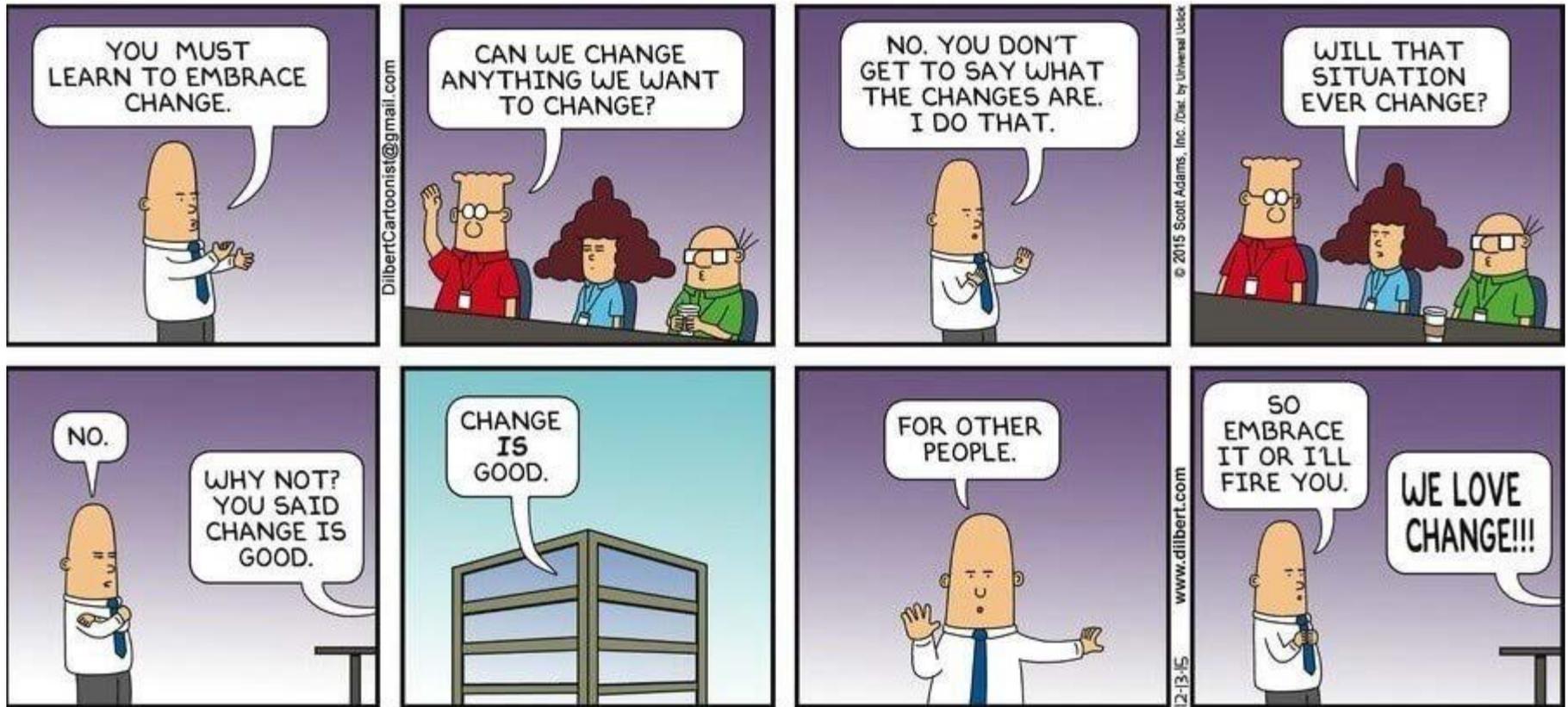
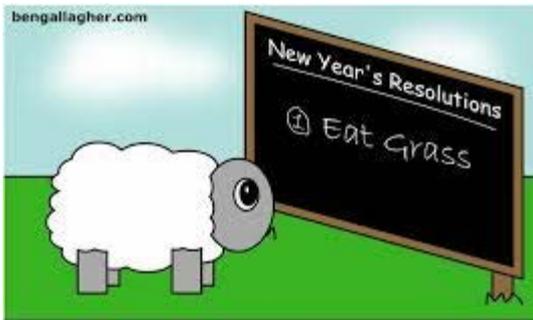


The Stages of Change Model



David Susanin

What is the Number One Failure Period Every Year? Why?

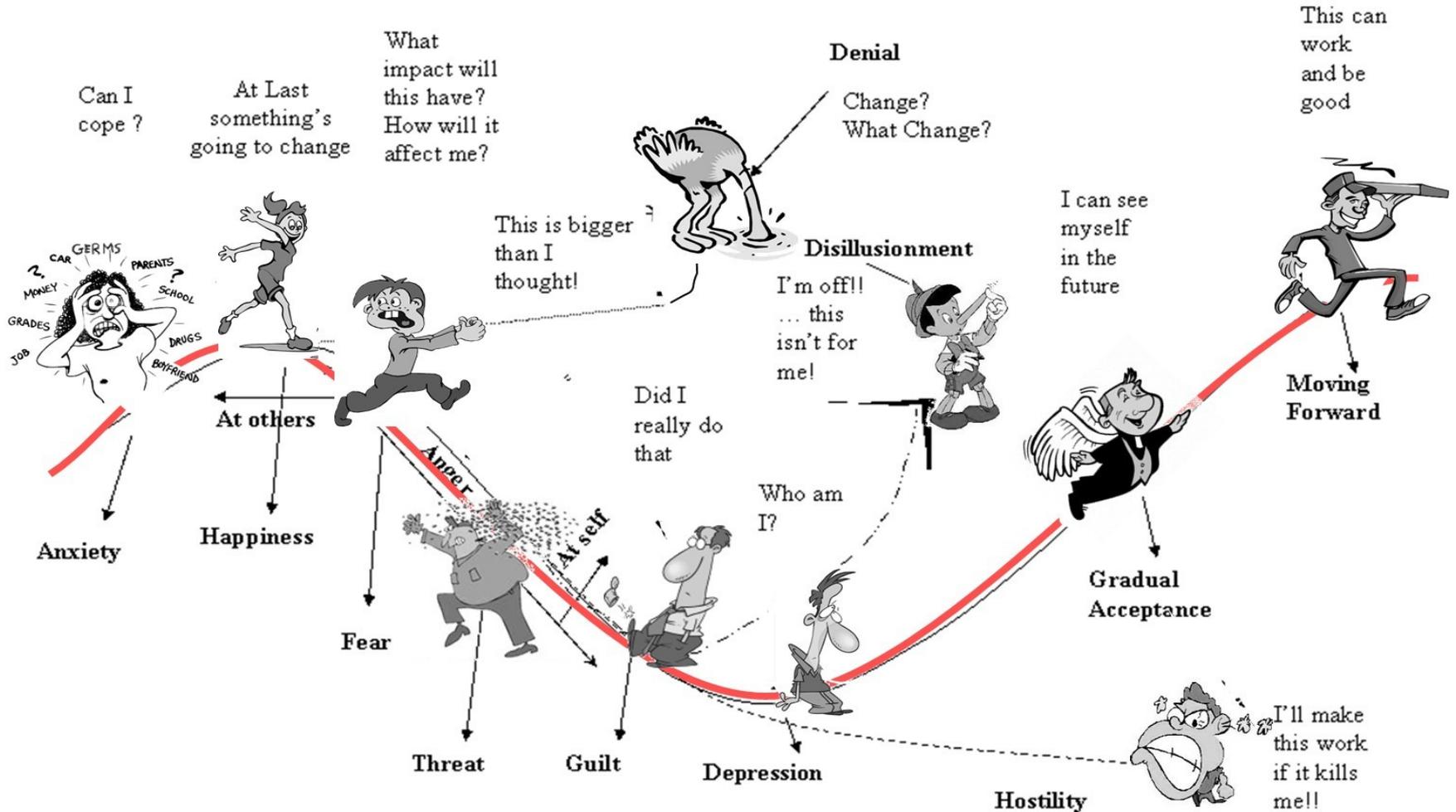


When it came to New Year's Resolutions, Gerald was a realist.



The Struggle To Change

Transition to Change



We All Struggle to Make Major Changes in Our Lives

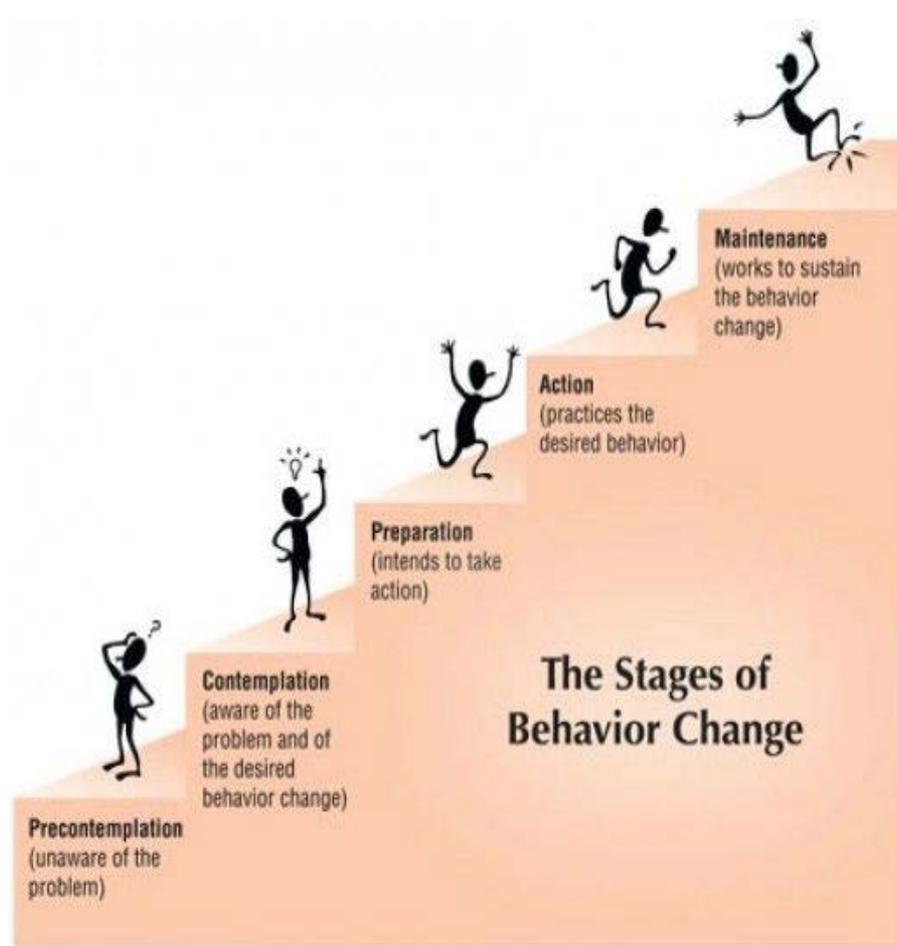
Please Pick a Change That You Know Would Be Best for You To Make in Your Life But You are Struggling With



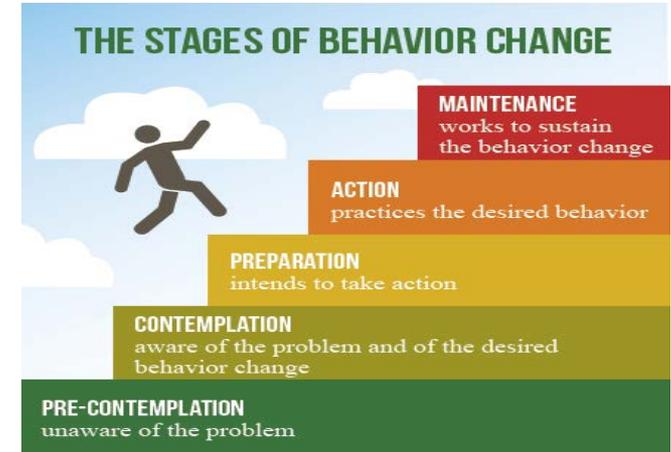
Please Use the Slide We Just Reviewed to Describe Your Process. Please Address Each of the Phases/Emotions That You Have Experienced so Far.

IF YOU WANT SOMETHING YOU'VE NEVER HAD, THEN YOU'VE GOT TO DO SOMETHING YOU'VE NEVER DONE.

The Stages of Change – Client Version



Sources: Grimley 1997 (75) and Prochaska 1992 (148)

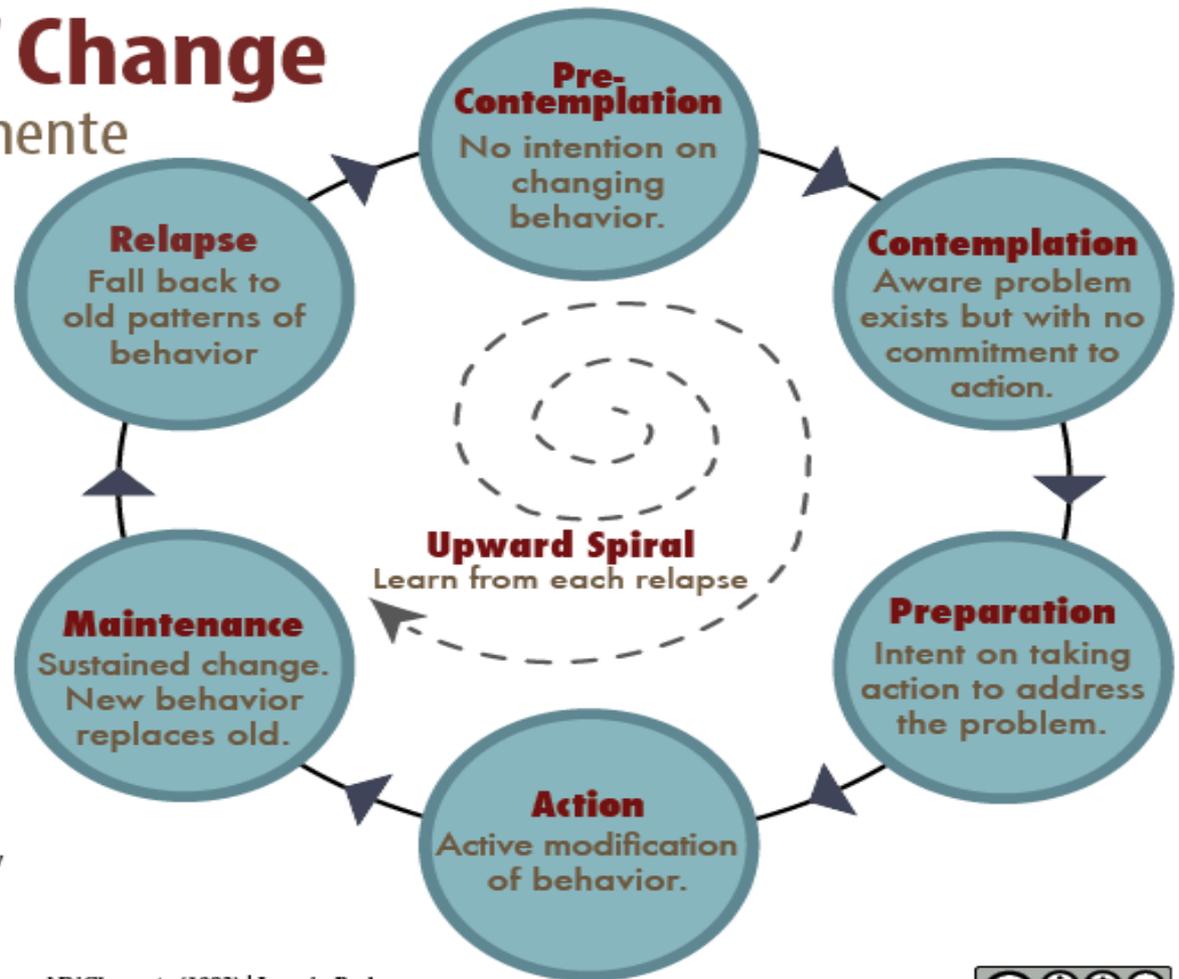


The Stages of Change – Facilitator’s Version

The Cycle of Change

Prochaska & DiClemente

- **Precontemplation:** A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists
- **Contemplation:** The person becomes aware that there is a problem, but has made no commitment to change
- **Preparation:** The person is intent on taking action to correct the problem; usually requires buy-in from the client (i.e. the client is convinced that the change is good) and increased self-efficacy (i.e. the client believes s/he can make change)
- **Action:** The person is in active modification of behavior
- **Maintenance:** Sustained change occurs and new behavior(s) replaces old ones. Per this model, this stage is also transitional
- **Relapse:** The person falls back into old patterns of behavior
- **Upward Spiral:** Each time a person goes through the cycle, they learn from each relapse and (hopefully) grow stronger so that relapse is shorter or less devastating.



The Cycle of Change

Adapted from a work by Prochaska and DiClemente (1983) | Ignacio Pacheco

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How To Assist in Promoting Change In Each Stage

When you Change

Stage	Characteristic	Change Process
Precontemplation	<ul style="list-style-type: none"> • Usually have no intention of changing • Typically deny having the problem • Usually show up in coaching because people around them want them to change • Feel demoralized, that their situation is hopeless 	<ul style="list-style-type: none"> • Consciousness raising • Social liberation • Helping relationships
Contemplation	<ul style="list-style-type: none"> • Acknowledge the problem and begin to think about what to do to • Struggle to understand the problem, its causes, potential solutions • Not quite ready to change • May spend a while in this stage 	<ul style="list-style-type: none"> • Consciousness raising • Emotional arousal • Self re-evaluation • Helping relationships
Preparation	<ul style="list-style-type: none"> • Planning to take action in the next month • Making final adjustments before they begin to change behavior • May not have not resolved their ambivalence • Important to develop a firm, detailed action plan 	<ul style="list-style-type: none"> • Self re-evaluation • Commitment • Helping relationships
Action	<ul style="list-style-type: none"> • Overtly modify behaviors and surroundings • Modifying behavior is most visible form of change, but there is also changing level of awareness, emotions, thinking, etc. 	<ul style="list-style-type: none"> • Reward • Countering • Environmental control • Helping relationships
Maintenance	<ul style="list-style-type: none"> • Work here is to consolidate the gains made and prevent lapses and relapse • Can last from six months to a lifetime 	<ul style="list-style-type: none"> • Commitment • Countering • Environmental control • Helping relationships
Termination	<ul style="list-style-type: none"> • Behavior no longer presents temptation • Complete confidence that there won't be a relapse 	

Film Vignette

In the film vignette please list behaviors, attitudes, and statements that you see that indicate the different stages of change

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.



GIRP Notes

G Goal

Counselor observation, client statements.

Check if Addressed



1. Subjective data about the client—what are the client's goals and objectives that you will be addressing in today's encounter?



GIRP



I **Intervention**

Counselor's methods used to address goals and objectives, observation, client statements.

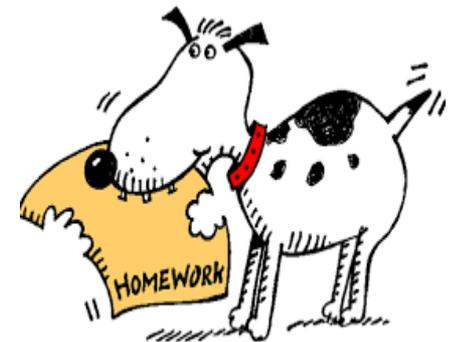
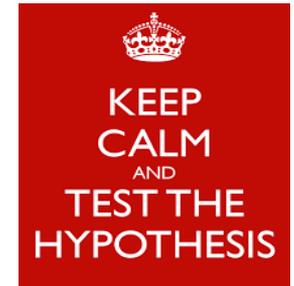
3. What is the counselor's understanding about the problem?

4. What are the counselors' working hypotheses?

5. What was the general content and process of the session?

6. Was homework reviewed (e.g., journal, reading assignments – if any)?

7. What goals, objectives were addressed this session?



GIRP

R Response

Client's response to intervention and progress made toward tx plan goals and objectives

8. Client's response to the treatment plan, what needs revision?

9. What is the client's current response to the treatment plan?



GIRP

P Plan

Document what is going to happen next

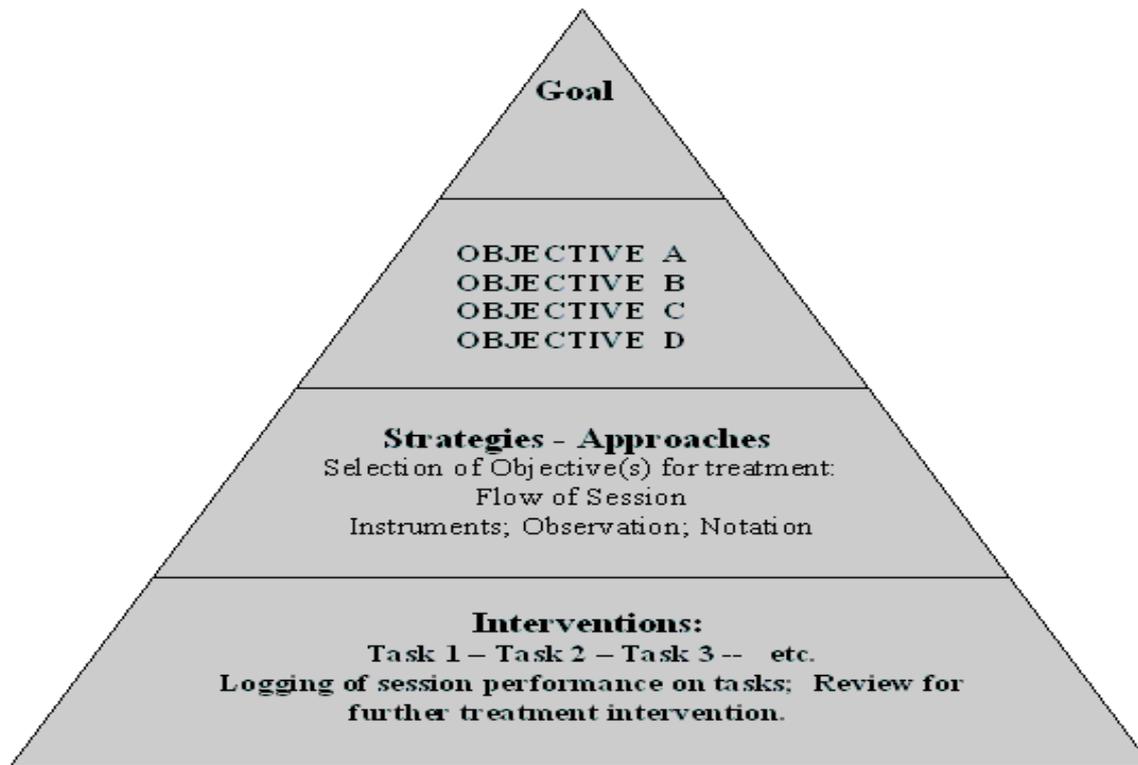
10. What in the treatment plan needs revision?

11. What is the counselor going to do next?

12. When is the next session date?



Recovery Plan



GOALS are the end result you wish to achieve and attain through clinical treatment of music therapy.

OBJECTIVES are the “highways” you need to travel in order to reach the end result - the GOAL.

STRATEGIES are the “vehicles” that will travel the highways to reach the goal: what needs to be done, for how long per session; how often for results; what needs to be expanded/reduced; and more.

INTERVENTIONS: The preparations and input (tasks) that are based on the strategies for addressing the objectives in order to reach the end result.

Stages of Change	Interventions
<p>Precontemplation</p> <p>Does not see substance use or mental health issue as a problem, is unwilling to change, or feels unable to change.</p>	<p>* Develop a working-together relationship * Remain positive and optimistic * Remember that engagement does not equate to enabling* Use <i>Motivational Interviewing</i> to Express Empathy and Establish Personal Goals * Provide practical assistance * Reduce harmful consequences * Provide outreach if necessary * Listen for ambivalence about problem behavior * Reflect individual's statements of the downside of problem behavior * Learn how individual's experiences life now and how this is different from hopes and aspirations * Increase awareness of the problem* Express benefits of change* Don't push treatment *</p>
<p>Contemplation</p> <p>Has become aware that substance use/mental health issue is a problem and is ambivalent about change</p>	<p>* Individual's will think a lot and say a lot, but may not do a lot * Be aware that individuals are weighing the pros and cons of problem behavior* Avoid the Righting Reflex by not offering advice or correcting misperceptions * Use <i>Motivational Interviewing</i> for Developing Discrepancy between problem behavior and individual's goals/values * Provide information about substance use/mental health and benefits of treatment * Use individual MI, Persuasion Groups, and Family interventions * Use <i>Motivational Interviewing</i> to Support Self-efficacy, to Avoid Arguments, and Roll with the Resistance * Assure individual that ambivalence is normal * Use Decisional Balance worksheet *</p>
<p>Preparation</p> <p>Made the decision to change soon and is developing a growing commitment to change.</p>	<p>* Use <i>Motivational Interviewing</i> to Support Self-efficacy * Teach about alcohol, drugs, mental health, activities that promote health and wellness * Improve social support * Refer to therapy, self-help groups * Offer skills training/CBT * Reach out and support families * Encourage commitment to change * Generate a plan and set-up action goals * Support small steps toward change to "test the waters" * Reinforce small successes and problem-solve ways to handle difficulties that arise *</p>
<p>Action</p> <p>Attempts change by implementing a plan. Problem behavior is decreased or stopped for 1 to 180 days.</p>	<p>* Verbally reinforce efforts and celebrate action steps * Use <i>Motivational Interviewing</i> to Support Self-Efficacy * Link new behaviors with positive outcomes you see * Teach new skills such as drug-refusal skills, identifying and managing triggers and cravings, mental health symptom management skills, social skills, stress management, wellness * Expand support to self-help/mutual support groups, peer supports and substance-free social and wellness activities * Encourage lifestyle changes to support recovery and gain meaningful activity * Attend Active Treatment Group.</p>
<p>Maintenance</p> <p>Committed to change, uses strategies and has not had problem behavior for 6 months</p>	<p>* Develop a Relapse Prevention plan to deal with people, places, and things that trigger cravings * Develop <i>Illness Management and Recovery(IMR)</i> plan and/or <i>Wellness Recovery Action Plan (WRAP)</i> to relieve difficult feelings and maintain wellness and/or encourage use of other recovery tools including workbooks such as <i>Pathways to Recovery</i> and <i>A Mindfulness-Based Stress Reduction Workbook</i> * Attend Relapse Prevention and/or symptom management and/or wellness groups * Participate in self-help/mutual support groups * Expand meaningful activity * Develop new goals to enhance quality of life</p> <p>* Help maintain awareness that substance use/mental health relapse can occur * Discourage over-confidence * Empathize with feelings about slips/lapses and reframe as opportunity to learn, be stronger, cope better * Teach CBT/Coping Skills</p>

Precontemplation Interventions

- Provide outreach and practical assistance
- Ie “CSP worker will conduct home visits each week in order to engage with client and assist with basic needs”

Contemplation Interventions

- Provide information, involve the family/support system with CSP, can use a Decisional Balance Worksheet.
- Ie: “CSP worker will meet with client weekly to provide information about “client’s goal”, to come up with a list of natural supports, and to use a DBW to have client start thinking about pros and cons of working on the goal.

Preparation Interventions

- Educate clients about alcohol and drugs, mental health issues. Teach activities that promote health and wellness. Improve social supports. Connect with self help groups. Offer skills training. More outreach and family contact. Help clients start to make a plan and set up action steps.
- Ie. “Will introduce client to an NA/AA group”

Action Interventions

- Teach new skills including symptom management skills, social skills, stress mgt, wellness. Reinforce self help groups/connect with a sponsor. Refer to social club, church, school, work, gym.
- Ie “CSP staff will continue to bring client to NA mtgs and encourage to find a sponsor. Will help client with finding a job and joining gym.”

Maintenance Interventions

- Help create a Wellness Recovery Action Plan (WRAP), connect with relapse prevention groups, connect with wellness and self help groups, help connect with meaningful activities to enhance quality of life, teach coping skills.
- Ie: “CSP staff will assist client with volunteering or other meaningful activity”