Recycling and Recovery: Finding Value in Unsuccessful Attempts to Change

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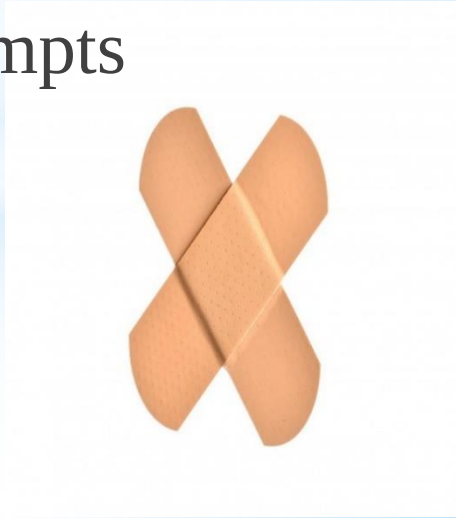
* I am grateful for the many years of collaboration shared with my colleague and friend James Prochaska who passed away recently
* I am very pleased to remember and honor Richard Saitz, a colleague and friend who made wonderful contributions to the field especially in his work on SBIRT and stigma.

*SAMHSA's View of Recovery

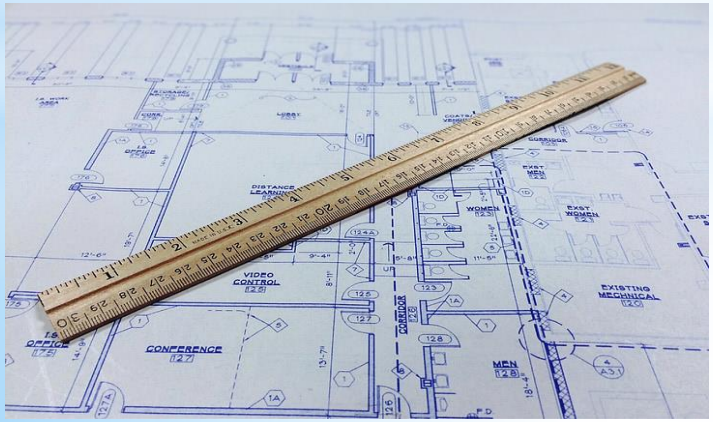
- "A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential."
- Recovery is built on access to evidence-based clinical treatments and recovery support services for all populations
- Recovery often requires repeated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

Not just putting a Band-Aid on a wound and waiting for the wound to heal
or just stopping using a substance or just going to treatment. It is a journey of change



A Blueprint for Understanding the Process of Change

* Blueprints for a building or a bridge show how to construct the structure and the specifications and steps in that process
* When something goes wrong investigators look at the problem in light of the specifications identified in the blueprint to see if the cause is due to
  * materials used, execution of construction, vulnerability of design, lack of upkeep, or external causes.
* The Transtheoretical Model offers a blueprint for looking at the entire process of intentional behavior change
* This blueprint contains a structure and specifications for making a successful change and for understanding what may be going wrong in unsuccessful attempts to change



A Client Focused Model of Intentional Behavior Change

STAGES OF CHANGE

PRECONTEMPLATION → CONTEMPLATION → PREPARATION → ACTION → MAINTENANCE

PROCESSES OF CHANGE

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

CONTEXT OF CHANGE

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

MARKERS OF CHANGE

Decisional Balance

Self-Efficacy/Temptation

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

How Do People Change?

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

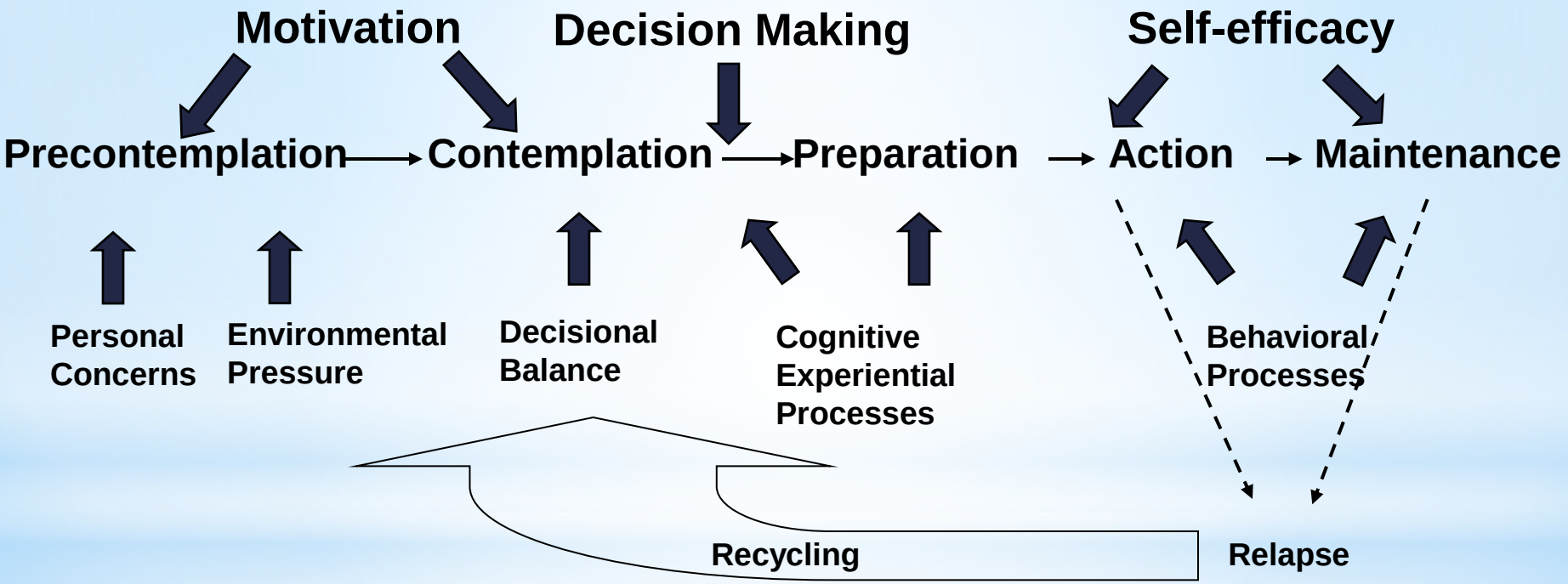
* Stage of Change Labels and Tasks

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

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

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

Movement Through the Stages of Change: The Process is Multidimensional

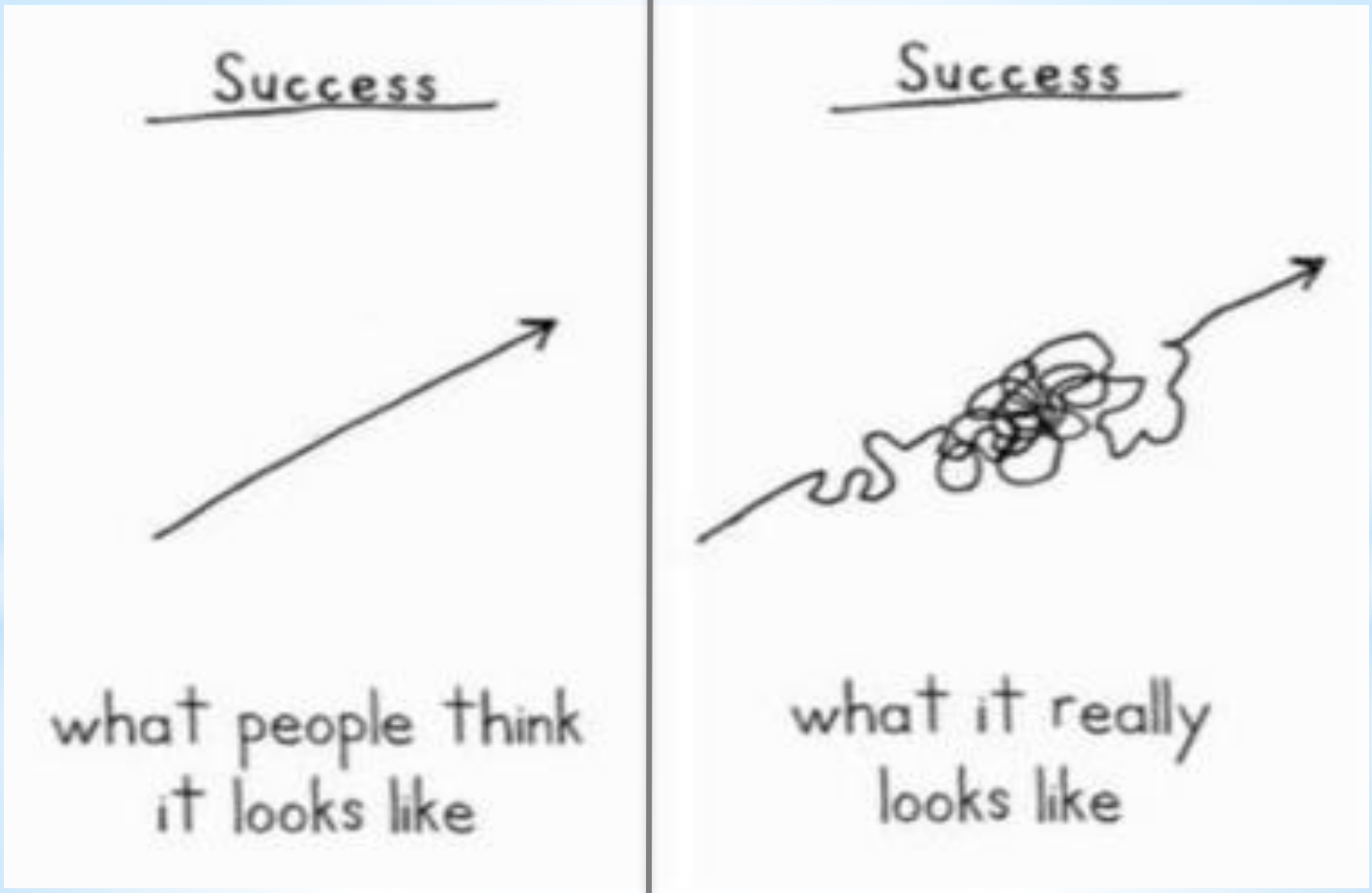


What is necessary to help or hinder completion of the tasks of each of the stages and to engage the processes of change needed to complete the tasks?

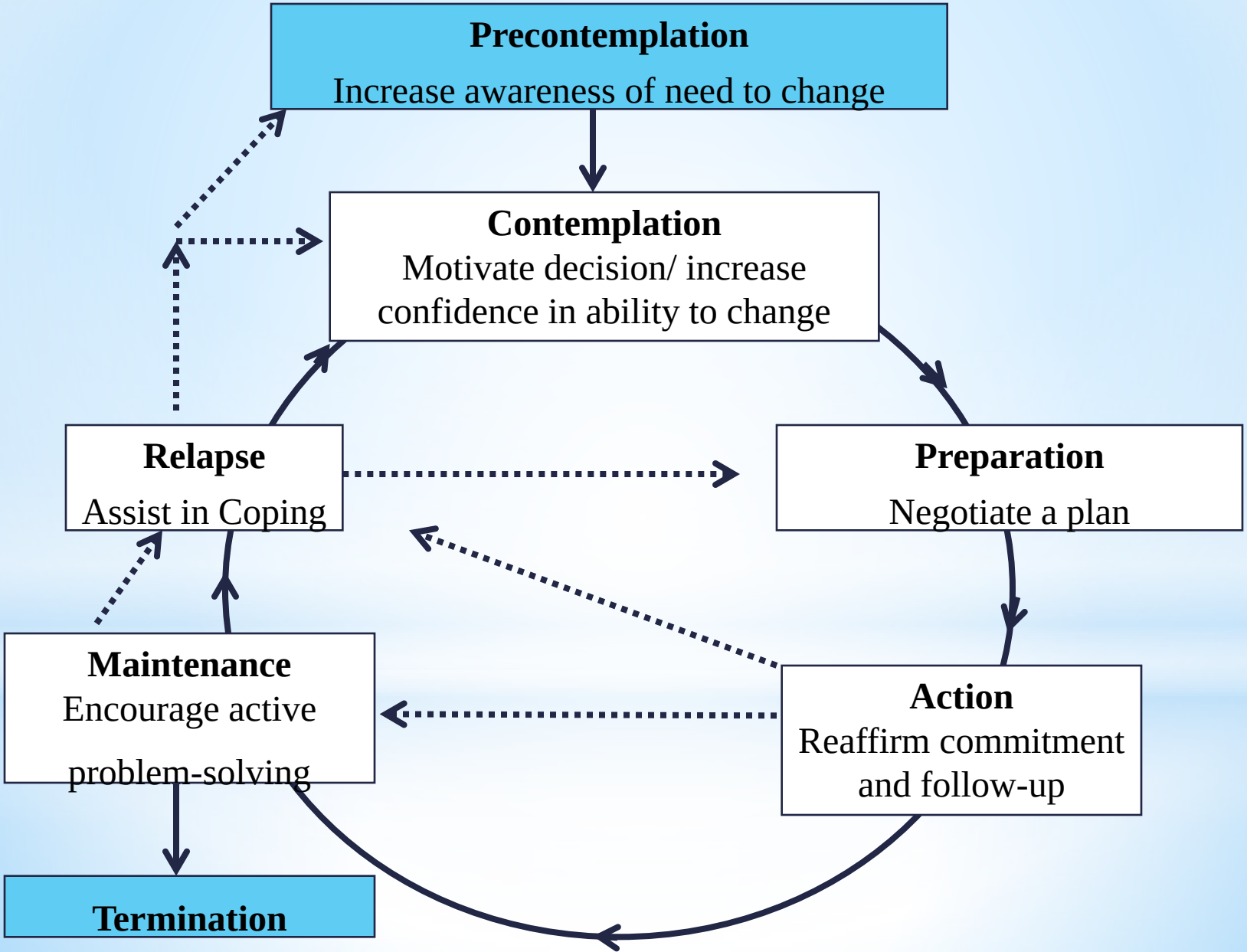
Relapse and Recycling

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

*Change ≠ Linear Process: Relapse & Recycling



Stages of Change Model



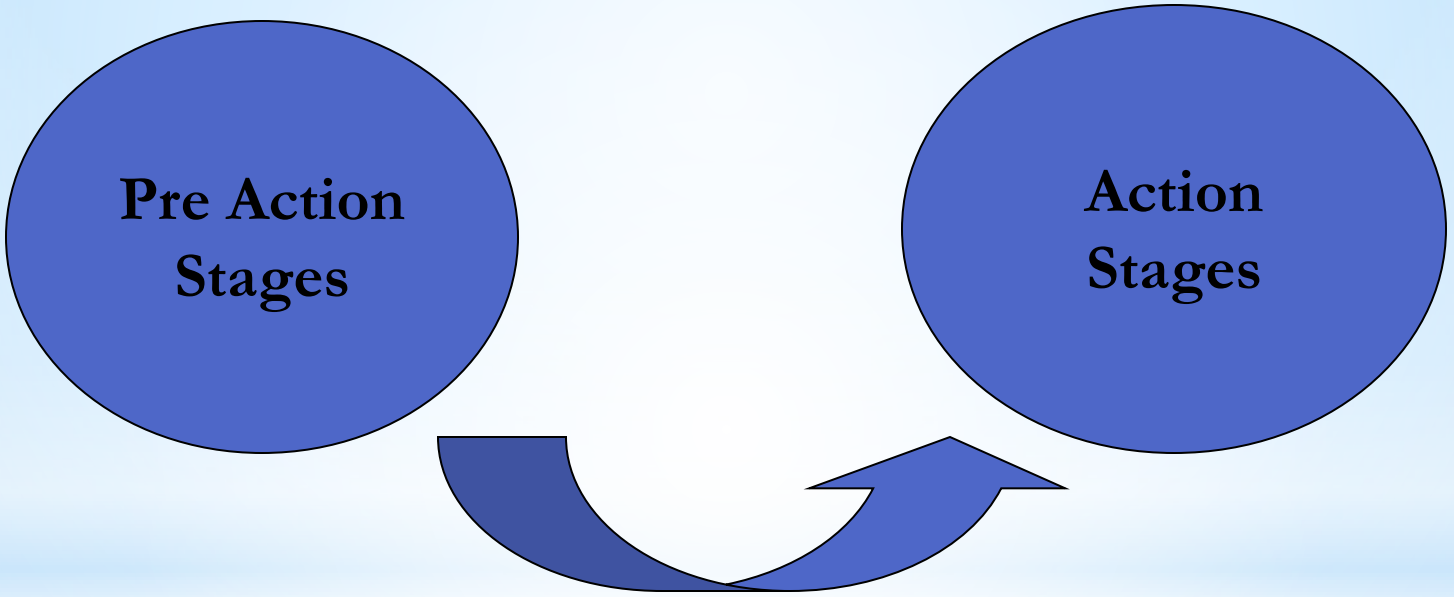
Using Stages as a Template

* Stages and tasks have been uses to asses where someone is in making an intentional behavior change and how can we help them on this journey of change

* Today we will look at them as a blueprint for analyzing where clients have been in their journey of prior unsuccessful attempts to change and what they can learn

Clear Difference Between Pre-Action and Action Stages

The Key Link



What do individuals have to do in Pre-Action Stages to be successful in making the leap to Action Stages? What do they have to do in the Action stages to sustain success?

* Why Can't Individuals get it right the first time?

* Learning how to manage and overcome obstacles and accomplish stage tasks takes time, energy, and focus
* Many ways recovery and sustained change can become compromised
* IT'S A COMPLICATED PROCESS
* RECOVERY AND BUILDING A NEW PATTERN OF BEHAVIOR IS MORE MARATHON THAN SPRINT
* There are also critical factors that make it hard to change
  * **With addiction the key three mechanisms are**
    * **neuroadaptation, impaired self-regulation** and **importance/salience**
  * **With all lifestyle behavior changes**
    * **complicating personal, social, and environmental factors, weakened self-control, and entropy (reverting back and losing energy and focus)**

DiClemente, 2018

Mechanisms Contributing to a Well-Maintained Addiction

* A small set of mechanisms contribute to maintenance of addiction and challenge completing stage tasks adequately to sustain recovery
  * **Neurobiological Adaptation** – brain and biological adaptations to frequent exposure to addictive behaviors hijacking some functions (a brain disease)
  * **Reduced/Impaired Self-Regulation** – The sense of loss of control and compromised self-regulation despite consequences - hallmarks of addictions (a behavioral control disease)
  * **Salience and Narrowing of Behavioral Repertoire** – The addictive behavior becoming so valued a reinforcer that the behavior becomes more ubiquitous and potent in life undermining value of other behaviors(a crisis of values/spiritual disease)

DiClemente, 2018

Cyclical Model for Successfully Sustained Change

Addressing addiction mechanisms

- Overcoming habit and neuroadaptation
- Find support for impaired self-regulation (scaffolding)
- Begin building a new meaningful life that includes new behaviors and absence of former risk behaviors

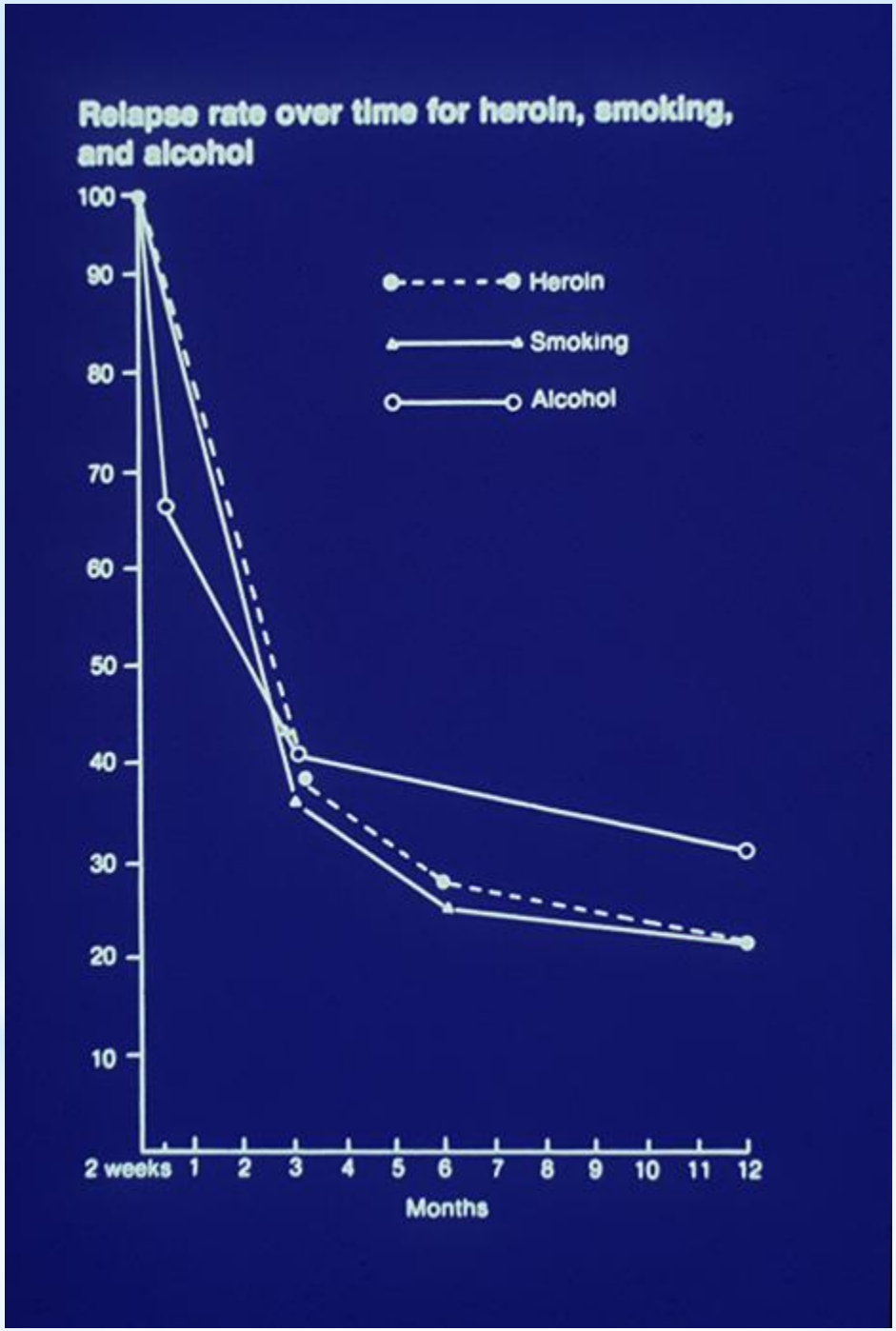
- Keys to successful recycling
  - Persistent efforts
  - Repeated attempts that
  - Learn from past attempts
  - Never Give Up
  - "Stick and Stay"

The Role of Unsuccessful Attempts to Change in Recovery and Behavior Change

If it happens so often, there must be a purpose and some meaning or function of

Relapse and Recycling in Recovery

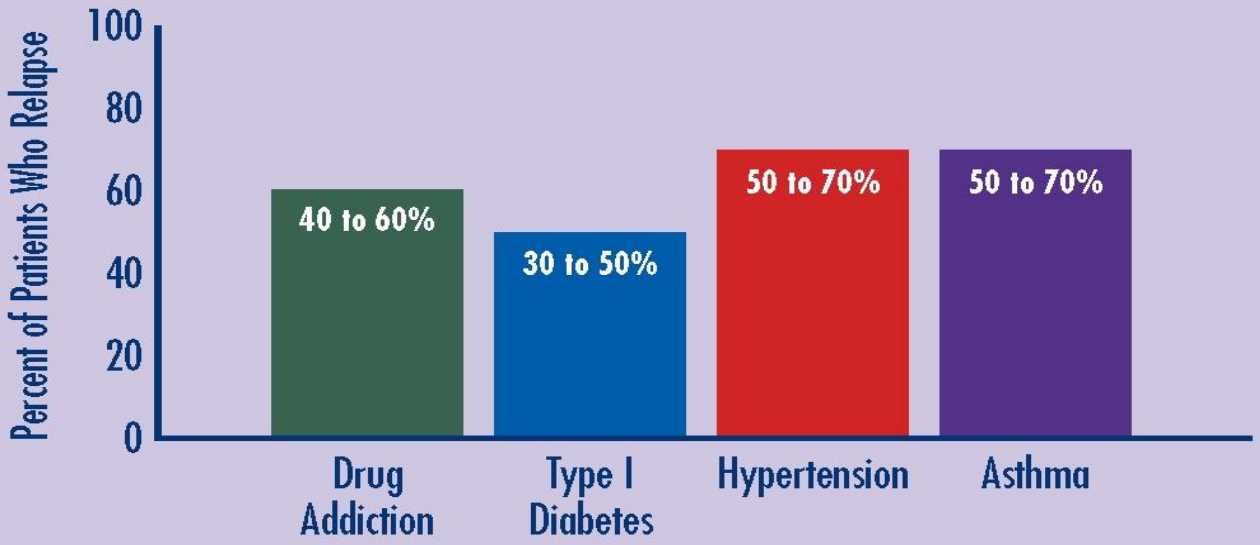
Project Match:
OP abstinent
One year 24%



COMBINE Study:
One or more heavy drinking days
At FU 80%

Relapse Replication Study: Abstinent
12 months 18%

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.

*Relapse & Recycling

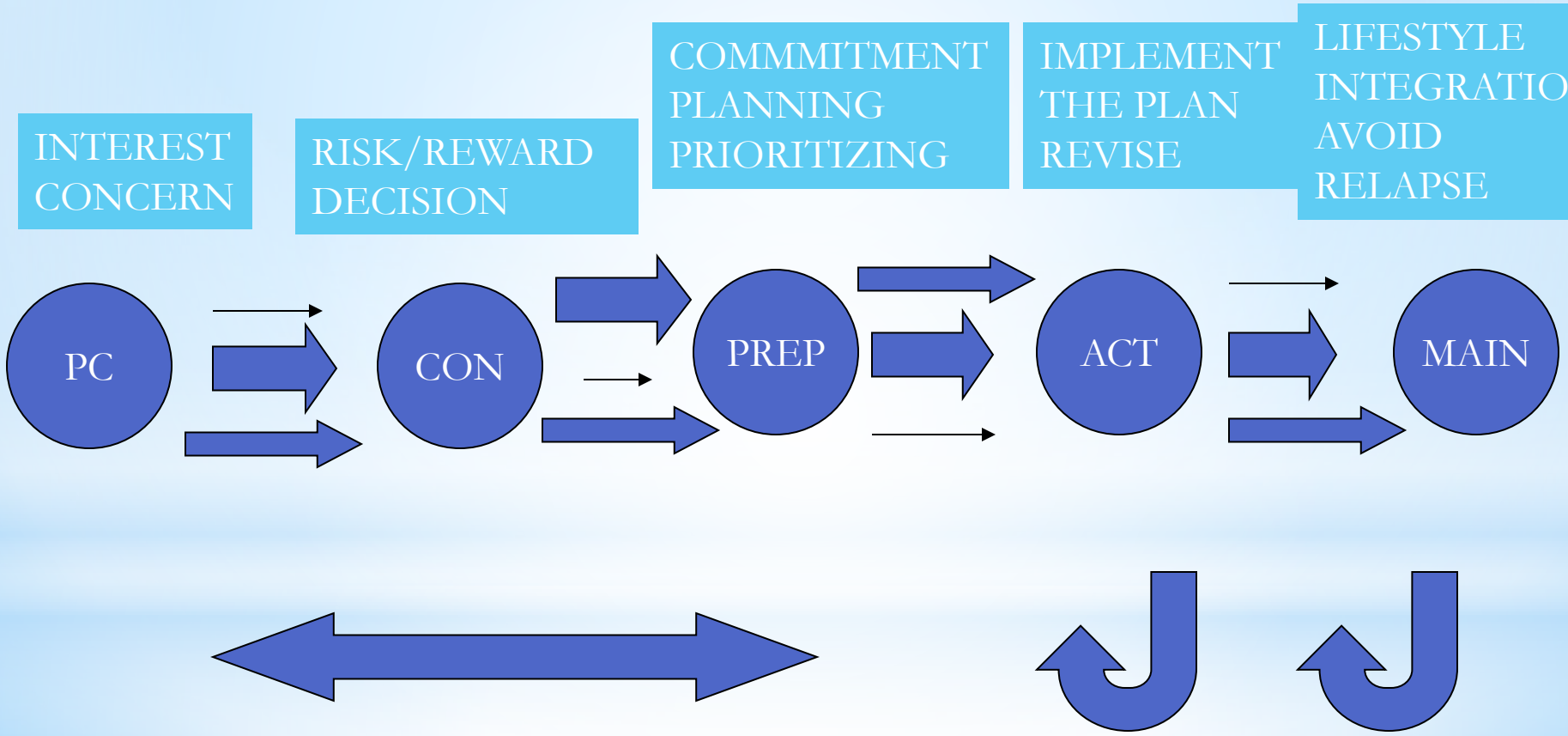
* Relapse shouldn't be seen as a problem of substance abuse or addictions—Relapse & Recycling are a natural part of the process of behavior change.
* Relapse in mental health conditions involves some biological processes but can also be see through this lens if it involves noncompliance with behavioral activities

- Most successful changers make repeated efforts to get it right - part of a learning process to correct for prior inadequate completion of stage tasks.

Recycling and Recovery

- What is a “relapse”?
  - Variable – numbers, drug tests, consequences are inadequate
  - Abstinent only outcome or Relapse?
  - Best defined as when the individual **gives up** on the attempt to change
  - Not a total failure but a learning opportunity
- Individuals who give up on this change attempt **return to a pre-action stage**
- To achieve recovery must **try again** to successfully move through the stages
- Role of recycling is to learn how to **adequately accomplish** the tasks and engage the mechanisms needed for recovery

TASK COMPLETION AND MOVEMENT BETWEEN STAGES



* Although few follow a completely linear path or journey through the stages of change
* Stage tasks build on one another and support one another
* If some elements are weak of not well done, the entire enterprise can fail

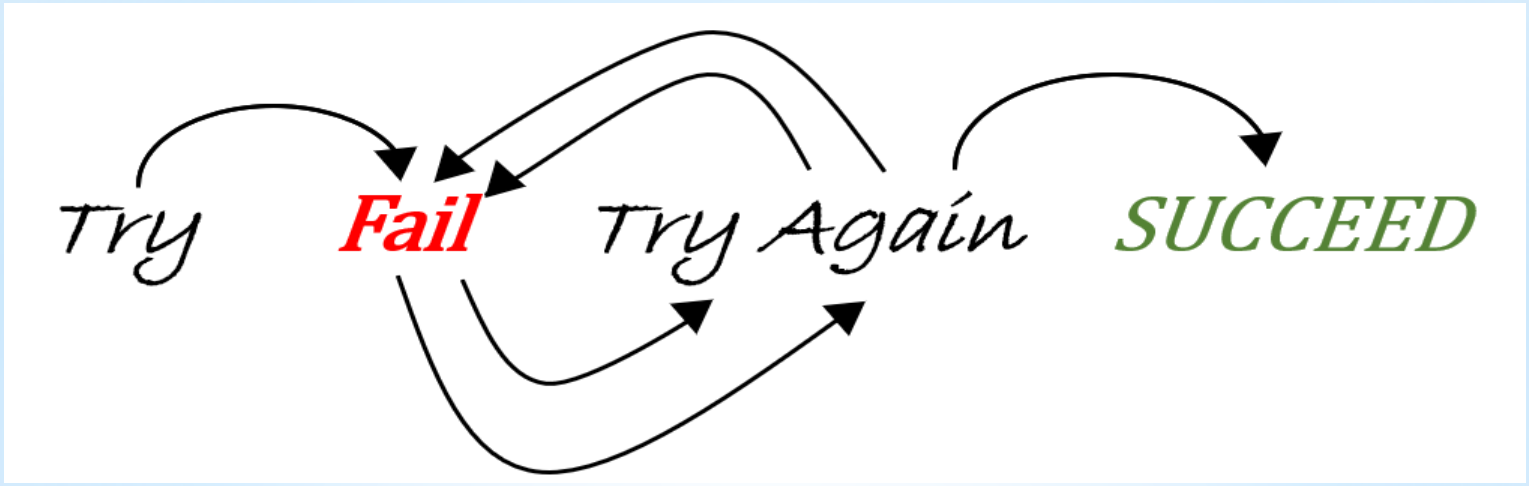
* ***Solid decisions are built on significant interest and concern and lead to stronger commitment and effective plans that are implemented and revised and finally become sustained and part of a lifestyle***

* Stage tasks build on one another

Making a Successful Change

Change and recovery that can be sustained and maintained must be built on

- Significant interest and concern that leads to
- Decision making that yields a strong and secure decision that underpins
- A Firm decision & commitment to make a viable and effective plan that
- Includes the how and when the action begins and how to deal with threats
- Sticks with the change and revises the plan when needed that
- Is sustained through difficulties and unexpected events and slips and struggles



*"If at first you don't succeed, try, try, try again."

~ William Edward Hickson

Multiple unsuccessful attempts, however, may mean problems in context or co-occurring conditions must be addressed or a failure to learn from flaws and errors in the change process

Black Boxes and Investigating Failure

* In health care there is a culture of evasion: failure is an anomaly, an unfortunate event, doing the best we could, just happened, cannot explain it

* In the airline Industry there is a "system where failure is *data rich*" and where "mistakes are not stigmatized, but regarded as learning opportunities" (Syed, p. 25)
  * Two black boxes; one for the electronic systems on board and the other the cockpit voice recorder
  * Independent objective investigation. Results available to everyone. Share results with all pilots

One Clear Message from People in Recovery

* George M. – “Never, Never, Never give up”
* Jane R. “Never stop trying, If one thing does not work, try something else”
* However, we must learn form failures and not simply do the same thing over and over again expecting different results
* “Instead of dwelling on past failures, it’s more productive to learn from your past, treating past recovery attempts as a **rich library of experiences to shape your future**”
* (Anne M.. Fletcher, 2001, p.70)

* Blame Gets in the Way of Successful Recycling

* Who is responsible? Why did it happen? Who or what is to blame?

* Blame undermines accurate reporting, acknowledging errors, learning about ourselves and undermines information critical to be successful

* Blame and finger pointing (the program did not work; you did not work the program) is not helpful

Addressing Stigma

- Self-Stigma is often worse than social stigma
- Self-compassion may be particularly powerful in mitigating self-stigma and shame
- Self Compassion
  - Mindfulness (non judgmental, accept present reality)
  - Common humanity (all are human, make mistakes, suffer and at times fail)
  - Self-kindness (treating oneself with kindness and respect in face of pain and failure)

* Keys to Successful Recycling

* Blame and guilt undermine motivation for change
  * Self Compassion is needed

* Support re-engagement in the process of change

  * Persistent efforts

  * Repeated attempts

  * After learning as much as possible from prior attempts, helping individuals take the *next step* – Matching strategy to stage of change.

  * Talk to the person in an encouraging way and focus on resilience and past success to increases their motivation to give it another shot.

  * Working Smarter not Just harder

* **It is stigmatizing, blaming, and contributes to a fatalistic/failure identity**
* **It is hard to define and confusing to measure**
* **Problematic to use with chronic conditions**

* **Recycling on the Road to Recovery**
  * A setback in sustaining change, a mistake that can be corrected, an opportunity to learn
  * Long-term multidimensional perspective
  * Getting Well and Getting Better

* Let's retire the term "Relapse"

- Many individuals get stuck in the pre-action stages and never make it to action
- However, even these individuals have considered change
- They need to work on and get pre-action tasks done well
- However, if the failure is in the flight, the entire process of change needs to be examined

Failure to get off the launching pad versus failure in the flight

Learning from Unsuccessful Attempts to Change

* People coming to Smart Recovery and other treatment and mutual support programs are not “change” virgins
* Before seeking help, most have tried to change their substance use and other behaviors many times.
* Often, they have not followed through with a Bonafide attempt. They thought about it, made a decision and never found the commitment or implemented a plan or took action
* This is **not a relapse**
* Remember that no one can relapse or have an unsuccessful attempt to change **unless they have had some success no matter how limited**

What Can Go Wrong: Interest and Concern

* If interest and concerns are driven by external events or people, the motivation is more extrinsic or externally driven
* **Extrinsic motivation** can be helpful but relying solely on it can feel like the change is being done for others and more like imposed change
* Without some **Intrinsic motivation** (doing this for my wellbeing) the change can be difficult to sustain and lead to lack of success
  * intrinsic motivation seems to predict enhanced learning, performance, creativity, optimal development, and psychological wellness (Deci & Ryan, 2017)
  * intrinsic motivation is associated with brain activities that are related to autonomy, mastery, and self-directed activities (Morris et al., 2022)
* Check how both extrinsic and intrinsic motivators played a role in the change attempt and possibly the relapse

Provider strategies: Interest and concern

* Use Motivational Communication Strategies to Explore both extrinsic and intrinsic motivations for change
* Extrinsic motives like avoiding consequences, threats, or benefits for others can be helpful to get consideration of change BUT pressure can evoke resistance
* Promote choosing change rather than being forced to change
* Concerns are related to consequences and impact on self and others
* Interest is related to personal experiences and reasons for making a change
* Examining values and personal benefits or reasons can access more intrinsic motivations
* *Good Question: What is pushing you to make this change and what is pulling you to make this change? Is this different from prior attempts?*

What Can Go Wrong: Decision Making

- Decision making involves both the pros and cons of the **current status quo** and the pro and cons of **making the change**
- A good decision has important considerations both
  - Cons of the current situation
  - Benefits or Pros for the change
- If the decision is based on weak decisional considerations, it will not be strong enough to build a strong commitment.
  - Disregard of current consequences
  - Under valuing the benefits of change
- When the problems and pressures of beginning the change occur, weak decisions promote giving up early
- The best client decisional considerations include both
  - intrinsic, personal value driven ones
  - meaningful, extrinsic ones

Provider strategies: Decision Making

* Explore not only the pros and cons of the current behavior but the pros and cons of the potential change
* Ask about importance of the decisional considerations not just the how many there are
* Avoid exploring sustain talk and reasons not to change
* Promote self and environmental reevaluation; Reexamining what you are doing, reasons, and choices
* Explore important client values and hopes for the future
* Link these to current status and help envision a future different from the past
* Be careful of impulsive decisions that are not built on solid considerations and promote a rush to action

What Can Go Wrong: Commitment

* Commitment is the resolve and dedication to engage self control strength in service of implementing the behavior change
* Strength of commitment is related to strength of decision making
* Weak commitment leads to disorganized and easily discouraged attempts at behavior change

* Self control is needed to decide and plan actions and manage emotions
* Self control strength that is exhausted by stress and difficult life situations can undermine commitment

* Bridging the “intention to behavior gap”:
  * Procrastination and lack of commitment undermine
  * Preparing, Planning and Implementing a change

Provider strategies: Commitment

* Support strong commitment by focusing on the future and building a new life and identity that includes making the change.
* Listening to the client for weak commitment language (wishing, hoping) from more substantial levels of commitment (determination, dedication, pledge, personal obligation)
* Support and scaffolding of self control is critical to building and sustaining commitment
* Remember impaired self regulation is an addiction mechanisms that undermines self-control strength
* Help deal with contextual challenges to change in the life of the individual

What Can Go Wrong: Planning

- Good planning involves setting goal and building viable plans for accomplishing goals
- What makes for good goal setting are SMART Goals
  - Specific, Measurable, Achievable, Realistic, and Timed
- **Vague, unrealistic goals and lack of an implementation plan and timeframe leave one unprepared to make a behavior change**
- Plans need to be *effective, acceptable, accessible, and realistic*
- If the changer is not a collaborator in planning the plan is problematic
- Low Self-Efficacy to perform planned behaviors & skills to implement the plan are critical
- A **change plan** is different from a **treatment plan**

Provider strategies: Planning

- Explore goals in past attempts and whether they are different from current goals
- Sobriety and Recovery are often vague goals. Specificity is critical to create measurable outcomes
- Assess skills to perform target behaviors and meet collateral goals: stop using heroin and avoid others who use
- Build self-efficacy by focusing on past successes, relevant role models, decreasing anxiety and affirming strengths
- Create a timeline: Procrastination is the enemy of preparation
- A collaborative relationship built on trust and compassion about prior lack of success
- Build a strong support system that is accessible
- Offer Hope

What Can Go Wrong: Action

- Where the rubber hits the road: putting the plan in action
- Was the timeline for the beginning of action realistic and implemented – not putting off till tomorrow
  - How difficult were the first few hours or days? How were they managed? Were there early slips that led to giving up?
  - Unanticipated withdrawal or initial difficulties in making the change
- Disruption in the environment, family system, or other problems in the context
- Overwhelmed by mental health and emotional issues
- Weak self control and ability to implement the change plan
- Lack of sufficient scaffolding and support for taking action and implementing plans
- Lost focus on importance and reasons for goal

Provider strategies: Action

- Get a detailed account of successes in terms of length of time, overcoming some obstacles, following through on important parts of the plan
- Check if there was a viable plan and level of commitment:
  - if unsuccessful attempt lasted a short time often the problem is in completing well tasks of earlier stages
- Assess level of environmental and contextual influences affecting implementation of plan
- If abandonment of change attempt happened early in first 3-6 months indicates problem in decision, planning, commitment?
- if longer it is a problem of sustaining change and possibly not finding benefits, satisfaction, or meaning after the change
  - life situations and lack of social capital

What Can Go Wrong: Maintenance

- On any attempt to change this behavior did the person ever get beyond 3 to 6 months and move into maintenance
- If not, the problem seems to be one of sustaining action
- Make sure you understand current stage for making another attempt to change
- If there had been a significant period of change, what happened to undermine the significant success
  - Loss of motivation (entropy)
  - Significant events in the environment or relationships
  - Mental health issues (anxiety, depression, impulsivity, stress)
  - Lack of ongoing support
  - Lack of finding meaningful alternatives and lifestyle
  - Inadequate completion of pre-action tasks
  - Were there danger signs that were ignored

Provider strategies: Maintenance

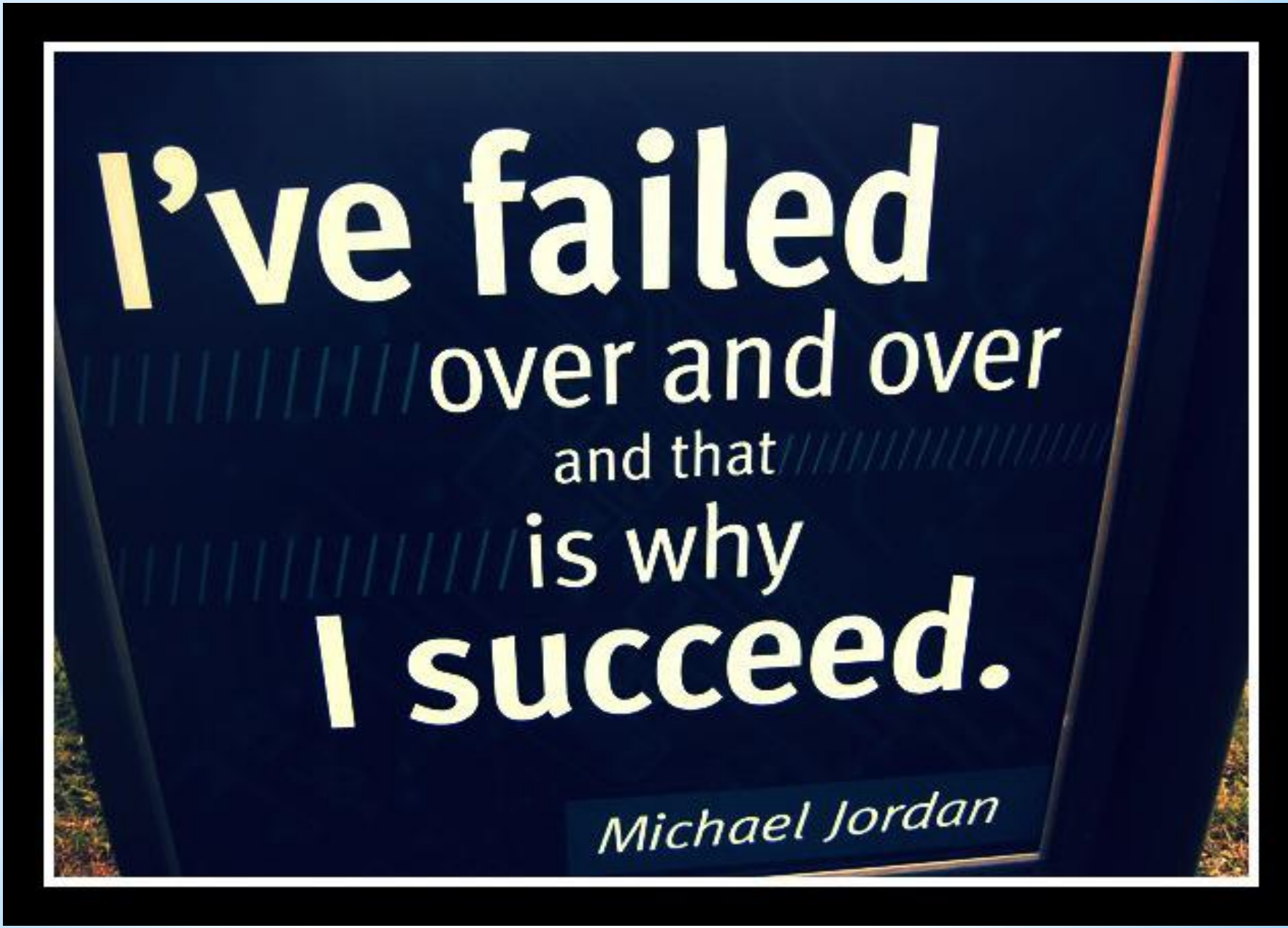
* Support and affirm commitment and ability of client that allowed them to get into maintenance previously
* Analyze the potential obstacles that hindered sustaining the change longer or making the change more permanent
* Make sure there are short and long-term support systems that can be used for warning signs that compromise change
  * including both mutual support, family & friends, and provider availability
* Help find the meaning in the lifestyle after the change
* Make sure to assess and intervene with mental health problems
* Provide routine and emergency check-ins

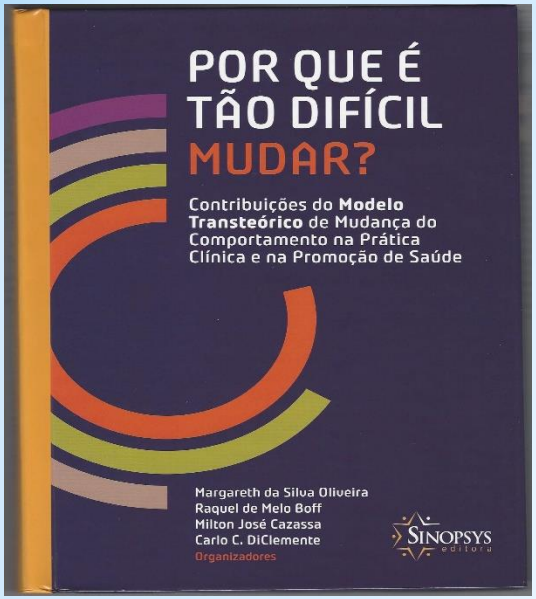
How Can We Promote Recycling and Recovery and Sustained Change?

- More than what happened in the moment: triggers, coping, etc.
- When debriefing a relapse or failure to sustain a behavior change:
  - Examine whether there was personal, strong, and intrinsic interest and concern (not only spouse, family, court)
  - Decision – how strong, good reasons, solid risk benefit analysis, supported by important values?
  - How good was the plan (accessible, acceptable, feasible, effective)? Did you revise parts that were not working?
  - Was your commitment sufficient to manage withdrawal and all the fall out from change?
  - Did you find some valuable alternatives or reinforcements and supports? Were you ever able to make the new behavior your new normal

Learning from Unsuccesssful Attempts to Change

* Hopefully this template or blueprint for examining past attempts can empower both provider and client to greater successful recycling
* Recovery is a marathon not a sprint
  * requires making many 5, 10 and 20 mile runs to successfully make the ultimate 26 miles
* Failure is filled with important information
* Having the courage to examine lack of success and broadening our scope to examine the entire change process offers a way to
  * learn from the past and improve the change process and outcomes of the next attempt
* We all need to develop the capacity to be comfortable and effective in dealing with lack of success in order to promote successful recycling and recovery




POR QUE É TÃO DIFÍCIL MUDAR?
Contribuições do Modelo Transteórico de Mudança do Comportamento na Prática Clínica e na Promoção de Saúde
Margareth da Silva Oliveira
Raquel de Melo Boff
Milton José Cazassa
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Organizadores
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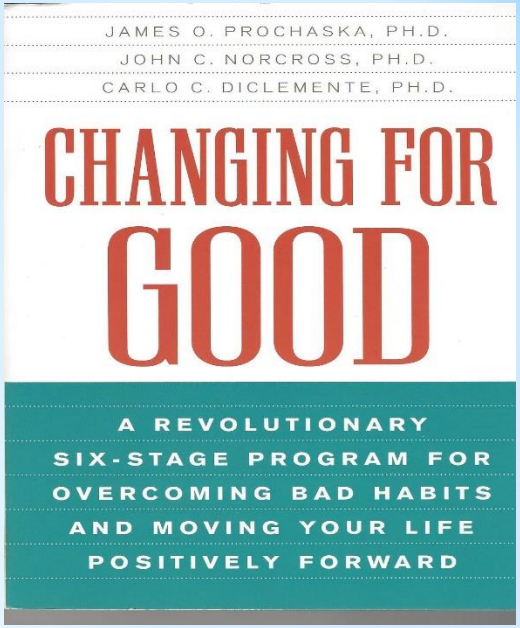
Questions?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JOHN C. NORCROSS, PH.D.
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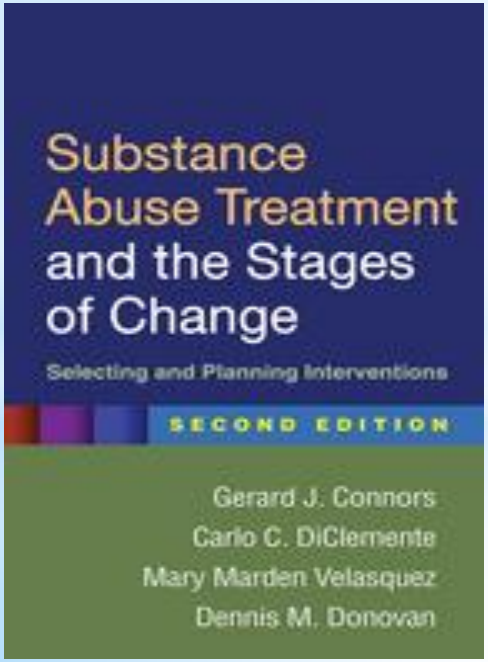
CHANGING FOR GOOD
A REVOLUTIONARY SIX-STAGE PROGRAM FOR OVERCOMING BAD HABITS AND MOVING YOUR LIFE POSITIVELY FORWARD


Substance Abuse Treatment and the Stages of Change
Selecting and Planning Interventions
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Mary Marden Velasquez
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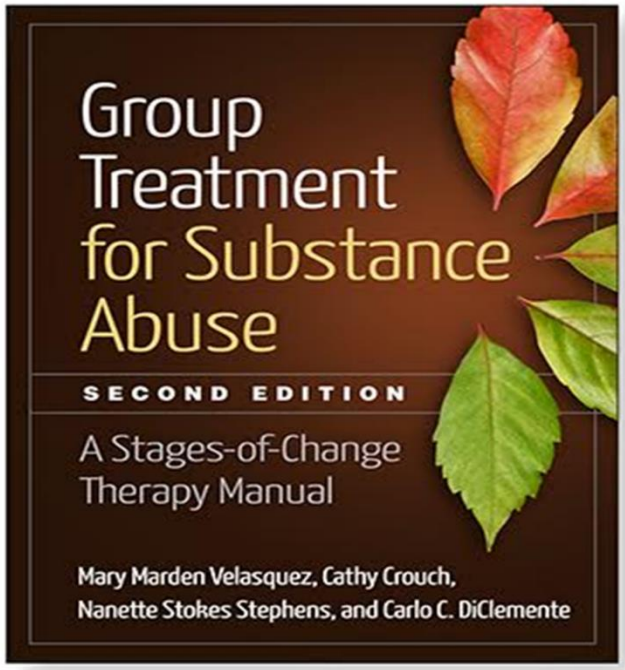
Group Treatment for Substance Abuse
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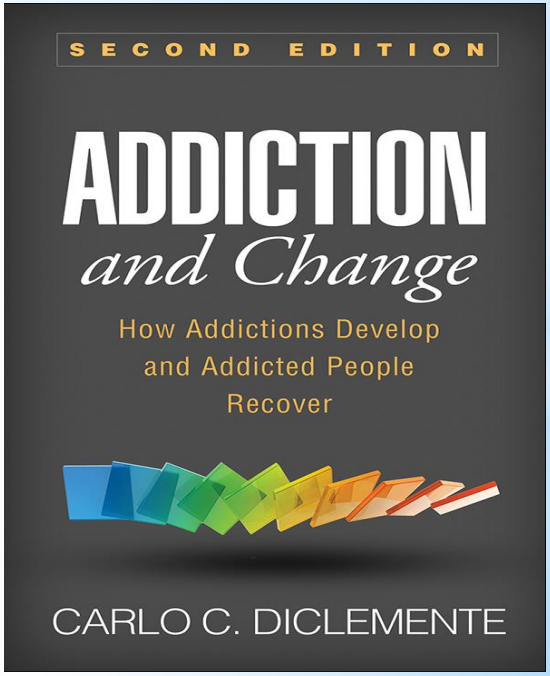
A Stages-of-Change Therapy Manual
Mary Marden Velasquez, Cathy Crouch, Nanette Stokes Stephens, and Carlo C. DiClemente


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

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