

Sustainable Change: Understanding the Stages

Clients often come to treatment because other people feel that they need to change and/or because external forces such as family, probation, courts and/or employer are concerned about their addictions, self-destructive and/or self-defeating behaviors including eating disorders, cutting/self-harm, aggression, medical non-compliance, anti-social activity, etc. Many of these clients fail to make sustainable changes because they don't think they really have a problem or they recognize that they have a problem but feel ambivalent about changing. They sit in our groups or in our offices and say things like:

- It's not like I cut every day. And besides, I only cut where people can't see.
- Pot isn't a problem. Besides, it's gonna be legal soon, so I should be able to smoke if I want to.
- Everyone drinks. I can't imagine not drinking. What would I do for fun?
- But if I quit purging, I'll gain a ton of weight and no one will ever want to date me.
- Look, I've been clean for 6 weeks; I think I can handle using again. As long as I don't use every day, I'll be fine.

Arguing with our clients is usually the worst thing we as counselors can do. It steals their resolve to resist and impedes the therapeutic alliance. In order to help our clients, we need to assess where they are in regards to change and help them resolve their ambivalence about changing. Prochaska's Stages of Change Model can be helpful because it lays out five major stages of change:

- Precontemplation (a client doesn't recognize that they have a problem, doesn't want or think they need to change)
- Contemplation (a client recognizes that they have a problem and is willing to look at making changes)
- Preparation (a client is willing to try something small)
- Action (a client is committed to making some major changes)
- Maintenance and Relapse Prevention (a client is incorporating changes and committed to making their changes in lifestyle permanent.)

Why Action Methods?

Psychodrama, Sociodrama and Sociometry are action methods developed by J.L. Moreno. They are particularly useful in cutting through rationalization, denial, justification and various other defenses that people use to avoid change. When you do things in action your body takes over and your mind gets out of the way.

For example, through role reversal, clients can step into the shoes of someone they love and experience how their current or past behavior has impacted this person. More than simply

helping clients think about how their loved one feels, role reversal allows clients to feel the impact of their behavior at the body level. Clients have reported that reversing roles with their loved one has increased their desire to change.

For example, *Darlene was mandated to treatment by Child Protective Services but didn't think that she really had a problem. But when she reversed roles with her 8 year old son about what it was like to live with a mother who was often either tipsy, not really present, hung over or moody, she cried and committed to getting sober for real.

Sociodramatic techniques invite clients in a group to create a made up person and to imagine why this hypothetical group member may be ambivalent about change. The sociodramatic distance can help them give voice to some of their own ambivalence and allow them to begin to explore this more deeply.

For example, *Jim, a 45 year old drinker, had been in treatment before and used the right words and kept his urine clean but when he was invited to speak in the role of a character the group made up, he was able to identify a reason not to want to quit. It was because the characters friends used and quitting would mean leaving his friends. This led to the first honest conversation about his own concerns about staying sober.

Psychodramatic and Sociodramatic techniques also allow clients to experiment with making different choices, trying on different behaviors and/or roles and looking at how these changes produce different outcomes. It provides an opportunity to practice making positive choices even in the face of temptation and triggers.

For example, *Lamar, a 37 year old heroin user, was struggling with staying clean. His counselor had suggested he attend AA or NA but he did not feel comfortable going into a group that he knew nothing about. By creating an AA group in action, with the help of other group members who knew about AA, he was able to test the waters and see what it might be like and realized that he felt safe enough to go to a meeting.

In a Sociodrama, *Anna, a 16 year old who cut was able to take the made up role of Brandi who really wanted to cut. In the role of the other she was able to practice self-soothing and distress tolerance exercises in the safety of the group.

*In a Psychodrama, Gerald, a 17 year old pot smoker, was able to create a scene in which he was likely to be triggered; hanging out with friends at school who wanted to party, and practice saying No.

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****Note: All names have been changed to protect privacy.***