

**Prochaska and DiClemente Processes of Change Model**

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## **Prochaska and DiClemente Processes of Change model**

Prochaska and DiClemente Processes of Change Model also known as stages of change or Transtheoretical Model, gives a summary of prescriptive and proscriptive guidelines for improving treatments based on five stages of change client may go through. These stages are of Precontemplation, Contemplation, Preparation, Action, and Maintenance. This model outlines the stages individuals go through when changing a behavior particularly habitual behavior. The behaviors underlines both self-initiated and treatment-facilitated behavior change (DiClemente,2003; Prochaska et.al,2010).

### **The Stages, Intervention, and Challenges**

#### **1.Precontemplation**

In this stage there is no intention to change behavior in the near future. As most individuals are unaware of their problems. Friends, families, or employers, however, are often well aware that the individuals have problems. When individuals present for psychotherapy, they often do so because of pressure from others. Hence, these individuals feel being coerced by various reasons like parents who threaten to leave them or courts threaten to punish them.

An addiction professional can intervene by providing information and raise awareness about the negative consequences of the addiction. This motivational interviewing can gently challenge the individual's denial and encourage them to accept change.

The professional may face challenges like the client may be resistant, in denial about their addiction, defensive thus making it difficulty to engage them in conversation.

#### **2.Contemplation**

This is the stage where people are aware that a problem exists and are seriously thinking about it and how to overcome it but they have not made a commitment to take action. People can remain stuck in the contemplation stage for a long period. Contemplators struggle with their positive evaluations of their dysfunctional behavior and the amount of effort, energy, and loss it will cost to overcome it.

The professional can help the client weigh the pros and cons of changing and not changing, also they can explore the client's values and goals to highlight the advantages of change.

An addiction professional may face challenges like Ambivalence leading procrastination where the client may feel stuck and unsure about taking the next steps in the process of overcoming it.

### **3.Preparation**

This is the stage where the intention and behavioral criteria are combined. Individuals are intending to take action soon and have unsuccessfully taken action but may start making small changes. On the continuous measure they score high on both the contemplation and action scales.

The professional can assist in developing a concrete plan of action, setting realistic goals, and identifying resources and support systems to encourage them to start making gradual changes.

Challenges that the professional may face is that clients may feel overwhelmed by changes they need to make making sure they have a solid, actionable plan is paramount.

### **4.Action**

This is the stage in which individuals modify their behavior, experiences in order to overcome their problems. Action involves the most overt behavioural changes and requires considerable commitment of time and energy. Behavioural changes in the action stage tend to be most visible and externally recognised. Individuals are classified in the action stage if they have successfully altered the dysfunctional behaviour for a period from one day to six months. They score high on the action scale and lower on the other scales. Modification of the target behaviour to an acceptable criterion and concerted overt efforts to change are the hallmarks of action.

The addiction professional can provide support and encouragement, monitor progress and assist the client stay focused on their goals. As well teaching them strategies to handle triggers and stress.

The professional faces challenges where by client's struggle by maintaining new behaviors and avoiding old patterns. This makes the professional to use more energy and time.

## **5.Maintenance**

Here people work to prevent re-occurrence and consolidate the gains attained during action. For ,addictive behaviours, the maintenance stage extends from six months to an indeterminate period past the initial action. For some behaviours, maintenance can be considered to last a lifetime since individuals try hard to avoid relapse of the old behaviors.

The professional helps the client to develop a long- term strategies for maintaining their new behavior as well as help client to recognize and celebrate their progress.

The professional may encounter the relapse of remains, and the client may become overconfident about their change.

### **References**

DiClemente, C. C. (2003). *Addiction and change*. New York: Guilford Press.

Prochaska et.al. (2010). *Systems of psychotherapy:*

*A transtheoretical analysis (7th ed.)*. Pacific Grove, CA: Brooks/Cole