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| --- | --- |
| **Object** | **Content** |
| **Course Title** | Basic Transtheoretical Model and Stages of Change Training |
| **Language Code** | en-US |
| **Palette Id** | default |
| **Use System Fonts** | false |
| **First Page** | 001 |
| **Completion Page** | 082 |
| **Contents Page** | 006 |
| **Module Title** | Basic Transtheoretical Model and Stages of Change Training |
| **Abbreviated Module Title** | Stages of Change 1 |
| **Notes** | These will not be included in course output |

# Course Title (for Word Outline Purposes Only)

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| **Object** | **Content** |
| **Unit Title** | Part 1: Introduction |
| **Abbreviated Title** | Introduction |
| **Notes** | These will not be included in course output |

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| **Object** | **Content** |
| **Layout** | Macintosh HD:Users:spencech:Desktop:a1.jpg |
| **Template** | A1 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/logos/t3-logo.png |
| **Header** | Basic Transtheoretical Model and  Stages of Change Training Test |
| **Subheader** | Part 1  *Wherever you are at, we can work with that.* ™ |
| **Audio File** | ${CONTENT\_ROOT}/audio/t3\_intro.mp3 |
| **Audio Title** | t3 Introduction Music |
| **Audio CC** | Written and performed by Peter Hanlon |
| **Notes** | These will not be included in course output |

## Slide 1

## Slide 2

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| **Object** | **Content** |
| **Layout** |  |
| **Template** | B5 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Interactions\_3.jpg |
| **Header** | Pro-Change Behavior Systems, Inc |
| **Bullets** | |  |  | | --- | --- | | 401.360.2980  401.360.2983 (fax)  1174 Kingston Road, Unit 101  South Kingston, RI 02879  www.prochange.com | 0:03 | |  | 0:14 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio1.mp3 |
| **Audio Title** | Audio Title |
| **Audio CC** | Welcome to the Basic Transtheoretical Model Training. My name is Dr. James Prochaska. I’m a health psychologist and lead developer of the Transtheoretical Model of Behavior Change. I’m also the founder of Pro-Change Behavior Systems, the company that developed this training program for you. |
| **Notes** | **Dr. Prochaska:**  Welcome to the Basic Transtheoretical Model Training. My name is Dr. James Prochaska. I’m a health psychologist and lead developer of the Transtheoretical Model of Behavior Change. I’m also the founder of Pro-Change Behavior Systems, the company that developed this training. |

## Slide 3

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| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_12.jpg |
| **Bullets** | |  |  | | --- | --- | |  | 0:01 | |  | 0:03 | |  | 0:05 | |  | 0:07 | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio2.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | With health-care reform, behaviors like smoking, unhealthy diet, lack of exercise, poor stress management are moving to the center of health-care, because these are the major causes of chronic disease, disability, and premature death. We know we can enhance the health and wellbeing of individuals and entire populations. We also know that treating the results of unhealthy behavior can greatly impact on health care costs, which are about 60% of those healthcare costs are due to these kind of unhealthy behaviors. You know there's even greater costs for employers due to lost productivity.  Unfortunately, most employers, and most coaches, and most health care providers, do not use the highest impact programs that are available, and in this program, we are going to be helping you to be at the cutting edge of change in individual and multiple behaviors with the highest impact programs.  These will be stage based, as they are based on the Transtheoretical Model of Behavior Change, (also referred to as TTM, or stages of change model). This high impact evidence based model can help you to understand behavior change, both for your client and for yourself personally. The TTM has been studied across the world for over 35 years, and applied to over 50 behaviors. Recently in Time magazine, Dr. Oz said that TTM is even more relevant today, than it has been over the last few decades. We continue to have major breakthroughs in our ability to help individuals change, and we'll be looking to share those with you in this program.  And so we welcome you to the program, and later we would suggest that as you're learning this program, and mastering it more, one of the best place to practice it with yourself, because the healthier you are, the happier you are, the more helpful you will be to your clients. |
| **Notes** | **Audio (Revised, as audio was ad-libbed):**  Dr. Prochaska: Today we know that behaviors like smoking, lack of exercise, unhealthy diet, and poor stress management are major causes of chronic disease, disability, and premature death. We know that people could feel better and live longer if they adopted healthier lifestyles. We also recognize that treating the results of unhealthy behaviors accounts for well over half of total health care costs. Unfortunately, most health promotion programs fail to apply the best that the science of health behavior change has to offer. Fortunately, there are stage-based strategies that you can incorporate in your work which can help you facilitate change among your clients.    In this training, you’ll learn about the Transtheoretical Model of Behavior Change, also referred to as the TTM, or Stages of Change Model. This evidence-based model can help you understand behavior change, both for your clients and yourself personally. The TTM has been studied across the world for over 35 years and applied to over 50 behaviors. Professionals such as counselors, health coaches, nurses, social workers, and physicians have used this model with proven results. |

## Slide 4

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| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_12.jpg |
| **Bullets** | |  |  | | --- | --- | | Overview | 0:01 | |  | 0:03 | |  | 0:05 | |  | 0:07 | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio3.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | In Part 1, we will provide an overview of the Transtheoretical Model of Behavior Change, the TTM. First, we’ll review the major constructs, or research-derived concepts, of the TTM. You may be somewhat familiar with the construct of stages of change, the central organizing construct of the TTM. But there are three additional constructs that are critically important in understanding and facilitating change. After we talk about the constructs, we’ll talk about ways to assess stage of change.  In Part 2, we’ll talk briefly about different TTM-based intervention materials that Pro-Change offers. We’ll also be focusing on motivational interviewing techniques that can complement a TTM approach.  In Part 3 of this training, we’ll be focusing on the stage-matched principles and processes of change that are the primary elements of the Counselors’ and Coaches’ Toolkit  Throughout this training we will refer you to resources, such as publications and handouts. Click on the link now to access these resources.  To get the fullest experience of this course and to best understand the Transtheoretical Model of Behavior Change, you should complete all three Parts. This should take approximately 4 hours to complete. You can stop at any time and come back to where you left off. Psychologists, social workers, health educators, dieticians, and nurses who complete this course may be eligible for Continuing Education credits, but only after completion of all three Parts. Information on how to receive your Continuing Education credit will be provided at the end of the course.    We’re glad you’re here to learn more about the Transtheoretical Model of Behavior Change. Enjoy the journey! |
| **Notes** | **Audio (in-house):**  In Part 1, we will provide an overview of the Transtheoretical Model of Behavior Change, the TTM. First, we’ll review the major constructs, or research-derived concepts, of the TTM. You may be somewhat familiar with the construct of stages of change, the central organizing construct of the TTM. But there are three additional constructs that are critically important in understanding and facilitating change. After we talk about the constructs, we’ll talk about ways to assess stage of change.    In Part 2, we’ll talk briefly about different TTM-based intervention materials that Pro-Change offers. We’ll also be focusing on motivational interviewing techniques that can complement a TTM approach.    In Part 3 of this training, we’ll be focusing on the stage-matched principles and processes of change that are the primary elements of the Counselors’ and Coaches’ Toolkit.    Throughout this training we will refer you to resources, such as publications and handouts. Click on the link now to access these resources.    To get the fullest experience of this course and to best understand the Transtheoretical Model of Behavior Change, you should complete all three Parts. This should take approximately 4 hours to complete. You can stop at any time and come back to where you left off. Psychologists, social workers, health educators, dieticians, and nurses who complete this course may be eligible for Continuing Education credits, but only after completion of all three Parts. Information on how to receive your Continuing Education credit will be provided at the end of the course.    We’re glad you’re here to learn more about the Transtheoretical Model of Behavior Change. Enjoy the journey! |

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| **Layout** |  |
| **Template** | A2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/orangePeople.png |
| **Header** | Hello |
| **Subtitle** | Basic Transtheoretical Model and Stages of Change Training: Part 1 |
| **Bullet Title** | In this course you will learn to: |
| **Bullets** | |  |  | | --- | --- | | Understand and describe the characteristics of people in each stage of change | 0:04 | | Describe the four main constructs of the TTM | 0:09 | | Identify which TTM principles and processes to employ at each stage of change | 0:12 | | List and define the techniques of Motivational Interviewing (MI), a way of working with clients that complements the TTM to support behavior change without confrontation. | 0:19 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio4.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | By the end of this three part training, you will be able to:    Understand and describe the characteristics of people in each stage of change.  Describe the four main constructs of the TTM.  Identify which TTM principles and processes of change to employ at each stage of change.  List and define the techniques of Motivational Interviewing (MI), a way of working with clients that complements the TTM to support behavior change without confrontation.    Before we move further into the training, we would like you to think about why you are you here today. What do you want to learn from this course? What can you learn that can help you in your work? |
| **Notes** | **Audio:**  By the end of this three part training, you will be able to:    Understand and describe the characteristics of people in each stage of change.  Describe the four main constructs of the TTM.  Identify which TTM principles and processes of change to employ at each stage of change.  List and define the techniques of Motivational Interviewing (MI), a way of working with clients that complements the TTM to support behavior change without confrontation.    Before we move further into the training, we would like you to think about why you are you here today. What do you want to learn from this course? What can you learn that can help you in your work? |

# Slide 5

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| **Object** | **Content** |
| **Layout** |  |
| **Template** | A3b |
| **Menu Title** | TBD |
| **Header Image** | ${CONTENT\_ROOT}/images/contents.jpg |
| **Page Number 1** | 004 |
| **Button Image 1** | /content/shared/images/placeholders/placeholder.jpg |
| **Button Label 1** | Part 1: Button Label |
| **Page Number 2** | 004 |
| **Button Image 2** | /content/shared/images/placeholders/placeholder.jpg |
| **Button Label 2** | Part 2: Button Label |
| **Page Number 3** | 014 |
| **Button Image 3** | /content/shared/images/placeholders/placeholder.jpg |
| **Button Label 3** | Part 3: Button Label |
| **Page Number 4** | 024 |
| **Button Image 4** | /content/shared/images/placeholders/placeholder.jpg |
| **Button Label 4** | Part 4: Button Label |
| **Notes** | These will not be included in course output |

## Slide 6

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| **Object** | **Content** |
| **Unit Title** | Unit 1: TTM Overview |
| **Abbreviated Title** | Enter a shortened version of the title here, if necessary |
| **Notes** | These will not be included in course output |

# Unit Title (for Word Outline Purposes Only)

# Slide 7

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| **Object** | **Content** |
| **Layout** |  |
| **Template** | A4 |
| **Menu Title** | Unit 1: TTM Overview |
| **Image** | ${CONTENT\_ROOT}/images/sectionTitleImage1.jpg |
| **Header** | Unit 1: TTM Overview |
| **Subtitle** | In this section, you will be provided with an overview of the TTM and stages of change. |
| **Audio File** | ${CONTENT\_ROOT}/audio/t3\_transition.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** |  |
| **Notes** | These will not be included in course output |

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| --- | --- |
| **Layout** |  |
| **Template** | B4 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_11.jpg |
| **Header** | “Most theories are about change, not about changing.”  —James O. Prochaska |
| **Notes** | These will not be included in course output |

## Slide 8

## Slide 9

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| **Layout** |  |
| **Template** | B3 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Interactions\_9.jpg |
| **Header** | Transtheoretical Model of Behavior Change (TTM) |
| **Bullets** | |  |  | | --- | --- | | Produces high-impact change programs for entire populations | 0:35 | | Has transferred to every targeted problem area | 0:48 | | Has transferred to every population | 0:50 | | Data-driven | 1:15 | |  |  | |  |  | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio5.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | Let’s start with an overview of the Transtheoretical Model of Behavior Change, or TTM.    Most interventions are designed for people who are ready to change. But research shows that a majority of people engaging in unhealthy behaviors aren’t ready. A lot of times, we blame other peoples’ failure to change on… them. But it’s possible that we’ve failed them, because we didn’t meet their needs. We didn’t meet them where they were at.    One of the key features of the TTM is that it has something for everyone, regardless of readiness to change. TTM behavior change programs are designed for entire populations, not merely the minority who are motivated and ready to change.    Another key feature is that the TTM can be—and has been—applied to all kinds of behaviors and populations, from bullying prevention among elementary school students, to smoking cessation among adults, to informed decision-making among Medicare recipients, and to wellness practices in the workplace. As we progress through the training, try to apply the concepts of the TTM to your own life situation—to your own struggles with behavior change, and those of family members and friends.    Another key feature of the TTM is that it’s based on over 35 years of research and over $80 million in research funding. The general model evolved out of—and has been validated over and over again in—rigorous scientific research. In addition, each specific behavior change program that Pro-Change has developed, and principles that drive them, are based on data. |
| **Notes** | **Audio:**  Let’s start with an overview of the Transtheoretical Model of Behavior Change, or TTM.    Most interventions are designed for people who are ready to change. But research shows that a majority of people engaging in unhealthy behaviors aren’t ready. A lot of times, we blame other peoples’ failure to change on… them. But it’s possible that we’ve failed them, because we didn’t meet their needs. We didn’t meet them where they were at.    One of the key features of the TTM is that it has something for everyone, regardless of readiness to change. TTM behavior change programs are designed for entire populations, not merely the minority who are motivated and ready to change.    Another key feature is that the TTM can be—and has been—applied to all kinds of behaviors and populations, from bullying prevention among elementary school students, to smoking cessation among adults, to informed decision-making among Medicare recipients, and to wellness practices in the workplace. As we progress through the training, try to apply the concepts of the TTM to your own life situation—to your own struggles with behavior change, and those of family members and friends.    Another key feature of the TTM is that it’s based on over 35 years of research and over $80 million in research funding. The general model evolved out of—and has been validated over and over again in—rigorous scientific research. In addition, each specific behavior change program that Pro-Change has developed, and principles that drive them, are based on data. |

# Slide 10

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| **Object** | **Content** |
| **Layout** |  |
| **Template** | B5 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Interactions\_9.jpg |
| **Header** | Stage of Change |
| **Bullets** | |  |  | | --- | --- | | Represents readiness to change | 0:06 | | Tells when people change | 0:20 | | Predicts who will change successfully | 0:22 | | A dynamic, not static, client characteristic | 0:35 | | Inclusive, empathic, optimistic | 0:55 | | Guides client-treatment matching | 1:05 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio6.mp3 |
| **Audio Title** | Audio Title |
| **Audio CC** | Stage of change is the central organizing construct of the Transtheoretical Model. It represents readiness to change. We’ve included a picture of a road here because change is a journey. Stage of change tells where someone is on the journey to change, and the TTM provides a roadmap.    Stage of change also tells you when people change and how successful they will be when they try. When people try to predict success in change programs, they often rely on demographic factors like income, education, age, and past history—factors that aren’t modifiable. We can’t change income or education very easily; and we can’t change history. But we can change stage of change. If we can change a person’s stage of change, we can increase the likelihood of success.    Because there’s something for everyone, the model is inclusive, empathic, and optimistic. And even people who aren’t ready to change understand that they can get there from here, in part because they know we’re providing a roadmap. Once we know their stage of change, we can match feedback and guidance to their readiness. |
| **Notes** | **Audio:**  Stage of change is the central organizing construct of the Transtheoretical Model. It represents readiness to change. We’ve included a picture of a road here because change is a journey. Stage of change tells where someone is on the journey to change, and the TTM provides a roadmap.    Stage of change also tells you when people change and how successful they will be when they try. When people try to predict success in change programs, they often rely on demographic factors like income, education, age, and past history—factors that aren’t modifiable. We can’t change income or education very easily; and we can’t change history. But we can change stage of change. If we can change a person’s stage of change, we can increase the likelihood of success.    Because there’s something for everyone, the model is inclusive, empathic, and optimistic. And even people who aren’t ready to change understand that they can get there from here, in part because they know we’re providing a roadmap. Once we know their stage of change, we can match feedback and guidance to their readiness. |

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| **Layout** |  |
| **Template** | B3 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Interactions\_9.jpg |
| **Header** | 35+ Years of Research |
| **Bullets** | |  |  | | --- | --- | |  | 0:01 | | Identified change processes that work best in each stage | 0:04 | | Shown that stage-matched interventions out-perform one-size-fits-all | 0:10 | | Found methods for reaching out to facilitate change proactively | 0:29 | | Shown that we can have a large impact on a population basis | 0:37 | |  |  | |  |  | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio7.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | More than 35 years of research have identified the change principles and processes of change that work best in each stage, and have shown that stage-matched interventions outperform one-size-fits-all interventions.    If we offer free stop smoking clinics to all smokers, only 4 to 7% will sign up and, in the end, only 3 to 5% will show up. A majority of smokers just aren’t ready for those kinds of programs. So it’s important to find methods for reaching out proactively. If they don’t come to us, we need to reach out to them.    Research has shown that if we reach out proactively to all people, we can have a much larger impact on a population’s health. Again, we’re providing something for everyone, not just the small minority who are willing and ready to change right now. |
| **Notes** | Audio:    More than 35 years of research have identified the change principles and processes of change that work best in each stage, and have shown that stage-matched interventions outperform one-size-fits-all interventions.    If we offer free stop smoking clinics to all smokers, only 4 to 7% will sign up and, in the end, only 3 to 5% will show up. A majority of smokers just aren’t ready for those kinds of programs. So it’s important to find methods for reaching out proactively. If they don’t come to us, we need to reach out to them.    Research has shown that if we reach out proactively to all people, we can have a much larger impact on a population’s health. Again, we’re providing something for everyone, not just the small minority who are willing and ready to change right now. |

## Slide 11

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| --- | --- |
| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/research-breakthroughs.jpg |
| **Bullets** | |  |  | | --- | --- | |  | 0:01 | |  | 0:03 | |  | 0:05 | |  | 0:07 | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio8.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | This outline presents the research breakthroughs across the decades. |
| **Notes** | **Audio:**  This outline presents the research breakthroughs across the decades. |

## Slide 12

# Slide 13

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| **Object** | **Content** |
| **Layout** |  |
| **Template** | B5 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Interactions\_10.jpg |
| **Header** | Health Behavior |
| **Bullets** | |  |  | | --- | --- | | Smoking cessation | 0:03 | | Stress management | 0:06 | | Exercise acquisition | 0:09 | | Healthy diet | 0:12 | | Weight management | 0:15 | | Medication adherence | 0:18 | | Sun exposure | 0:21 | | Depression prevention | 0:24 | | Obesity prevention | 0:27 | | Mammography screening | 0:30 | | Responsible drinking | 0:33 | | Pain management | 0:35 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio9.mp3 |
| **Audio Title** | Audio Title |
| **Audio CC** | Here are some of the areas where TTM researchers at the University of Rhode Island and Pro-Change have applied the Model. The first TTM intervention was developed for smoking cessation. TTM-based interventions have been shown effective in a variety of populations, including elementary, middle, and high school students, both employed and unemployed adults, people in mental health inpatient programs, and domestic violence perpetrators.    You can access abstracts and information about some of these and other TTM-based research projects through the resource link you clicked at the start of this module. |
| **Notes** | **Audio:**  Here are some of the areas where TTM researchers at the University of Rhode Island and Pro-Change have applied the Model. The first TTM intervention was developed for smoking cessation. TTM-based interventions have been shown effective in a variety of populations, including elementary, middle, and high school students, both employed and unemployed adults, people in mental health inpatient programs, and domestic violence perpetrators.    You can access abstracts and information about some of these and other TTM-based research projects through the resource link you clicked at the start of this module. |

## Click and Reveal (Grid mode)

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| **Object** | **Content** |
| **Layout** | Macintosh HD:Users:spencech:Desktop:crg.jpg |
| **Template** | CR-Grid |
| **Menu Title** | Enter the title for the page as it should appear in the menu (e.g., Welcome) |
| **Click and Reveal** | |  |  |  | | --- | --- | --- | | **Layout** | **Show Tooltip** | **Columns** | | click-and-reveal-grid-2x3 | true | 3 |  |  |  | | --- | --- | | **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio9.mp3 | | **Audio CC Title** | Audio CC Title | | **Audio CC** | Here are some of the areas where TTM researchers at the University of Rhode Island and Pro-Change have applied the Model. The first TTM intervention was developed for smoking cessation. TTM-based interventions have been shown effective in a variety of populations, including elementary, middle, and high school students, both employed and unemployed adults, people in mental health inpatient programs, and domestic violence perpetrators.    You can access abstracts and information about some of these and other TTM-based research projects through the resource link you clicked at the start of this module. |  |  |  | | --- | --- | | Click and Reveal Item 1 | | | **Label** | Health Behavior | | **Reveal Text** | Click and reveal detail text | | **Thumbnail** | /content/shared/images/placeholders/placeholder.jpg | | **Reveal Image** | /content/shared/images/placeholders/placeholder.jpg |  |  |  | | --- | --- | | Click and Reveal Item 2 | | | **Label** | Click and reveal button label | | **Reveal Text** | Click and reveal detail text | | **Thumbnail** | /content/shared/images/placeholders/placeholder.jpg | | **Reveal Image** | /content/shared/images/placeholders/placeholder.jpg |  |  |  | | --- | --- | | Click and Reveal Item 3 | | | **Label** | Click and reveal button label | | **Reveal Text** | Click and reveal detail text | | **Thumbnail** | /content/shared/images/placeholders/placeholder.jpg | | **Reveal Image** | /content/shared/images/placeholders/placeholder.jpg |  |  |  | | --- | --- | | Click and Reveal Item 4 | | | **Label** | Click and reveal button label | | **Reveal Text** | Click and reveal detail text | | **Thumbnail** | /content/shared/images/placeholders/placeholder.jpg | | **Reveal Image** | /content/shared/images/placeholders/placeholder.jpg |  |  |  | | --- | --- | | Click and Reveal Item 5 | | | **Label** | Click and reveal button label | | **Reveal Text** | Click and reveal detail text | | **Thumbnail** | /content/shared/images/placeholders/placeholder.jpg | | **Reveal Image** | /content/shared/images/placeholders/placeholder.jpg |  |  |  | | --- | --- | | Click and Reveal Item 6 | | | **Label** | Click and reveal button label | | **Reveal Text** | Click and reveal detail text | | **Thumbnail** | /content/shared/images/placeholders/placeholder.jpg | | **Reveal Image** | /content/shared/images/placeholders/placeholder.jpg | |
| **Notes** | These will not be included in course output |

# Slide 14

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| **Object** | **Content** |
| **Layout** |  |
| **Template** | B5 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Interactions\_10.jpg |
| **Header** | Health Practice |
| **Bullets** | |  |  | | --- | --- | | Informed decision-making | 0:02 | | Organ donation | 0:05 | | Returning to work after a disability | 0:08 | | Professional practices | 0:11 | | Collaboration in health care | 0:14 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio9.mp3 |
| **Audio Title** | Audio Title |
| **Audio CC** | Here are some of the areas where TTM researchers at the University of Rhode Island and Pro-Change have applied the Model. The first TTM intervention was developed for smoking cessation. TTM-based interventions have been shown effective in a variety of populations, including elementary, middle, and high school students, both employed and unemployed adults, people in mental health inpatient programs, and domestic violence perpetrators.    You can access abstracts and information about some of these and other TTM-based research projects through the resource link you clicked at the start of this module. |
| **Notes** | **Audio:**  Here are some of the areas where TTM researchers at the University of Rhode Island and Pro-Change have applied the Model. The first TTM intervention was developed for smoking cessation. TTM-based interventions have been shown effective in a variety of populations, including elementary, middle, and high school students, both employed and unemployed adults, people in mental health inpatient programs, and domestic violence perpetrators.    You can access abstracts and information about some of these and other TTM-based research projects through the resource link you clicked at the start of this module. |

# Slide 15

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| **Object** | **Content** |
| **Layout** |  |
| **Template** | B5 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Interactions\_10.jpg |
| **Header** | Violence Prevention |
| **Bullets** | |  |  | | --- | --- | | Bullying prevention | 0:02 | | Juvenile delinquency | 0:02 | | Dating violence prevention | 0:02 | | Domestic violence | 0:02 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio9.mp3 |
| **Audio Title** | Audio Title |
| **Audio CC** | Here are some of the areas where TTM researchers at the University of Rhode Island and Pro-Change have applied the Model. The first TTM intervention was developed for smoking cessation. TTM-based interventions have been shown effective in a variety of populations, including elementary, middle, and high school students, both employed and unemployed adults, people in mental health inpatient programs, and domestic violence perpetrators.    You can access abstracts and information about some of these and other TTM-based research projects through the resource link you clicked at the start of this module. |
| **Notes** | **Audio:**  Here are some of the areas where TTM researchers at the University of Rhode Island and Pro-Change have applied the Model. The first TTM intervention was developed for smoking cessation. TTM-based interventions have been shown effective in a variety of populations, including elementary, middle, and high school students, both employed and unemployed adults, people in mental health inpatient programs, and domestic violence perpetrators.    You can access abstracts and information about some of these and other TTM-based research projects through the resource link you clicked at the start of this module. |

# Slide 16

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| **Object** | **Content** |
| **Layout** |  |
| **Template** | B5 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/MI\_iSt\_4486791Sm.jpg |
| **Header** | Other Areas: |
| **Bullets** | |  |  | | --- | --- | | Financial well-being | 0:02 | | Advancing women scientists | 0:05 | | Adoption readiness | 0:08 | | Mastering change in the workplace | 0:11 | | Environmental sustainability | 0:15 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio9.mp3 |
| **Audio Title** | Audio Title |
| **Audio CC** | Here are some of the areas where TTM researchers at the University of Rhode Island and Pro-Change have applied the Model. The first TTM intervention was developed for smoking cessation. TTM-based interventions have been shown effective in a variety of populations, including elementary, middle, and high school students, both employed and unemployed adults, people in mental health inpatient programs, and domestic violence perpetrators.    You can access abstracts and information about some of these and other TTM-based research projects through the resource link you clicked at the start of this module. |
| **Notes** | **Audio:**  Here are some of the areas where TTM researchers at the University of Rhode Island and Pro-Change have applied the Model. The first TTM intervention was developed for smoking cessation. TTM-based interventions have been shown effective in a variety of populations, including elementary, middle, and high school students, both employed and unemployed adults, people in mental health inpatient programs, and domestic violence perpetrators.    You can access abstracts and information about some of these and other TTM-based research projects through the resource link you clicked at the start of this module. |

## Slide 17

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| **Layout** |  |
| **Template** | B1 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/MI\_iSt\_4486791Sm.jpg |
| **Header** | Constructs of TTM |
| **Bullet Title** |  |
| **Bullets** | |  |  | | --- | --- | | 1. Stage of change: When you change  1. Precontemplation  2. Contemplation  3. Preparation  4. Action  5. Maintenance  6. Termination | 0:04 | | 2. Decisional balance: Why you change | 0:12 | | 3. Self-efficacy: Confidence to change | 0:15 | | 4. Processes of change: How you change | 0:18 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio10.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | We group the constructs of the TTM into four categories:  Stage of change, which is when you change. We’ll discuss these stages in the next section of this training.  Decisional balance, which is why you change  Self-efficacy, which is confidence to change, and  Processes of change, which is how you change  The Model is called “Transtheoretical” because it draws from, and integrates, many different theories of behavior change that are often considered incompatible. The model had its beginnings about 35 years ago, when Dr. James Prochaska at the University of Rhode Island asked psychology graduate students to examine 24 major systems of psychotherapy, and identify the basic types of change techniques each relied on to facilitate change. The list was eventually distilled down to 10 basic strategies, which they called the “processes of change.” We’ll be talking about each of the processes in detail later in this training.  TTM researchers found that smokers who eventually quit on their own used these same change processes that are at the core of psychotherapy systems. Furthermore, self-changers in different stages naturally relied on different processes of change to make progress. These relationships between particular stages and processes of change form the basis of stage-matched intervention design. |
| **Notes** | **Audio:**  We group the constructs of the TTM into four categories:    Stage of change, which is when you change. We’ll discuss these stages in the next section of this training.  Decisional balance, which is why you change  Self-efficacy, which is confidence to change, and  Processes of change, which is how you change    The Model is called “Transtheoretical” because it draws from, and integrates, many different theories of behavior change that are often considered incompatible. The model had its beginnings about 35 years ago, when Dr. James Prochaska at the University of Rhode Island asked psychology graduate students to examine 24 major systems of psychotherapy, and identify the basic types of change techniques each relied on to facilitate change. The list was eventually distilled down to 10 basic strategies, which they called the “processes of change.” We’ll be talking about each of the processes in detail later in this training.    TTM researchers found that smokers who eventually quit on their own used these same change processes that are at the core of psychotherapy systems. Furthermore, self-changers in different stages naturally relied on different processes of change to make progress. These relationships between particular stages and processes of change form the basis of stage-matched intervention design. |

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| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/MI\_iSt\_4486791Sm.jpg |
| **Bullets** | |  |  | | --- | --- | | "Change does not equal action"  —James O. Prochaska | 0:01 | |  |  | |  |  | |  |  | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio11.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | How do we recognize change? We generally look for overt, or obvious, signs of action: someone quits smoking, someone starts exercising. But so much change has to happen first beneath the surface, before we see those overt signs of change. The TTM approach recognizes the important changes that occur in the early stages of change, before people take action. Those early changes are necessary—they’re critical—and should be assessed and acknowledged. |
| **Notes** | **Audio:**  How do we recognize change? We generally look for overt, or obvious, signs of action: someone quits smoking, someone starts exercising. But so much change has to happen first beneath the surface, before we see those overt signs of change. The TTM approach recognizes the important changes that occur in the early stages of change, before people take action. Those early changes are necessary—they’re critical—and should be assessed and acknowledged. |

## Slide 18

## Slide 19

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| **Object** | **Content** |
| **Layout** | Macintosh HD:Users:spencech:Desktop:quiz.jpg |
| **Template** | Quiz |
| **Menu Title** | TBD |
| **Quiz** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Code** | **Mode** | **Randomize Questions** | **Randomize Answers** | **Points** | **Max Attempts** | | quiz-1 | formative | false | true | 100 | 2 |  |  |  |  | | --- | --- | --- | | **Question** | | Which statement best describes the TTM? | | **Correct** | **Feedback** | **Answer Options** | | false | Incorrect-A | The TTM is data-driven | | false | incorrect-B | Stage of change is the central organizing construct of the TTM | | false | incorrect-C | The TTM is based on over 35 years of research | | false | incorrect-D | TTM behavior change programs are designed for entire populations | | true | correct-E | All of the above | | **ID** | **Feedback Text** | | | incorrect-A | You said the TTM is data driven. This is true. However, the best answer is e) All of the above. In addition to being data driven, the TTM has stage of change as its central organizing construct; it is based on over 35 years of research; and its programs are designed for entire populations. | | | incorrect-B | You said stage of change is the central organizing construct of the TTM. This is true. However, the best answer is e) All of the above. In addition to having stage of change as its central organizing construct, the TTM is data driven; based on over 35 years of research; and its programs are designed for entire populations. | | | incorrect-C | You said the TTM is based on over 35 years of research. This is true. However, the best answer is e) All of the above. In addition to being based on over 35 years of research, the TTM is data driven; it has stage of change as its central organizing construct; and its programs are designed for entire populations. | | | incorrect-D | You said TTM behavior change programs are designed for entire populations. This is true. However, the best answer is e) All of the above. In addition to its behavior change programs being designed for entire populations, the TTM is data driven; it has stage of change as its central organizing construct; and it is based on over 35 years of research. | | | correct-E | You said all of the above, and you’re correct! The TTM is data driven; it has stage of change as its central organizing construct; it is based on over 35 years of research; and its programs are designed for entire populations. | | |
| **Notes** | a) The TTM is data driven  b) Stage of change is the central organizing construct of the TTM  c) The TTM is based on over 35 years of research  d) TTM behavior change programs are designed for entire populations  e) All of the above    Narrator/Coach  (if answered A)  You said a) The TTM is data driven. This is true. However, the best answer is e) All of the above. In addition to being data driven, the TTM has stage of change as its central organizing construct; it is based on over 35 years of research; and its programs are designed for entire populations.    Narrator/Coach  (if answered B)  You said b) Stage of change is the central organizing construct of the TTM. This is true. However, the best answer is e) All of the above. In addition to having stage of change as its central organizing construct, the TTM is data driven; based on over 35 years of research; and its programs are designed for entire populations.    Narrator/Coach  (if answered C)  You said c) The TTM is based on over 35 years of research. This is true. However, the best answer is e) All of the above. In addition to being based on over 30 years of research, the TTM is data driven; it has stage of change as its central organizing construct; and its programs are designed for entire populations.    Narrator/Coach  (if answered D)  You said d) TTM behavior change programs are designed for entire populations. This is true. However, the best answer is e) All of the above. In addition to its behavior change programs being designed for entire populations, the TTM is data driven; it has stage of change as its central organizing construct; and it is based on over 35 years of research.    Narrator/Coach  (if answered E)  You said e) All of the above, and you’re correct! The TTM is data driven; it has stage of change as its central organizing construct; it is based on over 35 years of research; and its programs are designed for entire populations. |

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| **Layout** |  |
| **Template** | B4 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_10.jpg |
| **Header** | “Change is not always  arduous. You can help  facilitate and speed the  change process along.”  —Bob Doppelt |
| **Notes** | These will not be included in course output |

## Slide 20

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| **Object** | **Content** |
| **Unit Title** | Unit 2: Stage of Change |
| **Abbreviated Title** | Enter a shortened version of the title here, if necessary |
| **Notes** | These will not be included in course output |

# Unit Title (for Word Outline Purposes Only)

# Slide 21

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| **Object** | **Content** |
| **Layout** |  |
| **Template** | A4 |
| **Menu Title** | Unit 2: Stage of Change |
| **Image** | ${CONTENT\_ROOT}/images/sectionTitleImage1.jpg |
| **Header** | Unit 2: Stage of Change |
| **Subtitle** | In this section, you will learn about the characteristics of each Stage of Change. |
| **Audio File** | ${CONTENT\_ROOT}/audio/t3\_transition.mp3 |
| **Audio Title** |  |
| **Audio CC** |  |
| **Notes** | These will not be included in course output |

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| --- | --- |
| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/stages-of-change.jpg |
| **Bullets** | |  |  | | --- | --- | |  | 0:01 | |  | 0:03 | |  | 0:05 | |  | 0:07 | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio12.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | First, let’s talk about each of the stages of change. |
| **Notes** | Note to ProChange: This slide will be designed – this image currently serves as a placeholder.  **Audio:**  First, let’s talk about each of the stages of change. |

## Slide 22

## Slide 23

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| **Object** | **Content** |
| **Layout** | Macintosh HD:Users:spencech:Desktop:crg.jpg |
| **Template** | CR-Grid |
| **Menu Title** | TBD |
| **Click and Reveal** | |  |  |  | | --- | --- | --- | | **Layout** | **Show Tooltip** | **Columns** | | click-and-reveal-grid-2x3 | true | 3 |  |  |  | | --- | --- | | **Audio File** | /content/shared/audio/placeholders/placeholder.mp3 | | **Audio CC Title** | Audio CC Title | | **Audio CC** | Audio CC Text |  |  |  | | --- | --- | | Click and Reveal Item 1 | | | **Label** | **Precontemplation:**  **Not ready**  Have no intention to start taking action in next 6 months | | **Reveal Text** | Cons > Pros  Defensive  Resistant  Change experienced as coerced  Demoralized  From 30% to 85% of population at risk | | **Thumbnail** | /content/shared/images/placeholders/placeholder.jpg | | **Reveal Image** | /content/shared/images/placeholders/placeholder.jpg |  |  |  | | --- | --- | | Click and Reveal Item 2 | | | **Label** | **Contemplation:**  **Getting Ready**  Intend to take action in the next six months | | **Reveal Text** | Characteristics of Contemplation  Pros = Cons  Ambivalent  Lack commitment  Lack confidence  “Chronic” contemplation  From 10% to 50% of population at risk | | **Thumbnail** | /content/shared/images/placeholders/placeholder.jpg | | **Reveal Image** | /content/shared/images/placeholders/placeholder.jpg |  |  |  | | --- | --- | | Click and Reveal Item 3 | | | **Label** | **Preparation:**  **Ready**  Intend to take action in next 30 days  Already taking small steps | | **Reveal Text** | Characteristics of Preparation  Pros > Cons  Have a plan  May have taken small steps  Decisive/committed  More confident  Ideal program participants  From 5% to 35% of population at risk | | **Thumbnail** | /content/shared/images/placeholders/placeholder.jpg | | **Reveal Image** | /content/shared/images/placeholders/placeholder.jpg |  |  |  | | --- | --- | | Click and Reveal Item 4 | | | **Label** | **Action:**  **Making the Behavior Change**  Have been meeting action criteria for less than six months | | **Reveal Text** | Characteristics of Action  Greatest risk of relapse  Inappropriate goals  Inadequate preparation  Give up too easily | | **Thumbnail** | /content/shared/images/placeholders/placeholder.jpg | | **Reveal Image** | /content/shared/images/placeholders/placeholder.jpg |  |  |  | | --- | --- | | Click and Reveal Item 5 | | | **Label** | **Maintenance:**  **Sustaining the Behavior Change**  Have been meeting action criteria for six months or longer | | **Reveal Text** | Characteristics of Maintenance  Higher self-efficacy  Dynamic, not static  Consolidate gains  Improve coping skills  Life-long struggle | | **Thumbnail** | /content/shared/images/placeholders/placeholder.jpg | | **Reveal Image** | /content/shared/images/placeholders/placeholder.jpg |  |  |  | | --- | --- | | Click and Reveal Item 6 | | | **Label** | **Termination:**  **Maintained Behavior Change for Five Years or More**  Zero temptation  Total confidence or self-efficacy  New behavior has become a habit | | **Reveal Text** |  | | **Thumbnail** | /content/shared/images/placeholders/placeholder.jpg | | **Reveal Image** | /content/shared/images/placeholders/placeholder.jpg | |
| **Notes** | Note to Pro-Change: Each box will list a different stage of change (as indicated by “Text for Box \_\_\_”). Once the viewer clicks on the box, the initial audio (as indicated by “initial audio” designation) will then play. A new window will open, and the accompanying text will appear. As the accompanying text appears, the accompanying audio will play.    Text for Box 1:  Precontemplation: Not ready  Have no intention to start taking action in next 6 months    Upon clicking on the box, a window will open with the requested image (precontemplation.jpg), and the following audio will play: In Precontemplation, the first stage of change, people are not ready to act. They have no intention of taking overt action in the foreseeable future, generally defined as the next 6 months.    So, what can we do for people in the precontemplation stage? Should we offer them traditional interventions? Should we put them on waiting lists, or ask them to come back when they’re ready? Fortunately, we do have something to offer that meets their needs and increases their chances of making progress.    The image will then shift to the following text:  Cons > Pros  Defensive  Resistant  Change experienced as coerced  Demoralized  From 30% to 85% of population at risk    The following audio will play:  In Precontemplation the Cons, costs, or disadvantages of changing outweigh the Pros, benefits, or advantages. People, generally, are rational, and unlikely to do something that does not have a perceived net benefit.    People in Precontemplation may be defensive and resistant. They may minimize the problem or make excuses. If we pressure them to change, they may dig in their heels. In your work, it’s important to avoid a war of wills. It’s possible to encourage people in Precontemplation to change, and to provide the tools, without making them feel pressured or coerced.    People in Precontemplation may be demoralized because they feel they can’t change. They’ve tried and failed, or think that the behavioral goal is simply out of their reach. For example, millions of people might be in the Precontemplation stage for losing weight—not because they wouldn’t love to, but because they’ve tried to lose weight too many times in too many ways and have given up on their ability to change.    Across populations, 30% to 85% of people engaging in risky health behaviors are in the Precontemplation stage. In the U.S., about 40% of smokers are in the Precontemplation stage for quitting. in Germany, about 70% of smokers are in this stage; and in China, 72% of smokers are in this stage.    Text for Box 2:  Contemplation: Getting Ready  Intend to take action in the next six months    Upon clicking on the box, a window will open with the requested image (contemplation.jpg), and the following audio will play:  People in the Contemplation stage are getting ready to take action. They intend to take action in the next six months. In the Precontemplation stage, they had no intention of taking action in the next six months. This timeframe was first determined in early research on smoking cessation. Researchers looked at the relationship between future intentions to quit and overt behavior change down the line. The six-month time frame is based on those data.    We will be using this time frame to differentiate between Precontemplation and Contemplation.    The image will then shift to the following text:  Characteristics of Contemplation  Pros = Cons  Ambivalent  Lack commitment  Lack confidence  “Chronic” contemplation  From 10% to 50% of population at risk    The following audio will play:  In the Contemplation stage, the Pros have gone up, but the Cons are still high. High Pros and high Cons mean ambivalence. So there’s internal tension and discomfort.    Although people in the Contemplation stage are seriously thinking about changing, and intend to take overt action in the next six months, they’re not committed. Often, their plans are indefinite, and they lack confidence.    People can stay in the Contemplation stage for years. Think of some of your own behaviors you intend to change. It’s not uncommon to see people in the control group stuck in the Contemplation stage during an entire two-year research study.    Contemplators represent about 10% to 50% of people engaging in risky behaviors, again depending on the behavior and the population.      Text for Box 3:  Preparation: Ready  Intend to take action in next 30 days  Already taking small steps    Upon clicking on the box, a window will open with the requested image (preparation.jpg), and the following audio will play:  In the Preparation stage, people are now ready to take action. They intend to take action in the next 30 days and may have already taken small steps. These are the people who have signed up for a quit smoking program, or just bought a gym membership or relaxation tapes.    The image will then shift to the following text:  Characteristics of Preparation  Pros > Cons  Have a plan  May have taken small steps  Decisive/committed  More confident  Ideal program participants  From 5% to 35% of population at risk    The following audio will play:  In Contemplation, both the Pros and Cons are high. Now, in Preparation, the Cons have come down and the Pros outweigh the Cons, so there isn’t as much ambivalence and tension.    People in Preparation have a plan, and may have already taken small steps. They’re more decisive and committed.    They’re more confident, but are still experiencing anxiety, which is a natural part of the change process.    In general, people in Preparation are your ideal program participants. They’re motivated and ready to go.    But, unfortunately they make up only 5% to 35% of populations engaging in risky behaviors.      Text for Box 4:  Action: Making the Behavior Change  Have been meeting action criteria for less than six months    Upon clicking on the box, a window will open with the requested image (action.jpg), and the following audio will play:  People in Action are making the behavior change. They’ve been meeting an action criteria for less then six months. For Pro-Change’s exercise program, for example, the Action criterion is at least 150 minutes of moderate exercise a week or at least 75 minutes of vigorous exercise a week. Someone who has been consistently meeting either criterion for less than six months is in the Action stage.    The image will then shift to the following text:  Characteristics of Action  Greatest risk of relapse  Inappropriate goals  Inadequate preparation  Give up too easily    The following audio will play:  People in the Action stage are at risk of relapse, of slipping back to an early stage. They may slip because they set inappropriate goals, or may not have done enough of the prep work in the early stages. Their Cons may be too high, or their Pros may not be high enough. People in Action can give up easily.    Mark Twain said, "Quitting smoking is easy. I've done it a thousand times."    There may be some truth to that. Quitting is easy- It’s remaining smoke-free that’s tough.      Text for Box 5:  Maintenance: Sustaining the Behavior Change  Have been meeting action criteria for six months or longer    Upon clicking on the box, a window will open with the requested image (maintenance.jpg), and the following audio will play:  People in the Maintenance stage have sustained the behavior change. They have been meeting the action criteria for six months or longer.    The image will then shift to the following text:  Characteristics of Maintenance  Higher self-efficacy  Dynamic, not static  Consolidate gains  Improve coping skills  Life-long struggle    The following audio will play:  Compared to people in the Action stage, people in the Maintenance stage are less tempted to relapse and are more confident that they can continue their changes.    While being in the Maintenance stage is an accomplishment, it does not mean that all the hard work is done. It’s a dynamic stage, where self-efficacy, or confidence, will be challenged. We know that people are most likely to relapse, or slip, when they’re feeling stressed or distressed. The goal in the Maintenance stage is to recognize and consolidate gains, and improve coping skills to prevent relapse during times of difficulty.    For many people, Maintenance is a life-long struggle.      Text for Box 6:  Termination: Maintained Behavior Change for Five Years or More  Zero temptation  Total confidence or self-efficacy  New behavior has become a habit    Upon clicking on the box, a window will open with the requested image (termination.jpg), and the following audio will play:  There is one final stage in the TTM called Termination. In this stage, there is zero temptation to relapse, and total confidence. The new behavior has become a habit, and pretty automatic. People reach Termination once they’ve maintained the behavior change for five years or more. For example, people who take certain regular medications for a chronic condition may reach Termination. Perhaps they take their medications at the same time and same place each day. Their behavior has become automatic, and they have total confidence that they can continue to keep it up, in a similar way that behaviors like brushing your teeth are automatic. Counselors and coaches rarely need to intervene with people in the Termination stage and for this reason we will not be talking much about Termination during this training.    Unfortunately, not everyone can reach Termination with every behavior. Again, for many people, staying in Maintenance is a life-long struggle.    This is why it’s important that the Transtheoretical Model and our interventions involve three other constructs—and not just stage of change. Consider a person who has joined a smoking cessation program and stopped smoking, but is not fully committed to all their action steps. It would seem like he’d be put in the Action stage, but that isn’t where he really should be. As a counselor, it’s important to incorporate other stage-matched constructs of the TTM when working with clients. For example, you could tell this particular person that it’s great that he’s in the Action stage and stopped smoking, but his Pros or self-efficacy aren’t high enough, or he isn’t using particular stage-matched processes enough. You can find out where his weak spots are and address them. Later in this training, we’ll begin to talk about specific messages you can give clients in different stages of change. |

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| **Layout** |  |
| **Template** | B3 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Cig25201.jpg |
| **Header** | Relapse |
| **Bullets** | |  |  | | --- | --- | | Relapse is the rule, rather than the exception | 0:06 | | Smokers average 7 quit attempts | 0:09.5 | | A small percentage of relapsers slip back to Precontemplation | 0:14 | | Relapse as a learning opportunity | 0:28 | |  |  | |  |  | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio14.mp3 |
| **Audio Title** | Relapse |
| **Audio CC** | Unfortunately, relapse, which is defined as slipping back to an earlier stage of change, is the rule rather than the exception. Smokers average seven quit attempts before quitting for good.  The good news is that only a small percentage of relapsers slip all the way back to Precontemplation. Most of the time they slip back to Contemplation or Preparation, or move right back to Action.  So we need to think of slips as learning opportunities, not failures: What happened? What can we do differently next time? These are important issues to address with a client who has relapsed.   * It is sometimes helpful to tell people that they’re not the same person they were before their quit attempt. They’ve changed because of their experiences and what they’ve learned about themselves along the way. |
| **Notes** | **Audio:**  Unfortunately, relapse, which is defined as slipping back to an earlier stage of change, is the rule rather than the exception. Smokers average seven quit attempts before quitting for good.    The good news is that only a small percentage of relapsers slip all the way back to Precontemplation. Most of the time they slip back to Contemplation or Preparation, or move right back to Action.    So we need to think of slips as learning opportunities, not failures: What happened? What can we do differently next time? These are important issues to address with a client who has relapsed.    It is sometimes helpful to tell people that they’re not the same person they were before their quit attempt. They’ve changed because of their experiences and what they’ve learned about themselves along the way. |

## Slide 24

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| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/spiral-staircase.jpg |
| **Bullets** | |  |  | | --- | --- | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio15.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | So change is not a linear, straight path. It’s more like a spiral. Again, when people slip, they rarely slip all the way back to the beginning. |
| **Notes** | **Audio:**  So change is not a linear, straight path. It’s more like a spiral. Again, when people slip, they rarely slip all the way back to the beginning. |

## Slide 25

# Slide 26

|  |  |
| --- | --- |
| **Object** | **Content** |
| **Layout** |  |
| **Template** | B5 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_3.jpg |
| **Header** | Stage Classification |
| **Bullets** | |  |  | | --- | --- | | Algorithmic method based on answers to a few questions about past behavior and future intentions | 0:04 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio16.mp3 |
| **Audio Title** | Audio Title |
| **Audio CC** | Generally, stage is assessed using a staging algorithm. Stage classification is based on answers to a few questions about past behavior and future intentions. |
| **Notes** | **Audio:**  Generally, stage is assessed using a staging algorithm. Stage classification is based on answers to a few questions about past behavior and future intentions. |

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| **Layout** |  |
| **Template** | B1-Long-Title |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_3.jpg |
| **Header** | Stage Classification for  Smoking Cessation |
| **Bullet Title** |  |
| **Bullets** | |  |  | | --- | --- | | Have you quit smoking cigarettes? | 0:11 | | No, and I do not intend to quit in the next 6 months (Precontemplation) | 0:15.5 | | No, but I intend to quit in the next 6 months (Contemplation) | 0:23 | | No, but I intend to in the next 30 days (Preparation) | 0:30 | | Yes, I quit less than 6 months ago (Action) | 0:35 | | Yes, I quit more than 6 months ago (Maintenance) | 0:41 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio17.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | The staging algorithm Pro-Change uses for smoking cessation is a good example. It uses the time frames that were discussed earlier.    The counselor would ask, “Have you quit smoking cigarettes?” And, the response choices would be:  “No, and I do not intend to quit in the next 6 months.” (This means the client is staged in Precontemplation.)  “No, but I intend to quit in the next 6 months.” (This means the client is staged in Contemplation.)  “No, but I intend to in the next 30 days.” (This means the client is staged in Preparation.)  ”Yes, I quit less than six months ago.” (This means the client is staged in Action.)  ”Yes, I quit more than six months ago.” (This means the client is staged in Maintenance.) |
| **Notes** | **Audio:**  The staging algorithm Pro-Change uses for smoking cessation is a good example. It uses the time frames that were discussed earlier.    The counselor would ask, “Have you quit smoking cigarettes?” And, the response choices would be:  “No, and I do not intend to quit in the next 6 months.” (This means the client is staged in Precontemplation.)  “No, but I intend to quit in the next 6 months.” (This means the client is staged in Contemplation.)  “No, but I intend to in the next 30 days.” (This means the client is staged in Preparation.)  ”Yes, I quit less than six months ago.” (This means the client is staged in Action.)  ”Yes, I quit more than six months ago.” (This means the client is staged in Maintenance.) |

## Slide 27

|  |  |
| --- | --- |
| **Layout** |  |
| **Template** | B3 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Interactions\_7.jpg |
| **Header** | Stage Classification:  Various questions to ask client |
| **Bullets** | |  |  | | --- | --- | | Have you quit smoking? | 0:07 | | How long ago did you quit? | 0:11 | | Do you plan to quit smoking? | 0:15 | |  |  | |  |  | |  |  | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio18.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | As a counselor, you can use everyday language to assess stage of change. For example, you can begin by asking:  Have you quit smoking?  (For people who have quit, find out how long ago they quit)  (For people who haven’t quit, find out if they plan to quit and when.) |
| **Notes** | **Audio:**  As a counselor, you can use everyday language to assess stage of change. For example, you can begin by asking:    Have you quit smoking?  (For people who have quit, find out how long ago they quit)    (For people who haven’t quit, find out if they plan to quit and when.) |

## Slide 28

|  |  |
| --- | --- |
| **Layout** |  |
| **Template** | B1 |
| **Menu Title** | TBD |
| **Image** | /content/shared/images/placeholders/placeholder.jpg |
| **Header** | Write down the stage names on one side of a sheet of paper. Then write the number of the correct description next to the appropriate stage: |
| **Bullet Title** |  |
| **Bullets** | |  |  | | --- | --- | | Precontemplation | 0:02 | | Contemplation | 0:02 | | Preparation | 0:02 | | Action | 0:02 | | Maintenance | 0:02 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio19.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | So, to summarize, let’s do a quick matching exercise. Match the correct stage name to its description.    And remember to keep these descriptions, or rules of thumb, in mind when staging clients. A handout with these rules is available through the resource link you clicked at the start of this module. |
| **Notes** | Note: This will be designed more appropriately. The next click will prompt new audio (same slide) with the answers.    Activity Slide: [On screen]    **Audio:**  So, to summarize, let’s do a quick matching exercise. Match the correct stage name to its description.    And remember to keep these descriptions, or rules of thumb, in mind when staging clients. A handout with these rules is available through the resource link you clicked at the start of this module. |

## Slide 29 Part 1

|  |  |
| --- | --- |
| **Layout** |  |
| **Template** | B1 |
| **Menu Title** | TBD |
| **Image** | /content/shared/images/placeholders/placeholder.jpg |
| **Header** | Write down the stage names on one side of a sheet of paper. Then write the number of the correct description next to the appropriate stage: |
| **Bullet Title** |  |
| **Bullets** | |  |  | | --- | --- | | Have been meeting action criteria for 6 months or longer | 0:02 | | Plan to take action in the next six months | 0:02 | | Have been meeting action criteria for less than 6 months | 0:02 | | No plan to take action in the next six months | 0:02 | | Plan to take action in the next 30 days | 0:02 | |
| **Audio File** | /content/shared/audio/placeholders/placeholder.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | So, to summarize, let’s do a quick matching exercise. Match the correct stage name to its description.    And remember to keep these descriptions, or rules of thumb, in mind when staging clients. A handout with these rules is available through the resource link you clicked at the start of this module. |
| **Notes** | Note: This will be designed more appropriately. The next click will prompt new audio (same slide) with the answers.    Activity Slide: [On screen]    **Audio:**  So, to summarize, let’s do a quick matching exercise. Match the correct stage name to its description.    And remember to keep these descriptions, or rules of thumb, in mind when staging clients. A handout with these rules is available through the resource link you clicked at the start of this module. |

## Slide 30 (will be consolidated with Slide 29)

# Slide 31

|  |  |
| --- | --- |
| **Object** | **Content** |
| **Layout** |  |
| **Template** | B5 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Food\_4.jpg |
| **Header** | Stage Classification |
| **Bullets** | |  |  | | --- | --- | | What personal behavior have you been encouraged to change? | 0:08 | | Are you planning to make a change in the next six months? | 0:24 | | Are you planning to make a change in the next 30 days? | 0:34 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio20.mp3 |
| **Audio Title** | Audio Title |
| **Audio CC** | To understand the TTM, it helps to think of how it can be used personally. For example, think of a personal behavior that you have been encouraged to change. Maybe to eat at least five fruits and vegetables each day, or to start exercising at least 150 minutes a week.    What personal behavior have you been encouraged to change?    Now let’s figure out what stage you are in for that behavior.    Are you planning to make the behavior change in the next six months?  If you said no, you’re in Precontemplation.  If you said yes, ask yourself this question:  Are you planning to make the change in the next 30 days?  If you said no, you’re in Contemplation.  If you said yes, you’re in Preparation.    Keep this behavior in mind. We’ll talk more about it later. |
| **Notes** | **Audio:**  To understand the TTM, it helps to think of how it can be used personally. For example, think of a personal behavior that you have been encouraged to change. Maybe to eat at least five fruits and vegetables each day, or to start exercising at least 150 minutes a week.    What personal behavior have you been encouraged to change?    Now let’s figure out what stage you are in for that behavior.    Are you planning to make the behavior change in the next six months?  If you said no, you’re in Precontemplation.  If you said yes, ask yourself this question:  Are you planning to make the change in the next 30 days?  If you said no, you’re in Contemplation.  If you said yes, you’re in Preparation.    Keep this behavior in mind. We’ll talk more about it later. |

|  |  |
| --- | --- |
| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/prochange-data-graphs-1.jpg |
| **Bullets** | |  |  | | --- | --- | |  | 0:01 | |  | 0:03 | |  | 0:05 | |  | 0:07 | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio21.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | Stage of change predicts future behavior. Here are data from one of our studies of smokers. Compared to people in the Precontemplation stage, those who began in the Contemplation stage were nearly twice as likely to have quit smoking at 18 months follow-up. And those who began in the Preparation stage were nearly three times as likely to have quit.    This shows the importance of the changes that occur before we see overt behavior change. If we can move people just one stage, from Precontemplation to Contemplation, we can double their chances of success down the line. If we can move them two stages, we can triple their chances of success. Progressing just one or two stages is a good achievement. |
| **Notes** | **Audio:**  Stage of change predicts future behavior. Here are data from one of our studies of smokers. Compared to people in the Precontemplation stage, those who began in the Contemplation stage were nearly twice as likely to have quit smoking at 18 months follow-up. And those who began in the Preparation stage were nearly three times as likely to have quit.    This shows the importance of the changes that occur before we see overt behavior change. If we can move people just one stage, from Precontemplation to Contemplation, we can double their chances of success down the line. If we can move them two stages, we can triple their chances of success. Progressing just one or two stages is a good achievement. |

## Slide 32

## Slide 33

|  |  |
| --- | --- |
| **Object** | **Content** |
| **Layout** | Macintosh HD:Users:spencech:Desktop:quiz.jpg |
| **Template** | Quiz |
| **Menu Title** | TBD |
| **Quiz** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Code** | **Mode** | **Randomize Questions** | **Randomize Answers** | **Points** | **Max Attempts** | | quiz-1 | formative | false | true | 100 | 2 |  |  |  |  | | --- | --- | --- | | **Question** | | You have a client who has been smoking for more than 20 years and wants to quit. He just signed up for a smoking cessation program that begins next week. What stage of change is he most likely in? | | **Correct** | **Feedback** | **Answer Options** | | false | incorrect-fb | Precontemplation | | false | incorrect-fb | Contemplation | | true | correct-fb | Preparation | | false | incorrect-fb | Action | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | |  |  |  |  | | --- | --- | --- | | **Question** | | Your client says, “Stress is just a normal part of life. I don’t believe that people can really manage it.” What stage of change is he or she most likely in for stress management? | | **Correct** | **Feedback** | **Answer Options** | | true | correct-fb | Precontemplation | | false | incorrect-fb | Contemplation | | false | incorrect-fb | Preparation | | false | incorrect-fb | Action | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | |  |  |  |  | | --- | --- | --- | | **Question** | | People in the Contemplation stage… | | **Correct** | **Feedback** | **Answer Options** | | false | incorrect-fb | Do not plan to change their behavior in the foreseeable future | | false | incorrect-fb | Changed their behavior more than 6 months ago, and have been able to keep it up | | true | correct-fb | Changed their behavior more than 6 months ago but are thinking of giving up | | false | incorrect-fb | Plan to change their behavior in the next 6 months | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | |  |  |  |  | | --- | --- | --- | | **Question** | | People in the Action stage: | | **Correct** | **Feedback** | **Answer Options** | | false | incorrect-fb | Are unaware that their behavior is a problem | | false | incorrect-fb | Are not ready to change their behavior | | true | correct-fb | Are not at risk for relapse | | false | incorrect-fb | Are working to keep up their behavior change | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | |  |  |  |  | | --- | --- | --- | | **Question** | | Within a TTM framework, which of the following describe(s) relapse: | | **Correct** | **Feedback** | **Answer Options** | | true | correct-fb | Relapse occurs when a person slips back to an earlier stage of change | | false | incorrect-fb | Relapse is rare | | false | incorrect-fb | Both a and b | | false | incorrect-fb | Neither a nor b | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | |  |  |  |  | | --- | --- | --- | | **Question** | | Which statement describes people in the Maintenance stage of change? | | **Correct** | **Feedback** | **Answer Options** | | false | incorrect-fb | They are planning to take action in the next month. | | false | incorrect-fb | They have started doing the new behavior, but not consistently | | true | correct-fb | They have been keeping up the behavior change for at least six months | | false | incorrect-fb | They have been keeping up the behavior change for at least five years | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | | |
| **Notes** | These will not be included in course output |

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| **Layout** |  |
| **Template** | B4 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_10.jpg |
| **Header** | “Humans have an innate capacity to change.”  —Bob Doppelt |
| **Notes** | These will not be included in course output |

## Slide 34

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| --- | --- |
| **Object** | **Content** |
| **Unit Title** | Unit 3: Research |
| **Abbreviated Title** | Enter a shortened version of the title here, if necessary |
| **Notes** | These will not be included in course output |

# Unit Title (for Word Outline Purposes Only)

# Slide 35

|  |  |
| --- | --- |
| **Object** | **Content** |
| **Layout** |  |
| **Template** | A4 |
| **Menu Title** | Unit 3: Research |
| **Image** | ${CONTENT\_ROOT}/images/sectionTitleImage1.jpg |
| **Header** | Unit 3: Research |
| **Subtitle** | In this section, you will learn about the scientific research around TTM. |
| **Audio File** | ${CONTENT\_ROOT}/audio/t3\_transition.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** |  |
| **Notes** | These will not be included in course output |

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| --- | --- |
| **Layout** |  |
| **Template** | B4 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_13.jpg |
| **Header** | “Change is a process, not  an event.”  —James O. Prochaska |
| **Notes** | These will not be included in course output |

## Slide 36

|  |  |
| --- | --- |
| **Layout** |  |
| **Template** | B1 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_1.jpg |
| **Header** | Lessons |
| **Bullet Title** |  |
| **Bullets** | |  |  | | --- | --- | | Change does not necessarily mean action | 0:04 | | Change means progress | 0:06 | | Moving a client just one stage increases the likelihood of successful  action in the future | 0:13 | | TTM stage-matched principles can facilitate stage progression | 0:17 | | Effects of TTM interventions increase over time, even after interventions end | 0:44 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio22.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | What are the lessons so far?  Change does not necessary mean “action”; it means progress  Moving the client just one stage increases the likelihood of successful action in the future  Using TTM stage-matched principles can facilitate stage progression  The goal is to move the client to the next stage of change. By focusing on one stage transition at a time, we’re less likely to create resistance, or make people feel overwhelmed or demoralized. They’re more likely to be able to achieve stage-matched goals and feel good about their progress.  Another lesson is that the effects of the TTM-based interventions are sustained after the active intervention period ends. Again, if we’re able to move someone just one stage, we’re more likely to see successful action down the line, because they see some success. And they’re also making progress, and doing the preliminary work it takes to prepare for action. |
| **Notes** | **Audio:**  What are the lessons so far?  Change does not necessary mean “action”; it means progress  Moving the client just one stage increases the likelihood of successful action in the future  Using TTM stage-matched principles can facilitate stage progression    The goal is to move the client to the next stage of change. By focusing on one stage transition at a time, we’re less likely to create resistance, or make people feel overwhelmed or demoralized. They’re more likely to be able to achieve stage-matched goals and feel good about their progress.    Another lesson is that the effects of the TTM-based interventions are sustained after the active intervention period ends. Again, if we’re able to move someone just one stage, we’re more likely to see successful action down the line, because they see some success. And they’re also making progress, and doing the preliminary work it takes to prepare for action. |

## Slide 37

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| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | /content/shared/images/placeholders/placeholder.jpg |
| **Bullets** | |  |  | | --- | --- | |  | 0:01 | |  | 0:03 | |  | 0:05 | |  | 0:07 | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio23.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | It’s important to understand the decades of scientific research underlying the TTM. So, in the next few slides, we’ll talk about some research studies on TTM-based interventions.    First, here are results of a randomized clinical trial of a TTM-based intervention for smoking cessation. All smokers were assessed by mail or phone at baseline, which was the pre-test, and at 6, 12, 18, and 24 months follow-up. The treatment group was mailed a stage-based guide and three individualized, stage-matched feedback reports generated by an expert system computer program using assessment data at baseline, 3, and 6 months follow-up. The control group received only the assessments. These are rates of smoking cessation for the treatment and control groups over time. |
| **Notes** | **Audio:**  It’s important to understand the decades of scientific research underlying the TTM. So, in the next few slides, we’ll talk about some research studies on TTM-based interventions.    First, here are results of a randomized clinical trial of a TTM-based intervention for smoking cessation. All smokers were assessed by mail or phone at baseline, which was the pre-test, and at 6, 12, 18, and 24 months follow-up. The treatment group was mailed a stage-based guide and three individualized, stage-matched feedback reports generated by an expert system computer program using assessment data at baseline, 3, and 6 months follow-up. The control group received only the assessments. These are rates of smoking cessation for the treatment and control groups over time. |

## Slide 38

|  |  |
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| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | /content/shared/images/placeholders/placeholder.jpg |
| **Bullets** | |  |  | | --- | --- | |  | 0:01 | |  | 0:03 | |  | 0:05 | |  | 0:07 | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio24.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | It’s important to understand the decades of scientific research underlying the TTM. So, in the next few slides, we’ll talk about some research studies on TTM-based interventions.    First, here are results of a randomized control trial of a TTM-based tobacco cessation intervention. The intervention was delivered to inpatient psychiatric patients. All smokers were assessed at baseline, 6, 12, and 18 months follow-up. The treatment group intervention included access to nicotine replacement therapy (NRT), completion of a computer-delivered TTM-tailored intervention program with printed individualized report, and a stage-tailored print manual. The control group received only the assessments and usual care. Results indicate that the tobacco cessation treatment initiated in inpatient psychiatry and continued post-hospitalization was effective in supporting abstinence, regardless of psychiatric severity, and reduced psychiatric rehospitalizations. |
| **Notes** | **Audio:**  It’s important to understand the decades of scientific research underlying the TTM. So, in the next few slides, we’ll talk about some research studies on TTM-based interventions.    First, here are results of a randomized control trial of a TTM-based tobacco cessation intervention. The intervention was delivered to inpatient psychiatric patients. All smokers were assessed at baseline, 6, 12, and 18 months follow-up. The treatment group intervention included access to nicotine replacement therapy (NRT), completion of a computer-delivered TTM-tailored intervention program with printed individualized report, and a stage-tailored print manual. The control group received only the assessments and usual care. Results indicate that the tobacco cessation treatment initiated in inpatient psychiatry and continued post-hospitalization was effective in supporting abstinence, regardless of psychiatric severity, and reduced psychiatric rehospitalizations. |

## Slide 39

|  |  |
| --- | --- |
| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/prochange-data-graphs-3.jpg |
| **Bullets** | |  |  | | --- | --- | |  | 0:01 | |  | 0:03 | |  | 0:05 | |  | 0:07 | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio25.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | Here are results of a similarly structured randomized clinical trial of a TTM-based expert system intervention for adherence to lipid-lowering drugs. |
| **Notes** | **Audio:**  Here are results of a similarly structured randomized clinical trial of a TTM-based expert system intervention for adherence to lipid-lowering drugs. |

## Slide 40

|  |  |
| --- | --- |
| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/prochange-data-graphs-4.jpg |
| **Bullets** | |  |  | | --- | --- | |  | 0:01 | |  | 0:03 | |  | 0:05 | |  | 0:07 | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio26.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | And a clinical trial of a TTM-based intervention for stress management. |
| **Notes** | **Audio:**  And a clinical trial of a TTM-based intervention for stress management. |

## Slide 41

|  |  |
| --- | --- |
| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/prochange-data-graphs-5.jpg |
| **Bullets** | |  |  | | --- | --- | |  | 0:01 | |  | 0:03 | |  | 0:05 | |  | 0:07 | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio27.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | And here are some results of a clinical trial for a multi-behavior program focused on obesity prevention among middle and high school students. The program intervened on exercise, daily TV viewing, and fruit and vegetable consumption, and shown are the results for fruit and vegetable consumption. |
| **Notes** | **Audio:**  And here are some results of a clinical trial for a multi-behavior program focused on obesity prevention among middle and high school students. The program intervened on exercise, daily TV viewing, and fruit and vegetable consumption, and shown are the results for fruit and vegetable consumption. |

## Slide 42

|  |  |
| --- | --- |
| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/prochange-data-graphs-6.jpg |
| **Bullets** | |  |  | | --- | --- | |  | 0:01 | |  | 0:03 | |  | 0:05 | |  | 0:07 | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio28.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | This shows the results of a randomized clinical trial of a stage-based program for depression prevention among primary care patients experiencing different levels of depression at baseline. Reliable and clinically significant improvement is defined as improving at least five points and into the symptom remission range on the Beck Depression Inventory-Two.    In all of these intervention trials, expert system computer programs (which we also call computerized tailored interventions) used the stage-matched TTM principles and processes of change to facilitate progress through the stages and the effects were sustained over time. As you become skilled at the TTM, you can rely on stage-matched principles and processes of change. |
| **Notes** | **Audio:**  This shows the results of a randomized clinical trial of a stage-based program for depression prevention among primary care patients experiencing different levels of depression at baseline. Reliable and clinically significant improvement is defined as improving at least five points and into the symptom remission range on the Beck Depression Inventory-Two.    In all of these intervention trials, expert system computer programs (which we also call computerized tailored interventions) used the stage-matched TTM principles and processes of change to facilitate progress through the stages and the effects were sustained over time. As you become skilled at the TTM, you can rely on stage-matched principles and processes of change. |

## Slide 43

|  |  |
| --- | --- |
| **Layout** |  |
| **Template** | B4 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_10.jpg |
| **Header** | “Change, like any meaningful endeavor, proceeds sequentially through stages.”  —John C. Norcross |
| **Notes** | These will not be included in course output |

## Slide 44

|  |  |
| --- | --- |
| **Object** | **Content** |
| **Unit Title** | Unit 4: Decisional Balance |
| **Abbreviated Title** | Enter a shortened version of the title here, if necessary |
| **Notes** | These will not be included in course output |

# Unit Title (for Word Outline Purposes Only)

# Slide 45

|  |  |
| --- | --- |
| **Object** | **Content** |
| **Layout** |  |
| **Template** | A4 |
| **Menu Title** | Unit 4: Decisional Balance |
| **Image** | ${CONTENT\_ROOT}/images/sectionTitleImage1.jpg |
| **Header** | Unit 4: Decisional Balance |
| **Subtitle** | In this section, you will learn about Decisional Balance, which is the balance of Pros and Cons of making a change. |
| **Audio File** | ${CONTENT\_ROOT}/audio/t3\_transition.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** |  |
| **Notes** | These will not be included in course output |

|  |  |
| --- | --- |
| **Layout** |  |
| **Template** | B4 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_3.jpg |
| **Header** | "Don't try to change; train to change."  —James O. Prochaska |
| **Notes** | These will not be included in course output |

## Slide 46

|  |  |
| --- | --- |
| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_8.jpg |
| **Bullets** | |  |  | | --- | --- | | Sound decision-making requires the consideration of the potential positive and negative consequences | 0:24 | |  |  | |  |  | |
| **Footer** | (Janis & Mann, 1977) |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio29.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | Again, stage of change is only one construct of the Transtheoretical Model. There’s also Decisional Balance, Self-Efficacy, and the Processes of Change.    We’ll talk first about Decisional Balance and Self-Efficacy and then introduce the Processes of Change briefly. We will discuss the processes in more detail in later modules in this training.    Decisional Balance is the balance of the Pros and the Cons of making a change. This construct is taken from the work of Janis & Mann, who published a book called “Decision Making” in the late 1970’s. They found that people were more likely to be satisfied with a decision if they considered the potential Pros and Cons of that decision. |
| **Notes** | **Audio:**  Again, stage of change is only one construct of the Transtheoretical Model. There’s also Decisional Balance, Self-Efficacy, and the Processes of Change.    We’ll talk first about Decisional Balance and Self-Efficacy and then introduce the Processes of Change briefly. We will discuss the processes in more detail in later modules in this training.    Decisional Balance is the balance of the Pros and the Cons of making a change. This construct is taken from the work of Janis & Mann, who published a book called “Decision Making” in the late 1970’s. They found that people were more likely to be satisfied with a decision if they considered the potential Pros and Cons of that decision. |

## Slide 47

# Slide 48

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| **Object** | **Content** |
| **Layout** |  |
| **Template** | B5 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_6.jpg |
| **Header** | Pros of Change |
| **Bullets** | |  |  | | --- | --- | | Perceived positive consequences | 0:01 | | Gains, facilitators | 0:03 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio30.mp3 |
| **Audio Title** | Audio Title |
| **Audio CC** | Pros are the perceived positive consequences. They’re facilitators, or what you think you’ll gain. |
| **Notes** | **Audio:**  Pros are the perceived positive consequences. They’re facilitators, or what you think you’ll gain. |

# Slide 49

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| **Object** | **Content** |
| **Layout** |  |
| **Template** | B5 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_7.jpg |
| **Header** | Cons of Change |
| **Bullets** | |  |  | | --- | --- | | Perceived negative consequences | 0:01 | | Losses, barriers | 0:03 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio31.mp3 |
| **Audio Title** | Audio Title |
| **Audio CC** | The Cons are the perceived negative consequences, the barriers, or what you think you’ll lose. |
| **Notes** | **Audio:**  The Cons are the perceived negative consequences, the barriers, or what you think you’ll lose. |

## Slide 50

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| **Layout** |  |
| **Template** | B1-Long-Title |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_9.jpg |
| **Header** | Across 48 different health behaviors in 120 datasets from 10 countries: |
| **Bullet Title** | Insert title for bullet screen here (e.g., In this course you will learn..) |
| **Bullets** | |  |  | | --- | --- | | Cons of changing outweigh Pros in the Precontemplation stage | 0:11 | | Pros outweigh Cons in the later stages | 0:16 | | Crossover takes place before Action | 0:19 | | Targeting intervention towards identifying pros is especially important in the early stages | 0:37 | |  | 0:02 | | (Hall & Rossi, 2008) | 0:02 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio32.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | In the early 1990’s, researchers at the University of Rhode Island looked at the relationship between stage of change and the Pros and Cons across 12 different health behaviors. They found that the Cons of changing outweigh the Pros in the Precontemplation stage; that the Pros outweigh the Cons in the later stages; and the crossover takes place before the Action stage. In 2008, this same relationship was found across 48 different health behaviors in 120 datasets from ten countries.    Generally, people are rational: they won’t make changes until the Pros outweigh the Cons. So, in the early stages, it’s important to help people recognize the Pros of changing. In the later stages, it’s important to make sure the Cons aren’t too high. If someone’s Cons are too high in the Action or Maintenance stage, he or she may wonder whether all the hard work and sacrifices are worth it. |
| **Notes** | **Audio:**  In the early 1990’s, researchers at the University of Rhode Island looked at the relationship between stage of change and the Pros and Cons across 12 different health behaviors. They found that the Cons of changing outweigh the Pros in the Precontemplation stage; that the Pros outweigh the Cons in the later stages; and the crossover takes place before the Action stage. In 2008, this same relationship was found across 48 different health behaviors in 120 datasets from ten countries.    Generally, people are rational: they won’t make changes until the Pros outweigh the Cons. So, in the early stages, it’s important to help people recognize the Pros of changing. In the later stages, it’s important to make sure the Cons aren’t too high. If someone’s Cons are too high in the Action or Maintenance stage, he or she may wonder whether all the hard work and sacrifices are worth it. |

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| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/prochange-data-graphs-7.jpg |
| **Bullets** | |  |  | | --- | --- | |  | 0:01 | |  | 0:03 | |  | 0:05 | |  | 0:07 | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio33.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | Here’s a composite of the data from 120 datasets showing the relationship between stage of change and the Pros and Cons. The precise shape of those curves change from behavior to behavior. |
| **Notes** | **Audio:**  Here’s a composite of the data from 120 datasets showing the relationship between stage of change and the Pros and Cons. The precise shape of those curves change from behavior to behavior. |

## Slide 51

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| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/prochange-data-graphs-8.jpg |
| **Bullets** | |  |  | | --- | --- | |  | 0:01 | |  | 0:03 | |  | 0:05 | |  | 0:07 | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio34.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | Here are the Pros and Cons of exercising. |
| **Notes** | **Audio:**  Here are the Pros and Cons of exercising. |

## Slide 52

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| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/prochange-data-graphs-9.jpg |
| **Bullets** | |  |  | | --- | --- | |  | 0:01 | |  | 0:03 | |  | 0:05 | |  | 0:07 | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio35.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | And here are the Pros and Cons of reducing dietary fat.    It’s not uncommon for the Cons to go up as people progress from Precontemplation to Contemplation or even Preparation, as they begin to think more seriously about the things they’ll need to give up, how hard it will be, and what they’ll be missing. Eventually, the Cons here go down below the Pros. |
| **Notes** | **Audio:**  And here are the Pros and Cons of reducing dietary fat.    It’s not uncommon for the Cons to go up as people progress from Precontemplation to Contemplation or even Preparation, as they begin to think more seriously about the things they’ll need to give up, how hard it will be, and what they’ll be missing. Eventually, the Cons here go down below the Pros. |

## Slide 53

## Slide 54

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| **Layout** |  |
| **Template** | B3 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_1.jpg |
| **Header** | Decisional Balance Measure for Effective Stress Management |
| **Bullets** | |  |  | | --- | --- | | How important are the following in your decision whether or not to effectively manage stress? | 0:09 | | If I used healthy strategies to effectively manage my stress, I would be  healthier ( **Pro**) | 0:16 | | Efforts to manage my stress with healthy strategies would be disruptive to my  daily life ( **Con**) | 0:22 | |  |  | |  |  | |  |  | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio36.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | Here are some items from a traditional Decisional Balance measure. This one assesses the Pros and Cons of effective stress management.  We ask, “How important are the following in your decision whether or not to effectively manage stress?”  We present Pros, such as: “If I used healthy strategies to effectively manage my stress, I would be healthier.”  And, Cons, such as: “Efforts to manage my stress with healthy strategies would be disruptive to my daily life.”  The response choices range from “Not Important,” to “Extremely important.”  Notice that we ask people to rate the importance of each statement. It’s not enough to know whether someone agrees or disagrees. We need to know how important each statement is—how much weight someone gives it. I might completely agree with both of the statements I just read, but rate the first as far more important than the second.  We will talk more about how to increase clients’ Pros and decrease their Cons, even without formal assessment questions, later in the training. |
| **Notes** | **Audio:**  Here are some items from a traditional Decisional Balance measure. This one assesses the Pros and Cons of effective stress management.    We ask, “How important are the following in your decision whether or not to effectively manage stress?”    We present Pros, such as: “If I used healthy strategies to effectively manage my stress, I would be healthier.”    And, Cons, such as: “Efforts to manage my stress with healthy strategies would be disruptive to my daily life.”    The response choices range from “Not Important,” to “Extremely important.”    Notice that we ask people to rate the importance of each statement. It’s not enough to know whether someone agrees or disagrees. We need to know how important each statement is—how much weight someone gives it. I might completely agree with both of the statements I just read, but rate the first as far more important than the second.    We will talk more about how to increase clients’ Pros and decrease their Cons, even without formal assessment questions, later in the training. |

## Slide 55

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| **Layout** |  |
| **Template** | B1 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_1.jpg |
| **Header** | Your Decisional Balance: **Pros** |
| **Bullet Title** |  |
| **Bullets** | |  |  | | --- | --- | | List four Pros of changing the behavior you mentioned: Rate each Pro. Are they…? | 0:02 | |  |  | | 1 = Not important | 0:05 | | 2 = A little important | 0:08 | | 3 = Moderately important | 0:11 | | 4 = Very important | 0:14 | | 5 = Extremely important | 0:17 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio37.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | Remember that behavior you said you have been encouraged to change? Let’s do a quick decisional balance exercise using that behavior.    In the boxes on the left hand side of the screen, try listing four important Pros for changing that behavior.    For example, if you said that you were encouraged to start exercising at least 150 minutes a week, one Pro might be that you would be in better shape; another might be that exercising will help you wind down from work.    Now, rate how important each of these Pros are to you. Are they:    1 = Not important  2 = A little important  3 = Moderately important  4 = Very important  5 = Extremely important |
| **Notes** | **Audio:**  Remember that behavior you said you have been encouraged to change? Let’s do a quick decisional balance exercise using that behavior.    In the boxes on the left hand side of the screen, try listing four important Pros for changing that behavior.    For example, if you said that you were encouraged to start exercising at least 150 minutes a week, one Pro might be that you would be in better shape; another might be that exercising will help you wind down from work.    Now, rate how important each of these Pros are to you. Are they:    1=Not important  2=A little important  3=Moderately important  4=Very important  5=Extremely important |

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| **Layout** |  |
| **Template** | B1 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_1.jpg |
| **Header** | Your Decisional Balance: **Cons** |
| **Bullet Title** |  |
| **Bullets** | |  |  | | --- | --- | | List four Cons of changing the behavior you mentioned: Rate each Con. Are they…? | 0:02 | |  |  | | 1 = Not important | 0:05 | | 2 = A little important | 0:08 | | 3 = Moderately important | 0:11 | | 4 = Very important | 0:14 | | 5 = Extremely important | 0:17 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio38.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | Now, let’s do the same with the Cons. Try listing four Cons in the boxes on the right hand side of the screen. For exercising regularly, a Con might be that it’s hard to find the time, or that you might miss a TV show you want to see.    Once you have your Cons listed, rate how important each one is on the Importance Scale. |
| **Notes** | **Audio:**  Now, let’s do the same with the Cons. Try listing four Cons in the boxes on the right hand side of the screen. For exercising regularly, a Con might be that it’s hard to find the time, or that you might miss a TV show you want to see.    Once you have your Cons listed, rate how important each one is on the Importance Scale. |

## Slide 56

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| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_1.jpg |
| **Bullets** | |  |  | | --- | --- | | What is the balance of  Pros and Cons? | 0:04 | |  | 0:03 | |  | 0:05 | |  | 0:07 | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio39.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | Now look at how you rated both your Pros and Cons. What is the balance of the Pros and Cons? Do the Pros outweigh the Cons of changing your behavior? Do the Cons outweigh the Pros? Or, are they roughly in balance? High Pros and high Cons indicate ambivalence. |
| **Notes** | **Audio:**  Now look at how you rated both your Pros and Cons. What is the balance of the Pros and Cons? Do the Pros outweigh the Cons of changing your behavior? Do the Cons outweigh the Pros? Or, are they roughly in balance? High Pros and high Cons indicate ambivalence. |

## Slide 57

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| **Object** | **Content** |
| **Layout** | Macintosh HD:Users:spencech:Desktop:quiz.jpg |
| **Template** | Quiz |
| **Menu Title** | TBD |
| **Quiz** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Code** | **Mode** | **Randomize Questions** | **Randomize Answers** | **Points** | **Max Attempts** | | quiz-1 | formative | false | true | 100 | 2 |  |  |  |  | | --- | --- | --- | | **Question** | | Which of the following is generally true of decisional balance? | | **Correct** | **Feedback** | **Answer Options** | | false | incorrect-fb | In the Precontemplation stage, the Pros outweigh the Cons | | false | incorrect-fb | In the Action stage, the Cons outweigh the Pros | | true | correct-fb | In the Contemplation stage, people can have high Pros and high Cons, indicating ambivalence | | false | incorrect-fb | All of the above | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | | |
| **Notes** | These will not be included in course output |

## Slide 58

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| **Layout** |  |
| **Template** | B4 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_10.jpg |
| **Header** | "The choice to change is yours."  —Anonymous |
| **Notes** | These will not be included in course output |

## Slide 59

|  |  |
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| **Object** | **Content** |
| **Unit Title** | Unit 5: Self-Efficacy |
| **Abbreviated Title** | Enter a shortened version of the title here, if necessary |
| **Notes** | These will not be included in course output |

# Unit Title (for Word Outline Purposes Only)

# Slide 60

|  |  |
| --- | --- |
| **Object** | **Content** |
| **Layout** |  |
| **Template** | A4 |
| **Menu Title** | Unit 5: Self-Efficacy |
| **Image** | ${CONTENT\_ROOT}/images/sectionTitleImage1.jpg |
| **Header** | Unit 5: Self-Efficacy |
| **Subtitle** | In this section, you will learn about Self-Efficacy, the belief in one’s ability to achieve a desired goal. |
| **Audio File** | ${CONTENT\_ROOT}/audio/t3\_transition.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** |  |
| **Notes** | These will not be included in course output |

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| **Layout** |  |
| **Template** | B4 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_2.jpg |
| **Header** | “Man is capable of changing the world for the better if possible, and of changing himself for the better if necessary.”  —Viktor Frankl |
| **Notes** | These will not be included in course output |

## Slide 61

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| **Layout** |  |
| **Template** | B3 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Cig25202.jpg |
| **Header** | Self-Efficacy |
| **Bullets** | |  |  | | --- | --- | | Belief in one’s ability to achieve a desired goal | 0:09 | | Confidence to make and sustain changes | 0:16 | | Temptation to relapse | 0:22.5 | | Confidence increases and temptation decreases with progression  through the stages | 0:28.5 | | For relapse prevention, identify tempting situations | 0:38 | |  |  | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio40.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | Self-Efficacy is another construct of the Model. It was adapted from Albert Bandura’s self-efficacy theory. Self-Efficacy is the belief in one’s ability to achieve a desired goal even in tempting situations. We can focus either on confidence (e.g., How confident are you that you could resist smoking in the following situations?), or on temptation (e.g., How tempted would you be to smoke in the following situations?).    Confidence increases and temptation decreases with progression through the stages. Self-Efficacy tends to be especially important in the later stages. For relapse prevention, we want to identify tempting situations and come up with strategies for managing them—which means we’re developing a relapse prevention plan. |
| **Notes** | **Audio:**  Self-Efficacy is another construct of the Model. It was adapted from Albert Bandura’s self-efficacy theory. Self-Efficacy is the belief in one’s ability to achieve a desired goal even in tempting situations. We can focus either on confidence (e.g., How confident are you that you could resist smoking in the following situations?), or on temptation (e.g., How tempted would you be to smoke in the following situations?).    Confidence increases and temptation decreases with progression through the stages. Self-Efficacy tends to be especially important in the later stages. For relapse prevention, we want to identify tempting situations and come up with strategies for managing them—which means we’re developing a relapse prevention plan. |

## Slide 62

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| **Layout** |  |
| **Template** | B3 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Food\_1.jpg |
| **Header** | Self-Efficacy Measure for  Healthy Eating |
| **Bullets** | |  |  | | --- | --- | | How confident are you that you would eat healthy, even in the following situations? | 0:08 | | When I am traveling | 0:14 | | When I am upset | 0:16 | | When others offer me unhealthy foods | 0:18 | |  |  | |  |  | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio41.mp3 |
| **Audio Title** | Audio Title |
| **Audio CC** | Here are some items from a traditional self-efficacy measure. This one assesses confidence to eat healthy.  We ask, “How confident are you that you would eat healthy, even in the following situations?”    Examples include:  When I am traveling  When I am upset  When others offer me unhealthy foods    The response choices range from “Not at all confident,” to “Extremely confident.” |
| **Notes** | **Audio:**  Here are some items from a traditional self-efficacy measure. This one assesses confidence to eat healthy.  We ask, “How confident are you that you would eat healthy, even in the following situations?”    Examples include:  When I am traveling  When I am upset  When others offer me unhealthy foods    The response choices range from “Not at all confident,” to “Extremely confident.” |

## Slide 63

# Slide 64

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| **Object** | **Content** |
| **Layout** |  |
| **Template** | B5 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Food\_2.jpg |
| **Header** | Your Self-Efficacy |
| **Bullets** | |  |  | | --- | --- | | Think of the behavior your said you were encouraged to change. | 0:01 | | What are some situations that could challenge your confidence that you could make or keep up that behavior change? | 0:05.5 | | Can you think of things you could do to build your confidence that you could keep up your new behavior in each of the situations you listed? | 0:19 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio42.mp3 |
| **Audio Title** | Audio Title |
| **Audio CC** | Now, think about the behavior you said you were encouraged to change.    What are some situations that could challenge your confidence that you could make or keep up that behavior change? For example, if the behavior was to exercise more often, you may not be confident that you could keep it up on the days that you need to work late.    Can you think of things you could do to build your confidence that you could keep up the new behavior in each of the situations you listed? If you find it difficult to exercise on the days you work late, perhaps you could exercise before you go to work on those days. |
| **Notes** | **Audio:**  Now, think about the behavior you said you were encouraged to change.    What are some situations that could challenge your confidence that you could make or keep up that behavior change? For example, if the behavior was to exercise more often, you may not be confident that you could keep it up on the days that you need to work late.    Can you think of things you could do to build your confidence that you could keep up the new behavior in each of the situations you listed? If you find it difficult to exercise on the days you work late, perhaps you could exercise before you go to work on those days. |

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| **Object** | **Content** |
| **Layout** | Macintosh HD:Users:spencech:Desktop:quiz.jpg |
| **Template** | Quiz |
| **Menu Title** | TBD |
| **Quiz** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Code** | **Mode** | **Randomize Questions** | **Randomize Answers** | **Points** | **Max Attempts** | | quiz-1 | formative | false | true | 100 | 2 |  |  |  |  | | --- | --- | --- | | **Question** | | Self-Efficacy describes: | | **Correct** | **Feedback** | **Answer Options** | | false | incorrect-fb | When you change | | false | incorrect-fb | How you change | | true | correct-fb | Confidence to change | | false | incorrect-fb | Why you change | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | |  |  |  |  | | --- | --- | --- | | **Question** | | To help clients increase their Self-Efficacy for keeping up an exercise routine, you could… | | **Correct** | **Feedback** | **Answer Options** | | false | incorrect-fb | Encourage them to remind themselves of other successes in their lives | | false | incorrect-fb | Encourage them to identify and plan ahead for difficult situations | | true | correct-fb | Both a and b | | false | incorrect-fb | Neither a nor b | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | | |
| **Notes** | These will not be included in course output |

## Slide 65

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| **Layout** |  |
| **Template** | B4 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_10.jpg |
| **Header** | “They always say time changes things, but you actually have to change them yourself.”  —Andy Warhol |
| **Notes** | These will not be included in course output |

## Slide 66

|  |  |
| --- | --- |
| **Object** | **Content** |
| **Unit Title** | Unit 6: Processes of Change |
| **Abbreviated Title** | Enter a shortened version of the title here, if necessary |
| **Notes** | These will not be included in course output |

# Unit Title (for Word Outline Purposes Only)

# Slide 67

|  |  |
| --- | --- |
| **Object** | **Content** |
| **Layout** |  |
| **Template** | A4 |
| **Menu Title** | Unit 6: Processes of Change |
| **Image** | ${CONTENT\_ROOT}/images/sectionTitleImage1.jpg |
| **Header** | Unit 6: Processes of Change |
| **Subtitle** | In this section, you will learn about the Processes of Change, which describe how a person changes. |
| **Audio File** | ${CONTENT\_ROOT}/audio/t3\_transition.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** |  |
| **Notes** | These will not be included in course output |

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| **Layout** |  |
| **Template** | B4 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_12.jpg |
| **Header** | “Nothing endures but change.”  —Heraclitus |
| **Notes** | These will not be included in course output |

## Slide 68

|  |  |
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| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | /content/shared/images/placeholders/placeholder.jpg |
| **Bullets** | |  |  | | --- | --- | |  | 0:01 | |  | 0:03 | |  | 0:05 | |  | 0:07 | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio43.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | There are ten Processes of Change. They describe HOW people change. People don’t just suddenly quit smoking, quit drinking, or start exercising. There’s a lot that happens internally—and even externally—before we see an overt change. |
| **Notes** | **Audio:**  There are ten Processes of Change. They describe HOW people change. People don’t just suddenly quit smoking, quit drinking, or start exercising. There’s a lot that happens internally—and even externally—before we see an overt change. |

## Slide 69

|  |  |
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| **Layout** |  |
| **Template** | B3 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Interactions\_1.jpg |
| **Header** | Ten Processes of Change |
| **Bullets** | |  |  | | --- | --- | | How people change | 0:22 | | Experimental and behavioral strategies used to change behavior | 0:22 | | Facilitate transitions between stages | 0:22 | | Used as basis of intervention design | 0:22 | |  |  | |  |  | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio44.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | We mentioned earlier that Dr. James Prochaska at the University of Rhode Island asked psychology graduate students to examine 24 major systems of psychotherapy, and to identify the basic types of change techniques each relied on to facilitate change. The list was eventually distilled down to ten basic techniques, the ten “processes of change.”    The processes are experiential and behavioral strategies used to change behavior. People use these on their own or they can be encouraged by a counselor, health coach, social worker, physician, or family members. Based on data, we’ve identified the processes that are most important for each stage transition. These data and the processes form the basis of the intervention. |
| **Notes** | **Audio:**  We mentioned earlier that Dr. James Prochaska at the University of Rhode Island asked psychology graduate students to examine 24 major systems of psychotherapy, and to identify the basic types of change techniques each relied on to facilitate change. The list was eventually distilled down to ten basic techniques, the ten “processes of change.”    The processes are experiential and behavioral strategies used to change behavior. People use these on their own or they can be encouraged by a counselor, health coach, social worker, physician, or family members. Based on data, we’ve identified the processes that are most important for each stage transition. These data and the processes form the basis of the intervention. |

## Slide 70

|  |  |
| --- | --- |
| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | Enter the title for the page as it should appear in the menu |
| **Image** | ${CONTENT\_ROOT}/images/People\_6.jpg |
| **Bullets** | |  |  | | --- | --- | | Experiential Processes of Change | 0:01 | |  |  | |  |  | |  |  | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio45a.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | The experiential processes of change refer to change strategies that are more internal, and involve changes in thinking and feeling. These tend to be especially important in the early stages of change. |
| **Notes** | These will not be included in course output |

## Page Title

## Slide 71

|  |  |
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| **Object** | **Content** |
| **Layout** |  |
| **Template** | CR-List |
| **Menu Title** | TBD |
| **Click and Reveal** | |  |  | | --- | --- | | **Layout** | **Show Tooltip** | | click-and-reveal | true |  |  |  | | --- | --- | | **Title** | Experiential Processes of Change | | **Background Image** | ${CONTENT\_ROOT}/images/People\_6.jpg | | **Tooltip** | Click these buttons to hear the principles |  |  |  |  | | --- | --- | --- | | **Click and Reveal Item 1** | | | | **Label** | Consciousness Raising | | | **Audio Path** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio45b.mp3 | | | **Audio CC** | The first process is Consciousness Raising, otherwise known as “become informed,” which relates to learning new facts, ideas, and tips that support the healthy behavior change. Think about the behavior you said you wanted to change.    What are some places where you could find more information about that behavior?  For example, could you look in newspapers, the Internet, or talk with your doctor about it? What are some questions you could ask? | | | **Reveal Bullets** | | | | **Cue Point** | **Clear Display** | **Reveal Text** | | 0:08 | true | Learning new facts, ideas, and tips that support the healthy behavior change | | 0:15 | false | What are some places where you could find more information about the behavior you were encouraged to change? | | 0:26 | false | What are some questions you could ask? |  |  |  |  | | --- | --- | --- | | **Click and Reveal Item 2** | | | | **Label** | Dramatic Relief | | | **Audio Path** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio45c.mp3 | | | **Audio CC** | Next is Dramatic Relief, otherwise known as “increase emotional awareness,” which means experiencing negative emotions (such as fear and anxiety) that go along with the old behavior and positive emotions (such as hope and inspiration) that go along with the new behavior.    In the 1990’s, the Massachusetts Tobacco Control Program developed a television ad campaign called “Real People, Real Stories.” One ad featured a young woman who developed emphysema from smoking, and another featured a man whose wife died from lung cancer at age 46. These ads, which were designed to evoke strong emotions, are good examples of Dramatic Relief.    So, think about the personal behavior you were encouraged to change. Do you feel any kinds of emotions about that behavior? If so, what kinds of emotions? Worry? Guilt? Inspiration? What kinds of things can help evoke emotions related to your behavior? | | | **Reveal Bullets** | | | | **Cue Point** | **Clear Display** | **Reveal Text** | | 0:07 | true | Experiencing negative emotions that go along with the old behavior and positive emotions that go along with the new behavior | | 0:45 | false | Do you feel any kinds of emotions about the behavior you were encouraged to change? If so, what kinds of emotions? Worry? Guilt? Inspiration? What kinds of things can help evoke emotions related to your behavior? |  |  |  |  | | --- | --- | --- | | **Click and Reveal Item 3** | | | | **Label** | Environmental Resolution | | | **Audio Path** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio45d.mp3 | | | **Audio CC** | Environmental Reevaluation, otherwise known as “consider others,” means realizing the negative impact of one’s behavior—and the positive impact of change—on others.    Can you list two people who would be affected if you changed your personal behavior? Who would benefit? How would they benefit? | | | **Reveal Bullets** | | | | **Cue Point** | **Clear Display** | **Reveal Text** | | 0:06 | true | Realizing the negative impact of one’s behavior – and the positive impact of change on other people | | 0:12 | false | Can you list one or two people who would be affected if you changed your personal behavior? Who would benefit? How would they benefit? |  |  |  |  | | --- | --- | --- | | **Click and Reveal Item 4** | | | | **Label** | Self-Reevaluation | | | **Audio Path** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio45e.mp3 | | | **Audio CC** | Self-Reevaluation, otherwise known as “consider your self-image,” means realizing that the behavioral change is an important part of one’s identity.    What words come to mind when you think about how you’d feel about yourself if you changed your personal behavior? How would your self-image change? | | | **Reveal Bullets** | | | | **Cue Point** | **Clear Display** | **Reveal Text** | | 0:06 | true | Realizing that behavioral change is an important part of one’s identity | | 0:12 | false | What words come to mind when you think about how you’d feel about yourself if you changed your personal behavior? | | 0:18 | false | How would your self-image change? |  |  |  |  | | --- | --- | --- | | **Click and Reveal Item 5** | | | | **Label** | Social Liberation | | | **Audio Path** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio45f.mp3 | | | **Audio CC** | Social Liberation, otherwise known and “notice the public effort,” means realizing that social norms are changing to support the healthy behavior. Antismoking policies, such as no smoking in restaurants, are a good example of Social Liberation.    What types of changes do you notice in your community that support the change you want to make? | | | **Reveal Bullets** | | | | **Cue Point** | **Clear Display** | **Reveal Text** | | 0:06 | true | Realizing that social norms are changing to support the healthy behavior | | 0:18 | false | What types of changes do you notice in your community that support the change you were encouraged to make? | |
| **Notes** | Note to Pro-Change: On this slide, we would list the five processes of experiential change on the left side of the screen (as indicated by a “subheading” designation). The viewer would click on each subheading and see the accompanying text (as indicated by “accompanying text”) and hear audio (as indicated by “accompanying audio”).    Upon clicking on this slide, the following audio would be heard:  The experiential processes of change refer to change strategies that are more internal, and involve changes in thinking and feeling. These tend to be especially important in the early stages of change.    **Subheading:**  1) Consciousness Raising    Upon clicking on the tab, the following text would appear:  Learning new facts, ideas, and tips that support the healthy behavior change  What are some places where you could find more information about the behavior you wanted to change?  What are some questions you could ask?    The following audio would be heard:  The first process is Consciousness Raising, otherwise known as “become informed,” which relates to learning new facts, ideas, and tips that support the healthy behavior change. Think about the behavior you said you wanted to change.    What are some places where you could find more information about that behavior?  For example, could you look in newspapers, the Internet, or talk with your doctor about it? What are some questions you could ask?      **Subheading:**  2) Dramatic Relief    Upon clicking on the tab, the following text would appear:  Experiencing negative emotions that go along with the old behavior and positive emotions that go along with the new behavior  Do you feel any kinds of emotions about the behavior you wanted to change? If so, what kinds of emotions? Worry? Guilt? Inspiration? What kinds of things can help evoke emotions related to your behavior?    The following audio would be heard:  Next is Dramatic Relief, otherwise known as “increase emotional awareness,” which means experiencing negative emotions (such as fear and anxiety) that go along with the old behavior and positive emotions (such as hope and inspiration) that go along with the new behavior.    In the 1990’s, the Massachusetts Tobacco Control Program developed a television ad campaign called “Real People, Real Stories.” One ad featured a young woman who developed emphysema from smoking, and another featured a man whose wife died from lung cancer at age 46. These ads, which were designed to evoke strong emotions, are good examples of Dramatic Relief.    So, think about the personal behavior you were encouraged to change. Do you feel any kinds of emotions about that behavior? If so, what kinds of emotions? Worry? Guilt? Inspiration? What kinds of things can help evoke emotions related to your behavior?      **Subheading:**  3) Environmental Resolution    Upon clicking on the tab, the following text would appear:  Realizing the negative impact of one’s behavior – and the positive impact of change on other people  Can you list one or two people who would be affected if you changed your personal behavior? Who would benefit? How would they benefit?    The following audio would be heard:  Environmental Reevaluation, otherwise known as “consider others,” means realizing the negative impact of one’s behavior—and the positive impact of change—on others.    Can you list two people who would be affected if you changed your personal behavior? Who would benefit? How would they benefit?    **Subheading:**  4) Self-Reevaluation    Upon clicking on the tab, the following text would appear:  Realizing that behavioral change is an important part of one’s identity  What words come to mind when you think about how you’d feel about yourself if you changed your personal behavior?  How would your self-image change?    The following audio would be heard:  Self-Reevaluation, otherwise known as “consider your self-image,” means realizing that the behavioral change is an important part of one’s identity.    What words come to mind when you think about how you’d feel about yourself if you changed your personal behavior? How would your self-image change?    **Subheading:**  5) Social Liberation    Upon clicking on the tab, the following text would appear:  Realizing that social norms are changing to support the healthy behavior  What types of changes do you notice in your community that support the change you want to make?    The following audio would be heard:  Social Liberation, otherwise known and “notice the public effort,” means realizing that social norms are changing to support the healthy behavior. Antismoking policies, such as no smoking in restaurants, are a good example of Social Liberation.    What types of changes do you notice in your community that support the change you want to make? |

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| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/People\_6.jpg |
| **Bullets** | |  |  | | --- | --- | | Behavioral Processes of Change | 0:01 | |  | 0:03 | |  | 0:05 | |  | 0:07 | |  |  | |  |  | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio46a.mp3 |
| **Audio Title** | Behavioral Processes of Change |
| **Audio CC** | The behavioral processes of change refer to change strategies that are more external, and involve changes in behavior and the environment. These tend to be especially important in the early stages of change. |
| **Notes** | The behavioral processes of change refer to change strategies that are more external, and involve changes in behavior and the environment. These tend to be especially important in the early stages of change. |

## Page Title

## Slide 72

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| --- | --- |
| **Object** | **Content** |
| **Layout** |  |
| **Template** | CR-List |
| **Menu Title** | TBD |
| **Click and Reveal** | |  |  | | --- | --- | | **Layout** | **Show Tooltip** | | click-and-reveal | true |  |  |  | | --- | --- | | **Title** | Behavioral Processes of Change | | **Background Image** | ${CONTENT\_ROOT}/images/People\_6.jpg | | **Tooltip** | Click these buttons to hear the principles |  |  |  |  | | --- | --- | --- | | **Click and Reveal Item 6** | | | | **Label** | Self-Liberation | | | **Audio Path** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio46b.mp3 | | | **Audio CC** | The first is Self-Liberation, otherwise known as “making a commitment” to change. Have you made a promise to yourself yet that you are going to make the behavior change you mentioned?    In what ways could you show that you’ve made a commitment? For example, could you tell other people about the changes you want to make? Could you write your promise down? | | | **Reveal Bullets** | | | | **Cue Point** | **Clear Display** | **Reveal Text** | | 0:04 | true | Making a firm commitment to change | | 0:12 | false | In what ways can you show that you’ve make a commitment to change your personal behavior? |  |  |  |  | | --- | --- | --- | | **Click and Reveal Item 7** | | | | **Label** | Helping Relationships | | | **Audio Path** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio46c.mp3 | | | **Audio CC** | Next, Helping Relationships, otherwise known as “get support,” means seeking and using social support to make and sustain changes. Who would support you if you made your personal behavior change? How would they help? | | | **Reveal Bullets** | | | | **Cue Point** | **Clear Display** | **Reveal Text** | | 0:05 | true | Seeking and using social support to make and sustain changes | | 0:09 | false | Who would support you if you made your personal behavior change? | | 0:13 | false | How would they help? |  |  |  |  | | --- | --- | --- | | **Click and Reveal Item 8** | | | | **Label** | Counter-Conditioning | | | **Audio Path** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio46d.mp3 | | | **Audio CC** | Counter-Conditioning, otherwise known as “use substitutes,” means substituting healthy alternative behaviors and thoughts for old behaviors.    Can you think of one or two things you could do when you’re tempted to skip or give up your new behavior?  For example, ex-smokers could plan to go for a walk when they’re tempted to have a cigarette after a meal. | | | **Reveal Bullets** | | | | **Cue Point** | **Clear Display** | **Reveal Text** | | 0:05 | true | Substituting healthy alternative behaviors and thoughts for old behaviors | | 0:10 | false | Can you think of one or two things you could do when you’re tempted to skip or give up your new behavior? |  |  |  |  | | --- | --- | --- | | **Click and Reveal Item 9** | | | | **Label** | Reinforcement Management | | | **Audio Path** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio46e.mp3 | | | **Audio CC** | Reinforcement Management, otherwise known as “use rewards,” means increasing the rewards for healthy behavior change and decreasing the rewards for old behaviors.    What are two ways that you could reward yourself for making your personal behavior change? In what ways would making the behavior change be in itself rewarding? | | | **Reveal Bullets** | | | | **Cue Point** | **Clear Display** | **Reveal Text** | | 0:04 | true | Increasing the rewards for healthy behavior change and decreasing the rewards for old behaviors | | 0:11 | false | What are two ways that you could reward yourself for making your personal behavior change? | | 0:15 | false | In what ways would making the behavior change be itself rewarding? |  |  |  |  | | --- | --- | --- | | **Click and Reveal Item 10** | | | | **Label** | Stimulus Control | | | **Audio Path** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio46f.mp3 | | | **Audio CC** | The last behavioral process of change is Stimulus Control, otherwise known as “manage your environment,” or removing reminders or cues to engage in the old behaviors, and using reminders to engage in the healthy behavior. For example, smokers could remove cigarettes from the home, and try to avoid other smokers.    What types of cues could you use to help you change your personal behavior? What kinds of people, places, and things should you avoid? What kinds of reminders can you use? | | | **Reveal Bullets** | | | | **Cue Point** | **Clear Display** | **Reveal Text** | | 0:07 | true | Removing reminders or cues to engage in the old behaviors, and using cues to engage in the new healthy behavior | | 0:19 | false | What types of cues could you use to help you change your personal behavior? | | 0:23 | false | What kinds of people, places, and things should you avoid? | | 0:27 | false | What kinds of reminders can you use? | |
| **Notes** | **Note to Pro-Change: On this slide, we would list the five processes of behavioral change on the left side of the screen (as indicated by a “subheading” designation). The viewer would click on each subheading and see the accompanying text (as indicated by “accompanying text”) and hear audio (as indicated by “accompanying audio”).**    **Upon clicking on this slide, the following audio would be heard:**  The behavioral processes of change refer to change strategies that are more external, and involve changes in behavior and the environment. These tend to be especially important in the early stages of change.    **Subheading:**  6) Self-Liberation    Upon clicking on the tab, the following text would appear:  Making a firm commitment to change  In what ways can you show that you’ve make a commitment to change your personal behavior?    The following audio would be heard:  The first is Self-Liberation, otherwise known as “making a commitment” to change. Have you made a promise to yourself yet that you are going to make the behavior change you mentioned?    In what ways could you show that you’ve made a commitment? For example, could you tell other people about the changes you want to make? Could you write your promise down?    **Subheading:**  7) Helping Relationships    Upon clicking on the tab, the following text would appear:  Seeking and using social support to make and sustain changes  Who would support you if you made your personal behavior change?  How would they help?    The following audio would be heard:  Next, Helping Relationships, otherwise known as “get support,” means seeking and using social support to make and sustain changes. Who would support you if you made your personal behavior change? How would they help?      **Subheading:**  8) Counter-Conditioning    Upon clicking on the tab, the following text would appear:  Substituting healthy alternative behaviors and thoughts for old behaviors  Can you think of one or two things you could do when you’re tempted to skip or give up your new behavior?    The following audio would be heard:  Counter-Conditioning, otherwise known as “use substitutes,” means substituting healthy alternative behaviors and thoughts for old behaviors.    Can you think of one or two things you could do when you’re tempted to skip or give up your new behavior?  For example, ex-smokers could plan to go for a walk when they’re tempted to have a cigarette after a meal.      **Subheading:**  9) Reinforcement Management    Upon clicking on the tab, the following text would appear:  Increasing the rewards for healthy behavior change and decreasing the rewards for old behaviors  What are two ways that you could reward yourself for making your personal behavior change?  In what ways would making the behavior change be itself rewarding?    The following audio would be heard:  Reinforcement Management, otherwise known as “use rewards,” means increasing the rewards for healthy behavior change and decreasing the rewards for old behaviors.    What are two ways that you could reward yourself for making your personal behavior change? In what ways would making the behavior change be in itself rewarding?      **Subheading:**  10) Stimulus Control    Upon clicking on the tab, the following text would appear:  Removing reminders or cues to engage in the old behaviors, and using cues to engage in the new healthy behavior  What types of cues could you use to help you change your personal behavior?  What kinds of people, places, and things should you avoid?  What kinds of reminders can you use?    The following audio would be heard:  The last behavioral process of change is Stimulus Control, otherwise known as “manage your environment,” or removing reminders or cues to engage in the old behaviors, and using reminders to engage in the healthy behavior. For example, smokers could remove cigarettes from the home, and try to avoid other smokers.    What types of cues could you use to help you change your personal behavior? What kinds of people, places, and things should you avoid? What kinds of reminders can you use? |

## Slide 73

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| --- | --- |
| **Layout** |  |
| **Template** | B2 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Computer\_1.jpg |
| **Bullets** | |  |  | | --- | --- | | We rely on data to tell us which processes of change are most important for each stage transition | 0:01 | |
| **Footer** |  |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio47.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** | Again, we rely on data to tell us which processes of change are most important for each stage transition. There are general guidelines and we will be talking more about them in Part 3 of this training, but the precise pattern differs from behavior to behavior, and even from population to population.    Generally, however, Consciousness Raising, Dramatic Relief, and Environmental Re-evaluation are important for helping people to progress from the Precontemplation stage to the Contemplation stage. The goal is to help people learn more about their behavior and its consequences, and about alternatives; to help them experience some sort of emotional response or arousal about their behavior; and to consider the impact of their behavior on others in their environment.    In Contemplation, the goal is to help people think about the kind of person they want to be, and whether their behavior is consistent with that identity.    In Preparation, we want to see them make a commitment.    In Action and Maintenance, we encourage the more behavioral processes to help people maintain their changes. |
| **Notes** | **Audio:**  Again, we rely on data to tell us which processes of change are most important for each stage transition. There are general guidelines and we will be talking more about them in Part 3 of this training, but the precise pattern differs from behavior to behavior, and even from population to population.    Generally, however, Consciousness Raising, Dramatic Relief, and Environmental Re-evaluation are important for helping people to progress from the Precontemplation stage to the Contemplation stage. The goal is to help people learn more about their behavior and its consequences, and about alternatives; to help them experience some sort of emotional response or arousal about their behavior; and to consider the impact of their behavior on others in their environment.    In Contemplation, the goal is to help people think about the kind of person they want to be, and whether their behavior is consistent with that identity.    In Preparation, we want to see them make a commitment.    In Action and Maintenance, we encourage the more behavioral processes to help people maintain their changes. |

## Slide 74

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| --- | --- |
| **Object** | **Content** |
| **Layout** | Macintosh HD:Users:spencech:Desktop:quiz.jpg |
| **Template** | Quiz |
| **Menu Title** | Enter the menu title for this page |
| **Quiz** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Code** | **Mode** | **Randomize Questions** | **Randomize Answers** | **Points** | **Max Attempts** | | quiz-1 | formative | false | true | 100 | 2 |  |  |  |  | | --- | --- | --- | | **Question** | | Which process of change would you most likely use to help someone move from the Precontemplation stage to the Contemplation stage? | | **Correct** | **Feedback** | **Answer Options** | | true | correct-fb | Consciousness Raising (Become Informed) | | false | incorrect-fb | Stimulus Control (Manage Your Environment) | | false | incorrect-fb | Counter Conditioning (Use Alternatives) | | false | incorrect-fb | Reinforcement Management (Use Rewards) | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | |  |  |  |  | | --- | --- | --- | | **Question** | | Which principle or process of change would you most likely use to help someone move from the Preparation stage to the Action stage? | | **Correct** | **Feedback** | **Answer Options** | | false | incorrect-fb | Dramatic Relief (Increase Emotional Awareness) | | true | correct-fb | Self-Liberation (Make a Commitment) | | false | incorrect-fb | Increasing the Pros | | false | incorrect-fb | Reinforcement Management (Use Rewards) | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | |  |  |  |  | | --- | --- | --- | | **Question** | | Which principle or process of change would you most likely use to help someone move from the Action stage to the Maintenance stage? | | **Correct** | **Feedback** | **Answer Options** | | false | incorrect-fb | Reducing the Cons | | false | incorrect-fb | Consciousness Raising (Become Informed) | | false | incorrect-fb | Dramatic Relief (Increase Emotional Awareness) | | true | correct-fb | Stimulus Control (Manage Your Environment) | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | |  |  |  |  | | --- | --- | --- | | **Question** | | In which stage would you be most likely to work with your client on increasing the Pros of changing? | | **Correct** | **Feedback** | **Answer Options** | | true | correct-fb | Precontemplation | | false | incorrect-fb | Preparation | | false | incorrect-fb | Action | | false | incorrect-fb | Maintenance | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | |  |  |  |  | | --- | --- | --- | | **Question** | | Which of the following questions taps the process of change called Environmental Reevaluation? | | **Correct** | **Feedback** | **Answer Options** | | false | incorrect-fb | In what ways can you show you’ve made a commitment to quit smoking? | | false | incorrect-fb | Where could you go to find more information about the negative effects of smoking? | | true | correct-fb | Who would be affected if you quit smoking? | | false | incorrect-fb | How could you reward yourself for each day that you don’t smoke? | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | |  |  |  |  | | --- | --- | --- | | **Question** | | Experiential processes of change are  those that… | | **Correct** | **Feedback** | **Answer Options** | | false | incorrect-fb | Involve commitments and doing | | false | incorrect-fb | Can only be used in the Preparation stage | | true | correct-fb | Involve thinking and feeling | | false | incorrect-fb | Can only be used in the Precontemplation stage | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | |  |  |  |  | | --- | --- | --- | | **Question** | | Behavioral processes of change are  those that… | | **Correct** | **Feedback** | **Answer Options** | | true | correct-fb | Involve commitments and doing | | false | incorrect-fb | Can only be used in the Action stage | | false | incorrect-fb | Involve thinking and feeling | | false | incorrect-fb | Can only be used in the Contemplation stage | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | |  |  |  |  | | --- | --- | --- | | **Question** | | Which of the following is NOT an experiential process of change? | | **Correct** | **Feedback** | **Answer Options** | | false | incorrect-fb | Dramatic Relief (Increase Emotional Awareness) | | true | correct-fb | Counter Conditioning (Use Substitutes) | | false | incorrect-fb | Environmental Reevaluation (Consider Others) | | false | incorrect-fb | Social Liberation (Notice the Public Effort) | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | |  |  |  |  | | --- | --- | --- | | **Question** | | Which of the following is NOT a behavioral process of change? | | **Correct** | **Feedback** | **Answer Options** | | false | incorrect-fb | Counter Conditioning (Use Substitutes) | | false | incorrect-fb | Stimulus Control (Manage Your Environment) | | true | correct-fb | Environmental Reevaluation (Consider Others) | | false | incorrect-fb | Helping Relationships (Get Support) | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | | |
| **Notes** | These will not be included in course output |

|  |  |
| --- | --- |
| **Layout** |  |
| **Template** | B4 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_10.jpg |
| **Header** | “It's not about the sacrifice, it’s about the change.”  —Anonymous |
| **Notes** | These will not be included in course output |

## Slide 75

|  |  |
| --- | --- |
| **Object** | **Content** |
| **Unit Title** | Unit 7: Review |
| **Abbreviated Title** | Enter a shortened version of the title here, if necessary |
| **Notes** | These will not be included in course output |

# Unit Title (for Word Outline Purposes Only)

# Slide 76

|  |  |
| --- | --- |
| **Object** | **Content** |
| **Layout** |  |
| **Template** | A4 |
| **Menu Title** | Unit 7: Review |
| **Image** | ${CONTENT\_ROOT}/images/sectionTitleImage1.jpg |
| **Header** | Unit 7: Review |
| **Subtitle** | In this section, you will receive a review of the material covered. |
| **Audio File** | ${CONTENT\_ROOT}/audio/t3\_transition.mp3 |
| **Audio Title** | Insert Audio CC Title here |
| **Audio CC** |  |
| **Notes** | These will not be included in course output |

|  |  |
| --- | --- |
| **Layout** |  |
| **Template** | B4 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_13.jpg |
| **Header** | “Don't fear change, embrace it.”  —Anthony J. D'Angelo |
| **Notes** | These will not be included in course output |

## Slide 77

# Slide 78

|  |  |
| --- | --- |
| **Object** | **Content** |
| **Layout** |  |
| **Template** | B5 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_13.jpg |
| **Header** | Recap |
| **Bullets** | |  |  | | --- | --- | | Change does not necessarily mean action; change means progress | 0:02 | | Most programs are action-oriented, but most people are not | 0:07 | | Five well-defined stages of change exist | 0:12 | | There are stage-specific strategies and processes of change to help people move forward | 0:16 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio48.mp3 |
| **Audio Title** | Audio Title |
| **Audio CC** | So, to recap,  Change does not necessarily mean action; change means progress.  Most programs are action-oriented, but most people are not.  There are five well-defined stages of change.  There are stage-specific strategies and processes of change to help people move forward. |
| **Notes** | **Audio:**  So, to recap,  Change does not necessarily mean action; change means progress.  Most programs are action-oriented, but most people are not.  There are five well-defined stages of change.  There are stage-specific strategies and processes of change to help people move forward. |

# Slide 79

|  |  |
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| **Object** | **Content** |
| **Layout** |  |
| **Template** | B5 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_13.jpg |
| **Header** | Recap |
| **Bullets** | |  |  | | --- | --- | | Helping people move just one stage increases likelihood of successful action | 0:01 | | Redefine success | 0:07 | | Stage movement | 0:10 | | Increase decisional balance | 0:15 | | Increase self-efficacy | 0:18 | | Increase use of stage-matched processes of change | 0:22 | |
| **Audio File** | ${CONTENT\_ROOT}/audio/pc\_mod1\_audio49.mp3 |
| **Audio Title** | Audio Title |
| **Audio CC** | Helping people move just one stage increases the likelihood of successful action down the line;  We want to redefine success:  If we can help someone move just one stage, that’s success;  If we can increase the Pros or decrease the Cons of change, that’s success;  If we can increase self-efficacy, that’s success;  If we can increase the use of stage-matched processes of change, that’s success.    All of these small changes will result in greater likelihood of overt behavior change down the road. And, it’s important to recognize when clients have achieved any one of these small changes.    In the accompanying modules, we’ll discuss the different ways of applying the TTM and the research behind them. We will also discuss Motivational Interviewing (MI) techniques, a style of evidence-based counseling which can complement a TTM approach. |
| **Notes** | **Audio:**  Helping people move just one stage increases the likelihood of successful action down the line;  We want to redefine success:  If we can help someone move just one stage, that’s success;  If we can increase the Pros or decrease the Cons of change, that’s success;  If we can increase self-efficacy, that’s success;  If we can increase the use of stage-matched processes of change, that’s success.    All of these small changes will result in greater likelihood of overt behavior change down the road. And, it’s important to recognize when clients have achieved any one of these small changes.    In the accompanying modules, we’ll discuss the different ways of applying the TTM and the research behind them. We will also discuss Motivational Interviewing (MI) techniques, a style of evidence-based counseling which can complement a TTM approach. |

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| **Object** | **Content** |
| **Layout** | Macintosh HD:Users:spencech:Desktop:quiz.jpg |
| **Template** | Quiz |
| **Menu Title** | TBD |
| **Quiz** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Code** | **Mode** | **Randomize Questions** | **Randomize Answers** | **Points** | **Max Attempts** | | quiz-1 | formative | false | true | 100 | 2 |  |  |  |  | | --- | --- | --- | | **Question** | | In the Transtheoretical Model, success includes | | **Correct** | **Feedback** | **Answer Options** | | false | incorrect-fb | Increasing the Pros of changing | | false | incorrect-fb | Increasing Self-Efficacy | | false | incorrect-fb | Movement to the next stage of change | | true | correct-fb | All of the above | | **ID** | **Feedback Text** | | | correct-fb | Enter correct feedback here | | | incorrect-fb | Enter incorrect feedback here | | |
| **Notes** | These will not be included in course output |

## Slide 80

## Slide 81

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| **Layout** |  |
| **Template** | B4 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_10.jpg |
| **Header** | “You must be the change you wish to see in the world.”  —Mahatma Gandhi |
| **Notes** | These will not be included in course output |

## Slide 82

|  |  |
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| **Layout** |  |
| **Template** | B4 |
| **Menu Title** | TBD |
| **Image** | ${CONTENT\_ROOT}/images/Background\_10.jpg |
| **Header** | Proceed to Part 2 in this series to complete the training. |
| **Notes** | These will not be included in course output |