# THE TRANSTHEORETICAL MODEL (TTM): AN EVALUATION TOOL FOR ORGANIZATIONAL CHANGE WITHIN BEHAVIORAL HEALTH SERVICES
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## Abstract

The transtheoretical Model (TTM) of change was used as framework to evaluate the steps taken by a county to embrace the implementation of the recovery oriented systems of care (ROSC) for behavioral health problems.
The county organized a taskforce made up four workgroups (funding, prevention, treatment and recovery and screening and assessment). Workgroups represented the stakeholders in the community. Data were collected using three of the four ROSC work groups meeting minutes and recommendations. Secondary data analysis revealed deep insight in to the activities carried on by the workgroups. After two years in the contemplation stage, the county is currently at the action stage. Although recommendations of the work groups are not being implemented yet, the processes of change point to the right direction. Three of the four work groups have made the following recommendations: 1) Creation of a universal recovery friendly tool for screening and assessment of clients. 2) Peer based recovery support a top priority. 3) Enhancement of existing prevention services and creation of systems such as big brother/big sister. The action taken by the county's board of directors is a significant shift from the acute care model to the ROSC model. This shift could m have major implications for practice in the future.

## Evaluation Questions

Several questions related to the ROSC, the TTM and its effectiveness in organizational change were investigated. For example, 1) what has hindered the implementation of the ROSC practices in this county thus far? 2) How can the TTM help to accelerate movement toward the implementation of the ROSC? 3) Where is the county in the change process? 4) What are its concerns? 5) What is the cost of implementing the ROSC model? 6) What are the ROSC and TTM in concept and practice? 7) How will this affect evaluation and research?
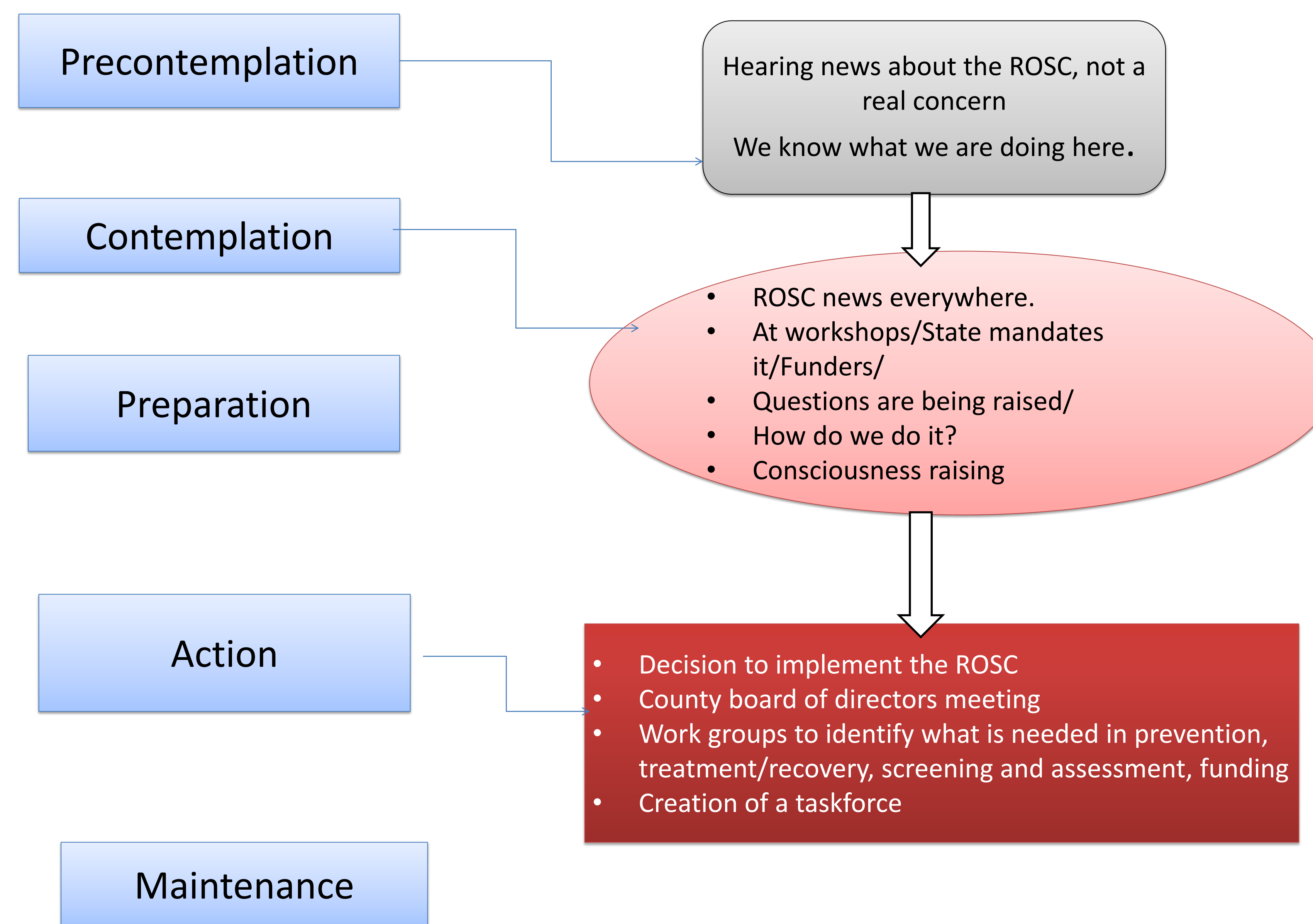
## Introduction

Change is the basis for improving organizational effectiveness, and performance. The behavioral health field is experiencing change since the inception of the (ROSC) . The Transtheoretical Model (TTM) is an effective public health change model that has had promising utility in organizational change. The TTTM has been used to explore the dynamic processes that individuals undertake when making behavioral changes through the following stages: precontemplation, contemplation, preparation, action, and maintenance (Prochaska, DiClemente, Velicer, & Rossi, 1993; Prochaska, Norcross, & DiClemente, 1994; Prochaska, Redding, & Evers, 1997; Prochaska, Velicer, DiClemente, & Fava, 1988; Reed, 1999). The main organizing concept of the TTM is that people go through change as a process over time. First, individuals work through cognitive and affective processes leading to adoption of a new behavior or cessation of an unhealthy behavior, and then they move to using behavioral strategies to establish a new pattern of behavior. The four constructs of the TTM are described here: the stages of change, decisional balance, self-efficacy, and the processes of change. ). Seven years after the inception of the ROSC, and after two years in the contemplation stage, a county in southwest Michigan, has put things in place to create its own version of the ROSC model. It has engaged all its providers in the transformation of their existing system. The purpose of this presentation is to describe the TTM model used as framework to evaluate the processes and stages of change for this county as it creates a ROSC model for its community.

## Methods

Setting: Berrien County in Southwest Michigan.
 Procedure: Creation of taskforce, work groups, meetings of workgroups, usage of meeting minutes.
Sample. Purposeful one county and four work group made up of county professionals and non professional staff representing all services..
Measures: work groups meeting minutes and recommendations were used to identify the processes of change.
Data Analysis: Secondary data analysis of three of the four work groups meeting minutes and as well as their recommendations.



Figure 1: Example of a sequential movement through the stages of change for Berrien County

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

Hearing news about the ROSC, not a real concern
We know what we are doing here.

- ROSC news everywhere.
- At workshops/State mandates it/Funders/
- Questions are being raised/
- How do we do it?
- Consciousness raising

- Decision to implement the ROSC
- County board of directors meeting
- Work groups to identify what is needed in prevention, treatment/recovery, screening and assessment, funding
- Creation of a taskforce



Stages by Processes of Change

## ROSC Work group outcomes

| Work groups | Recommendation |
|---|---|
| Prevention | • Enhancement of existing prevention services and creation of systems such as big brother/big sister. |
| Screening and assessment | • Creation of a universal recovery friendly tool for screening and assessment of clients. |
| Treatment and recovery support services | • Peer based recovery support(Build Peer Workforce from Volunteer to Paid Staff, Marketing / Getting Buy In from Stakeholders (Evaluation / Outcomes |

## Implication for Practice

- Best practice/Increase knowledge/Evaluation
- County becomes a recovery community
- Sustained long-term recovery outcomes
- Better allocation of resources
- Better community involvement
- Honest dialogue among providers

**Recovery Community Organizations...**

Recovery Community

Treatment Field

**BRIDGE the gap!**

FACES & VOICES of RECOVERY