

# The Stages of Change

## MCC Patient Education Module

Almost 20 years ago, two well-known alcoholism researchers, Carlo C. DiClemente and J. O. Prochaska, introduced a five-stage model of change to help professionals understand their clients with addiction problems and motivate them to change. Their model is based not on abstract theories but on their personal observations of how people went about modifying problem behaviors such as smoking, overeating and problem drinking.

The six stages of the model are: 1) precontemplation, 2) contemplation, 3) determination 4) action, 5) maintenance, 6) termination

Understanding your readiness to change by being familiar with the six-stage model of change can help you choose treatments that are right for you. A treatment professional with the right training will understand where you are in terms of readiness to stop abusing substances and help you find and maintain the motivation to stop abusing substances.

### **Precontemplation**

Individuals in the precontemplation stage of change are not even thinking about changing their drinking behavior. They may not see it as a problem, or they think that others who point out the problem are exaggerating.

There are many reasons to be in precontemplation, and Dr. DiClemente has referred to them as “the Four Rs” —reluctance, rebellion, resignation and rationalization:

- Reluctant precontemplators are those who through lack of knowledge or inertia do not want to consider change. The impact of the problem has not become fully conscious.
- Rebellious precontemplators have a heavy investment in drinking and in making their own decisions. They are resistant to being told what to do.
- Resigned precontemplators have given up hope about the possibility of change and seem overwhelmed by the problem. Many have made many attempts to quit or control their drinking.
- Rationalizing precontemplators have all the answers; they have plenty of reasons why substance abuse is not a problem, or why substance abuse is a problem for others but not for them.

### **Contemplation**

Individuals in this stage of change are willing to consider the possibility that they have a problem, and the possibility offers hope for change. However, people who are contemplating change are often highly ambivalent. They are on the fence. Contemplation is not a commitment, not a decision to change. People at this stage are often quite interested in learning about substance abuse and treatment. They know that substance abuse is causing problems, and they often have a mental list of all the reasons that substance abuse is bad for them. But even with all these negatives, they still cannot make a decision to change.

In the contemplation stage, often with the help of a treatment professional, people make a risk-reward analysis. They consider the pros and cons of their behavior, and the pros and cons of change. They think about the previous attempts they have made to stop substance abuse, and what has caused failure in the past.

### **Determination: Commitment to Action**

Deciding to stop substance abuse is the hallmark of this stage of change. All the weighing of pros and cons, all the risk-reward analysis, finally tips the balance in favor of change. Not all ambivalence has been resolved, but ambivalence no longer represents an insurmountable barrier to change. Most individuals in this stage will make

a serious attempt to stop substance abuse in the near future. Individuals in this stage appear to be ready and committed to action.

This stage represents preparation as much as determination. The next step in this stage is to make a realistic plan. Commitment to change without appropriate skills and activities can create a fragile and incomplete action plan. Often with the help of a treatment professional, individuals will make a realistic assessment of the level of difficulty involved in stopping substance abuse. They will begin to anticipate problems and pitfalls and come up with concrete solutions that will become part of their ongoing treatment plan.

### **Action: Implementing the Plan**

Individuals in this stage of change put their plan into action. This stage typically involves making some form of public commitment to stop substance abuse in order to get external confirmation of the plan. If they have not done so already, individuals in this stage may enter counseling or some form of outpatient treatment, start to attend AA or NA meetings or tell their family members and friends about their decision—or all of the above.

Making such public commitments not only helps people obtain the supports they need to recover from substance abuse, but it creates external monitors. People often find it very helpful to know that others are watching and cheering them on. What about the others who may secretly, or not so secretly, hope they will fail? For people who get sober and stay sober, one of the many pleasures is to disprove the negative predictions of others.

Nothing succeeds like success. A person who has implemented a good plan begins to see it work and experiences it working over time, making adjustments along the way. The many things that substance abuse may have taken from the person begin to be restored, along with hope and self-confidence and continued determination not to abuse substances.

### **Maintenance, Relapse and Recycling**

The action stage normally takes three to six months to complete. Change requires building a new pattern of behavior over time. The real test of change is long-term sustained change over many years. This stage of successful change is called “maintenance.” In this stage, a substance abuse-free life is becoming firmly established, and the threat of a return to old patterns becomes less intense and less frequent.

Because addiction is a chronic disease, the possibility of relapse is always present. Individuals may experience a strong temptation to abuse substances and fail to cope with it successfully. Sometimes relaxing their guard or “testing” themselves begins a slide back. People at this stage of change are armed with a variety of relapse prevention skills. They know where to get the supports they need.

People with addiction who relapse learn from the relapse. The experience of relapsing and returning to sobriety often strengthens a person’s determination to stay sober.

### **Termination**

The ultimate goal in the change process is termination. At this stage, the addict no longer finds that their drug of choice presents a temptation or threat; he/she has complete confidence that he/she can cope without fear of relapse.