

The Transtheoretical Model to Help Clients Thrive

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- Recovery from Mental and Substance Abuse Disorders: a voluntary and individually driven process of change through which individuals work to improve their own health and well-being, live a productive life, and welcome opportunities for growth.

Recovery is holistic and exists on
a continuum of improved health
and wellness.

Stages of Change

PRECONTEMPLATION

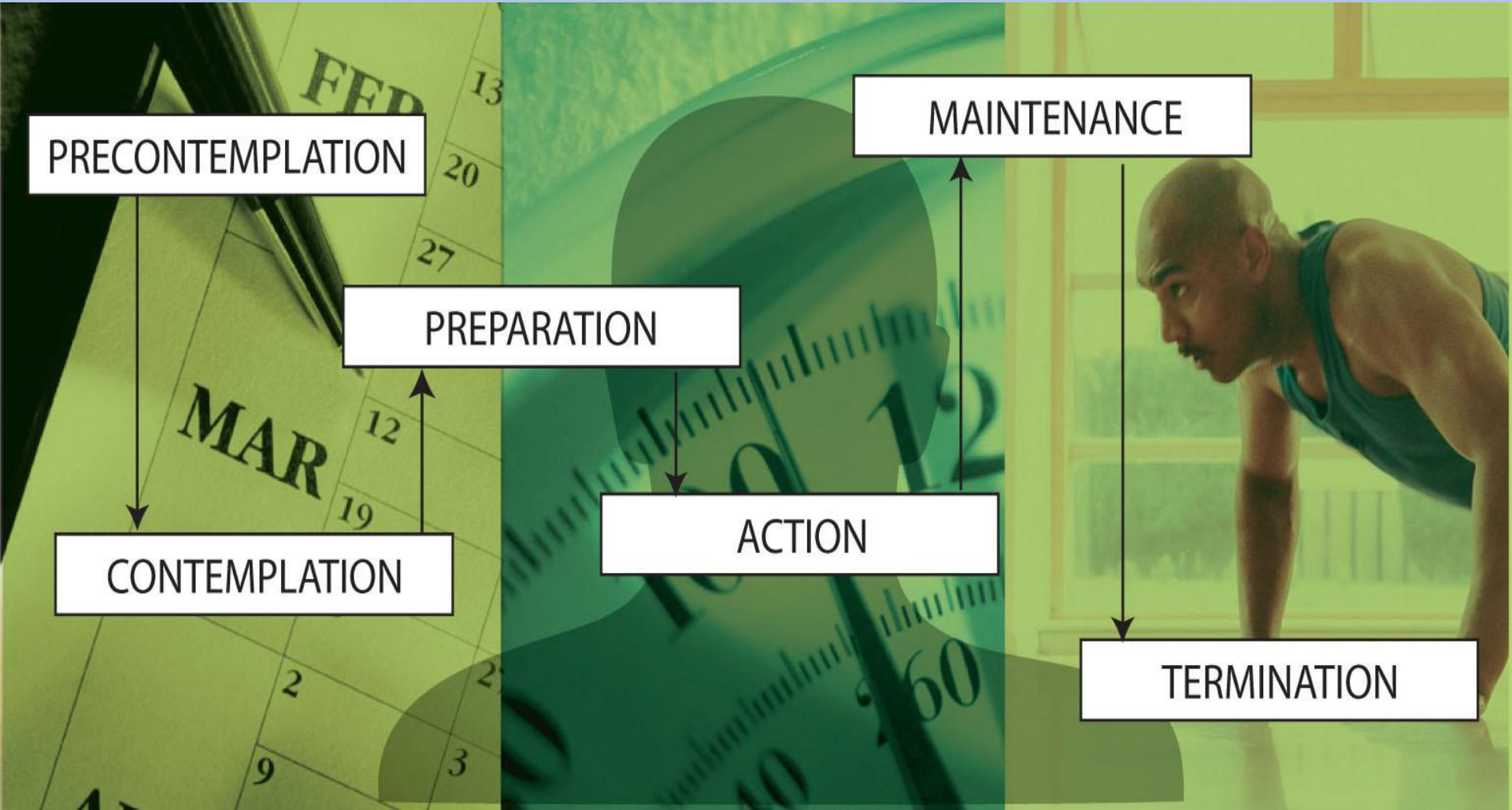
MAINTENANCE

PREPARATION

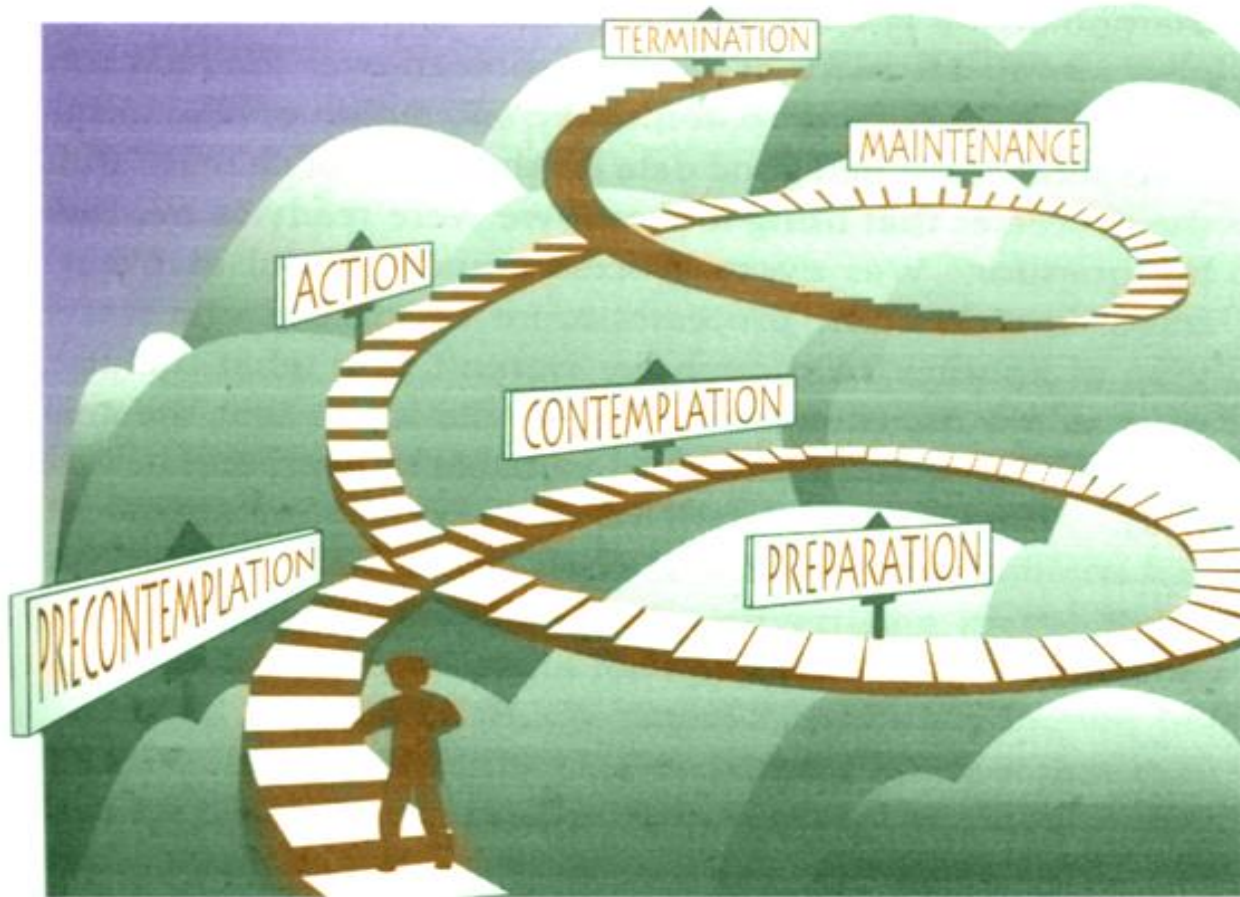
CONTEMPLATION

ACTION

TERMINATION



Stages of Change

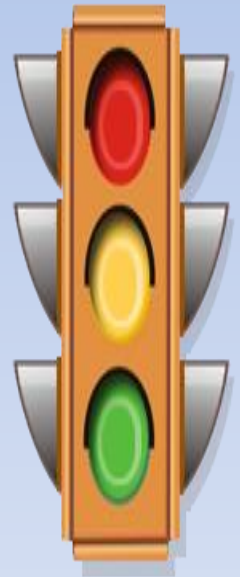


Engagement and Intervention Issues

- Reach
- Retain
- Progress
- Process
- Success

Programs have to communicate that they are tailored to needs of each patient:

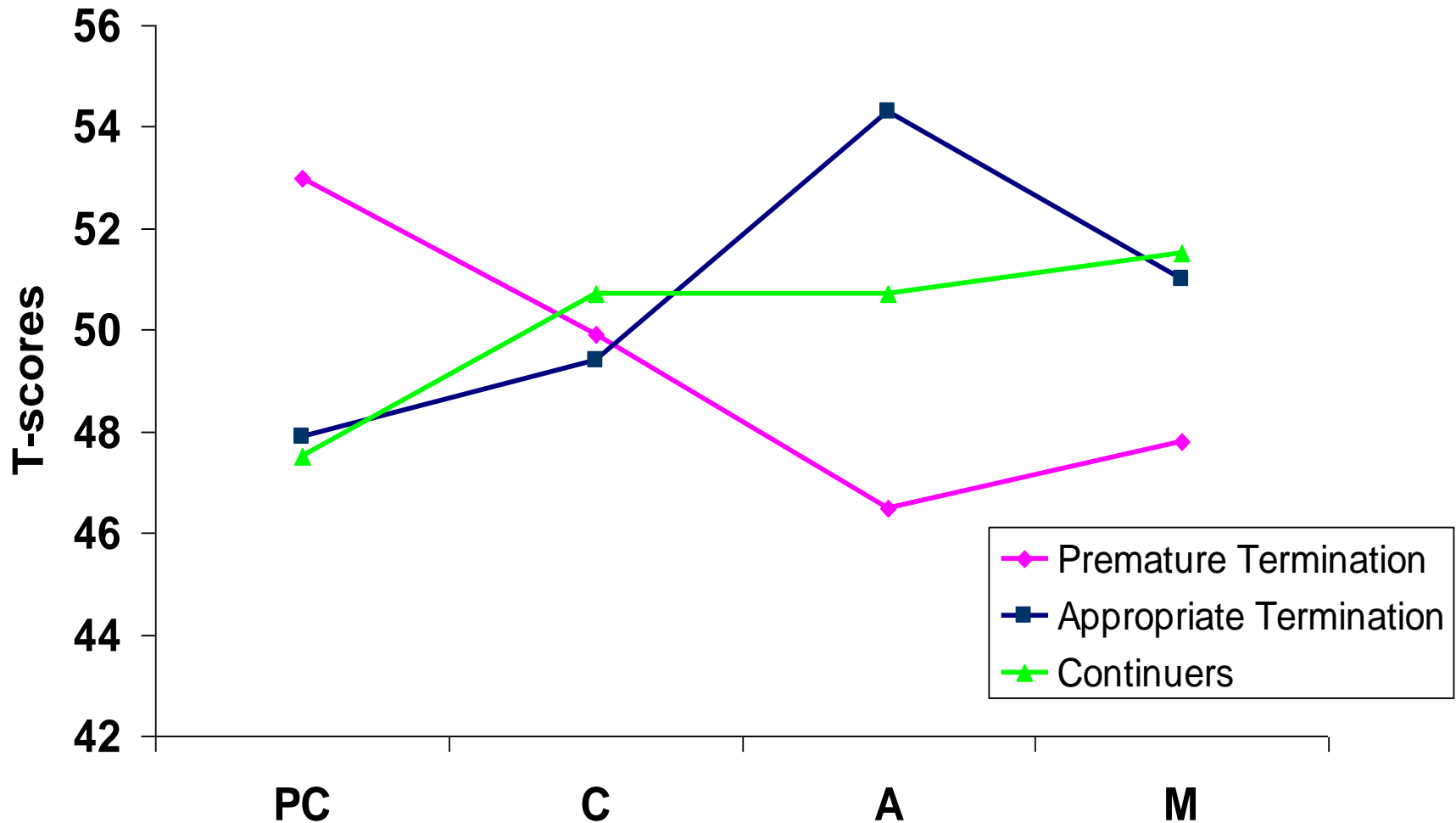
1. Wherever you are at, we can work with that!
2. Traffic light: Red light not ready; Yellow light getting ready; Green light ready.



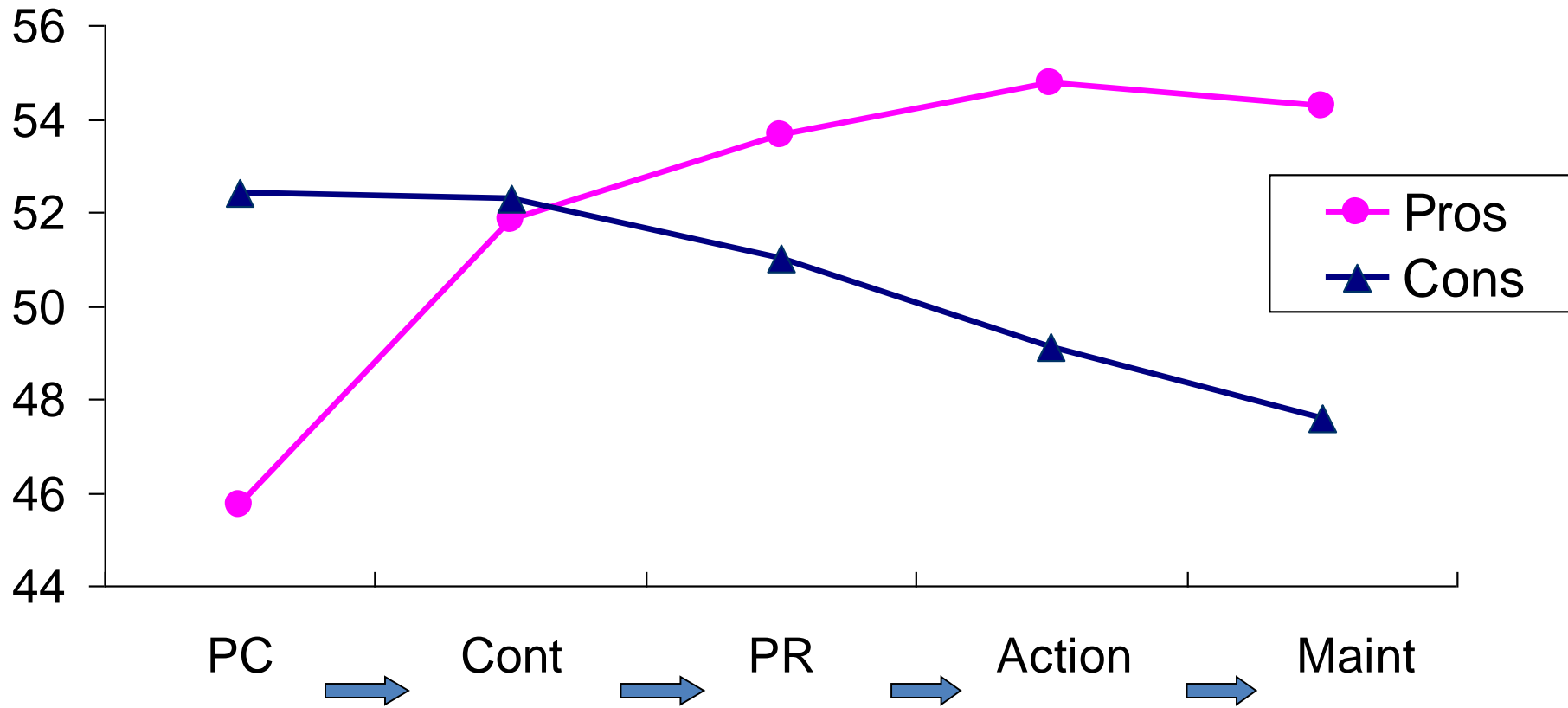
Proactive alone will not work

A. Kaiser example with
smoking

Stage Profiles of Completers and Dropouts of Psychotherapy

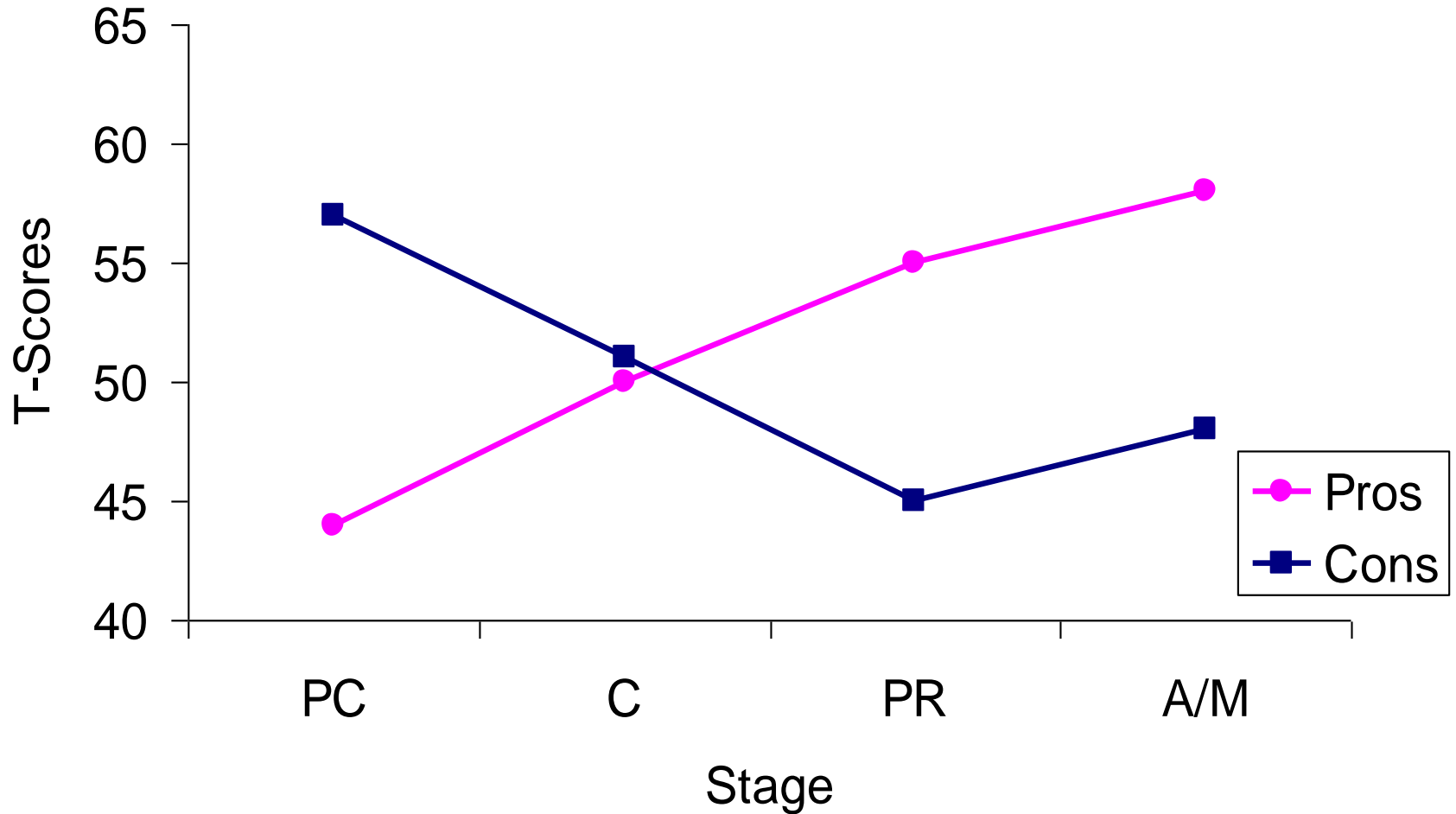


Stage Transitions

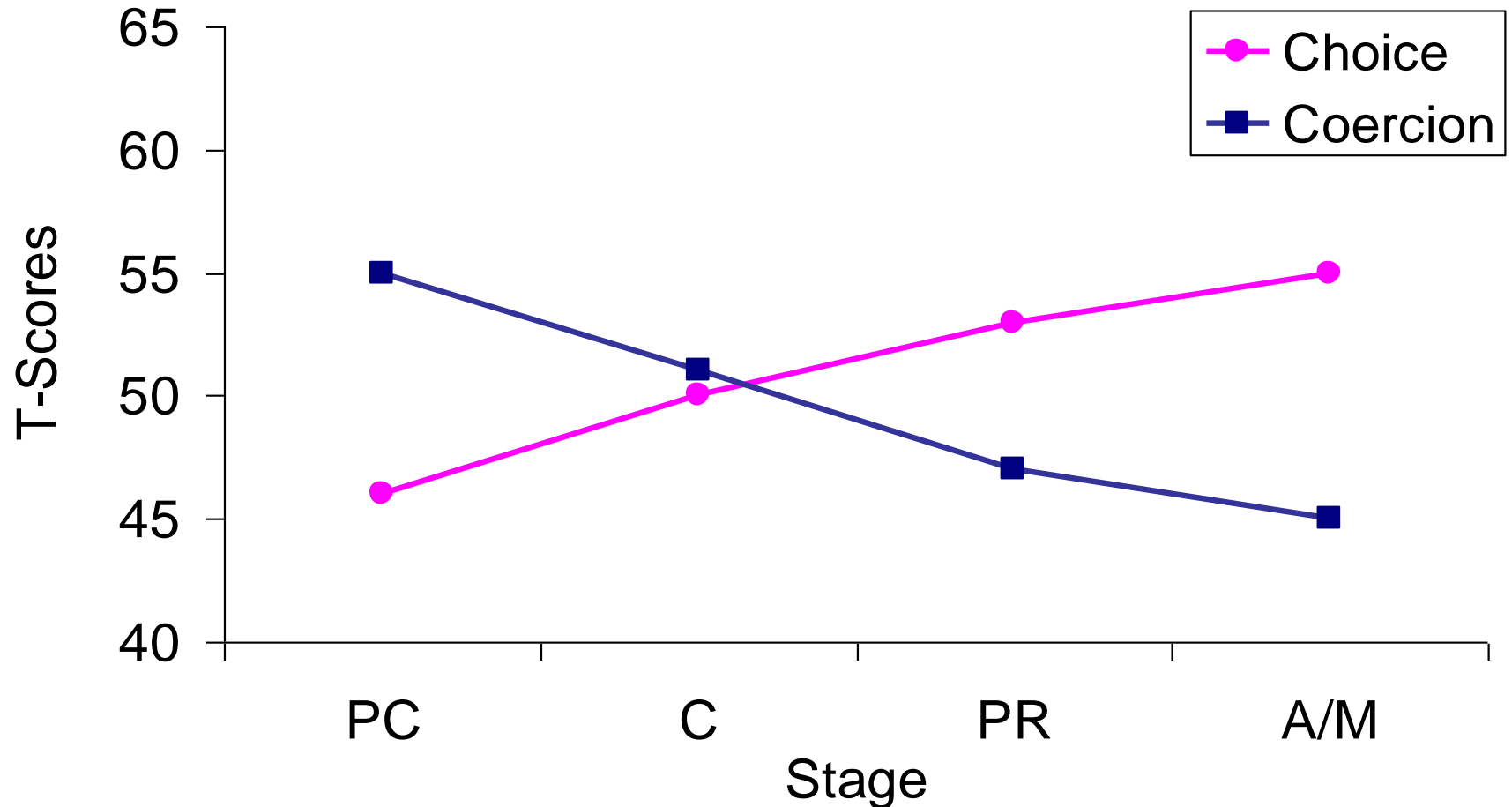


The pros and cons of changing across stages of change for 48 behaviors

Decisional Balance of Drug Addiction Treatment Across Stage



Perceived Coercion and Choice Over Participating In Drug Addiction Treatment Across Stage



When social controls (including incentives) are used, programs have to help transform social controls into self controls.

- Air Force example with smoking

Intervention Targeting and Tailoring

One Size Fits All



Intervention Targeting and Tailoring

One Size Fits All



Stage of Change

Targeted (Stage-Matched)



Intervention Targeting and Tailoring

One Size Fits All



Stage of Change

Targeted (Stage-Matched)



Pros & Cons

Self-Efficacy

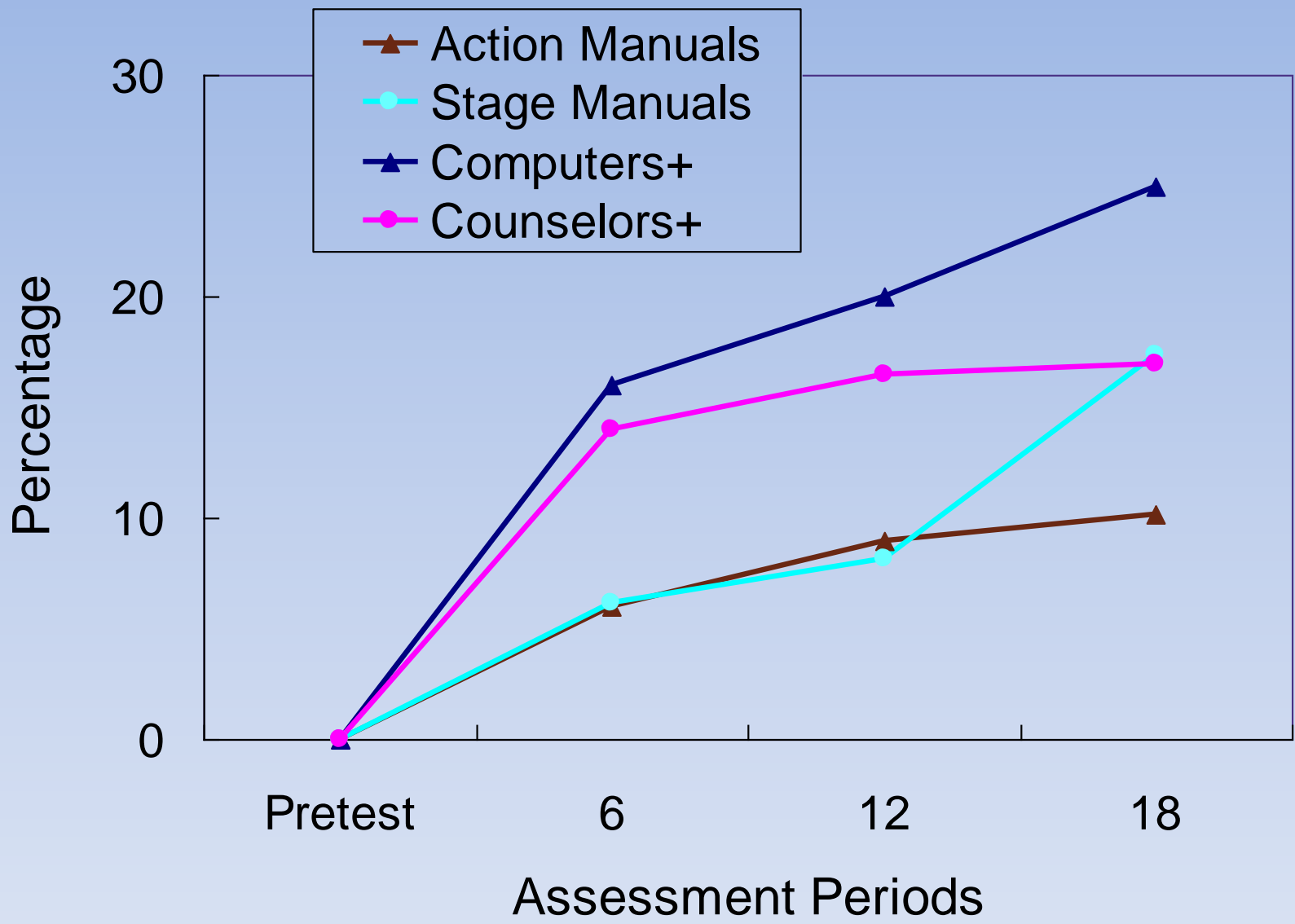
Processes

Tailored (Individualized)



Treatment Groups

1. Action-oriented Manuals
2. Stage-Matched Manuals
3. Stage-Matched Computers & Manuals
4. Counselors & Stage-Matched
Computers



Prochaska, JO, DiClemente, CC, Velicer, WF & Rossi, JS. (1993). Standardized, individualized, interactive and personalized self-help programs for smoking cessation. *Health Psychology*, 12, 399-405.

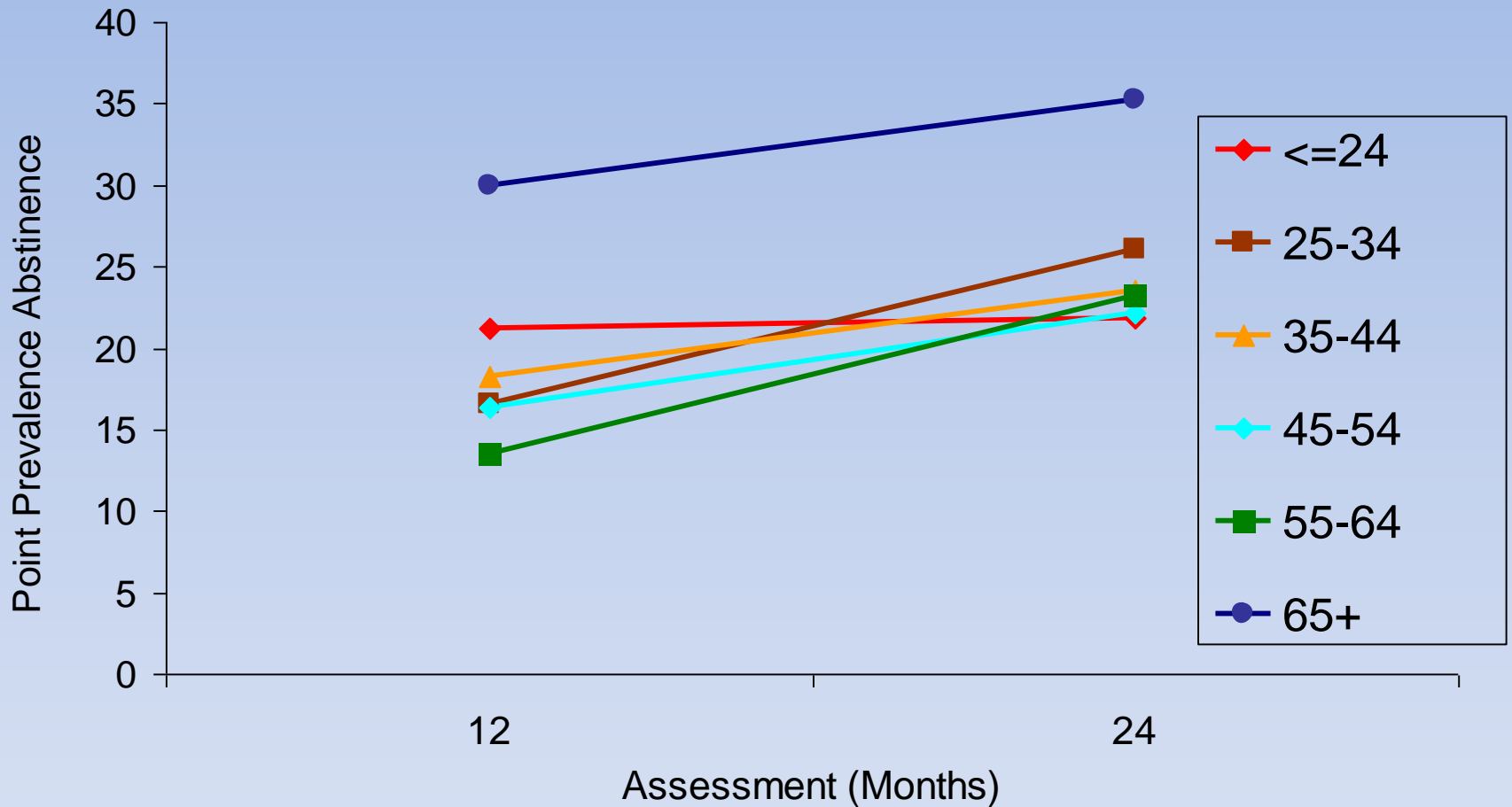
Partner Abuse: Six Month Follow-up with First 250 Participants

Victims Report	Standard Care & 3 Individualized Computer Sessions	Mandated Standard Group Therapy
1. Threatened to hit or throw something	20%	47%
2. Threw something at me	15%	28%
3. Kicked with force that could hurt	9%	21%
4. Beat me up	3%	23%

Partner Abuse: Six Month Follow-up with First 250 Participants

Offender Report	Standard Care & 3 Individualized Computer Sessions	Mandated Standard Group Therapy
1. Precontemplation Stage	18%	30%
2. Action Stage with Low Relapse Risk	37%	12%
3. Couples Therapy	25%	12%
4. Other Group Therapy	37%	18%
5. Self-help Books	58%	25%
6. Talked to Medical Professional	40%	22%

Age



Velicer, WF, Redding, CA, Sun, X, & Prochaska, JO. (2007). Demographic variables, smoking variables, and outcome across five studies. *Health Psychology, 26*, 278-287.

Proactive Cessation With Adolescents in Primary Care

Tailored Intervention

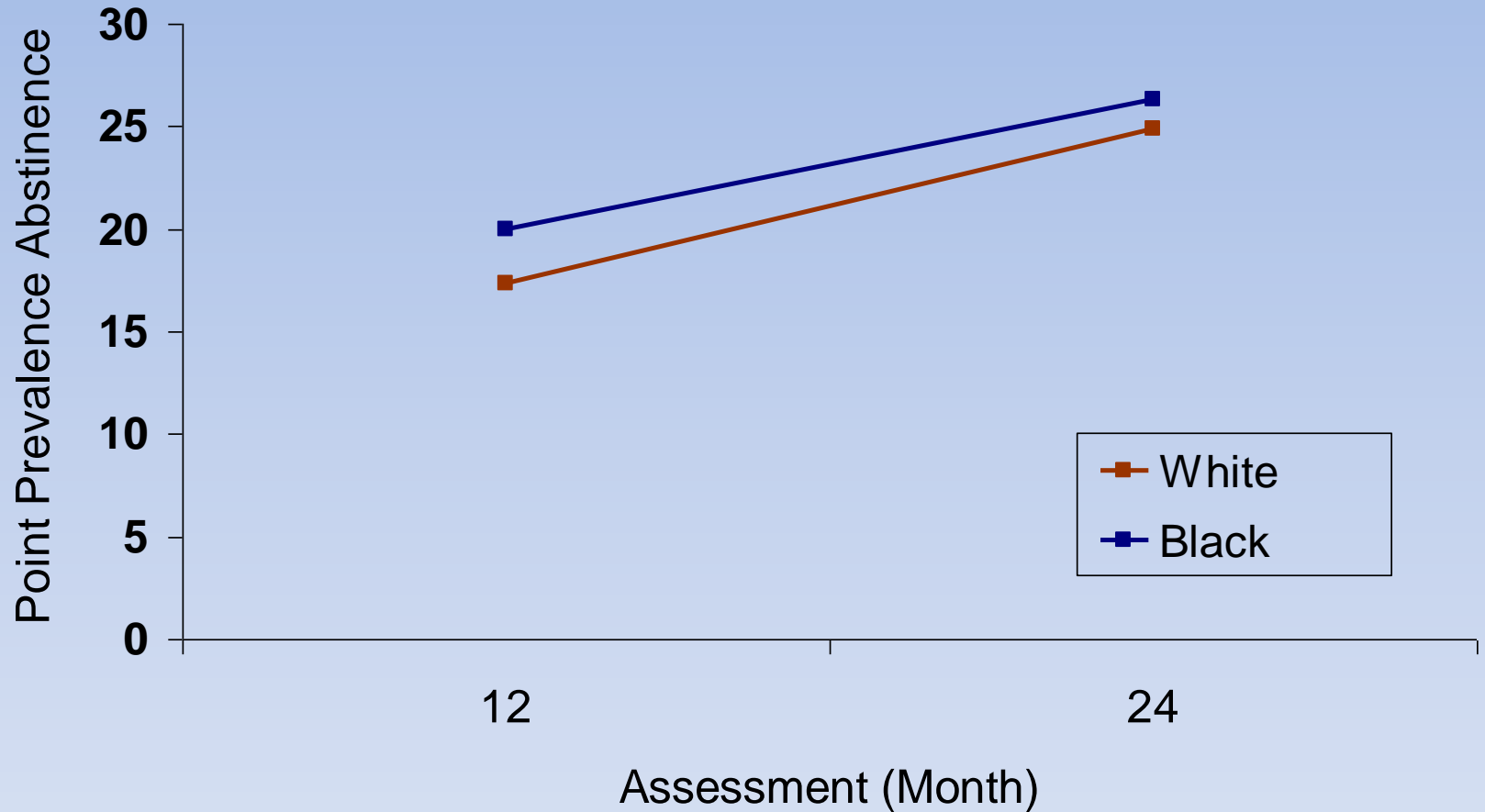
23.9%

Assessment Only

11.4%

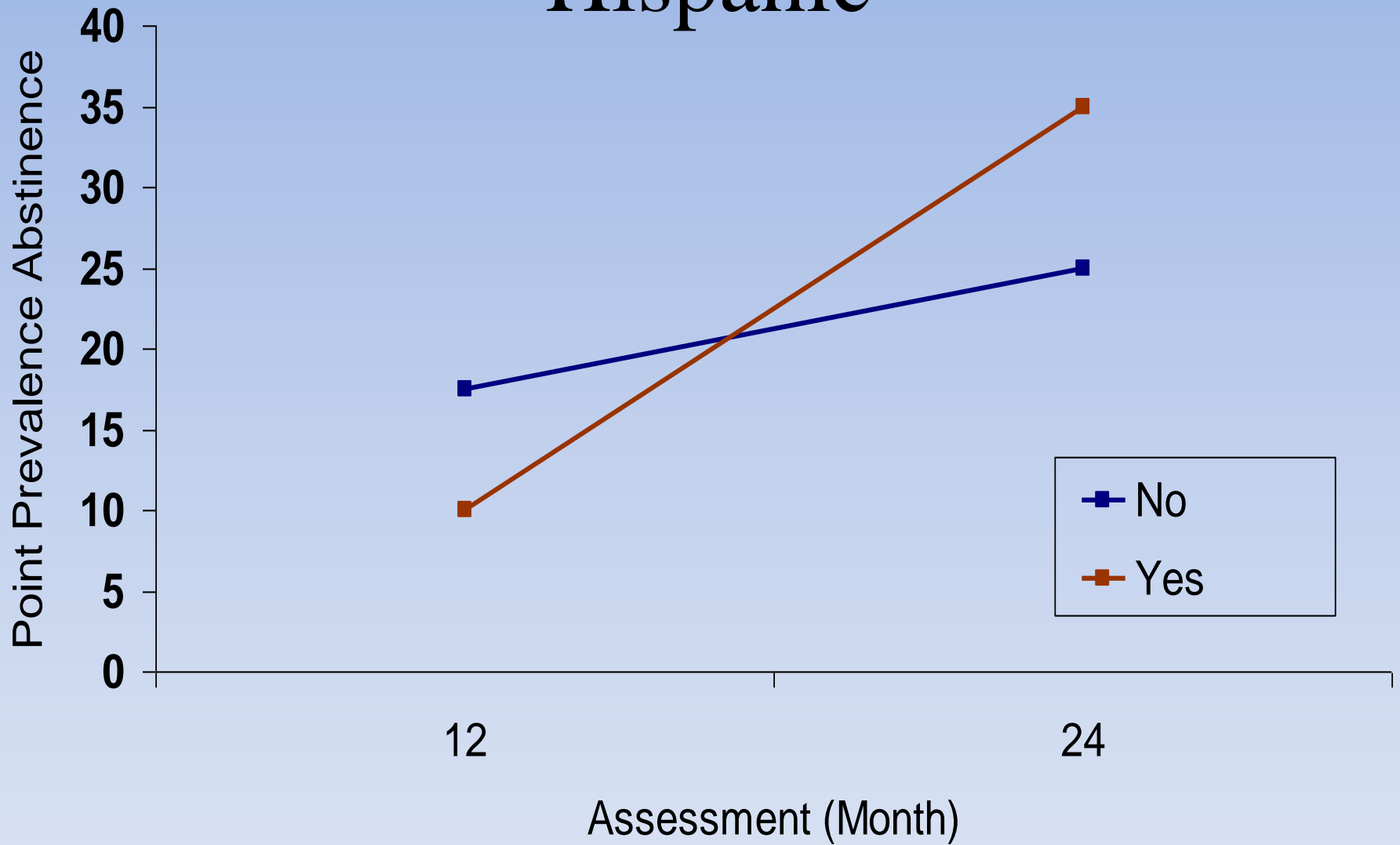
Hollis, JF, Polen, MR, Whitlock, EP; Lichtenstein, E., Mullooly, JP, Velicer, W.F., & Redding, C.A. (2005). TEEN REACH: Outcomes from a randomized controlled trial of a tobacco reduction program among teens seen in primary medical care. *Pediatrics*, 115, 981-999.

Race



Velicer, WF, Redding, CA, Sun, X, & Prochaska, JO. (2007). Demographic variables, smoking variables, and outcome across five studies. *Health Psychology, 26*, 278-287.

Hispanic



Proactive Cessation with Depressed Patients: Abstinence at 18 Months

Tailored
Intervention +
24.6%

Assessment Only
19.1%

Proactive Cessation with Patients Hospitalized for Mental Illness

Tailored

20%

Assessment

8%

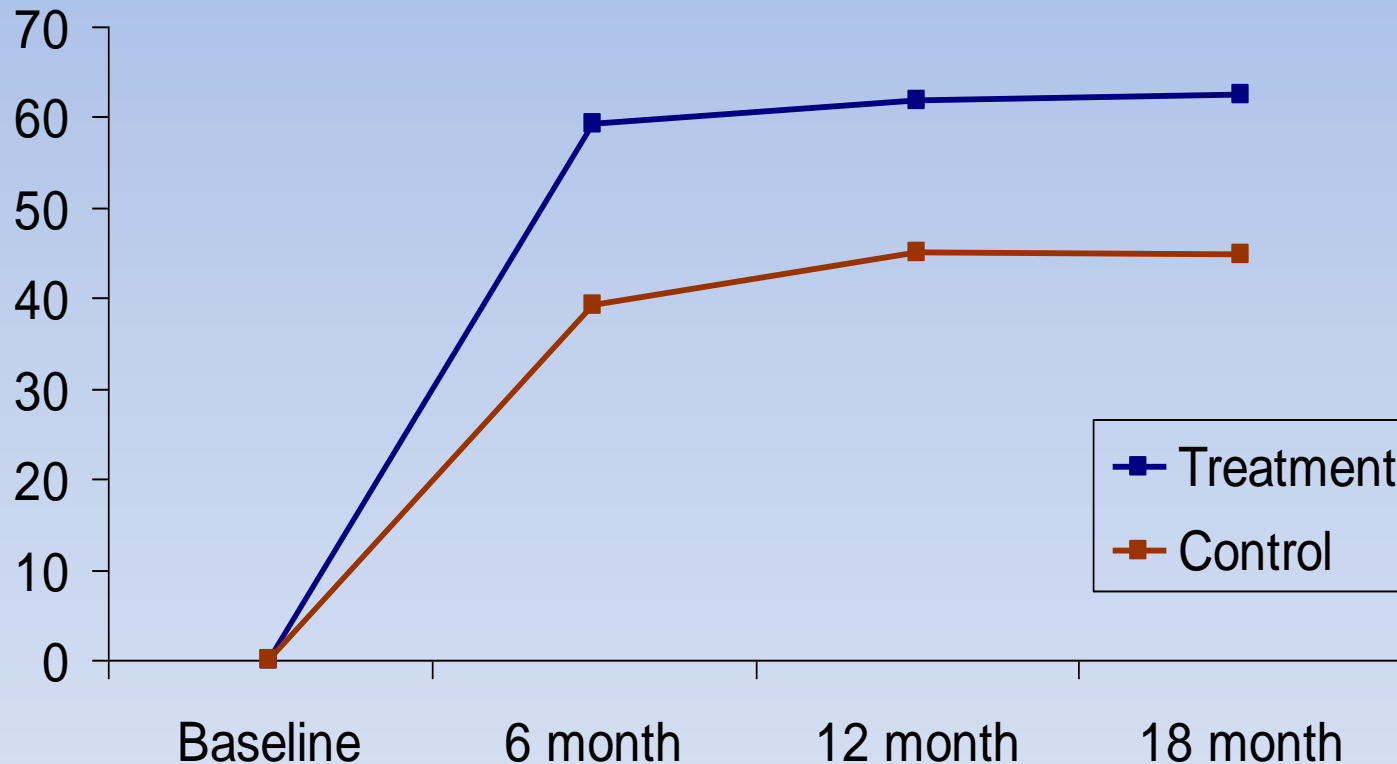
Prochaska, J.J., Hall, S., Delucchi, K., & Hall, S.M. (2014). Efficacy of initiating tobacco dependence treatment in inpatient psychiatry: A randomized controlled trial. *American Journal of Public Health, 104(8)*, 1557-1565.

Adding TTM-tailored Interventions to Midwife Counseling with Pregnant Smokers

Adding TTM-tailored interventions produced 8.2 times the impacts of midwife counseling alone

1. Increased Recruitment
2. Increased Retention
3. Increased Efficacy
4. Decreased Mis-reporting
5. Produced 8.2 times greater impacts

Percentage in Action/Maintenance for Stress Management



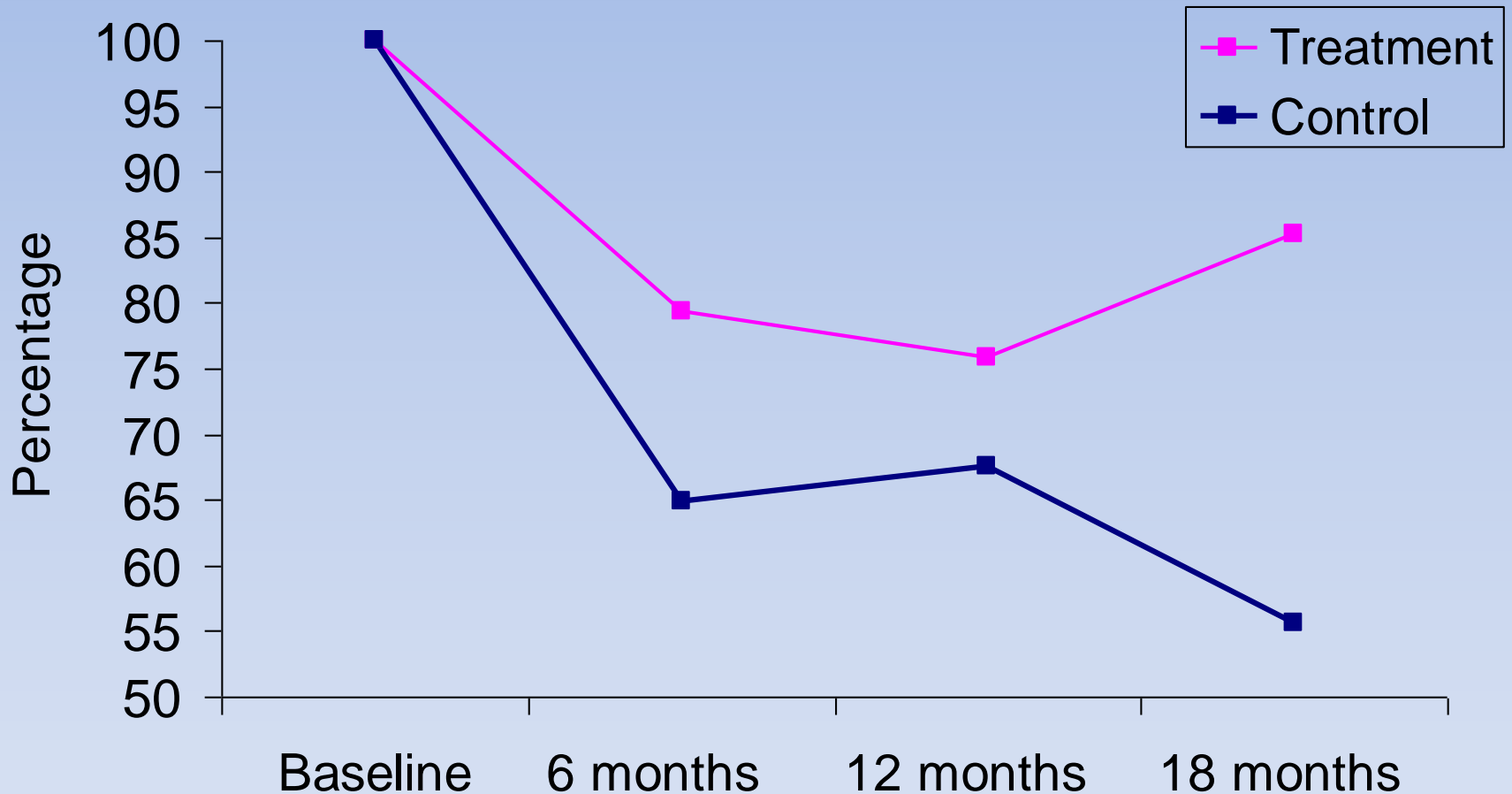
χ^2 significant ($p < .001$) at 6, 12, & 18 months (Pre-Action at Baseline Only)

Evers, K.E., Prochaska, J.O., Johnson, J.L., Mauriello, L.M., Padula, J.A., & Prochaska, J.M. (2006). A randomized clinical trial of a population- and Transtheoretical model-based stress-management intervention. *Health Psychology, 25*, 521-529.

Coaction: The increased probability of progressing to Action on a second behavior (e.g. diet) when individuals have progressed to Action on an initial behavior (e.g. smoking).

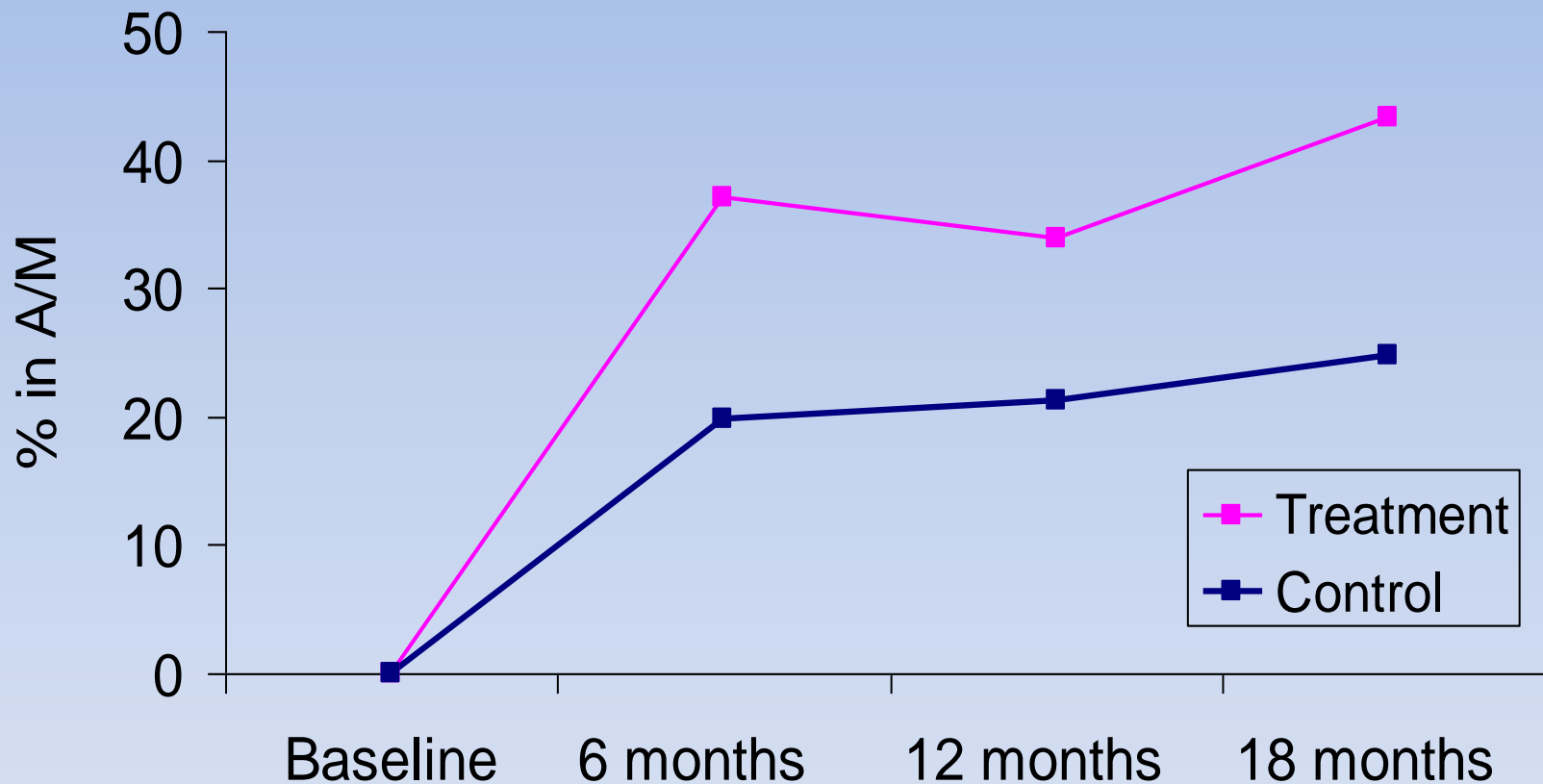
Coaction in	Odds Ratio
Control Group	1.0
TTM Intervention Group	1.5-3.5

Adherence: Regression from A/M by Group Post-action at Baseline



Exercise Staging: Adherence Group

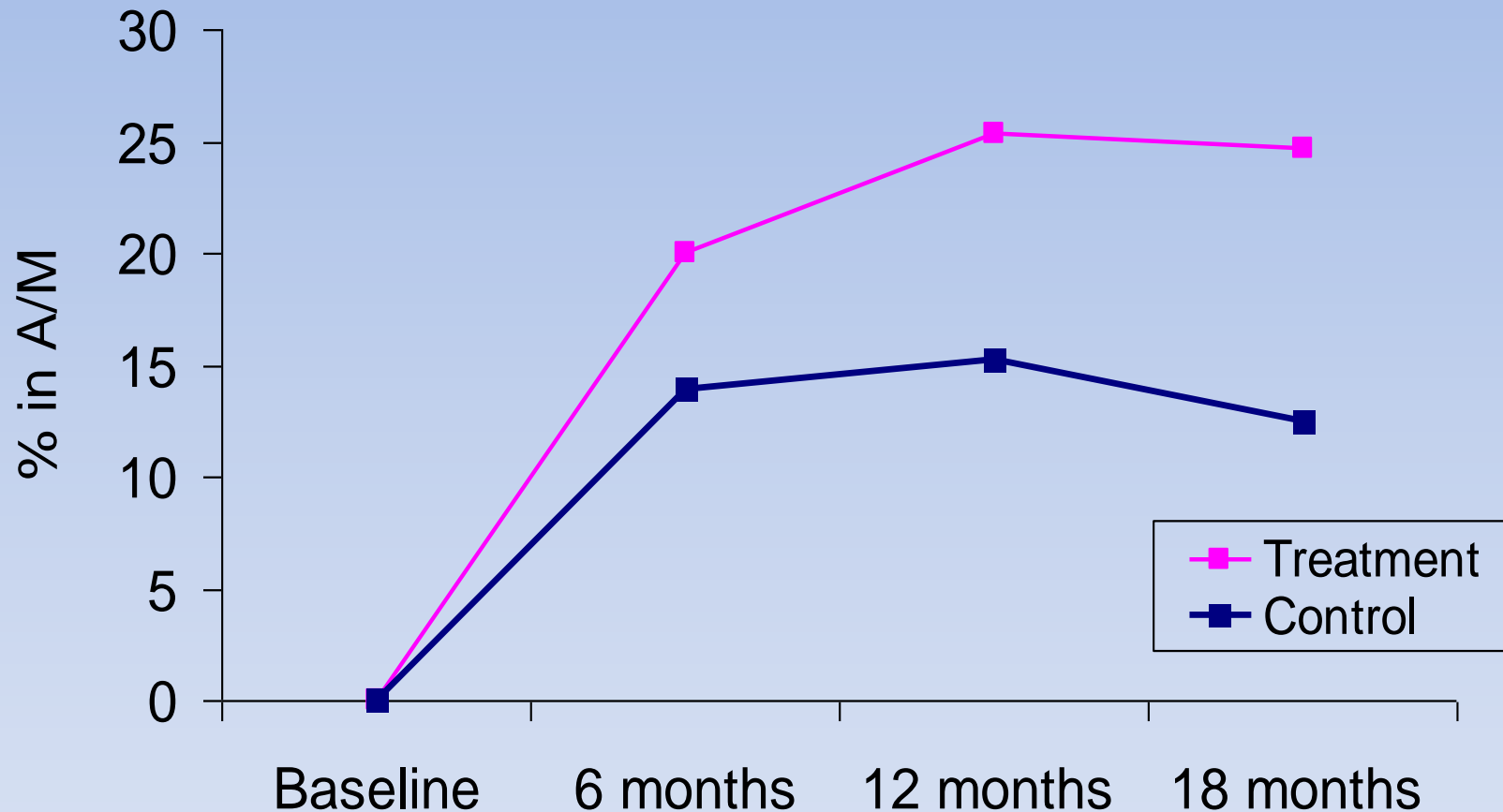
Progression to A/M by Group (pre-action at baseline)



Johnson, SS, Driskell, MM, Johnson, JL, Dymont, SJ, Prochaska, JO, Prochaska, JM, & Bourne, L. (2006). Transtheoretical model intervention for adherence to lipid-lowering drugs. *Disease Management*, 9, 102-114.

Dietary Fat Staging: Adherence Group

Progression to A/M by Group (pre-action at baseline)



Johnson, SS, Driskell, MM, Johnson, JL, Dymont, SJ, Prochaska, JO, Prochaska, JM, & Bourne, L. (2006). Transtheoretical model intervention for adherence to lipid-lowering drugs. *Disease Management*, 9, 102-114.

Two Years of Primary Care Counseling

- I. No effects on any of the four target behaviors

- II. No increased effect on four behaviors treated effectively with TTM-tailored interventions

Two Years of Worksite Campaign

- I. No effects on any of the multiple targeted behaviors

- II. No increased effect on multiple behaviors treated effectively with TTM-tailored interventions

Costs per health condition and behavior and percentage of successful employees at long-term follow-up who participate in our programs

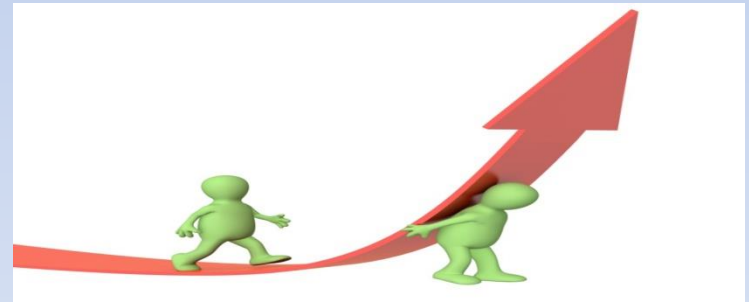
Health Related Condition	Cost per Employee	Costs per 1,000 employees	% of long-term successes per 1,000 employees
Heart Disease	\$6,000	\$232,000	N/A
Stress	\$4,100	\$2,700,000	65%
Smoking	\$4,000	\$880,000	25%
Diet Risk	\$7,000	\$2,000,000	45%
Exercise Risk	\$3,800	\$1,700,000	45%
Weight Risk	\$3,900	\$1,700,000	30%
Non-adherence: Statins			60%
Non-adherence: Anti-hypertensive			60%
Depression	\$6,400	\$1,900,000	70%

Elements of Well-being (2013)

1. Physical Health
2. Social Well-being
3. Community Well-being
4. Financial Well-being
5. Purpose

Well-being RCT

- Determine the effects on multiple risks and multiple domains of well-being of Pro-Change's effective LifeStyle Programs:
 - Online program for stress management
 - Telephonic coaching program for exercise management
- 3 group design



Baseline Demographics

- 39 States represented
- 59% female
- 52% currently employed
- 5.2% full time student
- 42.7% never smoke
- 20% reported no depression

Age:

Mean = 48.35 (13.53)

Range = 18-86

Chronic conditions:

Mean = 3.74 (3.09)

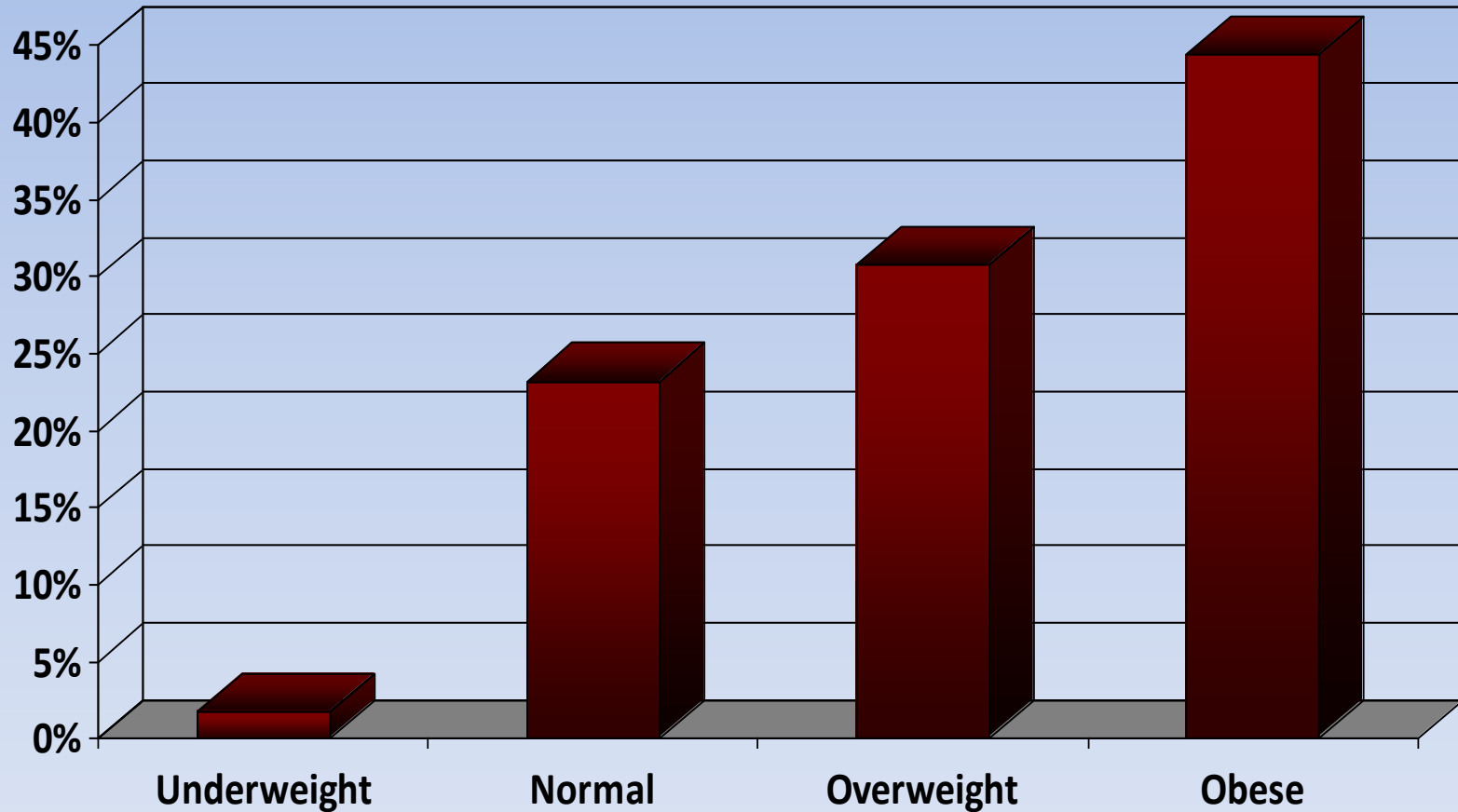
Range = 0-34

Behavior risks:

Mean = 4.14 (1.44)

Range = 0-9

Baseline Demographics: BMI



Baseline Stage of Change

Regular Exercise

PC	30.2% (1250)
C	32.7% (1354)
PR	27.4% (1132)
A	5.8% (239)
M	3.9% (161)

Stress Management

PC	31.0% (1282)
C	26.3% (1089)
PR	22.8% (941)
A	8.1% (336)
M	11.8% (488)

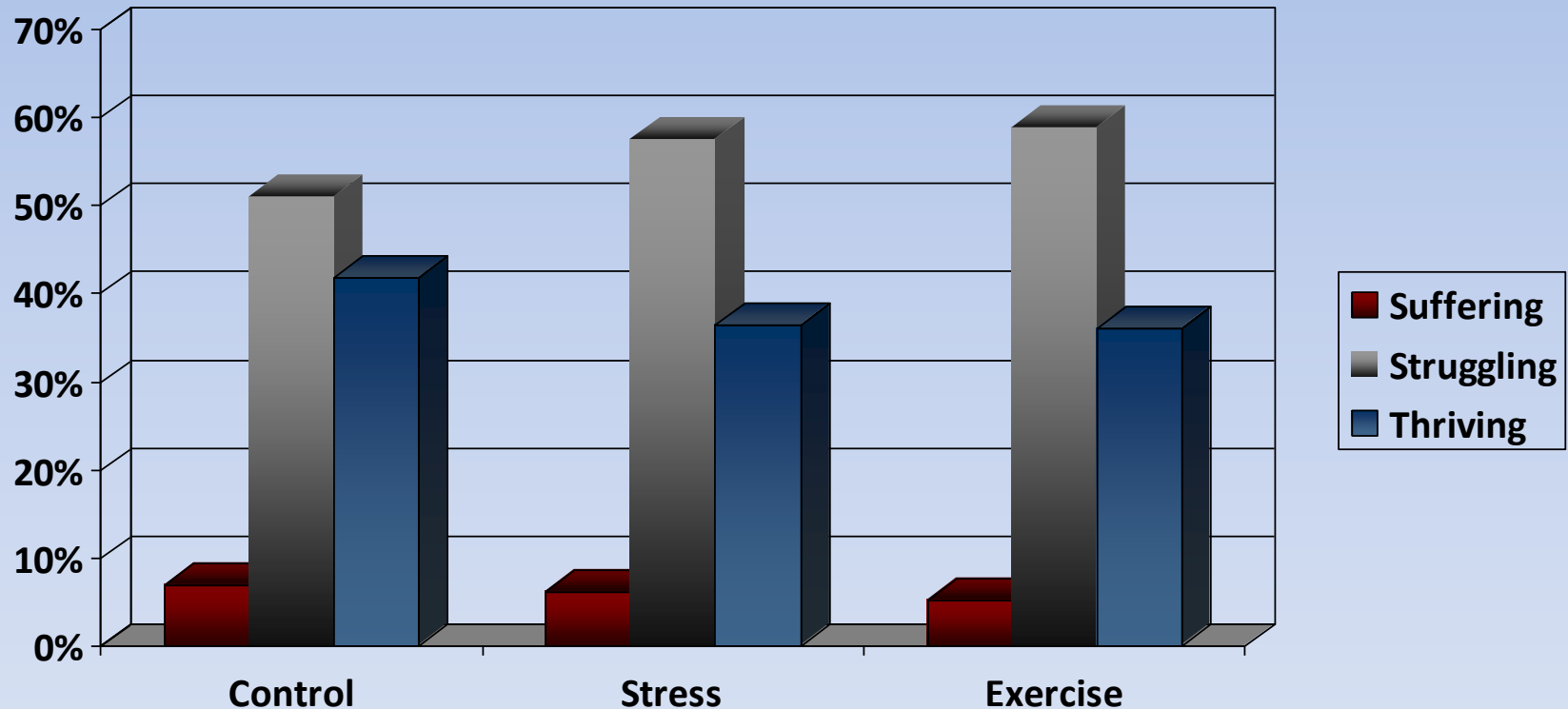
Number of Behavior Risks Mean Differences (T1-T2)

Group	Multiple Imputation
Exercise Coach	-1.18
Stress Online	-0.82
Control	-0.49

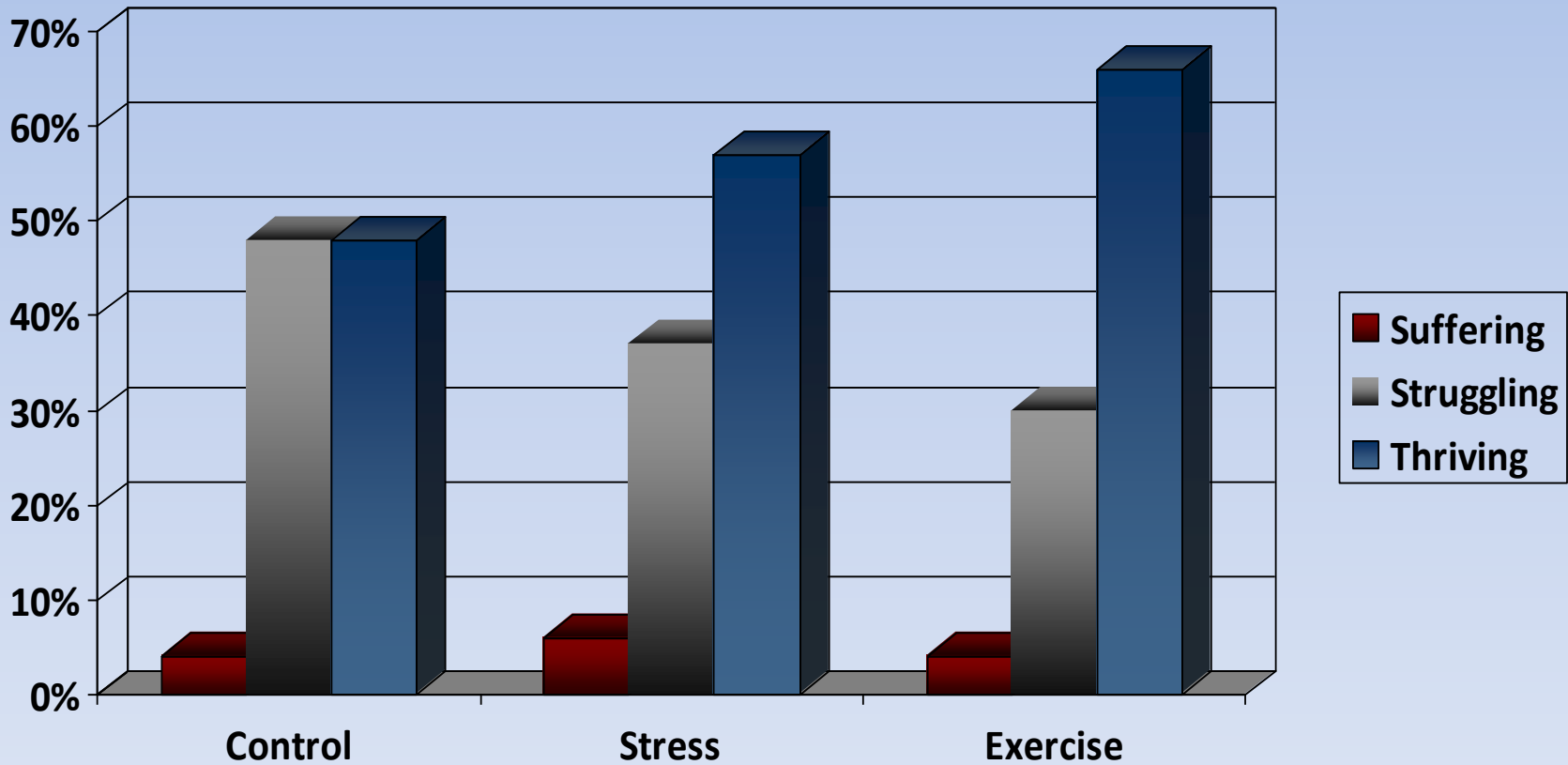
IWBS: Emotional Health Mean Differences (T1-T2)

Group	
Exercise Coach	14.54
Stress Online	12.03
Control	7.75

Life Evaluation Categories:T1



Life Evaluation Categories:T2



Inclusive Care

Inclusive Research + Inclusive Practice

=

Inclusive Care

*Using the Stages of Change to
Overcome the Top Threats
to Your Health and Happiness*

CHANGING TO THRIVE

JAMES O. PROCHASKA, PhD

CO-AUTHOR OF *CHANGING FOR GOOD* and
THE GROUNDBREAKING STAGES OF CHANGE MODEL

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JANICE M. PROCHASKA, PhD

CO-FOUNDER OF PRO-CHANGE BEHAVIOR SYSTEMS, INC.