

Substance Abuse

When treating individuals in a rehabilitation environment, the use of alcohol and drugs often slows recovery and impedes active therapy. If a patient has substance abuse issues, their treatment team will need to support and help change their addictive behavior(s). Before attempting to help support someone undertaking a difficult change, I would like to introduce you to a useful theory called the Stages of Change Model (SCM). It takes a look at the stages an individual's mind and body go through when implementing change. It was originally developed in the late 1970s by James Prochaska and Carlo DiClemente at the University of Rhode Island. SCM can be applied to a broad range of behaviors including losing weight, kicking the smoking habit and overcoming alcohol / drug problems. The idea behind SCM is that change does not happen in one step. Instead, people tend to progress through different stages – each individual at his or her own rate.

The Five Stages of Change

1. Pre-contemplation – Not acknowledging a problem behavior that needs to be changed. In this stage, people are essentially unaware that a problem exists and have no intention of changing in the foreseeable future. They may be defensive or not want to discuss their bad habit. People with brain injuries typically require a significant intervention by professionals and family members to reach the next stage.
2. Contemplation – Acknowledging that there is a problem but not ready to make a change. People in this stage are aware that a problem exists and are considering change. Those with brain injuries require assistance to take effective action.
3. Preparation – Getting ready to change. In this stage, individuals have the intention to change but have not established a specific goal. People with brain injuries require assistance to take the necessary steps. It is a misconception to think “Nobody can help me with a drug problem but me” and believe it only takes willpower to change.
4. Action – Changing the behavior. People in this stage make changes in their behavior and alter their environment in order to modify or eliminate an addictive behavior. Willpower is a



misnomer. Medical supervision during initial treatment and consistent attendance at community support groups is key. Twelve-step work – getting a sponsor, calling others, and having a full schedule of meetings is the most successful, cost effective and available treatment there is.

5. Maintenance – Maintaining the behavior change. In this stage, success means filling in the gaps left by the absence of substance abuse. Becoming friends with a social group of non-users takes time. Constructive alternative activities to replace the culture of substance abuse requires courage and is important to prevent relapse. Prochaska and colleagues believe that a person must have at least six months of successful change in order to be considered in the Maintenance versus the Action stage.

A Note on “Relapse”

When eliminating a bad habit, many people experience relapses. A spiral process in which an individual relapses and recycles through earlier phases is more common than a steady linear progression. People who eventually overcome addictive behaviors show progress over time, with setbacks becoming smaller and shorter. There is a real risk that people who relapse will experience a sense of failure, undermining self-



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confidence. It is important that, if they do slip, they don't see themselves as having failed; rather, they should analyze how the slip happened and use it as an opportunity to learn how to cope differently. Relapsing is like falling off a horse — the best thing you can do is get right back on. ❖

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