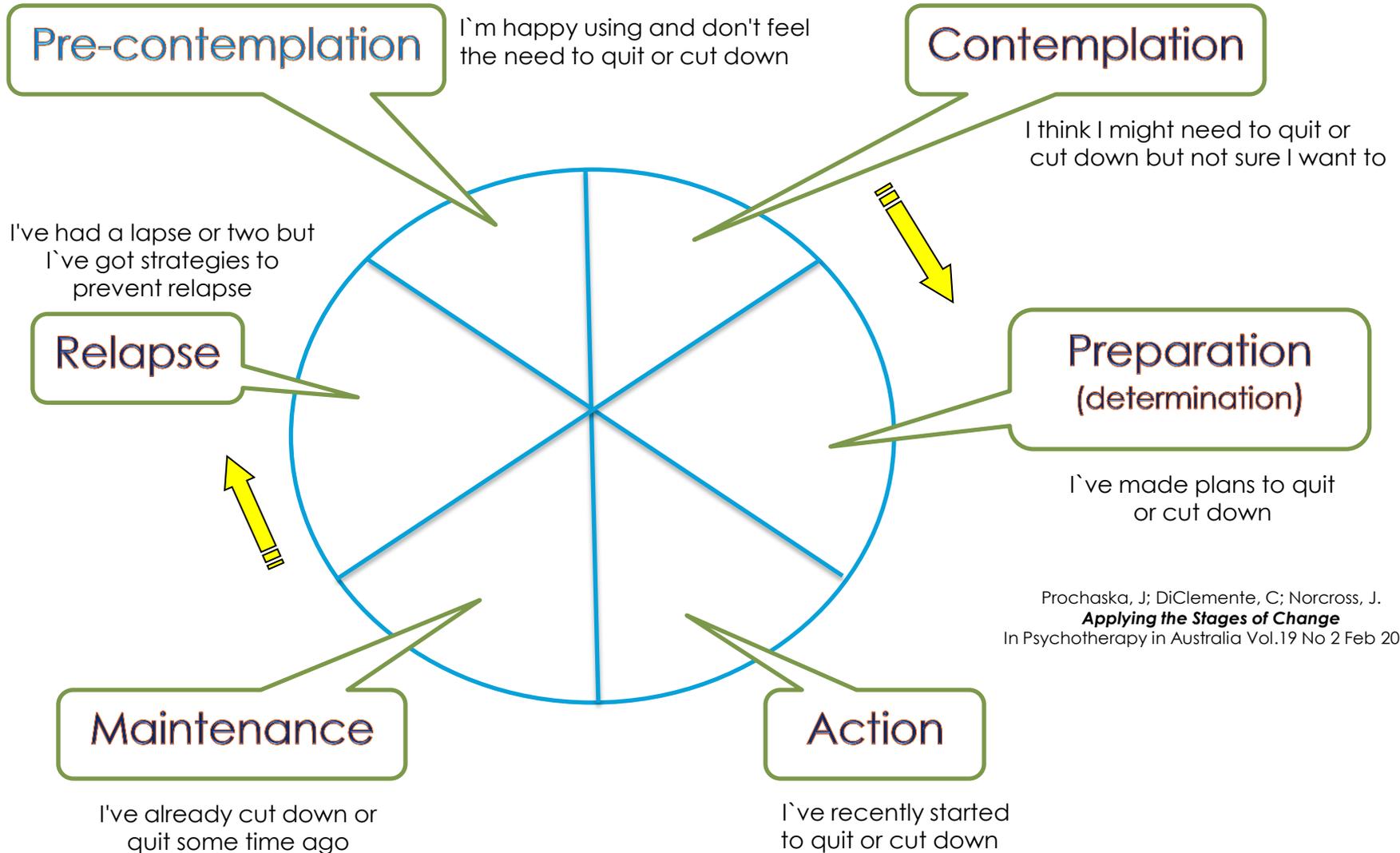


The Wheel of Change

James Prochaska, Carlo DiClemente and John Norcross



Prochaska, J; DiClemente, C; Norcross, J.
Applying the Stages of Change
In Psychotherapy in Australia Vol.19 No 2 Feb 2013

Stage	Characteristics	Worker Tasks
Pre- contemplation (Not ready)	People in this stage do not intend to take action in the foreseeable future, usually measured as the next six months. Many unsuccessful attempts at change have been made that can lead to demoralization and to avoid reading, talking, or thinking about their high-risk behaviors.	Raise doubt and with client permission, provide information about the harms and long term effects of substance use. Use Motivational Interviewing to strengthen engagement
Contemplation (Getting Ready)	The stage in which people intend to change in the next six months but is often characterized as behavioral procrastination. Individuals in the Contemplation stage are not ready for traditional action-oriented programs that expect participants to act immediately.	Use the Decisional Balance to evoke reasons for change and the Readiness Ruler to clarify readiness ability and confidence to prepare an action plan. Discuss with the client how each might be strengthened
Preparation (Ready)	The stage in which people intend to take action in the immediate future, usually measured as the next month. Typically, they have already taken some significant action in the past year. These individuals have a plan of action.	Assist the client to prepare an action plan. Ongoing counselling or mental health support if required.
Action	The stage in which people have made specific overt modifications in their lifestyles within the past six months	Offer statements of affirmation and positive support for ongoing success of the client's action plan
Maintenance	Maintenance is the stage in which people have made specific overt modifications in their lifestyles and are working to prevent relapse are less tempted to relapse and grow increasingly more confident that they can continue their changes.	Relapse prevention strategies are used. An excellent resource is the approach by Marlatt and Gordon. Associated lifestyle problems may also need attention
Lapse / Relapse	The client returns to their previous behaviour temporarily (lapse) or for longer periods of time (relapse)	Motivational Interviewing and / or associated mental health support. Revisit client Recovery Plan

THE DECISIONAL BALANCE

	Status quo or option A	Change or option B
Advantages	Good things about the status quo	Good things about change
Disadvantages	Less good things about the status quo	Less good things about change

Select one drug to discuss.

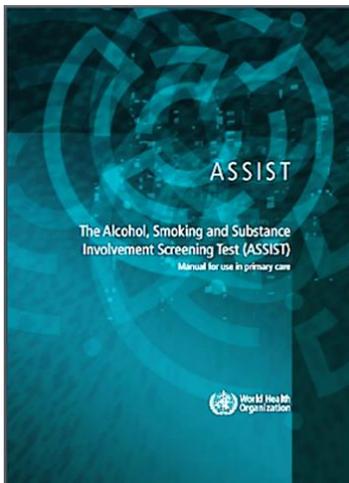
Follow the arrows in your discussion with the client with more emphasis on the less good things and the good things about change.

After arriving at the good things about change guide the client in considering harm reduction strategies or other actions that reduce the harmful impact of their drug use.

THE DECISIONAL BALANCE

The Decisional Balance (Janis, I. and Mann, L. - *Decision Making. A Psychological Analysis of Conflict, Choice, and Commitment* 1979. The Free Press - a division of Macmillan Inc. New York) is one means by which a youth service worker may engage a client about their use of drugs to explore the good and not so good aspects and can help raise awareness or concern about the not so good aspects of substance use. In this way, a discussion may begin where the client then considers the benefits of making a change.

This tool is one of the 10 Brief Interventions associated with the ASSIST (Alcohol, Smoking and Substance involvement Screening Test) developed by the World Health Organisation. 'Right-click' the hyperlink shown below, to find out more.



http://www.who.int/substance_abuse/activities/assist/en/

THE READINESS RULER

1. How **important** is it for you to make this change?



--	--	--	--	--	--	--	--	--	--



1 2 3 4 5 6 7 8 9 10

2. How **confident** are you in your ability to make this change?



--	--	--	--	--	--	--	--	--	--



1 2 3 4 5 6 7 8 9 10

3. How **ready** are you to make this change?



--	--	--	--	--	--	--	--	--	--



1 2 3 4 5 6 7 8 9 10

For each ruler, ask the following questions

1. Why are you at your current score and not lower on the scale?
2. What would it take for you to get to a higher score?

Supports the client to do more change talk

THE READINESS RULER

“The Readiness-to-Change Ruler is used to assess a person’s willingness or readiness to change, determine where they are on the continuum between “not prepared to change” and “already changing”, and promote identification and discussion of perceived barriers to change. The ruler represents a continuum from “not prepared to change” on the left, to “already changing” on the right.

The Readiness-to-Change Ruler can be used as a quick assessment of a person’s present motivational state relative to changing a specific behaviour, and can serve as the basis for motivation-based interventions to elicit behaviour change.

Readiness to change should be assessed regarding a very specific activity such as taking medications, following a diet, or exercising, since persons may differ in their stages of readiness to change for different behaviours”

Source: The American Society on Aging and
The American Society of Consultant Pharmacists Foundation 2000



THE REASONS FOR SUBSTANCE USE SCALE

Spencer C, Castle D, Michie PT.

Motivations that maintain substance use among individuals with psychotic disorders.

Schizophrenia Bulletin 2002;28(2):233-47

GREAT HEALTH AND WELLBEING		Given Name: _____																																																																																																											
REASONS FOR SUBSTANCE USE SCALE		Date of Birth: ____/____/____	Sex: <u>M</u> / <u>F</u>																																																																																																										
Affix Hospital ID Label If Available																																																																																																													
Which substance do you use the most, or causes the most concern for you? (Please specify):																																																																																																													
Considering your current use of that substance, how often do you use it for the following reasons? (For each reason <i>✓</i> , please <i>✓</i> a box that best-fits <i>s</i>)		Almost never / Never	Some of the time	Half of the time	Most of the time	Almost always / Always	Scoring / Tallying Columns																																																																																																						
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2	To make it easier to sleep	1	2	3	4	5				4																																																																																																			
3	To slow down racing thoughts	1	2	3	4	5			1																																																																																																				
4	To be sociable	1	2	3	4	5					E																																																																																																		
5	To relax	1	2	3	4	5			3																																																																																																				
6	To be part of a group	1	2	3	4	5		B																																																																																																					
7	To get high	1	2	3	4	5					D																																																																																																		
8	To decrease suspiciousness / paranoia	1	2	3	4	5	A																																																																																																						
9	To forget your worries	1	2	3	4	5			4																																																																																																				
10	Because it's fun	1	2	3	4	5					D																																																																																																		
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The RFUS asks 27 questions related to a specified drug the client is using. There are 5 possible answers across a range of "Never or almost never to Almost always or always". Each answer has an associated score, 1-5



The client gives an answer and the score is recorded in the scoring columns as shown (in yellow). On completion, the scores are added down each column. The scores are then transferred over the page matched against the domain of functioning shown.



THE REASONS FOR SUBSTANCE USE SCALE

A = Coping with Positive Symptoms and Medication Side Effects:

This sub-scale acknowledges that substance use can be undertaken as a way of managing suspiciousness and paranoia, or to get away from distressing voices. It is also sometimes used to manage unwanted side effects of psychiatric medications.

B = Conformity / Acceptance:

Substance use in this category reflects peer pressure, and the need to be liked or be part of a group.

C = Coping with Unpleasant Affect:

This reason suggests that substance use is a way of dealing with depression, anxiety, insomnia, boredom and general distress. It is also a way of improving concentration and self-confidence.

D = Enhancement:

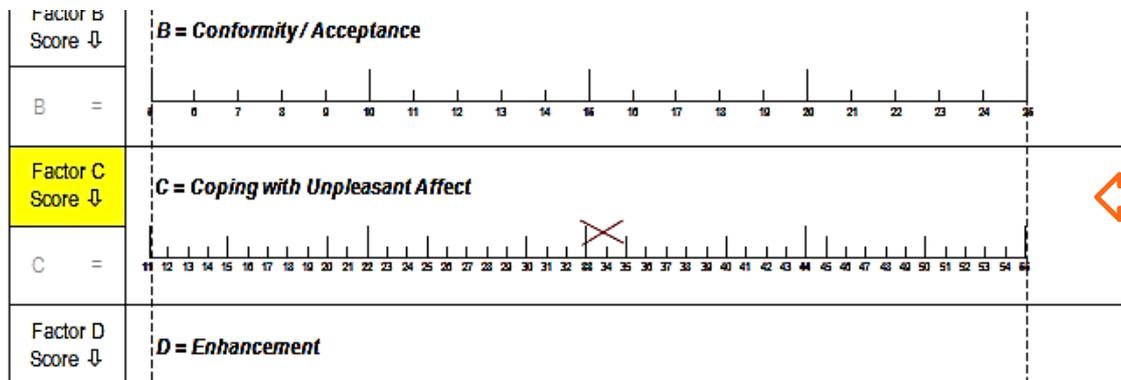
This motive reflects substance use as a way of getting high, having fun and feeling good.

E = Social Use:

Substance use is undertaken as a way of celebrating, to make social gatherings more enjoyable and as an activity that is sociable.



Each domain reflects the client's reasons for use and may assist the client and worker to start a discussion about getting further help for substance use. A higher score reflects it's importance in that area of functioning.



In this example, a high score for Coping with Unpleasant Affect may indicate a need for additional mental health assessment or treatment.