**PROCHASKA AND DICLEMENTE PROCESSES OF CHANGE MODEL**

The “stages of change” or “transtheoretical” model is a way of describing the process by which people overcome addiction. The stages of change can be applied to a range of other behaviors that people want to change, but have difficulty doing so, but it is most well-recognized for its success in treating people with addictions.

This model was developed from research looking at how change occurs in “natural recovery” from addictions. It has been embraced by health care providers seeking to move away from confrontational and pathological approaches toward motivational and person-centered approaches, such as motivational interviewing.

The steps;

1. **Precontemplation**

In this stage there is no intention to change behaviour in the foreseeable future. Most individuals in this stage are unaware or under aware of their problems. Families, friends, neighbours, or employers, however, are often well aware that the precontemplators have problems. When precontemplators present for psychotherapy, they often do so because of pressure from others. Usually, they feel coerced into changing by spouses who threaten to leave, employers who threaten to dismiss them, parents who threaten to disown them, or courts who threaten to punish them. 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. 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.

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.

1. **Contemplation**

This stage is marked by awareness and acknowledgment of the problematic behavior with serious consideration to change. However, the person is uncertain if the problem behavior is worthy of correcting. Therefore, this internal approach-avoidance conflict results in no commitment to taking the necessary steps toward change. In contemplation, the problem sits “center stage,” but the actor never moves. The ambivalence and indecisiveness that occur in this stage cause people to remain stuck in “contemplation” for at least six months. In general, people in this stage are more open to receiving information regarding their behaviors and finding solutions to correct them. They may make comments such as, “I know I have a problem, and I think I should do something about it.” This behavior is also known as chronic contemplation or behavioral procrastination.

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.

1. **Preparation**

At this point in the change process, the person can easily acknowledge that a behavior is problematic and can make a commitment to correcting it. Now, there is an acknowledgment that the pros of change behavior outweigh the cons. People begin gathering information from various sources; self-help books, counseling, change-oriented programs as they start to develop a plan of action. Gathering information is a vital step in preparation. If bypassed, individuals tend to plan insufficiently, without thoughtfully considering the impact the change will play in their lives. As such, they may stumble when challenges arise, and relapse often becomes inevitable. Often appropriate planning is completed; people intend to act in the next thirty days and have usually taken behavioral steps towards that direction over the past year. It is common for people in this stage to make comments such as, “Smoking is such a bad habit. I’ve been reading about different ways to quit, and even though I haven’t totally quit yet, I am smoking less than I did before.”

Interventions in this stage could be setting small, achievable goals for clients. 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.1 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.

1. **Action**

 Change happens. Total abstinence of the adverse behavior is the expectation for a period of fewer than six months. While in this stage, people gain confidence as they believe they have the willpower to continue on the journey of change. They continue to review the importance of the behavioral change while evaluating their commitment to themselves. People in this stage are willing to receive assistance and support. Developing short-term positive reinforcement in the form of rewards sustains motivation. Considering potential hurdles to overcome and then developing plans to counteract potential triggers that may lead to relapse is prominent. During this stage, the most overt behavioral changes are acknowledged by the individual and by others. However, the visible changes found in this stage should not be mistakenly equated as the only components of change. Often, people mistakenly associate change solely with action, thereby forgoing all the prerequisite work required to act on changing a behavior. Prematurely jumping to this stage without adequately preparing will lead to difficulty. An example of a statement made by an individual in the action stage would be, “It’s easy to say you’ll quit smoking, but I’m doing something about it. I haven’t smoked a cigarette in four months.”

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.

1. **Maintenance**

Continuing the new behavior change is the focus of the maintenance stage. Here, individuals have maintained total abstinence from the adverse behavior for more than six months. As people progress through this stage, the more confident they become in their ability to sustain the positive lifestyle changes and the less tempted/fearful they feel of relapsing. They can maintain a new status quo and can remind themselves of the progress they have made. At times, they may have thoughts of returning to old habits; however, they resist the temptation and remain on track because of the positive strides they have made. People become skilled at anticipating potential triggers that may result in relapse and have constructed coping strategies to combat these situations in advance. Typically, people remain in this stage anywhere between six months to five years. Individuals in this stage require support as they re-evaluate their reasons for change, acknowledge the success they’ve made thus far, consider the potential triggers for relapse, and subsequently create contingency plans to try and avoid relapse.

Interventions during this stage may include helping clients recognize how overconfidence sometimes leads to relapse. It's also important to promote the mindset that a potential relapse is only a minor setback, not a devastating failure.