Discussion Post

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Discussion post 2

The Stages-of-Change Model was developed by James Prochaska and Carlo DiClemente as a framework to describe the five phases through which one progresses during health-related behavior change by Prochaska and DiClemente, .

 It is part of their broader Transtheoretical Model, which not only assesses an individual’s readiness to act to eliminate a problem behavior but also includes strategies and processes of change to guide the individual through the stages.

The Stages-of-Change Model originated in research related to psychotherapy and the cessation of addictive behaviors, such as smoking, alcohol and substance abuse, and issues related to weight management according to diclemente

 The first stage is precontemplation , reveals unmotivated people who see no need to find a solution to a problem because they usually do not believe that one exists. Individuals in this stage are unaware of or have limited awareness of the problem or lack insight into the consequences of their negative/addictive behavior.

This patient response is atypical since the majority of people acknowledge their adverse behaviors. It is important to understand that a person in this stage is in complete denial and even tends to defend their actions. People in this stage often present as resistant, unmotivated, and unready, and unwilling to change. Furthermore, this individual often obsesses about the negative side of change rather than recognizing the benefits that they would gain. Should a pre-contemplator present to therapy, it is likely to be due to the constant pressure of others in their life, who are likely pushing them to seek help. At times, they may even exhibit elements of change as long as the pressure from others remains present and constant. If that pressure to change is no longer present, Precontemplators will quickly return to their old habits. How does one progress to the next stage of change when there is no consideration of recognizing a problem in the first place Consciousness-raising therapy, in addition to changes in life circumstances, may help.

When people enter a new stage of their life, they tend to critically evaluate their behaviors and consider if those behaviors are serving them and those around them in a positive way. Until they gain such insight, an individual remains in this pre-contemplation stage and will continue to engage in adverse behaviors. People in this stage have no intention of making a change in the next six months and often make comments like, I don’t see a problem with what I’m doing, so there’s no reason to change anything according to Wayne.F. velicer

 I have found that between 50 – 60% of clients are in the stage of Precontemplation, 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.

Diclemente’s 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 way the individual would like to be and the way they are .

The clients in this stage are ignorant and deny of problems that they are facing Consciousness raising - Increasing awareness about the healthy behavior. Hence they don’t want to share out to be helped .the denial of problems leads to backsliding

The second stage is called contemplation. In this stage, people recognize a problem and are contemplating a change, but haven't yet committed to changing. But may not have confidence in stepping forward

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. If I start making suggestions about how to change, the part of my client that wants things to stay the same will bring up all of the reasons why change is not possible according to prochaska

Effective interventions may include asking about a client's beliefs to help gain a deeper understanding of their behavior. 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.

Pointing out the discrepancy between how your client would like to be and how they are, also known as Developing Discrepancy according to prochaska and diclemente .

The challenges in this re uncertainty ,conflicted emotions that can cause injuries and negative attitude towards changing. dramatic relief emotional arousal about the health behavior, whether positive or negative arousal.

Third stage is preparation , In this stage, people have decided to change their dysfunctional behaviors within a month. People in preparation have taken little steps towards changing their behavior. 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.

 I encourage my client's commitment to change; support self-efficacy; generate a plan and set action goals which they aim to achieve by end of month. The client generated a good plan on how to change .

I don't want to set up my client with unreasonable expectations for finding friends and family whom will support their new behaviors or else they will move away from wanting to change. The same is true for new skills. Self-Reevaluation - Self reappraisal to realize the healthy behavior is part of who they want to be according to prochaska

The fourth stage is called action. In this stage, 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 Dolan

Intervention in the action stage includes a lot of verbal reinforcement and supporting the person's belief that he or she can sustain the change. People in this stage need a lot of verbal talking about the action they are ready to take.

 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.

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 there behavior hence resisting changes

The fifth stage is called Maintenance ,in this stage people have been engaged in the new behavior for at least six months and are committed to maintaining the new behavior. Intervention at the maintenance have probably been meeting less frequently. My conversations have revolve around how client is sustaining their commitment to the new behavior.

 Clients in this stage of change tend to be confident about their ability to maintain the change. I have helped my client to identify when they have become overconfident, and consequently might put themselves in a position to relapse. I also noted important to promote the mindset that a potential relapse is only a minor setback, not a devastating failure

The challenges I faced include Social Liberation - environmental opportunities that exist to show society is supportive of the healthy behavior. Self-Liberation - Commitment to change behavior based on the belief that achievement of the healthy behavior is possible.

 References

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