COURSE: PHYSICAL CHEMISTRY

TITLE: PROCHASKA AND DICLEMENTE PROCESSES

DATE: 9/6/2023

1.Describe the 5 steps in Prochaska and DiClemente processes of change model.

Five official stages are described in DiClemente and Prochaska's Stages of Change Model, including

* pre-contemplation
* contemplation,
* preparation,
* action
* maintenance

i. **Pre-Contemplation**

The precontemplation stage, clients may not recognize the consequences of their actions. Some clients may have been court-ordered or otherwise pressured into treatment. In any case, clients in this stage are typically not considering changing their behavior. Assessment clues include ignorance or denial of problems.1,4

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.3,4

ii. **Contemplation**

Clients acknowledge their problem in the contemplation stage but may not have the confidence to take a step forward. Clues to recognizing clients in this stage include uncertainty, conflicted emotions or ambivalence about changing.1,4

Instilling hope in the client's ability to proceed is a crucial form of support in this stage.1 Effective interventions may include asking about a client's beliefs to help gain a deeper understanding of their behavior.3 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.2,4

iii. **Preparation**

In the preparation stage, clients are willing to take small steps forward. Evidence of this stage may include statements confirming a client's commitment to change and a willingness to prepare a plan of action.1,3

Setting small, achievable goals is critical for clients in this stage. 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.2

iv. **Action**

Clients in the action stage have developed clear plans for change and are implementing them. They are easily identified by their direct actions towards accomplishing their goals.1,4

As clients become more active, clinicians take on less active roles. 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 a Conditional support, advice and guidance only as needed.1,3

v  **Maintenance**

Enter the maintenance stage after adopting their new change for at least six months. Other identifying factors are unwavering commitment to their change and conscious actions to avoid temptation. They are prepared for potential pitfalls, with well-developed coping skills and support systems.1,3,4

Continuing more as a consultant, the counselor provides advice, guidance and support to clients in the maintenance stage only as needed. People typically remain in this stage for up to 5 years as confidence in sustaining their new lifestyle increases and fear of relapse decreases.3 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.

vi. **Relapse**

The unofficial 6th stage of change is relapse. Although termination or completion is the ultimate goal of DiClemente and Prochaska Stages of Change model, relapses are common in the process of making lifelong changes.3,4 Clients in this stage have lapsed back to old behavior and are easily recognized by their frustration, disappointment or feelings of failure.4

Intervention strategies and tasks include de-stigmatizing and normalizing the notion of relapse, helping the client identify the cause and devising a plan to avoid this trigger in the future. Rebuilding the client's confidence may require restarting the process of change at an earlier stage, such as contemplation, preparation or action.4 The keys to success in the relapse stage are helping clients reassess their support and skills and reaffirm their commitment to their goals. The learning opportunity gained by a relapse very often strengthens a client's resolve and improves the chances for a lifelong change.2,4

2. Explain how an addiction professional would intervene with the client at each stage.

i. The Precontemplation stage, clinicians should practice the following: Commend the client for coming to treatment. Establish rapport, ask permission to address the topic of change, and build trust. Elicit, listen to, and acknowledge the aspects of the problem behavior the client enjoys.

ii. The Contemplation Stage, This client should explore feelings of ambivalence and the conflicts between her substance abuse and personal values. The brief intervention might seek to increase the client's awareness of the consequences of continued abuse and the benefits of decreasing or stopping use

iii. The Preparation Stage,This client needs work on strengthening commitment. A brief intervention might give the client a list of options for treatment (e.g., inpatient treatment, outpatient treatment, 12-Step meetings) from which to choose, then help the client plan how to go about seeking the treatment that is best for him.

iv. The Action StageThis client requires help executing an action plan and may have to work on skills to maintain sobriety. The clinician should acknowledge the client's feelings and experiences as a normal part of recovery. Brief interventions could be applied throughout this stage to prevent relapse.

v. The maintenance stage, This client needs help with relapse prevention. A brief intervention could reassure, evaluate present actions, and redefine long-term sobriety maintenance plans.

3. Describe any challenges an addiction professional would have in each stage.

i.In the precontemplation stage, people are not thinking seriously about changing and are not interested in any kind of help. People in this stage tend to defend their current bad habit(s) and do not feel it is a problem. They may be defensive in the face of the addiction professional s efforts to pressure them to quit

ii Contemplation is the stage in which people are aware that a problem exists and are seriously thinking about overcoming it but have not yet made a commitment to take action, it might take a significant time and effort of the addiction professional due to high chances of relapse.

iii. Preparations,

Lack of executive support and active sponsorship.

Lack of effective communication led to misalignment.

Lack of change buy-in and solution support created resistance.

Limited knowledge and resources for change management.

Change-resistant culture and attitude.

iv. Action, Limitations of the model include the following: The theory ignores the social context in which change occurs, such as socioeconomic status and income. The lines between the stages can be arbitrary with no set criteria of how to determine a person's stage of change.

v. Maintenance, Attitudes and Feelings; Capability and Self-Efficacy; and Environment and Cognition.

REFERENCE

Prochaska, J., & DiClemente, C. (1983). *Stages and processes of self-change of smoking: toward an integrative model of change*. Journal of Consulting and Clinical Psychology, 51(3), 390–395.