

Are You Ready to Change?

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



Life changes, and in order to adapt to those changes people must also change. Whether you have just been told that your spouse is leaving you, your job is in jeopardy, or an illness has progressed, one can either change or continue doing “the same old things” that contributed to these problems. No matter what the change is, everyone goes through the same process of change. It does not matter if you are trying to learn how to quit drinking or drugging, cope with a medical illness, or survive the loss of a relationship, the change cycle is the same for all of us. In this article I will provide you with a road map of the first three Stages of Change and things you can do in each stage that will help move you along to the next step in your plan for change.

Pre-Contemplation is the first stage of change. People in the Pre-Contemplation stage are not considering change. They do not feel that they have a problem. It is usually the people close to the pre-contemplator, such as loved ones, employers or friends, who see the problem, not the person with the problem. For people around the pre-contemplator, there are several strategies that may be helpful to try and reach them. It is of utmost importance to try and maintain an air of civility and trust when trying to talk to pre-contemplators about problems. Hence, it is important to try and educate them and provide them with information so that they can reach their own conclusions. Maintaining open and honest communication is crucial to keep the door to change open, but can be difficult. It is especially difficult if the one you care about has put themselves or others in harms way, is acting self destructively or damaging relationships. In these cases, openness, education and trust are not likely to occur and seeking professional assistance may be the best option. As hard as it is to see someone you care about cause their own pain and suffering, sometimes life’s naturally occurring lessons are the medicine to help Pre-Contemplators see that they have a problem. If someone you love is not ready to admit that they have a problem, it may be best just to stand back and let the consequences fall where they may.

When one is ready to consider change, they have entered the Contemplation stage. Contemplators are able to acknowledge that a problem might exist, but remain uncertain of the necessity for change. For example, following a separation, job loss or worsening medical condition, an individual may be

more willing to consider that they have an alcohol or drug problem. The costs of engaging in the problematic behaviors such as drinking or drugging are beginning to get to get too high, causing one to consider new possibilities. Early Contemplators are still unconvinced that there is a need to change, but they are considering it. Contemplators can benefit from social support from others with similar problems. A Contemplator usually needs additional information to help them make the decision to change or not. Sometimes making a list of “pros and cons” over a period of days or weeks can be helpful. Examining the costs of continuing to “use” can often help tip the balance. This stage of self evaluation is critical to reaching a decision about changing and represents openness to self inquiry and discovery. Oftentimes, people around Contemplators become impatient; remember that the Contemplator has not closed the door to change, but needs more information, support, consequences, etc.

The development of a plan to change signifies a move into the Preparation for change stage. Here, the individual has decided a change is needed and is considering how to make that change a reality. This is a time where one must clarify desired goals and strategies to achieve them. For example, if one seeks to reduce or eliminate alcohol or drugs, strategies might include changing people, places and things associated with using, going to support groups such as AA, seeking professional help, enrolling in a treatment program, going into the hospital for detoxification or making a long term residential commitment. Support from others can be especially helpful during this time as it requires the individual to make a public commitment to change. Others can also aid in brain storming about possible solutions, and may provide more objective input about the proposed plan, but only if such advice is desired. As you can see, the consideration of potential options and solutions characterize the Preparation stage.

The Action stage occurs when the individual begins to actually take concrete steps to implement their change plan. In the Action stage, barriers and obstacles are often identified that previously were not seen. Similarly, having realistic expectations about potential problems, the need for “baby steps”, and an acceptance of lapses as a necessary part of the change process, can all be very important in maintaining hope and remaining focused on the next indicated piece of the recovery plan. It is in the Action stage that most people seek and benefit from treatment. This is because during this stage, individuals are seeking help not only to stop drinking and/or drugging, but also because they need to develop alternative pleasurable activities, learn new coping skills to replace their

alcohol or drug use, develop new social support systems, create relapse prevention strategies and revise the change plan as new issues are identified, which may occur on a daily basis.

The longer a substance abuse problem has gone on, and the more impairment that results from it, the more difficult these behaviors are to change. While the stage of change determines readiness to change, the level of care necessary to effect a positive outcome depends on other variables, such as potential for withdrawal, risk for medical complications, supportive vs. toxic recovery environments, potential for relapse, etc. The higher the severity of such risk factors, the more likely it is that an individual will benefit from a higher level of care. Levels of care for substance abuse may be thought of as dosages of treatment, similar to doses of medicine. The level of care continuum could be conceptualized as follows: 1) a support group; 2) support group + individual therapy; 3) support group + individual therapy + medication; 4) Intensive Outpatient Program, 3 hrs per day, 3-5 days per week; 5) Partial Hospitalization, 4-6 hrs p/d, 5-7 days per week; 6) Hospitalization, 7 x 24, 3-5 days; 7) Residential 7 x 24, 4 + weeks. Finding the right dose of treatment is as important as readiness to change. This is because if the dose of treatment is too low or too high, it is likely to be less effective, no matter how ready an individual is to change. The typical rule of thumb is to provide the right treatment dose **in the least restrictive setting** in which an individual can successfully accomplish his/her treatment goals. When you or your loved one is ready to make this change, be sure you find the right dose of treatment in the least restrictive setting. Your physician, Employee Assistance Program or Insurer may all be able to offer help to make this decision.

WG

About The Author

Dr. Wise has published numerous scientific articles, 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.