* The Journey into and out of Addiction: Understanding and Intervening in the Process

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I am indebted to all the my colleagues and collaborators and to the graduate and undergraduate students in my HABITS laboratory at UMBC for their assistance and support.

Acknowledgements and COI
1. A common process of change for starting stopping and modifying behaviors.

2. Understanding Initiation of and Recovery from Substance Use and Gambling Disorders as a Multidimensional Process of Change

3. How do we intervene in that journey to prevent initiation and promote recovery
   - Differences between Change Generating and Regulating Mechanisms of Recovery
   - Differences between Client processes of change and provider/educator strategies and services

4. How can we support individuals with problematic self-regulation and self control?

Overview
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

Decisonal Balance
Self-Efficacy/Temptation
Our work on the process of change began with addiction, especially focused on nicotine addiction and smoking.

However, very soon it became very clear that this process was describing how individuals change many different behaviors.

Thus this is a more general model of intentional behavior change.

Does not apply to other kinds of change (developmental, imposed, biological).

Beyond Addiction and Recovery
<table>
<thead>
<tr>
<th>Health Promotion &amp; Disease Prevention</th>
<th>Require</th>
<th>Behavior Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Prevention</td>
<td>INITIATION</td>
<td></td>
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<tr>
<td>Health Promotion</td>
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<tr>
<td>Safety &amp; Injury Prevention</td>
<td>MODIFICATION</td>
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<tr>
<td>Prevention of Risk</td>
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<tr>
<td>Substance Abuse</td>
<td>CESSATION</td>
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</tbody>
</table>
Initiation, Modification, Cessation

EXCESS

Moderated and Self-Regulated Behavior Pattern

ABSENCE
* Common Behavior 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**
  * Reducing Caloric Intake
  * Drinking Alcohol in Moderation
  * Responsible Gaming/Gambling
  * Harm Reduction

* **Cessation of Health-Defeating or Undesirable Behaviors**
  * Tobacco Use
  * Illicit Substance Use
  * Abstinence from Alcohol
  * Domestic Violence
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!
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

DESIRED HEALTHCARE BEHAVIORS

*Includes Mental Health Behaviors
* 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 do People Change?
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
<table>
<thead>
<tr>
<th>SOC Labels</th>
<th>Critical Tasks</th>
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<tbody>
<tr>
<td>Precontemplation</td>
<td>Increasing Awareness, Concern, Interest, Hope, Confidence</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Risk-Reward Analysis and Solid Decision to Change</td>
</tr>
<tr>
<td>Preparation</td>
<td>Commitment and Creating an Effective and Acceptable Plan</td>
</tr>
<tr>
<td>Action</td>
<td>Implementation of Plan and Revising Plan as needed</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Integrating behavior change into lifestyle</td>
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</tbody>
</table>
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
* 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

* Traditional Models for Understanding Addictions
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.
No single developmental model or historical path can explain initiation of and recovery from addictions

Why someone starts a behavior may differ greatly from why they continue

Our focus is on how individuals change

* task oriented, learning based view of the Process of Change

useful for educators, clinicians and researchers

Today our focus will be on PATHWAY and PROCESS
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 biological, psychological, and social factors. Defining Addiction should describe the problematic nature of the behavior and how to change the addictive behavior.
THE STAGES OF CHANGE FOR ADDICTION AND RECOVERY

ADDICTION

PROCESSES, CONTEXT AND MARKERS OF CHANGE

RECOVERY

Sustained Change

Dependence

PC  C  PA  A  M
* As individuals move through **stages of initiation** they move
  * From **thinking** about doing it,
  * to **experimenting**,
  * to **developing a pattern** of behavior (non gambler, pathological gambler, social drinker, binge drinker, daily drinker) that becomes **habitual** or consistent over time.

* Many patterns are normative and socially acceptable, do not create problems or get judged excessive

* Addiction is a **well maintained, problematic pattern of engagement** equated with a severe use disorder or dependence

* Once an individual has created a maintained, stable pattern of this nature, interventions move from **prevention of initiation to recovery from addiction**

* **Addiction and Stages**
* Many of us moved through stages of initiation to achieve a regular pattern of consuming alcohol, smoking, gambling

* Critical to be able to distinguish among engagement patterns:
  * Use, Misuse, Abuse, Dependence, or
  * DSM 5 Mild, Moderate, Severe Use Disorders

* Trajectories can change over time (social use to misuse to dependence) and depend on developmental and contextual factors and influences (e.g., binge drinking in college; sports betting among young adult males; vaping; geriatric gambling)

* **Motivation** focuses on how individuals move into and out of these different patterns of behavior;

* **Addiction** focuses on the end state of a serious use disorder

**Stages of Change are Pattern Neutral**
THE COURSE OF ADDICTION:
A Behavioral Perspective

- Experimentation
- Casual Use
- Regular Use
- Abuse
- Dependence – Severe Use Disorder
- Mild to Moderate UD

EXPERIMENTATION
CASUAL USE
REGULAR USE
ABUSE
DEPENDENCE – Severe Use Disorder
Mild to Moderate UD
* 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

* BECOMING ADDICTED
Theoretical and practical considerations related to Prevention and Stages of INITIATION

- Expectancies/Beliefs
  - Precontemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance

- Decision-Making
  - Personal Concerns
  - Environmental Pressure
  - Decisional Balance (Pros & Cons)
  - Cognitive/Experiential Processes

- Self-efficacy
  - Behavioral Processes

- Experimentation
  - Casual use
  - Regular Use
  - Dependence
<table>
<thead>
<tr>
<th></th>
<th>MS 2000</th>
<th>HS 2000</th>
<th>MS 2002</th>
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<td>0.23</td>
<td>0.78</td>
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<td>PC</td>
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<td>M</td>
<td>2.66</td>
<td>2.73</td>
<td>2.66</td>
<td>2.70</td>
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Smoking makes young people look cool or fit in by Stage, School & Wave

- MS: 6.2, 21.5, 44.5, 41.2, 38.2
- HS: 7.3, 16.8, 31.0, 25.5, 23.4
- MS: 6.8, 24.2, 49.2, 44.5, 51.2
- HS: 7.5, 20.2, 32.5, 29.0, 27.0

Graph showing percentages for each category.
<table>
<thead>
<tr>
<th>TYPE OF BEHAVIOR</th>
<th>STAGE OF INITIATION</th>
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<tbody>
<tr>
<td></td>
<td>PC</td>
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<tr>
<td>ALCOHOL</td>
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<td>NICOTINE</td>
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<td>MARIJUANA</td>
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<td>HEROIN</td>
<td>X</td>
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<td>COCAINE</td>
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<td>AMPHETAMINES</td>
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<tr>
<td>LSD</td>
<td>X</td>
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<tr>
<td>GAMBLING</td>
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<tr>
<td>EATING DISORDER</td>
<td>X</td>
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Promote Precontemplation, Regression, and Relapse
* Key Issues In Prevention

* Know where individuals are in the process of initiation

* Create **credible messages** that do more good than harm

* Target individuals in the **preparation and action** stages who are at highest risk for initiation

* Focus on the **context** and not simply the addictive behavior
  * to build key protective factors or
  * reduce critical risk factors for movement through stages of initiation

* Realize that individuals are in **different stages** for different problematic and positive behaviors

* Create stage-based and transition sensitive **policies**
* How to target Stages?
* How to segment the population efficiently and cost effectively?
* What are the key Risk Factors and Protective Factors to target?
  * Peers and Family
  * Personal (sensation seeking) or environmental
* Harm Reduction vs. Enabling

*Key Challenges for Prevention*
* Societal messages and management of addictive behaviors is critical

* Cost based policies
  * Financial
  * Legal
  * Other

* Supply versus Demand

* Absolute versus relative perspectives
  * Harm reduction versus enabling
  * Medical marijuana

* Prevention Policy Research

* Empirically Supported Policy (Portugal and Barcelona experiments)
THE STAGES OF CHANGE FOR ADDICTION AND RECOVERY

ADDICTION

PROCESSES, CONTEXT AND MARKERS OF CHANGE

RECOVERY
Currently defined as a Severe Use Disorder

It is both an ENDING and a BEGINNING

It is the end state of a process of INITIATION

It is the beginning of a process of RECOVERY

Let’s look at this well maintained state of being addicted or having a severe use disorder
* Individual engages regularly in the addictive behavior
* There are changes in brain and biology
* There is diminished and impaired self-regulation
* The addictive behavior(s) take over the life space of the individual
* Consequences do not teach

*The End State of the Well Maintained Addiction*
Maintained Addiction becomes a Prison
* Occurs over long periods of time
* Often involves multiple attempts and multiple treatments
* Consists of self change and/or treatment or mutual help
* Involves changes in other areas of psychosocial functioning

* SUCCESSFUL RECOVERY FROM ADDICTIONS
How Do We Get from Here to Recovery

**Use Patterns**

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

**Domains**

- Social
- Psychological
- Physical

**Indicators**

- Neurobiological Adaptation
- Reduced Self Regulation
- Salience/Narrowing

**Use Patterns**

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

**Mild**  Severe

- x

**Domains**

- Social
- Psychological
- Physical
SAMHSA’s working definition of recovery from mental health and substance use disorders is “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMHSA, 2012).
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?
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
* Reveling - Like the behavior
* Reluctant - Change disrupts
* Rebellious - Nobody tells me
* Resigned - I cannot do it
* Rationalizing - I have reasons

The “Five R’s” of How and Why People Stay in Precontemplation
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.
Decisional Balance (Pros & Cons)

- **Pros of Status Quo**
  - The good things about _____
  - The not-so-good things about changing

- **Cons of Status Quo**
  - The not-so-good things about _____
  - The good things about changing

- **Pros of Changing**
  - The good things about changing
  - The not-so-good things about changing

- **Cons of Changing**
  - The not-so-good things about _____
  - The good things about _____

- **Precontemplation:** Pros of Changing < Cons of Changing
- **Contemplation:** Pros & Cons often carry equal weight = Ambivalence
- **Preparation:** Pros of Changing > Cons of Changing
* 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

* MOTIVATED TO CHANGE
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.
**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 an effective, acceptable & accessible change plan.

**GOAL:** An action plan to be implemented in the near term.
* COMMITMENT TO TAKE ACTION
* SPECIFIC ACCEPTABLE ACTION PLAN
* TIMELINE FOR IMPLEMENTING PLAN
* ANTICIPATION OF BARRIERS

* WILLING TO MAKE CHANGE
* **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).
*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.
* 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*
*Change ≠ Linear Process: Relapse & Recycling

Success

what people think it looks like

what it really looks like
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 rate over time for heroin, smoking, and alcohol

- Heroin
- Smoking
- Alcohol

Weeks and Months:
- 2 weeks
- 4 weeks
- 6 weeks
- 8 weeks
- 2 months
- 4 months
- 6 months
- 8 months
- 10 months
- 12 months
Relapse shouldn’t be seen as a problem of substance abuse or addictions—Relapse & 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.
Stages of Change

- Precontemplation
  - Awareness of need to change

- Contemplation
  - Increasing the Pros for Change and decreasing the Cons

- Preparation
  - Commitment & Planning

- Action
  - Implementing and Revising the Plan

- Maintenance
  - Integrating Change into Lifestyle

- Relapse and Recycling

- Termination

A Cycle
*Task Completion and Movement Between Stages*

**PC**

**CON**

**PREP**

**ACT**

**MAIN**

- Interest Concern
- Risk/Reward Decision
- Commitment Planning Prioritizing
- Implement the Plan
- Revise
- Lifestyle Integration
- Avoid Relapse
* Identify stages of change and understand implications of being in this stage

* Focus on the tasks of these stages in how you approach and interact with individuals you encounter or are working with.

* Think about what you can do when you encounter individuals in each of these stages for promoting recovery?

* How to keep people safe during the time it takes to successfully move through the process (Harm Reduction)

* What does this mean and how can we use this model?
* 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

**Mechanisms of Change**
Mechanisms of Change

Change Generating - behavior specific change mechanisms

Change Regulating - Generic self-regulation and self-control mechanisms
* 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

* MECHANISMS OF CHANGE: A CLIENT PERSPECTIVE
The Processes of Change

*Experiential Processes: Ways of thinking and feeling that can help individuals move through the early stages of change.

*Behavioral Processes: Various action oriented activities (including overt actions to change one’s behavior) that can help individuals move through the later stages of change.

(DiClemente, 2018)
## Experiential Processes

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

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<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>Self-Liberation</td>
<td>Making a choice and commitment to alter one’s behavior</td>
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<tr>
<td>Stimulus Control</td>
<td>Creating, removing, or avoiding any cue or stimuli that might trigger one to engage a particular behavior</td>
</tr>
<tr>
<td>Counterconditioning</td>
<td>Substituting a new behavioral response to a stimulus instead of a problematic behavioral response</td>
</tr>
<tr>
<td>Reinforcement Management</td>
<td>Creating rewards for engaging in a desired behavior and eliminating any rewards received from engaging in the unwanted behavior</td>
</tr>
<tr>
<td>Helping Relationships</td>
<td>Enlisting the support of others specifically for eliminating an old behavior or adopting a new one</td>
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Timing of POC Use in Change Process

*Precontemplation*  *Contemplation*  *Preparation*  *Action*  *Maintenance*

Consciousness Raising
Dramatic Relief
Environmental Reevaluation

Self-Reevaluation
Cognitive processes are needed at the early stages of behavior change

Self-Liberation
Counterconditioning
Helping Relationships
Reinforcement Management
Stimulus Control

Behavioral processes are needed at the later stages of behavior change
Client status during one year follow-up period:
* Abstinent
* Moderate drinking
* Heavier drinking

Baseline and End of Treatment Client profile on Stage of Change subscales, temptation to drink, abstinence self-efficacy, experiential and behavioral processes of change

End-of-Treatment-Process Profiles Predict Outcomes

TTM Profile: Outpatient PDA Post-treatment

TTM Variables

Pre  Con  Act  Main  Conf  Temp  Exp  Beh

Standard Scores

Abstinent  Moderate  Heavier

PDA = percent days abstinent
*Interactions between Personal Process and Treatment Strategies*

- **Personal Processes**
- **Treatment Strategies**

**PP**
- **TS**
Processes and stage tasks are change generating

Focused on specific goal and behaviors

Directly related to the target behavior

 Quitting heroin, gambling, nicotine

 Cutting down on drinking

 Reduce the money spent on gambling

 Using marijuana less frequently

Change Generating Mechanisms
Self regulation models include self-observation, self-evaluation, decision making, willingness to consider change, and planning (Miller & Brown, 1991, Bandura, 1986; Kanfer, 1986)

Self Regulation Components (skills, abilities) include:
* Executive Cognitive Functioning and
* Affect Regulation (Giancola et al., 1998; Zinn et al., 2004)

Self Control and Self Regulation are
* essential mechanisms in both initiation and modification of addictions
* critical to beginning and completing the tasks of the stages of change
“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 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
*Scaffolding: A strategy for Managing Self Control Deficits*
One way to think about scaffolding
* Recognize that impaired self regulation disrupts the client’s process of change
* Provide “scaffolding” - external support systems that can support the change process
* Provide a way the client can build and rebuild self-control muscle and reinstate self-regulation
* Make sure the building is well built before you take down the “scaffolding”

*What Can We Do About Impaired Self Regulation*
* Focus on where person is in stages
  * For what change (taking medications, entering treatment, screening, cutting down, sharing needles, getting methadone, quitting opiates)
  * Readiness ruler (On a scale of 1 to 10)

* Focus on important personal values and possibility of change

* Engage personal processes of change and help them with current challenges

* Offer support to scaffold what severity undermined (impaired brain, loss of self-control, loss of pleasure and functional lifestyle)

* Create conversations about change

* **Helping Change Happen**
* Developing a System of Care that is:
  * Supports problematic self-regulation
  * Client Centered
  * Collaborative
  * Provides Integrated Care for Recovery

* Today’s Challenge
* Key mechanisms for change reside in the individual who needs to change for intentional change to be sustained

* Clients are really consumers of services and to be engaged and valued, and for whom these products and services need to be tailored to be consumer focused and friendly

* Each client has a unique history and set of problems that make change challenging

* Why Focus on the Client/Consumer
* We need to treat people not diagnoses
  * The whole person not a single problems
* Every change of a targeted problem really involves multiple changes and often is complicated by problems and changes needed in multiple life domains
* Healthcare providers are facing this reality that 70% of the 56.4 million global deaths in 2015 were due to NCDs - Non Communicable Diseases (CVD, COPD, Diabetes, Addictions) (WHO report 2016)

*Why Integrated Care?
Needs

* A Process Model to guide decision making
* Interdisciplinary and multidisciplinary resources
* Time sensitive communication system
* Client oriented, empowerment approaches
* Flexible allocation of Resources

Barriers

* Lack of adequate actionable assessment
* Specialist Model of Care
* Lack of collaboration among providers and programs
* Lack of integrated medical record accessible to all healthcare providers
* Lack of incentives and trust among providers

* Needs and Barriers for Client-Centered and Integrated Care
* Use a model that focuses on patient needs and desires, motivation, and self-regulation
* Focus on scaffolding impaired self-regulation
* Create systems of care, not treatment programs
* Create policies that effectively interact with the process of change
* Create a system of communication among professionals that focuses on client and is used to coordinate interventions and treatment

*Some Solution Focused Suggestions*
References


