PROCHASKA AND DICLEMENTE PROCESSES OF CHANGE MODEL

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ABSTRACT

This paper explains in detail the first five stages of the Transtheoretical model of behavior change as developed by James Prochaska and Carlo DiClemente. It outlines the various stages of change in the model, explains how an addiction professional would intervene with the client at each stage and the challenges the addiction professional would have in each of the stages in this model of behavioral change.

INTRODUCTION

The Prochaska and DiClemente processes of change model is a framework that describes the different phases through which one progresses during health-related behavior change. This model helps a healthcare professional better understand what the addict is feeling or thinking about their behavioral change. The model consists of five or six stages, depending on whether relapse is considered a separate stage or not.

THE FIRST FIVE STAGES OF PROCHASKA AND DICLEMENTE PROCESSES OF CHANGE MODEL

1. Precontemplation Stage

This is the first stage where the addicted individual has no intention to change his or her behavior in the near future and may be unaware of the problem or its consequences. They see the addictive behavior as a positive aspect in their lives and hence no reason whatsoever necessary for change.

2. Contemplation Stage

This is where the individual is aware that a problem exists and seriously considers overcoming it, but has not yet made a commitment to take action. The individual recognizes the negative aspects of their behavior but feels that the positives outweigh them. There is positive willingness from the individual but they lack the motivation to actualize the change.

3. Preparation Stage

The individual intends to take action in the immediate future (usually within the next month) and may have already taken some small steps toward change. Here, the individual understands why they should make the change and creates plans to do so. They lay out a plan and its implementation strategy to overcome the addiction.

4. Action Stage

The individual implements specific strategies to modify his or her behavior and/or environment in order to overcome the problem. Here, they actually attempt to change their behavior to stop the addiction. The addict actualizes the plan that he put in place and commits to overcome the addiction both mentally and physically.

5. Maintenance Stage

The individual sustains the changes made in the action stage and works to prevent relapse. The individual continues to make the behavior change but requires support continuously and encouragement to avoid relapsing. This stage is supposed to be the last stage in successfully beating addiction. The individual is monitored and supported to avoid relapse into addiction.

INTERVENTIONS TAKEN BY AN ADDICTION PROFESSIONAL AT EACH OF THE PROCHASKA AND DICLEMENTE STAGES.

1. Precontemplation Stage

The addiction professional would try to raise the client's awareness of the problem and its consequences, without being confrontational or judgmental. The professional would use motivational interviewing techniques, such as expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy. The professional would also provide information and feedback about the risks and benefits of the addictive behavior and the change process.

2. Contemplation Stage

The addiction professional would help the client weigh the pros and cons of changing and staying the same, and explore the barriers and facilitators to change. The professional would use motivational interviewing techniques, such as reflective listening, affirming, summarizing, and eliciting change talk. The professional would also help the client identify their values and goals, and how they align or conflict with their addictive behavior.

3. Preparation Stage

The addiction professional would assist the client in developing a realistic and specific plan of action, including setting a quit date, identifying coping strategies, seeking social support, and anticipating challenges and solutions. The professional would use motivational interviewing techniques, such as reinforcing commitment, negotiating a plan, offering options, and enhancing

confidence. The professional would also provide education and skills training on how to implement the plan and cope with cravings and triggers.

4. Action Stage

The addiction professional would support the client in executing their plan of action and monitor their progress and outcomes. The professional would use motivational interviewing techniques, such as providing feedback, affirming strengths, troubleshooting problems, and reinforcing successes. The professional would also provide ongoing education and skills training on how to maintain the change and prevent relapse.

5. Maintenance Stage

The addiction professional would help the client consolidate their gains and sustain their change over time. The professional would use motivational interviewing techniques, such as reviewing goals, acknowledging efforts, celebrating achievements, and exploring new challenges. The professional would also provide relapse prevention strategies, such as identifying high-risk situations, coping with lapses, managing negative emotions, and seeking help when needed.

CHALLENGES AN ADDICTION PROFESSIONAL WOULD HAVE IN EACH STAGE OF THE PROCHASKA AND DICLEMENTE PROCESSES OF CHANGE.

1. Precontemplation Stage

The addiction professional may face resistance, denial, rationalization, or minimization from the client, who may not see the need or benefit of changing their addictive behavior. The professional may also have difficulty engaging the client in a collaborative and respectful relationship, especially if the client is coerced or mandated to seek treatment.

2. Contemplation Stage

The addiction professional may encounter ambivalence, procrastination, or fear from the client, who may be unsure or conflicted about changing their addictive behavior. The professional may also have difficulty balancing the client's autonomy and responsibility, especially if the client expects the professional to make decisions or provide solutions for them.

3. Preparation Stage

The addiction professional may face unrealistic expectations, overconfidence, or lack of commitment from the client, who may be eager to change their addictive behavior but not prepared for the challenges and sacrifices involved. The professional may also have difficulty helping the client develop a feasible and effective plan of action, especially if the client lacks the necessary skills, resources, or support to implement it.

4. Action Stage

The addiction professional may encounter setbacks, frustrations, or temptations from the client, who may struggle to maintain their change and cope with cravings and triggers. The

professional may also have difficulty supporting the client's progress and outcomes, especially if the client experiences negative consequences or does not receive positive reinforcement for their change.

5. Maintenance Stage

The addiction professional may face complacency, boredom, or overgeneralization from the client, who may become overconfident or lose interest in their change and neglect their relapse prevention strategies. The professional may also have difficulty helping the client consolidate their gains and sustain their change over time, especially if the client faces new or unexpected challenges or stressors that threaten their recovery.

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