



Maintaining and Learning About Change

By Edward Wise, Ph.D.
Mental Health Resources, PLLC

In the last issue, I described some of the initial Stages of Change we all go through to alter behavioral patterns. Whether changing relationship behaviors, health related behaviors, or self destructive behaviors, the change process is the same for everyone. As a review, people in the Pre-Contemplation stage of change are not interested in changing, though those around them may recognize the problem as well as the need for change; people in the Contemplation stage are considering that they have a problem, are weighing the pros and cons of changing and might be making plans to do so; those in the Preparation stage are taking steps or laying the ground work for change by gathering information, trying out desired behaviors or limiting undesirable behaviors; those in the Action stage are actually engaging in new behaviors, like going to meetings, treatment and initiating new or different skills. As you can see, behavior change is rarely a discrete, single event; instead, most people move gradually from being uninterested (pre-contemplation stage) to considering a change (contemplation stage) to deciding and preparing to make a change (preparation) and finally taking steps to implement the change (action). Hence, we think of people in terms of the "readiness to change" and as you can see, everyone is at their own, unique point of readiness to change. We discussed the fact that confrontation is usually not helpful in moving people along from one stage of change to the next, but that education, support and preservation of the relationship were important, though not at one's own expense. The role of natural consequences, such as relationship loss, job loss and/or declining health, could be important and necessary motivators that can help someone become more ready to change and to move them along to the next stage of change.

After Action, the next stage of change is the Maintenance phase. In this stage, following the break up of a relationship, you might be struggling to maintain distance and separation, whereas the alcoholic or drug abuser has changed his/her pattern of use and is trying to sustain these changes. In the initial maintenance stage, there is still considerable uncertainty; stressful situations must be anticipated, and relapse prevention plans must be addressed. For the dually diagnosed individual, this means that both psychological and external relapse triggers must be identified and relapse prevention plans for both psychological and "using" precipitants must be developed. Managing cravings, urges, criticism, saying "No" and working on alternative behaviors all occur during the Maintenance stage, which are designed to sustain the behavioral change. Changing "people, places and things" continues in the Maintenance phase, and would include building

new support systems, engaging in new, alternative behaviors, and initiating new endeavors, all of which are designed to help you maintain the difficult changes you have managed to make.

For most people, the Relapse stage of change has come to be dreaded. In other models, relapses may be viewed as negative signs of weakness, resulting in discouragement, feelings of failure, and giving up hope of trying to change. However, In the Stages of Change model, lapses are inevitable, but they do not need to develop into relapses. Instead, lapses are a normal part of the change process and should be expected. In the example of the relationship that has broken up, a lapse might be viewed as returning to your ex, whereas in the substance abuse example, it might be a binge. In the Stages of Change model, lapses are viewed as necessary learning opportunities in which one can build needed coping skills and strengthen one's resolve. For example, one could evaluate the thoughts, feelings and circumstances which contributed to the lapse. Perhaps there were warning signs that a lapse was coming that would be helpful to identify for the future. Or maybe one's reaction to the lapse played an important role in spiraling out of control and turning a lapse into a complicated crisis. People, places and things can also play very important roles in lapses, and learning how they affect us plays a crucial role in managing relapse. In the Stages of Change model, lapses represent necessary and important learning opportunities that contribute to achieving the desired behavior change. In fact, most people lapse and go through the change cycle several times before a change becomes more stable and enduring. Whether it is leaving a relationship that is not good for you, or drinking and drugging, it is important to try to limit the duration of a lapse, learn from it and get back into the change cycle as quickly as possible, in order to prevent a lapse turning into a relapse.

In the Termination or Transcendence stage, total termination of the problem behavior may or may not occur. Instead, there may be a lifetime of careful maintenance. In other cases, the behavior changes and temptation to renew the old behavior ceases; it has been transcended. Eventually, if one "maintains maintenance" long enough, they will reach a point where they can work with their emotions, understand their behaviors, and cope with situations in new and different ways. This is the stage of "transcendence"; transcendence to a new way of life. In this stage, not only are the old habits or relationship no longer an integral part of life, but to return to them would feel odd, unusual, and undesirable. When someone reaches this point in the process of change, they have transcended the old habits or relationship and no longer need them.

These Stages of Change are helpful for all people considering change and have a proven track record in helping those with alcohol, drug and dual diagnosis disorders. Dual diagnosis disorders, also called co-occurring disorders, are comprised of at least one substance abuse disorder in addition to one or more psychiatric disorders, such as depression or anxiety. Treatment for dual diagnosis disorders is referred to as integrated treatment, because both the substance abuse and psychiatric problems are addressed in the same treatment program. Research shows that for those with dual diagnosis disorders, integrated treatment is the most effective, especially when compared to substance abuse treatment alone or psychiatric treatment alone.

The Stages of Change model has proven to be particularly helpful in assessing readiness to change with dually diagnosed individuals. Motivational Interviewing is an evidence based type of cognitive behavioral therapy that has been demonstrated to be a very powerful form of treatment, especially when combined with the Stages of Change. Motivational Interviewing assumes that all behavior is motivated and that a collaborative relationship with the client is the most important vehicle for learning about these

motivations. Trust, acceptance, empathy and listening are used to help the client reflect on his/her experience, assess their readiness to change, and develop a change plan. A Motivational Interviewing approach is non-judgmental and non-confrontative. In Motivational Interviewing, as well as the Stages of Change, it is the client, not the program, that defines the treatment goals. As you can see, the Stages of Change, combined with Motivational Interviewing, make for a very unique and individualized treatment package, which tends to result in people staying in treatment longer and achieving significant treatment effects. If you are trying to change, remember that lapses are an inevitable part of the change process and if you need professional help, consider someone who is experienced with Motivational Interviewing and the Stages of Change.



About The Author

Dr. Wise has published over 20 scientific articles in peer reviewed journals, received the American Psychological Association Award for Distinguished Contributions to Independent Practice (2005) and the University of Wyoming Outstanding Alumnus Award (2006). He is the President of Mental Health Resources, PLLC. Mental Health Resources' Intensive Outpatient Program has been extensively researched and shown that on average 79% of their patients who complete treatment improve. Visit www.MHRMemphis.com for additional information about our treatment program.