

4 Things You Need to Know About a Person Before You Counsel

Goal:

This module will present the basic concepts of the stages of change, the window period, and clients' context

Learning Objectives:

At the end of this module participants will be able to:

1. Name the 5 Stages of Change
 2. Identify appropriate interventions for each stage of change.
 3. Understand and explain the "Window Period"
 4. Apply the concept of *context* when counseling clients
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The Stages of Change

If you have ever tried to stop smoking or lose weight, you know how hard it is. Going through this process, you probably went through several stages, starting with not wanting to change at all. Maybe later you considered the pros and cons of changing for a long time. Perhaps you had a few unsuccessful attempts before you succeeded in making a change, or maybe you're still thinking about whether you want to try. That is totally normal.

Two researchers, James Prochaska and Carlo DiClemente, discovered that there is a series of Stages of Change that almost everyone goes through when faced with changing an ingrained behavior.

As HIV test counselors, understanding the Stages of Change is important. The more we adapt our discussion with a client to the client's stage, the more likely we are to be effective. Let's look at those stages.

The Stages of Change

According to Prochaska and DiClemente, there are five stages of change:

Precontemplation

Contemplation

Preparation (Ready for Action)

Action

Maintenance



Stages of Change: Characteristics

- It is not realistic to expect change after a single intervention
- Once clients initiate behavior change, they are susceptible to reverting to a previous stage at any time
- Clients may go forward and backward through stages repeatedly
- Successful change involves not only restructuring patterns of behavior, but also restructuring thoughts about oneself and one's actions



Staging Interventions

- When counseling clients around changing behaviors, it can be most helpful to match an intervention with their stage of change
- Intervention: An action by the counselor that results in a change in the client's **thinking** or **understanding** of themselves or their behaviors in relation to HIV

**On the following screens, we'll look at each stage
one at a time.**

Read the following slides carefully!

People in the Precontemplation Stage...

- Have no intentions to change their behavior, they have difficulty in seeing that a problem exists in the first place
- Are unaware of their HIV risk or deny the adverse outcome that could happen to them or others
- Have made a decision not to change behavior, which can be due to personal safety or other survival issues

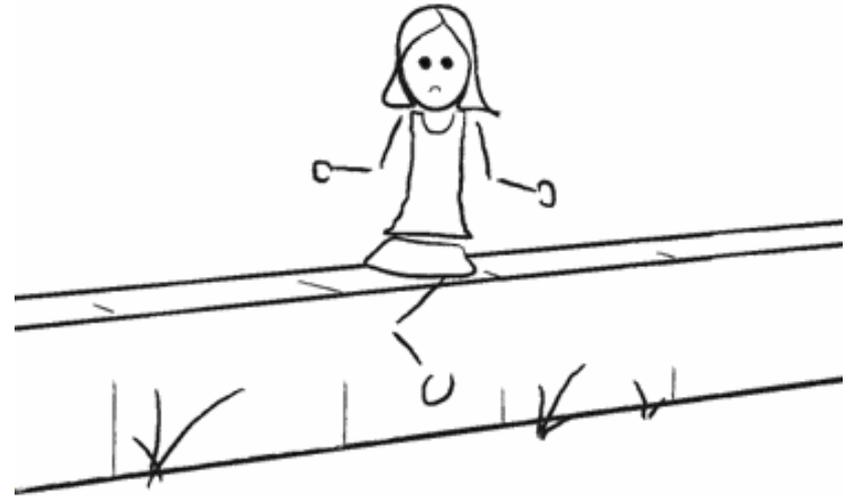


Precontemplation: Appropriate Interventions

- Establish rapport and build trust
 - Follow the client's lead to get a sense if they want to talk about their risks
 - Get a reaction, either cognitive or emotional
 - Help them think about their risk taking behavior patterns by:
 - Offering factual information about the risks of having unprotected sex and needle sharing (keep to a minimum as information alone rarely changes behavior)
 - Exploring the meaning of events that brought the client to testing
 - Eliciting the client's perceptions of the problem
 - Explore the pros and cons of risk taking behaviors
 - Examining discrepancies between the client's and others perceptions of the problem behavior
 - Express concern and keep the door open
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People in the Contemplation Stage...

- Recognize that a problem exists and seriously think about changing a behavior, but has not yet committed to action. The contemplation stage can last for long periods of time.
- Have indicated they are seriously considering changing their behavior within the next six months.
- Know where they want to go but are not ready to do what is necessary to get there.
- Spend considerable effort weighing the pros and cons of the problem and its solutions. However, they can't maintain the change and sustain the new behaviors that change requires.

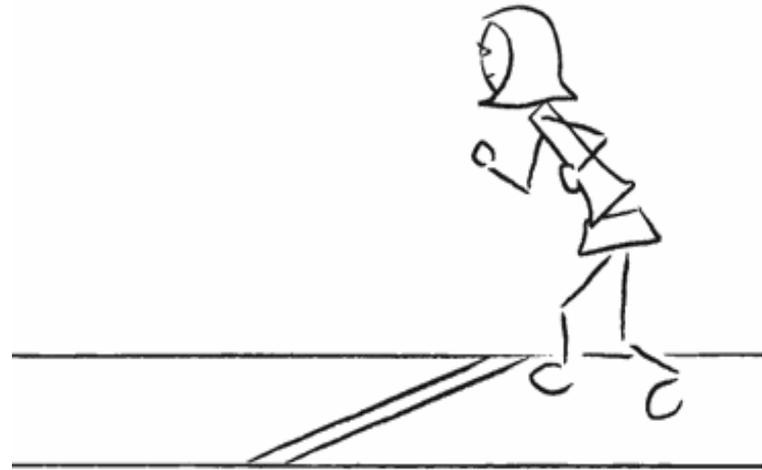


Contemplation: Appropriate Interventions

- Normalize ambivalence
 - Help the client “tip the decisional balance scales” toward change by:
 - Eliciting and weighing pros and cons of engaging in risky behaviors and change
 - Changing from external to internal motivation
 - Examining client’s personal values in relation to change
 - Emphasizing client’s free choice, responsibility, and self-efficacy for change
 - Elicit self-motivational statements of intent and commitment from client
 - Elicit ideas regarding client’s perceived self-efficacy and expectations regarding change
 - Summarize self-motivational statements
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People in the Preparation Stage...

- Bring together the intention to change and the preliminary behavioral efforts to make the change.
- Intend to take action within the next month or had unsuccessfully taken action in the past year.
- Need work on strengthening commitment.

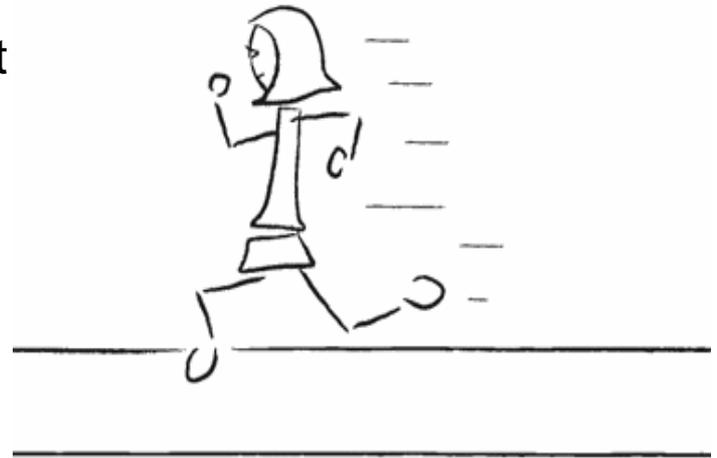


Preparation: Appropriate Interventions

- Clarify the client's own goals and strategies for change
 - Consider and lower barriers to change
 - Help the client enlist social support
 - Elicit from the client what has worked in the past either for him or others who he knows
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People in the Action Stage...

- Make adaptations in order to change his or her attitudes, behaviors, or environment.
- Try new behaviors, but these are not yet stable.
- Have abstained from their risk taking behavior for a period ranging from one day to six months.
- Have spent a considerable time and energy altering their behavior and their change is notable
- Are particularly susceptible to relapse to an earlier stage



Action:

Appropriate Interventions

- Engage the client in talking about new behaviors and reinforce the importance of maintaining them
 - Support a realistic view of change through small steps
 - Acknowledge difficulties for the client in early stages of change
 - Help the client identify high-risk situations and develop appropriate coping strategies to overcome these
 - Assist client in finding new motivations for positive change
 - Help client assess support networks
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People in the Maintenance Stage...

- Focus on sustaining a change in behavior, preventing relapse, and consolidating the gains of the action stage.
- Have successfully sustained their behavior change for six months or longer.
- Maintenance was once considered static. It is now viewed as the continuation of change, rather than its absence. “Once you’re there, there is still plenty of work to do.” Relapse to an earlier stage is always possible.

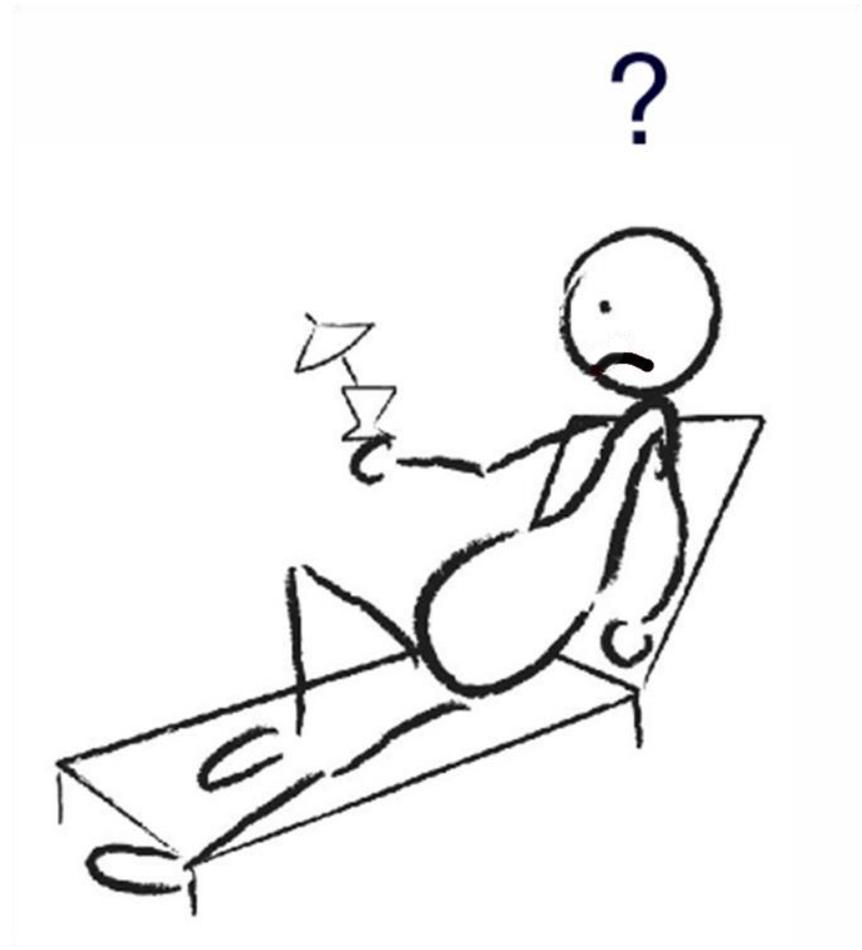


Maintenance: Appropriate Interventions

- Acknowledge the client's resolve to maintain lower risk behaviors
 - Support lifestyle changes
 - Affirm the client's resolve and self-efficacy
 - Help client practice and use new coping strategies to avoid a return to former behaviors
 - Review long-term goals with the client
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People in the Relapse Stage...

- Have experienced a recurrence of their risk behavior and must now cope with consequences and decide what to do next.



Relapse:

Appropriate Interventions

- Normalize relapse
 - Help the client reenter the change cycle and commend any willingness to reconsider positive change
 - Explore the meaning and reality of the recurrence as a learning opportunity
 - Assist the client in finding alternative coping strategies
 - Maintain supportive contact
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In Summary...

- Assessing a client's stage of change and negotiating a stage appropriate intervention can help clients make decisions to reduce their risk for HIV
 - Participants who relapse or revert to a previous stage tried to do something different. They didn't fail. It just didn't work and they need to revisit their steps, amend them, and try again.
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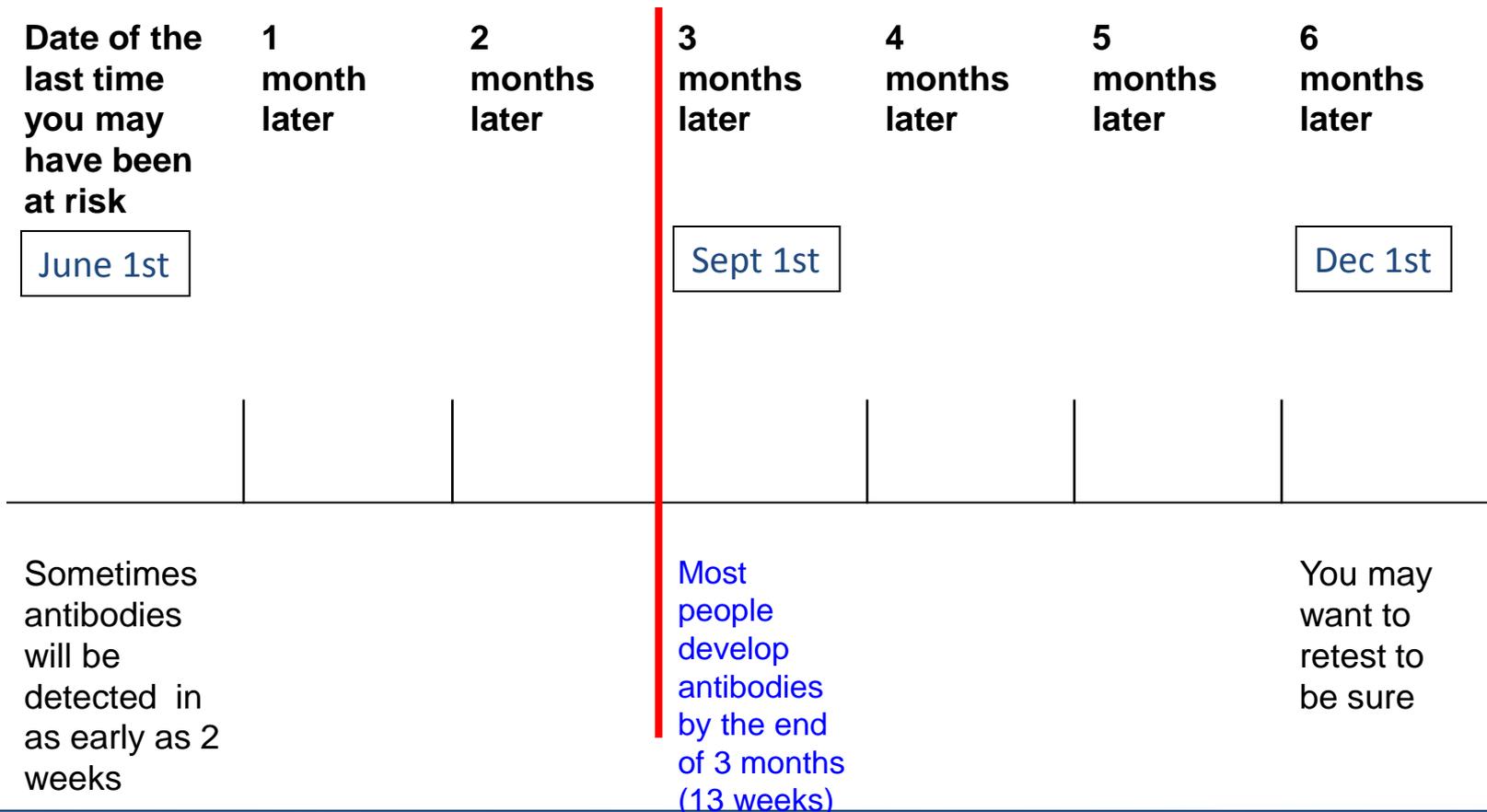
What is the Window Period?

...the time it takes for
a test to detect the
presence of
antibodies, antigens
or virus.

NOTE: The State of California defines the window period to take place between two weeks to six months with most people developing antibodies by the third month.



HIV/HCV Antibody Testing & the Window Period



Context

con·text /kän·tekst/



Noun: “The broader circumstances surrounding a client’s potential risk behaviors. These may include their sexual partners and behaviors, substance use, physical environment, their emotional state, peer influences, personal history, motivations for participating in the behaviors and so on. A client’s social environment can have a large complex set of cofactors that might include the communities they live in, their cultural influences, the languages they speak, and the impact of poverty and other forms of oppression on their ability to initiate and be supported in risk reduction.”
