

# STAGES OF CHANGE MODEL

	What is the client feeling/doing?	What can the counselor do?	Are medications appropriate?
precontemplation	not ready to change - the client has little or no thought or interest in changing the behavior	raise ambivalence – increase the client’s perception of risks and problems with current behavior	if the client does not believe that they have a problem with opioids then they probably will not be open to taking medication; however, knowing there are medications that could help may create an interest in treatment and offer hope
contemplation	thinking about change - the risks and benefits of change are assessed by the client	tip the decisional balance – evoke reasons for change and risks of not changing; strengthen the client’s self-efficacy for behavior change	could promote the consideration of possible sobriety and support the notion that change is possible; clients can view medications as another tool to help them achieve their goals
preparation	getting ready to make change - the client gets ready to change and tests the waters by creating a plan of action	help the client to determine the best course of action to take in seeking change; develop a plan	can be a part of a client’s individualized treatment plan; schedule and regimen can promote the client’s commitment to the plan and set a timeframe for initiating the plan
action	making the change – the client makes steps to change	help the client implement the plan; use skills; problem-solve; support self-efficacy	positive effects from medication can reinforce initial success of treatment; can reduce cravings and post-acute withdrawal symptoms
maintenance	sustaining the change – the client continues the action plan until change has been integrated into the client’s lifestyle	help the client identify and use strategies to prevent relapse; resolve associated problems	can prevent relapse; can support stabilization and resolution of other problems during psychosocial therapy sessions; can reduce cravings and post-acute withdrawal symptoms
relapse	slipping back into previous behavior – the client goes back to the behavior and must re-enter the cycle of change	help the client recycle through the stages of contemplation, preparation and action, without becoming stuck or demoralized because of relapse and identify triggers leading to relapse	can support the client’s commitment to change; can reduce cravings and post-acute withdrawal symptoms