

## The 5 Stages of Change<sup>1</sup>

One way to understand the steps a woman goes through when she tries to stop her use of drugs and alcohol is to apply Prochaska & Di Clementi's model of *Stages of Change*. This model has been applied to various behaviors but has been especially helpful in understanding how individuals stop substance use. *Motivation Enhancement* is based upon these stages of change and proposes ways to encourage individuals to move from one stage to the next. Individuals seldom move directly from one level to the next; rather they tend to shift back and forth between levels before moving on to the next. The 5 Stages of Change are:

**Pre-contemplation (not considering change): An individual may appear to be resistant, reluctant, resigned or to be rationalizing.** Individuals in pre-contemplation include women who:

- May not know or understand that their use can have a negative impact on their unborn child. This may be especially true regarding use of legal drugs like alcohol, tobacco or prescription medications.
- If developmentally delayed or have a mental health disorder, may not understand or appreciate the impact her use can have on her unborn child.
- May have used during a prior pregnancy without negative consequences or known others who did so.
- May feel discouraged about past efforts to stop and don't believe they are able to change.
- Depend on a partner or family members who uses and don't feel able to change as long as that person continues to use.
- May wish to change but want to do it their way! Not ready or willing to look at alternate approaches.
- Have stopped substance use but are unable or unwilling to recognize or address behaviors or circumstances which may contribute to resuming their use.

**Contemplation: Considering change but ambivalent about doing so.** Although a woman recognizes positive reasons for changing, she may view change as having negative or unwelcome consequences.

- Using may provide or promise relief from emotional pain she doesn't want to experience.
- She may not feel ready or able to change relationships or make the lifestyle changes necessary to support her abstinence.
- She may be fearful of failure.
- She may have never had any period of extended abstinence as an adult and may be afraid she can not function without drugs or alcohol.

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<sup>1</sup> "Transtheoretical Models of Change" Prochaska, J.O., DiClemente, C.C. and Norcross, J.C. (1992). In Search of How People Change: Applications to Addictive behaviors. *American Psychologist*, 47, 1102-1114.

**Preparation: Ambivalence continues but is shifting in the direction of making changes.**

She may be exploring options or testing out new behaviors such as seeking treatment or trying to reduce her use; however she is still vulnerable to stressors i.e., “triggers” which may lead her back to using or resuming behaviors which may jeopardize her abstinence.

**Action: She has stopped using drugs and/or alcohol;** however, like all individuals in recovery from substance use, she remains vulnerable to resuming use i.e., relapse.

**Relapse. The desire to use can be “triggered” by “people, places and things” that she associates with her use.** Although some “triggers” are common to most users, most are personal and specific to the individual. “Relapse triggers” may include people she used with, places where she used and things/situations she associates with using. Triggers may also include emotional states which place her at risk to use e.g. positive emotions such as celebrations or negative ones such as loneliness or depression.

- Relapse is a common part of the recovery process.
- Encourage women to identify their “relapse triggers” and develop a plan to deal with them. Identifying ways to avoid triggers and finding alternate ways to respond to them can significantly reduce the extent of her relapse or prevent it from even happening.
- It is important to interrupt a relapse as soon as possible; however, it is very difficult for people to determine how to do this when they are in the midst of a relapse. Encourage women to develop a “plan” for dealing with relapse before it happens. For example, if she uses, what can she do to stop her use? Who can she call for support?
- Many individuals perceive relapse as a failure. A more helpful approach is to view it as an opportunity to “fine tune” one’s recovery efforts and identify what to do differently in the future.
- Many women stop or reduce their use during pregnancy but resume using following delivery when they believe it will no longer harm their child. Be sure to talk with your patient about bonding and caring for her child and the benefits of remaining abstinence following delivery.