The Stages of Change: Meeting the Challenges of Changing Behaviors

Carlo C. DiClemente, Ph.D. ABPP
University of Maryland, Baltimore County
www.umbc.edu/psych/habits
www.mdquit.org
Workshop Overview

- Motivation and the Change Process
- Addiction and Change An Overview
- Stages and Tasks of Change
- Relapse and Recycling
- Processes/Mechanisms of Change (Client)
- Strategies of Change (Provider)
- Complicating Problems in the Context of Change
<table>
<thead>
<tr>
<th>Health Promotion &amp; Disease Management</th>
<th>Require</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>&amp; Prevention</td>
<td></td>
<td>Change</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stress Management</th>
<th>Initiation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health Promotion</th>
<th>Modification</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Chronic Disease Management</th>
<th>Cessation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mental Health</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th></th>
</tr>
</thead>
</table>
Different Patterns of Behavior Change

Initiation, Modification, Cessation

EXCESS

Moderated and Self-Regulated Behavior Pattern

ABSENCE
The best way to achieve good health is to take care of yourself.

Your lifestyle is destroying you.

You should change your eating habits, and stop smoking and drinking.

Start an exercise program. Get plenty of rest. Learn how to handle stress.

You're right, Doc. Thanks!

Man! I've got to find another doctor!
TARGETED HEALTH BEHAVIORS

- MULTIPLE
- MULTIDIMENSIONAL
- VARY IN FREQUENCY
- VARY IN INTENSITY
- REQUIRE DIFFERING LEVELS OF MOTIVATION
- CAN BE INTEGRATED INTO DIFFERENT LIFESTYLES TO VARYING DEGREES
Clear Difference Between Pre Action and Action Stages

The Key Link

Pre Action Stages

Action Stages

What do individuals have to do in Pre Action Stages to be successful in Action Stages? What do they have to do in the Action stages to sustain success?
Motivation is Very Personal

- Motivation belongs to clients and their process of change.
- However, motivation can be enhanced or hindered by interactions with others (including providers) and events in the life context of the clients.
- Motivation is best viewed as the client’s readiness to engage in and complete the various tasks outlined in the Stages of Change for a specific behavior change.
Motivation Is Critical for Successful Change

- Brief interventions, natural change, and alcoholism treatment research indicate a key role for patient motivation.
- In pharmacotherapy and drinking modification studies, motivation predicts decreases (Delta study of Shock Trauma patients).
- Project MATCH client initial motivation measured by multidimensional stage measures predicted drinking out to 3 years post-treatment for outpatients.

CSAT Treatment Improvement Protocol Number 35. Enhancing Motivation for Change in Substance Abuse Treatment. 1999;DHHS no. (SMA) 99-3354.
Motivation is Multidimensional

- Motivation is best understood as the **readiness and ability** to accomplish the **tasks** needed to move individuals successfully through the stages of change.
- These tasks require **self-regulation skills** that enable the person to engage in the processes of change needed to accomplish the tasks and move the markers of change.
- There are **facilitating and hindering personal and environmental** factors that affect movement through each of the stages.
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?

Breaking News
WHY ARE PEOPLE NOT MOTIVATED TO CHANGE?

- NOT CONVINCED OF THE PROBLEM OR THE NEED FOR CHANGE – **UNMOTIVATED**
- NOT COMMITTED TO MAKING A CHANGE – **UNWILLING**
- ACTUAL OR PERCEIVED ABILITY TO MAKE A CHANGE – **UNABLE**
- DIFFERENT PARTS OF A PROCESS
HOW PEOPLE CHANGE
The Transtheoretical Model of Intentional Behavior Change

STAGES OF CHANGE

PRECONTEMPLATION ➔ CONTEMPLATION ➔ PREPARATION ➔ ACTION ➔ MAINTENANCE

PROCESSES OF CHANGE

COGNITIVE/EXPERIENTIAL

Consciousness Raising
Self-Revaluation
Environmental Reevaluation
Emotional Arousal/Dramatic Relief
Social Liberation

BEHAVIORAL

Self-Liberation
Counter-conditioning
Stimulus Control
Reinforcement Management
Helping Relationships

CONTEXT OF CHANGE

1. Current Life Situation
2. Beliefs and Attitudes
3. Interpersonal Relationships
4. Social Systems
5. Enduring Personal Characteristics

MARKERS OF CHANGE

Decisional Balance
Self-Efficacy/Temptation
How Do People Change?

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

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

- 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

The Intriguing Case of Addiction

- Addictions are often a central and a complicating problem in the health of our nation
- Addictions can involve substances or various reinforcing behavior like gambling, spending, and sex
- Addictions involve both initiation of a behavior that becomes stable over time and recovery from that behavior
- Addictions can be a model for thinking about Prevention and Illness Management and Recovery
What are Addictions?

- Habitual patterns of intentional, appetitive behaviors
- Become excessive and produce serious consequences
- Stability of these problematic behavior patterns over time
- Interrelated physiological and psychological components
- Addicted individuals have difficulty modifying and stopping them
I'm addicted to the internet because it's more interesting than people.

Is there a pill you can give to everyone else to make them more interesting?

Doctors never want to treat the underlying problem.
Traditional Models for Understanding Addictions

- Social/Environmental Models
- Genetic/Physiological Models
- Personality/Intra-psychic Models
- Coping/Social Learning Models
- Conditioning/Reinforcement Models
- Compulsive/Excessive Behavior Models
- Disease Models
- Integrative Bio-Psycho-Social Models
All of these factors can have arrows to initial experience and then to any or all of the three patterns of use. Most could have arrows that demonstrate linear or reciprocal causality as well.
The Process of Change: an Integrating Principle

- No single developmental model or singular historical path can explain acquisition of and recovery from addictions.
- Focusing on how individuals change offers a developmental, task oriented, learning based view that can be useful to clinicians and researchers.
- Examining change process and change mechanisms can help understand how these multiple factors influence initiation and cessation.
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 at various points by many of the factors identified in the previously reviewed etiological models.
Addiction and Change
How Addictions Develop and Addicted People Recover
Carlo C. DiClemente
THE STAGES OF CHANGE FOR ADDICTION AND RECOVERY

ADDICTION

PROCESSES, CONTEXT AND MARKERS OF CHANGE

RECOVERY

Dependence

Sustained Cessation
BECOMING ADDICTED

- Usually Happens over an Extensive Period of Time
- Has a Course that is “invariably not a linear process” (Tartar & Mezzich, 1992)
- Involves a Variety of Predictors that act as both Risk and Protective Factors for either experimentation or acceleration
- Involves a Process of Change

Chassin et al., 1999, 2000; DiClemente, 2003
THE COURSE OF ADDICTION: Alcohol, Tobacco and Other Drugs

- EXPERIMENTATION
- CASUAL USE
- REGULAR USE
- ABUSE
- DEPENDENCE
- EXPERIMENTATION

- EXPERIMENTATION
- CASUAL USE
- REGULAR USE
- ABUSE
- DEPENDENCE
SUCCESSFUL RECOVERY FROM ADDICTIONS

- Occurs over long periods of time
- Often involves multiple attempts and treatments
- Consists of self change and/or brief interventions or treatments
- Often involves influences and changes in other areas of psychosocial functioning

Bishof et al., 2001; Sobel et al., 2001; Vailliant, 2003;
Change the Integrating Principle

- No single developmental model or singular historical path can explain acquisition of and recovery from addictions.
- A focus on the Process of Change and how individuals change offers a developmental, task oriented, learning based view that can be useful to clinicians and researchers using a variety of traditional etiological and cessation models.
A LIFE COURSE PERSPECTIVE ON ADDICTION

- Cross sectional views and brief follow up studies offer confusing data about predictors and outcomes of prevention and cessation of addictions
  - NEED A LONG TERM PERSPECTIVE

- Multiple biological, social, individual, environmental factors influence transitions into and out of protective and problematic health behaviors
  - ITS COMPLICATED

- Understanding initiation and cessation of these behaviors requires a life course and a process of change perspective
Motivation – Moving Along on the Journey

- Not a simple or single construct or best thought of as an “on-off” switch for initiation or recovery
- Most of the time it is defined post hoc: if you are successful in making a change, you were motivated
- Motivation is better considered a series of tipping points for making change happen
Motivation

- There are various models to explain motivation
  - “Push” Models of internal dynamic forces or drives
  - “Pull” Models of reinforcement, goals, values
  - “Persuasion” Models of influence, social forces
  - “Process” Models of readiness and tasks

- The Process Model changes the conversation from the “what” of motivation to the “how” and acknowledges push, pull, and persuasion forces at work in this process
Motivation and Change: The Challenge

- Clients are not unmotivated! They either
  - are just motivated to engage in behaviors that others consider harmful and problematic or
  - are not ready to begin behaviors that we think would be helpful.
- People who seem to have everything to gain from changing a behavior or doing some activity to relieve negative feelings or consequences do not do these things.
- Excellent and effective self-management techniques are not used even after they are taught to people who come voluntarily for help.


A Consumer Perspective is Needed

- A Consumer Perspective to Care necessitates a shift in emphasis from a concentration on our treatments to a concentration on our consumers and their processes.
- Providers “sell” products and services.
- Most treatment services provide good, effective action-oriented treatments – we do know what “they” need to do for recovery.
- However, many of our consumers are unmotivated, overwhelmed with multiple problems, feeling hopeless, or simply not interested or engaged by our services.

Understanding Motivation and Movement through the Stages of Change

Precontemplation ➔ Contemplation ➔ Preparation ➔ Action ➔ Maintenance

This Process is as relevant for organizations and service providers as it is for Individuals with mental health and addiction problems.
Model Components (Stages)

Pre Action
1. *Precontemplation* - Not Ready to Change
2. *Contemplation* - Thinking and Deciding About Change
3. *Preparation* - Getting Ready to Make Change

Action
4. *Initial Action* - Making the Initial Change
5. *Maintenance* - Sustaining Behavior Change Until Integrated into Lifestyle

Relapse and Recycling - Slipping Back from Action to Pre Action Stages making the process a Cycle of Change

Termination - Leaving the cycle of change
Tasks and Goals for each of the Stages of Change

- **PRECONTEMPLATION** - The state in which there is little or no consideration of change of the current pattern of behavior in the foreseeable future.
  - **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
WHAT INDIVIDUALS or ORGANIZATIONS MUST REALIZE

- MY BEHAVIOR IS PROBLEMATIC OR EXCESSIVE
- MY DRUG USE IS CAUSING PROBLEMS IN MY LIFE
- I HAVE OR AM AT RISK FOR SERIOUS PROBLEMS
- MY BEHAVIOR IS INCONSISTENT WITH SOME IMPORTANT VALUES
- MY LIFE IS OUT OF CONTROL

- WHAT WE ARE DOING IS NOT EFFECTIVE IN MEETING THE NEEDS OF OUR CLIENTS
- OUR APPROACH IS COSTING TOO MUCH FOR THE OUTCOMES WE ARE GETTING
- THERE ARE SERIOUS PROBLEMS IN OUR PROCEDURES, PROGRAMMING, OR PRODUCT
The “Five R’s” of How and Why People Stay in Precontemplation

- Reveling
- Reluctant
- Rebellious
- Resigned
- Rationalizing
Precontemplation - Not Ready to Change

Treatment Goals and Strategies:

- Labels, confrontation, and advice about what the client can do to make changes (action options) can be counterproductive at this stage.
- Provide information and personalized feedback to raise awareness of problem, increase client’s perception of risks and problems with current behavior, and discuss possibility for change.
Key Issues and Intervention Considerations

- Coercion or Courts cannot do it alone
- Confrontation breeds Resistance
- Motivation not simply Education
- Intrinsic and Extrinsic Motivations
- Proactive versus Reactive Approaches
- Smaller versus Larger goals and Motivation
- Engaging the Person
Tasks and goals for each of the Stages of Change

- **CONTEMPLATION** – The stage where the individual or society examines the current pattern of behavior and the potential for change in a risk – reward analysis.
  - **TASKS**: Analysis of the pros and cons of the current behavior pattern and of the costs and benefits of change. Decision-making.
  - **GOAL**: A considered evaluation that leads to a decision to change.
# Decisional Balance Worksheet

<table>
<thead>
<tr>
<th>NO CHANGE</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROS (Status Quo)</strong></td>
<td><strong>CONS (Status Quo)</strong></td>
</tr>
<tr>
<td>______________</td>
<td>______________</td>
</tr>
<tr>
<td>______________</td>
<td>______________</td>
</tr>
<tr>
<td>______________</td>
<td>______________</td>
</tr>
<tr>
<td><strong>CONS (Change)</strong></td>
<td><strong>PROS (Change)</strong></td>
</tr>
<tr>
<td>______________</td>
<td>______________</td>
</tr>
<tr>
<td>______________</td>
<td>______________</td>
</tr>
<tr>
<td>______________</td>
<td>______________</td>
</tr>
</tbody>
</table>
Contemplation - Thinking about Change

**Treatment Goals and Strategies:**

- Aim to tip decisional balance in favor of change
- Elicit reasons for change, risks of not changing, and strengthen client’s confidence (self-efficacy) for changing current behavior
- Decisional Balance Exercise can explore the client’s reasons for and against making changes
- Jumping into action strategies (i.e., steps the client can take to make changes) at this time will most likely meet with resistance.
Key Issues and Intervention Considerations

- Decisional Considerations are Personal
- Increase the Costs of the Status Quo and the Benefits of Change
- Challenge and Work with Ambivalence
- Envision the Change
- Engender Culturally Relevant Considerations that are Motivational
- See how families and larger organizations can influence change by providing incentives or putting up barriers
- Multiple problems or issues interfere and complicate
What Would Someone Look Like Who is 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
- But this is only the first two steps toward making a change happen
FRANCIS, THE MOTHERS CLUB IS OFFERING A 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 each of the Stages of Change

- **PREPARATION** – The stage in which the individual or organization 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.
Key Issues and Intervention Considerations

- Effective, Acceptable and Accessible Plans
- Setting Timelines for Implementation
- Building Commitment and Confidence
- Creating Choices and Finding Incentives
- Developing and Refining Skills Needed to Implement the Plans
- Treatment Plan and Change Plan
Someone who is WILLING TO MAKE CHANGE

- COMMITMENT TO TAKE ACTION
- SPECIFIC ACCEPTABLE ACTION PLAN
- TIMELINE FOR IMPLEMENTING PLAN
- ANTICIPATION OF BARRIERS
- BUT YOU STILL HAVEN’T DONE IT YET
Tasks and goals for each of the Stages of Change

- **ACTION** – The stage in which the individual or organization implements the plan and takes steps to change the current behavior pattern and to begin creating a new behavior pattern.
  - **TASKS**: Implementing strategies for change; revising plan as needed; sustaining commitment in face of difficulties
  - **GOAL**: Successful action to change current pattern. New pattern established for a significant period of time (3 to 6 months).
Action - Ready to Make a Change

**Treatment Goals and Strategies:**

- Affirm client’s commitment to change
- Help client identify necessary steps and skills for change
- Check adequacy of plan, skills, preparation
- Help client identify additional resources that may be helpful
Key Issues and Intervention Considerations

- Flexible and Responsive Problem Solving
- Support for Change
- Reward Progress
- Create Consequences for Failure to Implement
- Continue Development and Refining Skills Needed to Implement the Plan
Tasks and goals for each of the Stages of Change

- **MAINTENANCE** – The stage where the new behavior pattern is sustained for an extended period of time and is consolidated into the lifestyle of the individual and society.

- **TASKS**: Sustaining change over time and across a wide range of situations. Avoiding going back to the old pattern of behavior.

- **GOAL**: Long-term sustained change of the old pattern and establishment of a new pattern of behavior.
Maintenance - Continuing to Support the Behavior Change

Treatment Goals and Strategies:

- Affirm client’s commitment and efforts to change; support and build self-efficacy
- Accentuate positive benefits noticed since changing behavior
- Help identify potentially tempting situations and develop strategies to prevent relapse
- Provide needed referrals and resources
Key Issues and Intervention Considerations

- It is Not Over Till It's Over
- Support and Reinforcement
- Availability of Services or Resources to Address Other Issues in Contextual Areas of Functioning
- Offering Valued Alternative Sources of Reinforcement
- Institutionalization of change
Someone Who is Now ABLE TO CHANGE

- Continued Commitment
- Skills to Implement the Plan
- Self Control Strength that is not exhausted by other problems
- Long-term Follow Through
- Integrating New Behaviors into Lifestyle or Organization
- Creating a New Behavioral Norm
- Now you are getting there
Relapse and Recycling - Slipping Back to Previous Behavior and Trying to Resume Change

**Characteristics:**

- The person or organizations has failed to implement the plan or is re-engaged in the previous behavior
- After failing to implement or reverting to previous behavior, there is re-entry to precontemplation, contemplation, preparation stages
- Sense of failure and discouragement about motivation or ability to change
Regression, Relapse and Recycling through the Stages

- **Regression** represents movement backward through the stages.
- **Slips** are brief returns to the prior behavior that represent 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.
- After returning to the prior behavior, individuals **Recycle** back into pre-action stages (precontemplation, contemplation, or preparation).
Relapse and Recycling - Slipping Back to Previous Behavior and Trying to Resume Change

Treatment Goals and Strategies:

- Assure client that slips and relapses are normal and can be overcome
- Help reframe slips into learning experiences
- Help client avoid becoming discouraged or demoralized
- Help client renew determination and confidence in order to resume change efforts
Key Issues and Intervention Considerations

- Blame and Guilt Undermine Motivation for Change
- Determination despite delays and defeats
- Support Re-engagement in the Process of Change
- Recycling or just Spinning Wheels
- Hope and a Learning Perspective is Needed
Theoretical and Practical Considerations Related to Movement Through the Stages of Change

Motivation

Precontemplation → Contemplation → Preparation → Action → Maintenance

Personal Concerns
Environmental Pressure
Decisional Balance
Cognitive Experiential Processes
Behavioral Processes
Recycling
Relapse

What would help or hinder completion of the tasks of each of the stages and deplete the self-control strength needed to engage in the processes of change needed to complete the tasks?
TASK COMPLETION AND MOVEMENT BETWEEN STAGES

INTEREST CONCERN  RISK/REWARD DECISION  COMMITMENT PLANNING PRIORITIZING  IMPLEMENT THE PLAN REVISE  LIFESTYLE INTEGRATION AVOID RELAPSE

PC  CON  PREP  ACT  MAIN
Stages of Change Model

Precontemplation
Increase awareness of need to change

Contemplation
Motivate and increase confidence in ability to change

Relapse
Assist in Coping

Maintenance
Encourage active problem-solving

Preparation
Negotiate a plan

Action
Reaffirm commitment and follow-up

Termination
A Spiral Model of the Stages of Change

- Termination
- Maintenance
- Precontemplation • Contemplation • Preparation • Action
- Precontemplation • Contemplation • Preparation • Action
Stage of Change Tasks

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

- Awareness, Concern, Confidence
- Risk-Reward Analysis & Decision
- Commitment & Effective/Acceptable Plan
- Adequate Implementation of Plan
- Integration into Lifestyle
<table>
<thead>
<tr>
<th>STAGES AND THERAPIST TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRECONTEMPLATION</strong></td>
</tr>
<tr>
<td>Raise doubt - Increase the client’s perception of risks and problems with current behavior</td>
</tr>
<tr>
<td><strong>CONTEMPLATION</strong></td>
</tr>
<tr>
<td>Tip the decisional balance - Evoke reasons for change, risks of not changing; Strengthen client’s self-efficacy for changing behavior</td>
</tr>
<tr>
<td><strong>PREPARATION</strong></td>
</tr>
<tr>
<td>Help the client to determine the best course of action to take for change; Develop a plan</td>
</tr>
<tr>
<td><strong>ACTION</strong></td>
</tr>
<tr>
<td>Help the client implement the plan; Use skills; Problem solve; Support self-efficacy</td>
</tr>
<tr>
<td><strong>MAINTENANCE</strong></td>
</tr>
<tr>
<td>Help the client identify and use strategies to prevent relapse; Resolve associated problems</td>
</tr>
<tr>
<td><strong>RELAPSE</strong></td>
</tr>
<tr>
<td>Help the client recycle through earlier stages without becoming stuck or demoralized because of relapse</td>
</tr>
</tbody>
</table>
On the following scale, which point best reflects how ready you are at the present time to changing your drinking?

- Not at all ready to change my drinking
- Thinking about changing my drinking
- Planning and making a commitment to change my drinking
- Actively changing my drinking
On a scale from 1 to 10 where 1 is not at all and 10 is very ready where are you at the present time about changing your drinking?
Stage Based Epidemiology
Adolescents, Emerging Adults and Recovery

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse

- Fewer Consequences
- Developing Self-Regulation
- Impulsivity
- Poor Planning
- Abstinence Forever
- Social Pressures
Integrating Stages of Behavior Change into *Medication* Choices

- For individuals in different stages of change, medication options can influence movement through the intentional change process.
- At each point in this process, there are potential interactions that can support and potentially hinder accomplishment of the tasks of the stages.
THE STAGES OF CHANGE FOR ADDICTION AND RECOVERY

ADDICTION

PC  C  PA  A  M

PROCESSES, CONTEXT AND MARKERS OF CHANGE

Sustained Cessation

Dependence

RECOVERY

PC  C  PA  A  M

Dependence
Distribution of the Stages of Change for Smoking Cessation in Maryland in 2000, 2002, and 2006

Stage of Change

Precontemplation Contemplation Preparation Action Maintenance Long-Term Maintenance

Percent

2000 2002 2006

Distribution of the Stages of Change for Smoking Cessation in Maryland in 2000, 2002, and 2006
<table>
<thead>
<tr>
<th></th>
<th>2000 (Wave 1)</th>
<th>2002 (Wave 2)</th>
<th>2006 (Wave 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ever Seriously Considered Quitting</strong>&lt;sup&gt;a, b&lt;/sup&gt;</td>
<td>% yes</td>
<td>% yes</td>
<td>% yes</td>
</tr>
<tr>
<td>Precontemplation (PC)</td>
<td>75.2</td>
<td>72.4</td>
<td>68.6</td>
</tr>
<tr>
<td>Contemplation (C)</td>
<td>96.1</td>
<td>95.5</td>
<td>95.2</td>
</tr>
<tr>
<td>Preparation (P)</td>
<td>96.8</td>
<td>97.7</td>
<td>96.5</td>
</tr>
<tr>
<td><strong>All Stages</strong></td>
<td>84.7</td>
<td>85.2</td>
<td>79.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Mean (SD)</th>
<th>Mean (SD)</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Prior Quit Attempts</strong>&lt;sup&gt;b, c, †&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precontemplation (PC)</td>
<td>4.0 (7.6)</td>
<td>4.3 (6.5)</td>
<td>4.6 (11.2)</td>
</tr>
<tr>
<td>Contemplation (C)</td>
<td>5.1 (7.3)</td>
<td>4.4 (5.3)</td>
<td>5.7 (11.3)</td>
</tr>
<tr>
<td>Preparation (P)</td>
<td>7.6 (11.4)</td>
<td>6.7 (9.8)</td>
<td>10.3 (17.9)</td>
</tr>
<tr>
<td>Action (A)</td>
<td>6.5 (9.7)</td>
<td>5.6 (9.5)</td>
<td>4.7 (8.7)</td>
</tr>
<tr>
<td>Maintenance (M)</td>
<td>4.8 (6.9)</td>
<td>5.3 (7.7)</td>
<td>6.8 (14.2)</td>
</tr>
<tr>
<td><strong>All Stages</strong></td>
<td>5.1 (8.4)</td>
<td>5.2 (7.7)</td>
<td>5.8 (12.6)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Mean (SD)</th>
<th>Mean (SD)</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rung</strong>&lt;sup&gt;a, b&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Readiness Ladder 1 (lowest) - 10 (highest)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precontemplation (PC)</td>
<td>2.9 (2.6)</td>
<td>3.1 (2.7)</td>
<td>3.1 (2.9)</td>
</tr>
<tr>
<td>Contemplation (C)</td>
<td>5.0 (3.1)</td>
<td>4.8 (3.0)</td>
<td>5.4 (3.1)</td>
</tr>
<tr>
<td>Preparation (P)</td>
<td>6.5 (3.0)</td>
<td>6.4 (3.1)</td>
<td>6.7 (3.3)</td>
</tr>
<tr>
<td><strong>All Stages</strong></td>
<td>4.2 (3.2)</td>
<td>4.4 (3.2)</td>
<td>4.2 (3.3)</td>
</tr>
<tr>
<td>Predictor Variable &amp; Stage</td>
<td>2000 (Wave 1)</td>
<td>2002 (Wave 2)</td>
<td>2006 (Wave 3)</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>Number of Adult Smokers in the Home</strong>&lt;sup&gt;a, b&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precontemplation (PC)</td>
<td>0.9 (0.9)</td>
<td>0.8 (.08)</td>
<td>0.9 (1.1)</td>
</tr>
<tr>
<td>Contemplation (C)</td>
<td>0.9 (1.2)</td>
<td>0.7 (0.8)</td>
<td>0.8 (0.9)</td>
</tr>
<tr>
<td>Preparation (P)</td>
<td>0.7 (0.8)</td>
<td>0.8 (0.8)</td>
<td>0.8 (1.0)</td>
</tr>
<tr>
<td>Action (A)</td>
<td>0.5 (0.8)</td>
<td>0.4 (0.6)</td>
<td>0.4 (0.6)</td>
</tr>
<tr>
<td>Maintenance (M)</td>
<td>0.3 (0.6)</td>
<td>0.3 (0.6)</td>
<td>0.3 (0.5)</td>
</tr>
<tr>
<td><em>All Stages</em></td>
<td>0.7 (0.9)</td>
<td>0.6 (0.8)</td>
<td>0.7 (0.9)</td>
</tr>
<tr>
<td><strong>Number of 4 Closest Friends who Smoke</strong>&lt;sup&gt;c, d&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precontemplation (PC)</td>
<td>2.7 (1.4)</td>
<td>2.4 (1.5)</td>
<td>2.5 (1.5)</td>
</tr>
<tr>
<td>Contemplation (C)</td>
<td>2.4 (1.5)</td>
<td>2.2 (1.4)</td>
<td>2.2 (1.5)</td>
</tr>
<tr>
<td>Preparation (P)</td>
<td>2.1 (1.5)</td>
<td>2.4 (1.5)</td>
<td>2.0 (1.5)</td>
</tr>
<tr>
<td>Action (A)</td>
<td>1.9 (1.5)</td>
<td>1.9 (1.5)</td>
<td>1.8 (1.5)</td>
</tr>
<tr>
<td>Maintenance (M)</td>
<td>1.4 (1.4)</td>
<td>1.4 (1.5)</td>
<td>1.4 (1.5)</td>
</tr>
<tr>
<td><em>All Stages</em></td>
<td>2.2 (1.5)</td>
<td>2.1 (1.5)</td>
<td>2.1 (1.6)</td>
</tr>
<tr>
<td><strong>Family Member Smokes</strong>&lt;sup&gt;b, e&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precontemplation (PC)</td>
<td>67.3</td>
<td>65.3</td>
<td>69.0</td>
</tr>
<tr>
<td>Contemplation (C)</td>
<td>71.2</td>
<td>55.3</td>
<td>64.0</td>
</tr>
<tr>
<td>Preparation (P)</td>
<td>66.5</td>
<td>61.0</td>
<td>62.7</td>
</tr>
<tr>
<td>Action (A)</td>
<td>52.1</td>
<td>46.1</td>
<td>53.6</td>
</tr>
<tr>
<td>Maintenance (M)</td>
<td>55.4</td>
<td>53.8</td>
<td>53.3</td>
</tr>
<tr>
<td><em>All Stages</em></td>
<td>64.3</td>
<td>58.3</td>
<td>63.3</td>
</tr>
</tbody>
</table>
# Used a Cessation Aid to Quit by Wave & Stage (Current Smokers Only)

<table>
<thead>
<tr>
<th>Predictor Variable &amp; Stage</th>
<th>2000 (Wave 1)</th>
<th>2002 (Wave 2)</th>
<th>2006 (Wave 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% yes</td>
<td>% yes</td>
<td>% yes</td>
<td></td>
</tr>
<tr>
<td>Used an Aid to Quit ** a,b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precontemplation (PC)</td>
<td>30.2</td>
<td>29.3</td>
<td>32.5</td>
</tr>
<tr>
<td>Contemplation (C)</td>
<td>28.4</td>
<td>38.6</td>
<td>34.0</td>
</tr>
<tr>
<td>Preparation (P)</td>
<td>39.4</td>
<td>37.3</td>
<td>36.3</td>
</tr>
<tr>
<td>All Stages</td>
<td>31.9</td>
<td>34.5</td>
<td>33.5</td>
</tr>
</tbody>
</table>

** subsample ONLY

---

*a* All within stage comparisons are significant (e.g., PC < C < P)

*b* All across wave comparisons are significant (e.g., 2000 < 2002 < 2006)
Theoretical and practical considerations related to Prevention and Stages of INITIATION

Precontemplation → Contemplation → Preparation → Action → Maintenance

Expectancies/Beliefs

Decision-Making

Self-efficacy

Precontemplation

Contemplation

Preparation

Action

Maintenance

Personal Concerns

Environmental Pressure

Decisional Balance (Pros & Cons)

Cognitive/Experiential Processes

Behavioral Processes

Experimentation

Casual use

Regular Use

Dependence
Youth were classified into Stages of Smoking Initiation & Levels of Experience

*Level of Experience* is analogous to prevalence measures with
- Never Smoked = ‘Inexperienced’;
- Smoked Less than 6 days = ‘Exposed’;
- Smoked 6+ days = ‘Experienced’

- Youth were classified according to their *Stage of Smoking Initiation* using
  - Lifetime Smoking
    - Ever smoked
  - Future Intentions
    - Smoke in next year?
  - Current Smoking
    - # of days smoked past 30 days
  - Duration of Current Smoking
    - How long smoked current rate?
Table 1. Distributions of Stage of Smoking Initiation & Level of Experience

<table>
<thead>
<tr>
<th>Levels of Experience</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inexperienced</td>
<td>29,628</td>
<td>61.9</td>
</tr>
<tr>
<td>Exposed</td>
<td>8,274</td>
<td>17.3</td>
</tr>
<tr>
<td>Experienced</td>
<td>9,937</td>
<td>20.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stages of Smoking Initiation</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>29,064</td>
<td>60.8</td>
</tr>
<tr>
<td>Contemplation</td>
<td>10,858</td>
<td>22.7</td>
</tr>
<tr>
<td>Preparation</td>
<td>2,311</td>
<td>4.8</td>
</tr>
<tr>
<td>Action</td>
<td>1,656</td>
<td>3.5</td>
</tr>
<tr>
<td>Maintenance</td>
<td>3,950</td>
<td>8.3</td>
</tr>
</tbody>
</table>
Table 4. Odds-Ratios of Stages of Smoking Initiation and Level of Experience for Intention Risk Factor: Accept Cigarette Offer from Best Friend

<table>
<thead>
<tr>
<th></th>
<th>OR</th>
<th>CI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level of Experience</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inexperienced</td>
<td>1.0</td>
<td>--</td>
</tr>
<tr>
<td>Exposed</td>
<td>5.6*</td>
<td>5.2 – 6.1</td>
</tr>
<tr>
<td>Experienced</td>
<td>66.4*</td>
<td>61.7 – 71.5</td>
</tr>
<tr>
<td><strong>Stages of Initiation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precontemplation</td>
<td>1.0</td>
<td>--</td>
</tr>
<tr>
<td>Contemplation</td>
<td>27.1*</td>
<td>24.2 – 30.5</td>
</tr>
<tr>
<td>Preparation</td>
<td>258.1*</td>
<td>223.6 – 298.0</td>
</tr>
<tr>
<td>Action</td>
<td>686.6*</td>
<td>568.8 – 828.8</td>
</tr>
<tr>
<td>Maintenance</td>
<td>1,780.7*</td>
<td>1,480.7 – 2,141.5</td>
</tr>
</tbody>
</table>

* p<.001
Mean Number of Friends who Smoke

- MS: 0.23, 2.66, 2.73
- HS: 0.63, 1.11, 1.94, 2.50, 2.93
- 2000: 0.78, 2.04, 1.94, 1.76, 1.67
- 2002: 0.74, 2.38, 2.67, 2.26, 2.70

Legend:
- PC
- C
- P
- A
- M
Smoking makes young people look cool or fit in by Stage, School & Wave

<table>
<thead>
<tr>
<th>Year</th>
<th>Stage</th>
<th>Wave</th>
<th>MS</th>
<th>HS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>MS</td>
<td>PC</td>
<td>6.2</td>
<td>21.5</td>
</tr>
<tr>
<td></td>
<td>HS</td>
<td>C</td>
<td>7.3</td>
<td>16.8</td>
</tr>
<tr>
<td>2002</td>
<td>MS</td>
<td>P</td>
<td>6.8</td>
<td>24.2</td>
</tr>
<tr>
<td></td>
<td>HS</td>
<td>A</td>
<td>7.5</td>
<td>20.2</td>
</tr>
<tr>
<td></td>
<td>HS</td>
<td>M</td>
<td>32.5</td>
<td>29.0</td>
</tr>
</tbody>
</table>
PREVENTION OF INITIATION OF ADDICTION

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

POPULATION PREVENTION  AT- RISK PREVENTION  ALREADY AFFLICTED
<table>
<thead>
<tr>
<th>TYPE OF BEHAVIOR</th>
<th>STAGE OF INITIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALCOHOL</td>
<td></td>
</tr>
<tr>
<td>NICOTINE</td>
<td></td>
</tr>
<tr>
<td>MARIJUANA</td>
<td></td>
</tr>
<tr>
<td>HEROIN</td>
<td>X</td>
</tr>
<tr>
<td>COCAINE</td>
<td>X</td>
</tr>
<tr>
<td>AMPHETAMINES</td>
<td></td>
</tr>
<tr>
<td>LSD</td>
<td></td>
</tr>
<tr>
<td>GAMBLING</td>
<td>X</td>
</tr>
<tr>
<td>EATING DISORDER</td>
<td>X</td>
</tr>
</tbody>
</table>

A STAGE BY ADDICTIVE BEHAVIOR PERSPECTIVE ON ALLEN
Implications for Acquisition and Prevention

- If there is a common but unique pathway, we can better understand where individuals are in this process of change for each addictive behavior
- We can distinguish between prevention and treatment better
- We can target interventions to the process of change
MECHANISMS OF CHANGE

- What drives change and makes change happen for each individual?
- Where should we look for these Mechanisms?
- Are there some common Mechanisms that are responsible for change across addictions and across behaviors?
Where Do We Look for Mechanisms of Change?

There are several areas where candidates for mechanisms of change can be found:

- **Person** (biology and neuroscience, personality, motivation, demographics)
- **Provider** (therapist characteristics, skill, empathy)
- **Intervention/Treatment** (therapy theory or strategies, alliance, dose, type)
- **Attribute x Treatment interactions** (matching)
- **Environmental mechanisms** (social, peer, policy, physical (built), enforcement, reinforcement)
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
- Provider Strategies and Services
Processes of Change

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

- **Experiential Processes**
  - Concern the person’s thought processes
  - Generally seen in the early Stages of Change

- **Behavioral Processes**
  - Action oriented
  - Usually seen in the later Stages of Change
Transtheoretical Model: Experiential Processes of Change

Consciousness Raising: Gaining information increasing awareness about the current habitual behavior pattern or the potential new behavior.

Emotional Arousal: Experiencing emotional reactions about the status quo and/or the new behavior.

Self–Revaluation: Seeing when and how the status quo or the new behavior fit in with or conflict with personal values.

Environmental Reevaluation: Recognizing the effects the status quo or new behavior have upon others and the environment.

Social Liberation: Noticing and increasing social alternatives and norms that help support change in the status quo and/or initiation of the new behavior.
Transtheoretical Model: Behavioral Processes of Change

Self Liberation: Accepting responsibility for and committing to make a behavior change

Stimulus Control: Creating, altering or avoiding cues/stimuli that trigger or encourage a particular behavior

Counter-Conditioning: Substituting new, competing behaviors and activities for the “old” behaviors

Reinforcement Management: Rewarding sought after new behaviors while extinguishing (eliminating reinforcements) from the status quo behavior

Helping Relationships: Seeking and Receiving support from others (family, friends, peers)
PROCESSES OF CHANGE by STAGE

STAGES

PC  C  PA  A  M

Consciousness raising
Self-reevaluation
Dramatic relief
Helping relationship
Self-liberation

Contingency management
Counter-conditioning
Stimulus control
Provider Strategies

- What do you do to engage each of these processes?
- What do you do with less motivated patients that would activate some of these experiential processes?
- What do you do with you action oriented patients that activate the behavioral processes?
A Transtheoretical Model Group Therapy

Each group session is based on a specific TTM process of change. Motivational Interviewing counseling strategies are used throughout the sessions.
Thinking About Changing Substance Use
Precontemplation-Contemplation-Preparation Sequence

1. The Stages of Change
2. A Day in the Life- Consciousness Raising
3. Physiological Effects of Alcohol- Consciousness Raising
4. Physiological Effects of Drugs- Consciousness Raising
5. Expectations- Consciousness Raising
6. Expressions of Concern- Self- Reevaluation, Dramatic Relief
7. **Values** - Self-Reevaluation
8. **Pros and Cons** - Decisional Balance
9. **Relationships** - Environmental Reevaluation
10. **Roles** - Environmental Reevaluation
11. **Confidence and Temptation** - Self Efficacy
12. **Problem Solving** - Self Efficacy
13. **Setting a Goal and Preparing to Change** - Self Liberation
14. **Review and Termination**
Making Changes in Substance Abuse
Action/Maintenance Sequence

1. The Stages of Change
2. Identifying “Triggers” - Stimulus Control
3. Managing Stress - Counterconditioning
4. Rewarding My Sucesses - Reinforcement Management
5. Effective Communication - Counterconditioning, Reinforcement Management
6. Effective Refusals - Counter conditioning, Reinforcement Management
7. **Managing Criticism** - Counterconditioning, Reinforcement Management
8. **Managing Thoughts** - Stimulus Control, Counterconditioning, Reinforcement Management
9. **Managing Cravings and Urges** - Stimulus Control, Counterconditioning, Reinforcement Management
10. **New Ways to Enjoy Life** - Stimulus Control, Counterconditioning, Reinforcement Management
11. **Developing an Action Plan** - Self Liberation
12. **Recommitting After a Slip** - Self-Liberation
13. **Social Support** - Helping Relationships
14. **Identifying Needs and Resources** - Social Liberation
15. **Review and Termination**
Example Exercises to Facilitate Consciousness Raising

- Personalized feedback to raise awareness of physiological and psychological effects of alcohol and other drugs. Brief assessment (AUDIT, Drug Screen Inventory), self-scoring, feedback and group sharing
- A Day in the Life
- Teaching Stages of Change
- Exploring Expectations
  - Using alcohol makes me feel less shy
  - I’m more clumsy after drinking
  - I’m more romantic when I use alcohol
  - Alcohol makes the future seem brighter to me
  - I’m more likely to say embarrassing things after drinking
Example Exercises to Facilitate Self-Reevaluation and Dramatic Relief

Group members discuss the ways in which others have expressed concern about their substance use

“Who is concerned?” exercise

Values

Clients identify their values and then examine how their substance use conflicts with those values

○ “What I value most” exercise
○ Values Card Sort
Example Exercises to Facilitate Self Liberation

Goal Setting and Change Plan

My problem substances are:
This includes a list of the substances that cause you problems.

• My goal for changing my substance use is:
This includes the exact change you plan to make. If abstinence is not the immediate goal, how much will you reduce your use? Be specific about amounts and plans.

• What steps I plan to take:
Be as specific as possible about the actions you will take to reach your goal.

• What can get in the way?
Think about any barriers you might encounter as you work toward your goal. For example “I might get lonely or bored and want to spend time with old friends.”

• People who can help me
List people (or groups of people) who can help you as you work toward your goal.
(often include other group members, 12 Step sponsor and friends)
Example Exercises to Facilitate Stimulus Control

• Identifying “Triggers”
• Managing Thoughts
• Managing Cravings and Urges
Example Exercises to Facilitate Counter Conditioning

• Managing Stress
  Relaxation exercises, meditation, exercise

• Effective Communication
  Substituting healthy responses for unhealthy ones

• Effective Refusals
  Builds on the effective communication skills and helps clients learn how to change their responses to the triggers of being offered drugs
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
Self-regulation seems critical for understanding addictions, recovery from addictions, and management of other types of health problems.

- 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.

What are we learning about Self Regulation?
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
What Depletes Self-Control Strength?

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

Muraven & Baumeister, 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 or not involved when they become automatic or habitual
Scaffolding: A strategy for Managing Self Control Strength
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”
How does motivation and the process of change interact with this self regulation process and the self-control "muscle"?

Motivation, Self-Regulation, & Change
Contemplation: risk reward analysis leading to a decision

- **Facilitating Factors**
  - Accurate, empathic feedback
  - Good Self-Evaluation skills
  - Important values, goals and self-standards
  - Understandable consequences and reasons
  - Good Affect Regulation

- **Hindering Factors**
  - Obsessive style
  - Environments and experiences that protect against consequences
  - Ambivalence
  - Impulsiveness and poor ECF skills
  - Depression
### Preparation: Creating Commitment, Planning, and Prioritizing

<table>
<thead>
<tr>
<th>Facilitating Factors</th>
<th>Hindering Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support Systems</strong></td>
<td><strong>Poor planning ability</strong></td>
</tr>
<tr>
<td><strong>Choice</strong></td>
<td><strong>Multiple Problems</strong></td>
</tr>
<tr>
<td><strong>Public Commitment</strong></td>
<td><strong>Distracting Activities and Events</strong></td>
</tr>
<tr>
<td><strong>Ability to defer gratification</strong></td>
<td><strong>Stress</strong></td>
</tr>
<tr>
<td><strong>Ability to take a long-term perspective</strong></td>
<td><strong>Multiple Tasks</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Depleted Self-Control Strength</strong></td>
</tr>
</tbody>
</table>
Multiple Problems Complicate the Process of Change

The Context of Change: A Figure Ground Perspective
CONTEXT OF CHANGE

I. SITUATIONAL RESOURCES AND PROBLEMS

II. COGNITIONS AND BELIEFS

III. INTERPERSONAL RESOURCES/PROBLEMS

IV. FAMILY & SYSTEMS

V. ENDURING PERSONAL CHARACTERISTICS
Typical Complications for Individual and Organizations

- Symptom/Situation
  - Psychiatric
  - Financial
- Beliefs
  - Religious views
  - Cultural beliefs
- Interpersonal
  - Marital
- Systemic
  - Employment
  - Family/Children
- Intrapersonal
  - Self-Esteem
- Situation
  - Inadequate facilities
  - Financial
- Beliefs
  - Only one right way
- Interpersonal
  - Leadership Conflicts
- Systemic
  - Funding Sources
  - Political forces
  - Subgroup conflicts
- Institutional
  - Traditions
  - Organizational Culture
## Stages by Context Analysis

<table>
<thead>
<tr>
<th></th>
<th>PreC</th>
<th>Cont</th>
<th>Prep</th>
<th>Action</th>
<th>Maint</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Sit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>Cog</td>
<td></td>
<td>Experiential Processes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>Rel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>Sys</td>
<td>Behavioral Processes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>Per</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Transitions Through the Stages of Addiction for Allen: Potential Complicating Problems

<table>
<thead>
<tr>
<th>Context of Change</th>
<th>Stages of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIFIC BEHAVIORAL &amp; SITUATIONAL ISSUES</td>
<td>PC → C</td>
</tr>
<tr>
<td>BELIEFS &amp; EXPECTANCIES</td>
<td>Soft vs. hard drugs</td>
</tr>
<tr>
<td>INTER PERSONAL</td>
<td></td>
</tr>
<tr>
<td>SOCIAL SYSTEMS</td>
<td></td>
</tr>
<tr>
<td>ENDURING PERSONAL CHARACTERISTICS</td>
<td></td>
</tr>
</tbody>
</table>
Multiple Problems Need an Integrated Continuum of Care
PROBLEM FOCUS

- Since change goals and motivations are often behavior specific, it is critical to be specific about the focus of interventions.

- We need to evaluate in collaboration with the client what is the primary target behaviors that needs to be changed and the client goals.

- Target behavior is figure and additional problems become the ground or context for that change.
Evaluating Client Problems

- **How serious is the problem?**
  - Not Evident
  - Not Serious
  - Serious
  - Very Serious
  - Extremely Serious

- **When and What Intervention is needed?**
  - Needs no intervention
  - Needs intervention in the future
  - Needs Secondary Intervention
  - Needs primary intervention but can wait
  - Needs immediate intervention
Intervention Strategies

- SEQUENTIAL – start with initial symptom or situation and try to resolve that and work way down.

- KEY AREA OR LEVEL – Find problem or area where you have the most leverage or client is most motivated

- MULTI-LEVEL OR MULTI-PROBLEM – Work back and forth across the context identifying and addressing client stage and processes of change for each separate problem
Approaches that Pay Attention to the Process of Change

- Clearly identify the target behavior and the contextual problems
- Evaluate stage of readiness to change
- Evaluate beliefs, values and practices related to target behavior
- Examine routes and mechanisms of influence in the culture and for the individual
- Create sensitive stage based multi-component interventions
- Re-evaluate regularly the change process