**CHEMISTRY-PHYSICAL CHEMISTRY**

Describe the first five steps in Prochaska and DiClemente processes of change model. Explain how an addiction professional would intervene with the client at each stage. Describe any challenges an addiction professional would have in each stage.

**Step 1.Precontemplation.**

People in precontemplation stage do not see their behaviors as a problem and therefore see no need to make positive change. This may be because they are in denial about their problem; they feel too overwhelmed to deal with it or are discouraged after multiple failed attempts to change. Although many people in precontemplation will by definition never present for treatment, research has found that between 50 – 60% of clients are in the stage of precontemplation, which means they don't see a problem and therefore see no need to change their behaviors. These include any client who is pressured or coerced into services.

Examples might include someone who needs to begin exercising in order to lose weight but cannot find the motivation to do so. In this situation, there is someone else who recognizes a problem and has the power to make the person enter treatment against their will. Norcross and Prochaska (2002) call these clients "uninformed."
 Now, it is possible that these clients tried changing their behaviors in the past but were unsuccessful. Because the change didn't work or didn't stick in the past, they now see change as unrealistic or impossible and therefore not worth pursuing. Examples might include people who have tried to give up smoking or drinking, people who have tried to leave abusive relationships, youth who have tried and failed to leave gangs, or even have failed to be successful at school.

**Intervention by addiction professional.**
 Addiction professionals have to tailor their interventions to match the clients’ stage of change. For people in precontemplation, it is essential to increase awareness about the problem. By enlighting the client why change is needed, he or she will get to know reasons behind it for the necessary steps to be taken.

Another intervention is to move people emotionally. The emotional shift is vital in getting them to move towards permanent change in their behaviors because they are able to acknowledge a problem.

Prochaska and Prochaska (2009) mention three other interventions that can be used with precontemplators, including discussing the benefits of changing, encouraging the individual to look at the consequences of what is happening now, and pointing out discrepancies between the ways the individual would like to be and the way they are.

**Challenges an addiction professional would have.**

Some clients have no idea why they are being referred for treatment in the first place. Therefore, as an addiction professional, you are solely responsible for the client's setbacks. The challenge is to create a safe and supportive environment in which clients feel comfortable facing the challenges of change.

Due to the fact that the client is not seriously considering the changes at this stage and is not interested in any assistance, additional experts are unable to advise the client further.

**Step 2.Contemplation.**

The second stage is called contemplation. At this stage, people are aware of the problem, consider the change, but have not yet committed the change. For example, you may begin to seriously consider the benefits of regular physical activity, but hesitate to consider the time and effort involved.

Pensive people are sitting on the fence. Part of them wants to change, but an equally compelling part wants to stay the same. If you are in doubt, be vague about change. In the contemplation phase, ambivalence is everything. Prochaska and Prochaska (2009) state that people can stay in a meditative state for a very long time. Change is hard and taking that first step is hard too.

With chronic rumination, you spend more time thinking and less time doing. Part of the reason is that ``it is difficult for the viewer to understand the problem, identify its cause, and consider possible solutions'' (DiClemente & Velasquez, 2002, p. 208)."I know there's a problem, but I'm not really sure if I want to do something about it" or "I'm not really sure what to do about it."

**Intervention by addiction professional.**

The most important thing to remember about intervening with someone in contemplation is that they are evaluating the pros and cons of change, but haven't yet decided to change. Prochaska and Prochaska (2009) suggest a number of interventions including:

 Talking with your client about the pros and cons of changing, also called the Decisional Balance technique.
A contradiction arises: At this stage, you can confront your customers and expect some impact. But we need to focus on the gap between whom they want to be and who they really are. If clients don't know the difference between whom they want to be and where they are, they probably won't want to change. Another way to create conflict is by educating clients on how things will be, such as through books or videos explaining new behaviors.

Raise hope: This is important because those who are contemplating have an inner voice that says, "Change is too hard, it's not worth it, it's bad as it is, it's easier than it is to change...". When you tell the client that you can change, support the client's voice, "I don't like the current situation, I want to change."
**Challenges an addiction professional would have.**

Addiction professionals need to be careful when highlighting negative aspects of a client's behavior so as not to paint a negative image that discourages people from believing change is possible.

**Step 3.Preparation.**

The third stage is called preparation. At this stage, people decide to make plans to deviate from the status quo. Those in readiness have taken small steps to change their behavior. These small steps may have failed, or they might have worked, but they didn't lead to the behavior change the client wanted. For example, a heavy smoker can make an appointment with a drug counselor to see what support is available before quitting. The client has already taken small steps towards change, but has not been successful, so how much support is needed for the change and whether the client has the necessary skills to make the change happen.

**Intervention by addiction professional**

Prochaska and Prochaska (2009) suggest four interventions for people in preparation.

Encourage the clients to advocate for change. Supports self-efficacy. Create a plan and set action goals.

When we create plans and set action goals, we want to ensure our clients are successful. Once you have identified support and skills gaps, a good plan is to establish them as part of your change objectives. I don't want my clients to have unreasonable expectations about finding friends and family who will support them in their new endeavors. Otherwise, clients will be hesitant about wanting change. The same goes for new skills. Setting small achievable behavioral goals for your office workers can help them feel accomplished by the end of each session, making them feel one step closer to their goals.

**Challenges an addiction professional would have.**

The challenge is to help clients at this stage formulate change planning strategies that are highly relevant and effective, leading to more productive alternatives.

**Step 4.Action**

The fourth stage is called action. At this stage, people change their dysfunctional behavior. The person in charge of the execution phase puts the plan created in the preparation phase into action. They consciously choose new behaviors and face new behavioral challenges, thereby gaining new insights and developing new skills.

For example, if you want to lose weight, start by going to the gym regularly and changing your diet. People in the action phase are enthusiastic and motivated. Prochaska and Prochaska (2009) found that most treatment programs are based on behavioral stages, even though only a few clients are actually active.

**Intervention by addiction professional.**

Behavioral interventions include many verbal reinforcements and supporting beliefs that the person can sustain change. In motivational interviewing, this is called “self-efficacy support”. You want to identify specific behaviors that have changed in your clients and relate them to the changes they are observing in their lives.

**Challenges an addiction professional would have.**The challenge is that many people mistakenly equate behavior with willingness to change, thereby overlooking the effort required of individuals to sustain the change that accompanies behavior.

**Step 5.Maintenance.**

The fifth stage is called maintenance. At this stage, people have been engaging in new behaviors for at least six months and are striving to maintain the change over time. They adjust their lifestyle accordingly. For example, people who make it a habit to exercise regularly and eat better make conscious choices to pay attention to old triggers and stick to new habits.

If a client doesn't report a problem, you know it's under maintenance, and you can explain how the customer's current behavior differs from past malfunctioning behavior.

**Intervention by addiction professional.**

Interventions in the maintenance phase differ from the previous four phases. They will probably meet less often. Conversations focus on how clients stay engaged in new behaviors, discuss how to deal with relapses and how to avoid them.

Clients in this stage of change tend to be confident that they can sustain the change. You can help clients recognize when they are overconfident and prone to relapses.

**Challenges an addiction professional would have.**
Addiction professionals are pushed to assess a client's history of recovery attempts and what stage of change the client is currently in.