

Transtheoretical Model of Change:

A Model for the Treatment of Substance Use Disorders



Northeast & Caribbean (HHS Region 2)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



UNIVERSIDAD CENTRAL DEL CARIBE



INSTITUTE OF RESEARCH, EDUCATION
AND SERVICES IN ADDICTION

For more information:

Nilsa Padilla-Elias, MPA

Coordinator, Northeast and Caribbean ATTC

Tel: (787) 785-4211 / Fax: (787) 785-4222

Email: nilsa.padilla@uccaribe.edu

Liability Release

This publication was prepared by the Northeast and Caribbean Addiction Technology Transfer Center (ATTC) under a cooperative agreement with the Substance Abuse and Mental Health Services Administration (SAMHSA). All material in this publication, except that taken from copyrighted resources, is in the public domain and may not be reproduced or copied without the permission of SAMHSA or the authors. Citing the source is appreciated.

Suggested citation: Northeast and Caribbean Addiction Technology Transfer Center. (February, 2021). The Transtheoretical Model of Change: A Model for the Treatment of Substance Use Disorders. Institute for Research, Education and Services in Addiction, Universidad Central del Caribe, Bayamón, PR.

At the time of this publication, Mr. Tom Coderre is serving as Acting Deputy Secretary of SAMHSA; Michael Chaple, Ph.D. serves as Director and Ibis S. Carrión González, Psy.D. as Co-director of the Northeast and Caribbean ATTC. The opinions expressed herein are the views of the authors and do not necessarily reflect the official position of SAMHSA or DHHS. No official support of or endorsement by SAMHSA or DHHS for these opinions or for particular instruments, software, or resources described in this document is intended or should be inferred. The guidelines in this document should not be considered substitutes for individualized client care and treatment decisions.

For more information or obtaining copies of this publication visit:
<https://attnetwork.org/centers/northeast-caribbean-attc/home>

Acknowledgments:

We acknowledge for their contribution in the development of this product:

Angelita Colón-Ortiz, Psy.D., Clinical Psychologist

Puerto Rico and United States Virgin Islands team from the Northeast and Caribbean ATTC:

Ibis S. Carrión-González, Psy.D. – Co-Director

Nilsa Padilla-Elías, M.P.A. – Coordinator of Technical Assistance and Training

Acknowledgment of Federal Funding:

This publication is supported by SAMHSA of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$775,294 with 100 percent funded by SAMHSA/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by SAMHSA/HHS, or the U.S. Government.

Table of Contents

	Page
Objectives	04
Introduction	04
Change	05
Dimensions of Change	06
Stages of Change	07
Precontemplation	08
Contemplation	10
Preparation	11
Action	12
Maintenance	15
Processes of Change	17
Experiential Process	18
Decisional Balance	19
Self-efficacy	20
Behavioral Process	20
Levels of Change	24
Context of Change	26
Measure of Long-term Success	27
Motivational Interviewing	29
Conclusion	29
References	30

Module Objectives:

- 1 Learn the Transtheoretical Model of Change and consider it an effective tool for managing change in people with substance use disorders.
- 2 Understand the Transtheoretical Model of Change and its practical application for managing behaviors related to substance use disorders.
- 3 Develop the necessary skills and knowledge to use the Transtheoretical Model of Change for managing people with substance use disorders.

Introduction

Numerous studies and research have shown the importance of working effectively with people with substance use disorders. It is paramount to use evidence-based models that have been scientifically proven to be effective. The Transtheoretical Model of Change arises from the interest in understanding and explaining the dynamics of change when managing the behaviors of people with substance use disorders.

In the 1970s, the responsibility for change rested solely on the individual. If a person with a substance use disorder did not respond positively to the treatment offered, it was considered to be due to a lack of interest, poor motivation, style, or personality. Change was established as mandatory without considering the person's opinion, as their substance use was defined from the standpoint of disease. The Transtheoretical Model of Change is premised on the assumption that change is a process and that people have different levels of motivation and intention to change behavior.

In 1979 James O. Prochaska and Carlo DiClemente published the book *Systems of Psychotherapy: A Transtheoretical Analysis*. In this book they comparatively analyze the 18 leading theories in psychotherapy and behavior change. In 1982, the authors published the book *Transtheoretical Model of Change*. In it, they formulate hypotheses that establish that behavioral changes follow stages which they termed stages of change. The authors aimed to understand how and why people change, either on their own or with professional help. In 1984, the authors presented the Transtheoretical Model of Change at a conference. In 1994, the authors, along with John Norcross, published *Changing for Good* in which they define change as any activity initiated to help modify thoughts, feelings, and behaviors. From 1979 to the present, countless articles and books have been published on the Transtheoretical Model of Change, making it one of the most widely used and recommended evidence-based models for managing harmful behaviors, including substance use disorders.

Change

Human beings constantly cope with the challenge of change. Sometimes they encourage and embrace it with its full consequences, and at other times resistance emerges as a coping mechanism. People with substance use disorders are constantly pressured to change and to stop substance use for good. The assumption is that they must commit to quitting the harmful behavior for the well-being of others and of themselves. Traditionally, people with harmful behaviors and situations related to problematic substance use have been stigmatized, evaluated from a moral perspective, as well as labeled as lacking willpower. These individuals have been considered unable to make decisions in favor of their wellbeing. From this standpoint, change was imposed by the caregivers, and people's opinion, and their right to make decisions about their lives were not considered.

The fundamental and survival processes of life involve breathing, drinking, eating, and moving. Behaviors that threaten people's health are related to smoking, alcohol abuse, unhealthy diets, lack of activity, and stress (Prochaska, J.O & Prochaska J.M., 2016). Stress is the common factor that drives people to breathe, drink, or eat at toxic levels. Understanding this factor and helping people recognize the variables that affect their stress level requires strategies to promote change.

The Transtheoretical Model of Change is evidence-based and endorsed for the management of substance use disorders. The model has proven useful in changing unhealthy lifestyles and in helping to understand the reasons why people often fail, despite wanting to make changes in their lives. Prochaska, Norcross and DiClemente (1994) define change as an internal psychological process, which begins when the individual faces a new situation requiring adjustments and modification of thoughts, emotions, and behaviors. This implies seeing the person from a holistic approach, as an integral being within his or her social context. Change imposed or pressured by external factors does not imply that the person's point of view, ideas, thoughts, or beliefs are modified. These authors state that people change voluntarily when they exhibit concern about the need and importance of changing; are convinced that the change will bring them benefits; and organize a plan of action and commit to put it into practice. DiClemente (2018) points out that the addictive process involves multiple determinants that represent different domains of a person's functioning that fluctuate from internal aspects of the individual, such as self-esteem and neurobiology, to social influences. Therefore, the addictive process is proposed as a biopsychosocial approach.

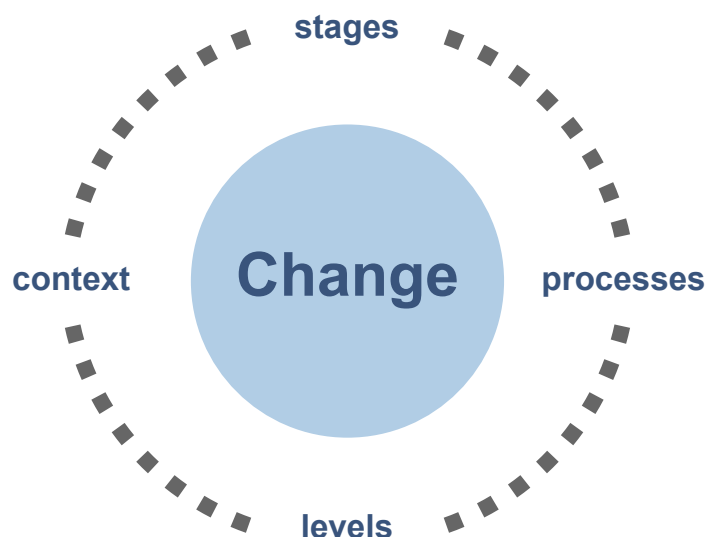
Change is part of life. It is natural to be attached to the familiar and although people recognize the consequences of their harmful behaviors, they may prefer to stay in a comfort zone. By doing so, they maintain stability and security in their lives. Deciding in favor of change can result in causing instability, insecurity, and fear of facing the unknown. Understanding the latter is essential to realizing that resistance is a natural and expected part of the process of change. Individuals may recognize that a particular behavior is harmful; however, their attachment to what is known may have the effect of preventing them from evaluating or accepting other possibilities, therefore continuing to engage in risky behaviors. This ambivalence or simultaneous presence of motivations for and against change is a normal occurrence. When the person begins to visualize and adapt to the possibility of a different reality, resistance diminishes, and then, they can contemplate making changes.

Motivation is a core element in the process of change. Miller and Rollnick (1991; 2013) define it as the state of readiness to change. It is the sum of internal and external factors and other influences that enable a person to be ready, willing, and able to achieve goals and begin a process of change. Motivation is multidimensional, encompassing all of people's internal urges and desires, external pressures and goals that influence the process, perceptions of risks and benefits, and cognitive appraisals. Motivation can fluctuate over time or depending on the situation; and it can be influenced by other people. It is interactive or influenced by social interactions (friends, and family); by internal factors (emotions and perceptions); and by external factors (external pressures and goals). Motivation is dynamic, fluid, and can be modified. This implies that people can initiate the process of change with a high level of motivation, but later, for various reasons, their motivation may decrease. It is important to note that the style of the helping professional can impact positively or negatively the person's motivation. When people do not comply or fail in their process, it usually means that they have lost motivation and are held responsible for it. However, it is necessary both to evaluate the previously mentioned aspects and to consider the style and dynamics of the helping professional as potential factors to address in order to increase or maintain the person's motivation.

The Transtheoretical Model of Change conceptualizes the process of change as a sequence of stages through which people progress as they consider, initiate, and maintain new behaviors. The model explains the phases that must be overcome, pointing out motivation as an important factor in this change and assigning an active role to people, since they are considered the main characters in their behavioral change.

Dimensions of Change

The Transtheoretical Model of Change provides a comprehensive view of change in problematic substance use related behaviors. It integrates four dimensions that influence behavior change: stages of change, process of change, levels of change, and context of change.



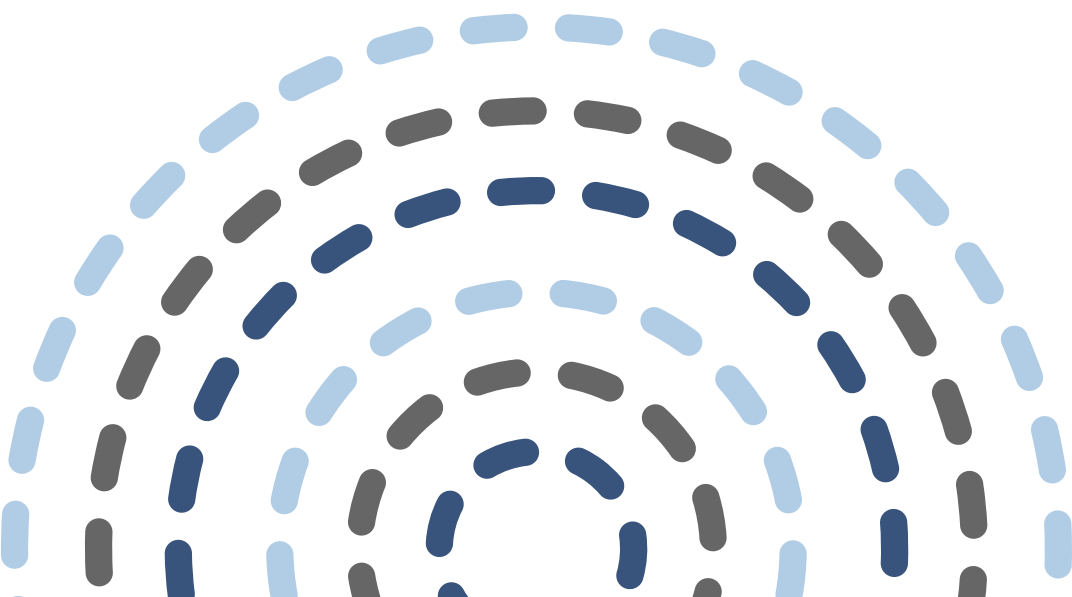
Stages of Change

The stages of change indicate the process and progress of behavior change. Although people with substance use disorders may verbalize their intention to change, they go through different stages that provide information on their internal process with respect to change. According to the Transtheoretical Model of Change, the stages of change do not represent a linear process, but a cyclical one, in which the person may fluctuate between stages for a variety of reasons or motives. Change is an individual process that differs for each person. This implies that, even if two people express their intention to change with respect to substance use, according to the model, they may be at different stages and the intervention strategies should be different. In addition, if a person has a multi-substance use disorder and expresses an intention to change, he or she may be in different stages for each of these substances. There is no specific time frame for moving from one stage to the next; some people may even remain indefinitely in one stage even when expressing an intention to change. Likewise, a person may appear to be committed and motivated to change, advance through the stages and then, due to various variables, return to the initial stage. This may generate frustration in the helping professional, who may consider the person as lacking commitment and motivation to change. However, this is a normal and natural part of the process. Recurrence, defined as a return to the initial behavior, or symptoms the person has been working with, is a latent possibility, regardless of the stage of change the person is in.

Each stage of change is defined by particular and specific characteristics. Assertive and specific actions are required to ensure people maintain their intention to change and understand their process. The stages of change are: precontemplation, contemplation, preparation, action, and maintenance.

The helping professional's challenge is to determine, after an assessment, the stage of change in which the person is in regarding substance use. To identify the stage of change, the helping professional must avoid bias, quick judgments, or poor listening. According to DiClemente (2004), there are some basic questions that should be included in the assessment/screening:

1. What change, if any, have you made to stop substance use?
2. In what ways are you working to manage substance use?
3. How, or in which ways, have you modified behavior related to substance use?
4. Do you consider substance use to be a problem that needs to be changed?
5. Currently, how important is it to you to work toward changes in substance use?
6. How confident are you about being able to make any changes in relation to substance use?



Precontemplation

The initial stage of change, in which the individual has no intention to make behavioral changes in the immediate future. The existence of problematic behavior is not acknowledged, so the need for change is not expressed. This occurs irrespective of the consequences of the behavior. When discussing or analyzing with the person the negative impact of their behavior, they will resort to a variety of arguments to justify or minimize it, adopting a defensive attitude. It is usual to hear the argument about how they will be able to change their behavior when they want to, so they reject any approach or intention to help. It is common to hear statements such as, "I don't have any problems that I need to change," or "I may have my faults, but who doesn't." The defense mechanism observed in precontemplation is denial and rationalization. The individual does not recognize having a problem, does not show behavioral awareness, and therefore does not show disposition to change. Under these circumstances, the person comes to the helping professional under pressure from others who may even be conditioning their relationship, of whatever kind, to undergoing treatment. However, the person's motivation is to reduce or eliminate the external pressure, while possibly maintaining the harmful behavior. Once the external pressure ceases, the person returns to the initial behavior. Di Clemente (1991, 2004) stated that precontemplators are people with addictive (harmful) behaviors who are not contemplating change. People in the precontemplation stage are often labeled as uncooperative, resistant, unmotivated, and not ready to initiate the process of change. Prochaska & Prochaska (2016) point out that healthcare professionals are the ones unprepared to manage people with problematic substance use who are in the precontemplation stage. It is said that they are not motivated to match their action programs or assistance strategies to the needs of people at this stage.

To get people to accept that they have substance use problems, confrontation is traditionally used. However, this has the effect of increasing defensiveness and creating barriers in the professional relationship. It is common to hear verbalizations such as "you are going to die if you don't change your behavior;" "look at yourself, you look sick"; "your family is suffering because of you." The person feels attacked, misunderstood, so the natural tendency will be to get defensive. The linguistic root of confront means to come face-to-face. This implies, by definition, allowing the person to come face-to-face with the situation, rather than blocking it out. From this standpoint, confrontation is a goal of counseling rather than a particular technique or style (TIP 35, 2019); it is not a face-to-face between the helping professional and the person. The idea, then, is for the person to come face-to-face with the situation to analyze and understand it, not face-to-face with the helping professional. It is important to show a genuine interest in what the person expresses, thinks, and feels; as well as to show an empathetic and compassionate style aimed at making the person reflect in an accepting and respectful environment.

To maintain substance use, people in the precontemplation stage use strategies that reflect their attitude of not accepting the existence of harmful behavior. Table 1 shows the types of people in precontemplation and what goals need to be developed in order to advance to the next stage according to DiClemente (2004). People in the precontemplation stage are not considering change as an option, so they use strategies to minimize the negative consequences of the harmful behavior. Engaging a person in a dialogue about change is a major challenge when people do not acknowledge a need to change their behaviors. The goal then is to help them understand the existence of difficulties or problems, evaluate the consequences of their behavior, without confrontation, judgment, or labeling. This prevents individuals from increasing their level of resistance so that they will agree to discuss their concerns. Achieving this requires creating an environment of acceptance, empathy, and understanding in which the person can explore their ideas, emotions, beliefs, and values about the addictive behavior, as well as ambivalence about change. The helping professional should aim to increase the person's motivation to change, as well as to increase interest and hope for change. Interventions should focus on internal processes, consciousness raising, self-reevaluation, and environmental reevaluation.

Types of Precontemplators

Types of Precontemplators	Goals
<p>1. Reveling:</p> <p>They are comfortable with their lifestyle, enjoy the fun, and the state of joy they think substance use gives them.</p>	<ul style="list-style-type: none"> a. Increase awareness of lifestyle consequences. b. Increase understanding of the effects and impact of substances at a neurophysiological, psycho-emotional, family, and societal level.
<p>2. Reluctant:</p> <p>They show great perception of the effect of substances on their lives but lack knowledge about the problem. They show reluctance to make changes in their lifestyle.</p>	<ul style="list-style-type: none"> a. Establish advantages and disadvantages about the use of the substance. b. Increase awareness of the problem's dimensions. c. Increase understanding of the effects and impact of substances at a neurophysiological, psycho-emotional, family, and societal level.
<p>3. Rebellious:</p> <p>They invest a lot of energy and passion in maintaining their right to make their own decisions. They fear losing control of their lives and resent being told what to do by others.</p>	<ul style="list-style-type: none"> a. Emphasize personal control. b. Increase awareness of personal freedom. c. Analyze the consequences of harmful behavior.
<p>4. Resigned:</p> <p>They are overwhelmed and hopeless about change and the energy it requires. They are overwhelmed by their problems, including their relationship with psychoactive substances. They have previously tried to change the harmful behavior, either by seeking help or on their own, and have not achieved the intended result. They firmly believe that nothing can work for them.</p>	<ul style="list-style-type: none"> a. Develop or regain hope and optimism about the possibility of change. b. Explore barriers to new beginning.
<p>5. Rationalizing:</p> <p>They offer compelling reasons for maintaining their harmful behavior. They convincingly assert that their relationship with substances is not a problem. They debate and use excellent arguments to demonstrate that there is no need to change their harmful behavior. They tend to be confrontational and argue that substances are a problem for others, but not for them.</p>	<ul style="list-style-type: none"> a. Reflect, rather than argue, about the impact of substances. b. Focus on the person, not on the behavior. c. Acknowledge and validate the person's arguments; and reframe them to promote self-analysis.

Contemplation

At this stage of change the person shows awareness of the possibility of having a problem with substance use and is considering beginning to address it, although does not verbalize the commitment to act. The person may be considering solving the problem, understands it, sees the causes, and thinks about possible solutions, but is not ready to embrace change. Ambivalence and insecurity are evident with respect to the problem and accepting change. The expressions of people in the contemplation stage are accompanied by the conjunction "but"; for example: "I think I should do something, but..."; "the use of cocaine is causing me some problems, but...".

In the contemplation stage, individuals can listen to information about their harmful behavior; and begin to analyze and compare their behavior with their values and the impact it has on the people around them. While they may begin to evaluate the advantages and disadvantages of their substance use, they tend to favor the positive aspects of their behavior. People display a process of inner reflection regarding the impact of their harmful behavior, but they are not contemplating initiating change. Ambivalence is defined as the simultaneous presence of motivations for and against change. It is about feeling two different ways about something or someone. Ambivalence is a normal part of change because regardless of the negative consequences of the behavior, it fulfills an important role for the person. In such a way that, although individuals recognize that substance use affects their family relationships and brings them economic and health problems, it also represents a way to socialize and have friends, as well as an escape from family stress. The dilemma arises when the person wants to have a good family relationship, be able to meet financial commitments and maintain good health but does not want to lose social interactions and relationships with friends. Drugs serve a purpose and are part of a person's life history. The helping professional must be able to understand the latter and help individuals resolve their dilemma so that they can develop skills to help them manage their life circumstances. If the focus is only on the discourse of the negative impact of drugs, the history of people, as well as the reasons and motives that made them into the human beings they are today, would be overlooked.

At this stage, the helping professional should normalize ambivalence and assist the person in assessing the decisional balance by evaluating the pros and cons of substance use; promoting a shift from extrinsic to intrinsic motivation; assessing the individual's personal values; and emphasizing the person's free choice, responsibility, and self-efficacy. An effort should be made to elicit self-motivational statements as to the person's intent and commitment. The goal is to tip the scales toward a decision in favor of change.

The helping professional needs to accept and understand that individuals best understand their substance use patterns and history. It is important to accept that individuals have the wisdom and knowledge necessary to develop a plan for change in coordination with the helping professional. When individuals feel the desire, have the intention and motivation to change their behavior, they do not necessarily require professional assistance. Therefore, the helping professional should be grateful for having the opportunity to collaborate and accompany the person in his or her process. This requires the helping professional to maintain a collaborative, non-directive attitude and to maintain reflective listening. TIP 35 (2019) states that natural recovery can occur with limited treatment. In many instances, people make decisions to change without receiving professional help. Someone who sees a sibling or friend die from an overdose may decide to stay away from drugs; it could also be the case if they are being persecuted by a person or group, or they may decide to get away from that environment because they have been threatened, or hurt, in a dramatic way.

In the precontemplation and contemplation stages, the objective is to increase awareness and understanding of harmful behavior. It is up to the helping professional to establish a relationship of trust and empathy, as well as an environment of unconditional acceptance in which the person feels understood and supported, without being judged or criticized in a negative way. People refuse to be told what they should or must do, they assume having the knowledge and experience to make their own decisions. In simple terms, they are adults expecting to be treated with respect, not like children being told what to do because they lack the capability to make decisions. They will show resistance in an environment where they are criticized or where they feel they are being pulled in some direction. Therefore, it is important to discuss harmful behavior in its multiple dimensions from the perspective of the person, and not how the person is perceived or based on the criticisms of those close to him or her. The helping professional's opinion regarding the effect of substances and how the person is perceived is not important. If the helping professional tries to convince the person that he or she is sick, needs help, or should be placed in a treatment program, they are likely to receive defensive responses or responses filled with anger and resentment. Another noticeable response is when the person does not argue or dispute what is indicated and passively accepts all recommendations. However, in practice, the person does not return to appointments or avoids complying with the agreements made. The Transtheoretical Model of Change promotes respect for the individual; therefore, it is not acceptable to pressure the person in any direction, offer unsolicited advice or emphasize incorrect behaviors with the expectation that the person will change or modify them as soon as possible. Behavioral change is a lifelong process; therefore, it is a long-term effort. A person having completed a treatment should not be interpreted as implying that the person has changed his or her behavior. The helping professional should evaluate the person's thoughts, attitudes, and behavior, and must also assess whether the behavior is consistent with the person's activities and thoughts.

Preparation

At this stage of change, there is awareness of the problem and the person commits to the possibility of changing the harmful behavior. The person is ready for change in the immediate future but is not yet sure of the decision to make or the steps to take. At this stage, it is important to clarify the person's goals and strategies for change; present possible options; negotiate the plan; reduce possible barriers that may affect the change process; establish social/family/work/economic support and management alternatives; and consider treatment expectations and the person's role.

The goal is to establish an effective plan of action in collaboration with the person, to be implemented in the immediate future, and to increase commitment to change. However, having a plan that seems effective does not necessarily translate into change. The person is immersed in an internal process of change. For the helping professional, one of the challenges of this stage is to assist the person in managing impulsivity and poor control over the search for immediate gratification, typical of individuals with substance use disorder. All stages require constant assessment of the individuals' motivation to ensure that they are in tune with the goal being pursued. It is a mistake to believe that because the person verbalizes the intention to change and establishes the plan to follow, he or she will not have a recurrence of substance use or return to questioning about whether a change really needs to be made.



When the person makes a statement of change out loud, even if it is only with the helping professional, it increases their commitment to the goal. When others know about the person's decision, it increases the expectation for action. However, this change talk must be confirmed with the person. To this end, it may be useful to ask questions or interventions such as, "Your decision to change the addictive behavior seems to be firm, tell me about it"; "Where do you feel you are in the process?"; and "What would you like to do now?" Setting dates is extremely important because it implies a commitment to action. If the person refuses to set a date or does not follow through, it is an indicator of having moved to the contemplation stage.


Once the person is in the preparation stage, present the range of alternatives that are available to manage harmful behavior. It is important to discuss with the person the pros and cons of each option; answer their doubts and questions; provide literature on existing programs; and discuss the recommendation of medical evaluation and other possible options.

It is important to help the person visualize the change. The helping professional should encourage individuals to make affirmations that help them visualize success in relation to the plan. The agreed upon plan should be specific, individualized, and functional from the person's perspective. The specific needs of the person should be considered and alternatives to best respond to those needs should be established. The plan of action should include a change plan and a treatment plan. The change plan refers to the changes the person will make in his or her daily life after the treatment. It should include the specific change desired by the person, the support persons, and how this would be done. The person should have the change plan and review it as often as necessary. The helping professional should constantly discuss with the person the needs or situations of daily living, and the skills that may be required to manage them. (See Table 2). The treatment plan includes how the person will use treatment alternatives to support the change plan. It should consider options such as residential or outpatient programs; individual or group therapy, or both; and family meetings or home visits.

Analyzing the individual's habit and pattern of substance use is necessary. The situations that the person says usually lead to substance use, the times of the day, as well as the environment frequented and connected to substance use must be assessed. The effectiveness of the plan made in the preparation stage can only be evaluated in the action stage.

Action

The stage of change in which the person shows willingness to modify the harmful behavior and implement the plan previously developed. At the beginning of this stage the person experiences pain and distress and feels as though receiving little positive reinforcement. The individual is beginning to distance from the addictive behavior at the physiological, psychological, and sociological levels. At the beginning of this stage, the professional support that the person receives is extremely important to maintain the commitment to change. A person may stop substance use and the helping professional believes they are at the action stage. However, the person stopped using to show someone, or even the helping professional, to prove not having a problem with drugs, and can quit at any desired time; this person is in the precontemplation stage. The important aspects of the behavioral process are observable at this stage: making decisions regarding daily living; avoiding events that trigger substance use; learning new ways to respond to internal and external stimuli; developing new relationships that promote change; and learning to manage relationships that promote substance use.



In the action stage, the person shows awareness of the problem and is focused on implementing the necessary changes to put the harmful behavior behind. The person perseveres with the acquired commitment and makes observable changes. The commitment to a healthy lifestyle becomes evident. The helping professional should promote a realistic vision of change through small steps. It is necessary to help the person identify high-risk situations and develop appropriate coping strategies. When the person begins to implement the established plan, it is normal to have doubts, to question whether what one is doing is correct, and even to reassess whether one's substance use really merits so much effort on one's part. Given these circumstances, exploring with the person which aspects of the action and treatment plan are functional, and which are not, is important to make the appropriate adjustments. The goal is to achieve problem-solving skills and support self-efficacy.

The established action and treatment plan may conflict with the reality of the person's daily life and reintegration into a less restrictive environment. Therefore, it is important to use techniques such as acupuncture, meditation, relaxation strategies, mindfulness, and others that may be of benefit to the person. During the early phases of this stage, providing positive reinforcement is necessary. Addictive behaviors have been consistently reinforced and are a reason why they are so difficult to end. People in the action stage need reinforcement for their new behaviors. It is important to observe microchanges in the person, such as compliance with the schedule and frequency of appointments; improvement in their physical appearance; increase their change talk regarding topics of their interest; attendance to activities unrelated to substances and with people with healthy lifestyles, among other things. The helping professional needs to raise the person's awareness of the changes that are occurring and encourage self-reinforcement. Observing positive behavioral changes over a period of three to six months implies that the person has tolerated an initial departure from the addictive behavior and is initiating a new behavioral pattern. The person enters the next stage once these new changes have been established.

DiClemente (2003) provides an example of an action plan to be completed by the individual (See Table 2).

Table

2

Example of Change Plan Worksheet

<p>1. The changes I want to make in my life regarding substance use and related behaviors are... (Be specific and as precise as possible with each change.)</p>	
<p>2. The most important reasons why I want to make changes are... (List the reasons.)</p>	
<p>3. The steps I plan to take to achieve change are... (Specify each step and how to accomplish it.)</p>	
<p>4. People that can help me: (Specify people not involved in substance use and what each will contribute to achieving change.)</p>	<p>Names of people:</p> <p>Possible ways they can help:</p>
<p>5. The plan will be working if... (Specify the expected results to be observed.)</p>	
<p>6. Aspects that could interfere with the plan: (Specify the precise and measurable aspects that can affect the plan.)</p>	

Maintenance

In this stage, the person consolidates the achievements obtained during the previous stages. The individual has achieved the initial goals established in the work plan and is working towards maintaining what has been accomplished. The helping professional should assist the person to identify and evaluate types of recreational and healthy activities in substance-free environments. This will enable the person to maintain the change over time and in a wide variety of situations. The goal is to sustain the long-term change and continue the new behavioral pattern. Individuals at this stage value the rewarding aspects of their new lifestyle; maintain awareness of the problem; decrease cravings or urges to use substances; increase attention to relapse prevention; show greater adherence to change; and maintain abstinence. Observing all of this implies that the person is engaged and committed to his or her recovery.

At this stage, a significant increase in confidence, decrease in desire, craving or temptation to use substances, and active engagement in building a new lifestyle can be observed. Just because individuals are showing a substantial change in their behavior does not mean that they do not require follow-up. As a result of observed changes and achievements, the individuals may show a high level of confidence and neglect important aspects that they have already worked on. Overconfidence can potentially expose the individual unnecessarily to people, places, and situations that may lead to recurrence. This jeopardizes the person's commitment to change and may lead to abandonment of the plan established in the action stage. The helping professional should continue offering positive reinforcement; following up on solving problems impacting the person; assessing any situations that threaten sobriety; and continuing to review long-term goals.

At this stage, it is important to evaluate and work with the issues related to the person's life experiences; namely, unresolved issues, such as relationship problems, childhood abuse, depression, anxiety, social skills, and other family and environmental problems that can cause stress. People may feel a void in their lives as they move away from the addictive behavior; they leave behind or distance themselves from the people, places, and routines that once shaped their lives. A spiritual component may be a significant factor at this stage. The helping professional's recommendations should be subject to the beliefs and expectations of the individual. Therefore, exploring the person's values, beliefs, and expectations is necessary. These may differ from the helping professional's value and belief system, but it is about the person's belief system. No attempt should be made to develop a specific spiritual road map for the individual. People decide according to their own value and belief system.

Helping the individual develop or improve job or academic skills is extremely important. This may involve referrals to other professionals to assist with developing a range of skills. In the maintenance stage, the individual should be able to connect with other resources for help. The maintenance stage goes beyond the person exhibiting changes in substance use-related behavior. Being healthy and levelheaded, in relation to the person's substance use history, is essential to sustain recovery. The task at this stage is for the person to be able to integrate change into the whole life context and prevent recurrence. Recovery and sobriety must be an integral part of the person's new life. The best protection against recurrence is personal growth and self-development, as well as the certainty of being able to reach out for help when necessary.

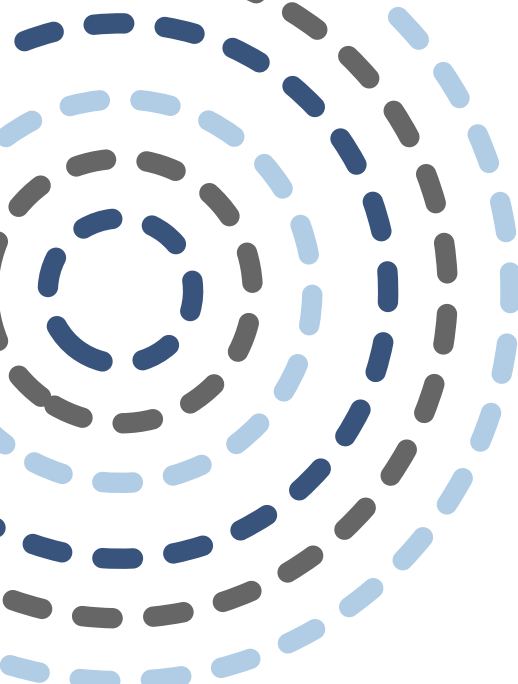
Table 3 demonstrates the movement through the stages, areas to be addressed and the essential strategies needed to assist the person in the process of change.

Table

3

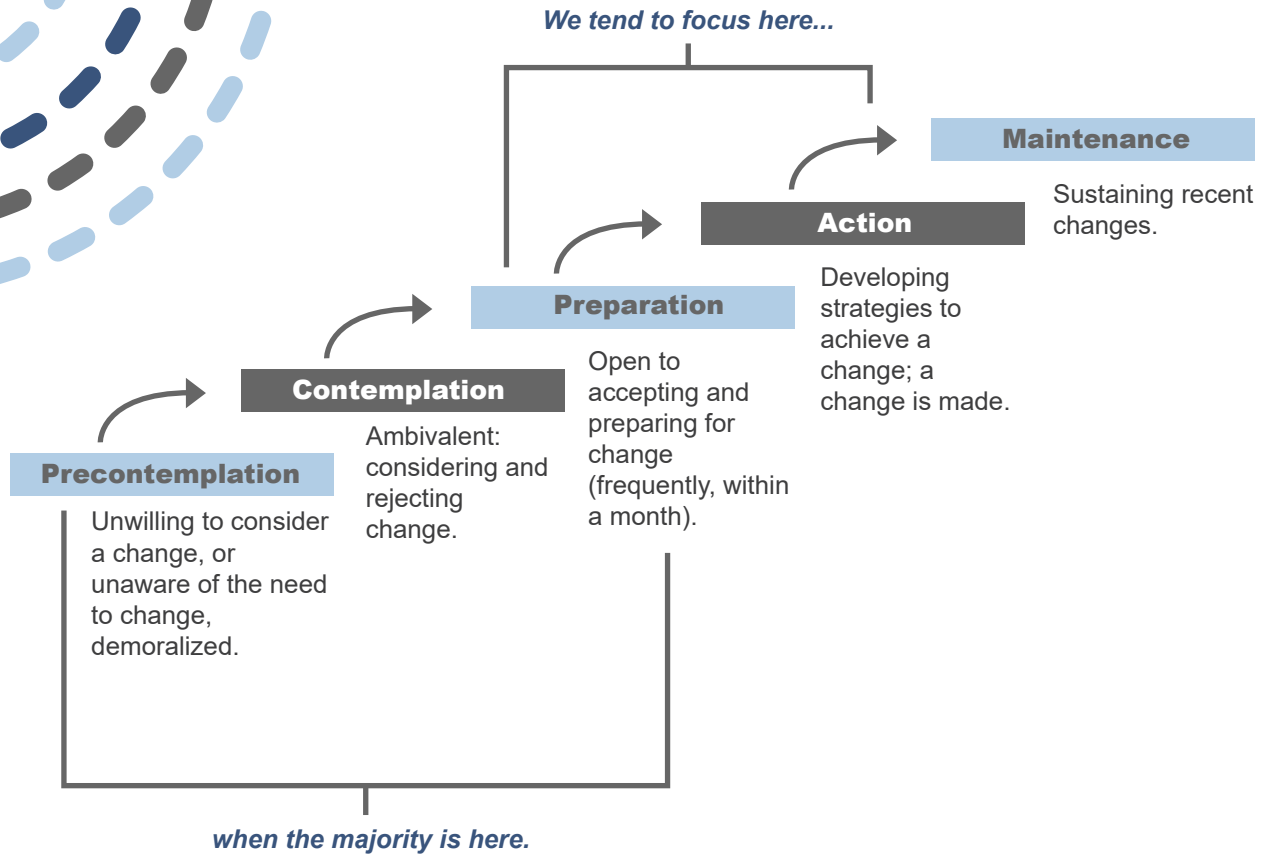
Movement through the Stages of Change

Stages	Objectives	Strategies
From Contemplation to Preparation	<ul style="list-style-type: none"> - Increase intrinsic motivation. - Encourage the person to establish a direction for living free of substance use. - Analyze the costs and benefits of stopping substance use. 	<ol style="list-style-type: none"> 1. Show interest, empathy, and compassion towards the person. 2. Analyze positive aspects, as well as the person's capabilities. 3. Discuss effects of drugs on a person's life. 4. Assess and consider protecting factors: religious/spiritual involvement; good family relationships; effective self-control skills; drug-free friendships; economic stability; etc.
From Preparation to Action	<ul style="list-style-type: none"> - Assess the person's willingness to decrease or stop substance use. - Enhance the relationship between the helping professional and the person, so that as a team they can develop the work plan. - Acknowledge and address signs that the person is ready for change: stops arguing, defending, and resisting change; is determined to follow the plan; makes self-motivational statements; asks about change; and discusses visualizations of change, and management of possible setbacks. - Initiate changes as a way of experimenting: attending A.A./N.A. meetings; stopping use for several days. 	<ol style="list-style-type: none"> 1. Offer options and alternatives for change management. 2. Develop and establish a written contract outlining the steps to stop substance use. 3. Establish strategies to manage barriers that may affect the process. 4. Identify and enlist social support. 5. Continue to educate regarding the treatment and work plan. 6. Continue to work with motivation.
From Action to Maintenance	<ul style="list-style-type: none"> - Retain the person in treatment. - Plan for stabilization. 	<ol style="list-style-type: none"> 1. Continue to work on empathy, compassion, and acceptance of the person. 2. Review the established plan continuously. 3. Address questions and problems that may arise. 4. Examine and interpret noncompliance. 5. Ensure support resources.



Stages of Change Model

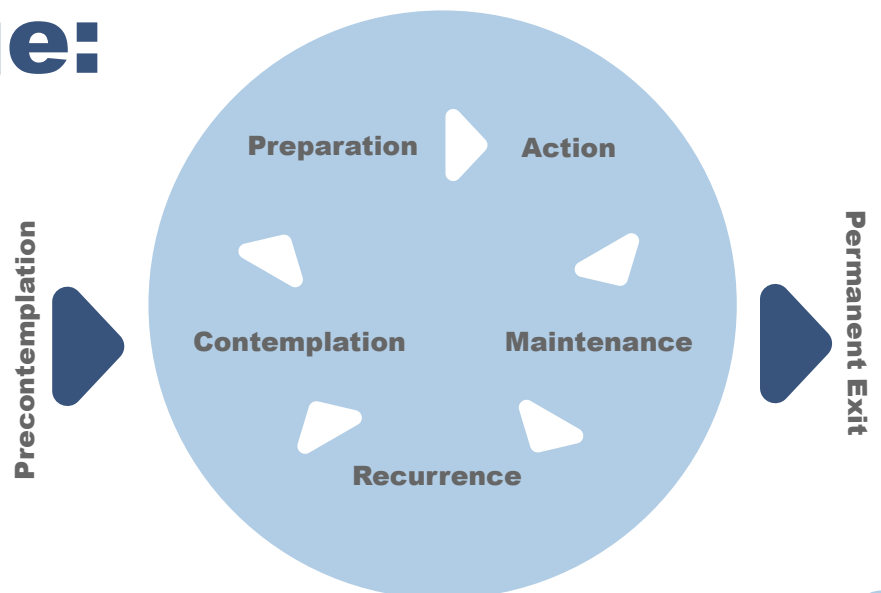
Prochaska & DiClemente



Processes of Change:

The processes of change integrate the experiences and activities that allow the person to move through the stages of change (DiClemente, 2004). The process of change involves any activity, observable and unobservable, initiated to modify thoughts, feelings, and behaviors. The processes of change are divided into two groups: the experiential/cognitive process, and the behavioral process. Each group is composed of five specific processes.

Wheel of Change



Experiential Process

The experiential process is associated with the way people think and feel about the problematic behavior. This internal process is important and necessary in the initial stages of change; it consists of the following five processes:

- 1. *Consciousness raising:*** This involves increasing awareness of problems related to substance use behavior; understanding the negative effects and consequences of substance use; and increasing the understanding and perception of the problem through various sources and media information, such as written articles, books, television programs, lectures, internet, etc.
- 2. *Emotional arousal:*** This involves expressing and experiencing feelings related to substance use problems and possible solutions through psychodrama, role-playing, and other exercises. When the individual experiences a situation of powerful impact on emotions, such as facing the death of a friend because of substance use, the motivation to change increases. However, this motivation is in response to the emotional impact experienced and not necessarily to having increased awareness of their behavior.
- 3. *Self-reevaluation:*** Comparison of one's behavior with one's values and goals to see if there is conflict. As a result, the individual clarifies personal values and beliefs, and evaluates how the problematic behavior conflicts with personal values and goals. The person gains an emotional insight into the problematic behavior and begins to visualize who they could become if they were to make the change. The individual begins to recognize that substance use is affecting daily life and increases the perception of alternative behaviors to manage their circumstances, e.g.: relaxation exercises, Zumba, and others, to manage anxiety.
- 4. *Environmental reevaluation and self-reappraisal:*** Individuals increase awareness of how their behavior impacts others and the environment around them. Also, the person reassesses the consequences related to behavioral change, increases awareness, and evaluates the positive and negative effects of behavior on those near and their environment. When the person recognizes that personal behavior is important or may be harmful to others, motivation to change increases.
- 5. *Social liberation:*** This process involves the personal recognition and acceptance of social norms that encourage behavioral change. The person recognizes that society supports healthy behaviors and that there are alternative options in their social environment that promote change and its maintenance.

Decisional Balance

The experiential process is internal, with change indicators to be considered: decisional balance and self-efficacy. Decisional balance is defined as the evaluation of the pros and cons of changing behavior. It is an important indicator of movement in the initial stages of change. (Precontemplation and Contemplation) (DiClemente, 2003,2018). There are other indicators of change that should also be considered: extrinsic motivation; intrinsic motivation; rationalization; beliefs and barriers to change; and minimizing harm because of substance use.

There are formal tools that can help identify a wide range of advantages or disadvantages regarding change. The key is for the helping professional to be able to establish the stage of change the person is in and, if necessary, to review at a later date. Di Clemente (2003, 2018) presents a simple exercise that both helps the person and the helping professional to understand the individual's current stage of change. This is to be completed by the individual; the helping professional can assist with the wording, but not with the content. If necessary, open questions should be asked, which are those not answered with yes or no, and that encourage individuals to express themselves about the problem.

Exercise: Decisional Balance

Name: _____

Date: _____

Continue substance use	Stop substance use
Advantages:	Advantages:
Disadvantages:	Disadvantages:

Self-efficacy

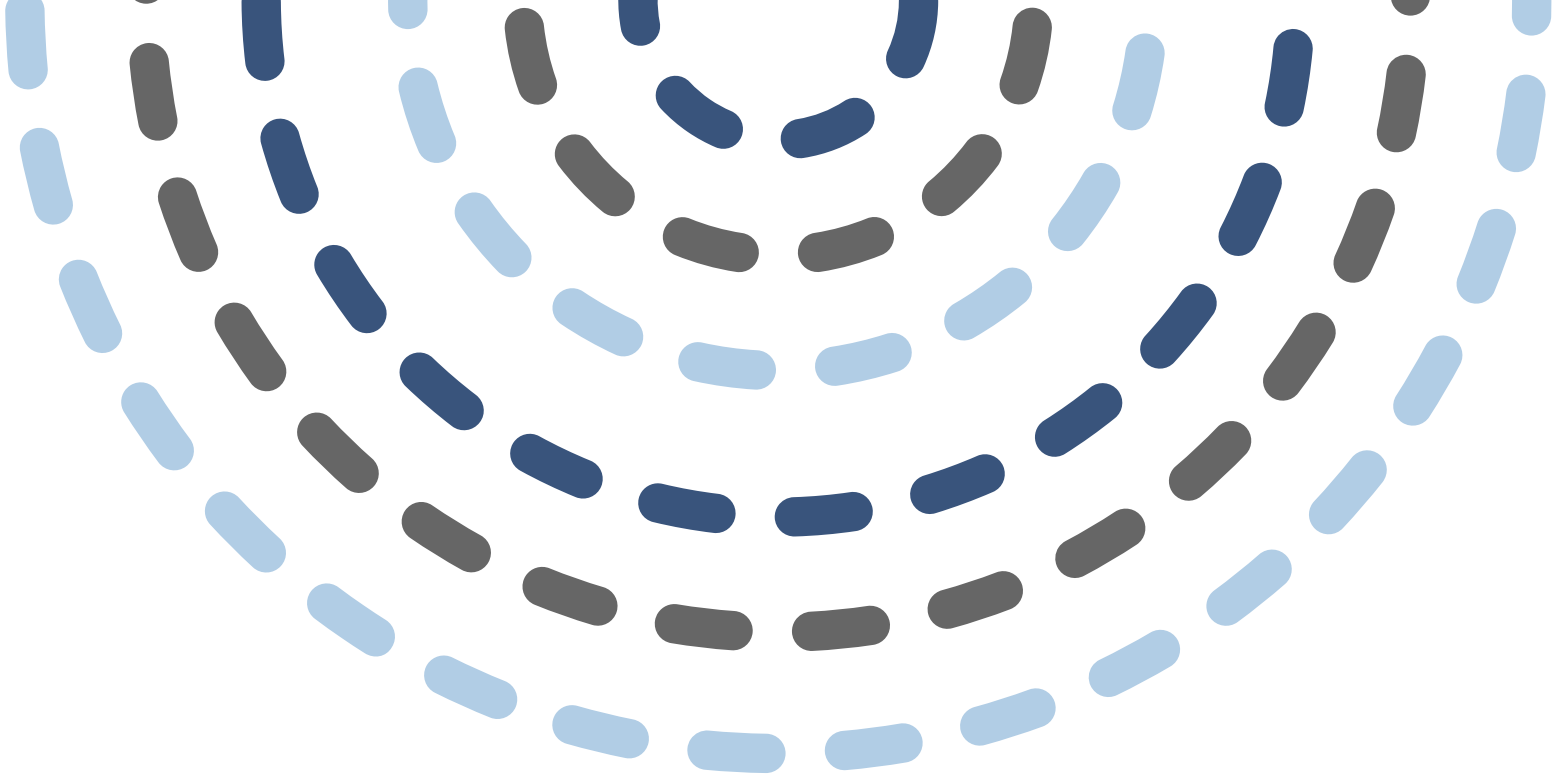
Self-efficacy is a concept developed in social learning theory by psychologist Albert Bandura and is defined as a person's ability and confidence to achieve change. It is a predictor of long-term success. According to DiClemente (2003), self-efficacy is a predictor of recurrence risk, and therefore offers the opportunity to work on prevention. Self-efficacy is accompanied by the temptation component, which reflects cravings or urges to use substances again in a particular situation. Measuring temptation levels in relevant situations can be very useful if integrated into the change plan at the preparation stage, ensuring success in the action and maintenance stages. In the initial stages of change, self-efficacy plays an important role. People who have little confidence in making substance use changes remain in the precontemplation stage and feel hopeless about changing their harmful behavior.

The helping professional should objectively evaluate the person's statements. Sometimes the person expresses what the helping professional and loved ones want to hear; other times they just voice their wishes for things to be different, which can be mistaken for self-efficacy. However, when trying to work on the plan, they are ambivalent and show little commitment to change. For this reason, it is worthwhile using reflective listening to consider both the context and the content of what the person is expressing.

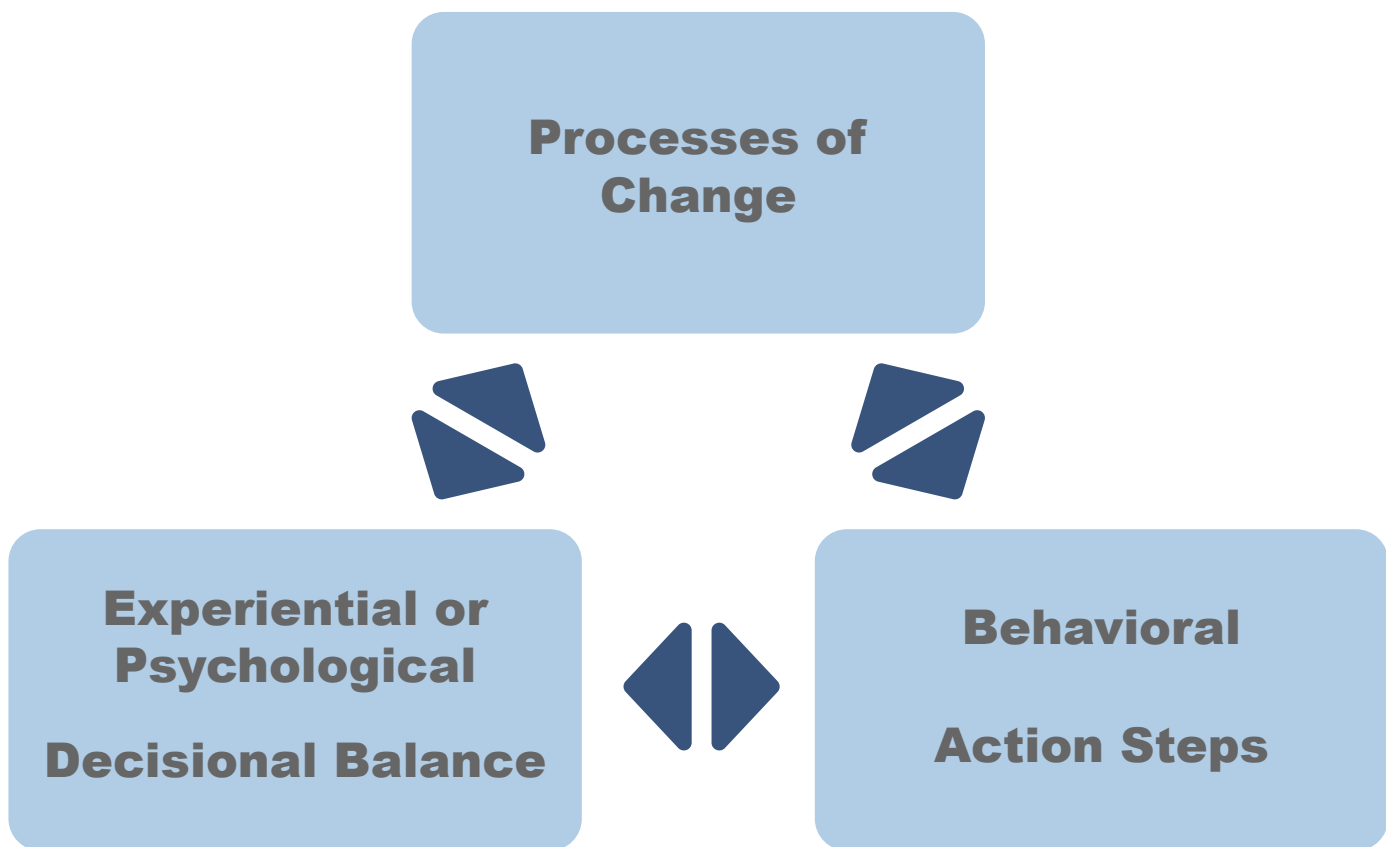
Behavioral Process

The behavioral process is defined as the observable aspects or external activities that the person engages in. There are five processes of change in the behavioral process:

- 1. Stimulus control:** The person alters or avoids situations and/or signals that may be triggers for substance use. The person must acquire skills to avoid risky places and people, actively and assertively. Activities that support change in the person's behavior and lifestyle must be encouraged. An example of this could be that the person decides to exercise, rather than using substances.
- 2. Counterconditioning:** People change their responses to a trigger and substitute the behavior using reasonable alternatives; the person substitutes an unhealthy behavior for a healthy one; for example, practicing relaxation exercises for anger, rather than using substances.
- 3. Reinforcement management:** It involves reinforcing positive changes in harmful behaviors, either immediately and directly, or through consequences.
- 4. Self-liberation:** This process refers to deciding and assuming the responsibility and commitment to change the harmful behavior. It is about believing in the ability to change and acting with the assumption that what is planned will be achieved.
- 5. Helping relationships:** It involves fostering interpersonal relationships that provide and serve as support, acceptance, and encouragement. This includes seeking and receiving support from family, friends, and peers to maintain, or initiate, positive behaviors. For example, the person may establish contact with support groups, psychological, pastoral, and other services as needed.



The experiential and behavioral processes must be considered as an essential component to achieve movement through the stages of change.



Table

4

Dimensions of Change: Stages and Processes of Change

Stages	Processes	Strategies
<p>Precontemplation</p> <p>Tasks:</p> <ul style="list-style-type: none"> - Increase awareness of the need for change. - Increase understanding of the behavioral pattern. - Conduct analysis of change potential. <p>Goals:</p> <ul style="list-style-type: none"> - Consider change with respect to substance use. - Increase interest and hope of achieving desired change. 	<ul style="list-style-type: none"> - Raising awareness - Emotional arousal - Self-reevaluation <p>Decisional Balance</p>	<ol style="list-style-type: none"> 1. Work with an empathetic approach. 2. Educate on substance use and its consequences. 3. Increase understanding about the dimensions of the problem 4. Establish the pros and cons of substance use.
<p>Contemplation</p> <p>Tasks:</p> <ul style="list-style-type: none"> - Analyze the pros and cons of substance use, as well as costs and benefits of change. - Make decisions related to substance use. <p>Goals:</p> <ul style="list-style-type: none"> - Evaluate problems related to substance use and consider solutions that can move closer to the decision to change. - Tip the decisional scale toward change. 	<ul style="list-style-type: none"> - Self-reevaluation - Environmental reevaluation - Social liberation <p>Decisional Balance</p> <p>Self-efficacy</p>	<ol style="list-style-type: none"> 1. Acknowledge and work on ambivalence. 2. Continue strengthening empathy. 3. Understand and clarify the person's values and assess whether there is a discrepancy about the substance use habit. 4. Consider reasons for a substance-free lifestyle and the risks of continued substance use. 5. Analyze and encourage decision making.
<p>Preparation</p> <p>Tasks:</p> <ul style="list-style-type: none"> - Increase commitment and create a plan of action. <p>Goals:</p> <ul style="list-style-type: none"> - Establish an action plan with specific steps that can be implemented in the short term. - Maintain commitment to change and to an effective plan. 	<ul style="list-style-type: none"> - Stimulus control - Counterconditioning - Helping relationships <p>Self-efficacy</p> <p>Self-liberation</p>	<ol style="list-style-type: none"> 1. Set short- and long-term goals. 2. Continue to encourage decision making. 3. Establish possible solutions to identified issues. 4. Continue analyzing with the person the beliefs regarding abilities to succeed in stopping substance use.

Stages	Processes	Strategies
<p style="text-align: center;">Action</p> <p>Tasks:</p> <ul style="list-style-type: none"> - Establish strategies for change. - Revise the work plan. - Maintain the commitment to change regardless of challenges that may arise. <p>Goals:</p> <ul style="list-style-type: none"> - Maintain a successful approach to change the pattern of substance use into a new one, over a 3–6month period. - Solve problems and support self-efficacy. 	<ul style="list-style-type: none"> - Stimulus control - Counterconditioning - Positive reinforcement management - Helping relationships <p style="text-align: center;">Self-efficacy Self-liberation</p>	<ol style="list-style-type: none"> 1. Environmental restructuring and establishment of support systems involving people who promote positive change, support groups, change of places and people, etc. 2. Work with activities and techniques such as relaxation exercises and role-playing. 3. Plan to prevent recurrence of substance use.
<p style="text-align: center;">Maintenance</p> <p>Tasks:</p> <ul style="list-style-type: none"> - Sustain change over time and in different situations. - Integrate the new behavior into the person's life. - Avoid lapses or recurrence of old behavior patterns of substance use. <p>Goals:</p> <ul style="list-style-type: none"> - Sustain the new pattern of substance use behavior over the long term. - Prevent recurrence and solve contextual problems. 	<ul style="list-style-type: none"> - Stimulus control - Counterconditioning - Positive reinforcement management - Helping relationships <p style="text-align: center;">Self-efficacy Self-liberation</p>	<ol style="list-style-type: none"> 1. Improve social skills. 2. Improve communication skills. 3. Clarify and develop skills to address new needs. 4. Identify and prevent recurrence situations. 5. Continue strengthening self-efficacy.

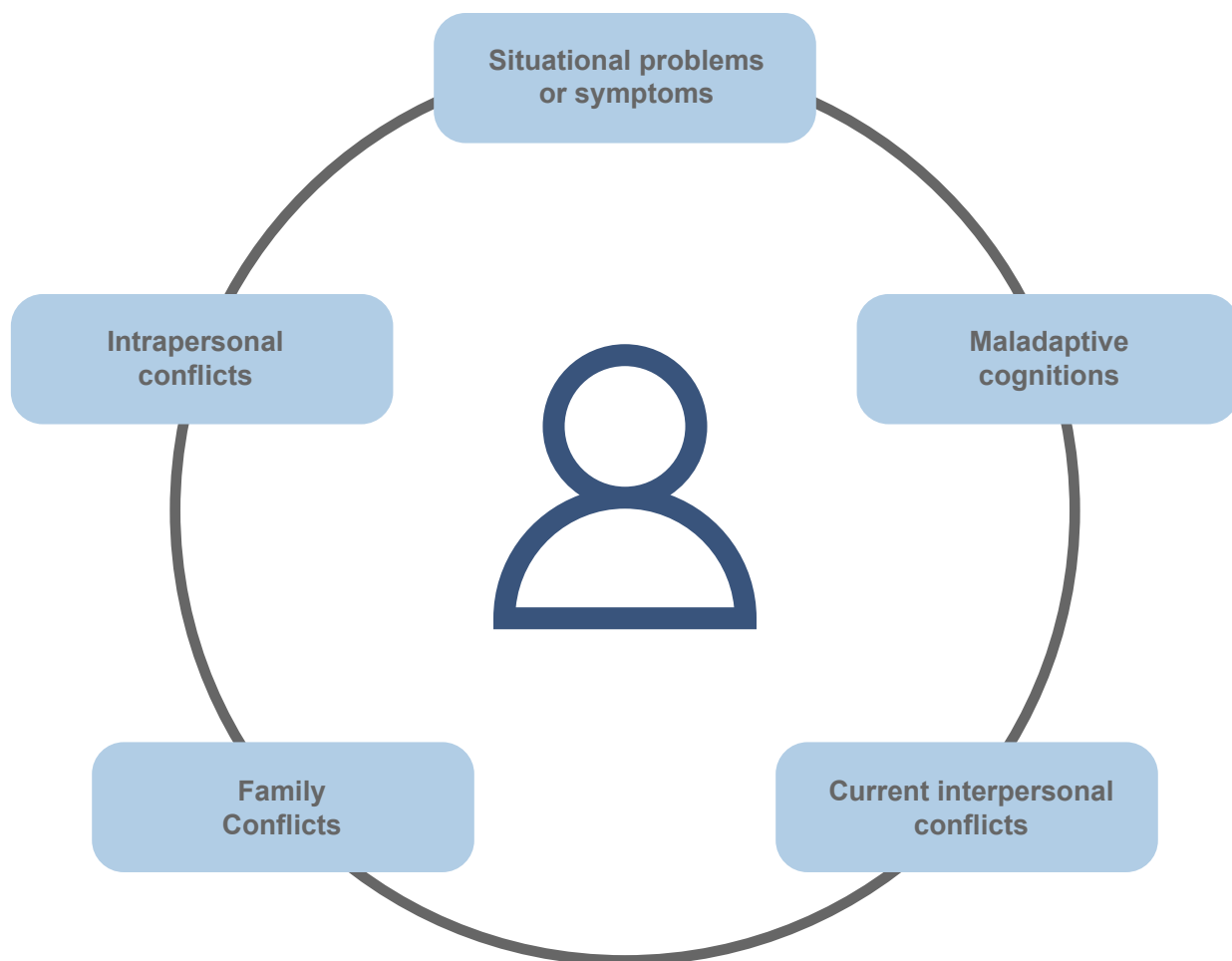
Levels of Change:

This construct relates to the changes needed to modify behaviors identified as detrimental to the individual. It consists of a hierarchy of five interrelated levels. This interrelationship implies that by making changes at one level, another level may change consequently; in addition, one or more levels may be balanced and may not require intervention. The following levels range from the most superficial to the deepest:

- 1. Situational problems or symptoms:** It relates to stress-provoking events, problems, or situations that affect the pattern of harmful habits. People try to change these problems or harmful habits on their own. It is the reason, most of the time, why people ask for or seek assistance of some kind. It is the most accessible level to the person's consciousness and where the person is least resistant to the help process. Likewise, it can be a stress trigger that can affect achieved well-being and precipitate recurrence to substance use. For instance, money management and the risk of losing housing, or freedom due to alimony debt; marital problems due to periods of constant absence and not being present at significant times; loss of employment due to absenteeism or tardiness; and legal problems due to arrest for possession of substances, among others.
- 2. Maladaptive cognitions:** It relates to the person's belief system, expectations, self-evaluation, and analysis of life experiences. It has to do with the person's level of maturity and recognition of the impact of behavior on oneself, and one's environment. For instance, the person may believe that to socialize or have fun one needs to use substances. People may believe that by changing this behavior they will remain alone.
- 3. Current interpersonal conflicts:** It relates to the way of interacting with other people and of managing one's current circumstances. Some indicators such as hostility, aggressiveness, lack of attention, impulsivity, or assertiveness can illustrate what is affecting the individual's interpersonal relationships, and limiting social, work, family, or academic development. For instance, arguing with others, family, neighbors, or strangers, for any reason. Being unable to access any service for not being able to wait their turn and arguing with those who will provide the service.
- 4. Family conflicts:** It relates to the family of origin dynamics, legal problems, and social and labor support networks. Family traumas in childhood and adolescence are contributing factors to individual and family stress. The parenting style and current dynamics may be a precipitating factor for recurrence. Also, family dynamics, intra-family conflicts, and the management of new behaviors and changes, can trigger new conflicts. For instance, arguments due to lack of financial support; theft of household items; and history of domestic violence, physical, or sexual abuse; among others.
- 5. Intrapersonal conflicts:** It is the personal relationship with oneself, its internal aspects such as self-esteem, self-concept, and personality, among others, and the management of emotions related to personal behaviors. These are the observable aspects that make up the person's style. For instance, pay attention to details such as self-esteem; personal style of dress; hygiene; self-verbalizations; trust issues; and comments related to attempts to overcome limitations, among others.

The relevance of these levels consists in providing a description of the person's style, the handling of various daily circumstances, social skills, and aspects of possible trauma experiences. Prochaska y Norcross (2007) establish that the levels of change allow identifying how complex the intervention would need to be. The level of difficulty when working with situational problems is lower than when working with, for example, intrapersonal conflicts. In the former, the person has a higher level of consciousness than in the latter and will therefore show less resistance. To work on the levels that require long-term interventions, it is advisable to have an interdisciplinary team and to motivate the person to remain in the process.

Levels of Change





Context of Change:

The context of change considers the whole life of the person and its impact on the change process. Allows a holistic view to connect with other problem areas of the person and relate them to the problematic use of substances. This helps to determine the person's strengths, and areas for improvement. However, even if

different, troubling, or problematic areas of the person are identified, the commitment must remain with the management of what is related to substance use. Otherwise, the helping professional may become distracted by the identified problem areas and lose sight of the established work plan related to the substance use problem. Therefore, it is important to remain focused on the primary change identified with the person as an area for improvement.

The context of change includes five functioning domains:

- 1. Current situation:** It includes the emotional and mental status of the person. It takes into consideration strengths, and needs in various areas: financial, intellectual capacity, educational resources, coping skills, level of anxiety, and depression. The more resources a person has in these areas, the more strengths and support will be available to manage change. The fewer barriers and challenges the person must face, the more likely to move through the stages of change. For example, a person who uses illegal substances to manage anxiety will remain in the same stage of change if no alternatives are available to manage the anxiogenic symptoms. By beginning to develop skills to reduce or manage anxiety by going to meditation, acupuncture, mindfulness or other classes, the person can achieve the targeted changes set out in the plan.
- 2. Attitudes and beliefs:** The value system, religious beliefs, and other aspects that influence the decision-making process are evaluated. The person's beliefs about how change should occur, religion, spirituality, God or a higher being, and family should be included. This provides helpful information to understand the reasons why a person may, or may not, be able to move through the stages of change. The value and belief system influence a person's decision-making, and it is particularly significant in the contemplation stage.
- 3. Interpersonal relationships:** By definition, it is the interaction of the individual with his or her significant others in life. This includes romantic partners, friends, parents, children, siblings, and others. These can be resources to support change and are particularly relevant for moving from the contemplation stage to the preparation stage.
- 4. Social system:** It refers to the family system, the social network, work, and other social systems that can promote change or sustain it. Family, in particular, can be the engine that promotes change and supports the treatment or work plan, but it can also be the trigger that causes recurrence to substance use. A dysfunctional family that has normalized substance use is likely to affect the person's progress toward change.

5. Enduring personal characteristics: They relate to basic personality characteristics, which may include impulsivity, compulsivity, level of conscientiousness, identity issues, self-esteem, extroversion or introversion, interaction with others, style, and others. The effects of these characteristics can be observed in the decision-making process, in the planning, perception, and implementation of the action plan.

Behavioral patterns occur in the context of the person's entire life. Changing a habit has implications in various aspects of the individual's life. This implies that when a person succeeds in changing and stopping substance use, various facets of life will have to be reorganized. If this has not been contemplated and considered, the person will not be able to achieve balance in life and this will be a trigger for returning to the initial behavior.

The helping professional should analyze and understand the person's contextual problems and, if necessary: consult, refer, and work in harmony with an interdisciplinary team. Contextual situations can lead to recurrence and are therefore a factor in managing prevention.

Measure of Long-term Success

People with substance use disorders face major challenges maintaining recovery in life. They must constantly manage stress in its many manifestations without resorting to the use of substances. The coping strategies outlined by the helping professional during the change process should be meaningful enough to the person in order to be used whenever they are needed. During the change process the helping professional should be on the lookout for indicators that can predict success. Prochaska & Prochaska (2016) establish the effects that predict long-term success: treatment effect, setting effect, effort effect, and severity effect.

The treatment effect is related to the program in which the person participates. If the person receives treatment in a program with evidence-based models and expert guidance, the likelihood of success increases. A treatment program whose helping professionals make genuine efforts with respect, compassion, acceptance, and empathy to enhance motivation to change, will have committed participants. Also, a program that defines and understands the stage of change each participant is in, and recognizes that ambivalence and resistance are part of the process, will work on an individualized basis and will be more likely to succeed.

The stage effect shows that the earlier people are inserted into the stages of change at the onset of treatment, the greater the likelihood of overall success. Proper identification of the person's stage of change is necessary to establish the corresponding work objectives. Ongoing reassessment of the stage of change is essential to ensure the person is moving forward in the process. If the person regresses among the stages of change, strategies should be readjusted, and all available options should be considered to ensure the person's well-being.

The effort effect illustrates that when people work persistently and with determination, they are more likely to succeed. Getting people with substance use disorders to maximize their potential requires not only maintaining their motivation and commitment to change, but also understanding the contextual issues, maintaining optimism, and working in the right direction. Performing the necessary exercises and activities to advance to the next stage with the time and effort required results in progressing to the next stage.

The severity effect indicates that people with less severe habits are more likely to achieve long-term success. The more severe the harmful habits are, the higher the observed stress. However, as people tend to try to reduce their stress, they are more willing to accept help seeking their wellbeing, so their immediate motivation is higher. However, it is necessary to accept that the greater the severity, the more complex the road to recovery.

Prochaska & Prochaska (2016) refer to the book *Positivity*, 2009, by Prof. Barbara Frederickson, of the University of North Carolina. The author expresses the importance of focusing on the positive aspects of life, and not on the pursuit of happiness. In her book, she identifies 10 positive emotions that can help to promote a person's well-being:

1. **Serenity:** It is the result of reducing negative stress using positive strategies such as meditation, relaxation, and others.
2. **Interest:** It is the search for something new or different that captures the attention and provides a new dimension to your life.
3. **Hope:** It is the desire or yearning to improve daily life by making better decisions to address unhealthy habits; to experience positive emotions and thoughts; and to improve stress management skills.
4. **Inspiration:** It is the acknowledgement of the stories of triumph over adversity, and witnessing the best of human nature, including personal stories that can become enlightenment for others.
5. **Awe:** It is being able to feel a sense of admiration for unusual beauty that inspires peace and tranquility, e.g.: admiring a sunset or sunrise, enjoying the sea, nature, etc.
6. **Amusement:** It consists of the enjoyment of fun, planned with the aim of expressing joy through laughter.
7. **Gratitude:** It is the feeling of gratefulness when experiencing something good that comes either through effort or through the everyday gifts that life brings.
8. **Joy:** It is the ability to identify, promote and enjoy moments, people, pleasant memories, activities, and positive experiences.
9. **Pride:** A feeling that arises from achieving success in that for which a great deal of work and time has been invested. It refers to each successful step taken against anything that may threaten health and well-being.
10. **Love:** It reflects the deep attachment and attraction felt towards a special person, activities, experiences, ideas, and issues in life. It is related to love for parents, children, partners, friends, teachers, music, travel, nature, culture, cooking, eating good food, freedom, life, etc.

The authors suggest that these emotions be included in the helping process and to encourage people to experience them as an alternative for developing a new lifestyle in recovery. When establishing the work plan in the action stage, it is important to include skills for managing stress caused by everyday life in order to promote well-being and reinforce recovery. Each person tries to find what identifies as happiness; however, this notion may be a utopia, or that which is most desired but recognized as something unattainable. At times, people even talk about happiness without being able to identify the factors that make it up. The authors recommend giving importance to the positive aspects, and life emotions that can contribute to achieving a better daily life.

Motivational Interviewing

Motivational Interviewing is an evidence-based approach that is aligned with the Transtheoretical Model of Change. The union of the two has proven useful in understanding and promoting behavior change related to substance use disorders and other harmful behaviors. Miller and Rollnick (2013) define motivational interviewing as a collaborative style to strengthen a person's intrinsic motivation and move them closer to change. It is a directive, person-centered style of interaction aimed at identifying and addressing ambivalence related to substance use and initiating positive behavioral change. The goals of motivational interviewing are to: resolve ambivalence; avoid generating or increasing resistance; motivate the person to talk about change; increase motivation and commitment to change; and help move through the stages of change. According to this approach the person-centered communication skills are open-ended questions; statements; reflective listening; and summaries.

Conclusion:

The Transtheoretical Model of Change and Motivational Interviewing have proven, through scientific evidence, to be effective tools in the management of people with substance use disorders. It is the responsibility of helping professionals to develop the necessary skills and knowledge through training, reading and practice of the evidence-based models, in order to provide people with substance use disorders with the highest standards of quality service.

References:

DiClemente, C.C., (2018) *Addiction and Change. How Addictions Develop and Addicted People Recover.* The Guilford Press.

DiClemente, C.C. (2004). *Stages of Change and Addiction.* Hazelnut, Minnesota.

Miller, W.R., Rollnick, S. (1991). *Motivational Interviewing. Preparing People to Change Addictive Behavior.* N.Y., Guilford Press.

Miller, W.R., Rollnick, S. (2013). *Motivational Interviewing. Helping People Change (3ed).* N.Y. Guilford Press.

Prochaska, J.O., Norcross, J.C., DiClemente, C.C (1994). *Changing for Good.* N.Y., William Morrow and Co., Inc.

Prochaska, J.O., Norcross, J.C. (2007). *Sistemas de Psicoterapia: Un Análisis Transteórico.* Thomson/Brooks.

Prochaska, J.O., Prochaska, J.M. (2016). *Changing to Thrive.* Hazelden Publishing.

TIP 35 (2019). *Enhancing Motivation for Change in Substance Use Disorder Treatment.* SAMHSA.
