

Preventing Addictions: The Process of Change

Carlo C.DiClemente, Ph.D. ABPP

UMBC Psychology

www.umbc.edu/psych/habits

What are Addictions?

- Habitual patterns of intentional, appetitive behaviors
- Become excessive and produce serious consequences
- Stability of problematic behavior patterns over time
- Interrelated physiological and psychological components
- Addicted individuals have difficulty modifying and stopping them

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
- Integrative Bio-Psycho-Social Models

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 can bring together different perspectives

Personal Pathways to Change

- Are influenced by personal decisional considerations and choices
- Personal choices are influenced by and influence genetic, characterological, and social forces
- There is an interaction between individual and risk and protective factors

Addiction and Change

Both acquisition of and addiction and recovery from an addiction require a personal journey through an intentional change process that is influenced at various points by the host of factors identified in the previous reviewed etiological models.

BECOMING ADDICTED

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

SUCCESSFUL RECOVERY FROM ADDICTIONS

- Occurs over long periods of time
- Often involves multiple attempts and multiple treatments
- Consists of self change and/or treatment
- Involves changes in other areas of psychosocial functioning
- Involves a Process of 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

Model Components (Stages)

1. *Precontemplation* - Not Ready to Change
 2. *Contemplation* - Thinking About Change
 3. *Preparation* - Getting Ready to Make Change
 4. *Action* - Making the Change
 5. *Maintenance* - Sustaining Behavior Change Until Integrated into Lifestyle
- Relapse and Recycling - Slipping Back to Previous Behavior and Re-entering the 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

Tasks and goals for each of the Stages of Change

- *CONTEMPLATION* – The stage where the individual 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

NO CHANGE

PROS (Behavior)

CONS (Change)

CHANGE

CONS (Behavior)

PROS (Change)

By Mel Lazar

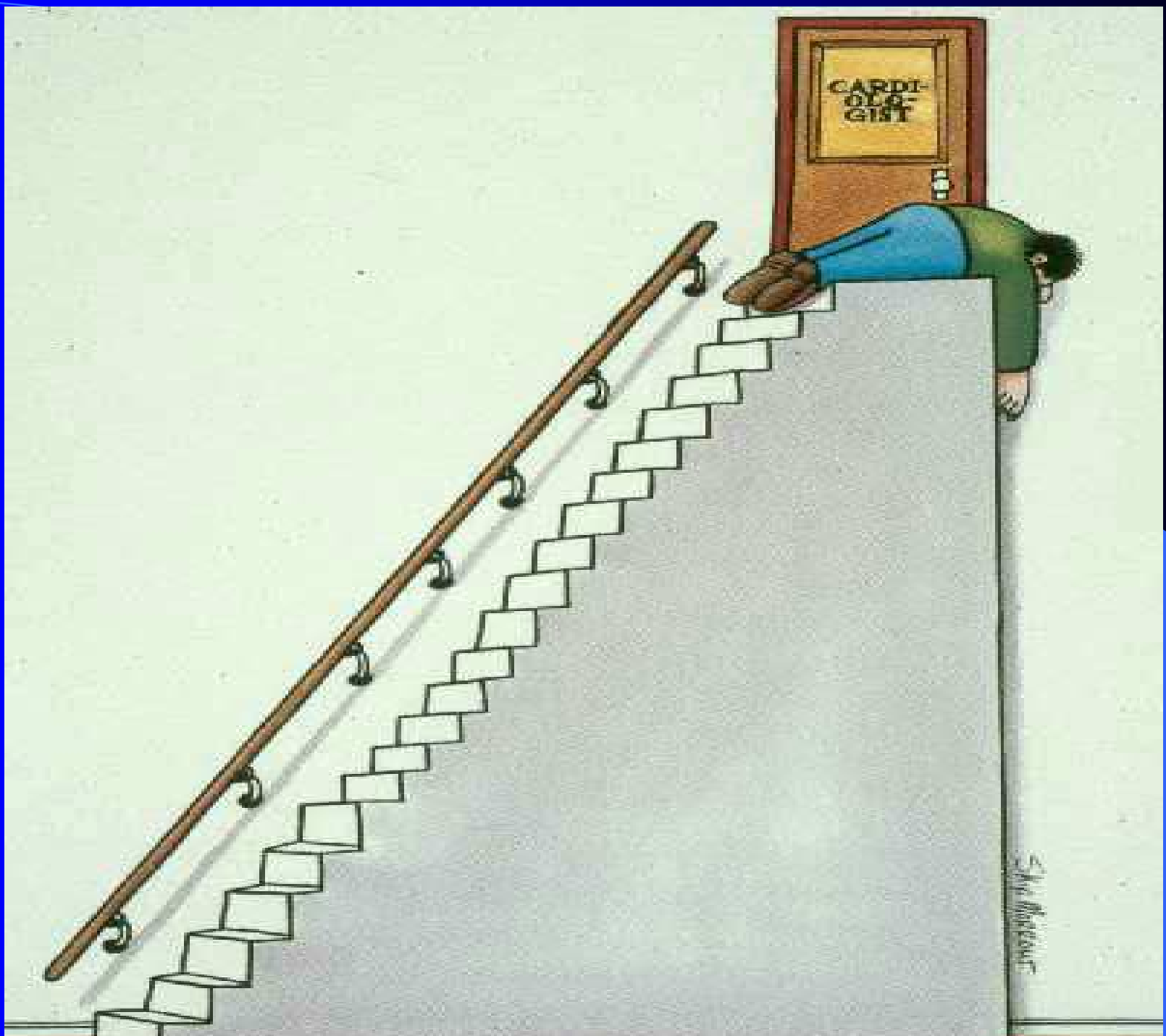


Tasks and goals for each of the Stages of Change

- *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.



Tasks and goals for each of the Stages of Change

- *ACTION* – The stage in which the individual 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).

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.
- **TASKS:** Sustaining change over time and across a wide range of different situations. Avoiding slips and relapse back to the old pattern of behavior.
- **GOAL:** Long-term sustained change of the old pattern and establishment of a new pattern of behavior.

Termination Stage: Leaving the Cycle of Change

Little Temptation or Desire to Return

High Self-Efficacy to Continue

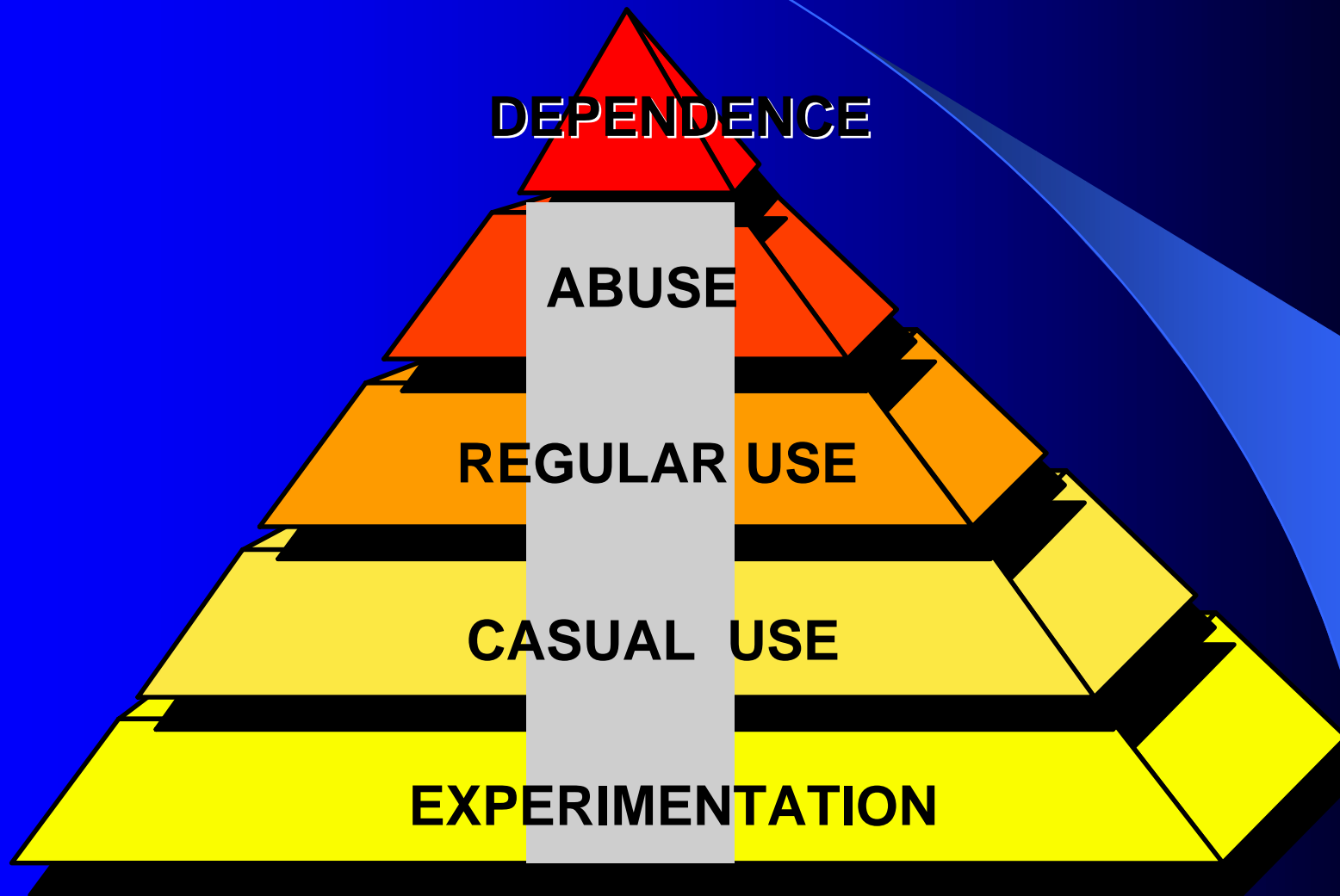
Firmly Established Pattern of Behavior

New Behavior is normative

**Multiple Changes at Other Contextual Areas to
Sustain Change**

**Once Achieved Requires a New Process of
Change**

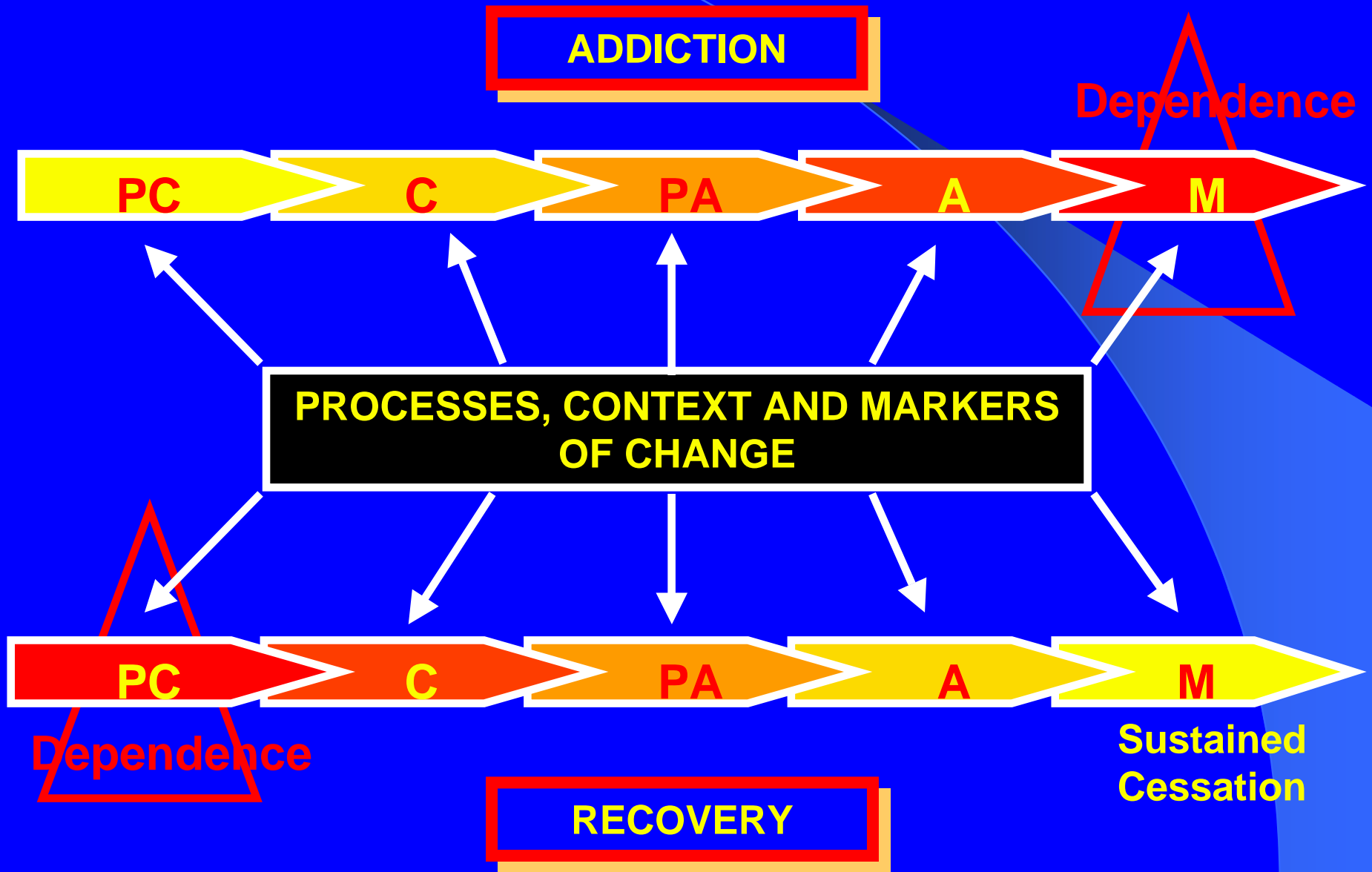
THE COURSE OF ADDICTION



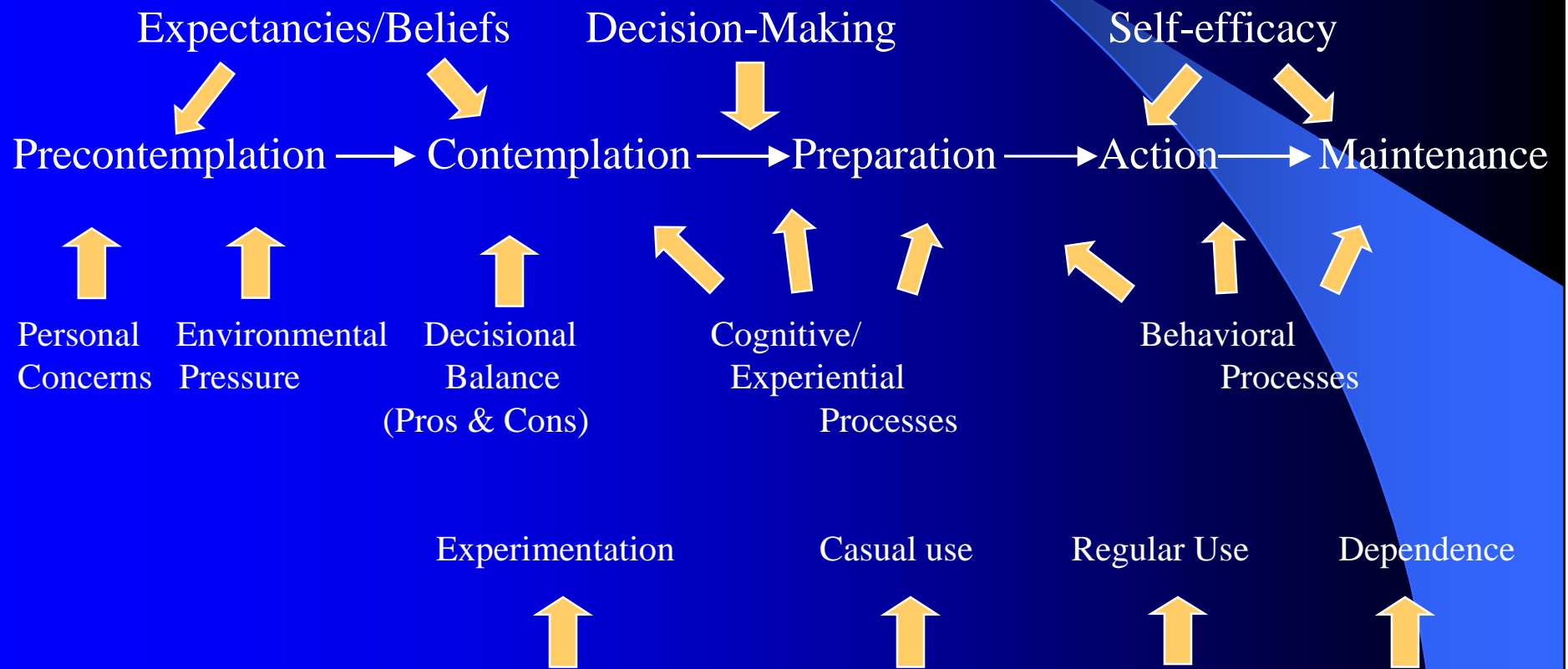
Stage of Change Tasks

- **Precontemplation**
- **Contemplation**
- **Preparation**
- **Action**
- **Maintenance**
- **Awareness, Concern, Confidence**
- **Risk-Reward Analysis & Decision**
- **Commitment & Effective/Acceptable Plan**
- **Adequate Implementation of Plan**
- **Integration into Lifestyle**

THE STAGES OF CHANGE FOR ADDICTION AND RECOVERY



Theoretical and practical considerations related to Prevention and Stages of Initiation



The Well-Maintained Addiction

- Defining action and maintenance is critical for initiation of health risks, like addiction, as well as health protection behaviors
- Regular, dependent use of a substance that creates creates a pattern that eludes self-regulatory control, continues despite negative feedback, and becomes an integral part of the individual's life and coping

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 make better distinctions between prevention and treatment
- We can understand how risk and protective factors interact with the process of change
- We can target prevention interventions more to address the tasks and issues identified in movement through the process of change

A STAGE BY ADDICTIVE BEHAVIOR PERSPECTIVE ON ALLEN

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

TRANSITIONS THROUGH THE STAGES OF ADDICTION FOR ALLEN: Potential Complicating Problems

CONTEXT OF CHANGE	STAGE OF CHANGE TRANSITIONS			
	PC → C	C → PA	PA → A	A → M
SPECIFIC BEHAVIORAL & SITUATIONAL ISSUES				Multiple Addictions
BELIEFS & EXPECTANCIES	Soft vs. hard drugs	Religious beliefs	Sex & alcohol	
INTER PERSONAL			Girlfriend/ Intimacy	
SOCIAL SYSTEMS (Family, Employment, Social)	School success	Brother & Peers	Peers	Parental smoking
ENDURING PERSONAL CHARACTERISTICS			Risk taking	

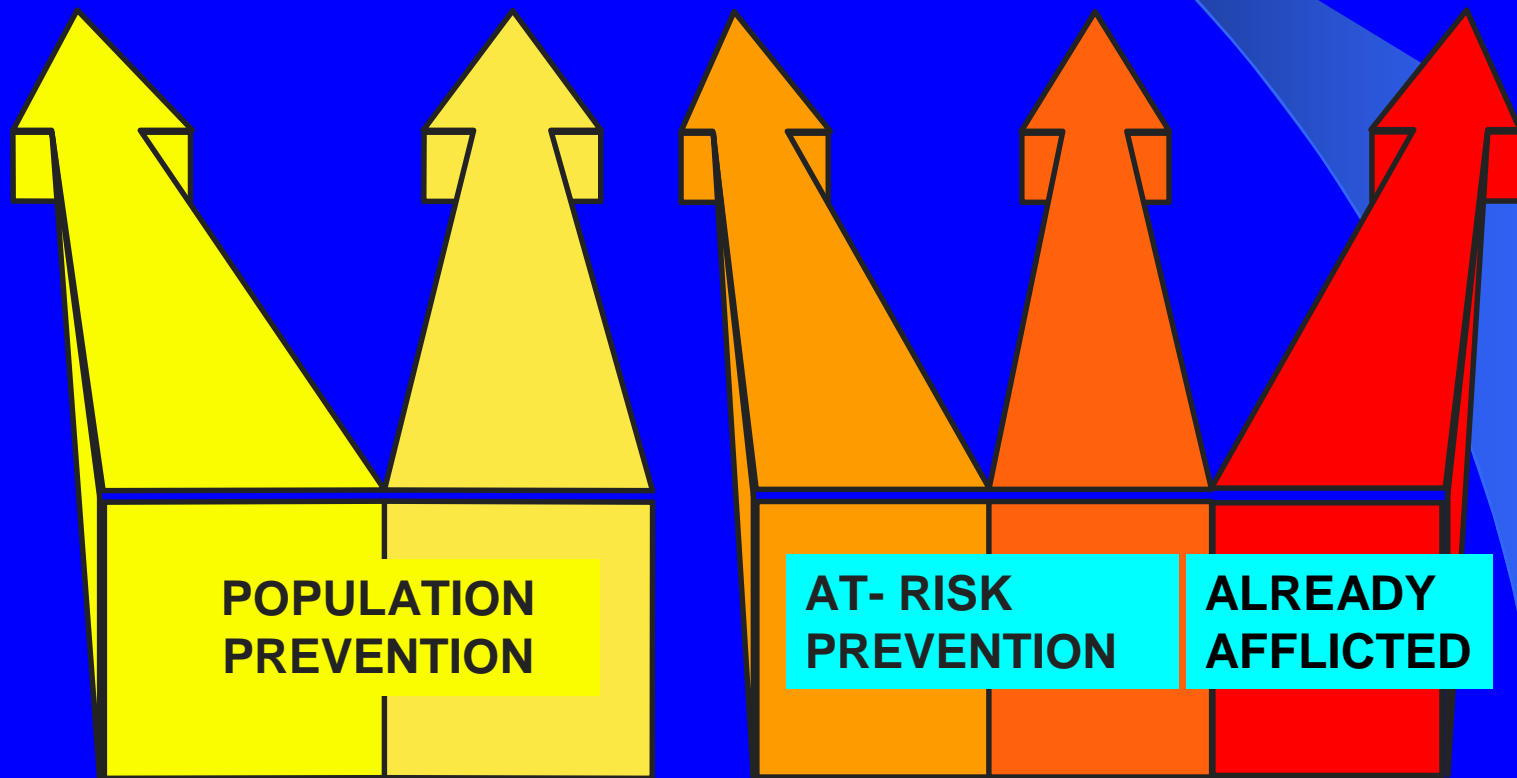
PREVENTION OF INITIATION OF ADDICTION

PC - C

C - PA

PA - A

A - M



Stage Based Epidemiology

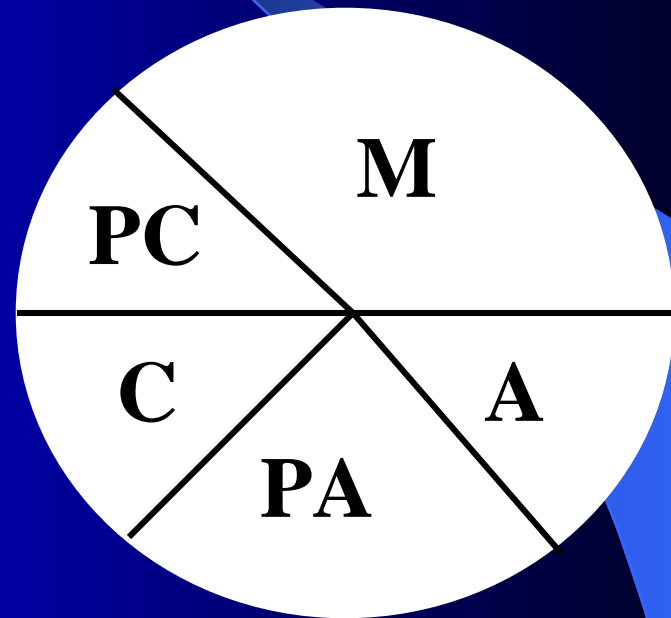
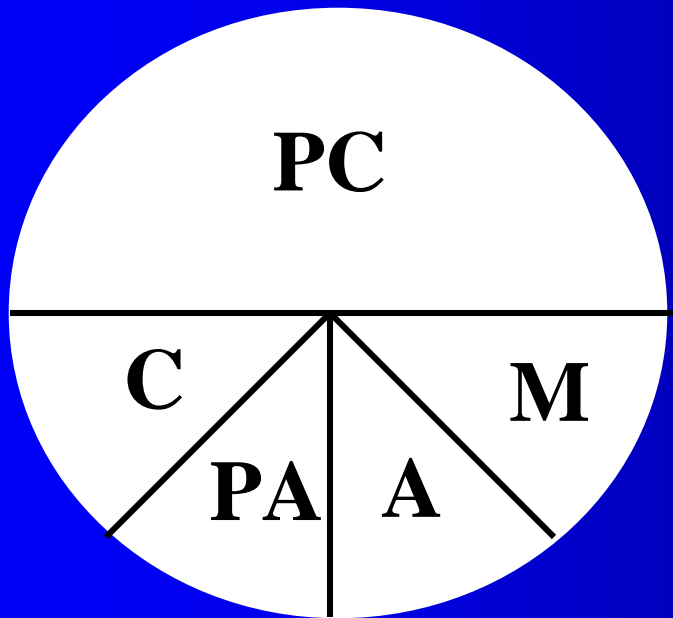


Table 3. Stage of Change by County of Residence (Weighted)

County	% of Ever Smokers ^a	Stage of Change				
		Precontemplation	Contemplation	Preparation	Action	Maintenance
Allegany	44.1%	<u>52.9%</u>	10.9%	10.2%	<u>8.6%</u>	17.4%
Anne Arundel	49.1%	44.2%	17.2%	11.6%	8.5%	18.6%
Baltimore	49.1%	40.1%	17.1%	11.6%	<u>9.8%</u>	21.4%
Calvert	51.9%	42.9%	15.7%	16.2%	4.2%	21.0%
Caroline	51.9%	40.3%	18.5%	12.0%	5.4%	23.8%
Carroll	45.7%	48.1%	12.1%	15.3%	5.0%	19.5%
Cecil	50.5%	44.2%	22.4%	14.0%	4.5%	14.9%
Charles	45.4%	45.8%	11.4%	15.1%	3.6%	24.1%
Dorchester	<u>54.9%</u>	42.2%	<u>23.3%</u>	12.0%	2.7%	19.7%
Frederick	46.5%	43.3%	18.0%	17.2%	4.5%	17.0%
Garrett	48.1%	46.4%	12.0%	<u>20.7%</u>	2.9%	18.0%
Harford	49.0%	37.7%	15.3%	17.4%	8.3%	21.3%
Howard	39.3%	41.9%	12.2%	16.1%	4.6%	25.3%
Kent	53.5%	38.3%	11.3%	13.9%	5.3%	<u>31.1%</u>
Montgomery	38.9%	35.1%	8.3%	17.4%	5.9%	<u>33.3%</u>
Prince George's	39.6%	34.3%	12.5%	<u>20.2%</u>	8.3%	24.7%
Queen Anne's	50.9%	36.6%	21.1%	18.9%	2.2%	21.2%
St. Mary	49.9%	39.5%	17.4%	18.8%	7.9%	16.4%
Somerset	51.7%	32.5%	19.1%	16.2%	7.0%	25.1%
Talbot	43.5%	38.1%	18.6%	14.5%	5.1%	23.7%
Washington	49.6%	<u>50.4%</u>	22.4%	12.5%	1.4%	13.3%
Wicomico	50.5%	43.8%	16.9%	12.4%	4.1%	22.7%
Worcester	49.3%	49.6%	14.3%	16.3%	4.0%	15.8%
Baltimore City	<u>53.6%</u>	37.6%	<u>25.9%</u>	19.1%	2.8%	14.7%

Addiction and Change



*How Addictions Develop
and Addicted People
Recover*

Carlo C. DiClemente

PROCESS OF

FORMAL

INTER

VENTIONS

CHANGE