

# ADDICTIONS & STAGES OF CHANGE

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Being Ready, Willing and Able to Change.

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## Addictions

- We all are creatures of habits
- Some habits are healthy and some not so healthy
- Unhealthy habits are habits that control us
- They may be thought patterns, speech patterns or emotional management patterns or behavior patterns.

## Addictions

People with an addiction do not have control over what they are doing, taking or using. Their addiction may reach a point at which it is harmful. Addictions do not only include physical things we consume, such as drugs or alcohol, but may include virtually anything, such abstract things as gambling to seemingly harmless products, such as chocolate - in other words, addiction may refer to a *substance dependence* (e.g. drug addiction) or *behavioral addiction* (e.g. gambling addiction).

## Addictions

**Addiction** is a state characterized by compulsive engagement in [rewarding](#) stimuli, despite adverse consequences. The two properties that characterize all addictive stimuli are that they are [\(positively\) reinforcing](#) (i.e., they increase the likelihood that a person will seek repeated exposure to them) and intrinsically rewarding (i.e., they activate the brain's "[reward pathways](#)", and are therefore perceived as being something positive or desirable).

## Addiction Patterns

Classic hallmarks of addiction include:

- impaired control over substances or behavior,
- preoccupation with substance or behavior,
- continued use despite consequences, and
- denial.

Habits and patterns associated with addiction are typically characterized:

- by immediate gratification (short-term reward),
- coupled with delayed deleterious effects (long-term costs).

## Addictions

Addiction is a condition that results when a person ingests a substance (e.g., alcohol, cocaine, nicotine) or engages in an activity (e.g., gambling, sex, shopping) that can be pleasurable but the continued use/act of which becomes compulsive and interferes with ordinary life responsibilities, such as work, relationships, or health. Users may not be aware that their behavior is out of control and causing problems for themselves and others.

## Addictions Include:

- Exercise addiction,
- Food addiction,
- Drug addiction,
- Computer addiction,
- Sex addiction,
- Gambling addiction and
- Video game addiction

## Mental Addictions: Emotional & Cognitive

### Emotional Addictions (behavioral manifestation)

- Anger (tantrums)
- Depression (avoidance)
- Sadness (withdrawal)
- Hurt (distancing, hurting, etc.)
- Disappointment (victimization)
- Anxiety (controlling; attention seeking; people pleasing, etc.)
- Guilt (people pleasing)

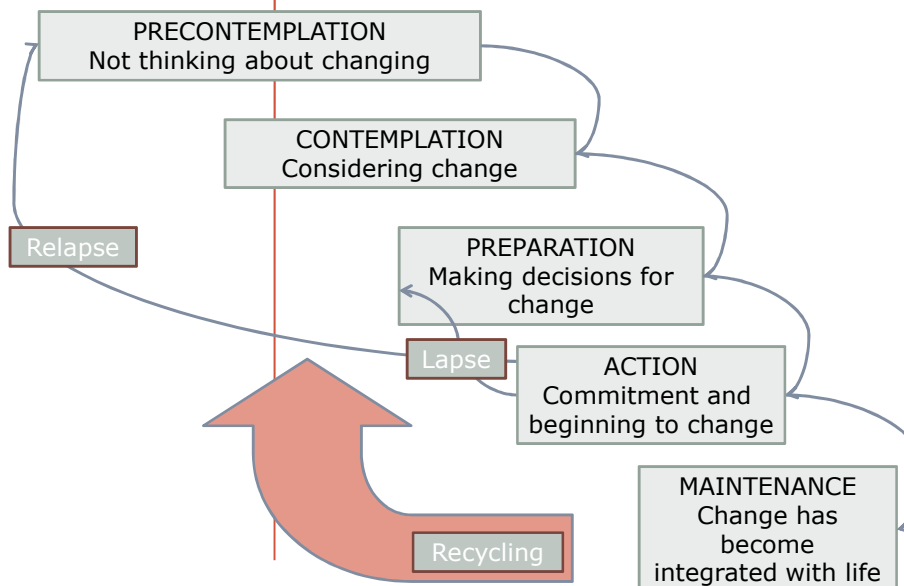
### Cognitive Addictions (antidotes)

- Negativity (positivity)
- Criticism (acceptance)
- Doubt (hope)
- Indecisiveness (decisiveness)
- Fantasy (reality)
- Pride (humility)
- Envy (appreciation)
- Attachment (nonattachment)

## Rational for Addictions

People compulsively use drugs, gamble, or shop, etc. nearly always in reaction to being emotionally stressed, whether or not they have a physical addiction.

## STAGES OF CHANGE



## Stages of Change: Client Tasks

STAGES	CLIENT TASKS
<b>Precontemplation</b> ◦ Not interested in change	<b>Gauge/increase interest and concern</b>
<b>Contemplation</b> ◦ Considering change	<b>Risk-reward analysis and decision making</b>
<b>Preparation</b> ◦ Preparing for change	<b>Commitment and creating an effective/acceptable plan</b>
<b>Action</b> ◦ Initial change	<b>Implementation of plan and revision as needed</b>
<b>Maintenance</b> ◦ Sustained change	<b>Consolidating change into lifestyle</b>

DiClemente, 2003; 2005

## Stages of Change: Provider Tasks

STAGES	PROVIDER TASKS
<b>Precontemplation</b> ◦ Not interested in change	<b>Raise doubt; Increase client's awareness of risks and problems</b>
<b>Contemplation</b> ◦ Considering change	<b>Tip the decisional balance; Evoke reasons for change &amp; risks of not changing</b>
<b>Preparation</b> ◦ Preparing for change	<b>Help develop a tailored change plan</b>
<b>Action</b> ◦ Initial change	<b>Help the client develop relapse prevention strategies; Adjust change plan as needed</b>
<b>Maintenance</b> ◦ Sustained change	<b>Help client identify strengths for sustained change; Provide support</b>

DiClemente, 2003; 2005

## GUESS THE STAGE

Victor presents at a primary care/medical clinic. After reading about his current situation, identify which Stage of Change he is in for each problem area.



*Remember: People can be in different stages for different behaviors*

### Precontemplators

1. Reverting
2. Reluctance
3. Rebellion
4. Resignation
5. Rationalizing

## Reveling

- a. Revealing Precontemplators are having too good a time engaging in the addictive behavior to consider change
- b. Task is to increase consciousness raising and self-evaluation of negative considerations about the behavior
- c. Preaching and pushing won't do!

## Reluctance

- a. Reluctant Precontemplators are simply unwilling to consider change. They are **characterized by inertia**.
- b. The challenge is to break through inertia and build negatives to the current behavior while building benefits for change. Hope that change is possible, beneficial and worthwhile needs to be instilled.
- c. Increasing **confidence** in the ability to change can counter the reluctance



## Rebellion

- a. Rebellious Precontemplators are often **passionately invested in their ability to make their own choices** and decisions and resent anyone telling them what to do.
- b. The challenge for change is to **link autonomy and freedom with change** and shift the energy devoted to rebellion into contemplation
- c. Any modification of the addiction must be the responsibility and **choice of the individual**

## Resignation

- a. Resigned Precontemplators are either overwhelmed by all their problems including addictive behavior or they have tried to change and found it seemingly impossible. They **feel helpless and hopeless.**
- b. The challenge for change is an **infusion of hope** and a vision of the possibility of change.
- c. Evidence of the possibility of and process toward **(incremental)** change can increase self-efficacy.

## Rationalizing

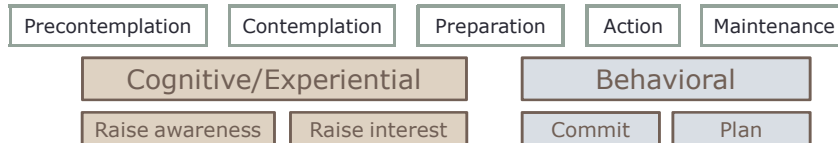
- a. Most Precontemplators articulate, at least to themselves, their own **personal**, protective rationale as to why the addictive behavior does not pose a serious problem for them.
- b. What they are thinking, feeling, and saying should be taken seriously as they believe **personally** and deeply in their rationales and perspectives.

## Processes of Change:

- Cognitive/Experiential
  - Consciousness raising
  - Emotional Arousal
  - Self-Reevaluation
  - Environmental Reevaluation
  - Social Liberation
- Behavioral
  - Self-Liberation
  - Stimulus Generalization or control
  - Reinforcement Management
  - Helping Relationships

## Processes - the HOW of Change

- While the Stages of Change are helpful in identifying *when* change occurs, the Processes are ***how*** it happens
  - **Processes of Change:**
    - Earlier stages: **cognitive approaches** and contemplation of change
    - Later stages: more **behavior** and action oriented
- Clients are engaged in processes when we hear CHANGE and SUSTAIN talk**



## Cognitive/Experiential

- **Consciousness Raising:** gaining information that increase awareness
- **Emotional Arousal:** Experiencing emotional reactions about status quo and/or new behavior
- **Self-Reevaluation:** Evaluating fit or conflict with personal values
- **Environmental Reevaluation:** Recognizing positive & negative effects of behavior or others & environment
- **Social Liberation:** Increasing social norms that support change

## Behavioral

- **Self-Liberation:** Making choice, taking responsibility & making commitments
- **Stimulus Generalization or Control:** Creating, altering or avoiding triggers
- **Reinforcement Management:** Creating rewards for positive behaviors while extinguishing current behavior
- **Helping Relationships:** Seeking support from others ( family, friends, peers, professionals)

## Context of Change: Complementors or Complicators

- Current Life Situation
- Beliefs & Attitudes
- Interpersonal Relationships
- Social Systems
- Personal Characteristics
  - Identity
  - Agreeableness
  - Extraversion
  - Neuroticism