**The Prochaska and DiClemente Stages of Change Model and Addiction Intervention**

**Introduction**

The Transtheoretical Model (TTM), developed by James Prochaska and Carlo DiClemente in the late 1970s, provides a comprehensive framework for understanding the stages of behavioral change. This model has been extensively applied to various health behaviors, particularly addiction. The TTM delineates six stages: pre-contemplation, contemplation, preparation, action, maintenance, and relapse (Prochaska & DiClemente, 1983). This paper explores the first five stages, examining the characteristics of each stage, the corresponding interventions that addiction professionals might employ, and the challenges they may encounter. By understanding these stages, practitioners can better tailor their approaches to support individuals in overcoming addiction.

The very initial intervention step for addiction specialists, beforeraising the topic of change with individuals, is creating rapport and trust with the client which is significant towards creating a safe and supportive environment in which the individual can feel comfortable about engaging in authentic dialog. From such a step, it is easier to gauge which stage of change, the client is in, thus establishing the foundation for other interventions to follow suit.

 **Stage 1: Pre-contemplation**

In the pre-contemplation stage, individuals are typically unaware of or unmotivated to change their addictive behavior. They may deny the existence of a problem or downplay its severity, often because they do not perceive a need for change. Hence, this stage is characterized by a lack of awareness and a tendency to defend one’s actions for they rarely put a thought about their substance use and the consequences they may be facing they view them as quite normal. They frequently focus on the perceived negatives of change rather than recognizing the potential benefits, leading to a situation where the cons outweigh the pros (Migneault et al., 2005). When individuals in the pre-contemplation stage present for therapy, it is often due to external pressure from significant others who urge them to seek help. These individuals may exhibit elements of change as long as the external pressure remains constant. However, if this pressure diminishes, they are likely to revert to their previous behaviors. So their motivation for change is extrinsic rather than intrinsic, hence often short-lived because the individual never had perceived the need for change in the first place.

* **Intervention Strategies:**

An addiction professional would use the following strategies as interventions, for a substance use addict in this stage, as mentioned earlier, creating rapport and trust is essential, although individuals in this stage initially may be reluctant because of their unawareness. Other significant interventions include;

* + **Providing information aimed at raising doubts and concerns about the client’s substance use:** by providing factual information about the consequences of addiction, emphasizing potential risks and benefits of change which is meant to prime them into contemplating change by raising their level of concern and awareness of the risk associated with their current substance use behaviors. Until they gain such insight, an individual remains in this pre-contemplation stage and will continue to engage in adverse behaviors. The addiction professional employs this intervention step-wise avoiding bombarding the individual with a lot of information at once.
	+ **Motivation:** the addiction professional may as well intentionally employ motivationalinterviewing techniques for example using open-ended questions, affirmations, reflections, and summaries to elicit the individual's intrinsic motivation for change.

Consequently, involving family members and significant others (SOs) as initial motivation can increase clients' concerns about substance use. Supportive SOs can help clients become intrinsically rather than just extrinsically motivated for behavior change, it is cost-effective and can foster positive client outcomes, including increased client talk; increased client commitment to change; and reduced substance use.

* **Challenges:** the main challenges that an addict professionalmainly faces with individuals in this stage are rooted on the unawareness for the need of change, or any course of action away from substance use, these challenges can be summarized in the following levels;
	+ **Resistance to Change:** Individuals are resistant to acknowledging the problem therefore, 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.”
	+ **Lack of Awareness:** The individuals in this stage do not perceive the negative consequences of substance use as detrimental, thus they often associate them as ubiquitous with everybody else, not as a result of their continued substance use.

**Stage 2: Contemplation**

In the contemplation stage, individuals acknowledge the existence of a problem and begin to consider the possibility of change. They are more aware of the benefits of changing their behavior but remain ambivalent about taking action. This stage is characterized by a balance between the pros and cons of changing, leading to a state of indecision. Individuals may spend a significant amount of time in this stage, weighing their options and contemplating the implications of change.

* **Professional Intervention:** Since this stage is majorly characterized by ambivalence, any intervention would try to address and steer individuals towards making decision that will change their substance use. The following are the main interventions that can be professionally made:
	+ **Normalizing ambivalence:** Reassure clients that conflicting feelings, uncertainties, and reservations are common. Normalize ambivalence by discussing with them, their ambivalence explaining that many clients experience similar strong ambivalence at this stage, even when they believe they have resolved their mixed feelings and are nearing a decision.
	+ **Evoking DARN change talk:** DARN refers to clients' **d**esire, **a**bility, **r**easons, and **n**eed to change. During Contemplation, an addiction specialist helps clients move up the hill of ambivalence and guide them toward Preparation by evoking and reflecting DARN change talk. He or she may use open questions, for example, “How would you like things to change so you don't feel scared when you can't remember what happened after drinking the night before?”
	+ **Goal Setting:** He or she helps clients set specific, realistic, and measurable goals that align with the desired change while breaking down larger goals into smaller, manageable steps which increase motivation and make the change feel more attainable. The addiction specialist employs this intervention to steer the individuals in contemplation stage from state of indecision to actually preparing to change substance use.
	+ Providing information about the consequences of continued addictive behavior and the benefits of change which further tip the balance in favor of taking action.
* **Challenges:** The primary challenge in this stage is helping individuals move from contemplation to preparation. Addiction professionals, as mentioned ealier, must address the individual’s ambivalence and help them build confidence in their ability to change. This requires careful listening, empathy, and the ability to challenge irrational beliefs without causing defensiveness.

**Stage 3: 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.

**Professional intervention:** the addiction specialist skills in oversight are very essential in this stage, as he/she helps the addict to thoroughly prepare for change, psychologically and physically through the following interventions;

* + **Developing a Change Plan:** Interventions in the preparation stage should focus on developing a clear and actionable plan for change. This includes setting specific, measurable, achievable, relevant, and time-bound (SMART) goals.
	+ **Skill Building:** help in providing training in coping skills, relapse prevention techniques, and communication skills to substance use clients.
	+ **Connecting with Support Systems:** addiction professional encourages the individual to build or connect to a support system that can provide encouragement, guidance, and accountability during the change process. This can include friends, family, support groups, or professionals who can offer assistance and understanding, especially during the initial withdrawal phase.
	+ **Identifying Triggers:** help the client to identify, recognize, and understand the triggers or situations that may tempt individuals to revert to old habits. Developing strategies to cope with these triggers can help individuals navigate challenging situations and maintain their commitment to change.
	+ **Explore and Lower Barriers to Action**: assisting in identifying barriers to action which is an important part of the change plan. Potential roadblocks to taking action on change goals might include:
* A lack of non-substance-using social supports.
* Unsupportive family members.
* Distressing side effects from medication-assisted treatment or psychiatric medications.
* Physical cravings or withdrawal symptoms.
* Legal issues, money-related problems, or both.
* Lack of child care.
* Transportation issues.
* **Challenges:**
	+ **Overconfidence:** Individuals may underestimate the challenges of change and overestimate their ability to maintain it, thus relapsing to substance use.
	+ **Lack of Support:** The individual may not have adequate support systems in place to facilitate change, making it almost unbearable especially when dealing with adverse withdrawal symptoms, while others may be constantly triggered into a relapse to substance use.

**Stage 4: Action**

During the Action stage of the Transtheoretical Model, individuals have made a commitment to change and are actively taking steps to modify their behavior. This stage is marked by observable behavioral changes, as individuals begin implementing strategies to move towards their desired goals.

Characteristics of the Action stage include:

**Visible Behavior Change**: Individuals in the Action stage actively engage in new behaviors and modify old habits. They have taken concrete steps towards their desired change and are working towards their goals.

**Effort and Commitment:** People in the Action stage invest significant effort and demonstrate commitment to maintaining the new behaviors. They may encounter challenges but remain determined to overcome them.

**Self-Efficacy:** Individuals in the Action stage have a growing belief in their ability to sustain the changes they have made. Their confidence and motivation increase as they witness progress and experience the benefits of their actions.

* **Professional Intervention:**
	+ **Monitoring Progress:** Tracking the individual's progress and provide feedback and reinforcement. This could involve keeping a journal or using tracking apps.
	+ **Relapse Prevention Planning:** Developing a relapse prevention plan to help the individual identify new potential triggers and work together to develop and adopt coping strategies that are essentially custom-tailored specifically for them.
	+ **Skill Enhancement:** Continues to provide training in coping skills and other relevant skills, which can involve new healthy hobbies.
* **Challenges:** The primary challenge in this stage is maintaining the individual’s motivation and preventing relapse. Addiction professionals must provide continuous support and encouragement, helping clients navigate setbacks and reinforcing their progress. Another challenge is addressing any new issues or triggers that arise during the action phase, requiring flexibility and adaptability in the therapeutic approach.

**Stage 5: Maintenance**

In this stage, people have sustained their behavior change for a while (defined as more than 6 months) and intend to maintain the behavior change going forward. 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. People in this stage work to prevent relapse to earlier stages.

* **Intervention Strategies:** Interventions in the maintenance stage focuses on relapse prevention and long-term support. This includes helping individuals identify and manage high-risk situations, revising the already developed a relapse prevention plan with them, and continue to build a strong support network. Ongoing counseling or participation in support groups can provide the necessary encouragement and accountability. Encouraging individuals to celebrate their successes and recognize their achievements can also reinforce their commitment to maintaining change
* **Challenges:**
	+ **Complacency:** Individuals may become complacent and neglect to maintain their efforts to prevent relapse.
	+ **Emerging Challenges:** New challenges or stressors may arise that can threaten the individual's ability to maintain change, therefore inevitably leading to relapse to previous stages.

The maintenance stage is the final stage in the Transtheoretical Model of Change. However, individuals may cycle back to previous stages if they encounter new challenges or choose to make additional changes. The ultimate goal is to create lasting change and develop a resilient mindset that supports continued growth and personal development.

**Conclusion**

The Prochaska and DiClemente Stages of Change Model provides a valuable framework for understanding the process of addiction recovery. By tailoring interventions to the individual's stage of change, addiction professionals can effectively support individuals in their journey toward recovery. It is important to recognize that individuals may progress through these stages at different rates and may experience setbacks along the way. A collaborative and supportive approach is essential for helping individuals achieve and maintain long-term recovery.

**References**

Raihan, N., & Cogburn, M. (2024). Stages of Change Theory. In StatPearls. StatPearls Publishing. <http://www.ncbi.nlm.nih.gov/books/NBK556005/>

Rockville (MD). (2019). Chapter 3—Motivational Interviewing as a Counseling Style. In Enhancing Motivation for Change in Substance Use Disorder Treatment: Updated 2019 [Internet]. Substance Abuse and Mental Health Services Administration (US). <https://www.ncbi.nlm.nih.gov/books/NBK571068/>

Migneault, J. P., Adams, T. B., & Read, J. P. (2005). Application of the Transtheoretical Model to substance abuse: Historical development and future directions. Drug and Alcohol Review, 24(5), 437–448. <https://doi.org/10.1080/09595230500290866>

5 Stages of Change Model. (2024). Retrieved 9 September 2024, from https://www.leorabh.com/blog/5-stages-of-change-model

The Transtheoretical Model (Stages of Change). (n.d.). Retrieved 9 September 2024, from <https://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories6.html>