

Assessment of Readiness for Mobility Transition (ARMT)

A Tool for Mobility Transition Counseling (MTC)

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The ARMT is a clinical tool to assess emotional and attitudinal readiness to cope effectively with a significant mobility related transition, such as retirement from driving. **The full 24-item version of the scale is recommended for most users** and may be downloaded from <http://www.umsl.edu/mtci/>. The ARMT is intended for face-to-face administration in context a live mobility planning and/or counseling intervention.

Meuser, T.M., Berg-Weger, M., Chibnall, J.T., Harmon, A.C., & Stowe, J.N. (2011 online; 2013 print). Assessment of readiness for mobility transition (ARMT): A tool for mobility transition counseling with older adults. *Journal of Applied Gerontology*, 32(4), 484-507.

ARMT Short Form: The full version may be cumbersome for very brief or over-the-phone interventions. This 8-item short form captures the core meanings of the full ARMT total score (.90 correlation). While based on the original validation datasets (n = 297; 135), this short form has not been validated separately and should be used only when full scale administration is not realistic. This version of the ARMT-SF is intended for oral administration.

Read the following to the interviewee/respondent:

“Consider what would happen if you could not get yourself to valued destinations and activities independently. Maybe this is occurring already in your life; maybe it could happen in the future. I will read a series of statements to you. Consider if you agree or disagree and how strongly. You will respond on a five point scale: 5 = Strongly Agree, 1 = Strongly Disagree. You would respond 4 if you generally agree, but not strongly so. Likewise, you would respond 2 if you generally disagree, but not strongly so. You would respond 3 if you agree and disagree with the statement. Do you have any questions? Then let’s get started.”

| ARMT-SF | | Strongly <u>DISAGREE</u> | | Strongly AGREE |
|---------|---|-----------------------------|---------|-------------------|
| 1 | I am a burden if I ask others for help with transportation. | 1 | 2 3 4 5 | |
| 2 | It is devastating for older people to have someone take away their car keys. | 1 | 2 3 4 5 | |
| 3 | I feel depressed at the thought of being limited in my mobility. | 1 | 2 3 4 5 | |
| 4 | There is no way to plan for loss of mobility in aging. | 1 | 2 3 4 5 | |
| 5 | My future independence hinges on my ability to get myself around. | 1 | 2 3 4 5 | |
| 6 | I have not thought much about my future mobility before today. | 1 | 2 3 4 5 | |
| 7 | I've seen others become frail and immobile in older age, and I am determined to avoid this fate at whatever cost. | 1 | 2 3 4 5 | |
| 8 | It is not easy for me to ask for help with transportation when I need it. | 1 | 2 3 4 5 | |

Sum of Responses (Total Score) = _____ >28 High Risk

INTERPRETATION: A total score of 29 or more is characterized by significant felt anxiety, worry about a loss of personal independence, and concern about becoming a burden on others. Pessimistic, inflexible thinking may also be part of this profile. High scorers may resist depending on others for transportation and so delay making mobility-related plans until a crisis ensues. In these ways, **a high total score suggests that the respondent may not be fully ready (i.e., from an emotional and attitudinal perspective) to adapt successfully to a new mobility loss/change.**

High scorers can still plan for their present and future mobility needs, but they will likely need extra 1:1 guidance and support. High scorers may benefit from counseling to discuss their beliefs in light of their present functional status and future mobility needs/goals. Often, strong negative views about non-driving mobility will need to be challenged in this process. Whereas low scorers may come to the mobility planning encounter with attitudes consistent with learning new mobility options, high scorers will need to be *eased into a planning process of their own choosing*. An immediate presentation of local bus and taxi options, for example, will likely be met with resistance from a high scorer. Their “readiness” must first be understood and cultivated to ensure eventual, successful planning.

Assessment of Readiness for Mobility Transition (ARMT): A Tool for Mobility Transition Counseling (MTC)

*** A measure of *emotional & attitudinal readiness to cope with mobility change & loss associated with advancing age.* ***

| Instructions: Consider what would happen if you could not get yourself to valued destinations and activities independently. Maybe this is occurring already in your life; maybe it could happen in the future. Read each statement and consider if you agree or disagree and how strongly. Mark your answer by circling the appropriate number to the right. Respond to all items if possible. Transfer your numeric answers to the total and subscale columns on the right. Additional scoring on page 2. | | Strongly DISAGREE | Strongly AGREE | Total Score | Subscale Scores (for professional use only) | | | | | |
|---|---|--|---------------------------------|------------------------------|---|-----|-----|-----|--|--|
| | | | | | 1AA | 2PB | 3Av | 4AS | | |
| 1 | Mobility loss can be sudden or progressive, but it is always devastating. | 1 | 2 | 3 | 4 | 5 | | | | |
| 2 | Asking others for help with mobility means that I am losing my independence. | 1 | 2 | 3 | 4 | 5 | | | | |
| 3 | I am a burden if I ask others for help with transportation. | 1 | 2 | 3 | 4 | 5 | | | | |
| 4 | I avoid thinking about losing my mobility. | 1 | 2 | 3 | 4 | 5 | | | | |
| 5 | I wish others would stop talking to me about my mobility. | 1 | 2 | 3 | 4 | 5 | | | | |
| 6 | Asking for a ride creates an inconvenience for others. | 1 | 2 | 3 | 4 | 5 | | | | |
| 7 | Other people simply don't understand what it's like to have limited mobility. | 1 | 2 | 3 | 4 | 5 | | | | |
| 8 | It is devastating for older people to have someone take away their car keys. | 1 | 2 | 3 | 4 | 5 | | | | |
| 9 | I do not like to ask others for a ride. | 1 | 2 | 3 | 4 | 5 | | | | |
| 10 | I feel depressed at the thought of being limited in my mobility. | 1 | 2 | 3 | 4 | 5 | | | | |
| 11 | Moving to a retirement community is too restrictive for my desired mobility. | 1 | 2 | 3 | 4 | 5 | | | | |
| 12 | When I see older people with significant limitations in mobility, I fear that I will end up like that too. | 1 | 2 | 3 | 4 | 5 | | | | |
| 13 | There is no way to plan for loss of mobility in aging. | 1 | 2 | 3 | 4 | 5 | | | | |
| 14 | A big loss of mobility would really hurt my self-esteem. | 1 | 2 | 3 | 4 | 5 | | | | |
| 15 | Loss of mobility is very isolating and depressing. | 1 | 2 | 3 | 4 | 5 | | | | |
| 16 | I shudder to think of a time when I am less mobile than I am now. | 1 | 2 | 3 | 4 | 5 | | | | |
| 17 | I refuse to accept that I might lose my mobility in the future. | 1 | 2 | 3 | 4 | 5 | | | | |
| 18 | My future independence hinges on my ability to get myself around. | 1 | 2 | 3 | 4 | 5 | | | | |
| 19 | I have not thought much about my future mobility before today. | 1 | 2 | 3 | 4 | 5 | | | | |
| 20 | I've seen others become frail and immobile in older age, and I am determined to avoid this fate at whatever cost. | 1 | 2 | 3 | 4 | 5 | | | | |
| 21 | It really frustrates me when I have difficulty getting around. | 1 | 2 | 3 | 4 | 5 | | | | |
| 22 | I feel angry when I think about losing my mobility. | 1 | 2 | 3 | 4 | 5 | | | | |
| 23 | I feel self-conscious when my mobility needs become a concern for others. | 1 | 2 | 3 | 4 | 5 | | | | |
| 24 | It is not easy for me to ask for help with transportation when I need it. | 1 | 2 | 3 | 4 | 5 | | | | |
| Sum (add up) circled numbers for Total Score (Items 1-24) & Subscale Scores , and record in boxes to the right → | | | | | | | | | | |

CLIENT/PATIENT HANDOUTS

Assessment of Readiness for Mobility Transition (ARMT) Scale

The ARMT is a 24-item (8-item short form) measure of emotional and attitudinal readiness (preparedness) to manage an age-related transition (change) in mobility status, such as the transition from driving to non-driving mobility.

ARMT items are responded to on a 5-point Likert scale (5 = Strongly Agree). Four scores may be derived: Total Score (TS), Subscale 1 (Anticipatory Anxiety), Subscale 2 (Perceived Burden), Subscale 3 (Avoidance), & Subscale 4 (Adverse Situation). Item responses are summed and mean scores are calculated. All scores vary from 1-5 points.

The following respondent (client, patient) handouts are based on Total Score findings from three score ranges:

- **RED** - High Risk / Low Readiness (ARMT TS > 3.57; > 28 on Short Form)
- **YELLOW** - Average Risk / Mixed Readiness (ARMT TS 2.29 to 3.57; 19 – 28 SF)
- **GREEN** - Low Risk / High Readiness (ARMT TS < 2.29; 8 – 18 SF)

Important roles of the ARMT are to (1) promote increased self-awareness concerning age-related mobility change and (2) encourage discussion of present circumstances and potential future needs. These handouts were designed with these two aims in mind.

Each handout provides a general description of the emotional and attitudinal basis for the obtained score, and suggests issues and questions for discussion with the mobility specialist, social service professional, and/or peer counselor.

Primary Reference:

Meuser, T.M., Berg-Weger, M., Chibnall, J.T., Harmon, A.C., & Stowe, J.N. (2011 online; 2013 print). Assessment of readiness for mobility transition (ARMT): A tool for mobility transition counseling with older adults. *Journal of Applied Gerontology, 32*(4), 484-507. doi: 10.1177/0733464811425914.

Questions/comments about these handouts may be addressed to Tom Meuser, PhD, University of New England (tmeuser@une.edu), or Marla Berg-Weger, PhD, Saint Louis University (bergwm@slu.edu).

Assessment of Readiness for Mobility Transition (ARMT)

Total Mean Score of 3.58+ (> 28 on Short Form) / LOW READINESS

Why was I asked to complete this questionnaire?

The ARMT examines age-related changes in mobility from the perspective of personal feelings and attitudes. You responded to a series of statements, indicating your level of agreement for each. Your total score tells the professional or peer counselor about your beliefs. *Your score is in the "at risk" range, and your responses suggest that you might struggle to adapt should you experience a sudden change in mobility.*

What does my total score on the ARMT say about me?

Your score indicates that you are a proud, independent, self-reliant person. You appreciate doing things for yourself and being in a position to help others. You cope with age-related declines in your health or function by maintaining a positive attitude and focusing on what you still do well. While you are open to receiving help from others at times, you prefer solutions that allow you to remain in control and focused on your personal priorities.

When faced with a mobility transition, such as a need to cut back on driving, you prefer a go-slow, wait-and-see approach. You worry about what your life will be like if you are less mobile than today, and you want to do all that you can to avoid negative outcomes for yourself and your family. Having to rely more on others and burden them with your needs is not an appealing prospect. The thought of declining health and function is anxiety-provoking and you would rather not think about it.

Questions for Consideration & Discussion

- What concerns you most about growing older? What would you avoid if you could?
- What would happen if your present independence changed and you had to rely more on others? How would you feel about yourself?
- Is it possible to remain largely independent and in control, yet also rely on others to live a full, meaningful life? How might this look?
- Does retirement from driving mean an end to quality living? Might it be possible to stop driving and still go to the places and activities you value?

Assessment of Readiness for Mobility Transition (ARMT)

Total Mean Score of 2.29 – 3.57 (19 – 28 SF) / MIXED READINESS

Why was I asked to complete this questionnaire?

The ARMT examines at age-related changes in mobility from the perspective of personal feelings and attitudes. You responded to a series of statements, indicating your level of agreement for each. Your total score tells the professional or peer counselor about your beliefs. *Your score suggests you are likely to have some mixed emotions and thoughts should you experience a sudden change in your mobility status.*

What does my total score on the ARMT say about me?

Your score indicates that you are thoughtful, considerate, and realistic. You strive to remain as active and engaged as you can, but you also understand that advancing age will present some challenges in time. The thought of facing permanent deficits and dependence on others does not appeal to you, however, and you much prefer to chart a safe and comfortable course on your aging journey. You worry that some age-related adjustments may impact negatively on your quality of life, for example. What you know about aging as an abstract concept also differs from your responses on a feeling level; it is one thing to talk about it and quite another to live it. You have normal worries about it.

When faced a mobility transition, such as a need to cut back on driving, you are open to talking about the issues and exploring your options. Remaining in control is important to you, and so you are likely to respond to external pressure with caution and even skepticism. This does not mean that you are inflexible or unreasonable. You know that age-related changes in health and function are likely, and so it is prudent to plan ahead. You simply want to weigh your options and consider solutions that maximize your function and minimize any burden on others. The bottom line is that you want to maintain a good quality of life.

Questions for Consideration & Discussion

- What aspects of advancing aging may present the biggest challenges for you? Are there outcomes that you wish to avoid if you can?
- Your ability to get yourself from place to place is important. What aspects of your mobility (modes of transit, valued destinations, activities) do you most want to maintain for as long as possible?
- Does retirement from driving mean an end to quality living? Might it be possible to stop driving and still go to the places you value? How might this look?

Assessment of Readiness for Mobility Transition (ARMT)

Total Mean Score of 1– 2.28 (8 – 18 Short Form) / **HIGH READINESS**

Why was I asked to complete this questionnaire?

The ARMT examines age-related changes in mobility from the perspective of personal feelings and attitudes. You responded to a series of statements, indicating your level of agreement for each. Your total score tells the professional or peer counselor about your beliefs. *Your score suggests that you are well-equipped to manage a sudden change in your mobility status successfully.*

What does my total score on the ARMT say about me?

Your score indicates that you are confident, adaptable and open to new experiences. You understand that aging is a process that requires gradual adaptation over time. You ascribe to a “cup half full” philosophy and appreciate what your life offers in the present, without bemoaning losses now or in the future. This is not to say that you ignore the impact of aging. On the contrary, you recognize that planning for the future is your best opportunity to remain active, mobile and engaged in life. Aging doesn’t frighten you so long as you can make proactive decisions along the way.

When faced a mobility transition, such as a need to cut back on driving, you prefer to face the issue head on and learn your options. You welcome opportunities to consult with persons you trust, including family members and professionals, and you appreciate their observations and input. You are open to accepting help from others and do not view this as causing unnecessary burden. If the car is not a realistic mode of transit for you, then you will find others. Your quality of life is not dependent on one form of mobility or another. You embrace a flexible view of independence.

Questions for Consideration & Discussion

- What does positive mobility mean to you? How does the ability to travel, at will, from place to place, contribute to your quality of life?
- As you think about your future aging experience, what aspects of your mobility (modes of transit, valued destinations, activities) are important to preserve? Conversely, what can you live without?
- What mobility options make the most sense for you where you live now?

Assessment of Readiness for Mobility Transition (ARMT): A Tool for Mobility Transition Counseling (MTC)

The Assessment of Readiness for Mobility Transition (ARMT) was developed by a team of educators and researchers with funding support from the National Center on Senior Transportation (Meuser, T.M., Principal Investigator, University of Missouri – St. Louis, meusert@umsl.edu; 314-516-5421; Co-Investigators: M. Berg-Weger & J. Chibnall, Saint Louis Univ.; A. Harmon, Univ. of Michigan).

This research-based, individual differences questionnaire measures *emotional and attitudinal readiness* to cope with present &/or future mobility loss/change that may come with advancing age &/or disability. Loss of the ability to drive is a significant concern for many older adults. Other concerns include: difficulty walking, problems climbing stairs, impact of falls, how to continue driving safety in the face of functional change, and how to transition from driving to non-driving mobility.

The ARMT has two purposes: (1) to raise individual awareness on the topic of mobility loss and to encourage proactive discussion and planning; and (2) as a “clinical” questionnaire to assess relevant personal perspectives in the context of *Mobility Transition Counseling (MTC)*. The Total Score applies to both purposes in that it provides an overall gauge of felt concern about this issue. The Subscale Scores are more specific and best discussed and interpreted with professional guidance.

At first glance, some of the 24 items may appear to be worded rather strongly. Many of these are direct or paraphrased quotations from older adults who participated in a series of focus groups. ARMT items are intended to encourage the expression of diverse viewpoints so that individual meanings, emotions and attitudes may be identified and addressed.

Interpretation: A high Total Score is characterized by significant felt anxiety, worry about a loss of personal independence, and concern about becoming a burden on others. High scorers may resist depending on others for transportation and may also delay making mobility-related plans until a crisis ensues. In these ways, high Total and Subscale Scores suggest that the respondent may not be fully ready (i.e., from an emotional and attitudinal perspective) to cope effectively with mobility loss/change. High scorers may benefit from a supportive intervention. Such intervention may be as simple a one-time education session or a more involved in the MTC process.

The Total and Subscale scores are calculated and interpreted as mean (average) scores. High scores are defined as falling 1+ standard deviation (SD) units above the mean for that item. High scores suggest strongly held beliefs that could interfere with adaptive coping. For example, someone scoring high on Factor 2 (Perceived Burden) may resist reaching out to others for help even when appropriate to do so. Someone scoring high on Factor 4 (Adverse Situation) may view mobility loss more negatively than is helpful, and so might benefit from focused education to bring balance.

Users are cautioned not to “over interpret” ARMT scores and always consider responses in light of other available information. Some strongly held beliefs can be adaptive. Scores are not intended to suggest pathology or that a person’s views are wrong, but rather a starting point for self-evaluation, proactive discussion and future planning.

The ARMT was developed based on a grounded theory approach and with application to Prochaska’s Transtheoretical Model. Measurement items were derived from focus groups (King, Meuser, Berg-Weger, et al, 2010, Journal of Gerontological Social Work). The ARMT was established and validated on a volunteer sample of 297 community-dwelling adults (Mean Age 71; Range 55-95; 78% Female; 78% Caucasian) using factor analysis and related statistical techniques.

The authors consider the ARMT as part of the public domain for educational, clinical care, and other individual supportive purposes. Research users and those who wish to reprint or incorporate the ARMT into a booklet or curriculum are required to obtain prior permission. Contact Dr. Thomas M. Meuser by e-mail for more information and to learn how to cite the ARMT (tmeuser@une.edu).

SCORING & INTERPRETATION

An ARMT total score (ARMT-TS) and up to four subscale scores may be derived. Scores are expressed as a mean (average) of the associated number of items. A calculator is necessary for accurate scoring.

The ARMT-TS is appropriate to score and discuss in any mobility education or counseling encounter. The subscales are more specific and best discussed and interpreted with professional guidance.

The respondent circles a number (1–5) for each statement. For ease of scoring, these numbers should be recorded in both the *total score* and individual *subscale* columns as indicated. Sum these down and write the total for each at the bottom of page 1, then copy these totals to the spaces indicated below on page 2.

What does each score mean?

ARMT-TS. A measure of emotional and attitudinal readiness to cope with present &/or future mobility loss, including the four subscales described below. (α .88)

- 1. Anticipatory Anxiety (AA).** Anxiety and felt concern about loss of personal integrity and independence in the face of significant mobility loss. (α .87)
- 2. Perceived Burden (PB).** Worry associated with becoming overly dependent and a burden on others. (α .79)
- 3. Avoidance (Av).** A general resistance to address the topic of mobility loss. (α .62)
- 4. Adverse Situation (AS).** A general perception of significant mobility loss as very harmful to individual well-being and quality of life. (α .63)

| | Sum | / # Items | = | Mean Score | HIGH (significant) |
|---------|-------|-----------|---|------------|--------------------|
| ARMT-TS | _____ | / 24 | | _____ | > 3.57 |
| 1_AA | _____ | / 9 | | _____ | > 3.81 |
| 2_PB | _____ | / 5 | | _____ | > 3.55 |
| 3_Av | _____ | / 4 | | _____ | > 3.6 |
| 4_AS | _____ | / 6 | | _____ | > 3.88 |

High scores suggest less readiness, high anxiety, and the presence of strongly held beliefs that may interfere with adaptive coping. Persons evidencing high total &/or subscale scores may benefit from a focused mobility intervention. *While less anxious and possibly more prepared, low scorers may still benefit from an education and planning-related intervention.*