in order to receive care for yourself?

_____ Yes _____ No – (Skip to question 9)

a. How many of these nights did you stay in a hospital **on base**?

_____ Nights

How many of these nights did you stay in a hospital **off base**?

_____ Nights

9. In the past 30 days, have you visited a health care professional in an outpatient setting in order to receive care for yourself?

_____ Yes _____ No – (Skip to question 10)

a. How many times did you visit the following health care professionals **on base**?

_____ Times

How many times did you visit the following health care professionals **off base**?

_____ Times

10. In the past 30 days, have you made a visit to the emergency room or urgent care treatment facility in order to receive care for yourself?

_____ Yes _____ No – (Skip to question 11)

a. How many times did you visit the emergency room or urgent care treatment facility **on base**?

_____ Times

b. How many times did you visit the emergency room or urgent care treatment facility **off base**?

_____ Times

11. In the past 30 days, have you taken any prescription medications?

_____ Yes

_____ No – (Skip to question 12)

If yes, how many different prescription medications did you take?

_____ Medications

How many days did you take these prescription medications?

_____ Days

In the past 30 days, have you had any automobile accidents?

_____ Yes

_____ No – (Skip to question 13)

If yes, how many accidents have you had?

_____ Accidents

How many of these accidents listed in 12a resulted in injury?

_____ Accidents

How many of these accidents listed in 12a resulted in someone's death?

_____ Accidents

How many of these accidents listed in 12a resulted in at least \$500 worth of property damage?

_____ Accidents

In the past 30 days, how many days were you absent from training or regular duty?

_____ Days

In the past 30 days, how many days did you report late to or left early from training or regular duty?

_____ Days

The next set of questions asks about things that may or may not have happened to you in the past 3 months.

How many times have you experienced this in the past three (3) months? Please select the number of times in the space provided.

Months		Number of Times in the Past 3			
15.	I was late for work by 30 minutes or more	0	1	2	3 or more
16.	I left work early for a reason other than an errand or early holiday leave	0	1	2	3 or more
17.	I was hurt in an on-the-job accident	0	1	2	3 or more
18.	I worked below my normal level of performance	0	1	2	3 or more
19.	I did not come to work at all because of an illness or a personal accident	0	1	2	3 or more
20.	Have you driven a car when you knew you had too much to drink to drive safely?	0	1	2	3 or more
21.	Have you had a headache (hangover) the morning after you had been drinking?	0	1	2	3 or more
22.	Have you felt very sick to your stomach or thrown up after drinking?	0	1	2	3 or more
23.	Have you showed up late for work because of drinking, a hangover, or an illness caused by drinking?	0	1	2	3 or more
24.	Have you not gone to work because of drinking, a hangover, or an illness caused by drinking?	0	1	2	3 or more
25.	Have you gotten into physical fights when drinking?	0	1	2	3 or more
26.	Have you gotten into trouble at work because of drinking?	0	1	2	3 or more
27.	Has your boyfriend/girlfriend (or spouse), parent(s) or other near relative complained to you about your drinking?	0	1	2	3 or more
28.	Has your drinking created problems between you and your boyfriend/girlfriend (or spouse) or another near relative?	0	1	2	3 or more
29.	Have you lost friends (including boyfriends or girlfriends) because of your drinking?	0	1	2	3 or more
30.	Have you neglected your obligations, your family, or your work, for two or more days in a row because of drinking?	0	1	2	3 or more
31.	Has your drinking gotten you into sexual situations which you later regretted?	0	1	2	3 or more
32.	Have you received a lower grade on an exam or paper than you should have because of your drinking?	0	1	2	3 or more

33.	Have you been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcohol?	0	1	2	3 or more
34.	Have you ever been arrested, even for a few hours, because of other drunken behaviors?	0	1	2	3 or more
35.	Have you awakened the morning after a good bit of drinking and found that you could not remember a part of the evening before?	0	1	2	3 or more
36.	Have you had the shakes after stopping or cutting down on drinking (for example, your hands shake so that your coffee cup rattles in the saucer or you have trouble lighting a cigarette)?	0	1	2	3 or more
37.	Have you felt like you needed a drink just after you'd gotten up (that is, before breakfast)?	0	1	2	3 or more
38.	Have you found you needed larger amounts of alcohol to feel any effect, or that you could no longer get high or drunk on the amount that used to get you high or drunk?	0	1	2	3 or more
39.	Have you felt that you needed alcohol or were dependent on alcohol?	0	1	2	3 or more
40.	Have you felt guilty about your drinking?	0	1	2	3 or more
41.	Has a doctor told you that your drinking was harming your health?	0	1	2	3 or more
42.	Have you gone to anyone for help to control your drinking?	0	1	2	3 or more
43.	Have you attended a meeting of Alcoholics Anonymous because of concern about your drinking?	0	1	2	3 or more
44.	Have you sought professional help for your drinking (for example, spoken to a physician, psychologist, psychiatrist, alcoholism counselor, clergyman) about your drinking?	0	1	2	3 or more
45.	Have you skipped an evening meal because you were drinking?	0	1	2	3 or more
46.	Have you become rude, obnoxious, or insulting after drinking?	0	1	2	3 or more
47.	Have you participated in drinking contests or drinking games?	0	1	2	3 or more
48.	Because you had been drinking, have you neglected to use birth control, or neglected to protect yourself from sexually transmitted diseases?	0	1	2	3 or more
49.	Because you had been drinking, have you had sex with someone you wouldn't ordinarily have sex with?	0	1	2	3 or more
50.	Have you said things while drinking that you later regretted?	0	1	2	3 or more
51.	I didn't get promoted when I thought I should have been	0	1	2	3 or more
52.	I got a lower score than I expected on my efficiency report or performance rating	0	1	2	3 or more
53.	I had serious money problems	0	1	2	3 or more

The following questions are designed to identify how you typically spend your time during the week. Please read each of the questions below carefully, and then decide how many hours a week you typically spend on each activity listed during the past 30 days. Please select the answer of your choice for each question.

54. During the past 30 days, how many hours a week (on average) did you spend:

a. Working at a job?

- ☐₁ None
- ☐₂ 1-2 hrs/week
- ☐₃ 2-5 hrs/week
- ☐₄ 5-10 hrs/week
- ☐₅ 10-19 hrs/week
- ☐₆ 20 hrs or more/week

b. Studying for school?

- ☐₁ None
- ☐₂ 1-2 hrs/week
- ☐₃ 2-5 hrs/week
- ☐₄ 5-10 hrs/week
- ☐₅ 10-19 hrs/week
- ☐₆ 20 hrs or more/week

c. In class?

- ☐₁ None
- ☐₂ 1-2 hrs/week
- ☐₃ 2-5 hrs/week
- ☐₄ 5-10 hrs/week
- ☐₅ 10-19 hrs/week
- ☐₆ 20 hrs or more/week

d. Sleeping?

- ☐₁ None
- ☐₂ 1-2 hrs/week
- ☐₃ 2-5 hrs/week
- ☐₄ 5-10 hrs/week
- ☐₅ 10-19 hrs/week
- ☐₆ 20 hrs or more/week

e. Working out/exercising (not including Physical Training)?

- ☐₁ None
- ☐₂ 1-2 hrs/week
- ☐₃ 2-5 hrs/week
- ☐₄ 5-10 hrs/week
- ☐₅ 10-19 hrs/week
- ☐₆ 20 hrs or more/week

f. Socializing: **alcohol** involved?

- ☐₁ None
- ☐₂ 1-2 hrs/week
- ☐₃ 2-5 hrs/week
- ☐₄ 5-10 hrs/week
- ☐₅ 10-19 hrs/week
- ☐₆ 20 hrs or more/week

g. Socializing: **no alcohol** involved?

- ☐₁ None
- ☐₂ 1-2 hrs/week
- ☐₃ 2-5 hrs/week
- ☐₄ 5-10 hrs/week
- ☐₅ 10-19 hrs/week
- ☐₆ 20 hrs or more/week

55. During the **past 30 days**, how many **hours a week** (on average) did you spend:

a. Obtaining alcohol (e.g., buying, finding, getting alcohol)?

- ☐₁ None
- ☐₂ 1-2 hrs/week
- ☐₃ 2-5 hrs/week
- ☐₄ 5-10 hrs/week
- ☐₅ 10-19 hrs/week
- ☐₆ 20 hrs or more/week

b. Using alcohol (e.g., drinking)?

- ☐₁ None
- ☐₂ 1-2 hrs/week
- ☐₃ 2-5 hrs/week
- ☐₄ 5-10 hrs/week
- ☐₅ 10-19 hrs/week
- ☐₆ 20 hrs or more/week

c. Recovering from its effects (e.g., sobering up, being hung over)?

- ☐₁ None
- ☐₂ 1-2 hrs/week
- ☐₃ 2-5 hrs/week
- ☐₄ 5-10 hrs/week
- ☐₅ 10-19 hrs/week
- ☐₆ 20 hrs or more/week

56. During the past 30 days, how much money a week (on average) did you spend on alcoholic beverages for yourself?

- ☐ ₁ None
☐ ₂ \$1-\$5/week
☐ ₃ \$5-\$10/week
☐ ₄ \$10-15/week
☐ ₅ \$15-\$20/week
☐ ₆ >\$20/week

57. Do you smoke cigarettes?

Yes _____

If yes, how many cigarettes do you smoke per day?

Enter number per day _____

No _____

58. Do you use smokeless tobacco (snuff, dip, chew, etc.)?

Yes _____

No _____

59. Among all Permanent Party Navy/Air Force personnel, what percentage do you think regularly do the following things?

	0-10%	11-30%	31-50%	51-70%	Over 70%
a. Smoke cigarettes	▼ GG	▼ GG	▼ GG	▼ GG	▼ GG
b. Drink alcohol	GG	GG	GG	GG	GG
c. Get drunk on the weekends	GG	GG	GG	GG	GG
d. Use chewing tobacco, snuff, or other smokeless tobacco.....	GG	GG	GG	GG	GG

60. Please indicate how much you agree or disagree with each of the following statements.

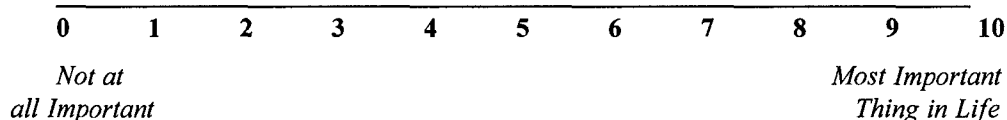
	Don't know / No opinion	Strongly disagree	Disagree	Agree	Strongly agree
a. It's hard to "fit in" in my command if you don't drink.....	▼ G	▼ G	▼ G	▼ G	▼ G
b. Drinking is part of being in my unit.....	GG	GG	GG	GG	GG
c. Drinking is part of being in the Military	GG	GG	GG	GG	GG
d. Drinking is just about the only recreation available at this installation.....	GG	GG	GG	GG	GG
e. At parties or social functions at this installation, everyone is encouraged to drink...	G	G	G	G	G
f. At parties or social functions at this installation, nonalcoholic beverages are always available	G	G	G	G	G

61. Have any of the family members listed below experienced the following problems?

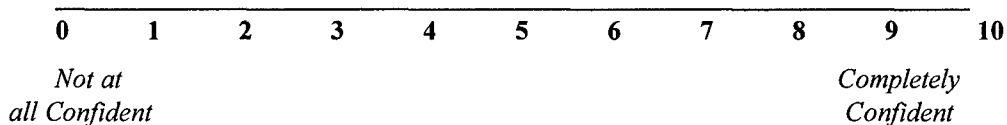
Please select all boxes that apply.

	Alcohol	Drugs	Anxiety	Depression	No such person/ No information about this person	Were you raised in the same household as this family member?
Father	G	G	G	G	G	G
Mother	G	G	G	G	G	G
Grandparents	G	G	G	G	G	G
Siblings	G	G	G	G	G	G
Aunt/Uncle	G	G	G	G	G	G
Spouse/Significant Other	G	G	G	G	G	G
Stepmother/Stepfather	G	G	G	G	G	G

62. On the following 0 – 10 scale, please rate the importance to you of making a change in your drinking (or continuing to make a change that you've already begun). Please select the number that most closely matches the importance of this change to you:



63. Sometimes, even when goals or plans are important to us, we are still not sure if we can successfully achieve them. Please rate your confidence that you can successfully make (or maintain) the change in your drinking.



64. Sometimes, even though we know a change is important and we are confident we can make it, we really aren't looking forward to making the change. Please select the number that most closely matches how much you want to change your drinking.

0 1 2 3 4 5 6 7 8 9 10

*Dread Making
the Change*

*Excited About
Making the Change*

APPENDIX D

Base Letters of Support



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 72 MEDICAL GROUP (AFMC)
TINKER AIR FORCE BASE OKLAHOMA

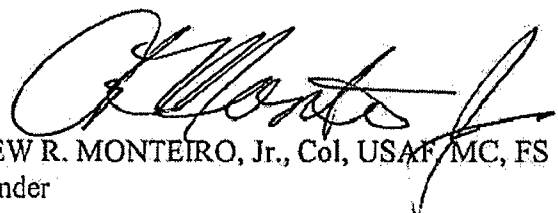
15 Dec 04

MEMORANDUM FOR AFMSA/SGOF
ADAPT/DR Program Office
Office of the Surgeon General

FROM: 72 MDG/CC

SUBJECT: Letter of Support for Motivational Interventions to Reduce Alcohol Use in a Military Population (Group MI) Project

1. I have been briefed on the purpose and procedures of the Group MI Project and would like my ADAPT team to participate in this study.
2. I understand the study involves the use of Motivational Interviewing (MI), a brief counseling method proven effective with substance abuse patients, and compares MI delivered in an individual format to one delivered in a group format. These two MI conditions will also be compared to treatment as usual (the standard substance abuse awareness education seminar). The objective will be to assess the cost-effectiveness of each method.
3. I understand the study involves personnel referred to the ADAPT Program for substance abuse assessment and intervention. These personnel will be randomly assigned to one of three interventions listed above (individual MI, group MI or treatment as usual). The study will involve all personnel referred to the ADAPT program who voluntarily participate (approximately 15 per month).


ANDREW R. MONTEIRO, Jr., Col, USAF MC, FS
Commander



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 96TH AIR BASE WING (AFMC)
EGLIN AIR FORCE BASE, FLORIDA

8 December 2004

MEMORANDUM FOR AFMSA/SGOF

ADAPT/DR Program Office
Office of the Surgeon General
IN TURN

FROM: 96 MDG/CC

SUBJECT: Letter of Support for "Motivational Interventions to Reduce Alcohol Use in a Military Population" ("Group MI") Project

1. I have been briefed on the purpose and procedures of the group MI Project and would like my ADAPT team to participate in this study.
2. I understand the study involves the use of motivational interviewing (MI), a brief counseling method proven effective with substance abuse patients, and compares MI delivered in an individual format to one delivered in a group format. These two MI conditions will also be compared to treatment as usual (the standard substance abuse awareness education seminar). The objective will be to assess the cost-effectiveness of each method.
3. I understand the study involves personnel referred to the ADAPT Program for substance abuse and intervention. These personnel will be randomly assigned to one of three interventions listed above (individual MI, group MI or treatment as usual). The study will involve all personnel referred to the ADAPT program who voluntarily participate (approximately 20 per month).


GARY S. FORTHMAN, Colonel, USAF, MSC
Commander

**DEPARTMENT OF THE AIR FORCE**HEADQUARTERS, 55TH WING (ACC)
OFFUTT AIR FORCE BASE, NEBRASKA

19 Jan 05

**MEMORANDUM FOR: AFMSA/SGOF ADAPT/DR PROGRAM OFFICE
OFFICE OF THE SURGEON GENERAL****FROM: 55 MDG/CC****SUBJECT: Support for "Motivational Interventions to Reduce Alcohol Use in a Military Population" ("Group MI") Project**

1. I have been briefed on the purpose and procedures of the Group MI Project and would like my ADAPT team to participate in this study.
2. I understand the study involves the use of Motivational Interviewing (MI), a brief counseling method proven effective with substance abuse patients and compares MI delivered in an individual format to one delivered in a group format. These two MI conditions will also be compared to treatment as usual (the standard substance abuse awareness education seminar). The objective will be to assess the cost-effectiveness of each method.
3. I understand the study involves personnel referred to the ADAPT Program for substance abuse assessment and intervention. These personnel will be randomly assigned to one of three interventions listed above (individual MI, group MI or treatment as usual). The study will involve all personnel referred to the ADAPT program who voluntarily participate (approximately 20 per month).



ALAN D. NEWTON, Col, USAF, DC
Commander, 55th Medical Group

APPENDIX E

STATEMENT OF WORK

Title: Motivational Interventions to Reduce Alcohol Use in a Military Population

PI: Janice M. Brown, Ph.D.

- Task 1.* Obtain Study Approvals, Months 1–6
- a. Prepare and submit RTI Institutional Review Board (IRB) materials.
 - b. Prepare and submit regional and/or individual base IRB materials to the Air Force.
 - c. Prepare and submit Ft. Detrick Human Subjects Research Review Board (HSRRB) materials.
 - d. Conduct study briefings at all participating Air Force bases.
- Task 2.* Prepare Computer Assessment, Months 1–3
- a. Purchase study computers.
 - b. Program computer assessment.
- Task 3.* Conduct Motivational Interviewing (MI) Training of Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Staff, Training of Tape Coding Staff, Months 7–9
- a. Prepare intervention manuals.
 - b. Conduct MI training of ADAPT staff at RTI.
 - c. Send PI and data manager to Center on Alcoholism, Substance Abuse and Addictions (CASAA) in Albuquerque for intensive tape coding training.
 - d. Hire tape coding staff.
 - e. Conduct training of tape coding staff at RTI.
- Task 4.* Pilot Assessment, Months 10–11
- a. Set up computers at Air Force bases.
 - b. Conduct pilot test of instruments at one Air Force base.
 - c. Ensure seamless data collection for Air Force assessment tool and web-based assessment.
- Task 5.* Participant Recruitment, Months 12–30
- a. Begin participant recruitment and continue until complete (N=900).
 - b. Transfer Air Force assessment data to RTI.
- Task 6.* Booster Training for MI Counselors and Tape Coders, Months 18 and 24
- a. Conduct booster training sessions for MI counselors at RTI to ensure treatment integrity.
 - b. Conduct booster training of tape coders at RTI to ensure coding consistency.
- Task 7.* Follow-Up Assessment, Months 15–33
- a. Contact study participants for follow-up assessment.
 - b. Schedule follow-up appointment.
 - c. Conduct 3-month follow-up assessment for 900 participants.

- Task 8.* Treatment Cost Assessment, Months 18–22
- a. Develop tailored cost analysis instrument with input from Air Force treatment personnel on definitions and structure of instrument.
 - b. Collect cost data at the Air Force bases from treatment personnel.
 - c. Calculate costs per client from raw cost data.
- Task 9.* Follow-Up Assessment, Months 18–36
- a. Contact study participants for follow-up assessment.
 - b. Schedule follow-up appointment.
 - c. Conduct 6-month follow-up assessment for 900 participants.
- Task 10.* Follow-Up Assessment, Months 24–42
- a. Contact study participants for follow-up assessment.
 - b. Schedule follow-up appointment.
 - c. Conduct 12-month follow-up assessment for 900 participants.
- Task 11.* Data Analysis, Months 18–20, 34–36, 37–39, 43–46
- a. Conduct analysis of baseline data.
 - b. Conduct preliminary and final analysis of 3-month data.
 - c. Conduct preliminary and final analysis of 6-month data.
 - d. Conduct preliminary and final analysis of 12-month data.
 - e. Conduct longitudinal data analysis.
- Task 12.* Report and Manuscript Preparation, Months 12, 24, 36, 46–48
- a. Prepare and submit annual reports.
 - b. Prepare conference presentations, beginning in Year 2.
 - c. Prepare and present final briefings for six Air Force bases.
 - d. Prepare manuscripts and submit for publication.