

HELPING AND THE STAGES OF CHANGE

There are certain helping strategies that work better for each stage of change, just as there are change strategies that work better in each stage. When we get frustrated with trying to help someone, it may be because we expect our clients to be at one stage of change while in reality the person is at another stage of change. To help someone effectively means matching your actions to where the person is 'at' in the change process. We will now look at which helping strategies work best in each stage of change.

Precontemplation

People in precontemplation often resist change. In precontemplation, one of the most effective ways to help someone is to encourage the person to look at their behavior and to increase their awareness of the risk and problems with their behavior. Often what is really needed by precontemplators is to feel safe enough to express any doubts they have, and to feel accepted and cared-for as they are now.

Sometimes the simple, non-judgmental presence of an intimate friend or partner is enough. One way to encourage a person to look at their behavior is to ask open-ended questions which don't have a yes or no answer. These can help the person think about their behavior. Questions must be asked in a non-judgmental and supportive way.

Example questions:

What do you think of your drinking?

When is it that you feel like drinking?

What are some of the good (or not-so-good) things about your drinking?

Contemplation

The main task of contemplation is gathering information and understanding about the behavior to be changed. A hallmark of contemplation is ambivalence, as the person looks at the good and the not-so-good things about using substances. Contemplators need support, listening, and feedback as they learn about their behavior and weigh the pros and cons of changing.

Many helpers tend to give quick solutions and get into problem solving at a time that the person simply needs to be listened to. Your observations about the contemplator's behavior can be valuable information. Sharing observations is different from confrontation. The first is, "It seems that you drink more when you feel down," rather than "Every time you get a little discouraged, you drink your face off!"

Preparation

By this time, the person is developing a plan to change and may be taking some action (e.g. a dress rehearsal). One of the best ways to help at this point is to ask what you can do to help.

Often people in preparation may find it hard to ask for help. Asking them for concrete things you can do can be very supportive and lets them know you are on their side.

For example: try to negotiate a way to deal with the person's crankiness when they are quitting.

Action

In this stage, the person is taking action to change their former behavior. It can be a difficult time for them. There are many ways to help someone in action, but the key is to ask them what they want you to do. You can then negotiate a plan together.

Maintenance

Helpers soon begin to take the changes in their clients for granted and often reduce their level of support in the maintenance stage. However, it is essential that a person in the maintenance stage has someone who can be "on call" when a crisis comes up that could lead to a relapse. This is one of the most valuable functions of self-help groups. It helps if you make an agreement that you will tell the person if you see them reverting to old behavior.

Termination

In this stage, the client may not need the support of the helper any longer. The changer has developed a new self-image that is consistent with the healthier behavior. There is no longer any temptation for them to return to the old behavior. People in this stage look, think, feel and act with genuine confidence. They are convinced they can function well without ever again engaging in their former problem behaviors, and they institute a healthier lifestyle as a means of preserving gains and promoting new growth.

Relapse

During this stage the person who had previously done well with the change starts to feel pressure to revert to the old negative behaviors and ultimately will go back to those behaviors. In this stage it is important for the helper to be non-judgemental and help the relapser to examine the specific triggers (people, places, things, situations etc.) that led to the person reverting to their old negative behavior. In this stage the relapser needs help in identifying stronger coping strategies and reassessing their motivation for the change and identifying barriers to maintaining the positive change that they had previously instituted.

Prochaska and DiClemente's Stages of Change Model

| Stage of Change | Characteristics | Techniques |
|-------------------|---|---|
| Pre-contemplation | Not currently considering change: "Ignorance is bliss" | <p>Validate lack of readiness</p> <p>Clarify: decision is theirs</p> <p>Encourage re-evaluation of current behavior</p> <p>Encourage self-exploration, not action</p> <p>Explain and personalize the risk</p> |
| Contemplation | <p>Ambivalent about change: "Sitting on the fence"</p> <p>Not considering change within the next month</p> | <p>Validate lack of readiness</p> <p>Clarify: decision is theirs</p> <p>Encourage evaluation of pros and cons of behavior change</p> <p>Identify and promote new, positive outcome expectations</p> |
| Preparation | <p>Some experience with change and are trying to change: "Testing the waters"</p> <p>Planning to act within 1 month</p> | <p>Identify and assist in problem solving re: obstacles</p> <p>Help patient identify social support</p> <p>Verify that patient has underlying skills for behavior change</p> <p>Encourage small initial steps</p> |
| Action | <p>Practicing new behavior for 3-6 months</p> | <p>Focus on restructuring cues and social support</p> <p>Bolster self-efficacy for dealing with obstacles</p> <p>Combat feelings of loss and reiterate long-term benefits</p> |
| Maintenance | <p>Continued commitment to sustaining new behavior</p> <p>Post-6 months to 5 years</p> | <p>Plan for follow-up support</p> <p>Reinforce internal rewards</p> <p>Discuss coping with relapse</p> |
| Relapse | Resumption of old behaviors: "Fall from grace" | <p>Evaluate trigger for relapse</p> <p>Reassess motivation and barriers</p> <p>Plan stronger coping strategies</p> |