**QUESTION**

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. 5 to 6 pages.

When life requires a change in directions, sometimes it feels frightening. Changing can be uncomfortable and confusing. Even with a clear goal the path may be hazy.the journey is often difficult and slow and sometimes requires professional help. Clinicians understand this and are trained to help their clients reach their goals by carefully navigating the stages of change. However, counselors need to tailor their assistance to their client’s needs, so its crucial to recognize what stage of change clients are in before deciding how to successfully guide them.

The stages of change model was originally used to help people overcome addictions and problematic behaviors such as alcohol or drug abuse,overeating and smoking. However, it is now the standard bearer for change therapy and is also applicable for school bullying, exercise adoption and other preventative health measures such as cancer screening and mammography.

The 5 steps include;

1. Precontemplation.

People in precontemplation do not see their behaviors as a problem and therefore see no need to change. This is sometimes called the “ignorance is bliss” stage. Clients in this stage are resistant to change. Although many people in this stage may never present themselves for treatment, research has found that between 50-60% of clients are in precontemplation, which means they don’t see a problem and therefore see no need to change their behavior. These include any client who is pressured and coerced into services. Examples include; a mother whose child has been removed by the state, because it was her partner who abused the child and not her, she doesn’t see how her behaviors would need to change. However the state, and possibly others see her parenting as neglectful and not adequate to justify returning the child to her care. Another example include of clients who are in treatment because they were court ordered, required by their employers or their partners. I n all these situations there is someone else who recognizes a problem and has the power to make the person enter treatment against their will. These type of clients are called “uninformed.”

It is possible that these clients tried changing their behavior 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 not worth pursuing. These type of clients are called “under informed.” both the informed and the under informed have no interest in changing their behaviors.

1. Contemplation.

This is the second stage where people recognize a problem and are contemplating a change, but haven't yet committed to changing. An example is the need to loose weight and thinking of joining the gym but haven't yet signed up. People in contemplation are sitting on the fence- part of them wants change, but an equally compelling part of them wants to stay the same. This stage is all about ambivalence. People can stay in contemplation stage for a very long time because change is tough and it is hard to take that first step. Chronic contemplators spend lots of time thinking and not much time doing. This is because people in contemplation stage struggle to understand their problem, to see its causes and to think about the possible solutions.

1. Preparation.

This is the third stage where people have decided to change their dysfunctional behaviors within a month. People in this stage have taken up a little step towards changing their behaviors. Those little steps might have failed or they might have worked, but they have not resulted in the kind of behavior change that the client wants. For example, wanting to loose weight by even limiting yourself dessert foods,sodas etc, working out for some few months and still you see no change. This makes someone to go back to their old behavior because they feel demotivated.

1. Action.

This is the fourth stage where people have changed their dysfunctional behavior at least one day and not more than 180 days. Clients in the action phase have put into practice the plan developed in the preparation phase. They are now consciously choosing new behaviors, being confronted with challenges to the new behaviors and consequently gaining new insight and developing new skills. An example is a person who has stopped smoking for the past two weeks, he says it has not been easy but he has realized that nothing is impossible it all determines with how you control your mind. People in the action stage are enthusiastic and motivated. This stage is where most treatment programs are built in, even though only a small percentage of clients are actually in action.

1. Maintenance.

This is the final stage in the process of change. In this stage, people try to stabilize their new behaviors and work to prevent relapses. In this stage, people work to consolidate the gains they have made during the action stage and prevent relapse. Programs that promise easy and quick change usually fail to acknowledge that maintaining change can be a long, ongoing process.

HOW THE ADDICTION PROFESSIONAL INTERVENES WITH THE CLIENT AT EACH STAGE.

* Precontemplation stage.

The addiction specialist should intervene matching the clients stage of change. For people in this stage, research has found that it is helpful to increase awareness about the problem. For a parent involved in child welfare, the mere presence of protective services can sometimes be enough to increase awareness. Another intervention is to move people emotionally. An example is where a group of parents were trying to reunify with their children who had been removed by protective services. The first thing was to ask the parents to write about the abuse or neglect from the child’s perspective. This task is very emotional but it has helped many parents to move from a place of being defensive about what they had done or not done to a place of feeling really sad and remorseful. The emotional shift was the key in getting them to move towards permanent change in their parenting behaviors because they were able to acknowledge a problem. Other interventions include discussing with the client the benefits of changing, encouraging the client to look at the consequences of what is happening because of his or her current behavior and pointing out discrepancies between the way the individual would like to be and the way they are.

* Contemplation stage.

The addiction professional should intervene the following;

1. Talking with the client about the pros and cons of change, which can be termed as decisional balance technique. For example if it is a parent who is involved with child welfare, the specialist should ask what are the benefits, problems of the parent changing his or her approach to parenting. The client might respond by saying, they will get the kids back and child welfare will be out of their lives and that the kids only respond by spanking. The parent says that he or she has tried time out and it doesn’t work, so he or she is never going to be able to control the kids without having to spank them. The specialist might also ask, what are the reasons for not changing their parenting skills, and also what are the consequences of keeping the parenting style the same.
2. Pointing out the discrepancy between how the client would like to be and how they are, which can be termed as developing discrepancy. The specialist can confront clients at this stage and expect to have some impact. The major focus is the discrepancy between how they would like to be and how they are. For example, to that parent involved with child welfare, the specialist can say that getting back the kids is the first priority, but they have missed the last two supervised visitations. The client is not likely to be motivated to change if they don’t see a difference between how they would like to be and how they are. Another way of developing discrepancy is by providing the client with education about how things could be, by using either books or videos that illustrate new behaviors. This kind of information works well in this stage because people have partially bought into new idea and they want to change, but are not sure how.
3. Instilling hope. This is important because people in this stage have a voice inside saying, :change is too hard, it is not worth it..” but when hope is instilled that the client can change, it supports the voice inside the client that says “ I don’t like how things are going, I want to change.”
* Preparation stage.

The interventions include;

1. Encourage the client’s commitment to change. For example the parent who was involved with child welfare can be told something like “ your decision to change how you are as a parent tells me that you are dedicated to not only getting your kids back, but also strengthening your family to prevent future abuse and neglect.”
2. Generating a plan and set action goals. This means that the specialist is setting up the client for success. If the professional specialist has identified deficits in supports and skills, an appropriate plan would be to establish these as part of the goals for change. For obvious reasons, the specialist might not want to set up their clients with unreasonable expectations for finding friends and family who will support their new behaviors or else they will move away from wanting to change. The counsellor can set up a small and attainable behavior goals for their in-office services so that at the end of every session they feel like they have accomplished something and are one step closer to their goal.
* Action stage.

Interventions in this stage includes a lot of verbal reinforcement and supporting the person’s belief that he or she can sustain the change. In motivational interviewing it normally called “support self efficacy.” the specialist ought to identify the specific behaviors that the client has changed and connect them with the changes he or she is seeing in the clients life. For example, if a mother has changed her parenting style and the specialist notices that her children are responding better as a result, he or she can make encouraging statements that explicitly support the mother’s ability to change her behavior and get the results she wants as a result of the change. For example the counsellor might say “ I notice that during supervised visitations you are using more encouraging statements with your kids, and are less likely to withdraw when they start fighting. They also seem genuinely happy when you pay them compliments rather than ignoring them. All of these things suggest that as hard as it is to parent differently, you’re making a lot of changes and they seem to be making a big difference for your children and your family.”

* Maintenance stage.

In this stage meeting with the clients might be less frequently. The conversations between the client and the counsellor will revolve around how the client is sustaining their commitment to the new behavior. The specialist will mention how the client might cope with a relapse and ways to avoid relapse. Clients at this stage tend to be confident about about their ability to maintain the change. The specialist can help the client identify when they have become overconfident, and consequently might put themselves in a position to relapse. The person can be taught how to recognize high risk situations that may trigger a relapse. There should be an assessment of the adequacy of person’s current coping abilities. In this way the person can learn to develop alternative coping skill approaches for their high risk situations. This skill-training can involve assertiveness training, stress and anger management training, learning relaxation techniques, and problem solving social skills training.

CHALLENGES AN ADDICTION PROFESSIONAL WOULD HAVE IN EACH STAGE.

* Precontemplation stage.
1. In this stage the client is resistant to acknowledge his or her problem. People in this stage tend to build significant defenses against recognizing the existence of their addiction. The defenses can be inform of denial, minimization or rationalization. This can be very challenging to the specialist for him or her to overcome these defenses and facilitate a shift in awareness.
2. Clients in this stage lack motivation. This makes them unable to address their addictive behaviors due to reasons such as fear of change, concerns about being stigmatized and also the lack of understanding about the negative consequences of their addiction. This is very challenging to the professional because he or she has to find a way to increase motivation and create awareness on the need for change.
* Contemplation stage.
1. In this stage the client tend to be ambivalent. This is whereby the individual is experiencing conflicting thoughts and emotions about changing their addictive behaviors. This is quite a challenging task for the counsellor to address these ambivalent feelings, explore the pros and cons and also help the client to resolve the ambivalence in favor of change.
2. Some clients are not committed to the change. This can be frustrating to the specialist because the client might remain stuck in that stage, if he or she doesn’t make effort towards change. The specialist is required to provide support and encouragement in order for the client to move to the next stage.
* Preparation stage.
1. In this stage the client has unrealistic expectations about the ease and speed of change. Its quite challenging for the specialist to convince them that the results might not be immediate. They thus provide accurate information about the process of change and how they can set realistic goals.
2. Preparing for change can be overwhelming with a lot of uncertainty. The specialist face the challenge of convincing them to be certain about their ability to succeed. They make it manageable by providing support and reassurance.
* Action stage.
1. This stage involves implementing changes and adopting new behaviors, and there is a high risk of a relapse. This is because in this stage the client encounters many triggers and stressors. Supporting the client in managing and preventing relapse can be quite a challenge.
2. Emotional and physical discomfort. As the clients try to break free from their addictive behaviors, they may experience withdrawals. The specialist ought to provide support, education and coping strategies to help clients manage these challenges effectively.
* Maintenance stage.
1. Boredom and complacency after achieving initial success. Some individuals end up loosing motivation for maintaining their progress. Helping clients stay engaged and committed to long term recovery can be quite challenging.
2. Clients in this stage face external pressures or triggers which can potentially lead to relapse. If the client is exposed back to their addiction environment it can challenge their recovery. It is the work of the addiction professional to navigate any challenge that could lead to a relapse.