Stages of Change – A Guide for Families of Individuals with Substance Use Issues

By now many people have heard about the Stages of Change Model (aka the Transtheoretical Model). This model is based on recognizing a person’s insight and motivation for change when it comes to addictive behaviors. One of the strengths of the Stages of Change model is that it focuses on matching your interventions (what you do) with an individual’s motivational stage of change. Consider the following illustration:

Think of builder who is putting up a house. All the work is done in stages and the tasks chosen for each stage are very specific:

1. Site Preparation
2. Foundation Construction
3. Framing
4. Installation of Doors and Windows
5. Roofing
6. Siding
7. Electrical
8. Plumbing
9. HVAC
10. Insulation
11. Drywall
12. Painting
13. (And so on….)

❖ The builder wouldn’t start framing before building the foundation
❖ The builder wouldn’t do the electrical until it was framed first
❖ The builder wouldn’t attempt to paint, if the drywall wasn’t up properly.

Hopefully this illustration makes the point: **YOU MATCH YOUR CURRENT TASK WITH THE CURRENT LEVEL OF OVERALL READINESS**

The Stages of Change Model works on the same principle: Your interventions should match the person you are trying to help’s readiness to change.

Sadly, family members of individuals with substance use issues often make mistakes and do or say the wrong things at the wrong time. We are only human so that is natural plus there is usually a very strong emotional investment when a loved one suffers from addiction. Consider how some of the following emotions and other mental experiences (often associated with families and addiction) can impact a family’s decision making about a loved one’s addiction – **DISCUSS AS A GROUP:**

<table>
<thead>
<tr>
<th>Anger</th>
<th>Frustration</th>
<th>Loss of Patience</th>
<th>Hurt</th>
<th>Disappointment</th>
<th>Discouragement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear</td>
<td>Anxiety</td>
<td>Loss of Control</td>
<td>Denial</td>
<td>Apathy</td>
<td>Chaos</td>
</tr>
<tr>
<td>Resentment</td>
<td>Blame</td>
<td>Confusion</td>
<td>Ignorance</td>
<td>Self-Doubt</td>
<td>Exhaustion</td>
</tr>
</tbody>
</table>

➢ Others?

The chart on the following page reviews the Stages of Change with some Guidelines for Families:
# Using the Stages of Change as a Guide for Families (Who are suffering with addiction)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description (Motivation and Insight)</th>
<th>Don’t…</th>
<th>Do.</th>
</tr>
</thead>
</table>
| Maintenance      | Person has demonstrated ongoing ability to make change occur successfully but now must work on preventing relapse and return to negative behaviors | • Nag  
• Spy  
• Play tricks  
• Attempt to control  
• React/Overreact  
• Rehash the past  
• Criticize (Focus on negative)                                                                 | • “Healthy Reminders”  
• Be Alert (Attitude and Behavior)  
• Be honest and assertive  
• Trust (appropriately)  
• Communicate (In a timely manner)  
• Learn from mistakes but move on  
• Encourage (Focus on positive) |
| Action           | Person is in the active process of making change occur in their lives. Behavior modifications are being attempted and new skills are being developed and practiced. Negative behaviors are being substituted for new, more positive alternatives. | • Push (too much)  
• Oversimplify recovery  
• Take over (Over function)  
• Ignore (Under function)  
• Be rigid  
• Taskmaster for their recovery                                                                 | • Support/Guide  
• Overcomplicate recovery  
• Be proactive – appropriately  
• Stay involved – appropriately  
• Be flexible (accept baby steps)  
• Firm but loving |
| Preparation      | Person has decided to change and is ready to start making that change happen in the immediate future. Some small steps toward change may be starting in this stage as a plan is developed with specific goals and objectives. Person is getting ready to take specific action. | • Overwhelm  
• "Over suggest" – do this, do that  
• Be self-centered (My way!)  
• Be closed minded  
• Uncompromising                                                                 | • Be available  
• Help provide/find options  
• Be person centered (Consider them)  
• Be open to new ideas  
• Willing to negotiate |
| Contemplation    | In this stage awareness has increased. Person is thinking about change but is not doing anything about it. There is some degree of desire and possibly intention to change in the future but little or no readiness for taking any action in the present. | • Focus on action  
• Push your agenda for change  
• Focus solely on consequences  
• Force it  
• Lecture  
• Drop it  
• Let emotion take over                                                                 | • Focus on motivation  
• Search out their reasons for change  
• Look at broad array of pros and cons  
• Be discerning and patient  
• Elicit change talk with questions  
• Keep on table – Change experiment  
• Be patient and prepared |
| Precontemplation | Person in this stage isn’t even thinking about change and is expressing no desire to change. There is no conscious intention to take any action toward change at this stage | • Ignore risk factors and behaviors  
• Wing it  
• Empty threats  
• Let discouragement sap you  
• Isolate  
• Perpetuate a dysfunctional cycle  
• Avoid apathy and ignorance  
• Resent, blame, rationalize                                                                 | • Safety a priority – Be prepared  
• Have a plan – follow it  
• Communicate limits clearly  
• Stay hopeful (where possible)  
• Consult and collaborate  
• YOU remain self-aware and adjust  
• Listen, learn, keep your mind open  
• Remember it’s a disease |
What about Relapse?

Consider relapse according to stage of change – (Motivation and Insight levels)

Consider progress – Consider the relapse itself and the reaction – Not all relapse created equal.

General Rules

Constantly assess motivation and insight – recognize these changes so adjust your interventions and focus accordingly

Be ready, flexible, adaptable

Work as a team

Be prepared for lots of “gray area” (No easy answers)

Keep yourself in check (Watch your own patterns of healthy and unhealthy behavior)

What to expect?

Safety first – Narcan, know your absolute limits for safety, Consider others in household (young children)

Ups and downs are the norm

Model behavior that is expected

Expect to be wrong sometimes

Expect to be right sometimes

Encourage a “multi-pronged” attack (Support, therapy, medication, employment, hobbies, etc.)

Remain a constant source of hope (when possible)

Self-care- seek your own help and guidance, especially for the tough decisions