

PRIME For Life® Increases Treatment Readiness

Mark Nason, MSW and David B. Rosengren, PhD
Prevention Research Institute, Lexington, KY

Abstract

There is increasing recognition of the value of motivational interventions conducted prior to treatment, especially for individuals who are court-referred. This brief report describes evidence for the value of PRIME For Life as such an intervention. Data are drawn from seven statewide evaluations from 2006 to 2008, as well as an independent study of PRIME For Life compared to the usual intervention. Results describe preintervention-to-postintervention changes on dimensions that prior research has shown predict successful treatment engagement. Findings demonstrate the greatest impact on individuals with the most indicators of possible substance dependence and are consistent across state systems. These findings support PRIME For Life as a promising practice for pretreatment intervention, though there is a need for additional research.

Introduction

Readiness to change behaviors is an important predictor of client change and an essential challenge to address in treatment settings. As a result, programs have paid increased attention to practices that enhance that readiness.¹ This interest extends to interventions done prior to treatment entry.²

PRIME For Life is a motivational intervention for people who need indicated prevention. While many alcohol and drug programs are a collection of facts and activities, PRIME For Life

content and delivery target specific changes in attitudes, beliefs, and behaviors. In addition, PRIME For Life addresses readiness for change and provides information that helps participants assess their risks without engendering resistance. This process helps participants self-evaluate their need for change and determine their choices about reducing risk. Prior research suggests that in addition to being essential for indicated prevention, these can be important processes in preparing people for treatment³ and in their response to that treatment.⁴

Methods

Analysts examined changes in important beliefs and perceptions using program evaluation questionnaires from multiple states from 2006 to 2008, as well as a comparison of PRIME For Life to the usual intervention in an additional study. All studies used self-report measures

given prior to and following participation. All participants attended an intervention as a result of an alcohol- or drug-related legal infraction (e.g., impaired driving). All participants completed questionnaires voluntarily.

Results

After experiencing PRIME For Life, participants appear more forthcoming about their substance use and consequences.^{5, 6}

Before and after PRIME For Life, participants reported on the same time period (the 30 days before attending). After completing PRIME For Life they indicated:

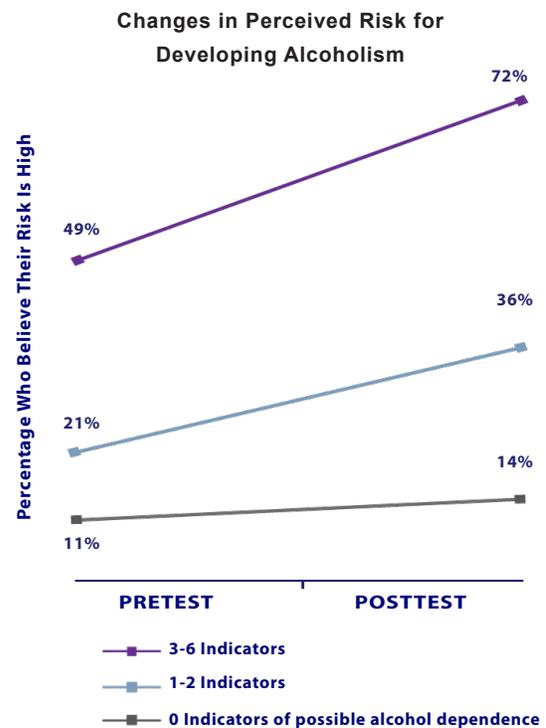
- more drug and alcohol use symptoms
- more days using and higher levels of use

- a greater family history of alcoholism
- a higher rate of self-reported problems with use

These findings suggest a greater willingness by participants to acknowledge the extent of their alcohol and drug use and the effects on their lives.

After experiencing PRIME For Life, participants report higher perception of risk associated with their choices.⁷

Combined data from seven states show participants significantly increased their perception of risk for developing alcoholism if they continue to drink as in the past. The increase was greatest for those reporting the most (3 to 6) DSM-IV indicators of possible alcohol dependence. This increased perception of risk suggests heightened concern about drinking and drug choices, particularly among the groups showing the greatest level of current risk.



Clients who attend PRIME For Life demonstrate greater acceptance of their diagnosis and increased intention to abstain.⁸

The Columbus (Ohio) Public Health Department compared clients who received PRIME For Life with those who received the usual intervention. They found:

- acceptance of diagnosis increased by 22%
- intention to abstain increased by 29%

Conclusions

These findings illustrate increased willingness to admit to drug and alcohol use, awareness of its consequences, perception of personal risk associated with use, acceptance of a dependence diagnosis, and intentions to change. Research indicates these are important steps that enhance treatment engagement,

Resistance is a common challenge in treatment. These findings indicate a change in the client views about the presence of a problem and what should be done about it. This outcome is consistent with the PRIME For Life philosophy of encouraging participants to self-evaluate their patterns of use. Research suggests this process is a powerful motivator for change.⁹

which may explain the value of a pretreatment motivational intervention (such as PRIME For Life) in subsequent treatment outcomes.¹⁰ While there is a need for additional evaluation to assess short- and long-term outcomes, this evidence supports PRIME For Life as a promising practice for pretreatment intervention.

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For more information:

David Rosengren, PhD, Director of Research and Evaluation Services
drosengren@askpri.org or 800-922-9489 or visit www.primeforlife.org.