



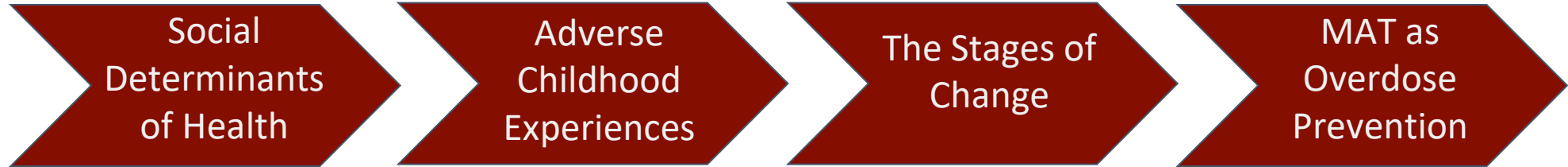
Maryland
DEPARTMENT OF HEALTH

Regrounding Our Response: **The Stages of Change**

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Learning Objectives Across an Educational Continuum



Regrounding Our Response presentations seek to answer the following questions:

- What are the most **effective evidence-based tools to prevent overdose death**?
- How do **Harm Reduction** strategies fit in at different stages of addiction and recovery?
- What social and environmental factors influence addiction?
- What is the connection between trauma and substance use?
- How does individual behavior change, and how can we support people in their progress?

Learning Objectives

- Understand the burden of change.
- Understand how behavior change happens.
- Discuss how harm reduction strategies keep people safe, build self-efficacy, and support behavior change.
- Learn how to implement effective strategies to support people through the process of change.

People Poll

- Your thoughts about the Stages of Change
- What do you know about the Stages of Change already?
- What do you hope to learn as we talk about the stages of change, substance use, and harm reduction?

Stages of Change: Learning Objectives

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Self Reflection

Think about a time you have tried to make a change to your behavior.

What challenges did you face?

8 Reasons Why Change Is Tough

1. Negative Emotional Motivation
2. Attitude (mind and thoughts)
3. All or None Thinking
4. Disregarding the Right Tools
5. Trying to Change too Much at Once
6. Under/Overestimating the Change Process
7. Forgetting Failure is Given
8. Not Commitment to Change



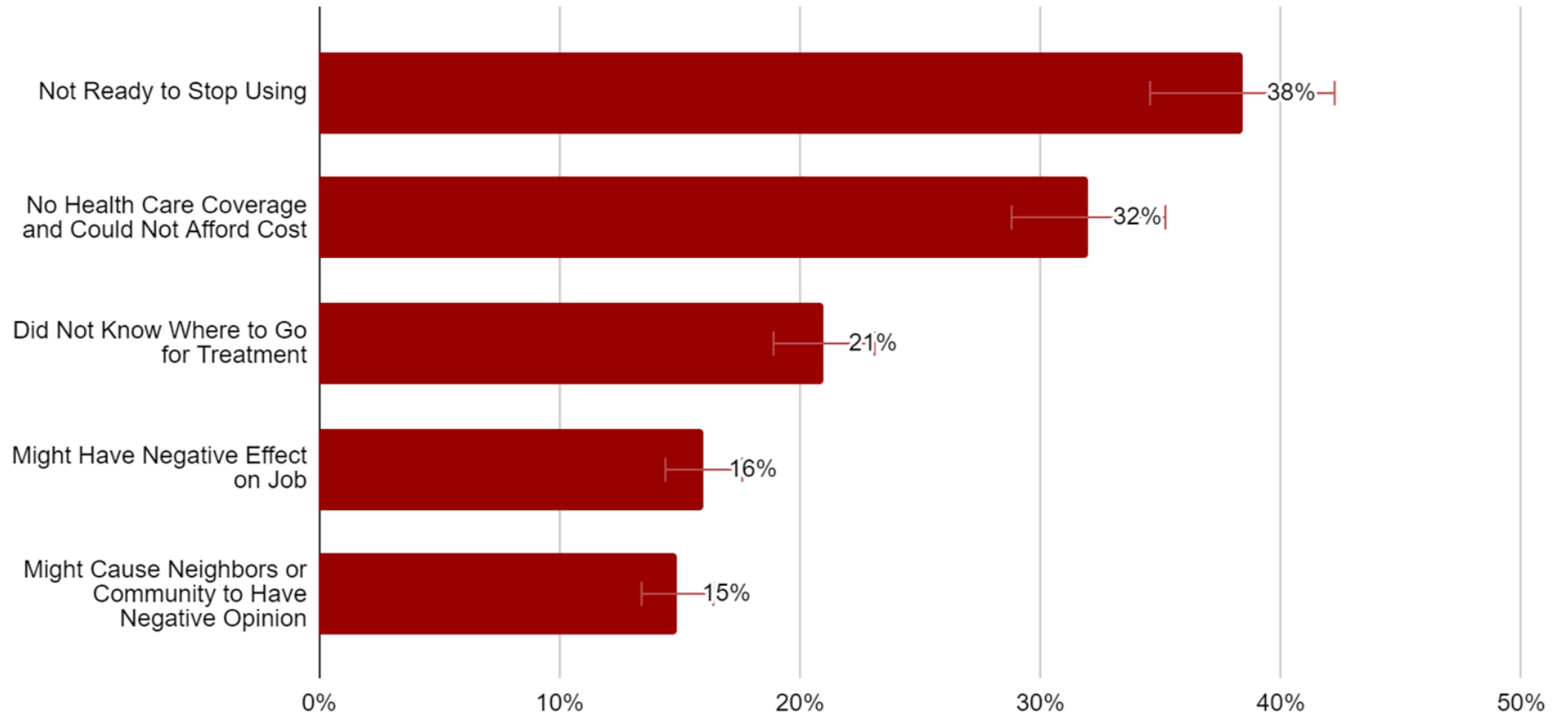
Barriers to Drug Use Behavior Change

147 patients in urban United States Community Health Centers who misused drugs, **but did not meet criteria for substance use disorder**, received a brief intervention. Data gathered was analyzed to identify barriers patients believed inhibited drug use behavior change - 6 major reasons emerged:

Needing drugs to alleviate mental or emotional distress	72 (49.0%)
Proximity to people or places associated with drug use	61 (41.5%)
Belief that drug use enhances quality of life or functioning	52 (35.4%)
Needing drugs to alleviate physical pain or discomfort	40 (27.2%)
Drug use being habitual/fearing consequences of stopping drug use	30 (20.4%)
Drug use hard to stop due to challenges associated with poverty, homelessness	19 (12.9%)

Barriers to Drug Use Behavior Change

Reasons for Not Receiving Substance Use Treatment in the Past Year among Adults Aged 18 or Older Who Felt They Needed Treatment in the Past Year: Percentages, 2018



DSM-5 Substance Use Disorder (SUD) Diagnostic Criteria

- Taking the substance in larger amounts or for longer than you're meant to.
- Wanting to cut down or stop using the substance but not managing to.
- Spending a lot of time getting, using, or recovering from use of the substance.
- Cravings and urges to use the substance.
- Not managing to do what you should at work, home, or school because of substance use.
- Continuing to use, even when it causes problems in relationships.

DSM-5 Substance Use Disorder (SUD) Diagnostic Criteria

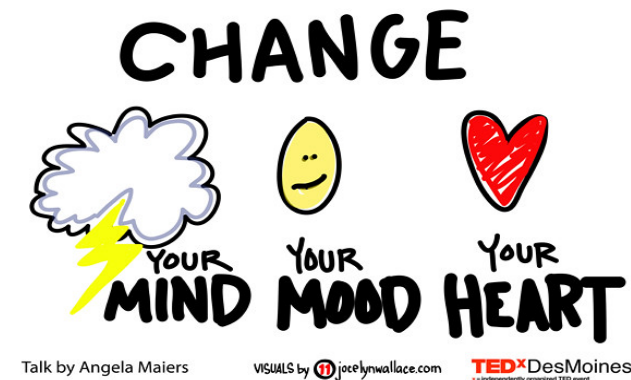
- Giving up important social, occupational, or recreational activities because of substance use.
- Using substances again and again, even when it puts you in danger.
- Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
- Needing more of the substance to get the effect you want (tolerance).
- Development of withdrawal symptoms, which can be relieved by taking more of the substance.

**Tolerance and withdrawal alone do not result in an SUD diagnosis*
**9 of 11 criteria relate to not responding to negative consequences*

Substance Use Disorder and Change

Recovery from substance/opioid use disorders requires an *intentional* change process:

- Marked by personal decisions and choices
- Influenced at various points by many biological, psychological, and social factors
- Follows a common path - marked by a set of tasks that must be completed to move forward



Stages of Change: Learning Objectives

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BREAKING NEWS!



In a large study, researchers at the National Cancer Institute in the U.S. discovered that watching television more than 1 to 2 hours a week causes brain cancer.

How many of you would stop watching TV immediately?

Motivation and the Change Process

- People are **NOT** unmotivated!
- Rather, they are either...
 - Motivated to engage in behaviors that may be harmful and problematic
- OR**
- Not ready to begin behaviors that may be helpful

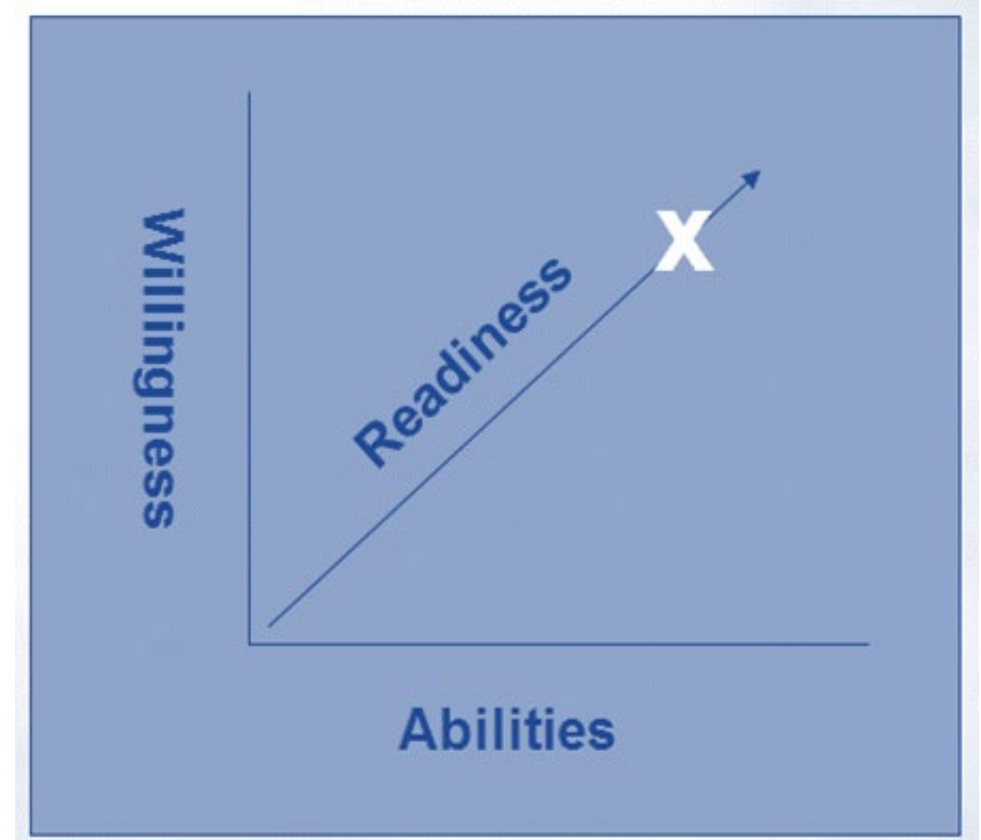
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Understanding Intentional Behavior Change

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

Recipe for Successful Change: Ready, Willing, and Able

- Successful intentional behavior change happens when one is...
 - **Ready:** Sufficiently motivated to change in the near future
 - **Willing:** Has made a firm personal decision to change
 - **Able:** Believes in their ability to change / that they have what they need in order to make a change



Types of Behavior Changes

INITIATION

- Joining a gym / starting an exercise program
- Beginning to use condoms
- Narcan / Naloxone Training
- PrEP



MODIFICATION

- Limiting caloric intake
- Reducing alcohol or other substance use
- Using Sterile Syringes



CESSATION

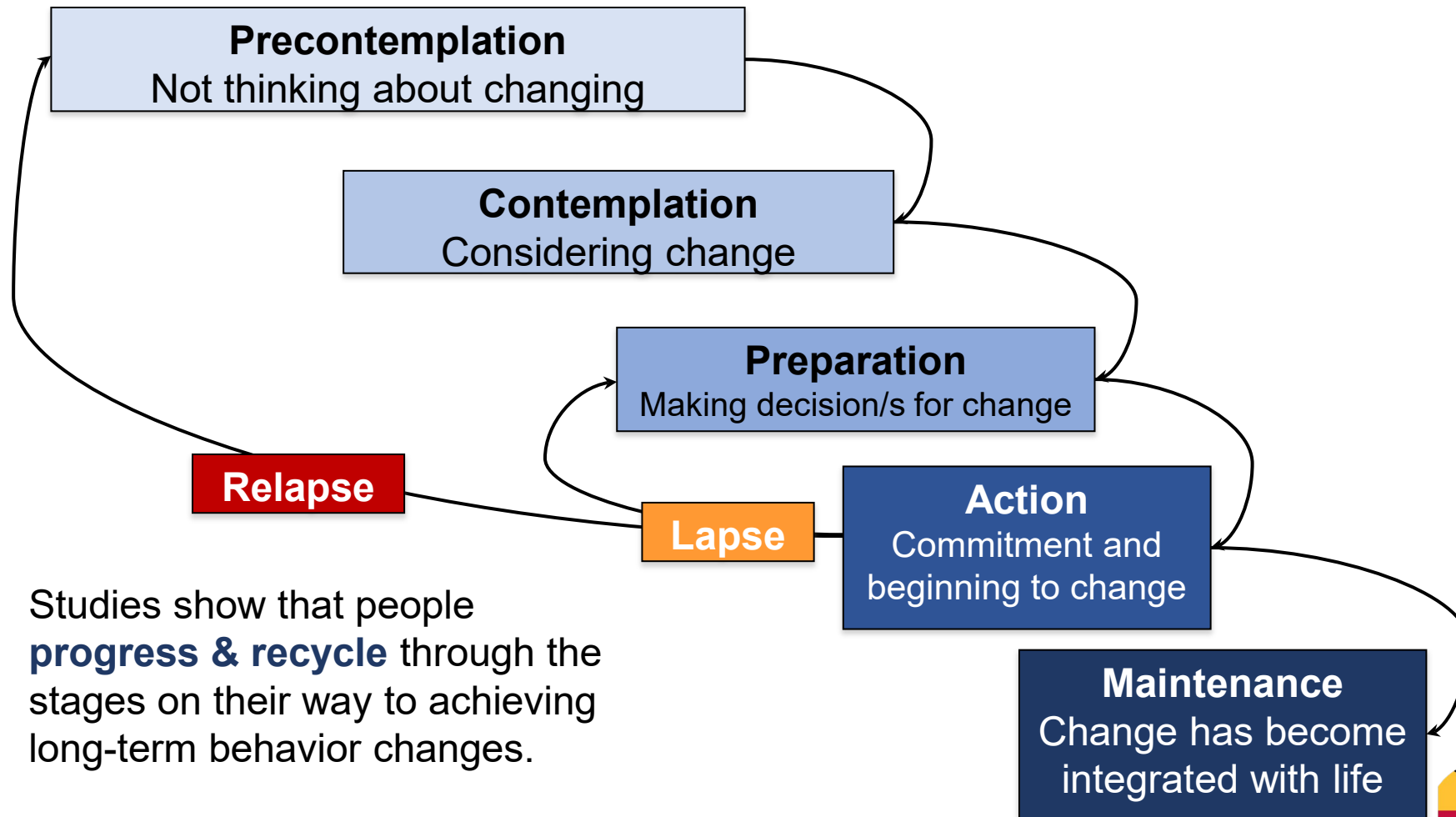
- Quitting alcohol or other substance use altogether



“Change is a process, not an event.” - James Prochaska

- Major behavior changes don’t happen overnight!
- The process of change can be thought of as moving through different stages of change that begin **before** a person decides to make a change.
- Each stage represents important tasks that the person needs to accomplish in order to successfully change.

The Stages of Change Model



Studies show that people **progress & recycle** through the stages on their way to achieving long-term behavior changes.

Key Tasks for Each Stage

STAGES	KEY TASKS
<p>Precontemplation</p> <ul style="list-style-type: none"> ◦ Not interested in change 	<p>Increase interest and concern</p>
<p>Contemplation</p> <ul style="list-style-type: none"> ◦ Considering change 	<p>Risk-reward analysis and decision making</p>
<p>Preparation</p> <ul style="list-style-type: none"> ◦ Preparing for change 	<p>Commitment and creating an effective/acceptable plan</p>
<p>Action</p> <ul style="list-style-type: none"> ◦ Initial change 	<p>Implementation of plan and revision as needed</p>
<p>Maintenance</p> <ul style="list-style-type: none"> ◦ Sustained change 	<p>Integrating change into lifestyle</p>

Readiness for Change is Behavior Specific

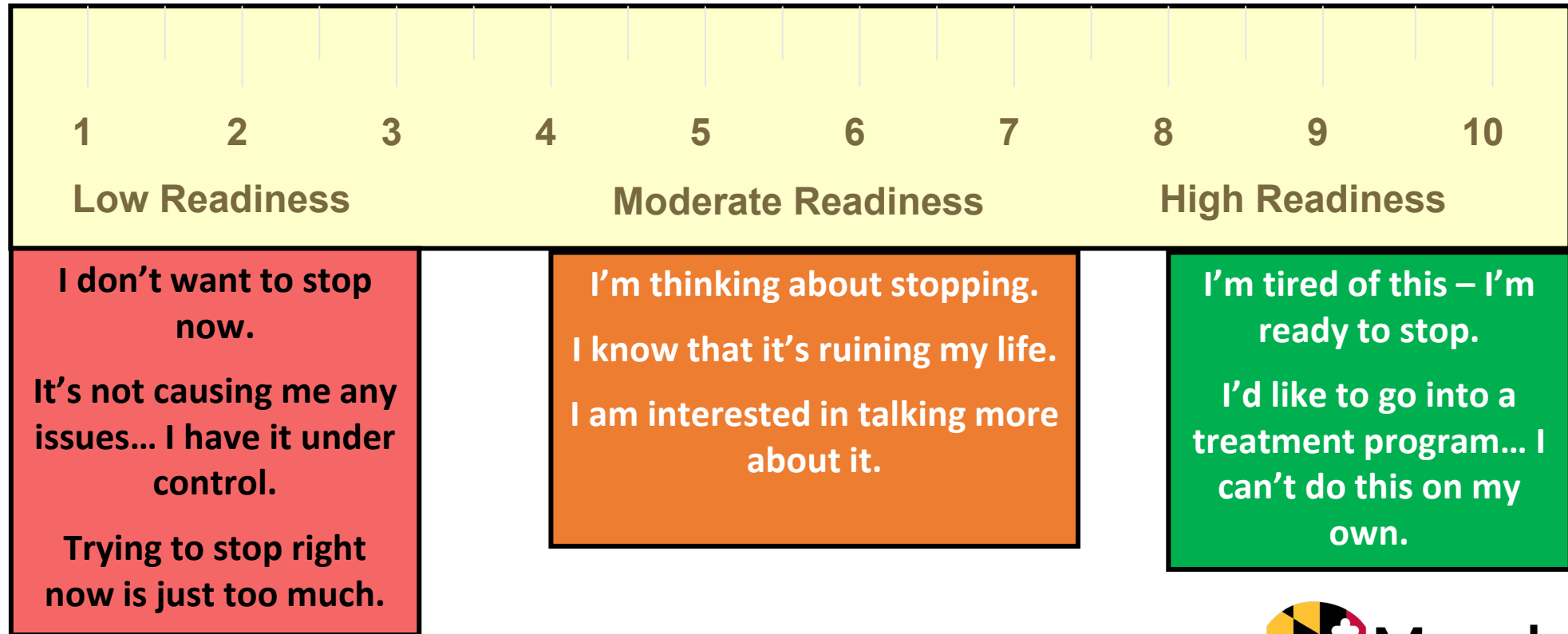
- Readiness is **behavior specific**
- One key behavioral goal (e.g., changing alcohol use; weight loss) involves important behaviors related to that goal:
 - Cutting down vs. Abstaining
 - Dietary change vs. Exercise
- Broad change goals involves the process of changing multiple behaviors

OUR RESPONSE **It is possible to be at different Stages of Change for different behaviors**

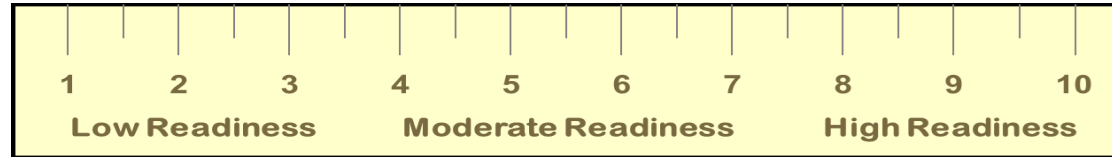
Behavior	Stage of Change				
	PC	C	PA	A	M
Quitting Cigarettes		✗			
Carrying Narcan					✗
Quitting Heroin			✗		
Reduce Alcohol Use	✗				
Using Sterile Syringes				✗	

Understanding Stage of Change Using The Readiness Ruler

On a scale of 1 to 10, with 10 being very ready, how ready are you to stop using heroin?



Using the Readiness Ruler to Enhance Motivation



“On a scale of 1 to 10, with 10 being very ready, how ready are you to stop using heroin?”

RESPONSE	MOTIVATIONAL COMMUNICATION STRATEGY
6 - 10	Support confidence & address barriers to change by asking what would move them to a higher number.
2 - 5	Elicit change talk by asking why they didn't say a lower number.
1	Offer a reflection and listen with empathy.

Role of Self-Efficacy in the Process

- **Self-Efficacy** = Degree of confidence individuals have in their ability to perform a specific behavior.
- **Precontemplation & Contemplation:**
 - Self-efficacy is lower than temptation to engage in the problem behavior.
- **Movement from Preparation to Action:**
 - Gap between temptation & confidence closes, & behavior changes.
- **Action to Maintenance:**
 - Self-efficacy = Key predictor of Action & of long-term success.
 - Confidence in ability to abstain despite being faced with temptation to use.

Mastery Experiences

Self-Efficacy is increased when a behavior is successfully performed.



Observation of Others' Success

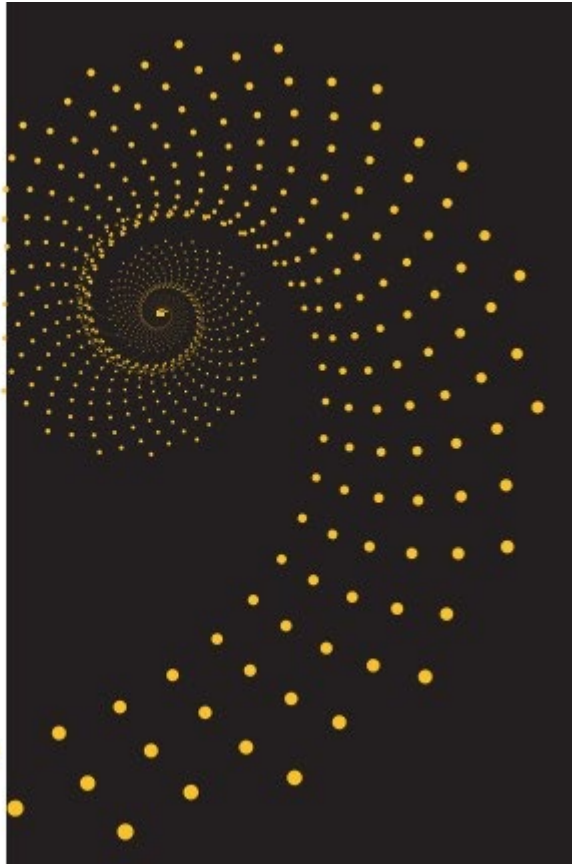


- Social modeling is a powerful influence on self-efficacy.
- Participants who can observe others from the same peer group successfully performing the behavior are likely to have higher self-efficacy.

Stages of Change: Learning Objectives

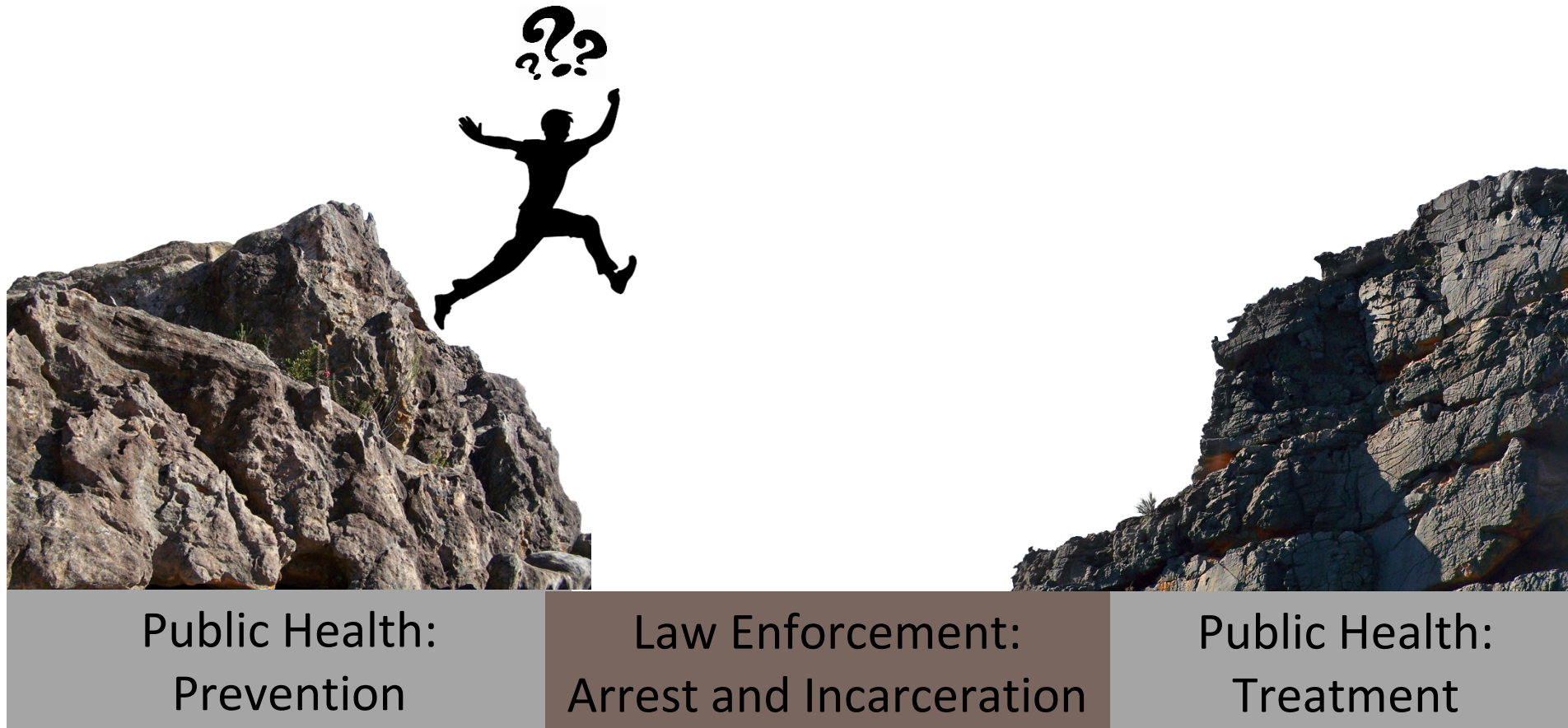
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Group Discussion: Harm Reduction



How would you define harm reduction?

Current Landscape for People Who Use Drugs



Reimagined Landscape for People Who Use Drugs



Alt text: a man using harm reduction as a bridge when trying to go from prevention to treatment

What is harm reduction?

Harm reduction is a set of practical, public health strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities.

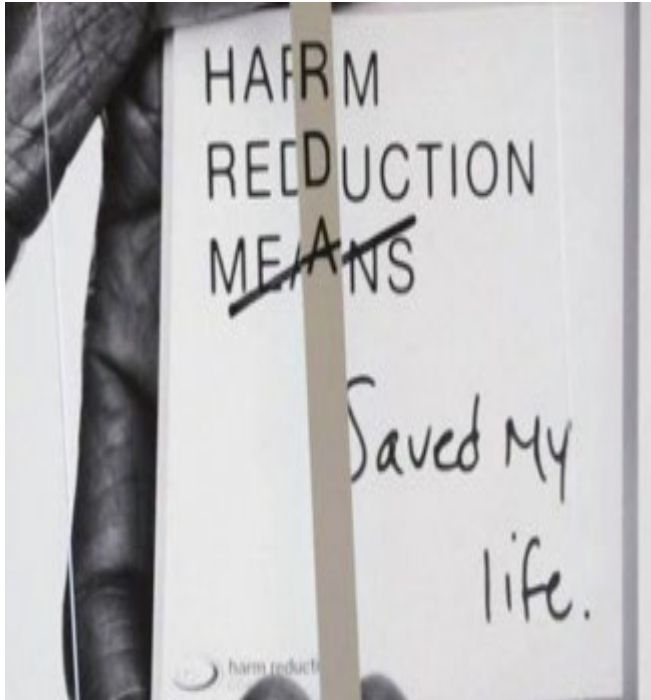
It is also “*a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.*” - [Harm Reduction Coalition](#)

Harm Reduction in Practice

- Provision of services to people who are actively using drugs, without the expectation that **they stop using drugs.**
- Non-judgmental, **non-stigmatizing** engagement of people who use drugs.
- Acknowledgement of the harms associated with drug use while presenting accurate and complete information about ways to **reduce these harms** as much as possible.

Benefits of Harm Reduction

Harm Reduction programs seek to:



- Establish trust between people who use drugs and service providers
- Make it easier for people who use to seek support and stay engaged in care
- Reduce the costs and harms related to using drugs
- Promote positive changes

Harm Reduction: an evidence-based approach



- Reduces overdose deaths
- Increases entry into drug treatment
- Reduces prevalence of infectious diseases

What does harm reduction look like in practice?

An attitude of treating with respect and dignity

Syringe
Services
Programs

Peer
Support
Services

Housing
First
Models

Good
Samaritan
Policies

Low barrier
Medication
Assisted
Treatment

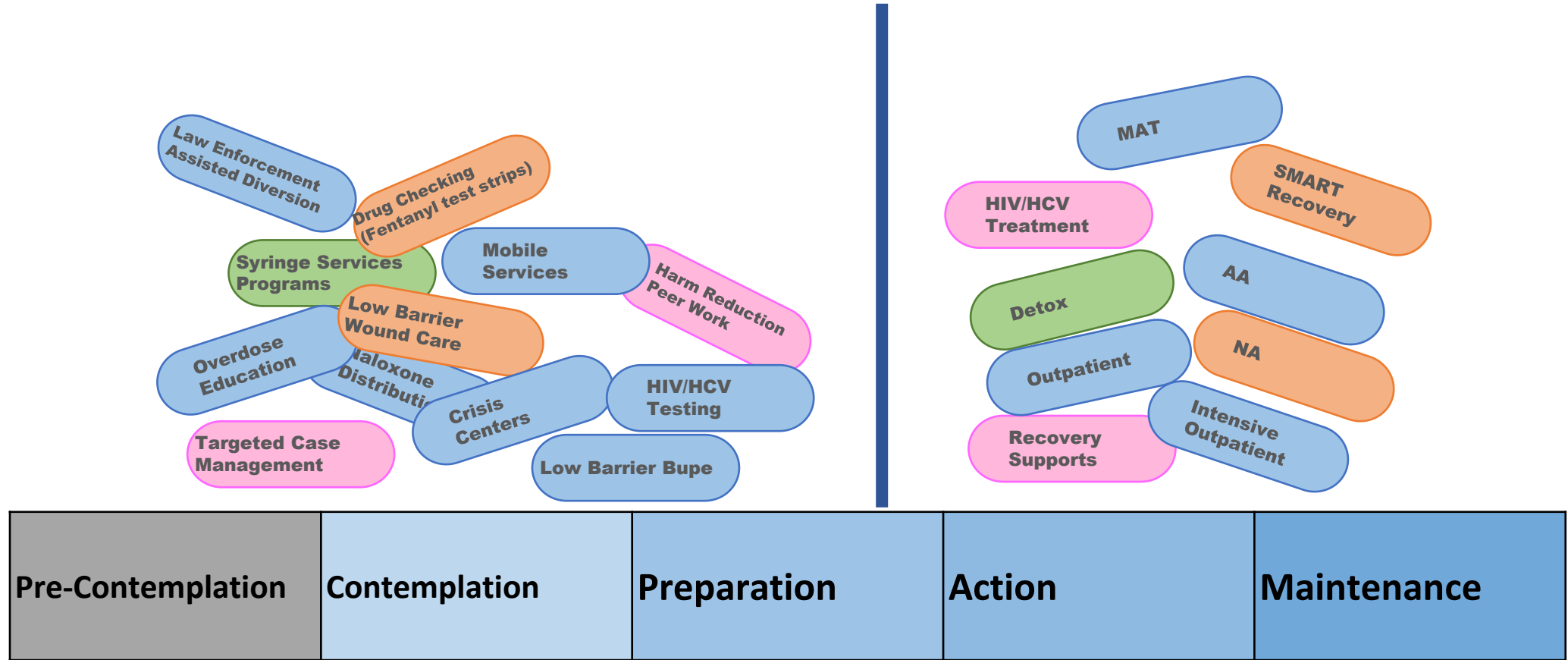
Insurance
Navigation

Fentanyl
Test Strips

Targeted
Naloxone
Distribution

Mobile
Units

A Greater Proportionality of Services Across the Stages of Change



Key Takeaways

- Harm reduction strategies help to reduce risk and harms associated with substance use *throughout* the change process
- As helpers, we are supporting people in meeting **their own goals**, not what we might want or hope for someone
- We can support people in their readiness, willingness and ability to change

Stages of Change: Learning Objectives

- Understand the burden of change.
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- **Learn how to implement effective strategies to support people through the process of change.**

Precontemplation Tasks and Goals

- **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.

How and Why People Stay in Precontemplation

- **Reveling:** *“I like it the way it is.”*
- **Reluctant:** *“Not now... not ever.”*
- **Rebellious:** *“It’s my life... mind your own business.”*
- **Resigned:** *“The damage is done...there’s no use.”*
(Hopeless; Helpless)
- **Rationalizing:** *“At least I’m not doing...XYZ.”*
(Harm minimization)

Precontemplation: Key Issues and Considerations

STARTING A NEW BEHAVIOR

- For initiation of health-promoting behaviors, promoting experimentation (just try it out!) may help move people along in the process of change.
- Make the behavior seem attractive, something you'd like to try.

MOVING TOWARD RECOVERY

- Confrontation breeds **RESISTANCE**.
- Education is often insufficient, Motivational Enhancement is needed
- Smaller versus larger goals: Cutting Down vs. Quitting

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
- Promote **Harm Reduction** strategies

Contemplation Tasks and Goals

- **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 of the costs and benefits of change
 - Decision-making
- **GOAL:** A considered evaluation that leads to a decision to change.

Supporting People in Contemplation

→ *Ambivalent About Making A Change*

- Help support them in making a decision
- Explore important reasons for change
- Assist them in identifying their most important values
- Explore ambivalence and the pros and cons of change
- Encourage them to make the arguments for change
- With permission, share important information
- Support their self-efficacy and confidence
- Promote Harm Reduction strategies

Contemplation to Preparation

- Decide that the current behavior is problematic and needs changing
- The pros for change outweigh the cons
- Change is in my own best interest
- The future will be better if I make changes in these behaviors

Preparation Tasks and Goals

- **PREPARATION** - The stage in which the individual makes a commitment to take action to change the behavior 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 future.

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 and resources
- Encourage them to set a timeline or date to begin / make the change
- Help them to identify possible barriers and plan for overcoming these
- Continue promoting Harm Reduction strategies

Action Tasks and Goals

- **ACTION** – The stage in which the individual implements the plan, takes steps to change the current behavior pattern, and begins 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).

Supporting People in Action

→ *Starting to Make the Change*

- Support the change and help spot possible problems in the plan
- Encourage them to reward themselves as they make strides
- Check in with them about any difficulties they are having
- Help them to revise the plan when needed
- Use summaries to help reflect their experiences
- Highlight when there is support for change
- Assist with breaking down barriers (ie - no transportation)
- Continue promoting Harm Reduction strategies

Maintenance Tasks and Goals

- **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 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.

Supporting People in Maintenance

→ *Sustaining the Change Over Time*

- Support them in creating an environment that supports sustained change
- Continue helping them to identify and emphasize benefits of change
- Support their self-efficacy and confidence
- Encourage them to watch out for events that can disrupt change
- Help them to address any remaining barriers
- Continue promoting Harm Reduction strategies

Review - Helping People Progress Through the Stages of Change

STAGES	TASKS OF THE HELPER
<p>Precontemplation</p> <ul style="list-style-type: none"> ◦ Not interested in change 	<p>Increase person’s awareness of risks, problems, and need for change</p>
<p>Contemplation</p> <ul style="list-style-type: none"> ◦ Thinking about change 	<p>Encourage person to voice reasons for change & risks of not changing; help tip the balance of pros and cons</p>
<p>Preparation</p> <ul style="list-style-type: none"> ◦ Preparing for change 	<p>Help develop a personalized change plan</p>
<p>Action</p> <ul style="list-style-type: none"> ◦ Initial change 	<p>Help the person to develop relapse prevention strategies; Adjust change plan as needed</p>
<p>Maintenance</p> <ul style="list-style-type: none"> ◦ Long-term change 	<p>Help person identify strengths for long-term change; Provide support</p>

How to support people through the process of change

Relapse and Recycling

Relapse Triggers

- Cravings, Urges, Temptations
- Social Cues and Situations
- Pleasure and Positive Reinforcement
- Testing Control
- Stress, Negative Mood
- LIFE is Lifting
- Lack of coping



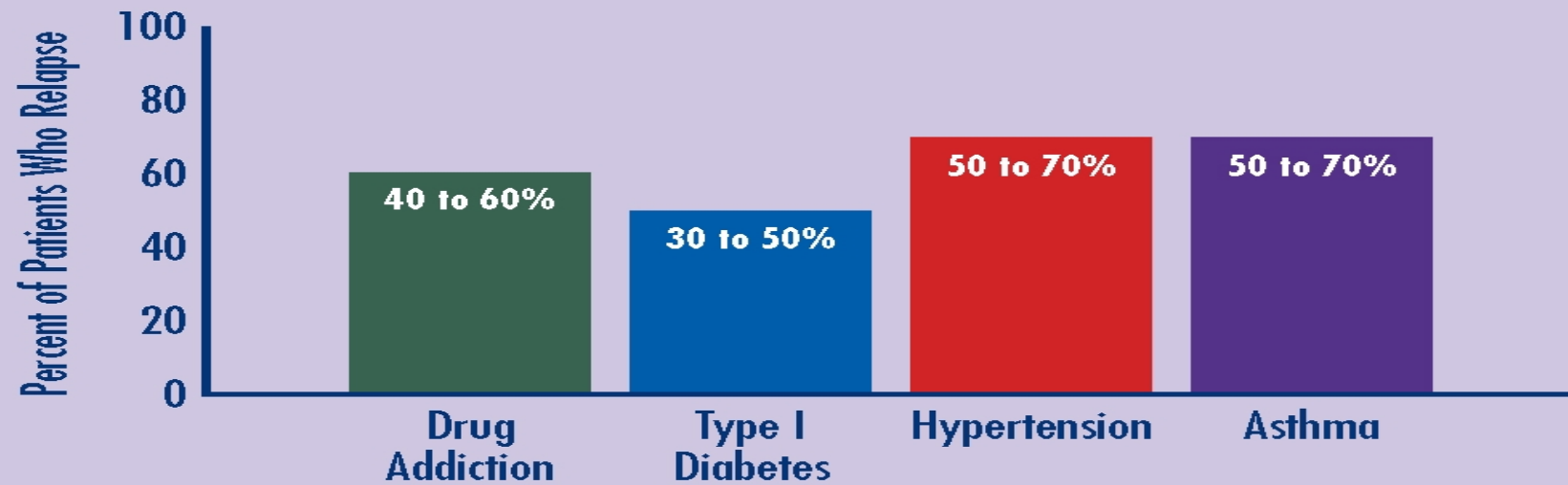
Relapse and Recycling

- Relapse shouldn't be seen as a problem of substance use or substance use disorders - relapse and recycling are a **natural part of the process** of behavior change.
- Most successful changers make **repeated efforts** to get it right that are part of a learning process to correct for inadequate completion of stage tasks.



Alt text: a cycle icon

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.

Regression, Relapse and Recycling

- **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 a prior behavior, individuals **recycle** back into pre-action stages.

Relapse is NOT a Substance Use Problem

Relapse is...

- A challenge of starting and sustaining *any* behavior change
- A problem of *not* completing the critical tasks of the stages of change *adequately*.

Successful Recovery from SUDs

- Success is defined by the individual and based on their personal health and wellness goals
- Often involves multiple attempts and interventions
- Consists of self-change and/or brief interventions or treatments
- Often involves changes in other areas of the person's life

There are many pathways to recovery.

SAMHSA's Working Definition of Recovery

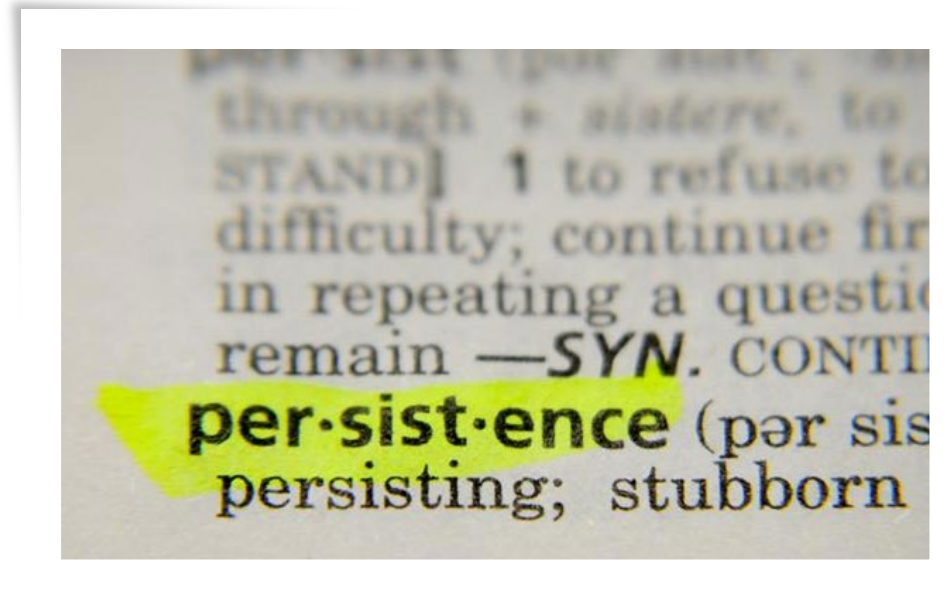
A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Helping Change Happen

- Understand that change is a **difficult, complex process**.
- Identify where a person is in the change process, and how harm reduction strategies may provide support and build self-efficacy.
- Have conversations about change, focusing on important personal values and the possibility of change.

Helping Change Happen

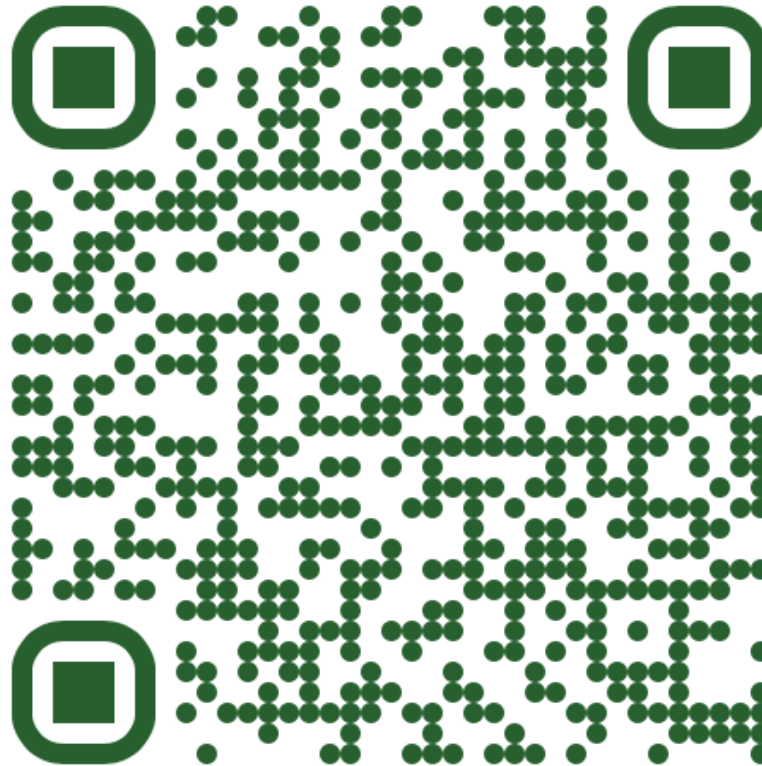
- Help to identify and address current challenges and barriers.
- Keep in mind that supporting the individual's change process requires:
 - Patience
 - Persistence
 - Optimism
 - Realism



Questions?

Please share your feedback with us!

Complete
Our
Training
Evaluation



<https://www.cognitofrms.com/MDH3/RORTrainingEvaluation>

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MARYLAND
EXTENSION

Please fill out our evaluation:



Citations

Primary sources:

- Prochaska, JO et al. (2013) *Applying the Stages of Change*
- DiClemente, C et al. (2004) *Readiness and stages of change in addiction treatment*

Slide 13 <https://www.psychologytoday.com/us/blog/neuronarrative/201707/8-reasons-why-its-so-hard-really-change-your-behavior>

Slide 14 Padwa H, Ni YM, Barth-Rogers Y, Arangua L, Andersen R, Gelberg L. Barriers to drug use behavior change among primary care patients in urban United States community health centers. *Subst Use Misuse*. 2014;49(6):743–751. doi:10.3109/10826084.2013.86696

Slide 15: SAMHSA National Survey on Drug Use and Health (NSDUH) annual survey

Slide 16: DSM-V, Source: American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC

Slide 20-22: DiClemente. *Addiction and Change: How Addictions Develop and Addicted People Recover*. NY: Guilford Press; 2003. CSAT Treatment Improvement Protocol Number 35. *Enhancing Motivation for Change in Substance Abuse Treatment*. 1999;DHHS no. (SMA) 99-3354.

Slide 24: <https://www.prochange.com/transtheoretical-model-of-behavior-change>

Slide 25: <https://www.prochange.com/transtheoretical-model-of-behavior-change>; DiClemente. *Addiction and Change: How Addictions Develop and Addicted People Recover*. NY: Guilford Press; 2003. ; CSAT Treatment Improvement Protocol Number 35. *Enhancing Motivation for Change in Substance Abuse Treatment*. 1999;DHHS no. (SMA) 99-3354. ; Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992; <https://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories6.html>

Slide 26: DiClemente 2018, 2015

Slide 32: diclemente 2003, 2005, 2018

Slide 33: WV presentation

Slide 36: PowerPoint image search

Slide 37: PowerPoint image search

Slide 38: <https://adaa.org/learn-from-us/from-the-experts/blog-posts/consumer/anxiety-wont-kill-you>, <https://www.massagemag.com/learn-how-to-relax-body-mind-3-steps-to-implement-now-125436/>

Citations

Slide 39: Image: <https://www.talkingmats.com/about-talking-mats/>

Slide 47: <https://harmreduction.org/about-us/principles-of-harm-reduction/>

Slide 48: UMBC Center for Community Collaboration

Slide 51: Seal et al, 2005, Tobin et al 2009; Hagan et al, 2009; Strathdee et al 1999, Des Jarlais et al 2014, Institute of Medicine 2017, van den Berg et al, 2007; Wodak & Cooney, 2006, Wodak & Maher, 2010

Slide 53: <https://www.katlynshealingcenter.org/>

Slide 56-57: [Evidence-based strategies for preventing opioid overdose - What's Working in the United States](#)

Slide 61: Dr. DiClemente 2019

Slide 83: DiClemente, 2003, 2005, 2018

Slide 89: McLellan et al, JAMA, 2000

Slide 95: Bishof et al, 2001; Sobel et al, 2001; Valliant 2003

Slide 97: <https://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories6.html>

Slide 106: <https://facesandvoicesofrecovery.org/resources/recovery-stories/>