Discussion Post.

Name

Professor

Institutional Affiliations

Course

Date

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The process of change model was developed by James prochaska and Carlo diclemente during a cessation research on smoking in 1983. They noticed that change from unhealthy behavior to good behavior is composite and involves a series of stage, the process of change model is also called transtheoretical model.

The process of change model is a process to change and guide an individual to change a problematic behavior affecting him or her. It focuses on decision making of an individual and willingness to eliminate a problem behavior but also includes use of strategies, interventions and processes of changing and guiding an individual through the process of change (Prestwich, A., Kenworthy, J., & Conner, M. (2018).

The process of change model describes the process of behavior change as occurring in each stage of process of change. In this model, change of behavior occurs gradually in each stage and in assumption that people do not change behavior quickly and decisively rather it can occur through recurrent process. Some stages may be missed, or the addicts might go back to an earlier stage before progressing again. (Prochaska, J. O., & Norcross, J. C. 2001).

The process of change recognizes behavior change as a process that reveals over time involving progress through stages of change. With the time, when an individual remains in the same stage it is variable and may require professionals, certain principle and processes of change work based on each stage to reduce resistance and facilitate progress of an individual.

The process of change model claims that, when making behavioral changes, individuals pass through each stage at a varying pace subject to the behavior being changed, the environment, and the individual themselves.

The Transtheoretical model proposes that behavior change occurs in five sequential stages: precontemplation the individual is not planning to change within the next 6 months, contemplation individual thinking about change, preparation individual taking steps towards changing, action individual is attempting the change, and maintenance individual having been able to sustain behavior change for more than 6 months and working to prevent deterioration.(In S. A. Shumaker, J. K. Ockene, & K. A. Riekert)

Precontemplation in this stage the individual is not planning to change and do not intend to take actions, many unsuccessful attempts may demoralize the individual about the change of problematic behavior. At this stage, the individual has decided to change but has not got a plan on how to do it yet.

Contemplation is the second stage in the process of change the individual is thinking about change. It is an ambivalent state where the client both considers change and rejects it. If allowed to just talk about it, the person goes back and forth about the need to change without justification for change.

Preparation individual taking steps towards changing this is a window of opportunity when the person resolved the uncertainty enough to look at making change.

Action individual is attempting the change engages in particular actions that intend to bring about change people have changed their dysfunctional behavior at least one day and no more than 180 days. People in the action phase have put into practice the plan developed in the preparation phase.

They are consciously choosing new behaviors, being confronted with challenges to the new behaviors, and consequently gaining new insight and developing new skills according to prochaskas

The maintenance is the fifth stage, the individual having been able to sustain behavior change for more than 6 months and working to prevent deterioration individual identifies and implements strategies to maintain progress, and to reduce sliding into old behaviors.

Diclemente’s interventions that professional can use in precontemplation stage include listening actively to the client, expressing empathy and accepting client’s resistance rather than rejecting, discussing the benefits of changing, encouraging the individual to look at the consequences of what is happening now, and pointing out discrepancies between the way the individual would like to be and the way they are.

Intervention that an addiction professional would use in contemplation stage, help the client to recall reasons to change and risks of not changing. Continue to strengthen the client’s confidence, strategically use open-ended questions to ask the client the reasons to change or challenges he or his facing, affirmations, and summarizing. Have the clients voice the problem, concern, and intention to change, self-assess values, strengths, and needs according to (Prochaska, J. O., Johnson, S., & Lee, P. 2009).

In this third stage addiction professional would use interventions such as, facilitate the development of a vision for the client in their future. The professional would help the client to set specific goals and develop the plan, choose strategies to use, resources needed, and potential barriers to the plan that would help the client not to.

The fourth stage addiction professional would introduce and practice coping strategies to avoid change, replace, or change a client’s reactions to triggers and conditions leading to problem behavior. The professional would suggest methods to provide support in trying them out, and help evaluate the effectiveness of those methods that he or she have used.

The professional would keep steps small and incremental teaching skills, access resources for the specific target behavior for the client and reward small steps of progress, and also make necessary changes in planning as the person continues to progress.

In the fifth stage the addiction professional would intervene the client to assist in sustaining changes accomplished by the previous actions in the action stage, help the clients to develop the skills and self-efficacy to build a new life, Prepare crisis plans for when a relapse might happen and help the client to connect to other support systems for a healthier lifestyle.

In precontemplation a client can have total resistance to doing anything, not willing to share out the problematic behavior, talk to a professional, or get assessed. The client may be angry, Blaming others and unwillingness to work on other things, but not the specific problem and refuse to let a professional in and work with him/her in changing.

In contemplation stage the addiction professional would face the following challenges. The client saying one that may be irrelevant to changing, doing other rationalizing behaviors and minimizing anxiety rises while trying some things that do not work both talking about change and arguing against.

Challenges I faced in this stage is environmental reevaluation - Social reappraisal to realize how their unhealthy behavior affects others around them. The client feared that their behavior would affect the other people around them hence not wanting to accept change. They also thought that the other people would realize that they want to quit their behavior hence resisting changes. Addressing underlying issues: Explore and address any underlying emotional, psychological, or social factors that may impact long-term recovery.

REFERENCES

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