**Prochaska and DiClemente’s Stages of Change Model for**

 **Social Workers**

The following is information was taken from Social Work Podcast {Episode 53} on Prochaska and DiClemente’s (1983) Stages of Change Model presented by Jonathan B. Singer, Ph.D., LCSW on Friday, October 2, 2009.

1. **Precontemplation Characteristics:**

People in precontemplation do not see their behaviors as a problem and therefore see no need to change. 50-60% of clients are in the stage of Precontemplation, which means they don’t see a problem and therefore see no need to change their behavior. It is possible that these clients tried changing in the past but were unsuccessful. They now see change as unrealistic or impossible and therefore not worth pursuing.

The group of people that have never seen their behaviors as problems are considered “uninformed,” and the group of people that have seen their behaviors as problematic in the past but are not currently interested in changing are called ”underinformed”. Neither group is interested in changing current behaviors.

Prochaska and Prochaska (2009) indicate three interventions that can be used with pre-contemplators including: 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.

1. **Contemplation Characteristics:**

The second stage is called contemplation. In this stage, people recognize a problem and are contemplating a change, but they haven’t yet committed to changing. People in contemplation are sitting on the fence; they want change but are ambivalent. People can stay in contemplation for a very long time. This is in part because “contemplators struggle to understand their problem, to see its causes, and to think about possible solutions” (DiClemente & Velasquez, 2002, p. 208).

People in the contemplation stage are evaluating the pros and cons of change, but haven’t yet decided to change. If suggestions are made about how to change, the client will often bring up the reasons why change is not possible. Rollnick (2002) call the instinct to fix the situation the “righting reflex.” Prochaska and Prochaska (2009) suggest a number of interventions including: 1) talking with the client about the pros and cons of changing, also called the Decisional Balance technique; 2) pointing out the discrepancy between how your client would like to be and how they are, also known as Developing Discrepancy; and; 3) instilling hope.

1. **Preparation Characteristics**

The third stage is called preparation. In this stage, people have decided to change their dysfunctional behavior within a month. People in this stage will take small steps toward changing their behavior. When assessing to determine if a person is in the preparation stage you want to listen for statements like, “I really want to change because… and “I wish I could just figure out how to… It is important to find out how much support the client has to make the change, and if she or he has the skills needed to make the change.

Prochaska and Prochaska suggest four interventions for people in preparation: Encourage your client’s commitment to change; support self-efficacy; generate a plan and set action goals. Help the client set realistic goals to facilitate success. Set up small and attainable behavior goals.

1. **Action Characteristics**

The fourth stage is called action. In this stage, people have changed their dysfunctional behavior at least one day and no more than 180 days. People in the action phase have put into practice the plan developed in the preparation phase. They are consciously choosing new behaviors, being confronted with challenges to the new behaviors, and consequently gaining new insight and developing new skills. People in the Action stage are enthusiastic and motivated. To determine if someone is in the Action phase listen for statements that indicate an acknowledgement of a prior problem and new behaviors.

Intervention in this phase includes verbal reinforcement and supporting the person’s belief that she or he can sustain the change. In motivational interviewing this is called ‘supporting self-efficacy.” You want to identify specific behaviors that your client has changed and connected them with the changes you are seeing.

1. **Maintenance Characteristics**

The fifth stage is called maintenance. In this stage, people have been engaged in the new behaviors for at least six months and are committed to maintaining the new behavior. You know a client is in maintenance when they report there is no problem and are able to describe how their current behavior is different from their past dysfunctional behavior.

At this phase the client needs less support. Conversations will revolve around how the client is sustaining their commitment to the new behavior. You can talk about how he or she might cope with a relapse and ways to avoid a relapse.

The developers of the model note that the change process is not linear (Prochaska & DiClemente, 1983), some studies have found that self-report statements can place people in different stages within a matter of days, and multiple stages at once.

1. **Relapse**

A relapse is defined as resuming the old behaviors. The longer someone is in maintenance, the more devastating the relapse to the person and others associated with the person.