**Case Study: The Prochaska DiClemente Model of Change**

name

Institution

Professor

Course

Due date

**ABSTRACT**

The Stages of Change model is named after Prochaska and DiClemente, who developed it. This model describes five stages of change that people go through when they decide to change. (Prochaska, J.O., Velicer, W.F., DiClemente, C.C., & Fava, J. (1988)). Prochaska DiClemente's stages are essential for relapse prevention in the treatment of substance use disorders. This material also shows how addiction professionals help at each stage and what difficulties they face at each stage.

*Key words:* stages, interventions, challenges

**The first five steps in Prochaska DiClemente's model of change**

The first five steps in Prochasky and DiClemente's model of change processes (*Journal of consulting and clinical psychology*, 56(4), 520.) are:

**1. Before contemplation(pre-contemplation):**

This step is where the person does not recognize the need for change or is opposed to change. They may be unaware of the harmful effects of their behavior or feel powerless to change.

**2. Contemplation:**

At this stage, the person accepts the problem and begins to think about the possibility of change. They weigh the pros and cons of the change and may feel mixed or unsure.

**3. Preparation:**

This is where one commits to change and makes plans to do so. They can choose a date, seek support, or gather resources to help them make the change.

**4. Action:**

This is the step in which a person makes a change and changes their behavior. They may use different strategies to maintain change, such as self-monitoring, coping skills, or rewards.

**5. Maintenance:**

In this phase, the person reinforces the change and tries to avoid relapse. They may continue to use strategies from the action phase or seek new ones to maintain the change. (Prochaska, J.O., Velicer, W.F., DiClemente, C.C., & Fava, J. (1988)).

**How does an addiction specialist intervene with a client at each stage?**

An addiction professional would intervene with the client at each stage of change using a variety of strategies to match the client's readiness and motivation. (*Journal of consulting and clinical psychology*, 56(4), 520.) Here is a brief summary of how an addiction professional would intervene with a client at each stage:

**1. Before contemplation(pre-contemplation):**

An addiction professional would provide information and feedback about the harmful effects of addictive behavior and the benefits of change. They would also seek to increase the client's awareness of the gap between their current behavior and their personal goals or values. An addiction professional would avoid conflict or persuasion and instead use empathy and reflective listening to build rapport and trust with the client.

**2. Contemplation:**

An addiction professional would help the client explore his ambivalence and resolve his doubts about change. They would also support the client's self-efficacy and confidence in their ability to change. An addictions professional would use motivational interviewing techniques such as open-ended questions, affirmations, summarization, and decision-making balance exercises to discover the client's own reasons and motivations for change.

**3. Preparation:**

An addiction professional would help the client create a realistic and concrete plan for change. They would also help the client identify and overcome possible obstacles or challenges to change. An addiction professional would use collaborative and goal-oriented approaches such as action planning, goal setting, problem solving, and coping skills training to prepare the client for change.

**4. Action:**

The addiction professional would support the client in making and maintaining the change. They would also monitor the client's progress and provide feedback and reinforcement. An addiction professional would use behavioral and cognitive strategies such as self-monitoring, contingency management, relapse prevention, and cognitive restructuring to help the client maintain change.

**5. Maintenance:**

The addiction professional will continue to provide support and encouragement to the client. They would also help the client cope with and learn from any failures or relapses. An addiction professional would use maintenance and recovery strategies such as booster sessions, social support, lifestyle changes, and trigger management to help the client reinforce change.

**Challenges an addiction professional will have at each stage**

An addiction professional may encounter different challenges at each stage of change when working with clients who have substance abuse problems. (*Journal of consulting and clinical psychology*, 56(4), 520.) Here are some possible problems and ways to overcome them:

**1. Before contemplation(pre-contemplation):**

The challenge at this stage is to overcome the client's rejection and resistance to change. The addiction practitioner should avoid conflict or persuasion that may increase the client's defensiveness and hostility. Instead, the addiction professional should use empathy and reflective listening to build rapport and trust with the client. The addiction professional should also provide information and feedback about the harmful effects of substance abuse and the benefits of change without judgment or coercion.

**2. Contemplation:**

The challenge at this stage is to help the client resolve their ambivalence and doubts about change. The addiction professional should not pressure the client to make a decision, but rather should support the client's self-efficacy and confidence in their ability to change. The addiction professional should use motivational interviewing techniques such as open-ended questions, affirmations, summarization, and decision-making balance exercises to discover the client's own reasons and motivations for change.

**3. Preparation:**

The challenge at this stage is to help the client create a realistic and concrete plan for change. The addiction professional should not create a plan for the client, but rather work with the client to identify and overcome potential obstacles or challenges to change. The addiction professional should use collaborative and goal-oriented approaches such as action planning, goal setting, problem solving, and coping skills training to prepare the client for change.

**4. Action:**

The challenge at this stage is to support the client in making and maintaining the change. The addiction professional should not take credit for the client's success, but rather acknowledge and reinforce the client's efforts and achievements. The addiction professional should also monitor the client's progress and provide feedback and reinforcement. The addiction professional should use behavioral and cognitive strategies such as self-monitoring, contingency management, relapse prevention, and cognitive restructuring to help the client maintain change.

**5. Maintenance:**

The challenge at this stage is to continue to provide support and encouragement to the client. An addiction specialist should also help the client cope with and learn from any setbacks or relapses. The addiction professional should use maintenance and recovery strategies such as booster sessions, social support, lifestyle changes, and trigger management to help the client reinforce change.

**Conclusion**

According to Prochasky and DiClemente's model, behavior change is not a simple or single phenomenon, but a complex and iterative process that requires different elements and methods. The model recommends that interventions be tailored to the person's level of change and willingness to change. The model also emphasizes the importance of self-confidence, pros and cons, and external assistance in achieving and sustaining behavior change. (Prochaska, J.O., & DiClemente, C.C. (1982)).

**References**

Prochaska, J.O., Velicer, W.F., DiClemente, C.C., & Fava, J. (1988). Processes of change measurement: applications to smoking cessation. *Journal of*  *Counseling and Clinical Psychology*, 56(4), 520.

Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research &*  *Practice*, 19(3), 276.