

Stages Of Treatment



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It is common for people to experience ongoing ambivalence when making a change. A model of behavioral change, known as the “Stages of Change” assesses a person’s readiness to make any change in behavior (e.g., health diet, exercise), and there is consistent support for use of this model in treatment approaches for substance use and mental illness. In stage-matched care, clinical interventions are selected and can be adapted based on a person’s Stage of Change. This effective approach supports and enhances a person’s motivation while increasing the likelihood that a person can sustain a behavior change. Stage-matched interventions, referred to as the Stages of Treatment, describe a person’s process through recovery. Each Stage of Treatment includes a range of motivational interventions matched to support a person’s recovery. Below is a description of the Stages of Change paired with the corresponding Stage of Treatment. This is followed by an example of how to use the Stages of Treatment to effectively treat co-occurring mental illness and substance use disorders.

STAGE-MATCHED CARE

Developed from the Trans-theoretical Model of Change, the Stage of Change², model includes five stages: precontemplation, contemplation, preparation, action, and maintenance. These stages of change have four complementary stages of treatment each with specific strategies tailored to enhance client engagement and motivation. Research supports the use of stage-matched care to help implement health-behavior changes related to substance use, physical activity, and taking medication³. Individuals with co-occurring mental illness and substance use disorders have complex needs that may be more effectively addressed by utilizing the stages of treatment as opposed to using a strategy outside of the individual’s Stage of Change.

Stage of change (SOC) | Stage of treatment (SOT)

Precontemplation > Engagement

**Contemplation and >Persuasion
Preparation**

Action >Active Treatment

**Maintenance >Relapse Prevention
and Recovery**

STAGES OF CHANGE IN PRACTICE

Stage of change (SOC) | stage of treatment (SOT) Precontemplation > Engagement

Jen agrees to random drug testing and treatment after her two children are removed from the home and placed in foster care due to a report made to CPS anonymously by a neighbor. Initially, Jen denied the use of amphetamines despite evidence of drug production in the home where the family is living. Jen appears to be underweight, especially considering she is six months pregnant. Her initial drug test was positive for methamphetamine and marijuana. In addition to substance use disorder, Jen meets criteria for major depression. Bill, her CPS social worker, recognizes that Jen is in the precontemplation Stage of Change related to her substance use and depression and that he should use strategies related to the Engagement Stage of Treatment. During a visit with Jen at the treatment center, Bill uses reflections to acknowledge Jen’s feelings of distress and to enhance their rapport. He is careful to explore her opinions and experiences without providing advice. Eventually, with Bill’s use of motivational interviewing skills (open-ended questions, affirmations, and reflective listening), she shares that her drug use and low mood is causing problems.

Bill: “How are you doing today?”

Jen: “Life is so hard and probably won’t ever get better for me. But, I shouldn’t be here, my drug use isn’t a problem.”

Bill: “What do you mean when you say “life is so hard?” That sounds really challenging for you.”

Jen: “I don’t talk to anyone, and nobody wants to be around me because I’m no fun anymore.”

Bill: “Things probably weren’t always like this. How do you think it’s gotten this bad?”

Jen: “It just sort of happened. Meth helped me at first, but now it is hard too. I have to keep using so I don’t get sick.”

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Stage of change (SOC) | stage of treatment (SOT)
Contemplation and Preparation>Persuasion

Jen has been attending individual and group counseling at the treatment center and is aware of the pros and cons of her methamphetamine use. Jen can recognize reasons for change but has not yet committed to a plan. A commitment to change is an essential part of her CPS case plan which includes the goal of reunification with her children. Bill, recognizing that Jen has moved to the Contemplation Stage of Change, uses motivational strategies when discussing her case plan progress, such as developing discrepancies, to help Jen resolve the ambivalence and move toward Preparation and then the Action stage.

Bill: "Tell me about some of the good and bad things about using methamphetamines?"

Jen: "Meth helps me not feel all of the pain in the moment, I guess you could call that a good thing, but after I use, I feel so much shame, I'm letting my kids down."

Bill: "So the temporary relief you experience when you use is replaced by shame and sadness about disappointing your kids?"

Jen: "Yeah. I want nothing more than to be healthy for my kids; I don't know if I can do it."

Bill: "So you want some things in your life to change, but you're not sure if they can?"

Stage of change (SOC) | stage of treatment (SOT)
Action>Active Treatment

Jen feels ready to make some changes in her life and has already taken steps toward recovery. She is taking an antidepressant and is managing to abstain from methamphetamines but doesn't yet feel stable. Now that Jen is in the Action stage, Bill adjusts his engagement strategies to Active Treatment by providing support, education, and suggestions. When they communicate, he continues to elicit reflections from Jen as she implements new changes and coping skills in her life.

Bill: "How have things been going since the last time we talked?"

Jen: Things are a little better. I didn't use meth last week, but sometimes the cravings are so bad it's a struggle to get through the day."

Bill: "You have done such great work so far. I hope you are proud of yourself! What coping skills do you use to deal with the cravings?"

CITATIONS:

¹ Minnesota Department of Human Services' Child Safety and Permanency Division. (2016). *Minnesota's Out-of-Home Care and Permanency Report*. Retrieved from <https://edocs.dhs.state.mn.us/lfs/efserver/Public/DHS-54081a-ENG?platform=hootsuite>

² Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51(3), 390-395.

³ Norcross, J. C., Krebs, P. M., & Prochaska, J. O. (2010). Stages of change. *Journal of Clinical Psychology*, 67(2), 143-154.

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Jen: "I have tried going for walks and praying when the urge to use hits me. When it's really bad, I go to additional support meetings to hear the stories. I like the support."

Bill: "That seems to work pretty well for you in most situations, but you struggle sometimes. What is it about those times that are difficult?"

Jen: "I start to feel really anxious at the end of the day, that's when it is quiet and I start to think about all of my worries."

Bill: "Relaxation strategies can be helpful for people who feel anxious. Would you like to try one?"

Jen: "Sure, I am open to it."

Stage of change (SOC) | stage of treatment (SOT)
Maintenance>Relapse Prevention and Recovery

Jen has established new coping behaviors since she first began treatment and she has decided to stop consuming substances. She realizes that it increased her feelings of anxiety and sadness and puts her at risk of losing her children permanently. Bill recognizes that it will be important to help her develop relapse prevention strategies and to focus on additional ways to enhance and maintain her recovery. Bill will support Jen in the development of a relapse prevention/wellness plan to be included with her case plan goals.

GIVEN THAT PEOPLE MAY FLUCTUATE ACROSS EACH DIMENSION OF CHANGE, IT IS HELPFUL TO VIEW RECOVERY AS A DYNAMIC, LONG-TERM PROCESS. BY IDENTIFYING AND CONTEXTUALIZING THE CLIENT'S STAGE OF CHANGE, PRACTITIONERS CAN BETTER PROMOTE AND SUPPORT BEHAVIORAL CHANGE.

Bill: "You've done a great job getting to this place of recovery! How can you continue to support your changes and prevent relapse?"

Jen: "Yeah, things have been going well for me. Regular visits with my kids have kept me focused. Exercising has also helped me cope with urges. I love the relaxation work we do, so I am going to check into yoga. I am kind of worried about going out with friends in the future, though."

Bill: "Those are all excellent strategies to use moving forward. What do you think you might use to deal with social situations?"

Jen: "Well, I have developed a lot of skills and have a lot of support now. Maybe you can help me figure out how to use them so I can continue my progress."

Bill: "That's a great idea; let's work on your relapse prevention plan."