

**Rebecca Matthews**

It seems we all want a quick fix method to lose weight, get fit, or give up smoking. But why don't diets, new exercise equipment, or nicotine patches work in the long term? Why do we revert to old habits? Why do we find change so hard?

In this episode, we speak with a psychologist about how you might make and maintain a meaningful personal change in your life. Expect to go through five stages of change and to view relapse as an opportunity, not failure. I'm Rebecca Matthews and this is Talking Psychology, a podcast of the Australian Psychological Society.

Doctor Carlo DiClemente has revolutionised understanding of how to change just about any type of addiction and unhealthy behaviour. He's professor of psychology and director of the MDQuit Tobacco Resource Centre and Habits Laboratory at the University of Maryland, Baltimore County in the US. He's the author of numerous scientific publications on behaviour change, as well as a self-help book, Changing for Good, a study of more than a thousand people who were able to positively alter their lives without psychotherapy.

Carlo joins us from the US East Coast via Skype. Welcome Doctor Di Clemente.

**Carlo DiClemente**

Thank you. Pleasure to be here.

**Rebecca Matthews**

You've been researching motivation and how people change and recover from addictions for over 30 years now. In your view, is change something that we are all capable of, even when habits are deeply ingrained?

**Carlo DiClemente**

Yes it is actually. I think people are very able to change. It's a challenge and some people may not be up to the challenge but certainly the possibility is there for all of us to change. I've seen people of all ages with varying levels of addiction being able to change and turn their lives around.

**Rebecca Matthews**

Carlo you talk about extrinsic and intrinsic motivation for change. How important to long term success is your reason for wanting to make change?

**Carlo DiClemente**

Well that's really at the heart of change. You really want reasons that are important to you, and that's what we call the intrinsic kind of motivations. People make changes for extrinsic reasons. We did some really interesting work with pregnant women smokers who stopped smoking for the pregnancy. Basically, we thought of it as smoking cessation but it wasn't. What really happens is they suspend the behaviour for a period of time, and that's often what happens with a lot of extrinsic motivation.

Some people who have charges against them for DUI or driving after drinking, will suspend drinking for a while, and certainly suspend drinking and driving for a while, in order to meet the criteria of the court. But basically, they haven't chosen to change. And so we're really talking here intrinsic motivation and choosing to change and having your own personal process of change.

**Rebecca Matthews**

And for people who perhaps have that intrinsic motivation and are trying to make change and not succeeding, often they're branded as lacking willpower. But this isn't necessarily the case is it?

**Carlo DiClemente**

No, I think willpower is not really the key element of change. I think what we're really talking about is a process. It includes commitment, and you can think about commitment as willpower. But commitment only comes after the first two stages of change. Until you really have gone through having enough interest and concern and having really made a risk-reward-analysis on your own that says yes, that's really important to me or my reasons to change and making a decision to change, then willpower or if you call willpower commitment, becomes a very important thing because you have to be committed to making the change. That's really a preparation stage activity.

**Rebecca Matthews**

You've developed a model for change in behaviour called the Trans-Theoretical Model of change, which essentially lays out a pathway or a series of stages for people to follow to achieve lasting change. Can you walk me through these five stages of change? Maybe in the context of giving up tobacco as an example.

**Carlo DiClemente**

Sure Rebecca. So basically what has to happen, if you think about going from a place we call the status quo, if you say okay, here I am, I'm a smoker. And notice what people are saying - they don't say: I'm a person who smokes. They say typically that they are a smoker which means that they really identify with it. And so what you need to do if that's where you are, is begin to get some kind of interest and concern about changing. So when you're a smoker, either a satisfied smoker or dissatisfied smoker who is not interested in quitting in the near term, is to think about it over the next six months.

Are you seriously considering quitting in the next six months? If you say no, you're in pre-contemplation. And the challenge then is to get you to get some interest and concern about the need for change. So maybe you have a child who comes up to you and says well wait a minute, Dad, your smoking is really bothering me. I'm really concerned about you. I'm really concerned about your health. I want you to be around for a long time. And so you begin to develop some interest and concern and say okay, well let me think about this. The second stage then is this contemplation activity that really is a risk reward analysis.

And you can respond to that interest and concern by saying okay well, I really don't want to quit but I will not smoke around my child. That's a way to kind of decide to do something that doesn't make the big change but makes a smaller change. Or, you could go through a decisional balance that says it's really important to my son. I know it's really important to me and my health. So we're building both intrinsic and extrinsic motivations. We put those together and we build a decisional balance that's tipped toward change. You know, overall, I need to see that it's really important for me to change and change is really in my best interest.

So I'm going to quit smoking. That's the great decision that you make. So now that you've made a decision, you just don't want to jump into action - you need to build a plan. So the preparation stage, or the third stage, has two real functions. One is to build commitment and the other is to build a plan that's effective and acceptable. You have to build something that you're going to want to do, that you're going to be able to do, and you have to get committed to doing it. So if you think about preparation, it's really a time for prioritising the change as well. Commitment really means I've made a choice to do this, and to do this within this time period.

Now I can move into action. And action is really the heart of change. You're really now making the change. But it's not the only part of change and that's really the confusion I think that people have. Because once I go into action, I'm implementing my plan. But all plans have some flaws. So if I don't have commitment, I will not be able to follow through on my plan. So I want to quit smoking. I was a smoker a long time ago and quit a long time ago. But there were lots of times where you'd come into that action phase and you'd go: Oh this is too hard, and you'd give up, or you'd go back. So that's why you need the commitment to follow through.

So in action, you have to implement the plan and you have to revise the plan so you can stay on task to make the change happen.

**Rebecca Matthews**

How important at this point is the support of family and friends? Should you discuss your intention to make change with them and harness their support?

**Carlo DiClemente**

I think that's a strategy. It's really interesting. People have very different strategies. There are some that said you know, I'm not telling anybody I quit smoking until I actually know I have some success. But part of commitment is really telling your family and telling them not just that you're going to but how they can help you. Because that, I think, is another important piece. People around you don't know how to help and you, as the person who is making the change, need to help them help you.

**Rebecca Matthews**

So we go back to action?

**Carlo DiClemente**

Right. Action. We think it takes like three to six months of doing something to really establish a new pattern of change. I know there are smokers who go: After the third day I knew I was quitting and I wasn't going to go back. And that may be part of what they believe in terms of their commitment. But it really takes a period of time for you to build a new habit and to overcome all the other cues that trigger going back to the old habit. So I mean I tell people: Think about three months, and they say: Oh that's a long time. Yes, but its 12 weekends.

So if you're a smoker, going through 12 weekends or 12 soccer game matches or other things where you have watched things and you've always smoked when you've done it, then I can say okay, with some security, that you've really established a new pattern of behaviour. And then once you've established the new pattern, I mean I don't think there's magic to three or six months, but I do think that you need to give yourself time. Once you've established a new pattern then we talk about maintenance, and that's not only establishing the new pattern where you have to keep working at it, but the new behaviour becomes almost second nature now.

When you build in maintenance, what you're doing is you're building the new behaviour into your lifestyle. This is no longer I have to do a whole lot of work to do this, this is how I am. I am a non-smoker at this point. Maintenance is really that important time where it becomes the new norm of how I live my life.

**Rebecca Matthews**

And interestingly you view relapse not as failure, but as an essential part of the learning process. You've said in particular that people with addictions feel very supported by this notion and it's crucial to their progress. Can you talk a bit about that notion of relapse and failure?

**Carlo DiClemente**

I make a distinction between kind of slipping and relapsing. Because, like I said, no plan is perfect. So when I start to do a new behaviour, I may have a plan that this is the way I'm going to go about doing it but realise that well, I really can't be around smokers. It's too hard for me to stay around smokers. So I need to revise my plan. And normally I find out that my plan is not working either because I start getting a lot of temptations or cravings or other kinds of things that say wait a minute, something is not working right here. You've got to go through these but you also have to see is the plan working? Or I make a slip. I have a cigarette and I go whoops, what happened? I said I was not smoking and I went and had a cigarette.

Now, it's very important at that point that the slip - which is one cigarette or a couple of cigarettes and then you realise wait a minute I'm quitting smoking - the slip is the sign that the plan isn't working. So you need to revise the plan. If you don't revise the plan and you kind of go okay, I don't know, I can't do it this time, and you go back to smoking, that's a relapse. And relapse teaches you well this was unsuccessful. But a lot of people think that the reason that they were unsuccessful was oh, it was that trigger, that cue. I went and I saw somebody smoking after a meal and I had to have a cigarette and I went and had a cigarette and then I just started smoking again.

The problem wasn't necessarily the cue, the problem was the process. There was something wrong with the process. And so what I like to tell people is relapse helps us and it says okay, last time you did this you failed but why did you go back? It's not really a failure, it's a learning process. Go back and figure out what went wrong as you went through those stages and you were trying to accomplish the tasks of those stages. Sometimes the decision wasn't really strong enough. Sometimes the commitment wasn't strong enough. Sometimes the plan was really flawed from the very beginning. And you have to go back and learn how to make that happen again, but make it happen in a different way and a little more successful.

And so we call it kind of successive approximations. That's how we learn most things. That basically you try, you don't quite get it, you go back, you learn how to try again and figure out this process again until you are successful. And that's really what happens in most addictions.

**Rebecca Matthews**

Dr DiClemente thank you for joining us today.

**Carlo DiClemente**

You're very welcome. My pleasure.

**Rebecca Matthews**

We've been speaking with Dr Carlo DiClemente about approaches to making change in your life. You can find more information about this interview and Dr DiClemente's book, *Changing for Good*, on our website [psychology.org.au/talking-psychology](http://psychology.org.au/talking-psychology). I'm Rebecca Matthews and this is Talking Psychology, a podcast of the Australian Psychological Society.

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