Addiction and Change: Understanding the Journey of Addiction and Recovery

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Conflicts and Disclosures

- I have no conflicts of interest in the material we are presenting
- Dr. DiClemente is a consultant with Prevention Research Institute and receives royalties from a program developed called Solutions and is on the advisory board of Westbridge, a dual diagnosis treatment program
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Understanding the Process of Change

- The Transtheoretical Model has made both theoretical and practical contributions to advance our views of intentional behavior change
- Today we will explore key dimensions of the process of change and how they relate to initiation of addiction and recovery
- We focus particularly on how client and provider contribute to the process of change that is recovery

The Beginning

- Over 40 years ago I began a journey exploring what people did to be successful in changing behaviors
- A clinical psychotherapy perspective
- Spurred on by curious research findings:
  - Different treatments were most often equally successful despite radically different philosophies and approaches (Temple psychotherapy study)
  - Over 250 types of therapy - Jim Prochaska was exploring common processes from different therapies (psychodynamic, gestalt, cognitive, behavioral, systems)
  - Many smokers successfully quit on their own – how did they do it? Luckily NCI was also interested and funded us for 10 years to study this

TTM: A Client Focused Model of Intentional Behavior Change

STAGES OF CHANGE

PRECONTEMPLATION → CONTEMPLATION → PREPARATION → ACTION → MAINTENANCE

PROCESSES OF CHANGE

COGNITIVE/EXPERIENTIAL	BEHAVIORAL
Consciousness Raising	Self-Liberation
Self-Revaluation	Counter-conditioning
Environmental Reevaluation	Stimulus Control
Emotional Arousal/Dramatic Relief	Reinforcement Management
Social Liberation	Helping Relationships

CONTEXT OF CHANGE

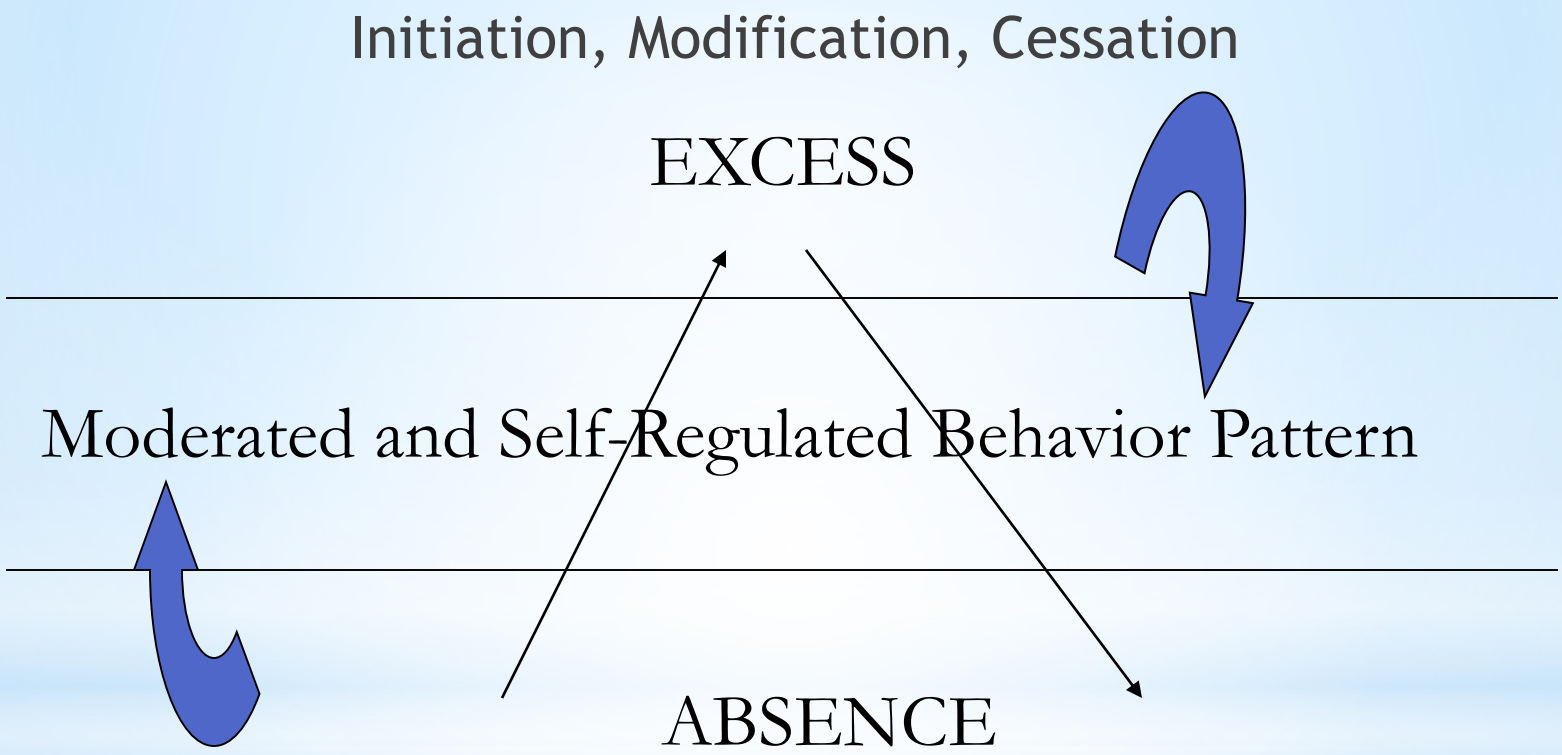
1. Current Life Situation –current concerns, symptoms, housing, stresses
2. Beliefs and Attitudes – religious, political, familial, cultural
3. Interpersonal Relationships –significant others
4. Social Systems –family – work –legal - societal
5. Enduring Personal Characteristics –personality characteristics – identity – implicit attitudes

MARKERS OF CHANGE

Decisional Balance	Self-Efficacy/Temptation

HEALTH PROMOTION & DISEASE PREVENTION	REQUIRE	BEHAVIOR CHANGE
CANCER PREVENTION		INITIATION
HEALTH PROMOTION		
SAFETY & INJURY PREVENTION		MODIFICATION
MENTAL HEALTH		
SUBSTANCE USE DISORDERS		CESSATION

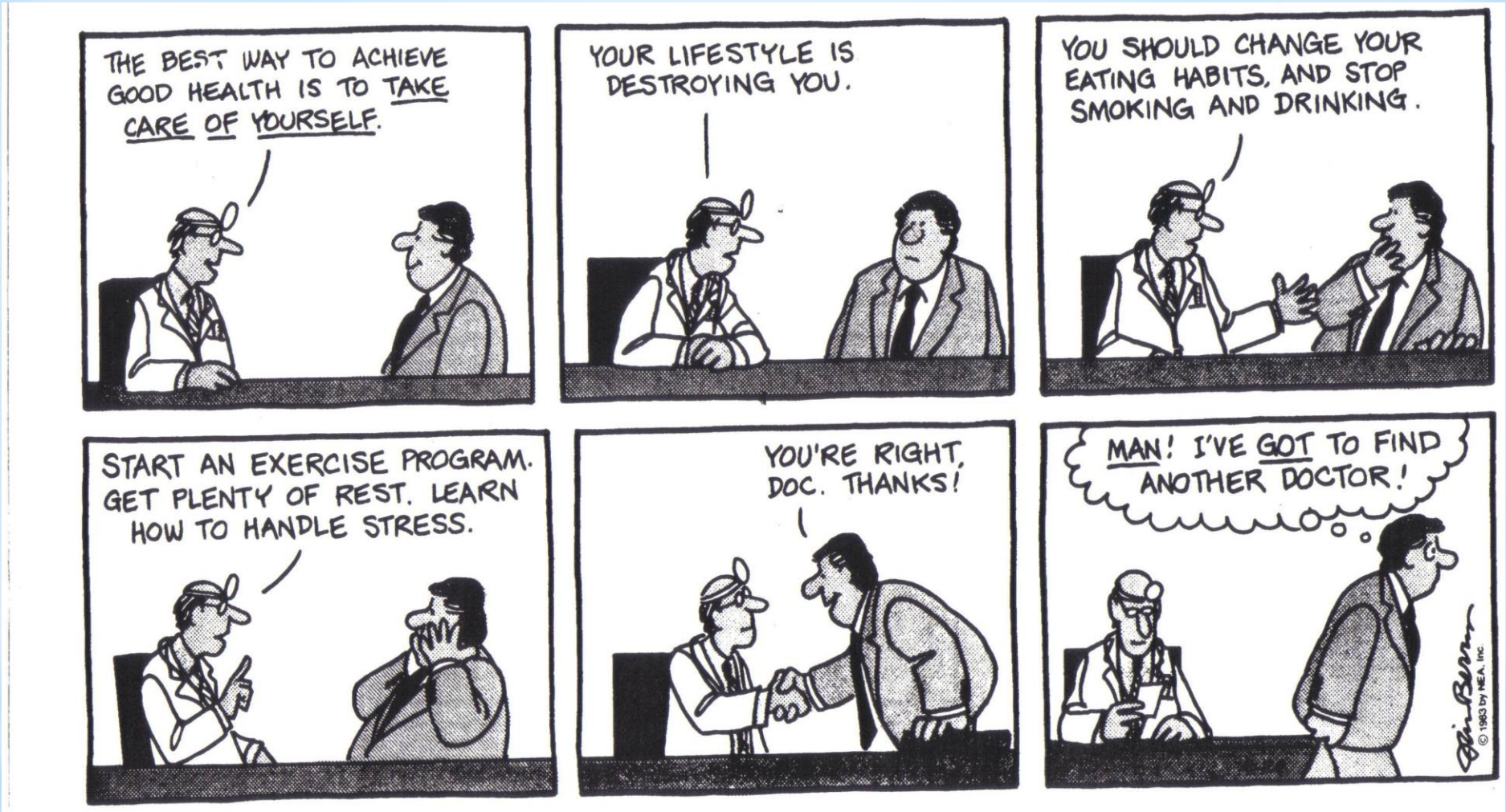
Different Patterns of Behavior Change



Common Health Change Targets

- **Initiating Health-Promoting or Desirable Behaviors**
  - Screening (Cancer, Infectious Disease, etc.)
  - Physical Activity
  - Sleep Hygiene
  - Utilizing Stress Management Skills
  - Condom Use
  - Prosocial Networks and Activities
- **Modifying Behaviors**
  - Medication Adherence
  - Reducing Caloric Intake
  - Drinking Alcohol in Moderation
  - Drinking and Driving
- **Cessation of Health-Defeating or Undesirable Behaviors**
  - Tobacco Use
  - Illicit Substance Use
  - Abstinence from Alcohol
  - Domestic Violence

TTM has been studied with almost all these behaviors



Free and Unrealistic Advice Hinders Change or Shifts the Target of Change

DESIRED HEALTHCARE BEHAVIORS

*MULTIPLE
*MULTIDIMENSIONAL
*VARY IN FREQUENCY
*VARY IN INTENSITY
*REQUIRE DIFFERING LEVELS OF MOTIVATION
*CAN BE INTEGRATED INTO DIFFERENT LIFESTYLES TO VARYING DEGREES
***UNDERSTANDING THE CHANGE BURDEN**

What am I asking or expecting my client to do?

*Includes Mental Health and Substance Use Behaviors

Breaking News

- In a large study researchers at National Cancer Institute in the US have discovered that watching television more than 1 to 2 hours a week causes brain cancer.
- How many of you would stop watching TV immediately?

HOW PEOPLE CHANGE?

OR GOD
HELPS
THOSE WHO
HELP
THEMSELVES?

How Do People Change?

- People change voluntarily only when…
  - They become ***interested and concerned*** about the need for change
  - They become ***convinced*** that the change is in their best interest or will benefit them more than it will cost them
  - They organize a ***plan of action*** that they are ***committed*** to implementing
  - They ***take the actions*** that are necessary to make the change and sustain the change

Stage of Change Labels and Tasks

- STAGE
- Precontemplation
  - Not interested
- Contemplation
  - Considering
- Preparation
  - Preparing
- Action
  - Initial change
- Maintenance
  - Sustained change

- TASK
- Interested, concerned and willing to consider
- Risk-reward analysis and decision making
- Commitment and creating a plan that is effective/acceptable
- Implementing plan and revising as needed
- Consolidating change into lifestyle

DiClemente. *Addiction and Change: How Addictions Develop and Addicted People Recover.* NY: Guilford Press; 2003.
DiClemente. *J Addictions Nursing*. 2005;16:5.

Misconceptions About Stages

- Stages are **not boxes** with well defined edges; they represent tasks that can be completed more or less adequately to sustain movement
- A logical sequence of tasks but not followed in a linear fashion
  - regression, getting stuck, and recycling
- Behavior and Goal specific
- Not always a rational or completely conscious processes
- Values, emotional reactions, implicit cognitions, salient experiences and other motivating influences affect engagement and completion of stage tasks and influence successful behavior change

*What I might want to change about myself?

On a sheet of paper write down some of the behaviors that you have thought you might like to change

Or one that someone else in your life suggested (or is nagging you) to change

Is there one particular one that you are specially focused on or are there a number of behaviors?

What are the challenges to making these changes for you?

What stage of change or tasks are you working on with this behavior change

SOMETHING TO DISCUSS DURING LUNCH?

The Focus of the TTM is on the Personal Change Process

- Growing evidence that a constellation of what the client does (**client process of change variables**) have the greatest potential to be mechanisms:
  - directly related to a particular change (behavior specific)
  - are involved in changes that occur with and without active ingredients of formal treatment (self-change, mutual help, placebo)
  - Involve client coping behaviors
  - Interact with contextual variables at times working together to promote change and at other times competing and interfering with change

Challenges

- 1. Understanding Substance Use Disorders and Addiction Mechanisms as a Journey that has many different parts
- 2. Understanding the journey involves Mechanisms of Addiction and Recovery
  - Mechanisms of Addiction that make substance use disorders difficult to change
  - Mechanisms of Recovery: Recovery Journey of Change
- 3. Understanding how treatment interacts with the process of change

What are Addictions?

- Habitual patterns of intentional, appetitive behaviors
- Become excessive, problematic and produce serious consequences
- Stability of these problematic behavior patterns over time
- Interrelated physiological, psychological and social components
- Addicted individuals have difficulty modifying and stopping these patterns of behavior (smoking, alcohol, marijuana, heroin or process addictions like gambling, sex, etc.)

DiClemente, 2018

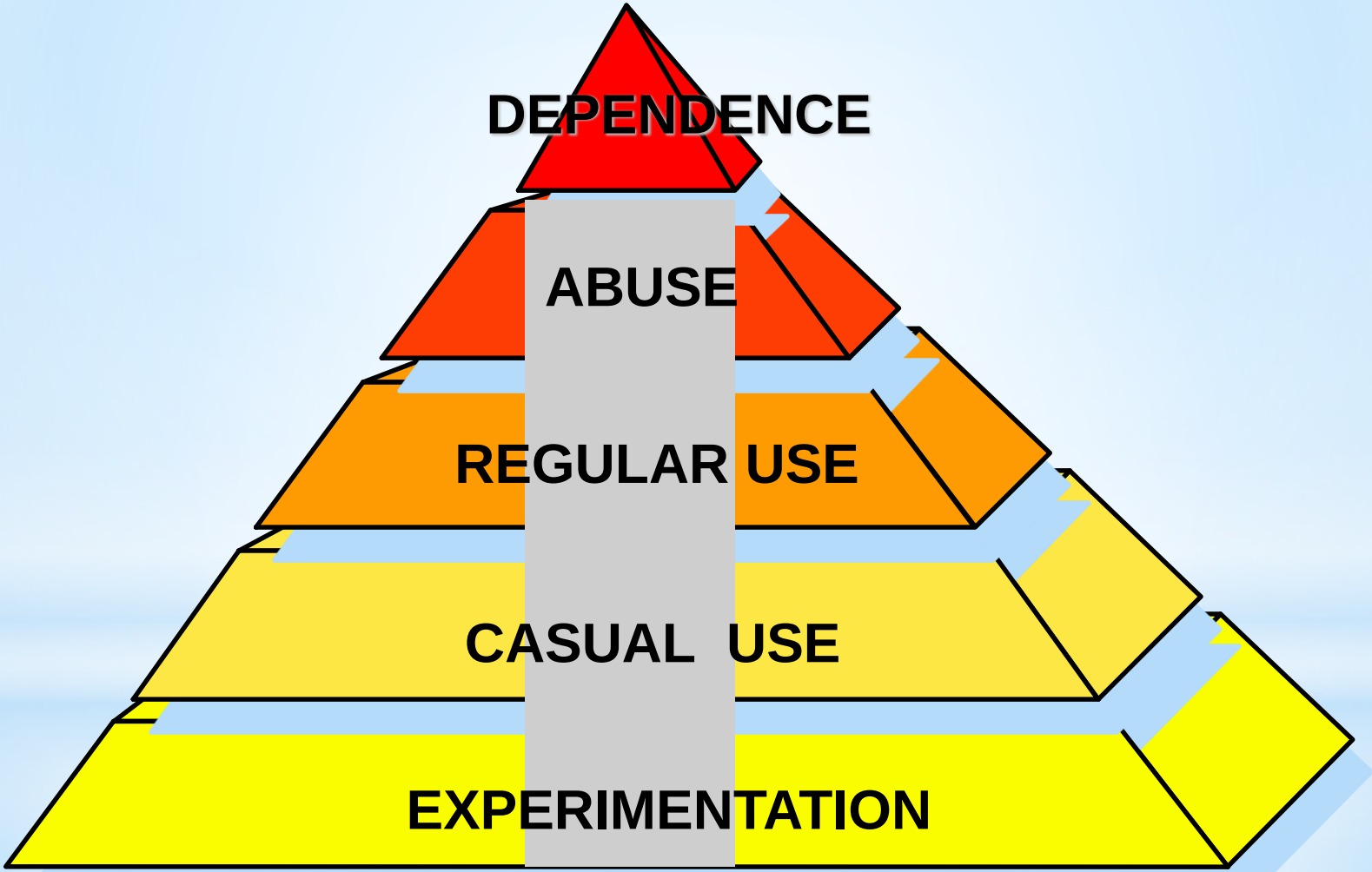
Addiction and Change

- Both acquisition of and recovery from an addiction require a personal journey
- Through an **intentional** change process marked by personal decisions and choices
- Each journey is influenced by many biological, psychological, and social factors
- Defining Addiction should
  - describe the problematic nature of the behavior and
  - offer clues about recovery

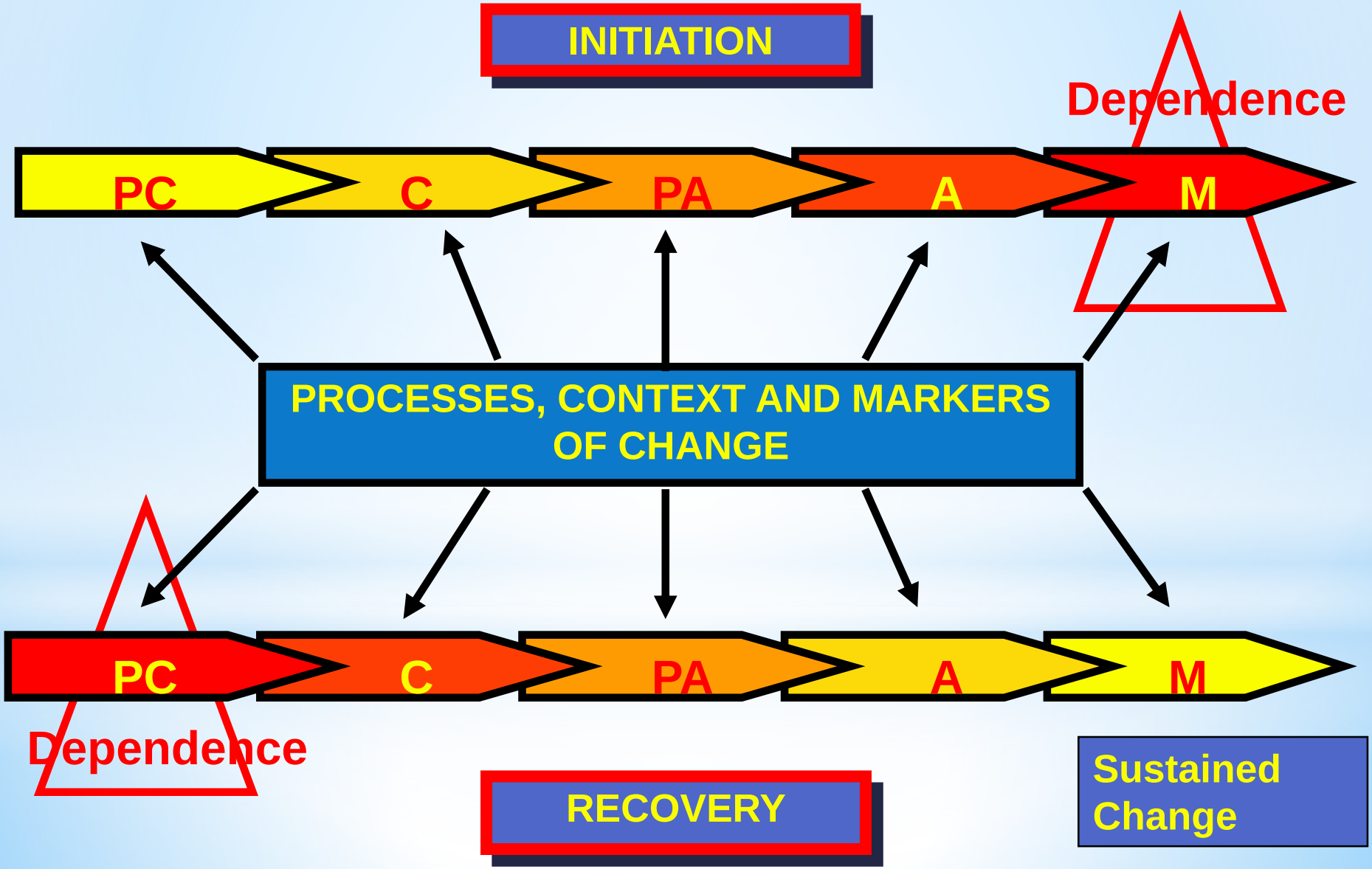
Becoming Addicted

* Happens over a Period of Time
* Has a Variable Course
* Involves a Variety of Predictors that involve both Risk and Protective Factors
* Involves a Process of Change

* THE COURSE OF ADDICTION: A Behavioral Perspective



* THE STAGES OF CHANGE: THE JOURNEY INTO ADDICTION AND RECOVERY



Initiation of An Addictive Behavior

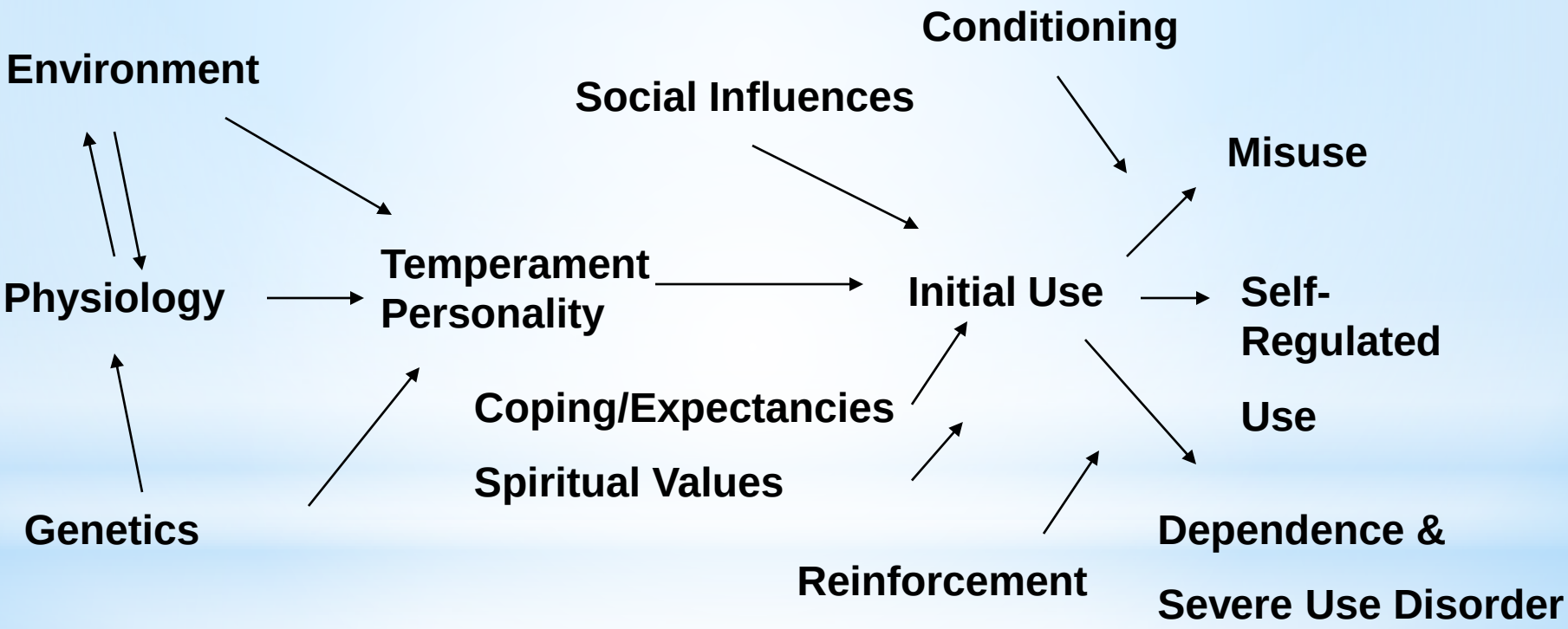
* As individuals move through **stages of initiation** they move from
  * **thinking** about doing it, to
  * **experimenting**,
  * **developing a pattern** of behavior (social drinker, binge drinker, daily drinker, non drinker) that
  * becomes **habitual** or consistent over time.
* Many patterns are normative and socially acceptable, do not create problems or get judged excessive – not SUD
* Addiction is best represented as a **well maintained, problematic pattern of engagement** best equated with a moderate to severe use disorder or dependence
* Once someone creates a maintained, stable pattern of problematic engagement, the focus shifts from prevention of initiation to recovery from addiction

Stages of Change are Pattern Neutral

* Many of us have moved through stages of initiation to achieve a regular pattern of consuming alcohol, smoking, gambling
* So it is critical to be able to distinguish among engagement patterns:
  * Use, Misuse, Dependence, or
  * DSM Mild, Moderate, Severe Use Disorders
* Trajectories of engagement
  * can change over time (social use to misuse to dependence)
  * depend on developmental and contextual factors and influences (e.g., time limited heavy binge drinking pattern in college; casino gambling, family/peer influences)
* **Motivation** focuses on how individuals move into and out of these different patterns of behavior;
* **Addiction** focuses on the end state

*Etiology of Addictions

A BIO PSYCH SOCIAL SPIRITUAL PERSPECTIVE



All of these factors can have arrows to initial experience and then to any or all of the three patterns of use. Most arrows could be linear and/or reciprocal

*Shake Your Family Tree

* Most families can identify family members with a substance use or gambling disorder

* On a piece of paper write first names of extended family members who have of have had one (make sure you include alcohol, marijuana, nicotine, etc.)

* Most of us know addiction personally. How did it happen to our family members? Did it ever happen to us?

* We need to keep in mind that we are talking about loved ones not “Addicts” “Homeless Substance Abusers” “Druggies”

* Stage of Change Labels and Tasks

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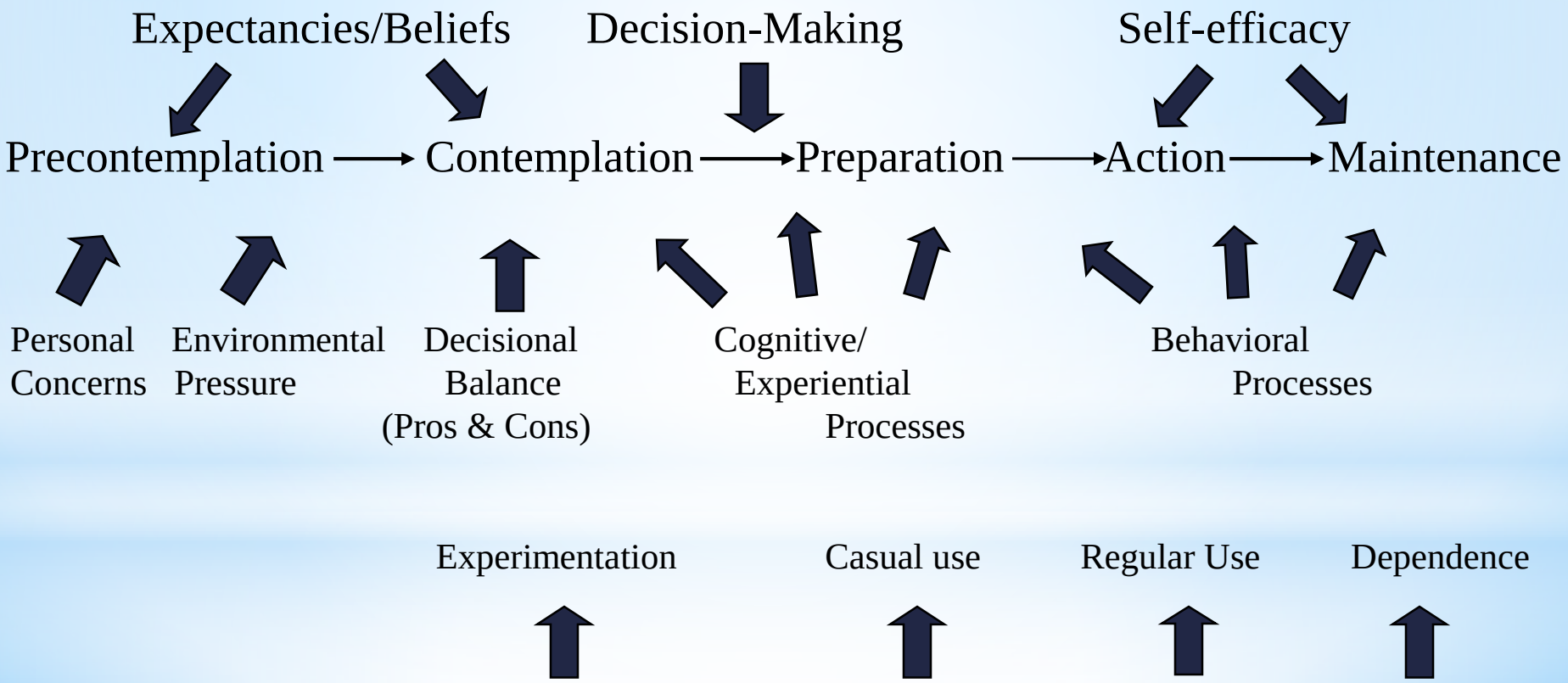
Theoretical and practical considerations related to Stages of Initiation and Prevention



* A STAGE BY ADDICTIVE BEHAVIOR PERSPECTIVE ON ALLEN

TYPE OF BEHAVIOR	STAGE OF INITIATION				
	PC	C	PA	A	M
ALCOHOL				X	
NICOTINE/VAPING					X
MARIJUANA					X
HEROIN	X				
COCAINE	X				
AMPHETAMINES		X			
LSD			X		
GAMBLING	X				
EATING DISORDER	X				

*Stages of Initiation for Cigarettes, Alcohol & Marijuana by School Level in 2010

Stages of Substance Initiation by School Level						
	Substance	Precontemplation	Contemplation	Preparation	Action	Maintenance
Middle School	Cigarettes	84.1	13.6	1.1	.8	0.5
	Alcohol	78.7	3.9	5.8	7.4	4.3
	Marijuana	84.7	4.7	3.0	4.8	2.9
High School	Cigarettes	66.9	20.6	4.2	3.6	4.7
	Alcohol	32.0	21.7	13.7	17.3	15.4
	Marijuana	57.1	12.9	8.0	12.4	9.6

Data from Maryland Youth Tobacco Survey 2010

Percentages of Stages of Smoking Initiation by Stages of Alcohol Initiation 2010

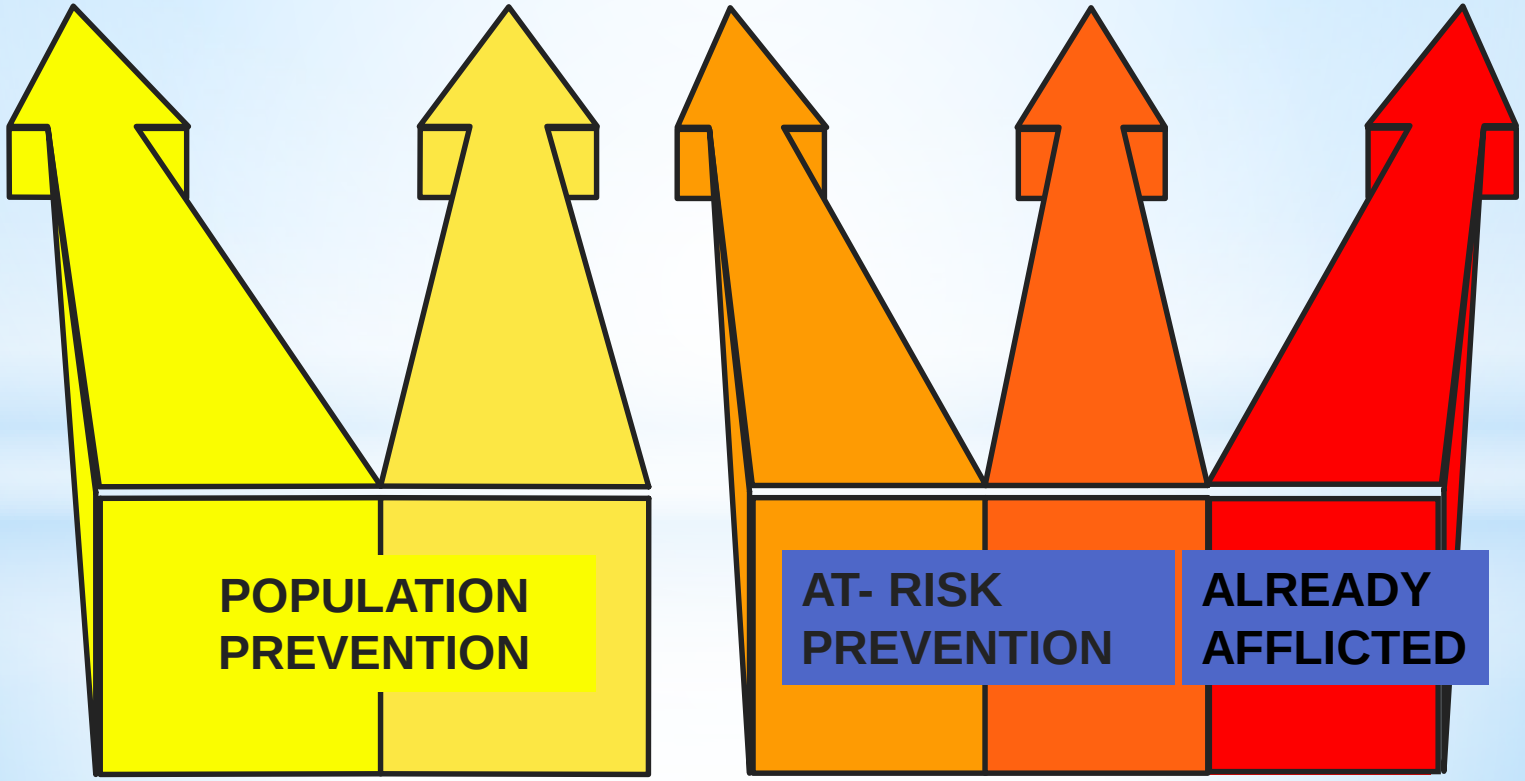
	Stages of Alcohol Initiation					
Stage of Smoking Initiation	Precontemplation	Contemplation	Preparation	Action	Maintenance	Total
Precontemplation	**73.2**	**14.6**	7.9	4.2	0.2	73.1
Contemplation	**29.1**	**30.7**	22.4	17.2	0.6	17.8
Preparation	7.9	21.9	27.1	39.9	3.2	3.1
Action	6.1	16.6	23.2	**48.6**	**5.5**	2.7
Maintenance	4.0	14.0	15.4	**52.2**	**14.3**	3.3
Total	59.3	17.7	11.7	10.4	0.9	100

Percentages of Stages of Smoking Initiation by Stages of Marijuana Initiation

	Stages of Marijuana Initiation					
Stage of Smoking Initiation	Precontemplation	Contemplation	Preparation	Action	Maintenance	Total
Precontemplation	**89.7**	**5.7**	2.2	2.2	0.2	73.5
Contemplation	**62.8**	**19.9**	8.6	7.9	0.8	17.9
Preparation	23.4	22.7	20.7	28.7	4.5	3.0
Action	17.2	16.8	18.4	**40.7**	**7.0**	2.6
Maintenance	12.3	11.2	10.6	**42.4**	**23.5**	3.1
Total	78.6	9.2	4.6	6.3	1.4	100

* PREVENTION OF INITIATION OF ADDICTION

PC - C C - PA PA - A A - M



Types of Prevention

- Interventions to disrupt initial stages of initiation (**primary/universal prevention**)
  - Keep students in precontemplation (not interested in behavior)
  - Educate about the dangers and encourage precontemplation by decision not default
- **Indicated prevention** for risky engagement (At risk/secondary/indicated prevention)
  - Disrupt the initiation process once individual has begun experimenting or using
  - Monitoring, increase costs or consequences, disrupt access, regression
- Once a pattern of problematic use or dependence (**Already afflicted** or tertiary prevention focuses on **Early Intervention, Harm Reduction, and Treatment**
  - SBIRT and other early intervention building bridges to treatment
  - Naloxone for overdose recovery
  - Sterile syringes to prevent STIs and HIV

Addiction

- Currently defined as a Moderate to Severe Use Disorder
- It is the end state of a process of INITIATION
- It is the beginning of a process of RECOVERY
- It is both an ENDING and a BEGINNING
- Let's look at this well maintained state of being addicted or having a severe use disorder and how we define it

Addiction Severity and Patterns of Use

* **How do we define severity of patterns of use?**
  * **Consumption/Engagement, Consequences, Context, and Control are often used to define severity of a pattern of use**
* Problems with all these single factor ways of defining severity
* Patterns can change so need to identify both current and lifetime severity (critical for harm reduction and recovery; NESARC Study; consequences accumulate over time – alcoholic liver disease)
* Differs assessing risky behavior in a screening or a use disorder (NIAAA guidelines or DSM-5)

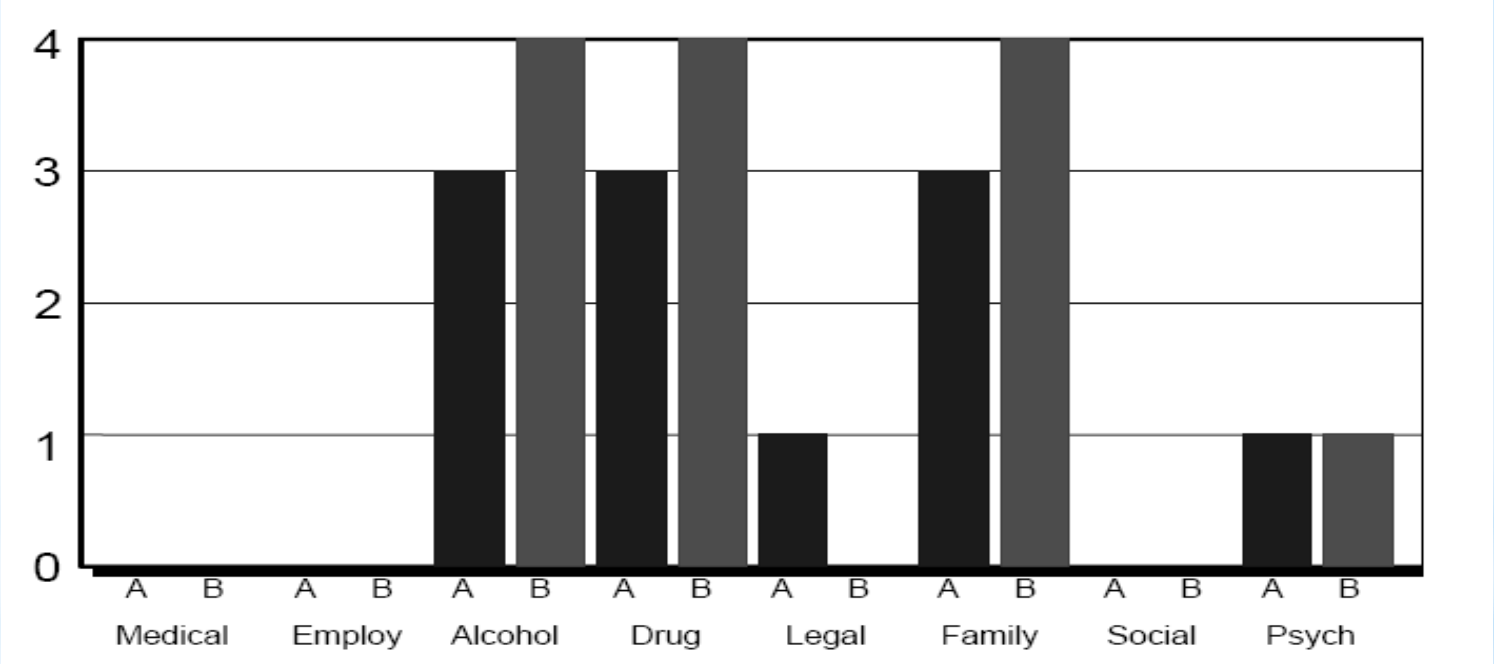
Assessing Addiction Severity?

- **DSM 5** – number of symptoms/indicators (6 + of 11)
- **Quantity and Frequency** (PDA, DDD)
  - Percent Days Abstinent
  - Drinks per Drinking Day
- **Consequences/Problems** attributable to drinking/drug use
  - Physical, social, legal, or psychological
- **Craving**
- **Co-morbidity** (other diagnosable conditions)
- **Multiple Problems** in Life Context
  - Homelessness, domestic violence, legal problems
- **Environment** (Peer use and Surrounding Environment)

Client Perception of Problem and Need for Treatment: Addiction Severity Index

A = Client's Rating of Problem

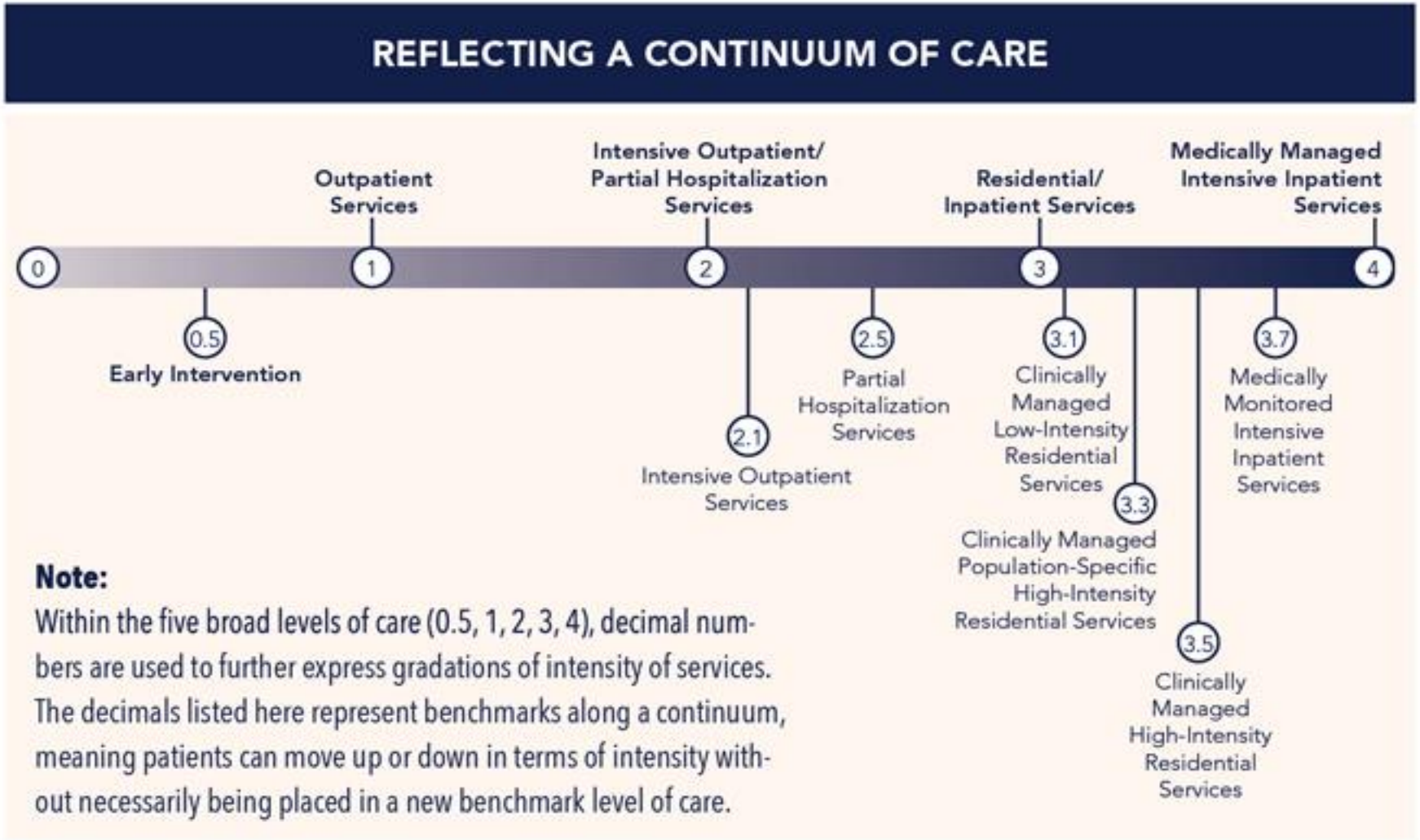
B = Client's Rating of Desire for Treatment



Legend:
0-Not at all, 1-Slightly, 2-Moderately, 3-Considerably, 4-Extremely

*ASI Evaluation

ASAM CRITERIA



* Attempts to connect severity with the Continuum of Care

* All these attempts offer important dimensions to consider but have their limitations:
  * **Single dimensions** of the behavior seem inadequate: severity is multidimensional
  * collection of **categories or symptoms** seem arbitrary and not connected well to treatment
  * Lack of unifying **conceptual framework** or perspective
  * Not always clear if multiple dimensions indicate severity of the Addiction or **severity of other serious problems** (co-morbidity, consequences)

* Need A New View of Severity

A New View of Addiction Severity

* How to create a new view that acknowledges multidimensionality of mechanisms and patterns that can
  * Aid us with diagnosis
  * Understand better how severity influences motivation
  * Offer specifics for treatment planning and matching

Creating a New View of Addiction Severity

* My Critical Assumptions
  * **Quantity and Frequency** must be part of how we define severity
  * **Dimensions and not categories** are needed to understand severity (not just present or absent)
  * **Highlight critical mechanisms** based on how the addictive behavior is operating in individual's life
  * Include **biological, psychological and behavioral** factors involved in the addiction
  * Include the larger **Context** of Individual's life so the view of severity can be comprehensive

Defining Severity of Addiction

Use Patterns

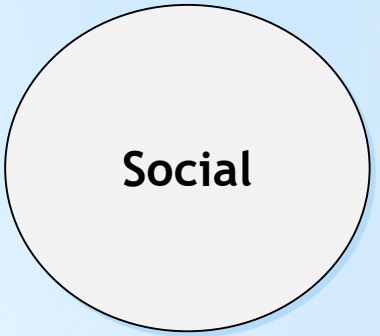
- No Risk
- Low-Risk
- Infrequent High Risk
- Frequent High-Risk
- Extensive High-Risk

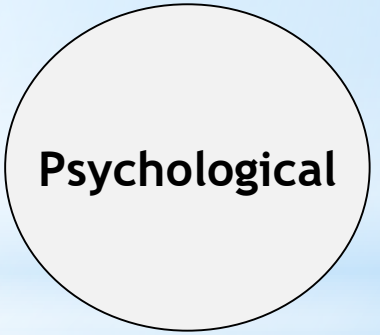
Mechanisms

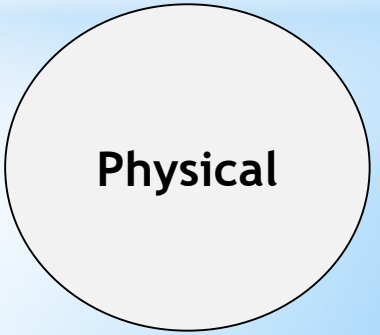
- Neurobiological Adaptation
- Reduced Self Regulation
- Salience/ Narrowing

Mild — Severe

Domains of Impairment







* Although difficult to pin down and clearly measure, **quantity and frequency** of use are important for assessing relative risk

* Quantity and Frequency are clearly related to motivational goals (cutting down) and as indicators of change (creating a different pattern of use) but difficult to measure with certain drugs/behaviors

* Amazingly quantity and frequency are not at all or only indirectly included in DSM 5 and in other views of severity

* **Use Patterns critical to Understanding the Behavior**

One Way to Define Quantity and Frequency

- **No Risk**
- **Low Risk** (within guidelines; sporadic or controlled use)
- **Infrequent High Risk** (infrequent binge drinking or problematic infrequent marijuana use)
- **Frequent High Risk** (frequent binge drinking, opiate use habit, frequent high stakes gambling)
- **Extensive High Risk** (recurrent/daily excessive drinking, marijuana use, heroin use)

*WHO Alcohol Risk Levels for Men and Women

Males	Females
*Low Risk - 0 to 2.9 drinks	*Low Risk - 0 to 1.4 drinks
*Medium Risk – 3.0 to 4.3	*Medium Risk – 1.5 to 2.8
*High Risk - 4.4 to 7.1	*High Risk - 2.9 to 4.3
*Very High Risk - 7.2+	*Very High Risk - 4.4+

Numbers of standard drinks of alcohol

Woods et al. 2018 Lancet

How much and how often: helpful but not enough

- Although engaged in a risky pattern of use, people can differ in how much they can do without creating problems or consequences
- Use patterns can tell us a lot if the use is extreme (drinking 20 to 30 beers a day; smoking marijuana 10 times a day)
- Often more difficult to change if use less frequent or frequent high risk use
- Need to understand mechanisms of addiction not just use patterns

Mechanisms of Addiction Severity

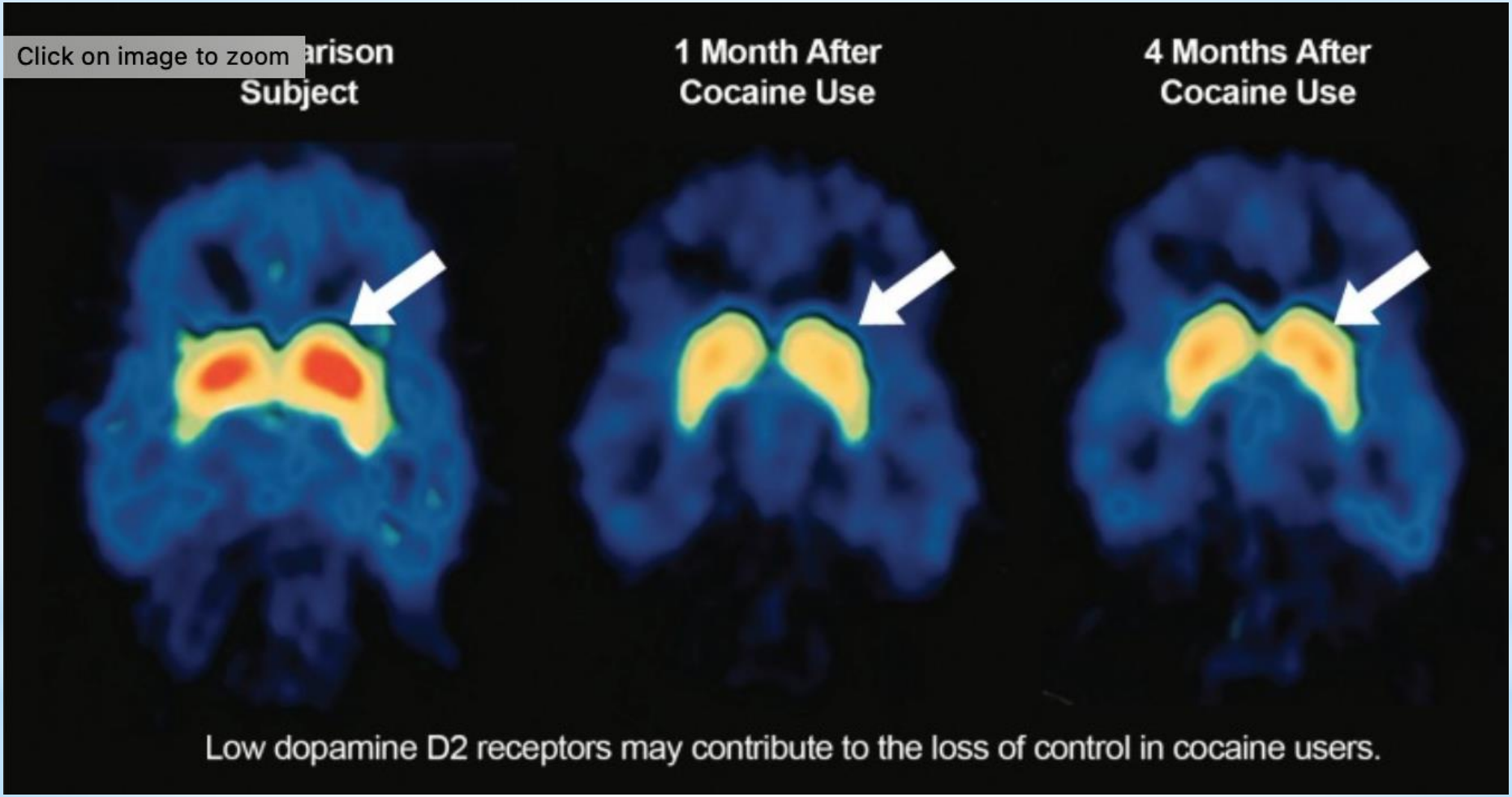
- A small set of mechanisms characterize the end state of addiction and can be used to indicate severity
- My candidates are the following:
  - **Neurobiological Adaptation** – brain and biological adaptations to frequent exposure to addictive behavior/substance (a brain disease)
  - **Reduced/Impaired Self-Regulation** – The sense of loss of control and compromised self-regulation despite consequences that are the hallmark of addictions (a behavioral control disease)
  - **Salience and Narrowing of Behavioral Repertoire** – The addictive behavior becoming so valued a reinforcer that the behavior becomes more ubiquitous and potent in the life of the individual (a crisis of values; spiritual disease)

DiClemente, 2018

Neurobiological Adaptation

- Ability to use more/tolerance
- State dependent learning
- Compulsive like use
- Altered thresholds of stress & pleasure
- Increased strength and scope of cues
- Negative emotional states when use is blocked
- Possible withdrawal & other rebound effects
- FMRI indicators

*Neuroadaptation Example



Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK424849/

This is what they mean when people say I use to feel normal!

*Reduced Self-Regulation

- *Use becomes more automatic
- *Difficulty controlling or cutting back
- *Using to cope and self-regulate
- *Continued use despite consequences
- *Impulsivity increases
- *Cannot function if use is interfered with
- *Underestimating consequences
- *Both ECF and Affect Regulation effects

Increased Salience and Narrowing of Behavioral Repertoire

* Highly valued & meaningful; Expectancies of use
* Integral part of lifestyle
* Preferred way to cope with life problems & stress
* Substitute for more basic needs (food, sleep, shelter)
* Difficult to imagine life without it
* Conflicted when incongruent with other values (self-stigma)
* Decreases in other important/pleasurable activities
* More time using; arranging for use
* Social interactions and networks narrowed to similar users

Consequences in Critical Domains of Functioning

* Impact of the addictive behavior pattern on **Domains of Functioning (more consequences greater severity)**
* Consequences/sequelae and not simply salience or how important or extensive in the person's life.
* Key Domains:
  * **Biological** – Needing the substance to feel normal, delusions, DTs, craving, OD, serious physical consequences (COPD, HPC, Liver disease, Neuropsychological conditions)
  * **Psychological** – substance use becomes a psychological coping mechanism that can try to cope with or create mental health conditions, negative emotions and stress, trauma
  * **Social** – How addictive behavior integrated into the social context and network, into meeting social and interpersonal needs (sex, fun, social events, work functioning)

Defining Severity of Addiction

Use Patterns

- No Risk
- Low-Risk
- Infrequent High Risk
- Frequent High-Risk
- Extensive High-Risk

Indicators

- Neurobiological Adaptation
- Reduced Self Regulation
- Salience/ Narrowing

Mild — Severe

Consequences

- Social
- Psychological
- Physical

Defining Severity of Addiction: College Drinking

Use Patterns

- Low-Risk
- **Infrequent High Risk**
- Frequent High-Risk
- Extensive High-Risk

Indicators

- ❑ Neurobiological Adaptation

X

- ❑ Reduced Self Regulation

X

- ❑ Salience/ Narrowing

Mild Severe

X

Domains

- Social
- Psychological
- Physical

Defining Severity of Addiction: Binge

Use Patterns

- Low-Risk
- Infrequent High Risk
- *Frequent High-Risk*
- Extensive High-Risk

Indicators

- ❑ Neurobiological Adaptation

X

- ❑ Reduced Self Regulation

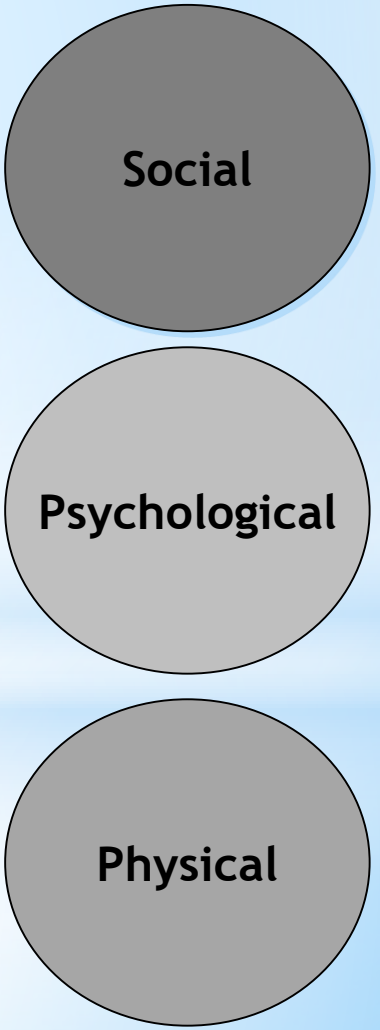
X

- ❑ Salience/ Narrowing

Mild Severe

X

Domains



How does Severity interact with Motivation

* Severity makes recovery and completing **tasks** that are critical to moving through the stages more challenging

* Motivation is **behavior and goal specific** so my pattern of use and severity are critical to my goal setting

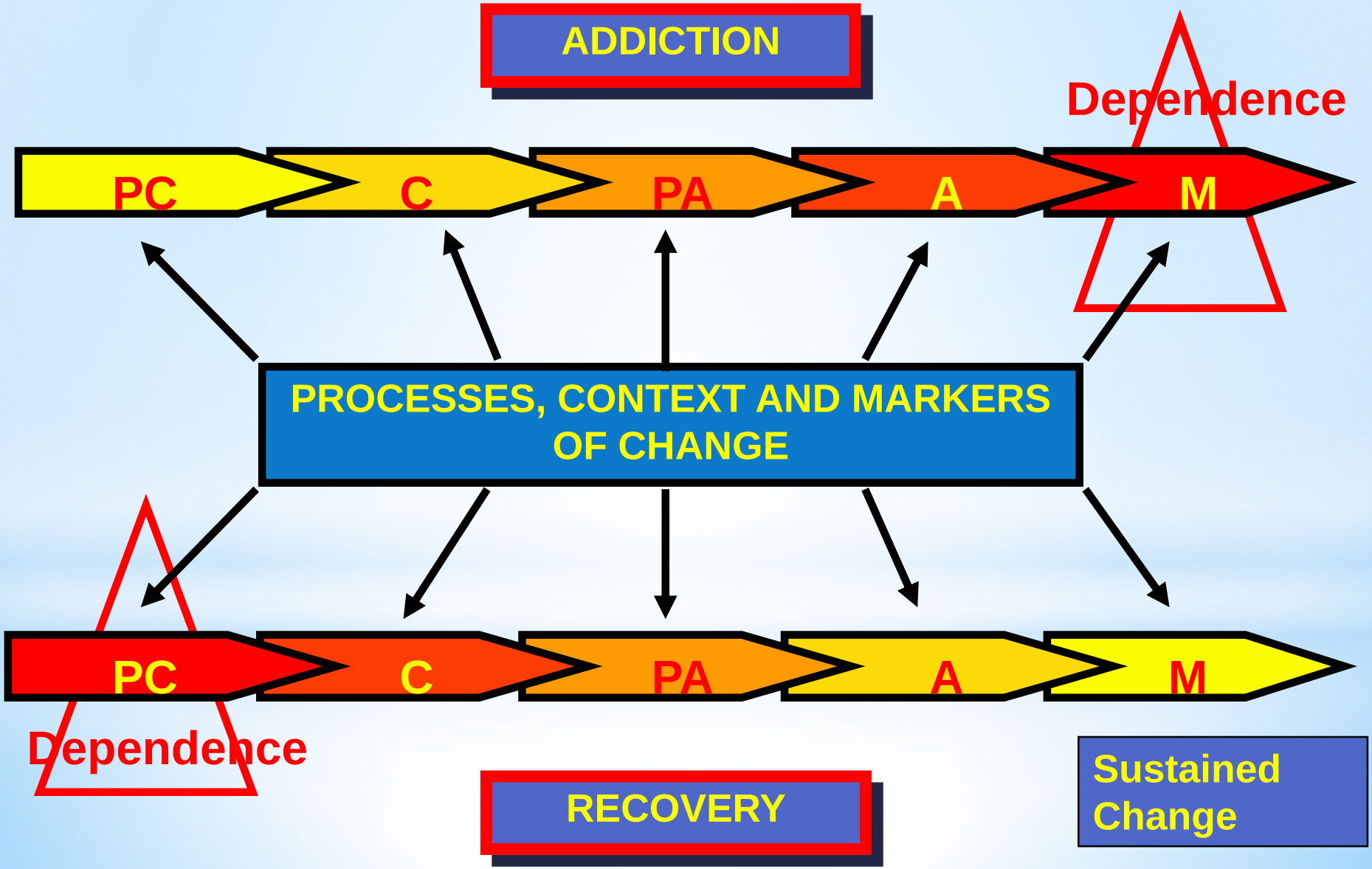
* Severity **impairs self-regulation and self-control** that are critical to using coping skills needed to manage the recovery journey

* Severity **interacts** with ambivalence, decision making, commitment, support, planning, and implementation of action plan as well as relapse and recycling

*Questions??

Break

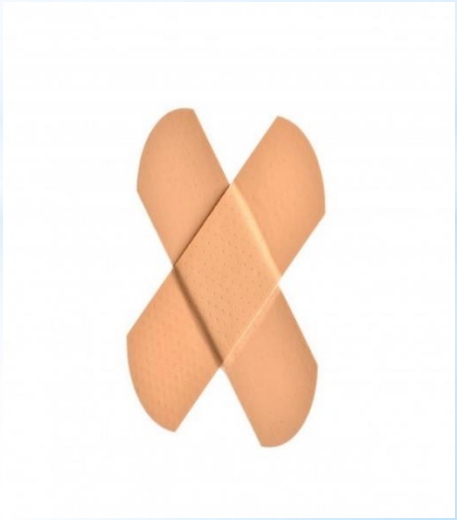
* THE STAGES OF CHANGE FOR ADDICTION AND RECOVERY



*SAMHSA's View of Recovery

- "A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential."
- Recovery is built on access to evidence-based clinical treatments and recovery support services for all populations

Not just putting a Band-Aid on a wound or just stopping using a substance or just going to treatment



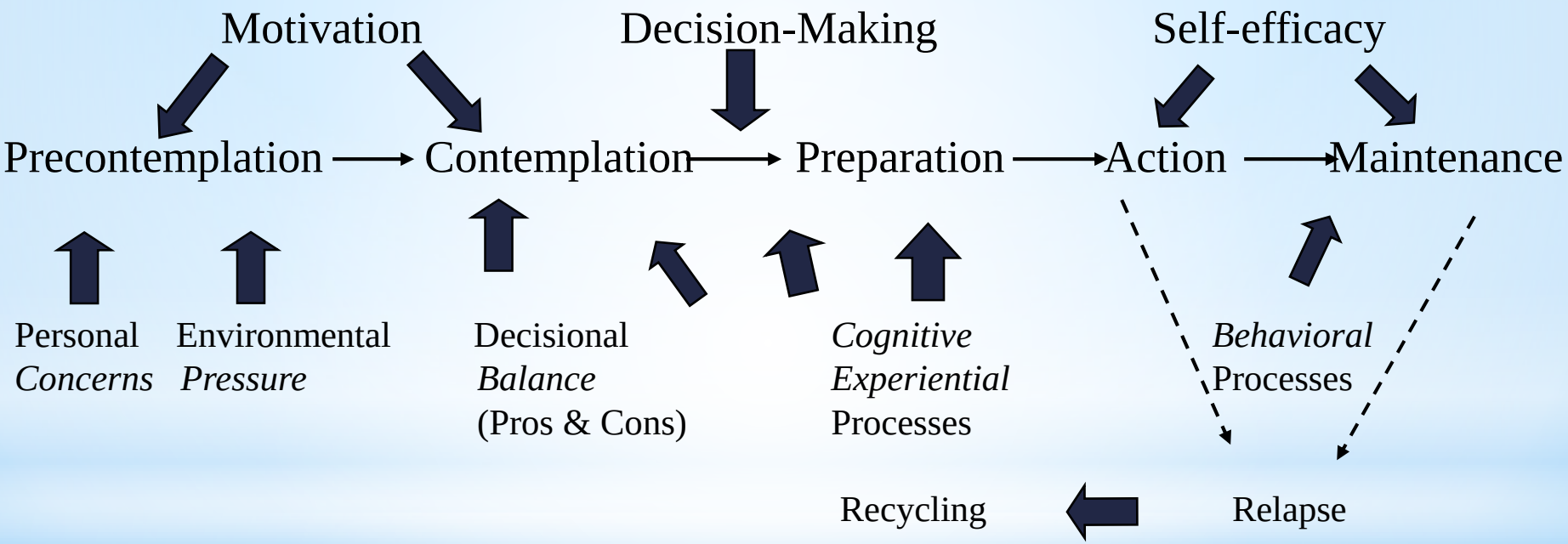
* Stage of Change Labels and Client Tasks

* STAGES
* Precontemplation
  * Not interested
* Contemplation
  * Considering
* Preparation
  * Preparing
* Action
  * Initial change
* Maintenance
  * Sustained change

* TASKS What client needs to do
* Interested, concerned and willing to consider
* Risk-reward analysis and decision making
* Commitment and creating a plan that is effective/acceptable
* Implementing plan and revising as needed
* Consolidating change into lifestyle

DiClemente. *Addiction and Change: How Addictions Develop and Addicted People Recover.* NY: Guilford Press; 2018.
DiClemente. *J Addictions Nursing*. 2005;16:5.

Theoretical and practical considerations related to movement through the Stages of Change for Recovery



Competing demands, ***contextual problems***, and ***poor self regulation skills*** lead to incomplete or problematic completion of change tasks which in turn leads to failed attempts to change and undermines recycling and the readiness, willingness, and perceived ability to change. Treatment supports movement through the process

*Where Do We Come In?

STAGES	PROVIDER TASKS
Precontemplation ◦ Not interested in change	**Raise doubt about continuing problematic behavior; Increase client's awareness of risks and problems**
Contemplation ◦ Thinking about change	**Encourage client to voice reasons for change & risks of not changing; help tip the balance of pros and cons**
Preparation ◦ Preparing for change	**Help build commitment and develop a personalized change plan**
Action ◦ Initial change	**Help the client implement plan, prevent relapse; Adjust change plan as needed; Seek support**
Maintenance ◦ Long-term change	**Help client identify strengths for long-term change; Provide support; Focus on wellness and self-directed life**

DiClemente, 2003; 2005; 2018

Tasks and Goals for Precontemplation

* ***PRECONTEMPLATION*** - The state in which there is little or no consideration of change of the current pattern of behavior in the foreseeable future. (NOT PRECONTEMPLATOR)

* **TASKS:** Increase awareness of need for change and concern about the current pattern of behavior; envision possibility of change

* **GOAL:** Serious consideration of change for this behavior

The "Five R's": How & Why People Stay in Precontemplation

* **Reveling:** *"I like it the way it is."*
* **Reluctant:** *"Not now… not ever."*
* **Rebellious:** *"It's my life… MYOB."*
* **Resigned:** *"The damage is done…there's no use."* (Hopeless; Helpless)
* **Rationalizing:** *"At least I'm not doing…XYZ."* (Harm minimization)

PC: Key Issues and Intervention Considerations

INITIATION

* For initiation of health-promoting or health threatening behaviors, promoting experimentation (just try it out!) may help move people in PC along in the process of change (Back on My Feet)
* Make the behavior seem attractive, something you need to try
* Social influences and media messaging often promote movement

RECOVERY

* Coercion or courts cannot do it alone!
* Confrontation breeds resistance
* Education is often insufficient, motivational enhancement is needed
* Smaller versus larger goals
  * Consider harm-reduction strategies (e.g., encourage cutting back on cigarettes if you're not ready to quit)

* Supporting People in Precontemplation:

Not Interested in Change Right Now

* Encourage them to start thinking about change
* Be sure to emphasize that it is **their** choice
* Ask open-ended questions
* Avoid sustain talk

- Reflect change talk
- With permission, provide motivating information
- Assist them in identifying and emphasizing possible benefits of change
- Reducing harm

Using MI Spirit/Style and Strategies

- Motivational Interviewing was designed to create a way to help people in Precontemplation, Contemplation and Preparation
- Spirit/Style
  - Collaboration/Partnership
  - Acceptance, Empathy, Autonomy
  - Compassion
  - Evocation
- Strategies (OARS)
  - Open-Ended Questions, Affirmations, Reflections, Summaries
- Can be used throughout work with clients but in action stages may need more directive skills building

Tasks and Goals for Contemplation

* ***CONTEMPLATION*** – The stage where the individual examines the current pattern of behavior and the potential for change in a risk – reward analysis.

* **TASKS:**
  * Analyzing pros and cons of the current behavior pattern and costs and benefits of change.
  * Decision-making.

* **GOAL:** A thoughtful evaluation that leads to a decision to change.

Contemplation: Key Issues & Intervention Considerations

INITIATION

- Families can help or hinder
- Make the new behavior more attractive and exciting
  - Can tip decisional balance in favor of making a change
    - E.g. This is a fantastic feeling. Everyone is doing it. You are missing out. You will feel better
- Remove barriers to initiating a behavior –easy access
  - E.g., Free sample; Try one of mine; free gym membership,

    starter package of diet food

CESSATION

- Decisional considerations are personal
- Families can help or hinder
- Multiple problems or issues interfere w/ movement from Contemplation to Preparation
  - Addressing barriers to change E.g., Stress management resources to help with quitting smoking
- Making the behavior less convenient can help bump up the cons of continuing the behavior
  - E.g., Smoke-free policies on workplace grounds, etc.

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Supporting People in Contemplation:

Ambivalent About Making a Change

- Help support them in making a decision
- Explore important reasons and values related to change
- Assist them in identifying their most important values
- Explore ambivalence and the pros and cons of change
- Promote Harm Reduction

- Use double-sided reflections
- Highlight change talk w/ reflections
- Encourage **them** to make the arguments for change
- With permission, share important information
- Support their self-efficacy / confidence

MOTIVATED TO CHANGE

- Admit that the status quo is problematic and needs changing
- The pros for change outweigh the cons
- Change is in our own best interest
- The future will be better if we make changes in these behaviors

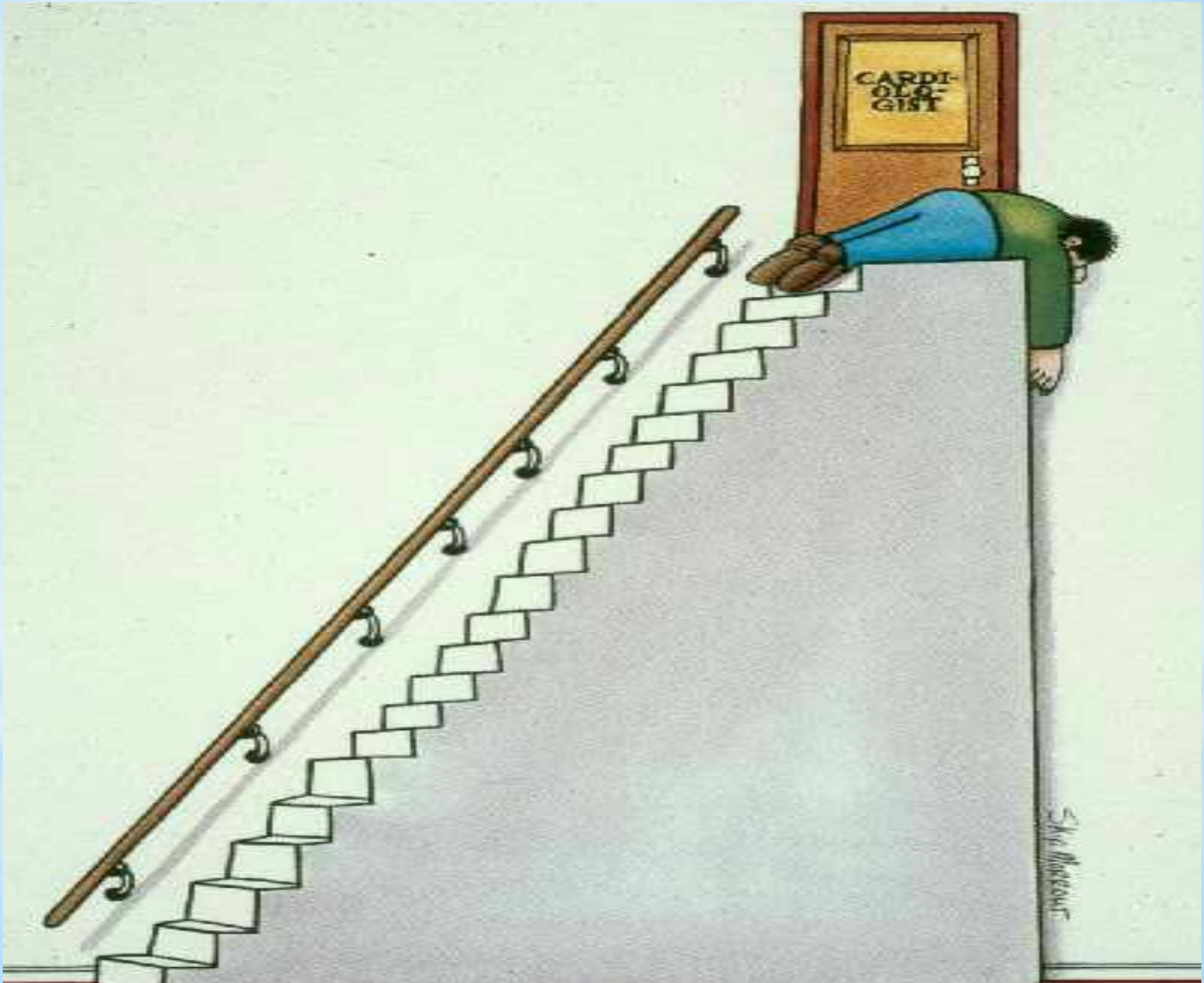

RANCIS, THE MOTHERS CLUB IS OFFERING MOTIVATIONAL SEMINAR TONIGHT CALLED STOP MAKING EXCUSES." WOULD YOU LIKE TO GO WITH ME?
NAH. IT'S TOO HOT, I'M TIRED AND I CAN'T FIND MY SOCKS.

Tasks and Goals for Preparation

- ***PREPARATION*** – The stage in which the individual makes a commitment to take action to change the behavior pattern and develops a plan and strategy for change.

- **TASKS:** Increasing commitment and creating a change plan.

- **GOAL:** An action plan to be implemented in the near term.


CARDI-
OLO-
GIST

Preparation: Key Issues and Intervention Considerations

INITIATION

- Behavior becomes more frequent
- Expectations more positive
- Openness & commitment to change increases
- Support for new behavior grows
- Plan around barriers

CESSATION

- Offering incentives can help (if used well)
- Need an effective, acceptable and accessible plan
  - E.g., Smoking cessation→ Can help if employer is able to offer free NRT
- Support commitment and confidence/self-efficacy
- Refining skills needed for plans
  - E.g., Stress management skills to use in place of smoking or overeating

*Supporting People in Preparation:

Planning for Change

- *Assist them in preparing well to make the change
- *Help them develop an effective and acceptable plan
- *Make it a collaborative plan – You cannot do it for them!

- Support the plan with your help /resources
- Encourage them to set a timeline or date to begin / make the change
- Help them to identify possible barriers & plan for overcoming these

*WILLING TO MAKE CHANGE

*COMMITMENT TO TAKE ACTION
*SPECIFIC ACCEPTABLE ACTION PLAN
*TIMELINE FOR IMPLEMENTING PLAN
*ANTICIPATION OF BARRIERS

* ***ACTION*** – The stage in which the individual implements the plan and takes steps to change the current behavior pattern; begins creating a new behavior pattern.

* **TASKS:**
  * Implementing strategies for change
  * Sustaining commitment in face of difficulties
  * Revising plan as needed.
  * Supporting Self-Efficacy and Reducing Temptation

* **GOALS:**
  * Successful action to change current pattern.
  * New pattern is established over a period of time (3 to 6 months).

* Tasks and Goals for Action

Action: Key Issues and Intervention Considerations

- Support for Change
  - Create support for continued engagement in the behavior
  - Avoid negative consequences (escape punishment)
  - Consider rewarding progress, or encouraging to create and apply their own rewards
    - E.g., If I stick to my eating plan today, I can watch Scandal tonight.

- Adjusting the Plan, As Needed
  - Plans often need to be revised
  - Flexible and responsive problem solving
  - Continued refining skills needed to implement the plan

Tasks and Goals for Maintenance

* ***MAINTENANCE*** – Stage in which new behavior pattern is sustained for an extended period of time & consolidated into the lifestyle of the individual.

* **TASKS:**
  * Sustaining change over time & across a wide range of situations.
  * Avoiding partial or complete return to prior behavior pattern.

* **GOAL:** Long-term sustained change of the old pattern & establishment of a new pattern of behavior.

* Maintenance: Key Issues & Intervention Considerations

* It's not over 'til it's over
* Support and reinforcement
* Availability of services or resources to address other life issues / areas of functioning

- Offering valued alternative sources of reinforcement
- The "change" becomes the new norm

* Continued Commitment
* Skills to Implement the Plan
* Long-term Follow Through
* Integrating New Behaviors into Lifestyle or Organization
* Creating a New Behavioral Norm

* ABLE TO CHANGE

How to Assess the Stages of Change

- There are some formal assessment instruments that have been used (URICA, Readiness to Change Scale, SOCRATES) mostly in research studies
- Since stages are not boxes and people can move even within a session we need more clinically sensitive ways to assess stages
- Best if done collaboratively with the client
- Here are some ideas for assessing stages

Listen to the Client

* Listen to what the client says especially about this behavior change or the change goal
* Listen for Change Talk (Arguments for change) and Sustain Talk (Arguments or barriers against change)
* Ambivalence usually indicates some contemplation activities but no decision to change and can last a long time

Self Assessing Stage Status

* Teach the client the stages of change
* Ask them to say where they think they are in the stages or what tasks they are working on: concern and interest, decision making, planning, commitment, keeping in action
* Often self-assessment is optimistic seeing themselves further along that in reality so offer some gentle feedback or get group members to offer feedback

Readiness and Importance Rulers

* On a scale from 1 to 10 how ready are you to make this change (be specific about behavior and goal)

* On a scale from 1 to 10 how important is it to you to make this change (be specific about behavior and goal)

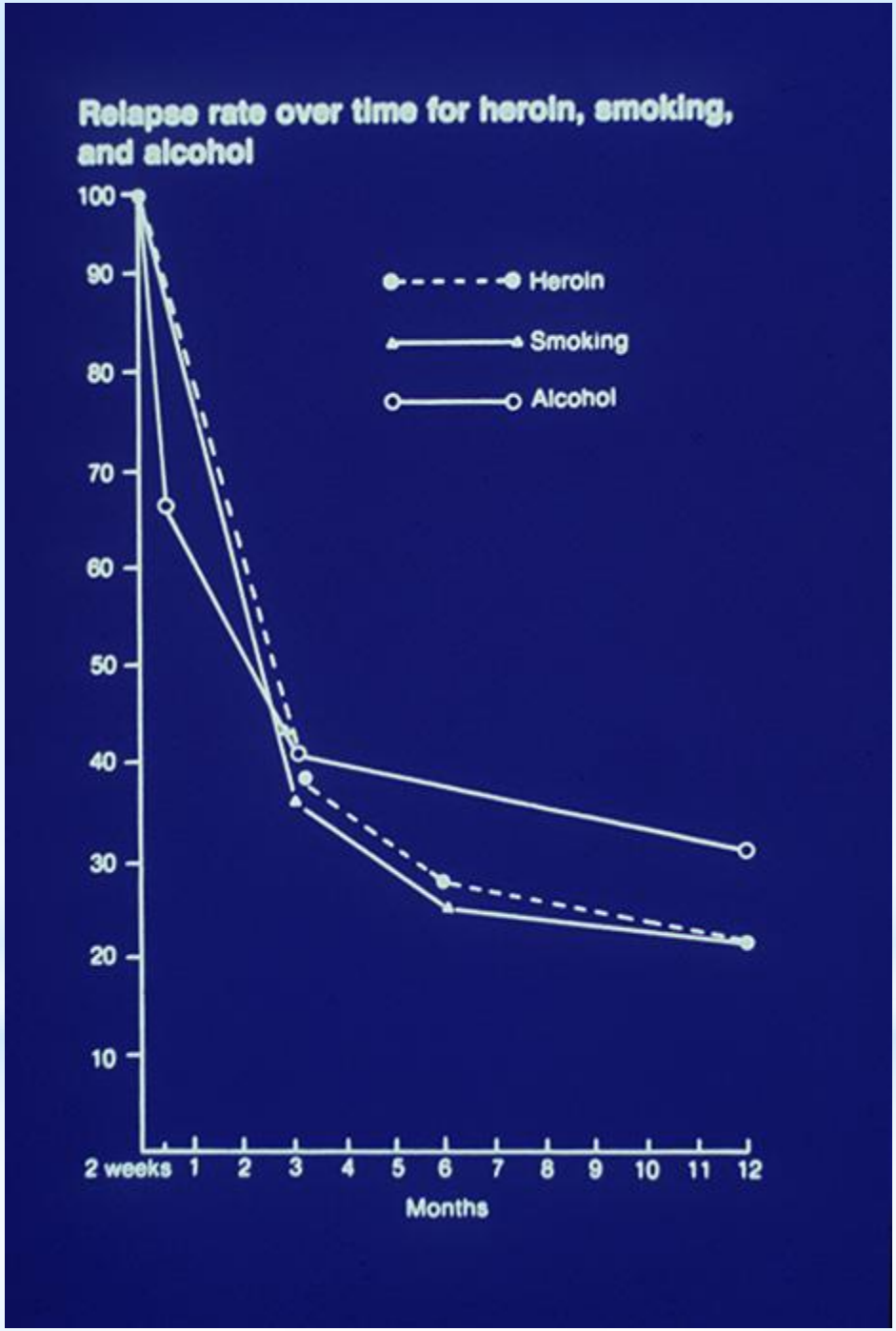
* Depending on the number you can begin a conversation about how and why they made that rating and why not lower or what would it take to get you to rate it higher

* Regression, Relapse and Recycling through the Stages

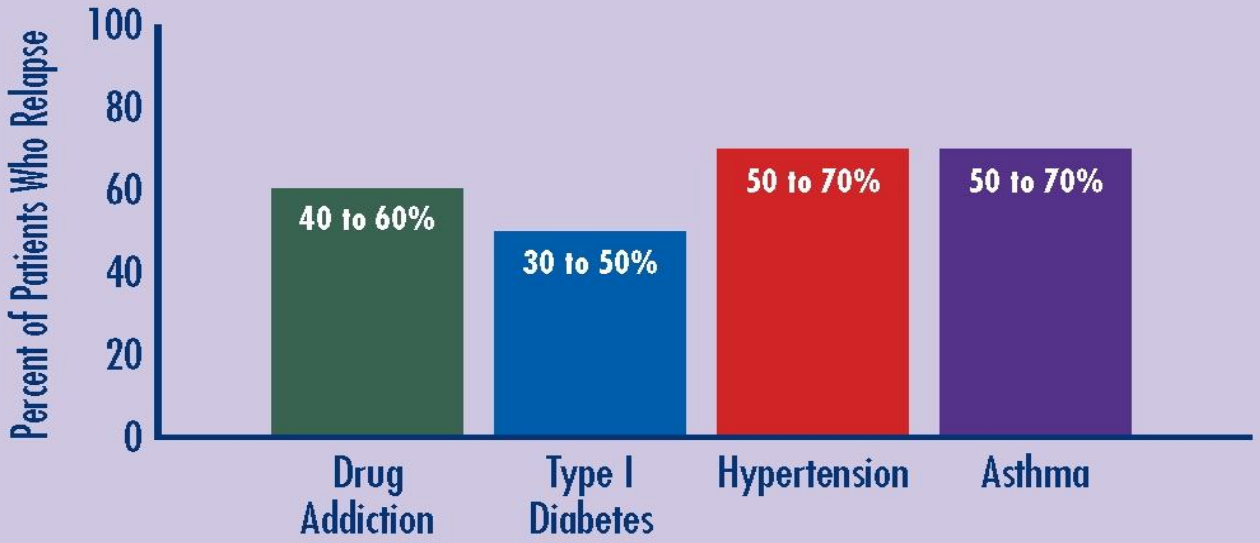
- **Regression** represents movement backward through the stages
- **Slips** are brief returns to the prior behavior that represent a some problems in the action plan
- **Relapse** is a return or re-engaging to a significant degree in the previous behavior after some initial change (Really individual giving up on change)
- After returning to the prior behavior, individuals most often **Recycle** back into pre-action stages

Relapse and Recycling

- Movement through the stages is not inexorably linear: consists of stasis, progression and regression, slips/lapses; relapse and recycling
- Relapse is **not** a stage of change
- Recycling through the process is a reality
- Need a learning perspective: Successive approximation learning not one trial


Relapse rate over time for heroin, smoking, and alcohol
100
90
80
70
60
50
40
30
20
10
Heroin
Smoking
Alcohol
2 weeks
1
2
3
4
5
6
7
8
9
10
11
12
Months

COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES

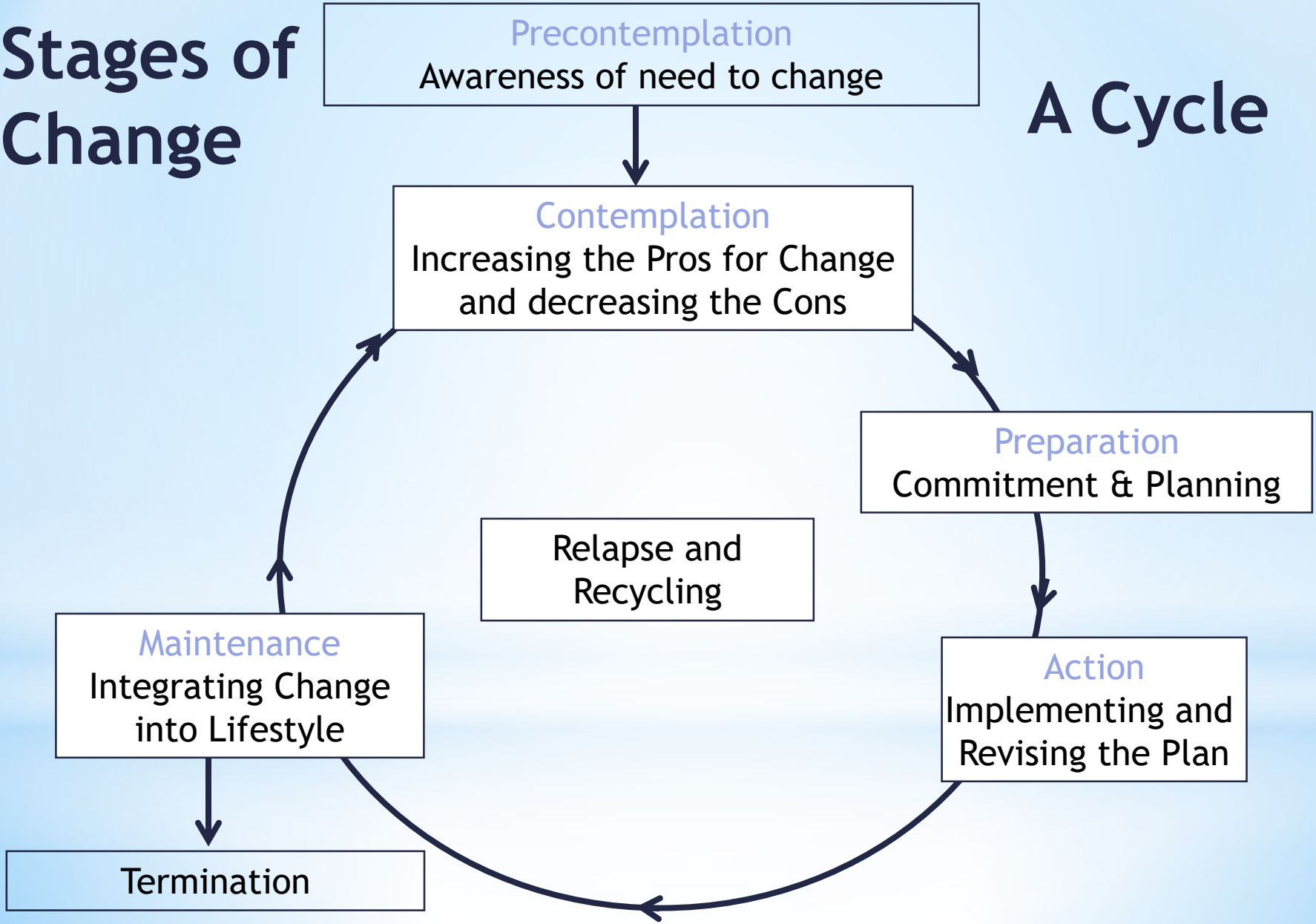


Relapse rates for drug-addicted patients are compared with those suffering from diabetes, hypertension, and asthma. Relapse is common and similar across these illnesses (as is adherence to medication). Thus, drug addiction should be treated like any other chronic illness, with relapse serving as a trigger for renewed intervention.

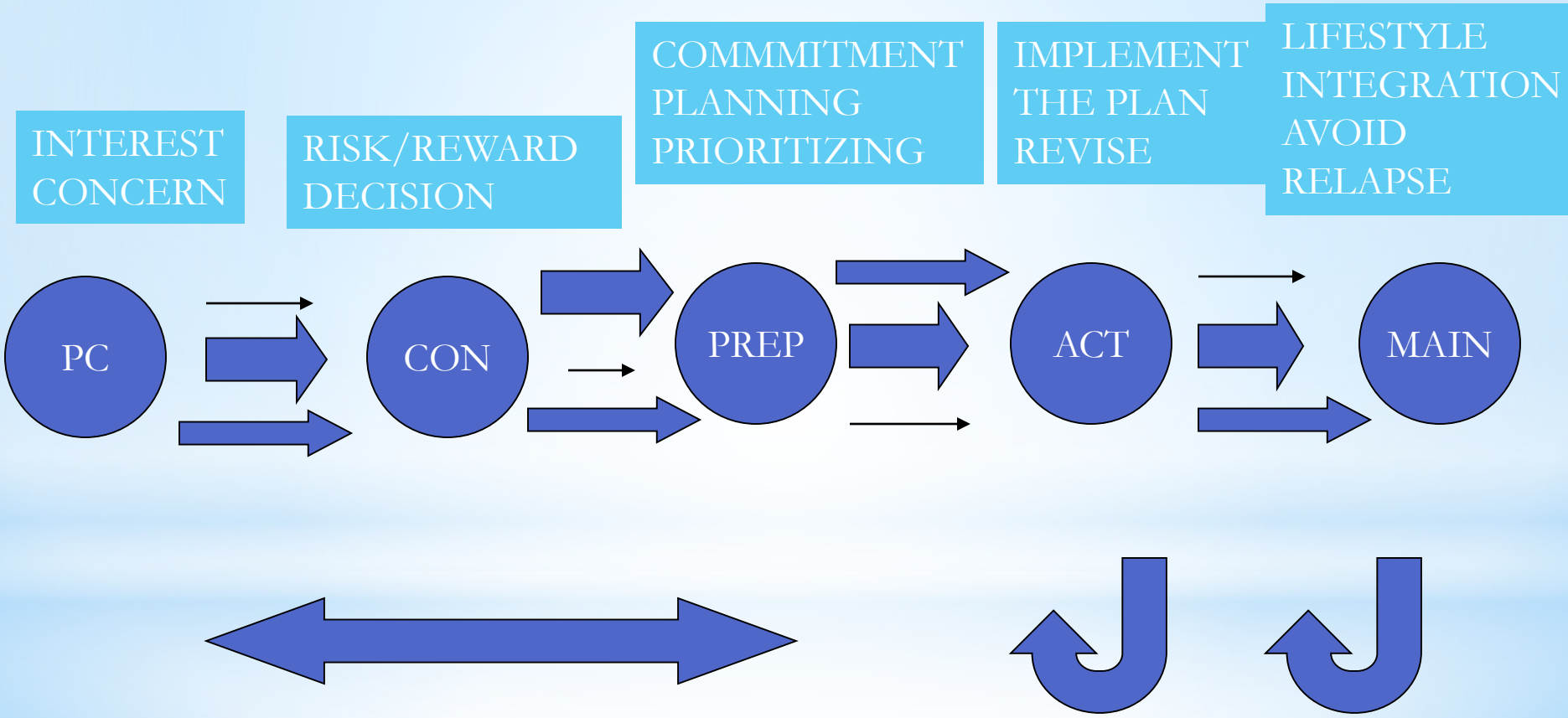
Source: McLellan et al., JAMA, 2000.

Stages of Change

A Cycle



*TASK COMPLETION AND MOVEMENT BETWEEN STAGES



MECHANISMS OF CHANGE: A CLIENT PERSPECTIVE

* What is the client's work in making change happen?
* What is the provider's tasks?
* What is the difference?
* Client = Processes and Coping Activities
* Provider = Strategies and Services

*What are Processes of Change?

* Each process represents some human experience or activity of the person in context of that person's life
* Processes are the property of the person making the change
* Each process is a distinct mechanism but they often act in combination
* Two sets of processes represent the two types of critical activities needed to enact behavior change derived from different therapies Theories.

*Experiential Processes

Experiential Processes	Description
Consciousness-Raising	Increasing awareness and information known about the current status quo and the behavioral change that is needed
Emotional Arousal	Experiencing strong emotions regarding the problem behavior
Self-Reevaluation	Considering how a target behavior—either the current or the ideal future behavior—fits or conflicts with one's personal values, beliefs, and goals
Environmental Reevaluation	Individual considers how their current—or ideal future—behavior will positively or negatively impact others and their environment
Social Liberation	Considers social norms and societal sanctions regarding the current behavior and the targeted behavior change

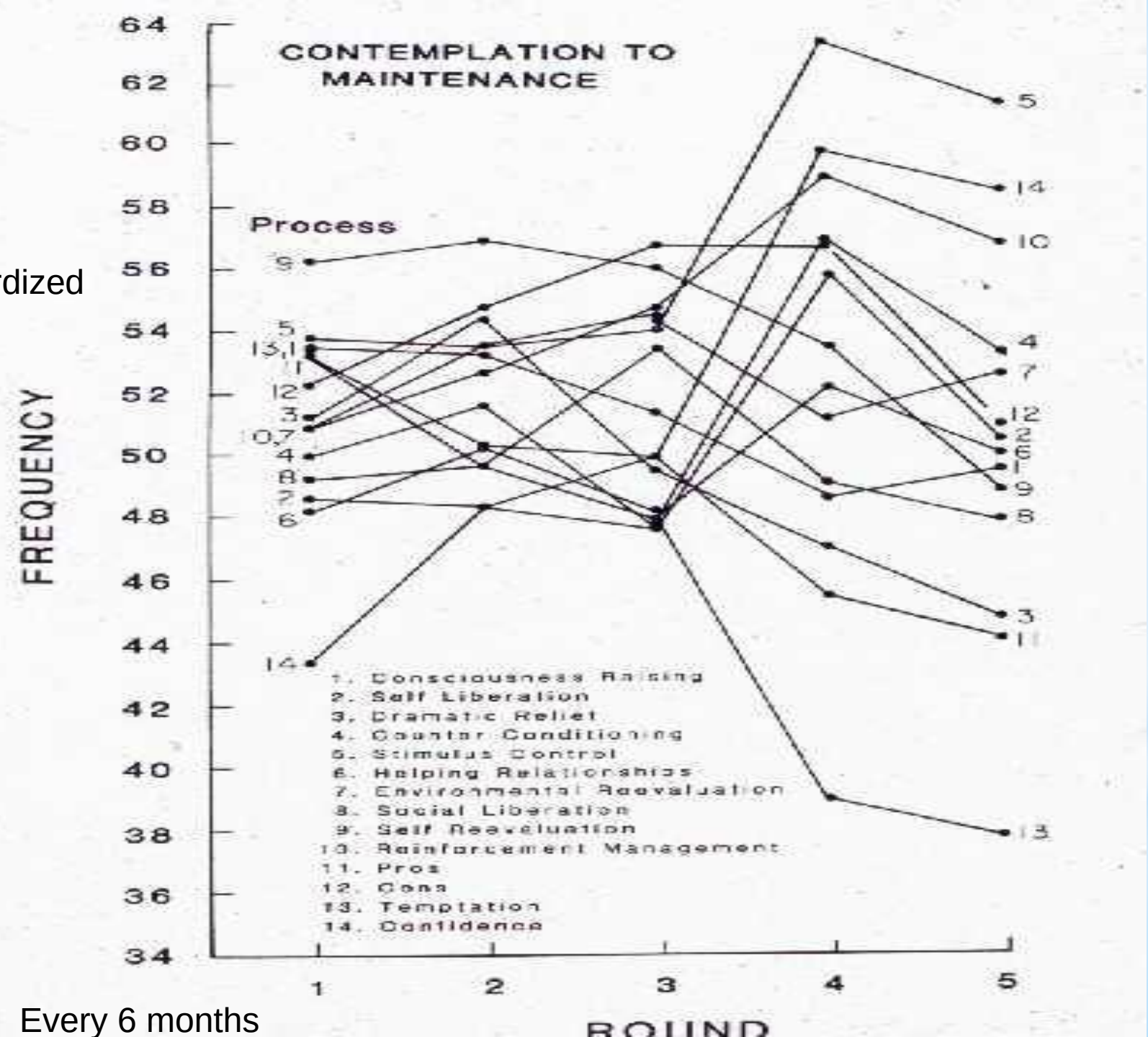
Behavioral Processes

Behavioral Processes	Description
Self-Liberation	Making a choice and commitment to alter one's behavior
Stimulus Control	Creating, removing, or avoiding any cue or stimuli that might trigger one to engage a particular behavior
Counterconditioning	Substituting a new behavioral response to a stimulus instead of a problematic behavioral response
Reinforcement Management	Creating rewards for engaging in a desired behavior and eliminating any rewards received from engaging in the unwanted behavior
Helping Relationships	Enlisting the support of others specifically for eliminating an old behavior or adopting a new one

Client Processes of Change

* Change engines that enable movement through the stages of change
* Doing the right thing at the right time
* Cognitive/Experiential processes more during early stages
* Behavioral processes more in preparation, action and maintenance

Standardized Scores



Every 6 months

Mechanisms of Change

Remember, change happens bit by bit.

To Promote it you need to get

Clients to engage in these activities at different points in the process.

Precontemplation	Contemplation	Preparation	Action	Maintenance
Seek Information		Choose and Commit to Change		
Emotional Reaction to Consequences of Behavior		Create a Personalized Plan		
Consider Society's Perception of Behavior		Identify People to Support Change		
Assess Impact of Behavior on Environment & Others		Identify Triggers for Problem Behavior		
Assess Impact of Behavior on Self		Reward Positive Behavior		
		Substitute Behavior for More Positive Ones		

*Self Regulation and Important Dimensions of the Process of Change

* Most models of self regulation include self-observation, self-evaluation, decision making, willingness to consider change, and planning **(Miller & Brown, 1991, Bandura, 1986)**

* Self Management, Self Control, Self Monitoring have been critical concepts in treatment so this is not new to treatment providers

*Self Regulation and Important Dimensions of the Process of Change

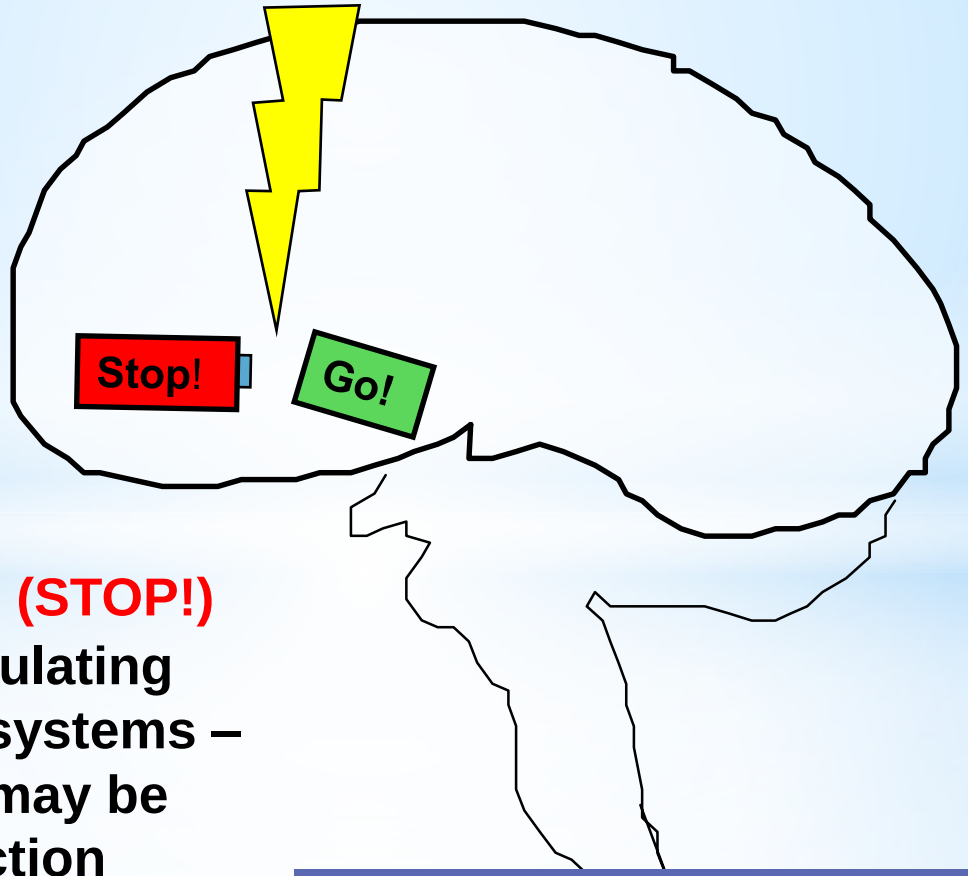
- The ability to manage both internal and external demands in a way that is
  - responsive to feedback and available information,
  - flexible in seeking solutions, and
  - does not overtax the system
- Important Self Regulation Skills & Abilities) for behavior change:
  - Executive Cognitive Functioning
  - Affect Regulation

What are we learning about Self Regulation

Self-regulation seems critical for understanding addictions, recovery from addictions, and management of other types of health problems and promotion

* Deficits in self-regulation are at the core of definitions of addiction and mental illness
* Interesting new information that looks at more generic mechanisms involved in self-regulation

In a vulnerable brain….



..the brain's frontal (STOP!) circuitry is not modulating downstream (GO!) systems – the "brain brakes" may be bad – or the connection between the brakes and the other regions may be "broken".

Result: poor decision-making…poor impulse control…greater risk-taking…poor inhibition…an "over-reacting" brain

What is Self-Control?

- Occurs when a person attempts to change the way he or she would otherwise think, feel or behave
- Is needed to follow rules or inhibit immediate desires and to delay gratification
- Involves overriding or inhibiting competing urges, behaviors, or desires as well as production of behaviors that are not immediately reinforcing
- Differs from purely automatic processes since involves effort

Muraven & Baumeister, Psych Bull 126, 247-259, 2000

*Self-Control Strength

* "Is necessary for the executive component of the self (i.e., the aspect of the self that makes decisions, initiates and interrupts behavior, and otherwise exerts control) to function (Baumeister, 1998)"
* "Acts of volition and control require strength"
* This strength is a limited resource that is like a muscle that can become fatigued and depleted but can be replenished with regular exercise followed by periods of rest – Not just a Skill or a Capacity

Muraven & Baumeister, Psych Bull 126, 248, 2000

Managing Self-Control Strength

- Not a limitless resource
- Must be conserved
- Can be increased but not infinitely
- Can be strengthened by exercise of self-control but need time to consolidate gains in strength

- Is involved in all efforts to inhibit or perform behaviors but less involved when they become automatic or habitual

- What depletes SC strength?

- Coping with stress (focus attention, monitor, stop thoughts, urges, etc)
- Affect Regulation and managing negative and emotions of depression, anxiety, anger
- Managing or stopping addictive and excessive behaviors
- Inhibiting thoughts and behaviors may require more self-control than performing behaviors

Motivation, Self-Regulation, & Change

* How does motivation and the process of change interact with this self regulation process and the self-control "muscle"?
* Many of our clients with SUD have impaired or weak self-control muscles
* How can we help?

*Scaffolding: A strategy for Managing Self Control Strength

One way to think about scaffolding

What Can We Do About Impaired Self Regulation

- Recognize that this can disrupt the client's work and the process of change
- Provide "scaffolding" external support systems that can support the change process
- Provide a way the client can build self-control muscle
- Make sure the building is well build before you take down the "scaffolding"

* AA meetings and sponsor
* Residential treatment (Is it extensive enough and appropriately used)
* More frequent sessions
* Tailored services and treatments
* Integrated care
* Family support services
* Emergency respite facilities
* ACT teams
* Employment services
* Other

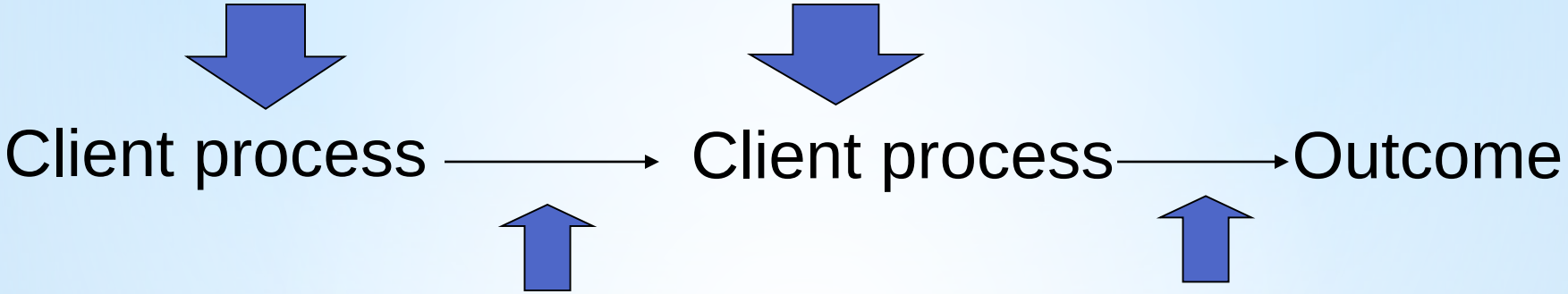
What are some examples of scaffolding in your work?

Building Self Control Strength Exercises

- Do something small that takes effort and repeat
  - Get up when alarm goes off, make your bed, put away your clothes
- Delay some desire or impulse even if for a brief period of time
  - Don't take a second helping, stay talking to someone, surf a craving
- Stop or counter automatic thoughts
  - I am not a loser, this is "stinking thinking" stop it
- Avoid doing something that is pleasurable for a period of time
  - Postpone eating dessert, Lenten resolutions
- Do something you avoid but might enjoy
  - Get a manicure, go to a movie, call a friend to do something

How Do Treatment and Mutual Help Fit In

Self Regulation



Treatment: A Mediator or Moderator of Client Processes

Support Systems

Family & Friends

Mutual Help

Treatment

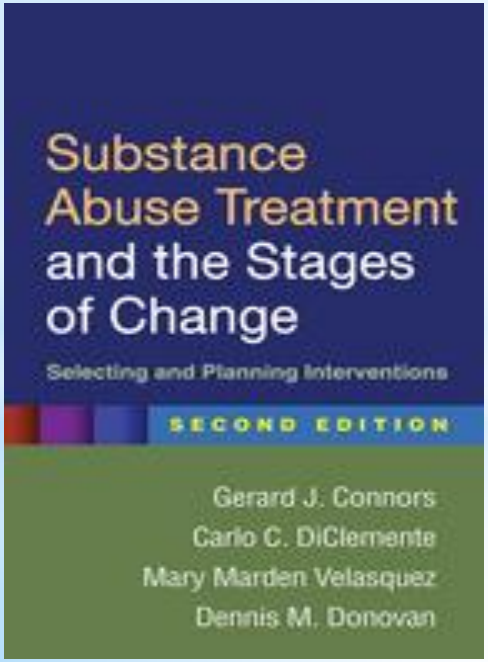
Some Solution-Focused Suggestions to support Recovery

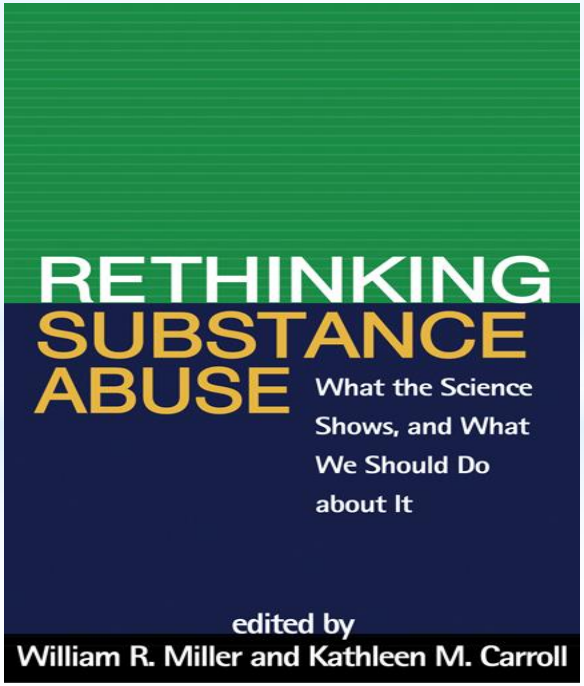
- Focus on patient needs and desires, motivation, and self-regulation
- Use scaffolding for impaired self-regulation
- Create systems of care not treatment programs
- Build Integrated Care training capacity that support all aspects of recovery
- Create a system of communication among peers and providers that focuses on client and use it to coordinate interventions and treatment

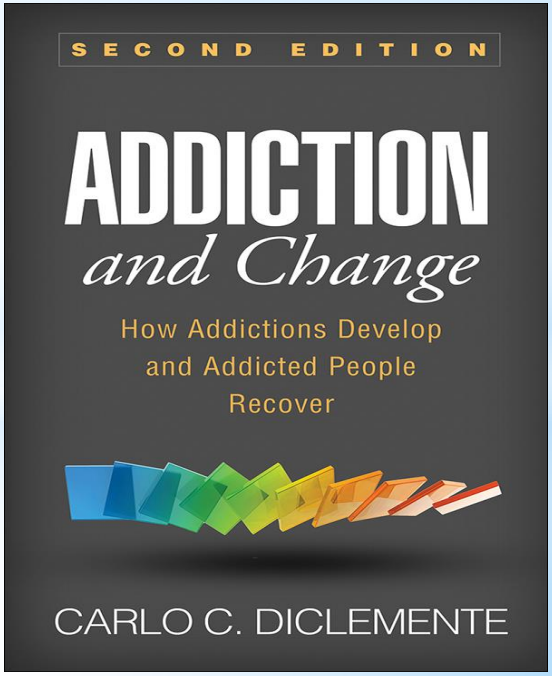
Concluding Thoughts

* Change is a complicated process: We need a roadmap
* A google earth view of the entire process as well as the turn by turn GPS navigation of the journey of a particular client
* Entering the Client's Change Process requires
  * patience and persistence;
  * optimism and realism;
  * the perspective of a minor league coach;
  * self care, boundaries, cultural humility

Questions?


Substance Abuse Treatment and the Stages of Change
Selecting and Planning Interventions
SECOND EDITION
Gerard J. Connors
Carlo C. DiClemente
Mary Marden Velasquez
Dennis M. Donovan


RETHINKING SUBSTANCE ABUSE
What the Science Shows, and What We Should Do about It
edited by
William R. Miller and Kathleen M. Carroll


SECOND EDITION
ADDICTION
and Change
How Addictions Develop and Addicted People Recover
CARLO C. DICLEMENTE

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