Introduction

This manual is for clinicians who work with clients who have substance use disorders. It offers treatment strategies based on the transtheoretical model (TTM) of behavior change (Prochaska & DiClemente, 1984). The TTM draws from a wide range of major psychological theories and approaches—which is why it is called "transtheoretical"—and it offers a well-established and research-based framework for understanding, measuring, evaluating, and intervening in behavior change. The TTM has three major dimensions: the stages, processes, and markers of change (DiClemente, 2003). These three dimensions are used to determine how ready a person is to change and to help that person use the strategies that are most effective, based on his or her stage of readiness. In this manual, each session targets one or more of the TTM change processes at the stage or stages when that process is posited to be most essential. Using this approach, clinicians can guide clients in the use of the processes and markers of change by facilitating their completion of the critical tasks needed to progress on to the next stage of change. Step-by-step guidelines for implementation are provided for each session, as well as handouts and exercise forms that can be photocopied and distributed to clients.

It has been well over a decade since we wrote the first edition of this book. Since then, this TTM-based group treatment has become a favored "go-to" resource and a foundation of many substance abuse treatment programs. The original idea for the TTM group treatment manual grew out of appeals from clinicians who wanted an intervention that provided specific directions and exercises for sessions based on the TTM stages, processes, and markers of change. Because the TTM continues to be one of the most visible, popular, and influential models in the addictions field, and because the sessions in the first edition have proven to be effective and practical, we have been encouraged by clinicians and program administrators alike to write this second edition. This revision reflects significant developments in the substance abuse

field as well as in psychology in general. For example, in this second edition we provide new material on the psycholinguistics of change and how to better facilitate client progress by attending to certain types of client language (Amrhein, Miller, Yahne, Palmer, & Fulcher, 2003). Other additions include introductions to Miller and Rollnick's (2013) recent conceptualization of a four-phase model for motivational interviewing (MI)—engaging, focusing, evoking, and planning—which describes how MI is applied in practice. Research by Baumeister and Tierney (2011) and others on self-control, strengthening willpower, and changing habitual behaviors offers new ways of helping clients recognize how self-control can be bolstered with practice. A growing number of relapse prevention studies suggest that mindfulness strategies can help clients decrease substance use (Bowen & Marlatt, 2009; Witkiewitz & Bowen, 2010; Bowen et al., 2014) and reduce craving (Chiesa & Serretti, 2014). Cognitive-behavioral therapies (CBT) have been expanded to address substance misuse, and recent work sheds light on the use of specific CBT strategies in the group, rather than individual, format (Sobell & Sobell, 2011; Wenzel, Liese, Beck, & Friedman-Wheeler, 2012). Concepts from the field of positive psychology (Seligman, 2002; Seligman, Steen, Park, & Peterson, 2005), which focuses on an individual's strengths and values, can promote constructive changes and enhanced quality of life. These developments have all been incorporated into this manual in the introductory chapters or in the form of new and revised sessions.

Other new offerings in this manual are based on feedback from clinicians and students whom the authors have taught to use this group approach over the past 14 years. In response to their feedback and suggestions, we have significantly revised the three opening chapters and added several new sessions. Other changes we have made based on clinicians' experiences in leading TTM group sessions are the inclusion of additional handouts and modifications that simplify or enhance their use.

You will note that this manual has more sessions than our first edition. A number of clinicians asked that we not omit many of the original sessions, as they have become favorites, and there is a desire to have them all in one manual. For this reason, we have retained and updated some of the sessions from the first edition and included them along with the new sessions. This gives clinicians greater flexibility and choice in their session selections.

AN OVERVIEW OF THE TTM

According to the TTM, the stages of change that a person goes through when changing a behavior range from an initial "precontemplation" stage where a client is described as not thinking of change, to contemplation, preparation, action, and on to a fifth "maintenance" stage in which the client works to sustain long-term change. Each of these stages represents important tasks that facilitate change, and progress through these stages is often cyclical rather than linear. That is, relapse is understood as a natural part of the change process, and it is expected that individuals may recycle through the stages of change at various points before solidifying the changes

they have made. The "experiential and behavioral processes of change" are the cognitions and activities that people engage in to alter emotion, thinking, behavior, or relationships related to particular problem behaviors (DiClemente, 2003; Prochaska & Norcross, 2013). The "markers of change," which are called "decisional balance" and "self-efficacy," are constructs that describe the relationship between the pros and cons for change—between the temptation to engage in use of substances and the level of confidence that one can avoid use (DiClemente, 2003). Each of the stages, processes, and markers of change is explained in detail in Chapter 1 and this framework is used throughout each of the 35 sessions in this book to help clinicians plan and lead their group sessions.

Research has shown how certain client "change processes" described in the TTM are linked to clients' movement through the stages and to successful outcomes in a variety of behaviors. In fact, thirty years of research in various areas of behavior change show that different processes of change are differentially present and effective in certain stages of change (Rosen, 2000). Behaviors that have been studied include alcohol reduction and cessation (Project MATCH Research Group, 1997; Carbonari & DiClemente, 2000), smoking cessation (Perz, DiClemente, & Carbonari, 1996), stress management (Evers et al., 2006), HIV prevention (Velasquez et al., 2009), prevention of alcohol-exposed pregnancies (Floyd et al., 2007), and reduction and cessation of cocaine use (Velasquez et al., 2011).

Developments in the literature on the TTM's stages and processes of change offer new insights into the mechanisms of change in addictive behaviors (DiClemente, 2006; von Sternberg, Velasquez, & DiClemente, 2012) and suggest how clients might best benefit from interventions based on the model (DiClemente, 2003). For example, current work on the TTM further supports the strategic use of the TTM's experiential and behavioral processes of change for both individuals and groups (Connors, DiClemente, Velasquez, & Donovan, 2013; Velasquez, Stephens, & Drenner, 2013). There is an ever-increasing body of research on applying the model to numerous populations and behaviors (Connors et al., 2013; Evers et al., 2006; DiClemente, 2003; Prochaska et al., 2012). In fact, a recent meta-analysis of 39 studies, encompassing 8,238 patients, found that the stages of change reliably and robustly predict outcomes in psychotherapy across a number of target behaviors (Norcross, 2011). According to another large study, a person's stage of change also predicts retention in psychotherapy, a long-term predictor of change (Swift & Greenberg, 2012). New research also replicates earlier work by Carbonari and DiClemente (2000), in which profiles of the stages, processes, and markers of change that were identified at baseline distinguished abstinent and heavy drinkers 1 year later. For example, in two randomized clinical trials that tested interventions to prevent alcohol-exposed pregnancy (Floyd et al., 2007; von Sternberg et al., 2012) and reduce alcohol use and increase condom use to prevent the transmission of HIV (Velasquez et al., 2009), researchers identified "success profiles" for not only changing a negative behavior (risk drinking) but also for adopting a positive behavior (safer sexual practices). Client profiles composed of the stages, processes, and markers of change identified in these studies can provide a "roadmap to successful behavior change" (von Sternberg et al., 2012).

A critical aspect of the TTM is the recognition that client motivation can be influenced. In the past, programs were primarily "action-oriented"; that is, they were geared toward clients who came through the door professing a readiness to change. If a client was considered "unmotivated," the clinician often saw little hope for success. Clients not quite ready to change were considered inappropriate for treatment and either rejected from the program or treated with a confrontational approach designed to make them see the "error of their ways." More recent approaches to treatment that have been developed over the past two decades view motivation not as a trait, but rather as a dynamic state that can be influenced (DiClemente, 2007; Miller & Rollnick, 1991, 2013). Counseling approaches such as MI complement the TTM and provide strategies for engaging important change processes. They also offer a method of facilitating change in the early stages, even with clients who are not yet ready to change. Using an MI approach, clients are seen as being responsible for their own change and as having an inherent potential to change for the better. Providers are viewed more as guides who walk alongside clients while they use their own resources to plan, execute, and sustain change. Although these guides may respectfully offer helpful suggestions and give advice from time to time, the responsibility for change is explicitly left up to the client (Miller & Rollnick, 2013).

PURPOSE, GOALS, AND ORGANIZATION OF THIS MANUAL

This manual presents materials and instructions for conducting 35 group sessions designed to facilitate movement through the stages of change and toward changing substance use. While we have written the manual to be used with groups, each session can easily be adapted for use in individual counseling. Conducted sequentially, the 35 sessions can be used to structure an entire program, either as a single sequence or as two shorter sequences of 17 and 18 sessions, respectively. Alternatively, practitioners can pick and choose those sessions that seem most relevant to their setting and clients' stages of change.

Each session targets one or more processes of change at the stages when those processes are most critical to completing tasks and moving toward change. The first sequence of 17 sessions (P/C/P) is intended for clients in the early pre-action stages of change: precontemplation and contemplation. The sessions toward the end of this sequence are designed to enhance use of the change processes that are most useful in the preparation stage, when clients are getting ready to make a change. These sessions are specifically designed to increase motivation and facilitate change in clients who (1) do not recognize they have a problem or are not motivated to change, (2) are thinking about changing, or (3) are preparing to change.

Because the preparation stage can be thought of as a "bridge" from thinking about changing to actually making a change, the second 18-session sequence is designed to be more action oriented and geared toward clients who are transitioning from the preparation stage and (1) are ready to make a behavior change, (2) are actively changing, or (3) are actively maintaining the changes they have already made. These latter

sessions employ more traditional skills-building techniques and relapse prevention strategies that incorporate particular change processes crucial for movement from preparation into action and longer-term action–maintenance (A/M).

The manual is organized into three main parts. In Part I, we explain the TTM in detail and review strategies and techniques that will be used to trigger change processes in the sessions. We also describe the practical details of setting up and carrying out the intervention and introduce the basic session structure for all sessions. In Parts II and III, we offer session-by-session instructions. Part II covers sessions titled "P/C/P" for clients in the early stages of change through preparation; Part III details sessions titled "A/M" for clients in the later stages of change. For each session, we present its rationale and content objectives, offer a list of materials required and a list of step-by-step session tasks, and explain how to carry out those tasks to accomplish the session objectives. Examples of session tasks include acknowledging the problem, deciding to act, setting a goal, developing a plan, and executing a plan. Each session also includes handouts that may be copied directly from this book and distributed to clients. We hope you will feel comfortable in adapting this manual to meet your particular needs.