Paradigm Developmental Model of Treatment:
A Motivational, Cognitive Behavioral Approach, Utilizing the Collective Wisdom of Recovery

Presented by
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Paradigm

A set of assumptions, concepts, values, and practices that constitutes a way of viewing reality for the individual and the community that shares them.

1940’s Mother’s Formula for Daughter’s Success

Marriage

Family

Homemaking

Today’s Formula for Daughter’s Success

Self-Reliance

Education

Career
Step One: Problem Recognition
“We admitted we were powerless over alcohol— that our lives had become unmanageable.

Step Two: Looking Beyond Self
“Came to believe that a Power greater than ourselves could restore us to sanity.”

Step Three: Letting Go
“Made a decision to turn our will and our lives over to the care of God as we understood Him.”

Step Four: Self-Examination
“Made a searching and fearless moral inventory of ourselves.”

Step Five: Taking Responsibility
“Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.”

Step Six: Willingness to Change
“We were entirely ready to have God remove our shortcomings.”

Step Seven: Action to Change - Relinquish Control
“Humbly asked Him to remove our shortcomings.”

Step Eight: Accountability - Empathy
“Made a list of all persons we had harmed, and became willing to make amends to them all.”

Step Nine: Asking Forgiveness - Accepting Consequences
“Made direct amends to such people wherever possible, except to do so would injure them or others.”

Step Ten: Self-Regulation
“Continued to take personal inventory and when we were wrong promptly admitted it.”

Step Eleven: Mindfulness
“Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.”

Step Twelve: Giving Back - Transformation
“Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.”
Clinical Themes 12 Steps

**Step 1**  Problem Recognition
Step 2  Looking Beyond Self
Step 3  Letting Go
Step 4  Self-Examination

**Step 5**  Taking Responsibility
Step 6  Willingness to Change
Step 7  Action to Change
Step 8  Accountability / Empathy
Step 9  Asking Forgiveness - Accepting Consequences

**Step 10**  Self-Regulation
Step 11  Mindfulness
Step 12  Giving Back / Transformation
Evidence-Based Practice Models

- Motivational Interviewing
- Cognitive-Behavioral Therapy

Cognitive-Behavioral Therapy

Cognitive-behavioral therapy (CBT) is a short-term form of psychotherapy directed at present-time issues and based on the idea that the way that an individual thinks and feels affects the way he or she behaves. Negative patterns of thought about the self and the world are challenged in order to alter unwanted or unproductive behavior.

The goal of CBT is to change a client’s thought patterns in order to change their responses to difficult situations.

Beck Institute of CBT, accessed Feb 3, 2017, Psychology Today
Motivational Interviewing

- Validate ambivalence
- Increase cognitive dissonance by reframing
- Don’t argue
- Don’t label
- Roll with resistance: reframe
- Enhance self-esteem by optimism and by collaborative problem-solving

Miller & Rollnick, 1991

Collective Wisdom

*Client stories, “Case Histories” that teach, clarify, or reinforce recovery concepts in each paradigm, theme, or stage.*

The Process

- Determine Paradigm
  - Clinical Themes and Stage of Change
- Assess Data
  - MI Style
  - Motivators
  - Interventions
    - 1. Assessment feedback
    - 2. Motivators/Goals
    - 3. Decisional balance
    - 4. Personal value card sort
    - 5. Personal rules
    - 6. Mutual support group
    - 7. Medication compliance
    - 8. Other cognitive behavioral interventions

The Paradigm Developmental Model of Treatment

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Typical Client Motivators

- Keeping license
- Staying out of jail
- Keeping family/spouse
- Health
- Keeping job
- Not killing someone
- Finances

Collective Wisdom

- Target the Collective Wisdom (CW) to the appropriate motivator.

Paradigm Developmental Model of Treatment Scale

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Please answer each question as it applies to you right now, using the following scale:

1 = Strongly Disagree  2 = Disagree  3 = Not sure  4 = Agree  5 = Strongly Agree

1. When I drink/use drugs, I frequently am unable to manage my use
2. I now believe I have a problem with alcohol/drugs
3. I realize I need help with my alcohol/drug problem
4. I now believe that I am an alcoholic/drug addict
5. I have decided to quit drinking or doing drugs
6. I am currently attempting abstinence
7. I understand the characteristics about myself that get me in trouble
8. I know what my high risk behaviors are
9. I know what my strengths are that support recovery
10. I monitor my thoughts and feelings on a daily basis
11. I manage my self-defeating behaviors regularly
12. I take a personal inventory regularly and admit mistakes promptly
13. I am a totally different person now from when I was drinking
14. I have incorporated healthy and productive behaviors into my life
15. I go to self-help meetings such as AA

Client's name:
Date:
Paradigm:
Scale Category:

4/2/19
Paradigm I: Disinterested
Client is disinterested in addressing alcohol and other drug issues with behavioral change.

Paradigm I: Contemplating/Open
Client is still unsure if there is a significant alcohol and drug problem but is open toward exploration of the issue.

Paradigm II: Accepting/Implementing
Client believes they have an alcohol and drug problem and is preparing to make behavioral changes or has initiated some behavioral change. Must be abstinent from alcohol and other drugs.

Paradigm II: Overconfident
Client has initiated abstinence from alcohol and drug use but is overconfident or unrealistic about the recovery process or in self-managing abstinence.

Paradigm III: Consistent Action
Client is engaged in a recovery process and action is taken on a consistent basis to manage alcohol and drug use.

Paradigm IV: Transformation
Client has fully integrated their recovery process over a significant period of time.

Paradigm Scale Categories
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Scoring the PDMT Scale
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Paradigm 1
Problem Recognition and Acceptance of Help
Clinical Goals
- Determine client motivators
- Realistic evaluation of AOD issues
- Identification high risk behaviors
- Identification of co-occurring disorders
- High Risk Behavior prevention planning
- Harm reduction plan/initiation of abstinence
- Willingness to accept formal AOD treatment
**Paradigm 1**

**Problem Recognition and Acceptance of Help**

**INTERVENTIONS:**

1. Providing Assessment Feedback
2. Motivators and Goals
3. Assessment: Loss/Grief/Anger/Resentment Family/Friends: Attitude/Support
4. Assessment: Identification of High-Risk Behaviors
   **Selecting Interventions**
5. General MI Discussions, MI Discussion Using Change-Talk Questionnaire.
   Additional Change-Talk questionnaire.
6. Consequence History/Looking Forward
7. Decisional Balance
8. Personal Values Card Sort
9. Discussion of Drinking Change - Personal Ruler
10. Mutual Support Group and AA - Reactions to AA
11. Identifying Craving/Urges and Triggers: Playgrounds, Playmates and Playthings
12. Determining Unmanageability

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**Collective Wisdom**

- Target the CW to the consequences that concern the client.
Paradigm 2
Taking Responsibility

**Clinical Goals**
- Revisit goals and motivators
- Identification self-sabotaging behaviors
- Identification Strengths / Resiliencies
- Managing co-occurring disorders
- Relapse prevention plans
- Practice alternative behaviors

**INTERVENTIONS:**
1. Self-Examination and What is my Communication Style?
2. Change Plan Worksheet
3. What gets in the Way?
4. Revisiting my Goal and Motivators
5. My Cultural Influences
6. Trigger Response Plan
7. Urge Monitoring Card
8. Social Pressure Situations and Coping Responses. Exercise 1 & 2
9. Learning from Collective Wisdom
10. Old/New Behaviors
11. What is in my Control?
12. Monitoring Both Sides of the Street

Collective Wisdom

- Target the CW to the successes of the client. Support client optimism.
Collective Wisdom

- Tie the CW to needed behavioral changes.

Paradigm 3

Self-Regulation

Clinical Goals
- Embracing change
- Exploration of ACA/family of origin issues
- Ability to self-regulate/self-correct
- Engage in new health practices
- Integrate alternative behaviors
- Develop consistency of recovery behaviors
- Relapse prevention

Paradigm Developmental Model

The Three R’s

- Rituals
- Routines
- Resources
Collective Wisdom

- Use CW to identify, teach, and reinforce specific rituals, routines, and resources.

Paradigm 3

Self-Regulation

**INTERVENTIONS:**
1. How I have changed
2. Examination of Growth Zones - Part 1 and Part 2
3. Self-Regulation Planning
4. Amends
5. ACA (Old) Behaviors Today
6. Building My Future

Non-Compliance and Specialty Interventions

**AT ANY STAGE**
- Medication non-compliance
- Missed appointments
- Referral non-compliance
- Resumed drinking
- Thinking about a referral
Collective Wisdom

- Address non-compliance issues in a motivational, “non-confrontational” manner with CW.

Paradigm 4

**Clinical Goals**
- Giving back
- Mindfulness
- Self-Actualization
- Resolve Family of Origin issues

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References


