**First Five Steps of Change in DiClemente and Prochaska**

Five official stages are described in DiClemente and Prochaska's Stages of Change Model, including pre-contemplation, contemplation, preparation, action and maintenance.

**1. Pre-Contemplation**
In the pre-contemplation stage, clients may not recognize the consequences of their actions. Some clients may have been court-ordered or otherwise pressured into treatment. In any case, clients in this stage are typically not considering changing their behavior. Assessment clues include ignorance or denial of problems.

Intervention strategies include listening actively, expressing empathy and accepting the client's resistance rather than opposing it. Personalized tasks may include asking clients to reconsider their behavior by analyzing the risks of their actions and identifying any benefits of changing.

**2. Contemplation**
Clients acknowledge their problem in the contemplation stage but may not have the confidence to take a step forward. Clues to recognizing clients in this stage include uncertainty, conflicted emotions or ambivalence about changing.

Instilling hope in the client's ability to proceed is a crucial form of support in these stage.1 Effective interventions may include asking about a client's beliefs to help gain a deeper understanding of their behavior.3 asking about possible barriers to change may also be helpful. Clients may gain a stronger sense of purpose by asking them to weigh the pros and cons of present behavior as well as the pros and cons of changing.

**3. Preparation**
In the preparation stage, clients are willing to take small steps forward. Evidence of this stage may include statements confirming a client's commitment to change and a willingness to prepare a plan of action.

Setting small, achievable goals is critical for clients in this stage. Strategic tasks may include identifying resources, supports and skills the client may draw on and then help the client create a plan to attain them. Encourage the client's self-efficacy and commitment to change. Clients also need help realistically assessing their level of difficulty during this stage. Considering potential problems and pitfalls can help clients determine solutions and prepare for difficulties ahead of time.

**4. Action**
Clients in the action stage have developed clear plans for change and are implementing them. They are easily identified by their direct actions towards accomplishing their goals.

As clients become more active, clinicians take on less active roles. The intervention strategies in this stage include periodic reviews of client motivations, resources, progress and enthusiastically praising success. Then, as clients gain greater confidence and ability, counselors provide additional support, advice and guidance only as needed.

**5. Maintenance**
Clients enter the maintenance stage after adopting their new change for at least six months. Other identifying factors are unwavering commitment to their change and conscious actions to avoid temptation. They are prepared for potential pitfalls, with well-developed coping skills and support systems. Continuing more as a consultant, the counselor provides advice, guidance and support to clients in the maintenance stage only as needed. People typically remain in this stage for up to 5 years as confidence in sustaining their new lifestyle increases and fear of relapse decreases.3 Interventions during this stage may include helping clients recognize how overconfidence sometimes leads to relapse. It is also important to promote the mindset that a potential relapse is only a minor setback, not a devastating failure

**How an addiction professional would intervene with the client at each stage**

|  **The Stages of Change** |
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| **Stage** | **Example** | **Treatment Needs** |
| *Precontemplation*. The user is not considering change, is aware of few negative consequences, and is unlikely to take action soon. | A functional yet alcohol-dependent individual who drinks himself into a stupor every night but who goes to work every day, performs his job, has no substance abuse-related legal problems, has no health problems, and is still married. | This client needs information linking his problems and potential problems with his substance abuse. A brief intervention might be to educate him about the negative consequences of substance abuse. For example, if he is depressed, he might be told how his alcohol abuse may cause or exacerbate the depression. |
| *Contemplation*. The user is aware of some pros and cons of substance abuse but feels ambivalent about change. This user has not yet decided to commit to change. | An individual who has received a citation for driving while intoxicated and vows that next time she will not drive when drinking. She is aware of the consequences but makes no commitment to stop drinking, just to not drive after drinking. | This client should explore feelings of ambivalence and the conflicts between her substance abuse and personal values. The brief intervention might seek to increase the client's awareness of the consequences of continued abuse and the benefits of decreasing or stopping use. |
| *Preparation.* This stage begins once the user has decided to change and begins to plan steps toward recovery. | An individual who decides to stop abusing substances and plans to attend counseling, AA, NA, or a formal treatment program. | This client needs work on strengthening commitment. A brief intervention might give the client a list of options for treatment (e.g., inpatient treatment, outpatient treatment, 12-Step meetings) from which to choose, then help the client plan how to go about seeking the treatment that is best for him. |
| *Action*. The user tries new behaviors, but these are not yet stable. This stage involves the first active steps toward change. | An individual who goes to counseling and attends meetings but often thinks of using again or may even relapse at times. | This client requires help executing an action plan and may have to work on skills to maintain sobriety. The clinician should acknowledge the client's feelings and experiences as a normal part of recovery. Brief interventions could be applied throughout this stage to prevent relapse. |
| *Maintenance*. The user establishes new behaviors on a long-term basis. | An individual who attends counseling regularly, is actively involved in AA or NA, has a sponsor, may be taking disulfiram (Antabuse), has made new sober friends, and has found new substance-free recreational activities. | This client needs help with relapse prevention. A brief intervention could reassure, evaluate present actions, and redefine long-term sobriety maintenance plans. |

**Challenges that an addiction Professional faces on each stage of Prochaska and Diclemente.**

**Barriers to Admission of the Problem.** The first step in lasting change is admitting a problem exists. People often fail to change behavior that poses a risk to their health because they deny a risk exists, trivialize their personal risk, feel invulnerable, make a faulty conceptualization, (i.e., they attribute early warning signs to a benign cause), or experience debilitating emotions when contemplating preventative measures.

**Barriers to Initial Attempts To Change.** At this stage, people acknowledge the need to change but struggle to accomplish their goals. This failure is a result of lack of knowledge, low self-efficacy (the belief in one’s own ability to succeed at change), and dysfunctional attitudes.

**Barriers to Long-Term Change.** Just because a person has experienced success in changing a behavior, that doesn’t mean the change is permanent. Barriers to long-term change include cognitive and motivational drift (diminishing enthusiasm for the need to change), lack of perceived improvement, lack of social support, and lapses.