

Change Happens Here:

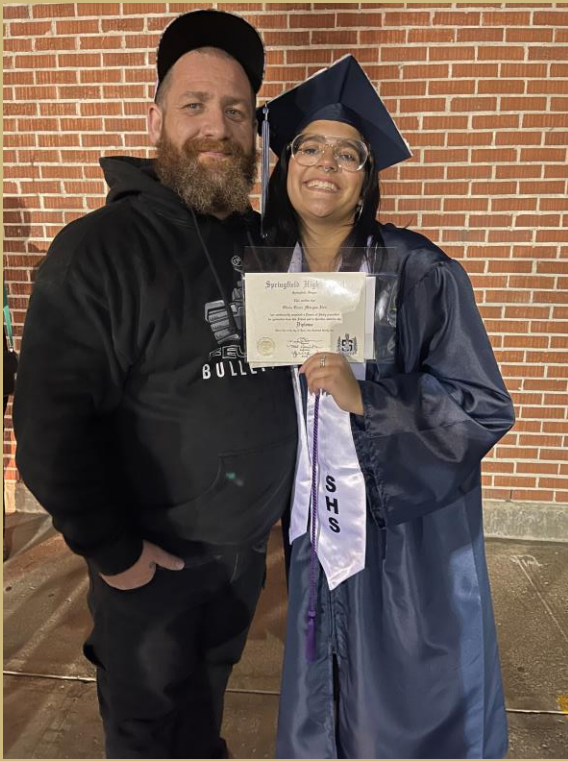
Understanding the
Stages of Change and the
Process of Recovery



Teri Morgan-Urie, CADDC II

Program Director
Springfield Treatment Center
Eugene Treatment Center







Change:

make (someone or something) different; alter or modify

become different; be altered or modified

Alternative words:

**ALTER * ADJUST * ADAPT * TURN * AMEND * IMPROVE * MODIFY *
CONVERT * REVISE * REFORM * RESHAPE * REFASHION * REDESIGN *
REVAMP * REWORK * REMAKE * REMODEL * REMOULD * RECONSTRUCT *
REORGANIZE * REFINE * REORIENT * TRANSFORM * EVOLVE ***

SAMHSA defines recovery as follows:

A process of **change** through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

Health: Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

Home: A stable and safe place to live

Purpose: Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

Community: Relationships and social networks that provide support, friendship, love, and hope

Source: <https://library.samhsa.gov/sites/default/files/pep12-recdef.pdf>



SOME
THING
NEW

What are the primary motivators of change related to substance use disorders?

- Pressure
- Discomfort
- Desire
- Determination
- A lack of other choices (hitting 'rock bottom')

When it comes to understanding motivation, it can be helpful to distinguish between two main types: intrinsic motivation and extrinsic motivation.

Intrinsic motivation refers to the internal drive that comes from within an individual. It is the natural desire to engage in an activity for its own sake, deriving satisfaction and enjoyment from the process itself.

On the other hand, extrinsic motivation is driven by external factors such as rewards, recognition, or avoidance of punishment. This type of motivation is focused on the external rewards or outcomes that result from an activity, rather than the inherent enjoyment or satisfaction derived from the activity itself.

Both intrinsic and extrinsic motivation can influence behavior, but they differ in their underlying driving forces. Intrinsic motivation arises from an internal drive or passion, while extrinsic motivation is influenced by external rewards or consequences.



The Elements of Change

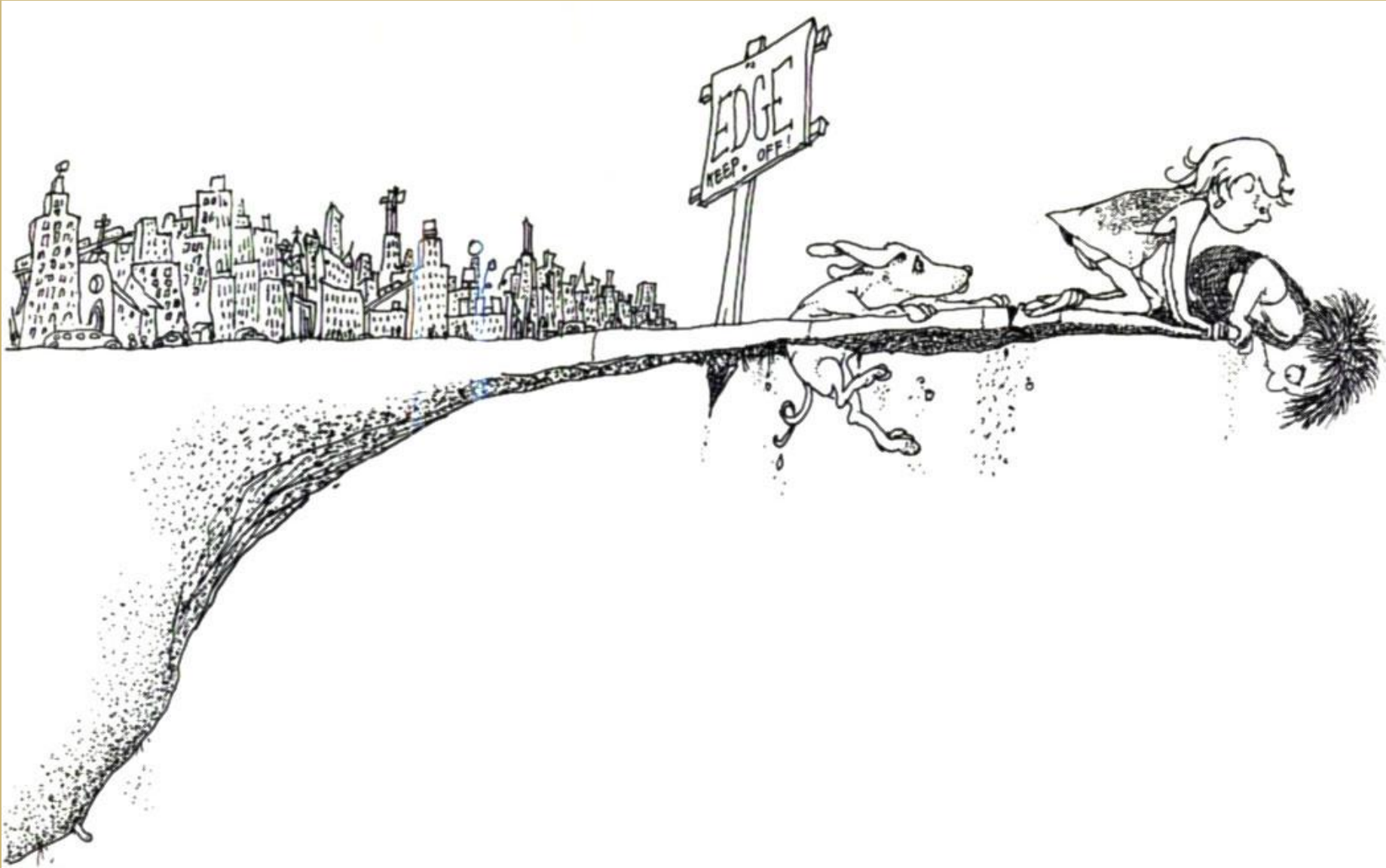
To succeed, you need to understand the three most important elements in changing behavior:

Readiness to change: Does one have the resources and knowledge to make a lasting change successfully?

Barriers to change: Is there anything preventing the person from changing?

Likelihood of relapse: What might trigger a return to a former behavior?

When you are all out of choices.....and have nothing left.....and have no where left to gois change imminent?



Characteristics

- 1) Denial, avoidance or ignorance of the problem
- 2) Conflicted emotions, ambivalence
- 3) Collecting information about the change you are thinking about making
- 4) Direct action or steps toward a goal
- 5) Maintaining the changed behavior, avoiding temptation to return to old behaviors

UNDERSTANDING THE STAGES OF CHANGE

1

PRECONTEMPLATION

You are not ready for change, or denying that change is necessary.

2

CONTEMPLATION

You're open to the idea of change, but you are not ready to take action.

3

PREPARATION

You begin to take steps towards changing your behavior.

4

ACTION

You have begun to implement your plan into your daily routine.

5

MAINTENANCE

You have managed to stick to the plan and you might start seeing results!



Precontemplation Stage is centered in denial

PRECONTEMPLATION STAGE

“It isn’t that we cannot see the solution. It’s that we cannot see the problem.”

Precontemplators usually show up because of pressures from others... spouses, employers, parents, and courts... and resist change.

When their problem comes up, they change the topic of conversation. They place responsibility for their problems on factors such as genetic makeup, addiction, family, society, destiny, the police, etc.

Source: Smart Recovery [The Stages of Change](#)

Precontemplation: The Four R's

⌘ Reluctance

- ⏏ Not fully conscious of behavior's impact
- ⏏ May not think change will provide positive outcome

⌘ Rebellion

- ⏏ May be due to prolonged fears of change/losing control
- ⏏ Adolescence

⌘ Resignation

- ⏏ Lack of energy to change
- ⏏ Overwhelmed at perceived effort required to change

⌘ Rationalization

- ⏏ Excuses used to avoid change

Denial Patterns in Addiction:

Denial Pattern #1. Avoidance: I Say To Myself: "I'll talk about anything but my real problems!"

Somewhere deep inside of me I am afraid that I might have a problem with alcohol or drugs that is hurting me and those that I care about. But when I don't think or talk about it I feel OK. So I think about other things and try to keep people from prying into my life where they don't belong. My drinking and drugging is private and no one has a right to know anything about it. If someone asks about it, I change the subject and start talking about other things that g nothing to do with my drinking and drugging. If nothing else works, I'll start an uproar by creating a bad crisis and making sure that they get sucked into it. If all else fails I'll play dumb and pretend that I don't know what they're talking about.

Denial Pattern #2. Absolute Denial: I Say To Myself: "No, not me! I don't have a problem!" When others try to corner me, I tell "the big lie." I say that I don't have a problem with alcohol or drugs. No! Not me! Absolutely not! I don't drink too much! I don't use drugs!; I'm not addicted! I never get sick or have problems because of drinking or drugging. I am so good at convincing other people that there is nothing wrong that sometimes I actually start believing it myself. When they believe my story a part of me feels really good because I beat them. Another small part of me feels disappointed. There is a small part that wants others to know what is really happening. There is small scared part inside of me that wants help.

***Denial Pattern #3. Minimizing: I Say To Myself: "My problems aren't that bad!"** Sometimes my alcohol and drug problems get so bad that I can't convince myself or others that I don't have a problem. When this happens I minimize. I make the problems seem smaller than they really are. Yes, I had a small problem with my drinking and drugging. But it only happened that once. It will never happen again. Besides, the problem just wasn't as bad as people think it is.

Denial Pattern #4. Rationalizing: I Say To Myself: "If I can find good enough reasons for my problems, I won't have to deal with them!" I try to explain away my alcohol and drug problems by making up good explanations for why I drink and what's "really" causing my problems. Sometimes I'll pretend to know a lot about alcoholism and addiction so other people will think that I know too much to have a problem. The truth is that I rarely if ever apply what I know to myself or to my own problems.

Source: Denial Pattern Checklist (Developed By Terence T. Gorski © Terence T. Gorski, 1999)

Denial Patterns in Addiction:

***Denial Pattern #5. Blaming: I Say To Myself: "If I can prove that my problems are not my fault, I won't have to deal with them!"**

When the problems gets so bad that I can't deny it, I find a scapegoat. I tell everyone that its not my fault that I have these problems with alcohol and drugs. It's somebody else's fault. I only abuse alcohol and drugs because of my partner. If you were with a person like this, you'd abuse alcohol and drug too! If you had a job or a boss like mine, you'd drink and drug as much as I do. It seems that as long as I can blame someone else, I can keep drinking and drugging until that person changes. I don't have to be responsible for stopping.

Denial Pattern #6. Comparing: I Say To Myself: "Showing that others are worse than me, proves that I don't have serious problems!"

I start to focus on other people instead of myself. I find others who have more serious alcohol and drug problems than I do and compare myself to them. I tell myself that I can't be addicted because I'm not as bad as they are. An addict is someone who drinks and drugs a lot more than I do! I tell myself that I can't be addicted because there are other people who have worse problems with alcohol and drugs than I do.

***Denial Pattern #7: Compliance: I Say To Myself: "I'll pretend to do what you want, if you'll leave me alone!"**

I start going through the motions of getting help. I do what I'm told, no more and no less. I become compliant and promise to do things just to get people off of my back. I find excuses for not following through. When I get caught, I tell people that I did the best that I could. I blame them for not giving me enough help. I tell people how sorry I am. I ask for another chance, make another half hearted commitment, and the cycle of compliance tarts all over again.

Denial Pattern #8: Manipulating: I Say To Myself: "I'll only admit that I have problems, if you agree to solve them for me!"

When I my alcohol and drug problems box me into a corner, I start to manipulate. I try to use the people who want to help me. I try to get them to handle all of my problems and then get them to leave me alone so I can keep drinking and drugging. I'll let them help me, but only if they do it for me. I want a quick effortless fix. If I they can't fix me, I blame them for my failure and use them as an excuse to keep drinking and drugging. I won't let anyone make me do anything that I don't want to do. If they try, I'll get drunk at them, blame them, and make them feel guilty.

Denial Patterns in Addiction:

***Denial Pattern #9. Flight into Health: I Say To Myself: "Feeling better means that I'm cured!"** I manage to stay clean and sober for a while, and things start to get a little bit better. Instead of getting motivated to do more, I convince myself that I'm cured and don't need to do anything. I tell myself that I may have had a drinking and drug problem, but I got into recovery and put it behind me.

Denial Pattern #10: Recovery By Fear: I Say To Myself: "Being scared of my problems will make them go away!" I began to realize that alcohol and other drugs can destroy my life, hurt those that I love, and eventually kill me. The threat is so real that I convince myself that I can't ever use alcohol or drugs again. I start to believe that this fear of destroying my life and killing myself will scare me into permanent sobriety. Since I now know how awful my life will be if I continue to drink and drug, I just won't drink or drug anymore. If I just stop everything will be fine. Since everything will be fine, I won't need treatment or a recovery program. I'll just quit.

***Denial Pattern #11: Strategic Hopelessness: I Say To Myself: "Since nothing works, I don't have to try"** I start to feel that I'm hopeless. It seems like I've done it all and nothing works. I don't believe that I can change and big part of me just doesn't want to try anymore. It seems easier just to give up. When people try to help me, I brush them off by telling them that I'm hopeless and will never recover. When people do try to help me, I give them a hard time and make it impossible for them to help me. I don't understand why people want to help me. It would be easier if they just let me keep drinking and drugging.

***Denial Pattern #12. The Democratic Disease State: I Say To Myself: "I have the right to destroy myself and no one has the right to stop me!"** I convince myself that I have a right to continue to use alcohol and drugs even if it kills me. Yes, I'm addicted. Yes I'm destroying my life. Yes, I'm hurting those that I love. Yes I'm a burden to society. But so what? I have the right to drink and drug myself to death. No one has the right to make me stop. Since my addiction is killing me anyway, I might as well convince myself that I'm dying because I want to.

2) CONTEMPLATION STAGE

“I want to stop feeling so stuck!”

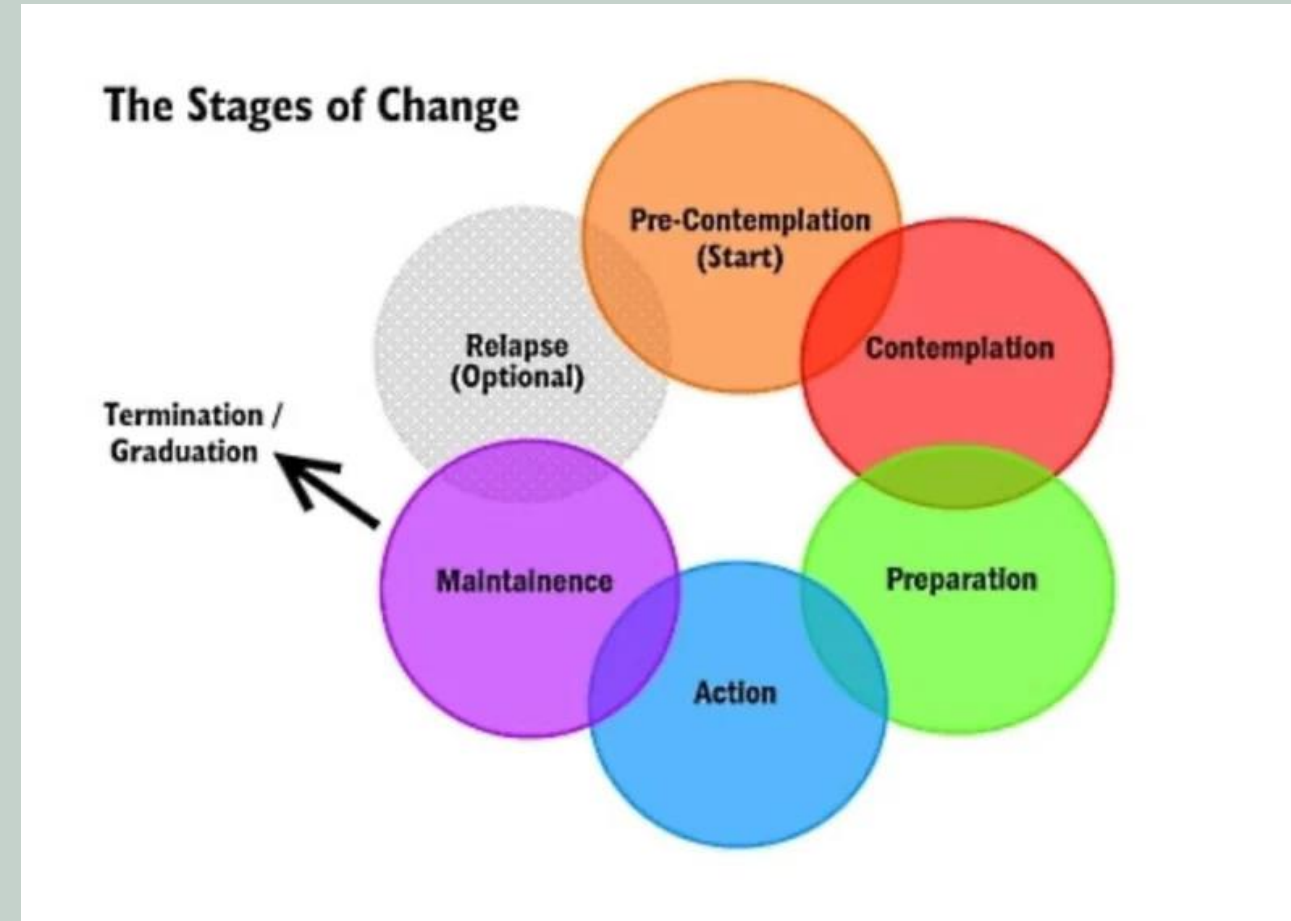
Contemplators acknowledge that they have a problem and begin to think about solving it. Contemplators struggle to understand their problems, to see its causes, and wonder about possible solutions. Many contemplators have indefinite plans to take action within the next few months.

“You know your destination, and even how to get there, but you’re not ready to go.”

It is not uncommon for contemplators to tell themselves that some day they are going to change. When contemplators transition to the preparation stage of change, their thinking is clearly marked by two changes. First, they begin to think more about the future than the past. The end of contemplation stage is a time of ANTICIPATION, ACTIVITY, ANXIETY, and EXCITEMENT.

3) PREPARATION STAGE

Most people in the preparation stage are planning to take action and are making the final adjustments before they begin to change their behavior. Have not yet resolved their AMBIVALENCE. Still need a little convincing.



4) ACTION STAGE

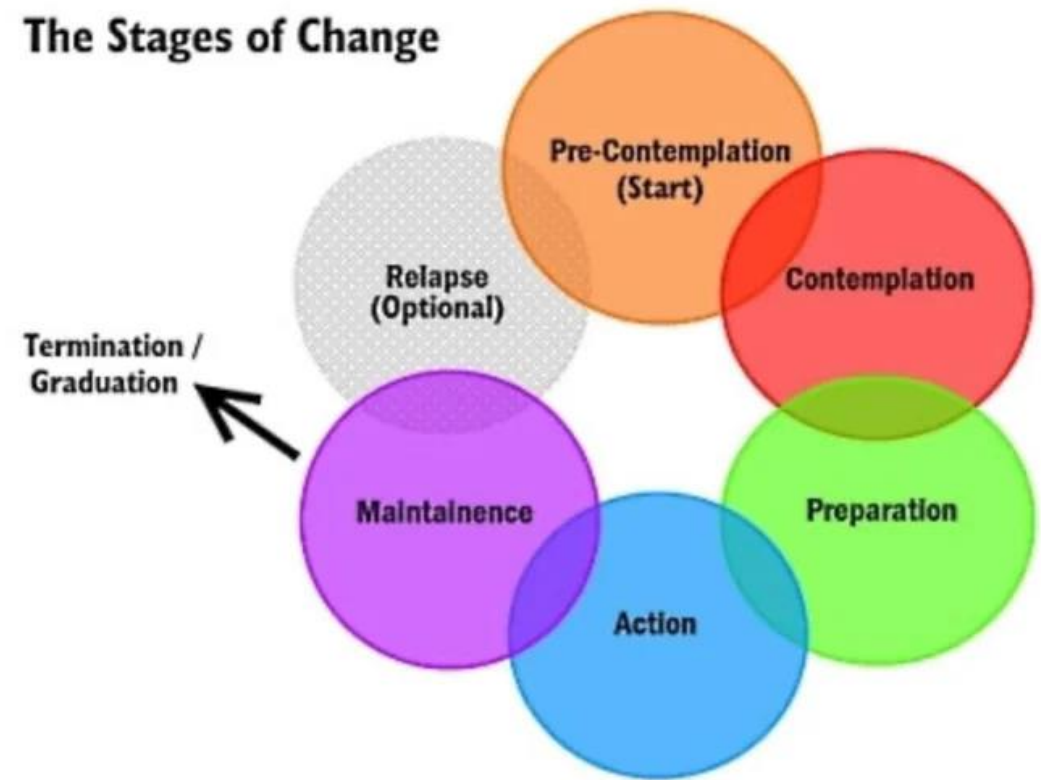
Stage where people overtly modify their behavior and their surroundings. Make the move for which they have been preparing. Requires the greatest commitment of time and energy. CHANGE IS MORE VISIBLE TO OTHERS.

Identifying and developing effective ways of coping with stress are crucial during the action stage. This will allow you to effectively move on to the maintenance stage without experiencing the relapse stage.

The action stage is the focus for many people attempting to overcome addiction. This is the stage at which real change—change of behavior—starts happening. The action stage is typically stressful. But with good preparation, it can also be an exciting time that gives way to new options.

Depending the goals set in the contemplation stage, and the plans you made in the preparation stage, the action stage can occur in small, gradual steps, or it can be a complete life change. It may feel strange and even empty to be living life without your addiction. It takes time to get used to life without an addiction, even if your support and alternative ways of coping are good.

The Stages of Change



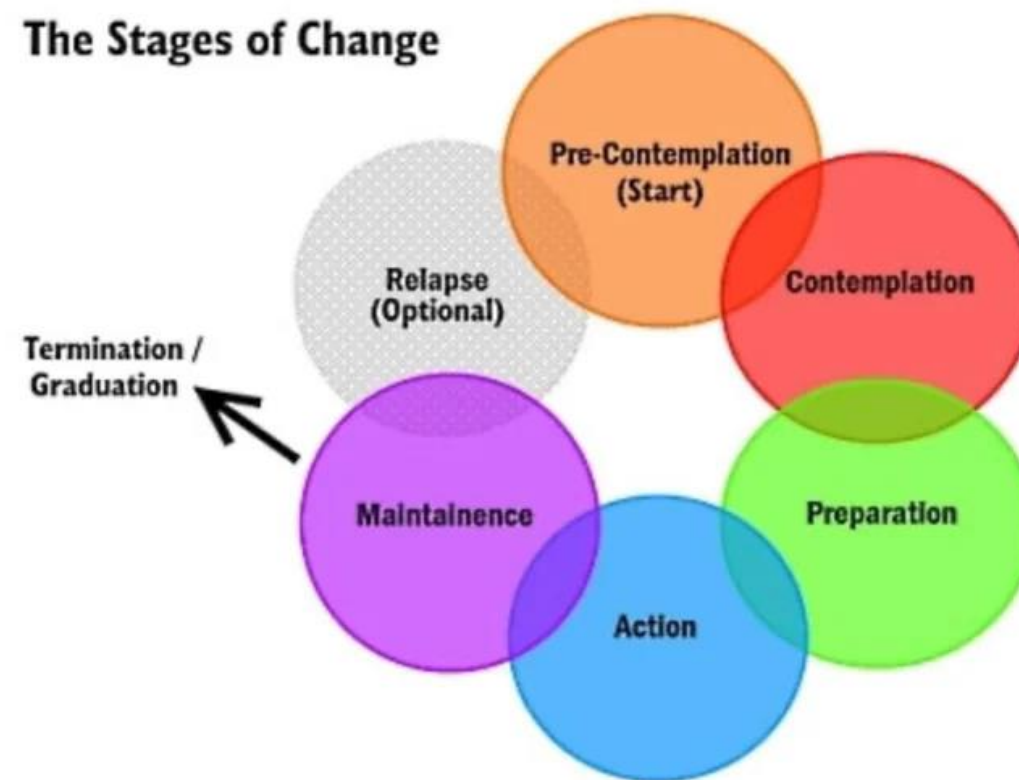
5) MAINTENANCE STAGE

Change never ends with action. Without a strong commitment to maintenance, there will surely be relapse, usually to precontemplation or contemplation stage.

The maintenance stage of change requires constant:

- Acknowledgment of and attention to the original “problem” or “issue”
- Action and participation
- Evaluation and reevaluation
- Support
- Growth and nurturing
- Planning
- Fixing of things
- Intention to keep things going

The Stages of Change



Q & A

Discussion

Thank you for attending!

Teri Morgan-Urie, CADC II

tmorgan@springfieldrecovery.com

541-636-6284 (cell)

541-653-8284 ext. 308 (office)

