

# APPLYING THE STAGES OF CHANGE MODEL TO ATS USE

The stages of change model can be applied to any behaviour that is potentially problematic for an individual. It is often a dynamic rather than a linear model, meaning people can move in either direction and enter at any stage. Acknowledging where an individual is in terms of this model can be useful in determining your health care message, from safer using and harm reduction to reduction of use and treatment options.

## PRE-CONTEMPLATION

### At this stage:

People will frequently focus on the positive aspects of their use and not feel that there are any negatives. Benefits of ATS use, such as increased energy, confidence and motivation or reduced boredom, may outweigh any perceived detriment. For example, they may feel they “don’t use more than anyone else” in their peer group or that they “can stop using anytime”.

They may, however, be experiencing external motivating factors to change; such as from family, friends or partners or in relation to health, legal or financial issues.

This is an opportunity to:

- › Raise awareness of the potential link between their drug use and factors impacting on their physical, psychological and social wellbeing. For example, they might report that their ATS use is not causing them any problems, yet they also report fighting with their partner after using heavily
- › Talk about the potential impacts of frequent or heavy ATS use, for example detrimental effects on nutrition, immunity, dental health and mental well being
- › Offer to share relevant information through the continual engagement process, including harm reduction strategies
- › Create opportunities for future dialogue
- › Acknowledge what the individual identifies as the more positive or useful aspects of their drug use

The goal here is to keep the person engaged, increasing their awareness rather than expecting change, even if there is external pressure for them to cease using

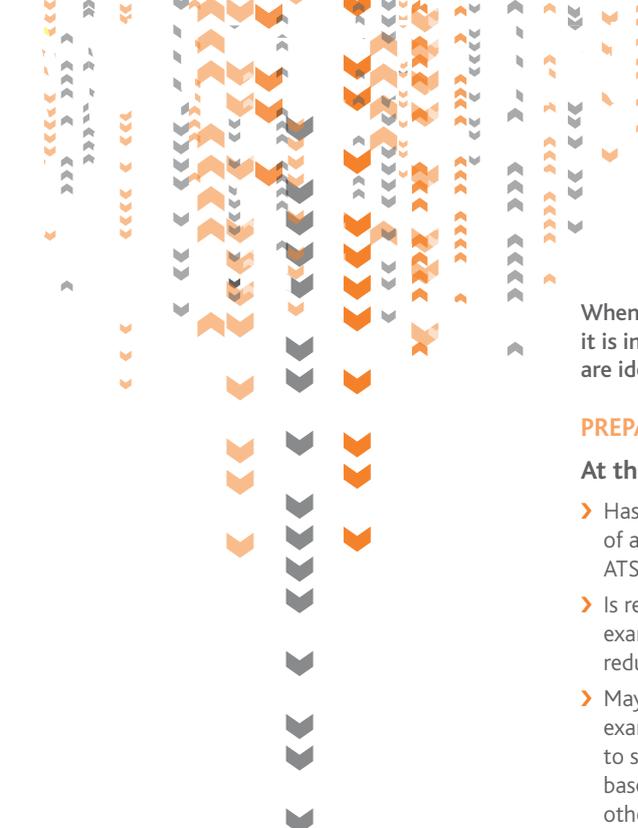
## CONTEMPLATION

People can stay in the contemplation stage for a long time. They are re-evaluating their ATS use from a more aware and open perspective.

People can only move to the next stage when they have worked through fears or worries and are now focused on the benefits of change. For ATS users, these benefits may include improved relationships, improved mental wellbeing and better health and immunity as a result of improved rest and nutrition.

Listen to the language the person is using; there could be clues about change.

- › Work in this stage is often cognitive. Your objective here is to reduce fear or dispel myths about change by emphasising the benefits of exploring behaviour change and suggesting ways to reduce any negative impact change may have for the person
- › Be aware that the very thought of ATS comedown and withdrawal can be enough to keep someone using regularly
- › Explore the person’s concerns as expressed by them
- › Assist the person to weigh up the good and not so good things about their use
- › Use Scaling Questions
- › Support the person’s choice of action.



When working with people at this stage it is important to deal with the issues that are identified as cons to change

### PREPARATION

#### At this stage the person:

- › Has decided to work toward a goal of addressing concerns related to their ATS use
- › Is receptive to undertaking dialogue, for example, discussion of the benefits of reducing use
- › May be more responsive to referrals, for example, counselling. Consider also referral to social, recreational and other activity based services to address boredom and other potential triggers for regular or problematic use

It is useful to review the service users' strengths, skills and support systems by encouraging them to develop a plan.

This can be done by considering:

- › The antecedents that trigger their use (for eg; boredom, depression, fear of withdrawal)
- › The pattern of behaviour that results (ATS use)
- › The positive consequences that reinforces their drug use (greater confidence, enthusiasm, energy, euphoria)

Acknowledge that the person may not yet possess the skills necessary for change, may have limited social networks and support and may struggle with positive decision making, including refusal skills

- › Build on the person's motivation or desire for change
- › Assist to set realistic personal short and long term goals
- › Support the person to identify times when it may be difficult to stick to the decision, and strategies to manage this
- › Encourage the development of realistic timelines
- › Explore options / choices the person has to support his or her change. Identify services and supports available, consider, where appropriate, the benefits of seeing a GP for symptomatic medication or a counsellor for assistance with relapse prevention

### READY FOR ACTION

This stage begins when the person begins to change behaviour using strategies that have been developed in earlier phases. This stage is also about evaluation. Each strategy is evaluated as it is encountered, and response modified as required.

Action with many people is a gradual process, beginning with techniques that help to gain control over the behaviour. The person needs to be able to measure what works and what does not work for them.

It is important to support the person in acknowledging that change takes time, encouraging them not to feel defeated if the process takes longer, or is more difficult, than originally anticipated

- › Skills training may be useful
- › Strategies to assist may include:
  - Verbal Rehearsal
  - Mental Imagery
  - Written Reminders
  - Practising Behaviour Change

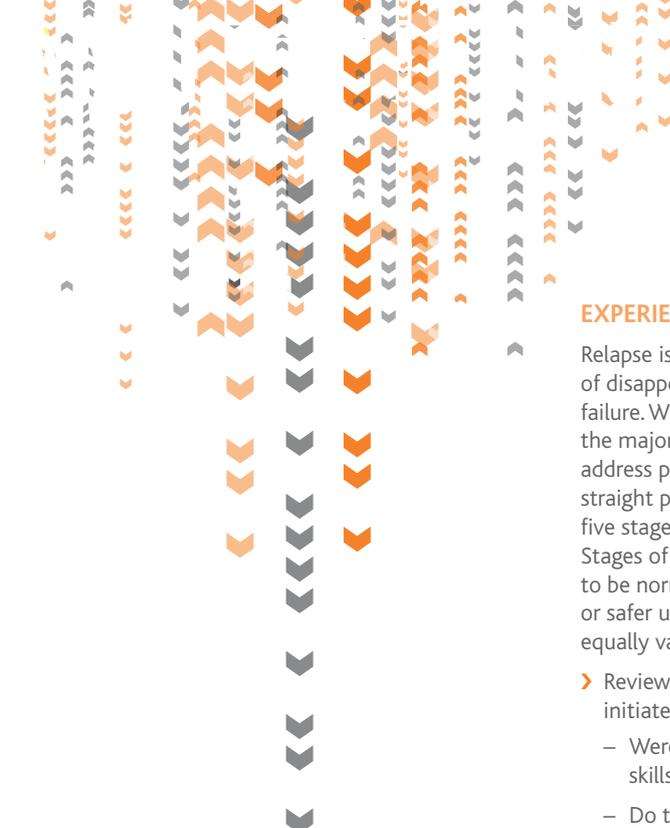
### MAINTAINING CHANGE

After a period of modified behaviour the person could be considered to be in maintenance.

The duration of this maintenance period will be influenced by individual circumstances.

The objective here is to review the previous goals, reinforce previous discussions and acknowledge and validate efforts.

- › Ask the person how they are going and what they feel they may require
- › Enquire if he/she has had any problems in regard to their ATS use. If 'yes' – explore. Reinforce positive aspects of safer using, reduced use and/or not using rather than focusing on the negative aspects
- › Once again explore the concept of lapse
- › Encourage ongoing skill development
- › Identify further actions through open discussion



### EXPERIENCING A LAPSE / RELAPSE

Relapse is often accompanied by feelings of disappointment and seeing oneself as a failure. While relapse can be discouraging, the majority of people who successfully address problematic use do not follow a straight path. Rather, they cycle through the five stages several times. Consequently, the Stages of Change Model considers relapse to be normal. In addition to this, reduced or safer use should be acknowledged as an equally valid goal or achievement.

- › Review the strategies that were used to initiate behaviour change
  - Were they consistent with the person's skills?
  - Do they need further skill acquisition to achieve these goals?
  - Do they need further support to achieve these goals?
  - Did the person actually implement the strategies, rather than 'seeing how it goes'?

- › A lapse, or relapse, can be regarded as an opportunity for learning

If relapse does occur what are you going to do? Remember... This is certainly not the end!

**Along the way to permanent cessation or stable reduction of ATS use, most people will experience relapse. It is much more common to have a relapse than not.**

*Adapted from Prochaska, J.O. and DiClemente, C.C. (1982) Transtheoretical therapy: Toward a more integrative model of change.*