

## Section 3, Chapter 8:

# Stages of Change

## A Transtheoretical Model of Change

Theorists have developed various models to illustrate how behavioral change happens. In one perspective, external consequences and restrictions are largely responsible for moving individuals to change their substance use behaviors. In another model, intrinsic motivations are responsible for initiating or ending substance use behaviors. Some researchers believe that motivation is better described as a continuum of readiness than as separate stages of change (Bandura, 1997; Sutton, 1996). This hypothesis is also supported by motivational research involving serious substance abuse of illicit drugs (Simpson and Joe, 1993).

The change process has been conceptualized as a sequence of stages through which people typically progress as they think about, initiate, and maintain new behaviors (Prochaska and DiClemente, 1984). This model emerged from an examination of 18 psychological and behavioral theories about how change occurs, including components that compose a biopsychosocial framework for understanding addiction. In this sense, the model is "transtheoretical" (IOM, 1990b).

This model also reflects how change occurs outside of therapeutic environments. The authors applied this template to individuals who modified behaviors related to smoking, drinking, eating, exercising, parenting, and marital communications on their own, without professional intervention. When natural self-change was compared with therapeutic interventions, many similarities were noticed, leading these investigators to describe the occurrence of change in steps or stages. They observed that people who make behavioral changes on their own or under professional guidance first "move from being unaware or unwilling to do anything about the problem to considering the possibility of change, then to becoming determined and prepared to make the change, and finally to taking action and sustaining or maintaining that change over time" (DiClemente, 1991, p. 191).

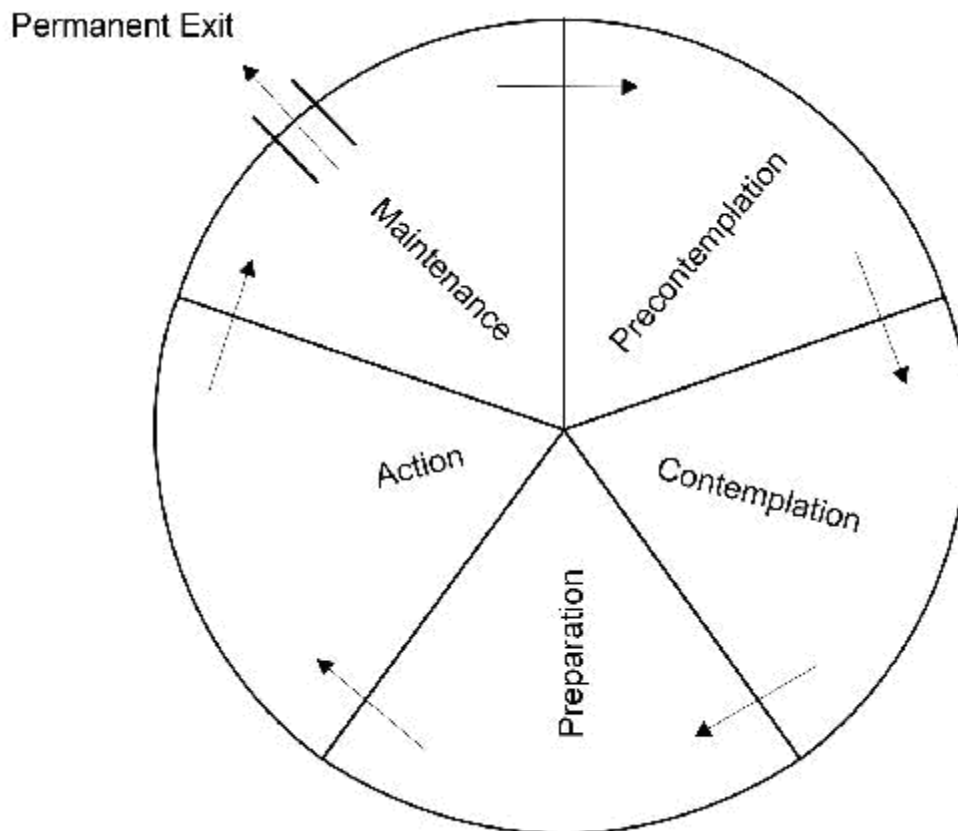
As a clinician, you can be helpful at any point in the process of change by using appropriate motivational strategies that are specific to the change stage of the individual. In this context, the stages of change represent a series of tasks for both you and your clients (Miller and Heather, 1998).

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The stages of change can be visualized as a wheel with four to six parts, depending on how specifically the process is broken down (Prochaska and DiClemente, 1984). Here, the wheel (Figure 1) has five parts, with a final exit to enduring recovery (the sixth part is recurrence or relapse). It is important to note that the change process is cyclical, and individuals typically move back and forth between the stages and cycle through the stages at different rates. In one individual, this movement through the stages can vary in relation to different behaviors or objectives. Individuals can move through stages quickly. Sometimes, they move so rapidly that it is difficult to pinpoint where they are because change is a dynamic process. It is not uncommon, however, for individuals to linger in the early stages.

For most substance-using individuals, progress through the stages of change is circular or spiral in nature, not linear. In this model, recurrence is a normal event because many clients cycle through the different stages several times before achieving stable change. The five stages and the issue of recurrence are described below.

**Figure 1: Five Stages of Change**



Clients need and use different kinds of motivational support according to which stage of change they are in and into what stage they are moving. If you try to use strategies appropriate to a stage other than the one the client is in, the result could be treatment resistance or noncompliance. For example, if your client is at the contemplation stage, weighing the pros and cons of change versus continued substance use, and you pursue change strategies appropriate to the action stage, your client will predictably resist. The simple reason for this reaction is that you have taken the positive (change) side of the argument, leaving the client to argue the other (no change) side; this results in a standoff.

### **From precontemplation to contemplation**

According to the stages-of-change model, individuals in the precontemplation stage are not concerned about their substance use or are not considering changing their behavior. These substance users may remain in precontemplation or early contemplation for years, rarely or never thinking about change. Often, a significant other finds the substance user's behavior problematic. There are a variety of proven techniques and gentle tactics that clinicians can use to address the topic of substance abuse with people who are not thinking of change. Use of these techniques will serve to

- (1) create client doubt about the commonly held belief that substance abuse is "harmless" and
- (2) lead to client conviction that substance abuse is having, or will in the future have, significant negative results.

*(For all stages, this numbering (1) and (2) will be used to identify these two issues)*

It is suggested that clinicians practice the following:

- Commend the client for coming to substance abuse treatment. (2)
- Establish rapport, ask permission to address the topic of change, and build trust. (2)
- Elicit, listen to, and acknowledge the aspects of substance use the client enjoys. (2)
- Evoke doubts or concerns in the client about substance use. (2)
- Explore the meaning of the events that brought the client to treatment or the results of previous treatments. (2)

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- Obtain the client's perceptions of the problem. (2)
- Offer factual information about the risks of substance use. (2)
- Provide personalized feedback about assessment findings. (2)
- Help a significant other intervene. (2)
- Examine discrepancies between the client's and others' perceptions of the problem behavior. (2)
- Express concern and keep the door open. (2)

The assessment and feedback process can be an important part of the motivational strategy because it informs clients of how their own substance use patterns compare with norms, what specific risks are entailed, and what damage already exists or is likely to occur if changes are not made.

Giving clients personal results from a broad-based and objective assessment, especially if the findings are carefully interpreted and compared with norms or expected values, can be not only informative but also motivating. (1) Providing clients with personalized feedback on the risks associated with *their own* use of a particular substance--especially for their own cultural and gender groups--is a powerful way to develop a sense of *discrepancy* that can motivate change.

### Intervening through significant others

Considerable research shows that involvement of family members or significant others (SOs) can help move substance-using persons toward contemplation of change, entry into treatment, involvement and retention in the therapeutic process, and successful recovery. (1) Involving SOs in the early stages of change can greatly enhance a client's commitment to change by addressing the client's substance use in the following ways:

- Providing constructive feedback to the client about the costs and benefits associated with her substance abuse (2)
- Encouraging the resolve of the client to change the negative behavior pattern (2)
- Identifying the client's concrete and emotional obstacles to change (2)
- Alerting the client to social and individual coping resources that lead to a substance-free lifestyle (2)
- Reinforcing the client for employing these social and coping resources to change the substance use behavior (2)

The clinician can engage an SO by asking the client to invite the SO to a treatment session. Explain that the SO will not be asked to monitor the client's substance use but that the SO can perform a valuable role by providing emotional support, identifying problems that might interfere with treatment goals, and participating in activities with the client that do not involve substance use. To strengthen the SO's belief in his capacity to help the client, the clinician can use the following strategies:

- Positively describe the steps used by the SO that have been successful (define "successful" generously). (2)
- Reinforce positive comments made by the SO about the client's current change efforts. (2)
- Discuss future ways in which the client might benefit from the SO's efforts to facilitate change. (2)

Clinicians should use caution when involving an SO in motivational counseling. Although a strong relationship between the SO and the client is necessary, it is not wholly sufficient. The SO must also support a client's substance-free life, and the client must value that support. (1) An SO who is experiencing hardships or emotional problems stemming from the client's substance use may not be a suitable candidate. (1) Such problems can preclude the SO from constructively participating in the counseling sessions, and it may be better to wait until the problems have subsided before including an SO in the client's treatment. (1)

In general, the SO can play a vital role in influencing the client's willingness to change; however, the client must be reminded that the responsibility to change substance use behavior is hers. (2)

### *Motivational interventions and coerced clients*

An increasing number of clients are mandated to obtain treatment by an employer or employee assistance program, the court system, or probation and parole officers. Others are influenced to enter treatment because of legal pressures. The challenge for clinicians is to engage coerced clients in the treatment process. A stable recovery cannot be maintained by external (legal) pressure only; motivation and commitment must come from internal pressure. If you provide interventions appropriate to their stage, coerced clients may become invested in the change process and benefit from the opportunity to consider the consequences of use and the possibility of change--even though that opportunity was not voluntarily chosen. (2)

## **From contemplation to preparation**

Extrinsic and intrinsic motivators should be considered when trying to increase a client's commitment to change and move the client closer to action because these motivators can be examined to enhance decision-making, thereby enhancing the client's commitment. Many clients move through the contemplation stage acknowledging only the extrinsic motivators pushing them to change or that brought them to treatment. Help the client discover intrinsic motivators, which typically move the client from contemplating change to acting. (2) In addition to the standard practices for motivational interviewing (e.g., reflective listening, asking open-ended questions), clinicians can help spur this process of changing extrinsic motivators to intrinsic motivators by doing the following:

- Show curiosity about clients. Because a client's desire to change is seldom limited to substance use, he may find it easier to discuss changing other behaviors. This will help strengthen the therapeutic alliance. (2)
- Reframe a client's negative statement about perceived coercion by re-expressing the statement with a positive spin. (2)

Clinicians can use decisional balancing strategies to help clients thoughtfully consider the positive and negative aspects of their substance use. (1) The ultimate purpose, of course, is to help clients recognize and weigh the negative aspects of substance use so that the scale tips toward beneficial behavior. Techniques to use in decisional balancing exercises include the following:

- Summarize the client's concerns. (2)
- Explore specific pros and cons of substance use behavior. (1)
- Normalize the client's ambivalence. (2)
- Reintroduce feedback from previous assessments. (1)
- Examine the client's understanding of change and expectations of treatment. (1)
- Reexplore the client's values in relation to change. (2)

Throughout this process, emphasize the clients' personal choices and responsibilities for change. The clinician's task is to help clients make choices that are in their best interests. This can be done by exploring and setting goals. Goal-setting is part of the exploring and envisioning activities characteristic of the early and middle preparation stage. The process of talking about and setting goals strengthens commitment to change. (1)

During the preparation stage, the clinician's tasks broaden from using motivational strategies to increase readiness--the goals of precontemplation and contemplation stages--to using these strategies to strengthen a client's commitment and help her make a firm decision to change. At this stage, helping the client develop self-efficacy is important. (2) Self-efficacy is not a global measure, like self-esteem; rather, it is behavior specific. In this case, it is the client's optimism that she can take action to change substance-use behaviors.

## **From preparation to action**

As clients move through the preparation stage, clinicians should be alert for signs of clients' readiness to move into action. There appears to be a limited period of time during which change should be initiated. (2) Clients' recognition of important discrepancies in their lives is too uncomfortable a state to remain in for long, and unless change is begun they can retreat to using defenses such as minimizing or denying to decrease their discomfort. (2) The following can signal a client's readiness to act:

- The client's resistance (i.e., arguing, denying) decreases. (2)
- The client asks fewer questions about the problem. (2)
- The client shows a certain amount of resolve and may be more peaceful, calm, relaxed, unburdened, or settled. (2)
- The client makes direct self-motivational statements reflecting openness to change and optimism. (2)
- The client asks more questions about the change process. (2)
- The client begins to talk about how life might be after a change. (2)
- The client may have begun experimenting with possible change approaches such as going to an Alcoholics Anonymous meeting or stopping substance use for a few days. (2)

Mere vocal fervor about change, however, is not necessarily a sign of dogged determination. Clients who are most vehement in declaring their readiness may be desperately trying to convince themselves, as well as the clinician, of their commitment.

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When working with clients in the preparation stage, clinicians should try to

- Clarify the client's own goals and strategies for change. (2)
- Discuss the range of different treatment options and community resources available to meet the client's multiple needs. (2)
- With permission, offer expertise and advice. (2)
- Negotiate a change--or treatment--plan and a behavior contract (2); take into consideration
  - Intensity and amount of help needed
  - Timeframe
  - Available social support, identifying who, where, and when
  - The sequence of smaller goals or steps needed for a successful plan
  - Multiple problems, such as legal, financial, or health concerns
- Consider and lower barriers to change by anticipating possible family, health, system, and other problems. (2)
- Help the client enlist social support (e.g., mentoring groups, churches, recreational centers). (2)
- Explore treatment expectancies and client role. (2)
- Have clients publicly announce their change plans to significant others in their lives. (2)

### **From action to maintenance**

A motivational counseling style has most frequently been used with clients in the precontemplation through preparation stages as they move toward initiating behavioral change. Some clients and clinicians believe that formal, action-oriented substance abuse treatment is a different domain and that motivational strategies are no longer required. This is not true for two reasons. First, clients may still need a surprising amount of support and encouragement to stay with a chosen program or course of treatment. Even after a successful discharge, they may need support and encouragement to maintain the gains they have achieved and to know how to handle recurring crises that may mean a

return to problem behaviors. (2) Second, many clients remain ambivalent in the action stage of change or vacillate between some level of contemplation--with associated ambivalence--and continuing action. (2) Moreover, clients who do take action are suddenly faced with the reality of stopping or reducing substance use. This is more difficult than just contemplating action. The first stages of recovery require only thinking about change, which is not as threatening as actually implementing it.

Clients' involvement or participation in treatment can be increased when clinicians

- Develop a nurturing rapport with clients. (2)
- Induct clients into their role in the treatment process. (2)
- Explore what clients expect from treatment and determine discrepancies. (2)
- Prepare clients so that they know there may be some embarrassing, emotionally awkward, and uncomfortable moments but that such moments are a normal part of the recovery process. (2)
- Investigate and resolve barriers to treatment. (2)
- Increase congruence between intrinsic and extrinsic motivation. (2)
- Examine and interpret noncompliant behavior in the context of ambivalence. (2)
- Reach out to demonstrate continuing personal concern and interest to encourage clients to remain in the program. (2)

Clients who are in the action stage can be most effectively helped when clinicians

- Engage clients in treatment and reinforce the importance of remaining in recovery. (2)
- Support a realistic view of change through small steps. (2)
- Acknowledge difficulties for clients in early stages of change. (2)
- Help the client identify high-risk situations through a functional analysis and develop appropriate coping strategies to overcome these. (2)
- Assist the client in finding new reinforcers of positive change. (2)
- Assess whether the client has strong family and social support. (2)

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The next challenge that clients and clinicians face is maintaining change. With clients in the maintenance stage, clinicians will be most successful if they can

- Help the client identify and sample substance-free sources of pleasure-- i.e., new reinforcers. (1)
- Support lifestyle changes. (2)
- Affirm the client's resolve and self-efficacy. (2)
- Help the client practice and use new coping strategies to avoid a return to substance use. (2)
- Maintain supportive contact. (2)

After clients have planned for stabilization by identifying risky situations, practicing new coping strategies, and finding their sources of support, they still have to build a new lifestyle that will provide sufficient satisfaction and can compete successfully against the lure of substance use. A wide range of life changes ultimately needs to be made if clients are to maintain lasting abstinence. Clinicians can help this change process by using competing reinforcers. (1) A competing reinforcer is anything that clients enjoy that is or can become a healthy alternative to drugs or alcohol as a source of satisfaction.

The essential principle in establishing new sources of positive reinforcement is to get clients involved in generating their own ideas. Clinicians should explore all areas of clients' lives for new reinforcers. Reinforcers should not come from a single source or be of the same type. That way, a setback in one area can be counterbalanced by the availability of positive reinforcement from another area. Since clients have competing motivations, clinicians can help them select reinforcers that will *win out* over substances over time.

Following are a number of potential competing reinforcers that can help clients:

- Doing volunteer work, thus filling time, connecting with socially acceptable friends, and improving their self-efficacy (2)
- Becoming involved in 12-Step-based activities and other self-help groups (2)
- Setting goals to improve their work, education, exercise, and nutrition (2)
- Spending more time with their families and significant others (2)

- Participating in spiritual or cultural activities (2)
- Socializing with nonsubstance-using friends (2)
- Learning new skills or improving in such areas as sports, art, music, and other hobbies (2)

Contingency reinforcement systems, such as voucher programs, have proven to be effective when community support and resources are available. (1) Research has shown that these kinds of reinforcement systems can help to sustain abstinence in drug abusers. The rationale for this type of incentive program is that an appealing external motivator can be used as an immediate and powerful reinforcer to compete with substance use reinforcers. Not all contingent incentives have to have a monetary value. In many cultures, money is not the most powerful reinforcer.

## **Recurrence**

Most people do not immediately sustain the new changes they are attempting to make, and a return to substance use after a period of abstinence is the rule rather than the exception (Brownell et al., 1986; Prochaska and DiClemente, 1992). These experiences contribute information that can facilitate or hinder subsequent progression through the stages of change. *Recurrence*, often referred to as relapse, is the event that triggers the individual's return to earlier stages of change and recycling through the process. Individuals may learn that certain goals are unrealistic, certain strategies are ineffective, or certain environments are not conducive to successful change. Most substance users will require several revolutions through the stages of change to achieve successful recovery (DiClemente and Scott, 1997). After a return to substance use, clients usually revert to an earlier change stage--not always to maintenance or action, but more often to some level of contemplation. They may even become precontemplators again, temporarily unwilling or unable to try to change soon. Resuming substance use and returning to a previous stage of change should not be considered a failure and need not become a disastrous or prolonged recurrence. A recurrence of symptoms does not necessarily mean that a client has abandoned a commitment to change.

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### *Triggers to Change*

The multidimensional nature of motivation is captured, in part, in the popular phrase that a person is *ready, willing, and able* to change. This expression highlights three critical elements of motivation--but in reverse order from that in which motivation typically evolves. *Ability* refers to the extent to which the person has the necessary skills, resources, and confidence (self-efficacy) to carry out a change. One can be able to change, but not willing. The *willing* component involves the importance a person places on changing--how much a change is wanted or desired. (Note that it is possible to feel willing yet unable to change.) However, even willingness and ability are not always enough. You probably can think of examples of people who are willing and able to change, but not yet ready to change. The *ready* component represents a final step in which the person finally decides to change a particular behavior. Being willing and able but not ready can often be explained by the relative importance of this change compared with other priorities in the person's life. To instill motivation for change is to help the client become ready, willing, and able.

Figure 2 provides examples of appropriate motivational strategies you can use at each stage of change. Of course, these are not the only ways to enhance motivation for beneficial change.

**Figure 2: Appropriate Motivational Strategies for Each Stage of Change**

Client's Stage of Change	Appropriate Motivational Strategies for the Clinician
<p><b>Precontemplation</b></p> <p>The client is not yet considering change or is unwilling or unable to change.</p>	<ul style="list-style-type: none"> <li>• Establish rapport, ask permission, and build trust.</li> <li>• Raise doubts or concerns in the client about substance-using patterns by               <ul style="list-style-type: none"> <li>○ Exploring the meaning of events that brought the client to treatment or the results of previous treatments</li> <li>○ Eliciting the client's perceptions of the problem</li> <li>○ Offering factual information about the risks of substance use</li> <li>○ Providing personalized feedback about assessment findings</li> <li>○ Exploring the pros and cons of substance use</li> <li>○ Helping a significant other intervene</li> <li>○ Examining discrepancies between the client's and others' perceptions of the problem behavior</li> </ul> </li> <li>• Express concern and keep the door open.</li> </ul>

<p><b>Contemplation</b></p> <p>The client acknowledges concerns and is considering the possibility of change but is ambivalent and uncertain.</p>	<ul style="list-style-type: none"><li>• Normalize ambivalence.</li><li>• Help the client "tip the decisional balance scales" toward change by<ul style="list-style-type: none"><li>○ Eliciting and weighing pros and cons of substance use and change</li><li>○ Changing extrinsic to intrinsic motivation</li><li>○ Examining the client's personal values in relation to change</li><li>○ Emphasizing the client's free choice, responsibility, and self-efficacy for change</li></ul></li><li>• Elicit self-motivational statements of intent and commitment from the client.</li><li>• Elicit ideas regarding the client's perceived self-efficacy and expectations regarding treatment.</li><li>• Summarize self-motivational statements.</li></ul>
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**Preparation**

The client is committed to and planning to make a change in the near future but is still considering what to do.

- Clarify the client's own goals and strategies for change.
- Offer a menu of options for change or treatment.
- With permission, offer expertise and advice.
- Negotiate a change--or treatment--plan and behavior contract.
- Consider and lower barriers to change.
- Help the client enlist social support.
- Explore treatment expectancies and the client's role.
- Elicit from the client what has worked in the past either for him or others whom he knows.
- Assist the client to negotiate finances, child care, work, transportation, or other potential barriers.
- Have the client publicly announce plans to change.

<p><b>Action</b></p> <p>The client is actively taking steps to change but has not yet reached a stable state.</p>	<ul style="list-style-type: none"><li>• Engage the client in treatment and reinforce the importance of remaining in recovery.</li><li>• Support a realistic view of change through small steps.</li><li>• Acknowledge difficulties for the client in early stages of change.</li><li>• Help the client identify high-risk situations through a functional analysis and develop appropriate coping strategies to overcome these.</li><li>• Assist the client in finding new reinforcers of positive change.</li><li>• Help the client assess whether she has strong family and social support.</li></ul>
<p><b>Maintenance</b></p> <p>The client has achieved initial goals such as abstinence and is now working to maintain gains.</p>	<ul style="list-style-type: none"><li>• Help the client identify and sample drug-free sources of pleasure (i.e., new reinforcers).</li><li>• Support lifestyle changes.</li><li>• Affirm the client's resolve and self-efficacy.</li><li>• Help the client practice and use new coping strategies to avoid a return to use.</li><li>• Maintain supportive contact (e.g., explain to the client that you are available to talk between sessions).</li><li>• Develop a "fire escape" plan if the client resumes substance use.</li><li>• Review long-term goals with the client.</li></ul>

<p><b>Recurrence</b></p> <p>The client has experienced a recurrence of symptoms and must now cope with consequences and decide what to do next.</p>	<ul style="list-style-type: none"><li>• Help the client reenter the change cycle and commend any willingness to reconsider positive change.</li><li>• Explore the meaning and reality of the recurrence as a learning opportunity.</li><li>• Assist the client in finding alternative coping strategies.</li><li>• Maintain supportive contact.</li></ul>
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