

# Project Community CARES



Tailored Counseling and Motivational Interview Sample Protocols

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The following is a sample **Tailored Counseling** (TC) call for a participant and is intended to guide the tailored intervention counseling session for the research study titled: Increasing CRC Screening in Primary Care Settings, funded by the National Institute of Nursing Research (R01NR8425). A software program called Tailored Intervention Messaging System (TIMS<sup>®</sup>) developed the script for TC based on participant responses to the baseline survey.

## DEFINITIONS OF CONSTRUCTS FOR TAILORING

### Knowledge

Factual information about colon cancer risk and screening guidelines.

### Beliefs

*Perceived risk:* The belief that you are at risk for developing colon cancer. This varies by degree in people, with some people having low perceived susceptibility and others high perceived susceptibility.

*Perceived benefits:* The positive outcomes associated with having a stool blood test, sigmoidoscopy, or colonoscopy,

*Perceived barriers:* The obstacles that prevent you from having a stool blood test, sigmoidoscopy, or colonoscopy.

*Perceived self-efficacy:* Confidence in your ability to perform all the steps of a stool blood test, sigmoidoscopy, or colonoscopy.

### Making phone calls

In addition to the interview training information on standardizing phone communications, if participants are unreachable, they may be contacted up to 10 times before being sent a letter indicating that we are unable to reach them. From past research we know that participants receive an average of 3 to 4 contact calls only before the intervention is completed. Random TC sessions will be audio taped with the permission of the participants (see Training Manual for more information on consent). Audio tapes will be used to evaluate intervention delivery.

### Evaluation of TPC

Your supervisor will conduct regular meetings with TPCs in order to assess intervention delivery and trouble shoot any problems encountered in the process. Additionally, TPCs counselors will use Tailoring Evaluation forms (see Training Manual) to conduct self-evaluations on a randomly selected 10% of TPC intervention audiotapes. Your supervisor will also listen to the same tapes in order to verify TPC counselors' self-evaluation.

TPCs=Tailored Phone Counselors  
TC = Tailored Counseling  
SBT = Stool Blood Test  
SIG = Sigmoidoscopy  
COL = Colonoscopy

## TAILORED COUNSELING CALL ROAD MAP

**Coding: Text in [parentheses] is not to be read out; notes to TPC only.**

[Sample Participant: Male, African American, age 56 years]

Hello?

May I speak to Mr./Mrs. [TPC insert name of participant here] \_\_\_\_\_, please?

This is [TPC insert your name here] from UIC's Project Community CARES. We had set up this time to discuss colon cancer risk and screening. Is this still a good time to talk?

- *[Participant wants to schedule another time]*

Okay, what would be a good time?

- *[Settle on a date and time and be sure to repeat the day, date and time before you hang up.]*
- *[Participant says s/he can talk now.]*

Great. This will take about 20 to 25 minutes. Would you like to get a glass of water or something before we start? *[Wait or continue with the phone counseling session.]*

First of all, Mr. [TPC insert name of participant here] \_\_\_\_\_, I want to thank you for taking the time to complete the interview over the phone few days ago.

We put your answers into a computer program and designed some information especially for you. Because each man has different personal experiences and special beliefs, your information is different from everyone else's.

Please feel free to ask questions at any time. Are you ready?

Great. I'm going to start out by just talking a bit about screening and what it is – just so we're on the same page. To get screened means to get checked for a certain health problem – in this instance colon cancer. Once you get checked or screened, you may find that you either have colon cancer or that you don't have colon cancer. In fact the majority of people find out that they do not have colon cancer which often makes them feel a lot better.

Do you have any questions about what screening is?

*[TPC: Clarify and address any questions the participant may have.]*

Okay, next I'm going to talk about what how to get screened for colon cancer. There are three commonly recommended tests for colon cancer. One is the fecal occult blood test or the stool blood test. Actually I'll just call it the stool blood test from now on. Medical experts say you should have a stool blood test once a year. A second test, is the flexible sigmoidoscopy which

you should have every 5 years, or you can get the test called the colonoscopy which is once every 10 years. That is if your test results are all normal.

If it's okay with you, I'd like to go over these three tests and explain how they're done.

[TPC: Pause, get consent to move on.]

So, the first test, called the stool blood test checks for blood in your stool or bowel movement which could mean colon cancer. It is done at home using a set of cards to determine whether the stool contains blood. You smear a sample of your fecal matter or stool on a card from 6 separate bowel movements and return the cards to be tested. Again, you should have this test once a year.

The second option is the flexible sigmoidoscopy. For this test the doctor inserts a long, lighted flexible tube into your rectum to check your colon for any unusual growths, called polyps. Before the test, your doctor may have you take a laxative or use an enema to completely clean out your colon. During the test, you may be lying on your side or kneeling while the doctor inserts the lighted tube into your rectum. Through the tube the doctor can see the inside of your colon and check for any unusual lumps or growths. This test usually takes about 15 minutes. Afterward, you can drive yourself home. Medical experts say should have this test every five years.

The third test is called a colonoscopy. A colonoscopy checks for colon cancer in the colon using a narrow, lighted tube that is inserted in the rectum. A colonoscopy examines the entire colon. Before the test, your doctor will have you take a laxative and maybe even use an enema to completely clean out your colon. With the colonoscopy, you are given medicine through a needle in your arm to make you sleepy, and you'll need someone to drive you home. Usually you may need to take the rest of the day off from your usual activities. If you have a colonoscopy and the test results are normal, you may not need one for another 10 years. If you have the colonoscopy with normal results, you won't need to have the flexible sigmoidoscopy.

Do you have any questions about the three screening tests I just described?

[TPC: Pause, clarify, answer questions raised by the participant.]

Now, I'm going to spend the rest of our call talking about some of the issues you identified in the phone interview. Please feel free to ask questions at any time.

[TPC to insert appropriate transitional sentences between messages.]

[KNOWLEDGE]

Most growths or polyps are not cancer. Only a few people are diagnosed with cancer. Make sure that you are safe by getting tested soon. Knowing you do not have cancer can give you peace of mind.

[STAGE OF READINESS TO COMPLETE SCREENING TEST]

*[Precontemplation - stool blood test]*

Even if you haven't thought about having a stool blood test this year, we hope you will think

about it now. Remember, since a stool blood test can find colon cancer early, having a stool blood test could save your life.

*[Contemplation relapse – sigmoidoscopy]*

It's good that you have had a sigmoidoscopy in the past but it's now past time for you to have another one. Even if you haven't thought about having a sigmoidoscopy this year, we hope you will think about it now. Your chances of finding colon cancer early, when cancer can be cured, are much better if you have a sigmoidoscopy every 5 years. Once isn't enough. Talk to your doctor about this today.

*[Precontemplation – colonoscopy]*

Even if you haven't planned on having a colonoscopy this year, we hope you will think about it now. Remember, since a colonoscopy can find colon cancer early, having a colonoscopy could save your life.

**[PERCEIVED RISK]**

You are at risk even if you don't have a close relative with colon cancer. Many men who get colon cancer are like you – they don't have a history of it in their family.

**[PRIMARY BENEFIT OR FACILITATOR IDENTIFIED FOR EACH TEST]**

*[Stool blood test:]* It's good that you feel symptoms should be checked. Remember not all symptoms mean that you have cancer. By getting it checked out you may just find out that nothing is wrong, and then you can feel good about not having cancer.

*[Sigmoidoscopy:]* It's good that your family wants you to get tested for colon cancer. They know that having a sigmoidoscopy is an important step in finding colon cancer early, when it can be cured. Take care of yourself for your loved ones—ask your doctor today about getting a test for colon cancer.

*[Colonoscopy:]* As you know, having a colonoscopy is very important and one of the best ways to find cancer early, when the chance for cure is high. Different people have different reasons for getting tested for colon cancer. Whatever your reason, knowing that you should get a colonoscopy is the first big step. Please talk to your doctor today about a getting a test for colon cancer.

*Now that you know the important benefits of getting screened for colon cancer, what's stopping you from having the test? You told us about some barriers you may have. Actually, many people feel this way, so you're not the only one. Let's see if I can help you overcome any of these obstacles*

**[PRIMARY BARRIER IDENTIFIED FOR EACH TEST]**

*For the stool blood test you were....* Worried about how or where to get the test. If you don't know how to do the test, the nurse or doctor will tell where to get the test and how to do it. Please don't let that stop you from having this life-saving stool blood test.

*Now for the sigmoidoscopy you were....* Concerned about the cost of the sigmoidoscopy. The cost of having a sigmoidoscopy is covered by many health insurance plans. Please call your

medical clinic and check with a nurse.

*And for the colonoscopy, you put off having a colonoscopy because it may be embarrassing. Remember, your doctor has done this many times and will take care not to make feel so embarrassed.*

### **[SELF-EFFICACY LEVEL FOR EACH TEST]**

#### *[Moderate Self-Efficacy SBT]*

*And for many of us, confidence about doing something is an important part of being to take the action. Even if you know what to expect when having a stool blood test, you may feel hesitant about having one. Men like you do this every day. And remember doing a stool blood test could save your life. All you have to do is talk to your doctor today about a stool blood test.*

#### *[Low Self-Efficacy SIG]*

If you have not had a sigmoidoscopy, you may feel hesitant about doing it. We all hesitate to do things that we have not had experience with, especially when we don't know what to expect. I'm going to walk you through the process of having a sigmoidoscopy.

*[Read from the SIG procedure sheet here.]*

#### *[High Self-Efficacy COL]*

And about colonoscopy... You feel confident about your ability to complete all the steps of the colonoscopy. So go ahead – take the next step and talk to your doctor today about getting a colonoscopy.

*[Note to TPC: This paragraph is to be read out only if you included two or more benefits messages about each test ie the messages that endorse the FOBT, SIG and/or COL as one of the best ways to find colon cancer early.]*

*[Clarification of Benefits Message:] I know I gave you information about three different tests that can help find colon cancer early. The fact is that any of these tests are better than not getting tested at all. Talk to your doctor about which of these tests is the best one for you.*

*[Summary message:] I gave you a lot of information just now. Do you have any questions about anything I said or is there something you wanted to talk about regarding colon cancer and screening that I did not touch on?*

- *[Answer questions, clarify issues. Commonly asked question at this point are:]*

- *[Participant: So which screening test should I have?]*

*That is a question best answered by your doctor. If you feel ready to have a screening test, please call your doctor's office and ask to speak to the doctor or a nurse. They can help you decide the best test for you.*

- *[Participant: So will I get paid for this call? Or When do I get paid for this call?]*

*Actually, this is the only call that you do not get paid for. This call is extra education and information for you as a benefit of being in the study. You will get paid for all three more interviews to come.*

That's the end of this educational session. [TPC ask the following as appropriate only: Any last questions?]

[TPC insert - Okay or other appropriate transitional phrase here]

[CONCLUDING MESSAGE:] Thank you so much for taking the time to listen to these educational messages. We hope you understand the importance of getting tested for colon cancer, and that you will talk to your doctor about getting tested for colon cancer.

Someone from the study will call you in 6 months to do another interview with you. If you have any questions before then, please don't hesitate to call us at \_\_\_\_\_. This number is also on your consent form.

Thanks again!

[TPC: please end with 'goodnight', 'have a nice day', or another concluding phrase as appropriate to the time of the day when you complete the call]

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## RESPONSES TO OTHER COMMONLY ASKED QUESTIONS

### Why are you asking us these questions?

The purpose of the initial survey was to see what people like you are think about colon cancer and screening, so we are talking to lots of people.

No one will ever see your individual answers, your answers will be added up with everyone else's, so the study will show what most people are thinking.

### Medical Questions:

I can only talk with you about your opinions on the last survey. If you have a question about .... it would be best to talk with your doctor about it.

### Why did you ask me to be in the study?

Because this is a survey of people who see doctors at the UIC clinics or at Jesse Brown VA clinics. Just as we said earlier we do not give your name or your information back to the doctors or to anyone else. Only people directly involved in the study will ever see your answers. When we present or publish this information it is only reported in percentages and other kinds of statistical numbers.

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### The following is for TPC use only.

1. What is your opinion of how this call went?  
Very Interactive.....1  
Somewhat Interactive.....2  
Not Interactive.....3

2. How successful do you think this call was in moving the participant toward colon cancer screening?

- Very successful.....1
- Somewhat successful.....2
- Not successful.....3 (skip to question 4)

3. Which test do you think the participant will chose?

- FOBT.....1
- SIG.....2
- COLN.....3

4. Why do you think this call was not successful?

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The following is a sample **Motivational Interview** (MI) call for a participant and is intended to guide the MI intervention counseling session for the research study titled: Increasing CRC Screening in Primary Care Settings, funded by the National Institute of Nursing Research (R01NR8425). Counselors were trained in an intensive 2-day session to deliver the MI counseling.

### **Motivational Interview Road Map**

**[Words in [parenthesis are notes for MIC only and are not to be read out]; MIC=Motivational Interview Counselor**

**MIC: Introduce self**

**Ask if this is a good time to talk**

**Establish rapport**

**Ask permission to explore CCP**

**Ask them what they know about colon cancer risk screening**

[Reflective listening (use throughout the call)]

- Four types of reflective listening
- Summarize
- [Provide information and/or advice] Ask if it would be okay to share some additional information about screening and ways to prevent colon cancer with them? If they say “yes”, make sure to elicit feedback after providing. Use the Elicit (permission)- Provide (information/advice)- Elicit (response) approach. If they say “no”, hold off.]

**[Assess with rulers how motivated (confident & ready) they are to get screened]**

[Ask permission to discuss]

MIC: Would it be okay with you if we spent the next 15-20 min. talking about your thoughts and feelings about CRC screening?

[Motivation (important); Confidence (ability)]

MIC: On a scale from 0-12, 0 being not motivated at all to engage in CRC screening activities (be more specific) and 12 being very motivated, how motivated would you say that you are at this moment to sign up for a colonoscopy and/or FOBT.

[Repeat for confidence level]

[Participant’s motivation level = 9; confidence level = 5]

MIC: Tell me a little bit more about why you picked a 9 and not a 3? A 5 and not an 11? [repeat for confidence scale].

[Readiness (if necessary)]

**[Explore ambivalence]**

[Pros/cons of getting screened; Pros/cons of not getting screened

Use questions to explore ambivalence (see above) around a specific barrier and/or facilitator. Use reflective listening. Summarize, reflect self-motivational statements.]

MIC: What do you see as some of the negatives of having a colonoscopy or FOBT?

What are some of the positives?

What might need to happen in order for you to rate yourself an 11 on the confidence scale?

[Possible participant response: I picked a 9 b/c I know that this is something that I should do and I want to do to protect myself and take care of myself. I feel pretty motivated to do this, I'm just not certain that I'm able to go through with it.

I picked a 5 for confidence b/c I get very embarrassed talking to people about colon cancer related issues. I get nervous and anxious even thinking about colon cancer. I have no idea how I could do this with people that I don't know.]

[MIC: Reflect positives and negatives.]

MIC: Did I get it all? What do you make of these positives and negatives?

### **[Elicit change talk and enhance motivation]**

[Skills to choose from to elicit change talk: Evocative question, Ask for Elaboration, Ask for Example, Looking Forward, Looking Backward, Query Extremes, Ask about Goals and Values]

[Skills to choose from to enhance motivation: Different types of reflective listening (repeat, rephrase, paraphrase and reflect emotion) to reflect what participant said. Particularly emphasize change talk statements like; "I know that this is something that I should do and I want to do to protect myself and take care of myself. I feel pretty motivated to do this".]

### **MIC: Where does all of this leave you now? What next?**

[Possible participant response: I'm not sure?! I still want to do this, I guess I just need to find a way to feel more confident about going through with it. Maybe I could ask my husband to come with me, that way, I wouldn't be so nervous?]

**[Establish support/Elicit commitment if appropriate (meaning they are motivated, confident and ready to get screened)]**

### **[Closing]**

**MIC: Ask about motivation and confidence one final time with the rulers with time period of next 6 months**

**[Send hand written note]**

### **[THROUGHOUT AS NEEDED:]**

- **Support self-efficacy**
- **Roll with resistance**