AD_________________

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14. ABSTRACT

The overriding objective of this research is to reduce hazardous drinking in a military sample by implementing two motivational interventions and comparing them with 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 are randomly assigned to one of three interventions: (1) a group motivational intervention, (2) an individual motivational intervention, or (3) a treatment-as-usual group. All participants provide data regarding drinking and related problems at baseline and at 3, 6, and 12 months following the interventions. Analyses focus on (1) determining the effectiveness of the interventions in reducing alcohol use and alcohol-related problems, (2) testing factors that may mediate or moderate responses to the interventions, and (3) determining the cost and cost-effectiveness of treatment. The research includes a large sample (N = 750) and an extended follow-up (1 year) on intervention effects, components that most previous intervention studies have lacked. From a practical perspective, the ability to classify which individuals will benefit from a motivational intervention has important military readiness and alcohol policy implications.

15. Subject Terms (keywords previously assigned to proposal abstract or terms which apply to this award)

military personnel, alcohol abuse, alcohol abuse intervention, motivational interviewing

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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. In the predominantly male U.S. military population, heavy drinking has served as a test of "suitability for the demanding masculine military role" (Bryant, 1974, p. 133), and hard-fighting soldiers have commonly been characterized 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 emphasized the negative effects of alcohol abuse and has sought to foster responsible use (U.S. Department of Defense [DoD], 1994, 1997). Since 1972, 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 broader ones to form a comprehensive health promotion policy that recognized the value of healthy lifestyles for military performance and readiness (Bray et al., 2003; DoD, 1994). Under this policy, DoD directed programs toward preventing the misuse of alcohol, providing counseling or rehabilitation services 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 seeks to empirically assess the effectiveness of two MIs compared with treatment as usual in the Air Force Alcohol and Drug Abuse Prevention and Treatment (ADAPT) program. Follow-up assessments are planned for 3, 6, and 12 months. In addition, the

study will establish cost-effectiveness indices for these interventions, providing DoD with valuable information that will support policy and funding decisions. Findings from this study will provide information on potential interventions for use by DoD as part of its alcohol abuse reduction initiative. Specifically, the data will help inform alcohol abuse prevention strategies targeting heavy-drinking personnel. Our findings will also have important implications for DoD's efforts to develop comprehensive plans for treating alcohol abuse among military personnel. Finally, our results will help identify avenues for further investigation. Four major objectives guide the study:

- Evaluate the short- and long-term effectiveness of two MIs with heavy-drinking military personnel. We will test the effects of an MI delivered individually and in a group format to determine whether a group MI condition can produce outcomes similar to those demonstrated with individual MI.

- Compare the group and individual MIs with a treatment-as-usual control group. Results will provide information on the effectiveness of the current Air Force treatment and a comparison with two experimental conditions.

- Test factors that may mediate or moderate responses to the MIs. These interventions are promising strategies to reduce harmful drinking by triggering the change process (i.e., problem recognition, concern about drinking, and a desire to change drinking behavior). The assessment portion of the interventions will include measures of factors to be tested as mediators. Knowledge of the change process will offer a better understanding of how MIs lead to behavioral change. 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 identify populations for whom the interventions work.

- 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 MIs. 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 with the greatest benefit for military drinkers and the factors that mediate or moderate the intervention. The research includes a large sample (N = 750) and an extended follow-up (1 year) on intervention effects, components that most previous intervention studies have lacked. From a practical perspective, the ability to classify which individuals will benefit from an MI 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 numbering about 1.4 million (DoD, 1999). Young recruits have many of the same issues and problems experienced by civilian young adults. In the civilian population, the 18-to-25 age group has the highest prevalence rates of heavy alcohol use and tobacco use (Substance Abuse and Mental Health Services Administration [SAMHSA], 2003). These high rates 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, prevalence rates of heavy alcohol use are significantly higher among military personnel than civilians, particularly for males and younger enlisted personnel (Bray et al., 1999).

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 on behalf of 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%; nonetheless, 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%), those aged 21 to 25 (26%), unmarried personnel (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, DoD has been establishing 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 broader ones 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, DoD directed programs toward preventing the misuse of alcohol, providing counseling or rehabilitation services to abusers, and providing education to various target audiences (Bray et al., 1995). The DoD Prevention, Safety, and Health Promotion Council (DoD, 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 about 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 previous 30 days) and 13% were heavy drinkers (drank five or more drinks per occasion on 5 or more days in the previous 30 days) (SAMHSA, 2003). 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 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; Butler 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). Motivational interviewing includes techniques that allow individuals to explore ambivalence about changing and techniques that avoid triggering defensive behaviors, so this approach is particularly useful for people who are reluctant to change or are ambivalent about changing. Motivational-interviewing-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 be in the 18-to-25 age group, we believe that MIs 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 published research that can be used for guidance. There is no published evidence on the cost-effectiveness of group MIs. 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 2 Activities

RTI was awarded this contract on March 1, 2004. Year 2 of the project has consisted of obtaining final clearances and institutional review board (IRB) approvals for Phases I and II of the study, completing initial MI trainings at four installations (Eglin AFB, Tinker AFB, RAF Lakenheath, and Offutt AFB); conducting booster MI trainings at Eglin AFB; drafting and finalizing the 3-, 6-, and 12-month follow-up survey; programming and testing the Web conversion of the follow-up survey; recruiting participants at Eglin AFB, RAF Lakenheath, and

Offutt AFB; and presenting the study design at the Community Prevention Division Research Meeting in San Antonio, TX.

2.2.1 Obtaining Study Approvals

2.2.1.1 Phase I Baseline Approvals

On April 12, 2005, a response to the initial review of the protocol was submitted to the Fort Detrick 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). RTI received comments on these revisions on June 9, 2005, and resubmitted the protocol with the additional revisions as requested, on June 24, 2005. Fort Detrick responded on July 15, 2005, with a request for additional materials, which were remitted to Fort Detrick the same day. Final approval for Phase I of the study was obtained for the Fort Detrick HSRRB on July 19, 2005.

2.2.1.2 Phase II Follow-Up Approvals

RTI obtained approval for Phase II of the study from the RTI IRB on November 4, 2005, and from the Wilford Hall IRB on January 27, 2006. The Phase II protocol materials were submitted to the Fort Detrick HSRRB for review on February 20, 2006, and RTI is awaiting the outcome of this review.

Appendix A includes all current IRB approvals.

2.2.2 Motivational Interviewing Training

RTI conducted MI training for ADAPT staff and study personnel at four Air Force installations: Eglin and Tinker AFB in April 2005, Offutt AFB in May 2005, and RAF Lakenheath in October 2005. The training included skills needed for the administration of the two MI treatment groups (individual MI and group MI), as well study procedures and requirements.

The two MI manuals are included in **Appendix B**.

2.2.3 Tape Coding

To maintain treatment integrity throughout Phase I and across installations, individual MI and group MI treatment sessions will be audiotaped and rated for MI adherence. During Year 2, RTI personnel were trained in the use of the MITI and MISC tape coding scales.

2.2.4 Follow-Up Survey

During Year 2, the questionnaire for the 3-, 6-, and 12-month follow-up survey was developed, finalized, and programmed for Web access. The follow-up questionnaire will be accessed by participants via a Web link that will be sent to them in an e-mail message at approximately 3, 6, and 12 months from the completion of their treatment group (individual MI, group MI, or treatment as usual).

The follow-up survey is included as **Appendix C**.

2.2.5 Participant Recruitment

On January 2, 2006, recruitment for study participants began at Eglin AFB, Offutt AFB, and RAF Lakenheath. As of March 17, 2006, we had 28 participants enrolled in the study (5 at Eglin AFB, 16 at Offutt AFB, and 7 at RAF Lakenheath). Data collection will continue until 250 individuals have been assigned to each of the three treatment conditions, for a total enrollment of 750.

2.2.6 Presentations

On December 7 and 8, 2005, we presented a PowerPoint presentation outlining the study design, progress, and possible obstacles at the Community Prevention Division Research meeting in San Antonio, TX.

2.3 Project Schedule

Because of the lengthy process of obtaining clearances during Years 1 and 2, data collection has been delayed. The timeline for the statement of work has therefore been adjusted (see **Appendix D** for the revised statement of work).

2.3.1 Phase I (Baseline) Data Collection

Baseline data collection is in progress at Eglin AFB, Offutt AFB, and RAF Lakenheath. Data collection will continue until 750 individuals have been enrolled.

2.3.2 Follow-Up Data Collection

Follow-up data collection will begin in April 2006 with a 3-month follow-up assessment of participants enrolled in January 2006.

2.3.3 Installation Withdrawal

During Year 2, Tinker AFB withdrew from the study because of time and staffing constraints. The need for a fourth base will be reassessed in June 2006.

3. Key Research Accomplishments

Accomplishments during Year 2 include the following:

- Obtained final clearance for Phase I (baseline) from the Fort Detrick HSRRB.
- Obtained final clearance for Phase II (follow-up) from the RTI and Wilford Hall IRBs.
- Submitted Phase II (follow-up) protocol to the Fort Detrick HSRRB for approval.
- Conducted MI trainings at Eglin AFB, Tinker AFB, Offutt AFB, and RAF Lakenheath.
- Conducted MI booster training at Eglin AFB.
- Presented the study design at the Community Prevention Division Research meeting in San Antonio, TX.
- Trained tape-coding staff in the use of the MITI and MISC rating scales for motivational interviewing.
- Developed a final questionnaire for the 3-, 6-, and 12-month follow-up survey.
- Began baseline data collection in January 2006.

4. Reportable Outcomes

There are no reportable outcomes at this time.

5. Conclusions

No conclusions can be made at this time because the main study has not been completed.

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APPENDIX A

IRB Approvals

Fort Detrick HSRRB Approval   19 July 2005

SUBJECT: Protocol, "Motivational Interventions to Reduce Alcohol Use in a Military Population," Submitted by Janice M. Brown, PhD, Research Triangle Institute, North Carolina, and Major Christine Hunter, Wilford Hall Medical Center, Lackland Air Force Base, Texas, Proposal Log Number PR033142, Award Number W81XWH-04-1-0072, HSRRB Log Number A-12529.ii

1. The final revised protocol, consent form and supportive documents received 18 July 2005 have been reviewed and found to comply with applicable human subjects protection regulations and recommendations.

2. There are no outstanding human subjects protection issues to be resolved for this no greater than minimal risk study. The study is approved for implementation upon receipt of a copy of the Wilford Hall Medical Center Institutional Review Board Institutional Review Board (IRB) approval memo for the submitted amended documents (dated 18 July 2005).

3. In accordance with 32 Code of Federal Regulations 219, continuing review for this project must be conducted at least annually. Records indicate that the Wilford Hall Medical Center Institutional Review Board (IRB) reviewed and approved this project on 24 August 2004. This study approval expires on 23 August 2005. The study continuing review report date was 01 July 2005. A copy of all continuing review reports and/or final reports along with the Wilford Hall Medical Center IRB approval of the reports is to be forwarded to the HSRRB Chair, as soon as possible, after local approval is received.

4. Any protocol modifications (including, but not limited to, changes in the recruitment materials or procedures; the principal investigator; inclusion/exclusion criteria; number of subjects to be enrolled; study sites; or procedures) must be submitted as a written amendment for HSRRB review and approval before implementing the change. Documentation that the local IRB reviewed and approved the modifications must be submitted with any amendment documents.

5. Further information regarding the award/grant/cooperative agreement can be obtained by calling the USAMRAA Contract Specialist, Ms. Wendy Baker at 301-619-2034.

6. Further information regarding technical oversight can be obtained by calling Dr. Jay (James) Phillips, CDMRP, at 301-619-7522

7. The point of contact for this action is Melanie Oringer, R.N. at 301-619-6766.

CARYN L. DUCHESNEAU, CIP
Vice Chair, Human Subjects
Research Review Board

Note: The official signed copy of this approval memo is housed with the protocol file at the Office of Research Protections, 504 Scott Street, Fort Detrick, MD, 21702. Signed copies will be provided upon request.

Wilford Hall Medical Center
Institutional Review Board (IRB)
59 Clinical Research Squadron/MSRP
2200 Bergquist Dr, Bldg 4430, Lackland AFB, TX 78236-5300
Federal Wide Assurance #FWA00001750 and DoD Assurance #50007

NOTICE OF ACTION REGARDING IRB REVIEW

Date: 27 Jan 06

TO: Individuals Indicated Below

The following **PROTOCOL RELATED ISSUES** were approved by the Commander, Clinical Research Squadron on behalf of the WHMC Institutional Review Board on the date indicated below. They were available for review by the other Board members as appropriate at the 24 Jan 06 meeting.

If any of these issues involve a revised Informed Consent Document, **you must come by the Protocol Office** to obtain your original approved stamped ICD (all previous versions of the ICD are obsolete and can no longer be used to enroll subjects) and the electronic version of the new ICD.

If you have requested funds, you should contact the CRFS Funding Manager at (2-5687) as to the status of requested funds. YOU ARE NOT AUTHORIZED TO USE YOUR SECTION'S O&M FUNDS.

FWH20040063H, "RTOG 0225, A Phase II Study of Intensity Modulated Radiation Therapy (IMRT) +/- Chemotherapy for Nasopharyngeal Cancer", **PI: LTC Barry Gardner/MTRO** **[RTOG Update dated 27 Sep 05 - RTOG 0225 Closure, PI letter dated 1 Dec 05]** [Cooperative Oncology RTOG][Joint BAMC/WHMC] [Approved on: 15 Dec 05]

FWH20040063H, "RTOG 0225, A Phase II Study of Intensity Modulated Radiation Therapy (IMRT) +/- Chemotherapy for Nasopharyngeal Cancer", **PI: LTC Barry Gardner/MTRO** **[RTOG Update dated 22 Nov 05 - RTOG 0225 Closure, PI letter dated 1 Dec 05]** [Cooperative Oncology RTOG][Joint BAMC/WHMC] [Approved on: 15 Dec 05]

FWH20040179H, "Motivational Interventions to Reduce Alcohol Use in a Military Population", **PI: Maj Christine Hunter/AFMOA/SGOF** **[Amendment 2 to Research Protocol Quetionnaire (Submitting an Email Lead Letter, Post Login Intro Screen, Final Web Follow-up, and an IRB Approval Letter for Research Triangle Institute), PI letter dated 12 Dec 05]** [Approved on: 12 Dec 05]

FWH20050069H, "Percutaneous peripheral arterial access using infrared transillumination.", **PI: Capt Christopher Frandrup/MCOA** [Approved on: 9 Jan 06]

FWH20050093H, "Defense and Veterans Brain Injury Center (DVBIC) Prospective Traumatic Brain Injury Tracking Protocol", **PI: LTC Michael Jaffee/MMCNN** **[WHMC Amendment 4 to Research Protocol (Adding an AI), PI letter dated 15 Dec 05]** [Joint BAMC/WHMC] [Approved on: 9 Jan 06]

FWH20050094H, "Pilot Study: Incidence and characteristics of Post Traumatic Stress Disorder following Traumatic Brain Injury", **PI: LTC Michael Jaffee/MMCNN** **[WHMC Amendment 3 to Research Protocol (Adding an AI), PI letter dated 15 Dec 05]** [Joint BAMC/WHMC] [Approved on: 9 Jan 06]

FWH20050122H, "Facilitating Smoking Cessation and Preventing Relapse in Primary Care: Minimizing Weight Gain by Reducing Alcohol Consumption.", **PI: LTC Alan Peterson/MMCP** **[AHMC Amendment 1 to Resarch ICD and Protocol (Minimal Changes to ICD and Protocol), PI letter dated 10 Jan 06]** [Approved on: 12 Jan 06]

FWH20050166H, "Evaluation and Validation of WATCH-PAT Testing Relative to Split-Night Polysomnography", **PI: Maj Tara Taylor/MCCP** **[WHMC Amendment 1 to Research Protocol (Protocol Change to Section 5.8 Inclusion/Exclusion Criteria and Adding an AI), PI letter dated 9 Dec 05]** [Approved on: 14 Dec 05]

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File this and any other IRB correspondence in your study binder

IRB ID: 10993

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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: November 3, 2005

RTI PROJECT NUMBER: 9033 or **PROPOSAL NUMBER:**

NATURE OF REVIEW:
(check one) FULL _____ EXPEDITED __X___ EXEMPT

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.
___ RENEWAL.
_X_ AMENDMENT: lead letter and instrument for follow-up web survey

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.

Wendy Visscher

November 4, 2005

IRB Member or Chair Date

Wendy A. Visscher, Ph. D.

APPENDIX B

MI Training Manuals

INDIVIDUAL MOTIVATIONAL INTERVIEWING TREATMENT MANUAL

AIR FORCE MI PROJECT

Individual Motivational Interviewing Manual

Overview of Session (Tasks and Time Lines)

I. Welcome and Introduction (Time: 2 minutes)

- Welcome the client and introduce yourself.
- Remind them that the session will be tape recorded but that their name will not be associated with the tape and no Air Force personnel will have access to it. 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: 3-5 minutes)

The key task here is to orient the client to the MI and what to expect from the session:

- You'll be spending anywhere from 1 to 1.5 hours with the client.
- Stay with the spirit of MI by truly believing that the client has the ability to make a change.
- 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?*"
- Reinforce the idea that the change is up to them.

III. Opening strategies - Exploration of Lifestyles (10-13 minutes)

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

- Ask participant for their definition of the word "lifestyles." *(Ex., How would you describe lifestyle?")*
- Summarize response and define lifestyle as *the overall pattern of behaviors and choices that a person makes in organizing their life.*
- State: *"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*?") Be sure to reflect and summarize at the end.

Continue discussing this until good rapport is established, and then ask, "*What about your use of alcohol? How does that fit in*?"

Explore how alcohol use fits into their lifestyle, empathizing with the positive aspects of alcohol use. Use reflective listening and summarization, being careful not to interject your ideas.
Some potential issues to discuss:

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

If these ideas don't come up, you could say *"I wonder if you use alcohol to relax or unwind? How about to block out problems? And, sometimes people use alcohol as a reward for a job well done."*

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

1. Explain the concept of change as a process that occurs over time in stages, it is not a single event.
2. Introduce the idea that changes can be made using specific strategies that are useful at the different stages.

1. Explanation of the Stages of Change: Hand them the sheet depicting the Wheel of Change. Tell the person 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 person, and make sure they are following you.

> *"The idea is that 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. Motivation can be understood as a state of readiness that fluctuates."*

The first stage of change is called the "Pre-contemplation Stage."

- Person is not thinking about making a change
- Doesn't see the behavior as a problem (or not as much as others believe)
- Reluctant to change because of lack of knowledge, hopelessness, rebelliousness
- May be fearful/avoidant

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 – seesaw effect.
- 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.

"<u>Preparation or</u> <u>Determination stage</u>."

- This is the "window of opportunity"
- Person is looking to initiate a change
- Commitment doesn't mean change <u>will</u> occur.

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 "<u>Action Stage</u>" 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 "<u>Maintenance Stage</u>." 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.*

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 20 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 are similar to making other changes.

Personal Change Experiences:

REVISION

This is a place where you can get creative – you could:

1. Ask the participant to think about a change they've been wanting to make (ex: more exercise, eating better, quit smoking, or even cut down on drinking). Then ask the person to identify the stage they are currently in with that change. Then, discuss what makes them be at that particular stage and what it would take to move to the next stage if appropriate. Remind them that change is a <u>process</u> and there are things they can do along the way to help them make changes.

2. Simply 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.

3. Ask them to generate "new" names for the stages and then to generate examples of being in these stages. For example, Precontemplation might become "Not thinking about it," Action might become "Doing it." Have them generate ideas of what stops people from changing. Then, talk about what one can do to overcome those obstacles.

The point to this section is to get them thinking about how people change and what gets in the way of changing.

V. The Good and Not-So-Good Things (Time: 10 minutes)

The purpose of this section is to begin to explore ambivalence – by having them understand that there are good and bad things about their alcohol use and therefore, reasons to use and reasons to quit.

> *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 your lives. We are going to talk about the good things and not-so-good things about drinking. You might be surprised that I 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.*

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 at least one good thing in each area on the left. Only write in the "Good Things" Boxes right now – do both short term and long term good things.

When the participant is done, ask him/her to share the responses. Facilitate discussion of the "good things" topic. Encourage them to share experiences; the point here is to develop an understanding of the positive reasons for alcohol use, and the context of people's use.

Awareness of the Not-So-Good Things. Tell the person, "*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. *Can anyone give me another example of a Not-So-Good Thing that they might list?"*

Be careful to avoid labeling and help the client refrain from labeling their own answers. If necessary, remind him/her that the purpose today is to develop a clear picture, using the Window, of what alcohol use is like for them. There are no right and wrong answers to the exercise. Encourage 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 drinking, 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 they are becoming defensive. Explore the answers using reflective listening and summarizing skills. You may want to illustrate, 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?

Exploring concerns. This is the "meat" of motivational counseling, when you will discuss the person's <u>ambivalence</u> about changing. Only when a client 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 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 them to give examples of each concern, to be sure you understand it. Lastly, summarize all the material covered in this strategy by acknowledging concerns one by one, then ask *"I wonder what you make of all this now?"*

VI. Pros and Cons of Changing and Staying the Same (Time: 15 minutes)

The goals of this activity are to increase awareness of <u>ambivalence about substance use</u> and to increase awareness of <u>ambivalence about change</u>.

- Discuss the fact that there are also good and bad things about changing and/or staying the same.
- You will talk about the pros of changing and then the cons of changing
- You will then talk the pros of staying the same and then the cons of staying the same

1. Ask the client to define the term *"Motivation."*. Ask "*What influences our 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 <u>ambivalence</u> 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. "

REVISION

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.

Look at your Good/Not so Good things about drinking. You could also think of this as reasons to stay the same (Good things) or as reasons to make a change (Not so Good things)

Ask them if there are additional reasons that they can think of for not changing or for changing.

For most people, "making a change" may mean quitting drinking altogether, but it is important that you consider what specific change you might want to make, which may be something else.

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 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.

The following guidelines from Rollnick should be kept 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)

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.

REVISION

Hand the person the Values cards, then, have them sort the cards from <u>most important</u> to <u>least important</u> value. Ask them to share their highest value, the one they ranked most important. Here, you can ask for more than one value or you can ask for highest and lowest – be creative.

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 ask *"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?"* asking how/if their actions are inconsistent with their highest value. Then ask for some ways in which they might live closer to their values. Spend a considerable amount of time processing this section.

2. Since you have already talked about the Decisional balance worksheet (Good/Not so Good – Change/Not change reasons), ask the person how this section relates to the reasons for changing or reasons not to change.

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.
- Group members may want to think about how they are living in line with their own values.

VIII. Planning For Change (Time: 10 Minutes)

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?

Or, alternatively, you may have to:

- Point out that they may be ready to consider implementing an action plan.
- Introduce the change plan worksheet.
- Have the client complete the worksheet.
- Summarize and discuss.

Start 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.*

- 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.

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 the 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 them 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)

"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."

"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."

1. Ask the client 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.

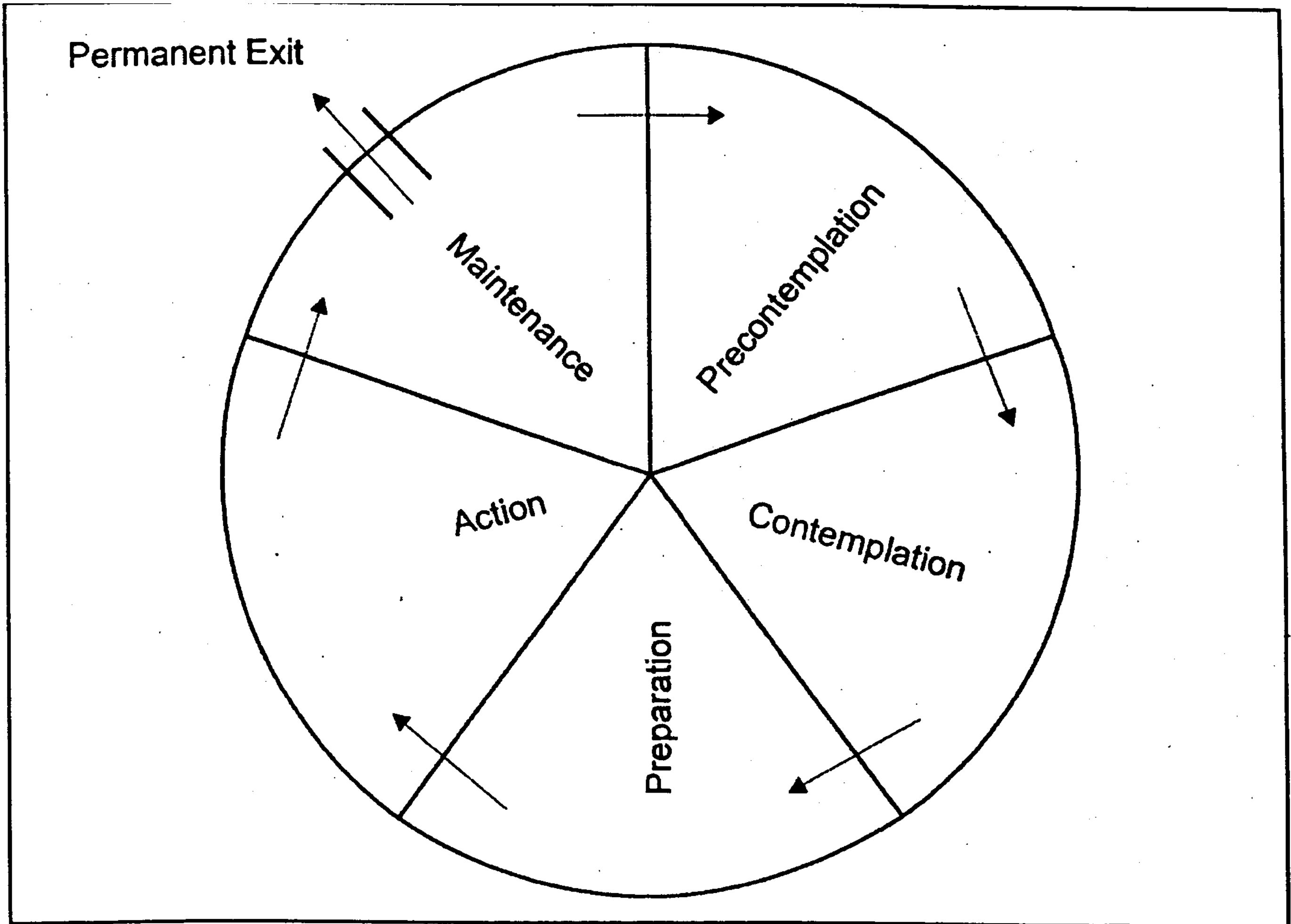
3. Remind them that making lasting changes often takes time and involves some setbacks. Take a few minutes to summarize your perceptions, and reflect on positive aspects that you have noticed (e.g., openness about vulnerable issues, determination to succeed, etc.). Ensure that the session ends on a positive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

X. 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.
- Remind the client that we will be contacting them for follow-up in the coming months.

Stages of Change: Wheel Model



The **Awareness Windows** below will help you explore what is "good" and "not-so-good" about drinking 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" you might put something to do with your social life, like "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
Short-Term *Example:* *Social* *Emotional* *Financial*		
Long-Term *Example:* *Health* *Work* *School* *Relationships* *Legal*		

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 all of the reasons that you can think of in each of the boxes. For most people, "making a change" will probably mean quitting alcohol, 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		

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.

l. 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 away that is closer to your most important values?

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:

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 your use of alcohol. However, that may not be the focus for you.

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 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 in drinking 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 in your drinking:

0 1 2 3 4 5 6 7 8 9 10

Dread making change — ***Excited about the making the change***

GROUP MOTIVATIONAL INTERVIEWING TREATMENT MANUAL

AIR FORCE MI PROJECT

GROUP MOTIVATIONAL INTERVIEWING MANUAL

NOTE: 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 (Time: 5 minutes)

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 that we are all here to learn from each other.

II. What to expect from the group (Time: 10 minutes)

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 expressing 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.

NOTE: As the MI group leader, throughout the session you should explore each of the opinions being expressed, taking 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. This is related to the idea that the more people there are present, the less likely anyone is to help someone in trouble.*

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 – as the group size gets larger it is less likely a person will be called on. 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 an opinion to the group. That means 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 deserve 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.

NOTE: 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 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. 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.

III. Opening strategies - Exploration of Lifestyles (Timeline: 20 minutes)

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 chores completed, the leaders should introduce the first topic as "*Lifestyles*."

- Ask members for their definitions of the word lifestyles. (Ex., *"How would you describe lifestyle?"*)
- Summarize each response; get everyone's ideas, and define lifestyle as *the overall pattern of behaviors and choices that a person makes in organizing their life*.
- Share: "*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 lifestyles 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, what are some of your habits?"*) Be sure to reflect when given responses and to summarize at the end. (Ex., *"So, it seems as if there are a number of things you all do in your free time, some of you like to do things with friends, other enjoy spending time with family..."*) Be sure to try to include several people's comments in the summary.

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? How does that fit in with how you spend your free time?"*

Explore how alcohol use fits into their lifestyle, empathizing with the positive aspects of alcohol use. Use reflective listening and summarization, being careful not to interject your ideas. Some of the ideas expressed by the group may include:

- Using alcohol to relax, unwind, or socialize
- Using alcohol to block out problems or pressures
- Feeling that you deserve alcohol for successfully dealing with your circumstances

If these ideas don't come up, you could say *"I wonder if any of you use alcohol to relax or unwind? How about to block out problems? And, sometimes people use alcohol as a reward for a job well done."*

IV. The Stages of Change (Timeline: 30 minutes)

1. Explain the concept of change as a process that occurs over time in stages, it is not a single event.

2. Introduce the idea that changes can be made using specific strategies that are useful at the different stages.

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.

"The idea is that 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. Motivation can be understood as a state of readiness that fluctuates."

The first stage of change is called the "Pre-contemplation Stage."

- Person is not thinking about making a change
- Doesn't see the behavior as a problem (or not as much as others believe)
- Reluctant to change because of lack of knowledge, hopelessness, rebelliousness
- May be fearful/avoidant

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 – seesaw effect.
- 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.

"Preparation or Determination stage."

- This is the "window of opportunity"
- Person is looking to initiate a change
- Commitment doesn't mean change will occur.

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.*

Personal Change Experiences:

REVISION

This is a place where you can get creative – you could:

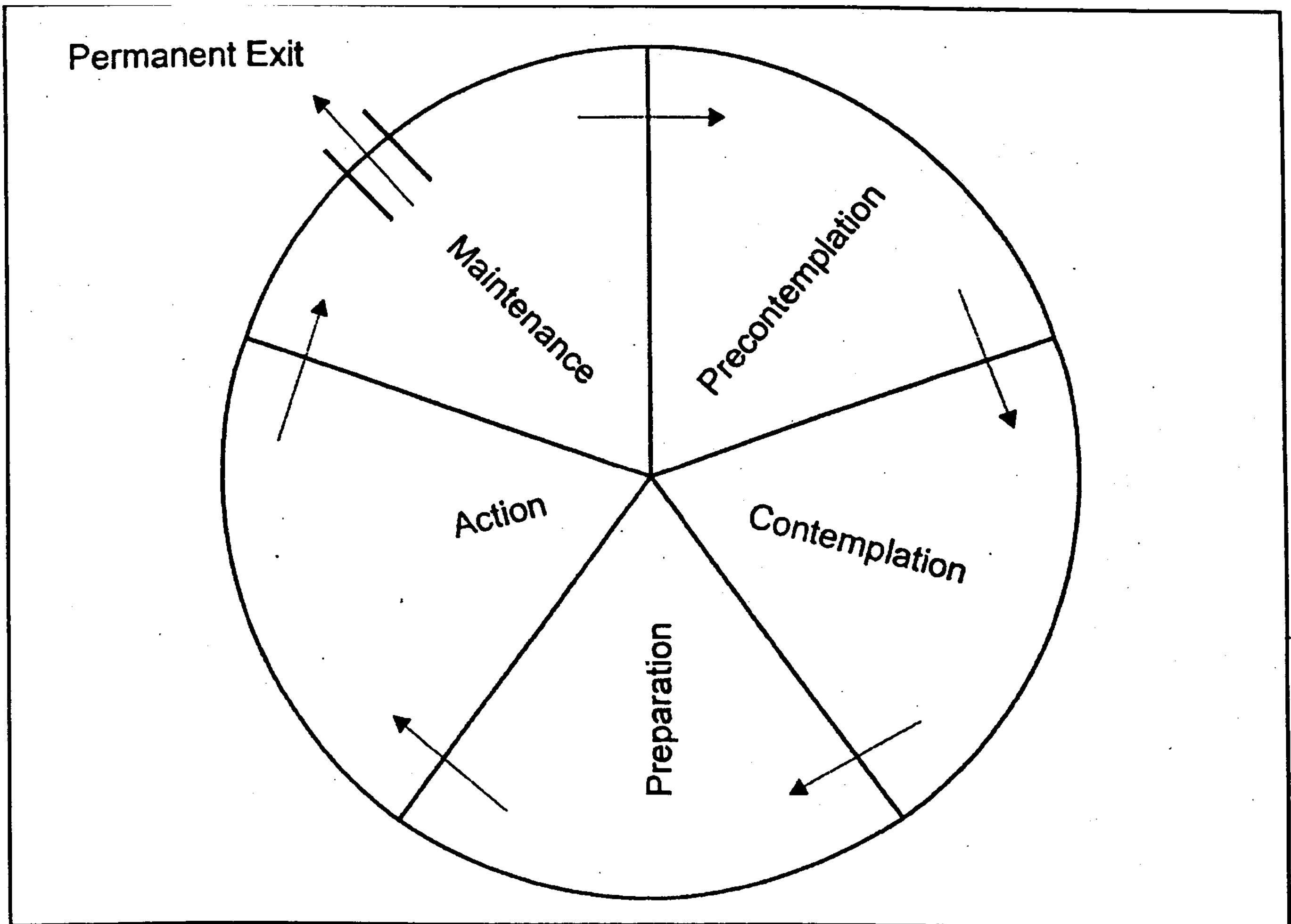
1. Have "pie slices" for each Stage of Change on the wall or on the floor. Ask participants to think about a change they've been wanting to make (ex: more exercise, eating better, quit smoking, or even cut down on drinking). Then ask them to go stand by the stage they are currently in with that change. Then, discuss what makes them be at that particular stage and what it would take to move to the next stage if appropriate. Remind them that change is a process and there are things they can do along the way to help them make changes.

2. Simply 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 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.

3. Ask them to generate "new" names for the stages and then to generate examples of being in these stages. For example, Precontemplation might become "Not thinking about it," Action might become "Doing it." Have them generate ideas of what stops people from changing. Then, talk about what one can do to overcome those obstacles.

The point to this section is to get them thinking about how people change and what gets in the way of changing.

Stages of Change: Wheel Model



V. The Good and Not So Good Things (Timeline: 25 minutes)

The purpose of this section is to begin to explore ambivalence – by having them understand that there are good and bad things about their alcohol use and therefore, reasons to use and reasons to quit.

> *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 alcohol has played in your lives. We are going to talk about the good things and not-so-good things about drinking. You might be surprised that I 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.*

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 things" and write down at least one good thing in each area on the left.

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 – do both short term and long term good things.

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 alcohol use, and the context of people's use.

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. *Can anyone give me another example of a Not-So-Good Thing that they might list?"*

List appropriate responses on the board. Allow some discussion of the "not-so-good things" topic.

Be careful to avoid labeling and help members refrain from labeling each other's answers. If necessary, remind the group that the purpose today is to develop a clear picture, using the Window, of what alcohol 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 drinking, 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 <u>ambivalence</u> about changing.

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 them 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 members' concerns one by one.

The **Awareness Windows** below will help you explore what is “good” and “not-so-good” about drinking 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” you might put something to do with your social life, like “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
Long-Term *Example:* *Health* *Work* *School* *Relationships* *Legal*		

VI. Pros and Cons of Changing and Staying the Same (Timeline: 30 minutes)

The goals of this activity are to increase group members' awareness of ambivalence about substance use and to increase group members' awareness of ambivalence about change.

- Discuss the fact that there are also good and bad things about changing and/or staying the same.
- You will talk about the pros of changing and then the cons of changing
- You will then talk the pros of staying the same and then the cons of staying the same

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. "

REVISION

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.

Look at your Good/Not so Good things about drinking. You could also think of this as reasons to stay the same (Good things) or as reasons to make a change (Not so Good things)

Ask them if there are additional reasons that they can think of for not changing or for changing.

For most people, "making a change" may mean quitting drinking altogether, but it is important that you consider what specific change you might want to make, which may be something else.

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.

The following guidelines from Rollnick should be kept 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 (Timeline: 30 minutes)

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.

REVISION

Pass out the Values cards, then, have each member sort the cards from most important to least important value. Ask the members to share their highest value, the one they ranked most important. Here, you can ask for more than one value or you can ask for highest and lowest – be creative.

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 ask *"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?"* asking how/if their actions are inconsistent with their highest value. Then ask for some ways in which they might live closer to their values. Spend a considerable amount of time processing this section.

2. Since you have already talked about the Decisional balance worksheet (Good/Not so Good – Change/Not change reasons), ask the group members how this section relates to the reasons for changing or reasons not to change.

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.
- Group members may want to think about how they are living in line with their own values.

VIII. Planning for Change (Timeline: 20 minutes)

- Point out that some may be ready to consider implementing an action plan.
- Distribute and introduce the change plan worksheet.

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.*

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.

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

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. 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.

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:

IX. Importance, Confidence, and Desire to Change (Timeline: 10 minutes)

"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."

"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."

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.

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

Review follow-up expectations with the group 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.
- Remind the group that RTI will be contacting them for a follow-up in the coming months.

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 your use of alcohol. However, that may not be the focus for you.

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 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 in drinking 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 in your drinking:

0 1 2 3 4 5 6 7 8 9 10

Dread making change ***Excited about the making the change***

APPENDIX C

3-, 6-, and 12-Month Follow-Up Survey

Motivational Interventions to Reduce Alcohol Use in a Military Population

Web Follow-Up Survey

Alcohol Use Questions

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

1. This question concerns your use of alcoholic beverages (that is, beer, wine, and liquor). For each day you drank in the past 30 days, select the type of alcohol you used and the size of the drink or container; enter the number of drinks consumed that day and the hours over which they were consumed. (By "drink," we mean a bottle or can of beer, a wine cooler or a glass of wine, a shot of liquor, or a mixed drink or cocktail.) Some people find it easier to start with the most recent drinking day and work backward; others prefer to begin by entering drinking days that are similar from week to week. Please begin by clicking on a day that you used alcohol in the calendar below and then click on each day that you remember drinking alcohol. Use the events on the calendar as prompts to remember specific days when you drank. If you did not drink any alcohol in the past 30 days, please complete the calendar for the most recent 30 day period when you did drink alcohol. When you have completed the calendar, please click the "Continue" button at the bottom of the page.

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. During the past 30 days, on how many days did you drink alcohol?

   Enter number of day(s) ____

5. When you drank alcohol in the past 30 days, about how many drinks did you have per occasion, on average?

   Enter number of drink(s) ____

6. During the past 30 days, on how many days did you have 5 or more drinks (beer, wine, or liquor) on the same occasion (4 or more if you are a woman)?

   Enter number of days(s) ____

7. Have you had any additional alcohol-related referrals to ADAPT in the past 3 months?

   _______ Yes _______ No

   a. If yes, did you receive an alcohol-related diagnosis?

      _______ Yes _______ No

   b. If yes, was your diagnosis...?

      _______ Alcohol Abuse _______ Alcohol Dependence

8. 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 a response to indicate how much you agree or disagree with it *right now*. Please select one and only one number for each statement.

	Strongly Disagree	Disagree	Undecided or Unsure	Agree	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

9. Have you ever had any administrative action taken against you (Letter of Counseling, Letter of Reprimand, Article 15, etc.)?

_______ Yes _______ No – (Skip to question 9)

b. If yes, how many times have you had actions against you?

_______ time(s)

b. If yes, were you jailed for any of these punishments?

_______ Yes _______ No

c. If yes, how many days were you jailed?

_______ day(s)

10. 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 10)

a. If yes, how many of these nights did you stay in a hospital **on base**?

_______ night(s)

b. If yes, how many of these nights did you stay in a hospital **off base**?

_______ night(s)

11. 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 11)

a. If yes, how many times did you visit a health care professional **on base**?

_______ time(s)

b. If yes, how many times did you visit a health care professional **off base**?

_______ time(s)

12. 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 12)

a. If yes, how many times did you visit the emergency room or urgent care treatment facility **on base**?

_______ time(s)

b. If yes, how many times did you visit an emergency room or urgent care treatment facility **off base**?

_______ time(s)

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

_______ Yes _______ No – (Skip to question 13)

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

_______ medication(s)

b. If yes, on how many days did you take these prescription medications?

_______ day(s)

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

_______ Yes _______ No – (Skip to question 14)

a. If yes, how many accidents have you had?

_______ accident(s)

b. If yes, how many of these accidents resulted in someone's injury?

_______ accident(s)

c. If yes, how many of these accidents resulted in someone's death?

_______ accident(s)

d. If yes, how many of these accidents resulted in at least $500 in property damage?

_______ accident(s)

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

_______ day(s)

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

_______ day(s)

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

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

	Number of Times in the Past 3 Months			
a. Were you late for work by 30 minutes or more ?	0	1	2	3 or more
b. Did you leave work early for a reason other than an errand or early holiday leave ?	0	1	2	3 or more
c. Were you hurt in an on-the-job accident?	0	1	2	3 or more
d. Did you work below your normal level of performance?	0	1	2	3 or more
e. Did you not come to work at all because of an illness or a personal accident?	0	1	2	3 or more
f. Have you driven a car when you knew you had too much to drink to drive safely?	0	1	2	3 or more
g. Have you had a headache (hangover) the morning after you had been drinking?	0	1	2	3 or more
h. Have you felt very sick to your stomach or thrown up after drinking?	0	1	2	3 or more
i. Have you shown up late for work because of drinking, a hangover, or an illness caused by drinking?	0	1	2	3 or more
j. Have you not gone to work because of drinking, a hangover, or an illness caused by drinking?	0	1	2	3 or more
k. Have you gotten into physical fights when drinking?	0	1	2	3 or more
l. Have you gotten into trouble at work because of drinking?	0	1	2	3 or more
m. Has your boyfriend/girlfriend (or spouse), parent(s) or other near relative complained to you about your drinking?	0	1	2	3 or more
n. Has your drinking created problems between you and your boyfriend/girlfriend (or spouse) or another near relative?	0	1	2	3 or more
o. Have you lost friends (including boyfriends or girlfriends) because of your drinking?	0	1	2	3 or more
p. 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
q. Has your drinking gotten you into sexual situations which you later regretted?	0	1	2	3 or more
r. Have you received a lower grade on an exam than you should have because of your drinking?	0	1	2	3 or more
s. Have you been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcohol?	0	1	2	3 or more
t. Have you ever been arrested, even for a few hours, because of other drunken behaviors?	0	1	2	3 or more
u. 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

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

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

	Number of Times in the Past 3 Months			
a. 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
b. Have you felt like you needed a drink just after you'd gotten up (that is, before breakfast)?	0	1	2	3 or more
c. 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
d. Have you felt that you needed alcohol or were dependent on alcohol?	0	1	2	3 or more
e. Have you felt guilty about your drinking?	0	1	2	3 or more
f. Has a doctor told you that your drinking was harming your health?	0	1	2	3 or more
g. Have you gone to anyone for help to control your drinking?	0	1	2	3 or more
h. Have you attended a meeting of Alcoholics Anonymous because of concern about your drinking?	0	1	2	3 or more
i. 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
j. Have you skipped an evening meal because you were drinking?	0	1	2	3 or more
k. Have you become rude, obnoxious, or insulting after drinking?	0	1	2	3 or more
l. Have you participated in drinking contests or drinking games?	0	1	2	3 or more
m. 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
n. Because you had been drinking, have you had sex with some-one you wouldn't ordinarily have sex with?	0	1	2	3 or more
o. Have you said things while drinking that you later regretted?	0	1	2	3 or more
p. Have you not gotten promoted when you thought you should have been?	0	1	2	3 or more

q. Did you get a lower score than expected on an efficiency report or performance rating?	0	1	2	3 or more
r. Have you had serious money problems?	0	1	2	3 or more

19. Do you smoke cigarettes?

Yes _____
No _______

If yes, how many cigarettes do you smoke per day, on average?
_______ Cigarette (s)

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

Yes ____

No ____

21. 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...					
b. Drink alcohol...					
c. Get drunk on the weekends.........................					
d. Use smokeless tobacco (snuff, dip, chew, etc.)……………………………………………..					

22. 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…………………………………….					
b. Drinking is part of being in my unit………..					
c. Drinking is part of being in the Military…...					
d. Drinking is just about the only recreation available at this installation…………………...					
e. At parties or social functions at this installation, everyone is encouraged to drink…					
f. At parties or social functions at this installation, nonalcoholic beverages are always available……………………………………….					

23. Which of the following relationships have been affected by your substance use?

Spouse or significant other
Children
Other family members
Co-workers
No relationships have been affected

24. Does your substance use interfere with your involvement in leisure activities?

Yes, a lot
Yes, a little bit
Yes, somewhat
Not at all

25. Does your substance use interfere with your involvement in or obligations to major roles in your life, such as your role as an airman, friend, etc.?

Yes, a lot
Yes, a little bit
Yes, somewhat
Not at all

26. What is your current marital status?

Married
Legally Separated
Annulled
Divorced
Widowed
Single, never married

27. Are you currently in a significant romantic relationship?

Yes
No

28. Do you regularly handle a weapon during your day-to-day military duties?

Yes
No

29. How many days have you been TDY (non-deployment) in the last 3 months?

_____ days

30. How many days have you been deployed in the last 3 months?

_____ days

31. Do you know of or are you currently scheduled for any upcoming deployments in the next 3 months?

Yes
No
Not Sure

32. How much alcohol do you need to drink before you BEGIN to feel its effects? (One alcohol drink is equal to 1.5 ounces – or one shot glass- of hard liquor (vodka, rum, etc), or a 12 ounce can or glass of beer, or 6 to 8 ounces of wine.)

More than 6 drinks
6 drinks
5 drinks
4 drinks
3 drinks
2 drinks
1 drink

33. During the past 3 months, how often did you drink enough alcohol to feel drunk?

Every day or nearly every day
3 to 4 times a week
1 to 2 times a week
1 to 3 times a month
Drank during the past 3 months but never enough to feel drunk

34. If you drank enough alcohol to feel drunk in the past 3 months, how many drinks did it take you to feel drunk?

# of drinks
Did not drink alcohol in the past 3 months
Did not drink enough alcohol in the past 3 months to feel drunk

In answering these items, unless otherwise stated, think about the PAST 3 MONTHS.

35. How often have you had a drink containing alcohol?

4 or more times a week
2 to 3 times a week
2 to 4 times a month
Monthly or less
Never

36. How many drinks containing alcohol have you had on a typical day when you were drinking?

10 or more
7, 8, or 9
5 or 6
3 or 4
1 or 2
None

37. How often have you had six or more drinks on one occasion?

Daily or almost daily
Weekly
Monthly

Less than monthly
Never

38. How often during the past 3 months have you found that you were unable to stop drinking once you had started?

Daily or almost daily
Weekly
Monthly
Less than monthly
Never

39. How often during the past 3 months had you failed to do what was normally expected of you because you had been drinking?

Daily or almost daily
Weekly
Monthly
Less than monthly
Never

40. How often during the past 3 months have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Daily or almost daily
Weekly
Monthly
Less than monthly
Never

41. How often during the past 3 month have you had a feeling of guilt or remorse after drinking?

Daily or almost daily
Weekly
Monthly
Less than monthly
Never

42. How often during the past 3 months have you been unable to remember what happened the night before because you had been drinking?

Daily or almost daily
Weekly
Monthly
Less than monthly
Never

43. Have you or someone else been injured as a result of your drinking?

Yes, during the past 3 months
Yes, but NOT in the past 3 months
No

44. Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

Yes, during the past 3 months
Yes, but NOT in the past 3 months
No

45. During the past 3 months, have you wanted to reduce the amount of alcohol you drink?

Yes
No

46. Have you been in a fight while drinking, during the past 3 months?

Yes
No

47. Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?

Nearly every day
More than half the days
Several days
Not at all

48. Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

Nearly every day
More than half the days
Several days
Not at all

49. Over the last 2 weeks, how often have you had trouble falling or staying asleep, or sleeping too much?

Nearly every day
More than half the days
Several days
Not at all

50. Over the last 2 weeks, how often have you been bothered by feeling tired or having little energy?

Nearly every day
More than half the days
Several days
Not at all

51. Over the last 2 weeks, how often have you been bothered by poor appetite or overeating?

Nearly every day
More than half the days
Several days
Not at all

52. Over the last 2 weeks, how often have you been bothered by feeling bad about yourself – or feeling that you were a failure or have let yourself or your family down?

Nearly every day
More than half the days
Several days
Not at all

53. Over the last 2 weeks, how often have you had trouble concentrating on things, such as reading the newspaper or watching television?

Nearly every day
More than half the days
Several days
Not at all

54. Over the last 2 weeks, how often have you been bothered by moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?

Nearly every day
More than half the days
Several days
Not at all

55. How difficult have these problems of feeling depressed or having little interest in things made it for you to do your work, take care of things at home, or get along with other people?

Extremely difficult
Very difficult
Somewhat difficult
Not difficult at all

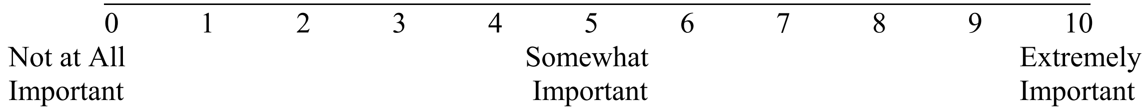
56. How satisfied were you with the services you received at the ADAPT Program?

0	1	2	3	4	5	6	7	8	9	10
Not at all Satisfied					Somewhat Satisfied					Completely Satisfied

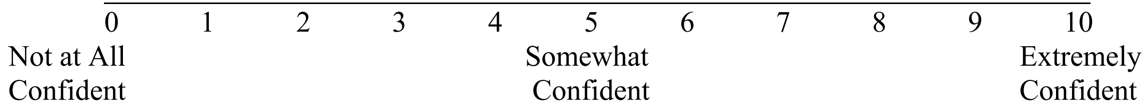
57. Were the ADAPT staff respectful of your individual needs during assessment and treatment?

0	1	2	3	4	5	6	7	8	9	10
Not Respectful At all					Somewhat Respectful					Completely Respectful

58. How important is it for you to follow the safer drinking guidelines?



59. How confident are you that you could follow the safer drinking guidelines if you wanted to?



APPENDIX D

Statement of Work

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 1–12

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 1–6

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 = 750).
b. Transfer Air Force baseline 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 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. Conduct 3-month follow-up assessments.

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. Conduct 6-month follow-up assessments.

Task 10. Follow-Up Assessment, Months 24–42

a. Contact study participants for follow-up assessment.
b. Conduct 12-month follow-up assessments.

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 at participating Air Force bases.
d. Prepare manuscripts and submit for publication.