

How Change Happens

Understanding The Stages of Change in
Addiction & Recovery

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One Step Rehab



Learning Objectives

By the end of this module you should:

- I. Have an understanding of the Stages of Change model.
- II. Understand the basic 'principles of change'.
- III. Be able to explain what accountability is.
- IV. Have a basic understanding of 'self-efficacy' as it applies to addiction.
- V. Understand the types of activities that constitute 'recovery'

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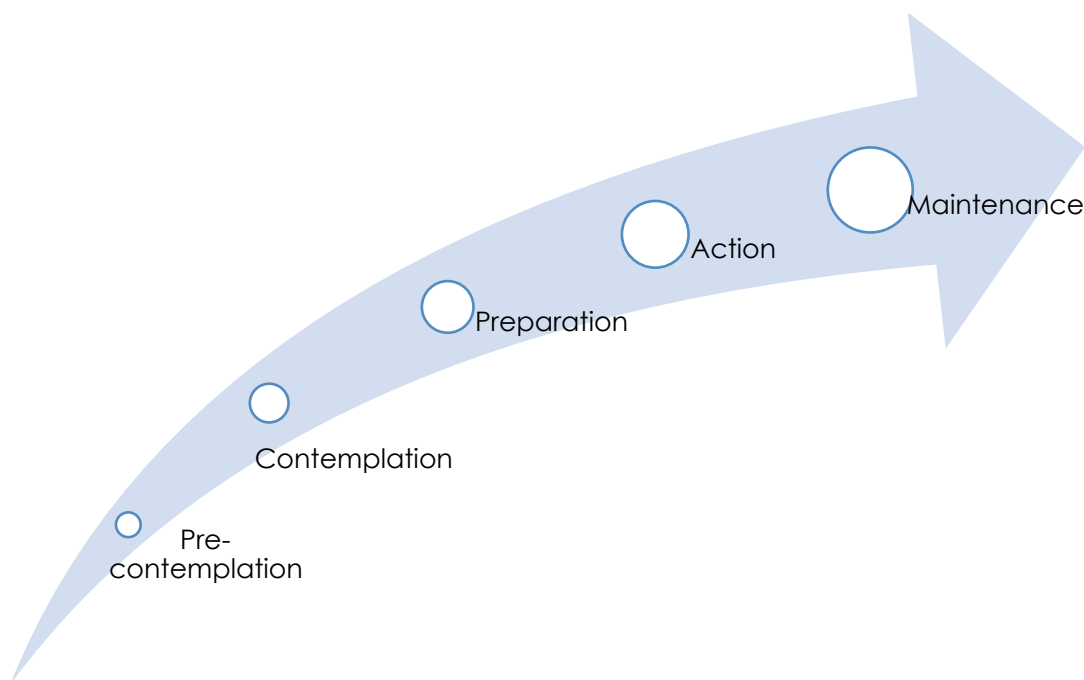
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1. The Stages of Change

If you are looking at entering some form of treatment for your addiction(s) then you are looking at making some fairly big changes in your life? Recovery from addiction requires considerable effort on your part but the results will be well worth it. In this module we are going to be looking at *how* people change.

In the field of counselling psychology, it is widely accepted that change is a process rather than an event. In particular, the 'Stages of Change' model (Prochaska & Di Clemente, 1983)¹ states that people move through distinct stages when they are in the process of changing a behavior. While the amount of time it takes to move through these stages might differ from individual to individual, the actual *things* they have to do are exactly the same. Every single person who wishes to change a behavior, must first become *aware* of their issue, then make *preparations* to change, then take *actions* to change, and then *maintain* those actions (see fig. 1 below).

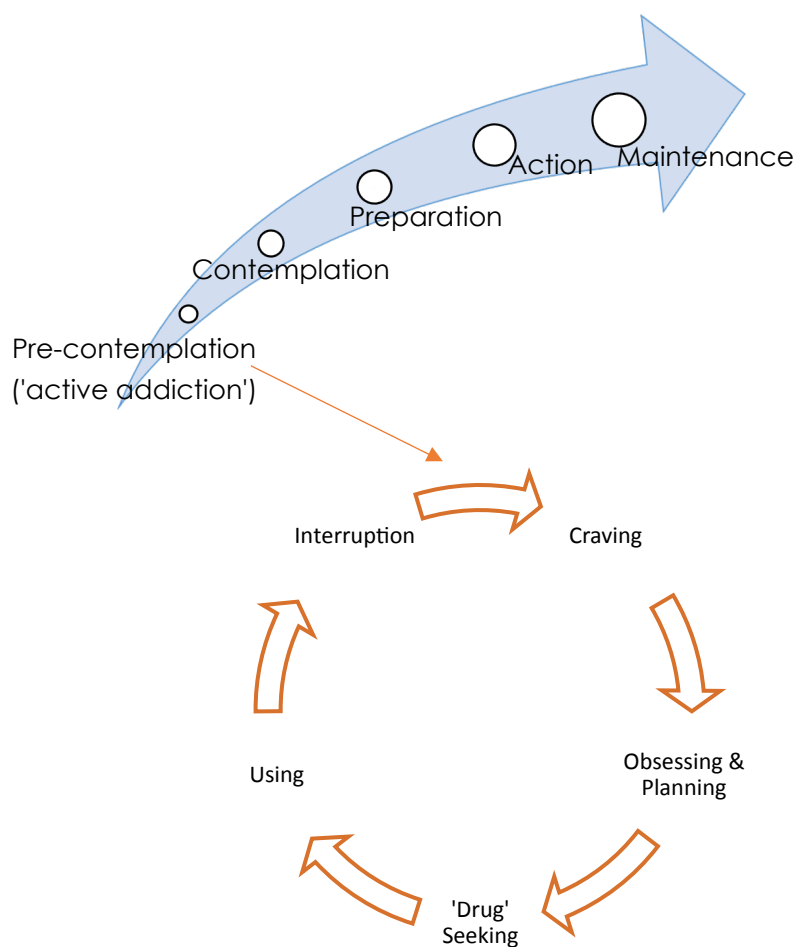
Fig. 1: The Stages of Change



2. Pre-Contemplation (Being Unaware of your Addiction Issues)

It all starts with **pre-contemplation**. Pre-contemplation is a state of not thinking or not being ready. For people with addiction issues this usually means that they are in a cycle of active addiction, and are either unaware, or in active denial about how bad it is. Active addiction is characterized by **craving** the drug - **planning** how to get it - **actively seeking** it out - and **using** it. These are all universal features of addiction regardless of the drug (or behavior).

Fig. 2: The 'Pre-contemplation' stage: For addicted people this is essentially a cycle of active addiction.



You will notice that the cycle of active addiction has a stage where use of the drug (or behavior) is interrupted. *Interruption* refers to anything which stops the high. This could be running out of the drug, running out of money, coming down from the drug, or simply deciding to stop. This interruption then leads to cravings, psychological discomfort and agitation, and makes the whole cycle start over.

However, sometimes during this interruption stage addicted people manage to *reflect* on their addictive behavior (often with regret). When an addicted person is experiencing regret it signals a move into **contemplating** (thinking about) change.

3. Contemplation (Increasing Awareness of Your Addiction Issues)

People who are addicted eventually start to experience consequences. Initially these consequences may not be that serious and a direct link to the addiction may not be that obvious, but as the consequences get more painful it becomes more difficult to ignore. Addicted people eventually start to weigh up the **costs and benefits** (pros and cons) of their addiction. This is known as **decisional balance**. Decisional balance is the balance that exists between the costs and benefits of your addiction. The decisions you are prepared to make about stopping will change as this balance between the costs and benefits of your addiction changes.

When you are in the pre-contemplation stage, the benefits of your addiction are outweighing the costs. In the contemplation stage (starting to think about it), the costs and benefits are much more equal because your awareness is on the rise and you are realizing that the consequences you are experiencing are related to your addictive behavior. You may still be experiencing **ambivalence** (which means 'not being sure') and this will cause you to procrastinate (fail to act), but eventually the benefits of being healthier and happier will start to appear more attractive than the costs of being in active addiction. Then you will be moving towards the **preparation** and **action** stages of change.

Exercise 1

Consider costs and benefits of your addictive behaviour on the next page

A cost/benefit analysis of your addictive behavior

<u>Benefits:</u> Example: Alcohol helps me to entertain clients	<u>Costs:</u> Example: I am unproductive for about 3 days after a heavy drinking session

4. Preparation (Planning to Treat your Addiction)

People who are intending to enter some form of treatment are usually in the preparation stage of change. If you have made that decision yourself then you are most likely at this stage. In this stage you will be actively getting ready for treatment by reading about addiction, and searching the internet for answers to your questions. This is healthy and signals your strong intention to change.

If family, employers, or other third parties are the main drivers of your treatment then you may still be experiencing a large amount of ambivalence. This is not surprising. It is because you're are still in the contemplation or even pre-contemplation stage. This doesn't necessarily mean that you won't be able to change. It just means that there is a time-lag between where you're at, and where everyone else around you is at.

According to *The National Institute on Drug Abuse*² treatment doesn't have to be voluntary to be effective. But nevertheless, decisions that are made for you (by others) can feel uncomfortable - because you are not ready!

This is an important point for families (or other concerned parties) to understand. Whilst it is sometimes necessary for us to take decisions on behalf of someone who is heavily addicted and unable to make rational decisions, it is also important to understand that their motivation may be several steps behind yours on the stages of change continuum. Therefore, patience and a **non-confrontational approach** is required until the individual is able to move from pre-contemplation to contemplation, and then eventually into preparation.

In order to facilitate this, counselors, family members, and other members of the support network should concentrate on raising the addicted person's awareness first. **Awareness raising** (providing clear information) is the best

technique in helping people to move through denial and ambivalence and into the preparation and action stages of change.

Principles of Change

When treating addicted people, we should note that certain **principles of change** work best at each stage. For example, an individual who is in the early stages of change will be put off by being forced to confront the 'action' stage of change immediately, before he or she has really realized that they have a problem. First they must go through the process of 'decisional balance', where they weigh up the costs and benefits of their addiction.

This is where the Stages of Change Model is essential in the process of recovery from addiction, because no other therapy model has a core component that deals with *time*. In other words, they all assume that change is an event. But recovery from addiction is not an event. It is a process. Therefore we need to acknowledge that it takes time and that there are certain principles at work in that timeframe.

Only a minority of addicted people (usually 20-25%) are ready to take action at any given time. And for this reason action-oriented therapeutic approaches don't serve those individuals who are in the early stages of change. For those who are still in the early stages, awareness raising exercises like **learning from books and videos**, or **quick written exercises** like a cost/benefit analysis are more beneficial. In this way people in early stages of change can acquire more consciousness and ownership of their problem and the treatment can then move forward a lot more effectively. At the back of this e-book you will find a section called **further reading and resources**. This contains websites and books that can be used for this purpose.

5. Action (Treating Your Addiction)

Action is the stage in which people begin to change their behavior in a way that is obvious and observable. However, not all changes of behavior change are effective. For example, if a cigarette smoker manages to stop smoking tobacco, but starts smoking crack cocaine then we can agree that that is not a very effective change of behavior. He has changed his behavior alright but now has a worse problem than the one he started with. Likewise, overeating every time he has cravings for cigarettes is less than ideal, because he is merely swapping one health issue for another.

To be effective the behavioral change must be one that has been shown to effectively treat the relevant health condition or disease. For example, with tobacco smoking the research and clinical guidelines are fairly clear. The most effective behavioral change for smokers is total **abstinence** (stopping completely). Cutting down on cigarettes is shown by the research data to be ineffective. This is because it eventually leads to smoking the same amount again. Similarly, with other forms of addiction, abstinence tends to be the ideal, and for the same reason.

So when it comes to the action stage of change, the real question is – *what kind of action?* Well, with addiction the answer is almost always ...

- Abstinence
- Building a support network & being accountable
- Self-efficacy

Abstinence

The reason abstinence is often promoted in treatment is due to our current understanding of addiction as a learning disorder which affects the brains motivational circuitry (see '[The Neurobiology of Addiction for Beginners](#)'). In particular, addicted people display very poor impulse control. This actually occurs on a neurological (brain) level and is not simply a matter of poor

choice. Oftentimes, when someone displays poor impulse control around a person or thing, then staying away from that person or thing becomes the simplest course of action. When that thing (a drug in this case) also happens to impair their decision making, then the need to remove it becomes even greater.*

*NOTE: There are some potential exceptions to this rule of abstinence being the main goal of treatment. People who are addicted to opioids, alcohol or benzodiazepines (e.g. valium) may need temporary or even long term medicating due to risks associated with withdrawal and relapse.

Building a Support Network & Being Accountable

Addiction is a disorder in which you need to find other people (e.g. other recovering addicts in a support group) who can hold you accountable. During active addiction, our impulse control becomes compromised and so there is a need to run decisions by other people who understand your addiction. This helps you to bring your addiction into the light of day and give others the chance to challenge you when they think you are behaving addictively. If you don't make yourself and your addiction transparent to others then the addiction will thrive in secrecy. Input from your peers in recovery will help greatly to rebalance the impaired decision making which is such a recognizable feature of addiction. It doesn't really matter whether these peers come from a mutual aid group like Alcoholics Anonymous (AA), Narcotics Anonymous (NA) or SMART Recovery, or whether they are members of an inpatient, outpatient, or online therapy group. It will all help.

After getting a support network around you, you can turn your thoughts towards making the things you do on your own more effective. We call this - *self-efficacy*.

Self-Efficacy

Self-efficacy is a clinical concept central to the stages of change model. Self-efficacy in the context of addiction means becoming effective at things which

improve your health and prevent relapse. This might mean; getting up and going to bed at the same time every day; eating healthy food; having meals at the same time everyday instead of snacking; taking regular exercise and making daily contact with people in your support network.

With consistent work addicted people can achieve a considerable amount of self-efficacy which means that after a number of months or years they are highly competent at maintaining their sobriety (but they still have to make themselves accountable to others of course).

6. Maintenance (Recovery from Addiction)

Maintenance is the stage you should be at when you have completed a course of treatment, whether that be inpatient, outpatient or online counseling.

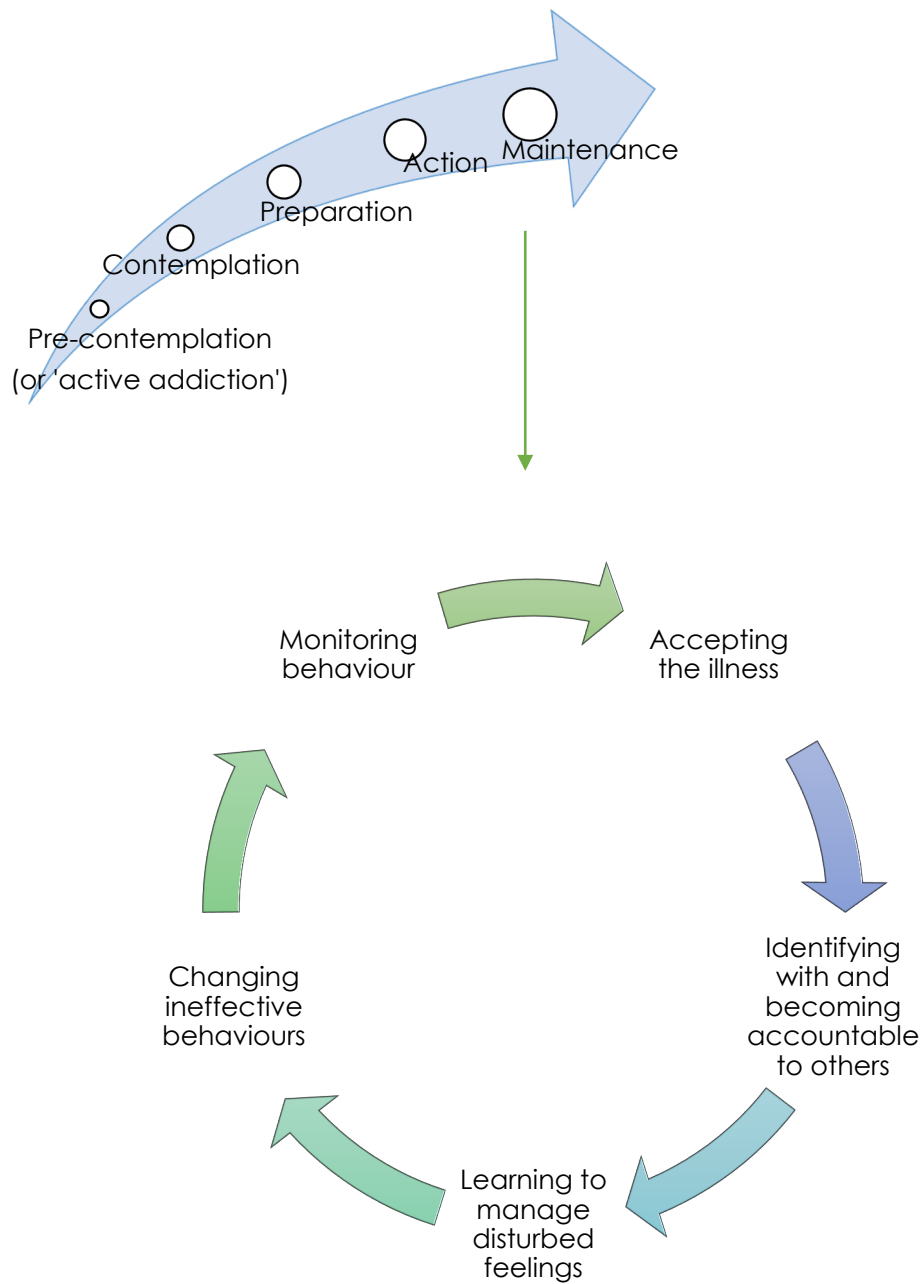
Common maintenance actions in recovery are;

- Continuing to attend support groups
- Reading and educating yourself further on recovery and personal growth.
- Spiritual practices like meditation and yoga (this doesn't have to be religious practice)
- Physical activities which help to stimulate endorphins and other healthy neurochemicals
- Being of service to other people seeking recovery

In a sense, the maintenance stage of change is a cycle of its own. It is effectively a **recovery cycle** (see fig 3 below). The recovery cycle is the opposite of the active addiction cycle which is dominant during the pre-contemplation stage (as we noted at the beginning of this module).

The Maintenance stage (recovery) is the stage in which individuals are starting to become less controlled by cravings. They have high (although not 100%) degree of self-efficacy. Whenever they are stressed, depressed, anxious or bored, they will be unlikely to return to addiction as a way of coping, preferring instead to rely on one of their recovery activities to manage their feelings. They will be moving consistently further and further away from active addiction as they experience positive brain change which manifests as healthier external behaviors, more balanced feelings and more reasonable thought processes.

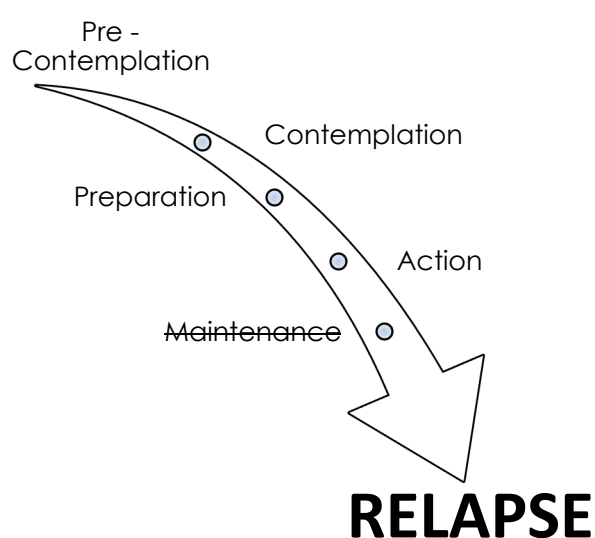
Fig. 3: Principles of the recovery cycle



7. Relapse (Returning to Active Addiction)

A common, although not inevitable feature of the change process, is relapse. Failure to continue maintenance (recovery actions) tends to result in relapse for most chronic health conditions. Based on data collected for people who were trying to quit smoking, researchers (Prochaska and Diclemente, 1983) estimated that the *Maintenance* stage lasted from six months to about five years.³

Fig. 4: Relapse occurs when maintenance is discontinued.



In the 1990 Surgeon General's report on smoking cessation, it was found that after 12 months of continuous abstinence, 43% of individuals returned to regular smoking. It was not until 5 years of continuous abstinence (maintenance work) that the risk for relapse dropped to 7%.

Other addictive conditions such as **substance use disorder** and **alcohol use disorder** also have a similar time frame for high risk of relapse.⁴ This is why the Maintenance stage of change is so important in recovery, and why support groups play such a central role.

8. Summary

According to the stages of change model then, change is subject to time and does not occur in one isolated event.

These stages are recognizable and contain certain 'principles of change' such as *decisional balance* (weighing up pros and cons).

If we try to push people through the change process too quickly they will be unable to progress adequately as the principles of change have been ignored.

Sometimes, the first thing we have to do in treating addiction is raise the person's awareness and help them accept that they have a problem. This comes BEFORE action.

With addiction, self-efficacy also includes reaching out to others (such as a support group) to make oneself accountable and make the addictive behavior transparent.

Now you have finished this module you might want to consider completing both the quiz on the next page. This quiz will help you to consolidate what you have learned.

Also, please consider taking the **ASQ questionnaire**. This is a self-assessment tool that will help you to:

- 1) Delve further into the exactly what constitutes an addictive behavior.
- 2) Show you if there is a discrepancy between how addicted you think you are and how addicted you actually are.
- 3) Unmask a variety of other potentially addictive behaviors

Quiz

In the following quiz you will be given the details of an imaginary case study of an alcoholic called Bob. Then, on the next page try to match the actions Bob is taking with the stage of change he is in.

Case Study:

Bob is a binge drinker. He has an extensive history of drinking heavily all weekend and sometimes during the week. A year ago he lost his job due to drinking and his wife was also threatening to leave him. So Bob needed to get some kind of treatment, but he wasn't sure exactly which type of treatment was best for him. The process was fairly drawn out and took several months to organize and complete, but he is now 6 months sober.

Clearly Bob needed to do certain things before other things, as he was working his way through the Stages of Change.

On the next page are 5 examples of actions that Bob took during that time period. They are in no particular order. Some of them are positive and some of them are not. Can you write the stage of change you think fits with the action in the blank space?

Action	Stage of Change
Sent emails to a number of treatment providers asking them questions and completing their online questionnaires	
Continued to attend an online aftercare support group every week after he had officially completed the 12-week course with the counselor	
Attended the first of twelve weekly sessions with an online addictions counselor	
Refused to speak to his wife about going to treatment and often tells people "I'm not an alcoholic"	
Typed, "Am I an alcoholic?" into google.	

Further Reading and Resources

Alcoholics Anonymous www.aa.org

Narcotics Anonymous www.na.org

Sex Addicts Anonymous www.saa-recovery.org

Overeaters Anonymous: www.oa.org

Gamblers Anonymous www.gamblersanonymous.org

Computer Gaming Addicts Anonymous www.cgaa.info

Pills Anonymous www.pillsanonymous.org

References

1. Prochaska JO, Velicer WF. The Transtheoretical Model of Health Behavior Change. *American Journal of Health Promotion*. 1997;12(1):38-48. doi:10.4278/0890-1171-12.1.38
2. NIDA. 2020, September 18. Principles of Effective Treatment. Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment> on 2021, January 17
3. Prochaska, JO, DiClemente, CC. Stages and processes of self-change of smoking: Toward an integrative model of change. *J Consult Clin Psychol* 1983;51:390–5.
4. Snow, MG, Prochaska, JO, Rossi, JS. Processes of change in AA: Maintenance factors in long-term sobriety. *J Stud Alcohol* 1994;55:362–71.