

Hierarchy of Help Model in Addiction

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Abstract

People suffering from addiction are usually conceived as living in denial of their addiction and are not usually ready to be helped. In contrary, the Hierarchy of Help Model by Joyzy Pius Egunjobi shows that persons with addiction do make effort to help themselves before seeking the help of others. The Hierarchy of Help Model is presented with the four hierarchical stages and in relations the Transtheoretical Model or Stages of Change Model of James O. Prochaska and Carlo DiClemente. The two models are integrated to foster better understanding of help seeking and stages of change in addiction treatment. This work concluded that the people with addiction ask for help not because they have not tried to help themselves. They ask for help because they are aware that they cannot do this on their own. Blaming, nagging, and scolding are not what they need supports and encouragements.

Keywords: *Addiction, Help Seeking, Self-help, Hierarchy of Help, Stages of change*

Introduction

People with addiction are generally thought of as living in denial, careless, and carefree. They are perceived to be in denial of the problem of addiction and in denial that they have resources to help themselves. Hence, a person with addiction rarely seeks help because s/he is seen as not knowing s/he have a problem. Far from this perception, persons with addiction, be it, alcohol, drugs, or behavioral (sex, gambling, work, etc.) do make efforts to quit the alcohol, substance of abuse and addiction, or stop the addictive behavior. They do desire to be clean and sober; but the hold of addiction may be too strong that they can't just let loose of themselves. The truth is that, addiction is an obsessive, compulsive, possession. It takes over the total person's biopsychosociotechno-spiritual life; making the person feel helpless. The feeling of helplessness can make the person with addiction sink more into her/his addiction. Yet, help is available, but it is not automatic. Help for a person with addiction is in stages of hierarchical nature. It is the help that is likely to begin with the "self", that is, with the person with addiction and ends with surrendering to fate.

This study exposes the Hierarchy of Help Model (HHM) as developed by Joyzy Pius Egunjobi (2014a), compares it, in an integrative manner, with the Transtheoretical Model (TTM) developed by Prochaska and DiClemente (1977), and relates the integrative model to help seeking and stages of change in addiction treatment.

Purpose

The purpose of this review is to present the key idea of the Hierarchy of Help Model (HHM), to bring into awareness that the person with addiction do recognize that

they have problems and do need help, and relates the Hierarchy of Help Model with the Transtheoretical Model in an integrative manner.

Background

Addiction is seen from different perspectives and as such has many definitions. American Society of Addiction Medicine (ASAM, 2019) defines addiction as a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. It is a chronically relapsing disorder characterized by: (a) compulsion to seek and take the drug, (b) loss of control in limiting intake, and (c) emergence of a negative emotional state (e.g., dysphoria, anxiety, irritability) when access to the drug is prevented (Koob & Simon, 2009).

As a brain disease, it has physical, mental/emotional, moral/criminal, and sinful effects or consequences. This means that the consequences can be biopsychosociotechno-spiritual in nature such as causing medical condition, psychological disorders, disconnection in human relationship and loss of job, obsession with technological devices, and loss of meaning and purpose in life.

No one wants to get addicted to anything or anyone. Addiction is a progressive brain disorder. Although everyone's path to addiction (Alcohol and other drugs -AOD or behavioral) is different, all AOD and behavioral addictions has to do with stunning increased levels of brain chemical called dopamine (Sheikh, 2017). Dopamine associated with the reinforcing effects of drugs of abuse, for example, and that the faster the increases in dopamine to cause the feeling of pleasure, the more intense the reinforcing effects (Volkow et al., 2007).

However, addiction is only the brain disease, it can be genetically and environmentally

factored. For example, twin and family studies have been found to show that there are critical genetic and environmental components in the inheritance of substance use disorders, and modern genetics studies have identified specific variants that may predispose an individual to these disorders (Meyers & Dick, 2010). Due to the multifaceted components of addiction, treatment can be complex as the kind of treatment that works for one person with addiction may not work with another even when they are addicted to the same substance or behavior. These also account for what may some people to easily seek help and others find it difficult to seek help.

Help Seeking

Help seeking can be defined as efforts made to maximize wellness or to ameliorate, mitigate, or eliminate distress (Saint Arnault, 2009). It can also be conceptualized as steps taken to purposefully find solution or correct certain behaviors such as maladaptive or addictive behaviors. Viewing addiction as a chronically relapsing brain disease (NIDA, 2020) presupposes the possibility that no matter how well the person with addiction has tried, there will most likely be an episode of lapse or relapse. This means that the person with addiction may have engaged in self-help or have been helped to maintain abstinence by others. Whatever the help, the person with addiction is particularly important in the helping process. No doubt, we all will experience tough times in our lives at one time or the other and going through difficult life situations alone can be stressful, confusing, and exhausting. Although, one may be able to solve some personal problems, sometimes the problems may require other's assistance. Seeking assistance from family, friends and or others can really be supportive to achieving the goal of help seeking.

To help a loved one who is struggling with AOD or behavioral addiction is often a long and heartbreaking journey. This can sometimes be so overwhelming that ignoring the situation may seem like an easier solution (Bockisch, 2020). Helping the person with addiction isn't easy, that there's no magical formula that will get him/her to treatment. According to Ackermann (2020), addiction is a condition that the individual person with addiction must learn to manage as no one can take the fight on for the person with addiction. It is important that the person first recognize that has an addictive disorder, be ready and willing to address the addiction before recovery can even begin. In a nutshell, change is possible.

Stages of Change

In 1977, James O. Prochaska and Carlo DiClemente developed Stages of Change Model also known as the Transtheoretical Model (TTM) (Prochaska & DiClemente, 2005). This model is an integrative, biopsychosocial model to conceptualize the process of intentional behavior change. Stages of Change Model evolved through studies examining smokers who quit on their own and smokers requiring further treatment in order to understand why some people can quit smoking on their own and some others cannot. These were attempts to understand why some people are able to quit smoking on their own and some others not. It was found out that people quit smoking if they were ready to do so (LaMorte, 2019). In other words, changing a behavior is not an accident but a process with different people at different stages of change and readiness; moving through the five stages: precontemplation, contemplation, preparation, action, and maintenance (Prochaska & DiClemente, 1982). Thus, the 1983 version of the model was later modified to include Termination stage in the 1992 version of the model. This

made the sixth stage.

Precontemplation - The person with addiction at this stage do not intend to take action to change either now or in the next six months. S/he may be uninformed or under informed about the consequences of her/his addictive behavior which makes the person to remain in the Precontemplation stage. This person may have made multiple unsuccessful attempts to change leading to feeling of hopelessness or discouragement her/his addiction. This person can sometimes be described as resistant, unprepared, unenthusiastic for help.

Contemplation - The person with addiction at this stage is aware of the damages or consequences of his addictive behaviors as the benefit of change. Hence, s/he intends to change in the next six months. However, this person may remain in this stage for a long time if s/he becomes ambivalent due to persistent consideration of the consequences and benefits of changing. Procrastination is common

Preparation - At this stage, the person with addiction plans to action in the within the next month. S/he has a plan of action, such as finding resources or consulting family members, friends, or professionals on the best option to treatment.

Action - This stage is evident when the person with addiction has made specific blatant behavioral adjustments within the past six months. S/he is making a conscious effort to stay clean and sober with observable acceptable lifestyle.

Maintenance - This stage continues from the action stage beginning from six months of successful stable action stage where the person with addiction has become confident and less threatened by relapse. Although s/he may be less tempted to relapse and grow increasingly more confident that they can

continue their changes, some research show that maintenance lasts from six months to about five years.

Termination - The person with addiction has no temptation to relapse s/he is self-aware and possesses healthy coping skills to disallow returning to the old unhealthy addictive behavior.

The Transtheoretical Model was based on the assumptions that (Prochaska, Redding, & Evers, 2008):

1. No single theory can account for all complexities of behavior change. A more comprehensive model is most likely to emerge from integration across major theories.
2. Behavior change is a process that unfolds over time through a sequence of stages.
3. Stages are both stable and open to change, just as chronic behavioral risk factors are stable and open to change.
4. The majority of at-risk populations are not prepared for action and will not be served effectively by traditional action-oriented behavior change programs.
5. Specific processes and principles of change should be emphasized at specific stages to maximize efficacy.

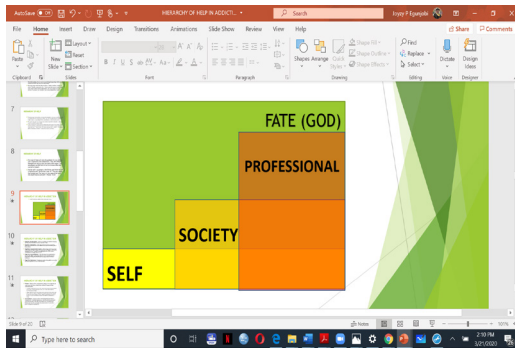
Transtheoretical Model recognizes that the individual with addiction or any other problem needs to be self-aware and be ready to take action in order to navigate the stages of change. Of course, these stages revolve around the person who needed help and not the helpers. This same idea was projected by Ginsburg (2014) in his educational Hierarchy of Help in

which he stated that students need to work independently first, using all available resources before consulting or collaborating with group members if necessary, and finally, summoning the teacher when all members of the group have exhausted their resources and are still stuck. It all boils to the face that an individual is important in helping her/himself as well as having inner resources to facilitate her/his own help. When s/he has tried and unable to self-help, s/he can now seek external resources which are also ranked in the other of their resourcefulness and expertise.

The Hierarchy of Help Model

The Hierarchy of Help Model was developed from a Relapse Prevention class presentation by Egunjobi (2014a) at the California State University, East Bay, Hayward, CA, USA where he opined that people struggling with addiction do make efforts to self-help. Human experiences show that the persons with addiction can sometimes be too weak trying to do things by themselves. When there is a problem, they often look beyond of themselves to find solution; yet, the solution is right within them. The truth is that helping someone without the person's willingness or cooperation can be difficult. In other words, no one can help you without you. That is why in Figure 1, the SELF is present and involved in all the involvement of others: Society/Community, Professional, and Fate (Transcendence/God), in helping one.

Figure 1 Hierarchy of Help Model



Source: Egunjobi (2014a)

Help-seeking can be categorized into four hierarchical stages: Self-help; Relational Help; Professional Help and Transcendental Help.

Self Help [Self] - Before someone seeks help, one tries to help him/herself. In solving problems, an individual is an expert about his or her own life; for everyone has the inner resources to resolve issues concerning him/herself, and or finding solution to his/her problem (Egunjobi, 2014b). Moreover, Carl Rogers, as cited by Hopper (2018), is believed to hold that, it is the client who knows where it hurts, what directions to go, what problems are crucial, and what experiences have been deeply buried. For no one understands a person better than him/herself. Furthermore, "the client who sees his problem as involving his relationships, and who feels that he contributes to this problem and wants to change it, is likely to be successful" (Rogers, 1957, p. 101). Notwithstanding, there may be some personal issues that one lacks the understanding of, or confused about, that may require assistance. Hence, the expert client is found in therapy seeking clarity of another expert. One helps himself brushing the mouth, yet it takes others to perceive the smelling mouth, not the self. Yet, there is nothing to perceive if the person does not

make the mouth available.

Relational Help [Society] - Often times, when someone is unable to solve his/her problems, there is the possible move to consult with a trusted person who may be a member of one's family, a friend or a colleague. In other words, one seeks help of another/others - father, mother, brother or sister, friends, peer etc. However, it is not easy to seek help; seeking help requires incredible courage and strength. It requires humility, openness, and honesty to oneself. The trusted person may help one to understand and resolve what seems problematic. The trusted person is sometimes considered as more knowledgeable or wiser. Notwithstanding, this person may equally be incapable of solving the problem. Referral to a more knowledgeable may be necessary. Also, the person needing help may jump the scale from seeking the help of a significant other to the expert in the area of the problem, when he or she finds him/herself incapable of solving the problem.

Professional Help [Professional] - When family and friends find themselves inadequate or incapable of alleviating the problem of the help-seeker, professional assistance may be sought in the related area of the problem. According to Mental Health America (n.d), the process of finding professional help includes:

- a. Obtain names of mental health professionals from your doctor, friends, clergy or local Mental Health America affiliate, and from workplace employee assistance program (if available).
- b. Interview more than one professional before choosing the one who one feels comfortable with.
- c. You can see a psychologist, psychiatrist, social worker, pastoral

counselor or other type of mental health professional. Of these, only a psychiatrist can prescribe medication.

In other words, a physician in the medical related problems, psychiatrist, psychologist, or counselor in mental health related challenges, a community elder in the socio-cultural related issues, an engineer in the technological related problem, and a clergy or guru in the concerns relating to individual religion/spirituality. In some instances, the professional may also be unable to understand the situation or resolve whatever the situation is. Depending on the type of problem, intervention may be unproductive without the openness, sincerity and cooperation of the person seeking help.

Transcendental Help [Fate/God] -When an individual is unable to self-help, family and friends have no skill and expertise to help, and the expert fails, the situation is left to fate. Fate, according to Merriam Webster Dictionary, is "the will or principle or determining cause by which things in general are believed to come to be as they are or events to happen as they do" Fate involves finding meaning and purpose in the situation outside one's control yet not outside of one's reach. This is when the solution rests between oneself and his/her fate (faith). Miracle which depends on the person's belief happens at this stage. Hence, one can say, I am the master of my fate and the captain of my destiny (Bloom, 2014). Fate stage can also be the moment of finding a sustained answer to the question or solution to the problem and breaking the chain of hopelessness.

Although, these stages are in hierarchical order, they are not linear. A stage or two can be skipped as well as two or more stages can co-occur. This means that it is possible for the one who seeks help, after trying by him/herself to no avail to skip the relational help

and proceed directly to seeking professional help. Also, while the person is making personal effort to overcome the ordeal, she or he may at the same time be seeking relational and professional help while not excluding leaving everything to fate.

Transtheoretical Model and The Hierarchy of Help Model

Understanding the Transtheoretical Model (Prochaska et. al., 1994) can shed more light in the understanding of the Hierarchy of Help Model, as the stages of change focuses on the decision-making of the individual struggling to get help. In the transtheoretical model, change is considered a process involving progress through a series of stages (Prochaska & Velicer, 1997). These six stages of TTM are integrated with the four hierarchical stages of help.

Stage One: Pre-contemplation - Persons with addiction do not think seriously about changing and may not be interested in anyone's intervention or any kind of help. In the hierarchy of help, this stage is a zero level of no personal need for help and of no desire to do so.

Stage Two: Contemplation - At this stage persons with addiction tend to be aware of the personal consequences of their addictive behavior and they spend time thinking about their problem. This stage occurs within the 'self-help' as characterized by internal struggle to change. Help here is within.

Stage Three: Preparation/Determination - At this change, people with addiction have made a commitment to self to make a change. Their motivation for changing is reflected by statements such as: "I've got to do something about this", "This is serious", "Something must change", "What can I do?" In the hierarchy of help, the person with addiction goes beyond self-exploration

and self-help to seeking the guidance and assistance of family members and friends. Other available resources in the community are sought, and inquiries about available treatment modalities are also made.

Stage Four: Action/Willpower - This is the stage where people believe they can change their addictive behavior and are actively involved in taking steps to change by utilizing a variety of treatment modalities. This stage, from hierarchy of help model perspective, is characterized by reception of professional assistance either in form of personal therapy, using medication to target withdrawal symptoms in order to stay clean and sober, or undergoing treatment in the rehabilitation facility. The person with addiction willfully and consciously undergoes treatment and is in full cooperation with the treatment program employed.

Stage Five: Maintenance - This stage occurs after completing treatment and it involves being able to avoid any temptations to return to the addictive behavior. The maintenance stage from the hierarchy of help understanding, combines the professional stage and fate stage where the person with addiction partakes in support group and in community activities. S/he lives to discover more and more the purpose for her/his existence, and being mindful of her/his thoughts, feelings, and behaviors; avoiding every occasion that triggers and results in relapse.

Stage Six: Termination - At this stage, the person with addiction displays minimal to zero tolerance for compulsion and are almost very sure they will not return to their old unhealthy addictive habit. Although, life experiences show that this stage is difficult to predict as someone who has been sober for 30 or more years can relapse. This is the Fate (God) stage in the hierarchy of help. Being in this stage also does not mean

that one cannot relapse. The reality here is that, relapse is not failure; for if one does not know what it is to lapse, s/he may not know what it is to recover. The fall, lapse, or relapse is a signal and a pointer to stand better erect in avoiding the triggers. The Fate stage can constitute both positive and negative experiences. Positive if one experiences transcendence where fall is impossible. Negative if one experiences several relapses with the hope for divine intervention.

Although, there are six stages in the TTM as developed by Prochaska and DiClemente (1977), Relapse, and Transcendence were later added.

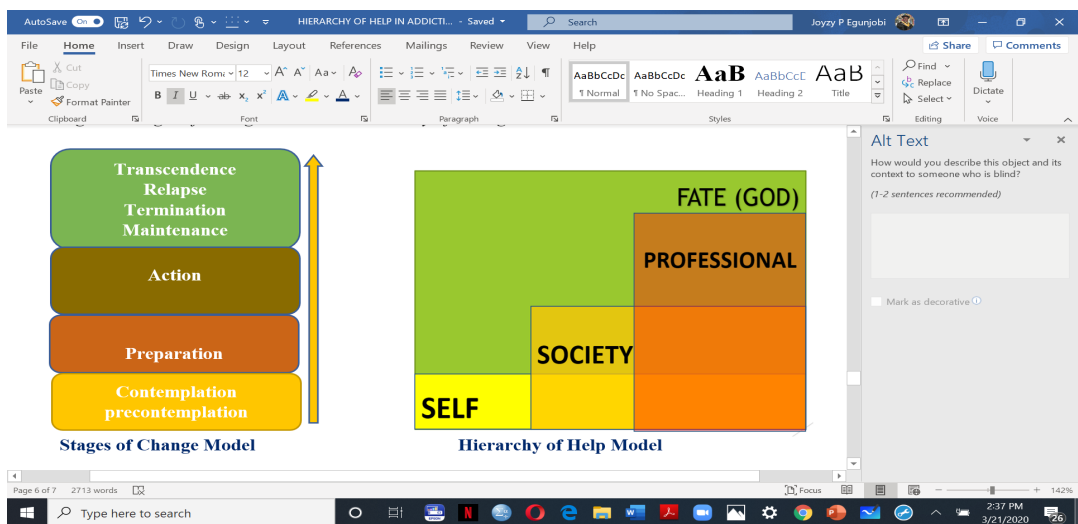
Relapse: - This stage was conceptualized by researchers as a recycling stage when a recovering person with addiction returns from either Action or Maintenance stage to an earlier stage (Prochaska & Velicer, 1997). Relapse is often accompanied by feelings of discouragement and seeing oneself as a failure. Mostly driven with lack of biopsychosocial-spiritual integration, it occurs when a person who has gone through treatment and has been in recovery goes back to drinking alcohol or using drugs. Modern addiction science, however, do not see this as a failure. Relapse is seen by some as part of recovery, or better viewed as an unfortunate part of the lifelong recovery process (O'Leary, 2016). Relapse is not a single event of the person with addiction going back to drinking or using, rather a setback along the road to recovery. In the hierarchy of help, relapse puts the professional, society, and the self, in the state of helplessness. Not necessarily a failure but a reality of the nature of addiction which reveals itself as an obsessive, compulsive, possession. Only the divine in the transcendence stage, can help.

Transcendence - This stage is not part of the Prochaska-DiClemente Stages of Change model. It is a stage known as maintaining maintenance. Kern (2008) added transcendence to Prochaska-DiClemente States of Change Model to explain the stage when the people with addiction reach a point where they are able to work with their thoughts and emotions, and understand their behaviors and view it in a new light. It is a transcendence to a new life; a period of biopsychosocial-spiritual healing. The persons with addiction have developed a sense of purpose and meaning and are connected and in touch with themselves, their families, friends, and treatment communities, as well as with their God. This is when they are totally free. This

is the highest point of recovery where the person with addiction has truly recovered by becoming truly one with the treatment.

The relationship between Stages of Change Model and Hierarchy of change model is expressed in Figure 2. Of course, while stages of change focuses on the process by which people overcome addiction, the hierarchy of help claims that the person with addiction do make steps to seeking help beginning from personal effort, to either the supports of family, friends, and professionals, or/and finally handing everything to fate in struggles and freedom. Notwithstanding, both Stages of Change Model and Hierarchy of Help Model are focused on how people with addiction move on the ladder of change.

Figure 2 Stages of Change Model and Hierarchy of Help Model



Source: Researcher (2014)

Discussion

Change is possible for those who seek help and that change also begins from self. Helping a person with addiction requires the person's willingness, cooperation and collaboration. Addiction is a complex biopsychosocio-spiritual disease which requires a holistic approach to treatment. The assumption is that the severity or seriousness of addiction makes it difficult to treat. Hence the person with addiction who is in recovery is (somehow) expected to relapse. The belief that has made some people to see addiction as not curable

rather, treatable. Of course, from disease model of addiction, it may be considered incurable. Hence, a statement such as “an addict is always an addict”. What this means is that means that once a person has been addicted to a substance s/he will always be at risk of further addiction or at risk of relapse. Yet, the National Alcohol Longitudinal Epidemiologic Survey in 1992 show that 16% of people with alcoholism recovered without any treatment (Dawson, 1996). A study also reveal that drinkers were able to walk away from alcoholism out of their own volition through the use of their willpower coupled with developing a physical aversion to alcohol after bottoming out, and experiencing some kind of life-changing experience (American Addiction Centers, 2020).

If the family and friends do not understand the nature of addiction and are unable to separate the addiction from the nature of the person, they may not be able to offer effective support. In the first place, they will not be able to recognize the inner strength of the person with addiction. This is the reason many family members, friends, and colleagues get frustrated with the person with addiction. The frustration comes from trying to help someone who they perceived as not willing or seeking help; trying to help without involving the person with addiction. The frustration experienced do make family and friends feel helpless to require expert’s intervention not only for the person with addiction but also for themselves.

On expert or professional level, the person with addiction is offered treatment. A reasonable treatment should begin by assessing the willingness of the person with addiction. Although, this may be a difficult task as many persons with addiction are in denial of their addiction. Even those who return to treatment after a period of

abstinence or sobriety, may not be willing to be in treatment as they may believe that the family and friends are rather nagging instead of supporting and encouraging them. Professionals may use Medical Assisted Treatment (MAT), Talk Therapy (Psychotherapy/Counseling), Rehabilitation, or the combination of the three in the treatment. The success of the treatment is not necessarily on the treatment modality, or the expertise of the professional, rather, on the cooperation of the person with addiction. Although, different types of addiction as well as the object of addiction have different influences on the treatment success rates. Success rate, however, is not necessarily determined by treatment program completion. Rather, success rate is determined by the lifestyle of the person with addiction after treatment. For there are those who relapse on the very day of treatment program completion, some within a few weeks of treatment completion, and some other, months or years after.

The self is as present as the Fate (Figure 1), that whatever step is taken to seeking help, it is within Fate. Fate is only influential on the Self because the Self is in cooperation. Hence it is said, the gods will not do for man what man cannot do for himself (The Odyssey Quotes, n.d.); and the gods are only able to help the man only when man is helpless. Again, the Fate and the Self are present and without whom help may be difficult. However, while the self is limited to self, and only available to the society and the professional, Fate is over and covers all.

Conclusion

People with addiction may be in denial, but this does not mean that they do not recognize that they have problem which requires change. The fact that they are still drinking alcohol, using drugs, or still engaging in the same addictive behavior does not mean that they are not trying to

take care of the problem themselves. Self-help is usually the beginning before seeking the help of a close member of the family, friend or a professional. When, they ask for help, it is because they have not tried. They ask for help because they are aware that they cannot do this on their own. Blaming, nagging, and scolding are not what they need rather, support and encouragement. They are to be seen as human being before their addiction. Hence, being referred to as people with addiction rather than the addicts. Addiction is not an easily treated disease, as such, gaining the trust and confidence of the person with addiction is very important. Addiction is not about the alcohol, the heroine, the internet, then pornography, the shopping, the prayer etc., addiction is all about the relationship that the person with addiction formed with the object of addiction. To support the persons with the addiction, forming healthy relationship with them without enabling the addictive spirit is all that matters. No one can help you without you; even God needs you to help you. This is the point the Hierarchy of Help Model expresses.

Recommendations

1. Addiction Counselors should focus on acknowledging and bringing out the inner strength/resources of the person with addiction in treatment
2. Families, friends, and caregivers should acknowledge the efforts of the person with addiction rather than blaming, nagging, and discouraging.
3. Empirical studies are required to investigate the parts played by the person with addiction in her/his recovery
4. Empirical studies are needed to investigate the hierarchical

relationships between the stages of the Hierarchy of Help Model

References

- Ackermann, K. (2020, March 20). Loving an Addict or Alcoholic: How to Help Them and Yourself. In American Addiction Center. Retrieved from <https://americanaddictioncenters.org/alcoholism-treatment/loving-an-addict>
- American Addiction Centers. (2020, January 31). Rehab Success Rates and Statistics. Retrieved from <https://americanaddictioncenters.org/rehab-guide/success-rates-and-statistics>
- American Society of Addiction Medicine. (2019). Definition of Addiction. Retrieved from <https://www.asam.org/Quality-Science/definition-of-addiction>
- Bloom S. (2014). I am the master of my fate. In *Emerging Infectious Diseases*, 20(3), 518-519. <https://doi.org/10.3201/eid2003.AC2003>
- Dawson, D. (1996). Correlates of past-year status among treated and untreated person with former alcohol dependence: United States, 1992. *Alcoholism: Clinical and Experimental Research*, 20, 771-779.)
- Egunjobi, J. P. (2014a). Helping the Addicts. An assignment presented to the California State University, Eastbay, Hayward, in partial fulfilment of class requirement, EPSY 7678: Relapse Prevention.
- Egunjobi, J. P. (2014b). *Be Blessed: Reflections and Christian Teachings*. USA: Joyzy Pius Publications.

- Ginsburg, D. (2014, November 30). Ginsburg's Hierarchy of Help. In Education Week Teacher. Retrieved from http://blogs.edweek.org/teachers/coach_gs_teaching_tips/2014/11/ginsburgs_hierarchy_of_help.html
- Hopper, E. (2018). An Introduction to Rogerian Therapy. Retrieved from <https://www.thoughtco.com/rogerian-therapy-4171932>
- Kern, M. F. (2008). Stages of Change Model. Retrieved from <http://nfsrecovery.org/wp-content/uploads/2014/05/stagesofchgmdl.pdf>
- Koob, G. F., & Simon, E. J. (2009). The Neurobiology of Addiction: Where We Have Been and Where We Are Going. *Journal of drug issues*, 39(1), 115-132. <https://doi.org/10.1177/002204260903900110>
- LaMorte, W. W. (2019, September 9). The Transtheoretical Model (Stages of Change). Retrieved from <http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories6.html>
- LifeLine Australia. (N.D). What is Help-Seeking? Retrieved 4/18/2018 from <https://www.lifeline.org.au/static/uploads/files/what-is-help-seeking-wfwydudaixnf.pdf>
- Mental Health America. (N.D.). Get professional help if you need it. Retrieved from <https://www.mhanational.org/get-professional-help-if-you-need-it>
- Meyers, J. L., & Dick, D. M. (2010). Genetic and environmental risk factors for adolescent-onset substance use disorders. *Child and adolescent psychiatric clinics of North America*, 19(3), 465-477. <https://doi.org/10.1016/j.chc.2010.03.013>
- NIDA. (2020, June 3). The Science of Drug Use and Addiction: The Basics. Retrieved from <https://www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics>
- O'Leary, D. (2016, May 9). Is Relapse Really Just Part of the Recovery Process? Retrieved from <https://theoakstreatment.com/blog/relapse-really-just-part-recovery-process/>
- Prochaska, J. O., & DiClemente, C. C. (2005). "The transtheoretical approach". In Norcross, John C. and Goldfried, Marvin R. (eds.). *Handbook of psychotherapy integration*. Oxford series in clinical psychology (2nd ed.). Oxford: Oxford University Press. pp. 147-171.
- Prochaska, J. O., & Diclemente, C. C. (1982) Transtheoretical therapy: Toward a more integrative model of change. *Psychother Theory Res Pract*. 1982;19:276-88.
- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change. Applications to addictive behaviours. *Am Psychol* 47:1102.
- Prochaska, J. O., Redding, C. A. & Evers, K. E. (2008). The Transtheoretical Model and Stages of Change. Glanz, K., Rimer, B. K. and Viswanath, K (eds). *Health Behavior and Health*

Education: Theory, Research and Practice. 4th Ed. John Wiley & Sons, Hoboken

- Prochaska, J. O., & Velicer, W. F. (1997). "The transtheoretical model of health behavior change". *American Journal of Health Promotion: AJHP*. 12 (1): 38-48. doi:10.4278/0890-1171-12.1.38. PMID 10170434.
- Rogers, C. R. (1957) The Necessary and Sufficient Conditions of Therapeutic Personality Change. In *Journal of Consulting Psychology* 21.2: 95- 103. <http://docshare02.docshare.tips/files/7595/75954550.pdf>
- Saint Arnault D. (2009). Cultural determinants of help seeking: a model for research and practice. *Research and theory for nursing practice*, 23(4), 259-278. <https://doi.org/10.1891/1541-6577.23.4.259>
- Sheikh, K. (2017, October 17). Why Do We Get Addicted to Things? In *Live Science*. Retrieved from <https://www.livescience.com/60694-why-do-we-get-addicted.html>
- The Odyssey Quotes. (N.D.). Quotes.net. Retrieved June 16, 2020, from <https://www.quotes.net/mquote/915138>
- The Recovery Village (n.d). What is a Relapse? Drug Relapse Definition Retrieved 4/18/2018 from <https://www.therecoveryvillage.com/relapse/relapse-definition/#gref>
- Volkow, N. D., Fowler, J. S., Wang, G., Swanson, J. M, & Telang, F. (2007). Dopamine in Drug Abuse and Addiction: Results of Imaging Studies and Treatment Implications. *Arch Neurol*. 2007;64(11):1575-1579. doi:10.1001/archneur.64.11.1575