

## Treatment Planning Based On Stages of Change Model

Stage of Change	Characteristics	Techniques	Service Planning
Pre-contemplation	<p>Not currently considering change: "Ignorance is bliss"</p> <p>Not intending to take action within the next 6 months.</p> <p>Not interested in changing or interested in any kind of help.</p> <p>Project blame and defensiveness</p> <p>May have tried to change in the past but have become demoralized about their ability to do so.</p> <p>Labeled as resistant or unmotivated but in fact</p> <p>Human Service field is not designed or matched to their needs.</p>	<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> <p>Raise doubt-increase the client's perception of risks and problems with current behavior</p>	<p>Develop harm reduction strategies with clients i.e. identify child care arrangements with child care providers, professional or otherwise, if you are planning to use</p> <p>Develop a list of barriers to abstaining or using responsibly</p> <p>Develop a clear plan of how to take prescribed medications and use a pill box</p> <p>Agree not to expose the child to alcohol or drug use and abuse</p> <p>Share with Social Worker when client has decided not to take medication</p> <p>Provide documentation of psychiatric diagnosis and medications</p> <p>Name one time you named more than you should and the results -ability to articulate what would happen if you used this way.</p> <p>Request for physician for non addictive meds</p>
Contemplation	<p>Ambivalent about change: "Sitting on the fence"</p> <p>Not considering change within the next month</p> <p>Ambivalence is the main characteristic of this stage.</p> <p>People are more aware of the pros of changing but acutely aware of the cons.</p> <p>Loose timeframe is to change within the next 6 months.</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> <p>Tip the balance-evoke reasons to change, risks of not changing; strengthen the client's self-efficacy for change of current behavior</p>	<p>Call for an Evaluation and keep appointment</p> <p>Able to describe what a drug problem would look like and how it would impact my ability to parent</p> <p>Able to articulate what would happen to children if client would use</p> <p>Develop a safety plan for children if client plans on using</p> <p>Obtaining releases of information from treatment providers, physicians and other medical providers.</p> <p>Provide a list of medications, providers and regime of use</p> <p>Develop a plan for out-patient treatment and follow it</p>

			<p>Follow recommendations of treatment plan</p> <p>Request for physician for non addictive meds</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>These people intend on making change within a month or so.</p> <p>They have resources or services that they intend on using.</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> <p>Help the client to determine the best course of action to take in seeking change</p>	<p>Call for detox opening</p> <p>Willingness to engage in Family Based Service Planning</p> <p>Identify child care arrangements with child care providers, professional or otherwise, if you are planning</p> <p>Able to investigate resources available to client and willing to call and solicit useful information from worker</p> <p>Develop a relapse prevention plan</p> <p>Follow treatment recommendations and have an aftercare plan</p> <p>Identify a Early Recovery or Relapse Prevention group</p> <p>Develop a plan and for AA or self help group attendance multiple times per week</p> <p>Request for physician for non addictive meds</p>
Action	<p>Practicing new behavior for</p> <p>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> <p>Help the client to take steps toward change</p>	<p>Abstain from alcohol and drugs</p> <p>Get a sponsor</p> <p>Would sponsor be willing to verify meeting attendance</p> <p>Develop a plan and for AA or self help group attendance multiple times per week</p> <p>Follow recommendations of treatment plan</p> <p>Request for physician for non addictive meds</p>
Maintenance	<p>Continued commitment to sustaining new behavior</p> <p>Post-6 months to 5 years</p> <p>People have engaged in services or used resources that have changed the pattern of use whether it's a reduction in use which directly decreased the risk to child or</p>	<p>Plan for follow-up support</p> <p>Reinforce internal rewards</p> <p>Discuss coping with relapse</p> <p>Help the client to identify and use strategies to prevent relapse</p>	<p>Abstain from alcohol and drugs</p> <p>Maintain sponsor relationship</p> <p>Attend self-help groups multiple times per week</p> <p>Would sponsor be willing to verify meeting attendance</p>

	<p>abstinence.</p> <p>People are also able to successfully avoid any temptations to return to the using.</p> <p>They are able to maintain the new status quo with increased confidence.</p>		<p>Request for physician for non addictive meds</p> <p>Identify a Early Recovery or Relapse Prevention group</p>
Relapse	<p>Resumption of old behaviors: "Fall from grace"</p> <p>Returning to a previous stage: increased denial, feeling as though they don't need to continue therapy.</p> <p>Relapse on drugs and alcohol.</p>	<p>Evaluate trigger for relapse</p> <p>Reassess motivation and barriers</p> <p>Plan stronger coping strategies</p> <p>Help the client to renew the processes of contemplation, determination, and action, without becoming stuck or demoralized because of relapse</p>	<p>Call for detox opening</p> <p>Follow treatment recommendations and have an aftercare plan</p> <p>Notify social worker of relapse and corrective actions taken with lessons learned before 51A filed</p> <p>Develop a safety plan for children if client plans on using</p> <p>Agree not to expose the child to alcohol or drug use and abuse</p> <p>Share with Social Worker when client has decided not to take medication</p> <p>Request for physician for non addictive meds</p>