Prochaska and Diclemente Process of Change

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The process of change model was developed by James prochaska and Carlo diclemente during a cessation research on smoking in 1983. They noticed that change from unhealthy behavior to good behavior is composite and involves a series of stage, the process of change model is also called transtheoretical model.

The process of change model is a process to change and guide an individual to change a problematic behavior. It focuses on decision making of an individual and willingness to eliminate a problem behavior but also includes strategies, interventions and processes of changing and guiding an individual through the process of change (Procheska et al., 2002).

The process of change model describes the process of behavior change as occurring in each stage of process of change. In this model, change of behavior occurs gradually in each stage and in assumption that people do not change behavior quickly and decisively rather it can occur through recurrent process. Some stages may be missed, or the addicts might go back to an earlier stage before progressing again

The process of change recognizes behavior change as a process that reveals over time involving progress through stages of change. With the time, when an individual remains in the same stage it is variable and may require professionals, certain principle and processes of change work based on each stage to reduce resistance and facilitate progress of an individual.

  The process of change model claims that, when making behavioral changes, individuals pass through each stage at a varying pace subject to the behavior being changed, the environment, and the individual themselves. People do not skip any stage of process of change thus move through the stages sequences.

The Transtheoretical model proposes that behavior change occurs in five sequential stages: precontemplation the individual is not planning to change within the next 6 months, contemplation individual thinking about change, preparation individual taking steps towards changing, action individual is attempting the change, and maintenance individual having been able to sustain behavior change for more than 6 months and working to prevent deterioration.

Precontemplation in this stage the individual is not planning to change and do not intend to take actions, many unsuccessful attempts may demoralize the individual about the change of problematic behavior. At this stage, the individual has decided to change but has not got a plan on how to do it yet.

Diclemente’ s interventions that can be used with precontemplators, including listening actively ,expressing empathy and accepting clients resistance rather than rejecting, discussing the benefits of changing, encouraging the individual to look at the consequences of what is happening now, and pointing out discrepancies between the way the individual would like to be and the way they are.

A client can have total resistance to doing anything, No willingness to meet, talk to a professional, or get assessed. Angry, Blaming others and unwillingness to work on other things, but not the specific problem and refuse to let a professional in and work with him/her.

Contemplation is the second stage in the process of change the individual is thinking about change. It is an ambivalent state where the client both considers change and rejects it. If allowed to just talk about it, the person goes back and forth about the need to change without justification for change.

Intervention in the contemplation stage include, help to recall reasons to change and risks of not changing. Continue to strengthen the client’s self-efficacy, strategically use open-ended questions, affirmations, and summarizing. Have the clients voice the problem, concern, and intention to change, self-assess values, strengths, and needs according to (prochaska&diclemente 2009)

A client Saying one thing, doing another rationalizing, minimizing anxiety rises while trying some things that do not work both talking about change and arguing against it are challenges professional would face during contemplation.

Preparation individual taking steps towards changing this is a window of opportunity when the person resolved the uncertainty enough to look at making change.

In this stage the interventions include, facilitate the development of a vision for their future. The professional help the person set specific goals and develop the plan, choose strategies to use, resources needed, and potential barriers to the plan.

Action individual is attempting the change engages in particular actions that intend to bring about change.

The professional to Introduce and practice coping strategies to avoid, change, replace, or change a client’s reactions to triggers and conditions leading to problem behavior. Suggest methods, provide support in trying them out, and help evaluate the effectiveness of those methods

Keep steps small and incremental teach skills, access resources for the specific target behavior and reward small steps of progress .and also make necessary changes in planning as the person continues to progress.

The maintenance is the fifth stage, the individual having been able to sustain behavior change for more than 6 months and working to prevent deterioration individual identifies and implements strategies to maintain progress, and to reduce sliding into old behaviors.

The intervention professional to take include assist in sustaining changes accomplished by the previous actions, help the person to develop the skills and self-efficacy to build a new life, Prepare crisis plans for when a relapse might happen and help the client to connect to other support systems for a healthier lifestyle.

References

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