Responding to the Stages of Change
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Helping clients to change unsafe behaviors is a significant part of an HIV test counselor's work. The Stages of Behavior Change Model is the most powerful tool the HIV counselor has when approaching this challenge. But, the model is inadequate to this task without the additional understanding of how change occurs at each stage and how counselors can target interventions to help clients advance in this process.

Assessing the Client's Stage

The first step in counseling after assessing a client's risk behaviors is to determine the client's current stage for each particular behavior. The five stages are: pre-contemplation, contemplation, ready for action, action, and maintenance. Counselors identify a client's stage by asking questions to discover how a client views a particular behavior, such as injection drug use or unsafe sex, and what role this behavior has in his or her life, and by listening to the language the client uses to describe thoughts and past actions. For example, questions might include: how is drug use important in a client's life? Does the client see a downside to using drugs? If so, is drug use a behavior he or she has ever thought of changing or tried to change in any way?

A successful test counseling session does not depend on a client achieving the next stage of change. Instead, an intervention is valuable if, at the end of the counseling session, a client seems to be moving toward this next stage or if the counselor senses that he or she has helped a client gain greater awareness about a particular subject.

The process of change—and the appropriate counseling intervention—is different at each stage of change. For instance, educating a client about HIV-related risks may be a valuable intervention at the pre-contemplation stage, but presenting this information is usually unnecessary and often counterproductive if a client is ready to change but has some apprehension about doing so.

Throughout an intervention, listen and follow the client's process in order to formulate how to respond. Remember that assessment continues throughout the counseling session and that plans to pursue particular intervention strategies must be flexible and depend upon the client's responsiveness to them.

Stage-Specific Interventions

During the pre-contemplation stage, many factors may induce risk-taking. Among these factors are: lack of information, denial about risks, resistance to change, and ambivalence about change. Clients at this stage generally have little consciousness about HIV-related risks. Often this results from a lack of information. Providing information and answering questions often raises a subject to a more conscious level. This can help clients understand the relevance of change for themselves.

In some cases, clients may be informed, but may deny the significance of this information to their own behaviors. A client may reveal denial through statements such as, "Getting infected won't happen to me." In response, a counselor can point out the inconsistency between this statement and the client's stated desire, for example, to avoid HIV infection. This type of response provides a foundation for the client's future thinking and an opportunity to break through denial.

Assess whether clients at the pre-contemplation stage are resistant or unwilling to consider the issue of change. Explore their willingness to consider this subject, since this response will obviously affect the direction of the counseling session. "Reflect back" to clients the feelings and actions
they report, and explore and validate the process they have used to make decisions. Suggest that feelings and attitudes may change for various reasons, for instance, in light of new information about HIV risks.

At the point at which clients think about change—the contemplation stage—lack of information is no longer the primary issue. At this stage, appropriate interventions focus on helping clients gain greater insight into their perceived need or desire to change. Ambivalence at the contemplation stage presents an opportunity for the counselor to make reflective comments that permit the client to gain greater awareness of his or her mixed feelings. At this point, the counselor's task is to focus on and learn more about the client's ambivalence in order to help him or her make decisions about moving forward.

Reflect back to clients examples of their ambivalence. For instance, the possibility of initiating condom use may make a client feel he or she is doing the right thing to take care of him or herself, but may also represent a significant and unwanted loss. If a client expresses conflicted feelings about starting to use condoms, reflect back the client's concerns and validate the power of both the "pro" and "con" positions.

Help clients prioritize from their own perspective the motivations and outcomes that are most important to them. During this process, it may be appropriate to examine the consequences of making a change and to compare these results to the possible results of not making a change. It is also helpful to assess a client's overall sense of "self-efficacy," the belief that an individual can actually achieve change. This can be done when the counselor underscores areas in the client's life in which he or she has already made some kind of successful change.

Beyond this, in both the pre-contemplation and contemplation stages, identify and reinforce the client's motivation. Reflecting back statements that reveal motivation to make a change can help clients understand and take ownership of those things that are most important to them. Addressing contradictions that may exist between what a client says is important and what a client does can help him or her move toward a position of being ready to change. Feelings that may arise during this process—relief, joy, sadness, or anger—can be helpful to the counseling process. When discussing contradictions, it is especially important to remain neutral, demonstrate care and concern, and be willing to move on to other issues if the client is not willing to go further with discussing a particular issue. In general, the counselor risks alienating the client only if the counselor is working from his or her own agenda and not the client's. A client at the "ready for action" stage has information about a risky behavior and its consequences, and the insight that the behavior is one he or she wants to change. At this stage, counselors can focus on interventions related to planning and taking action. Respond to any ambivalence about taking action and doubts about being able to achieve change, support this client's resolve, validate concerns, strategize solutions, and make a careful, achievable plan that outlines the steps necessary to take action.

Troubleshoot any challenges this client may face in moving to the action stage of change, and explore how he or she might avoid or resolve such problems. Challenges may be related to a client's social support, current living situation, economic factors, cultural influences, health matters, or self-esteem.

When clients reach the action stage of change, counselors should use interventions that demonstrate support for clients' original decisions to make a change, provide positive reinforcement for changes made so far, and highlight successes. Positive reinforcement, validation, and discussion of contradictions may continue to be appropriate at this stage. However, at the action or maintenance stage, counselors should encourage clients to share strategies to prevent lapses and specific behavioral steps that clients need to initiate or continue toward overall behavior change goals.

At the maintenance stage, counselors should apply strategies similar to those they
used in the action stage, while helping clients anticipate or respond to typical emotional or physical changes that they may be experiencing or expect to experience.

Shifting from Health Education

For many counselors, formulating interventions based on the concept of change and using a client-centered model in the ways described in this article represents a significant shift in approach. Making the transition from a health education approach to a client-centered model is a process not unlike that of changing from risky behaviors to safer sex techniques. Both challenges raise similar questions. For instance, is the counselor open to the possibility that new counseling approaches may be more effective? Does he or she feel capable of changing approaches? Is he or she willing to take steps toward making change? Finally, what support does the counselor need to be able to consider or adopt this approach?

Counselors who feel frustration because they believe they have not helped clients to change or that HIV counseling cannot contribute to change, may find that applying stage-specific interventions will be more beneficial for clients. Such strategies are more likely to lead to visible changes in attitude by clients. In addition, understanding that change happens incrementally—moving from stage to stage and sometimes backward before progressing—highlights the fact that change is a process and that a counselor’s contribution to this process is an important one.

Case Examples:
Interventions at Two Stages of Change

Getting beyond Pre-Contemplation

Robert is a 35-year-old White man who identifies as gay. He is seeking HIV testing because he considers himself to be at risk for infection. He states that he has recently learned that a man he had been in a relationship with has HIV disease. During the risk assessment session, Robert reports that he injects drugs and that he never uses condoms during sex.

Robert says he understands that he has been at risk for infection through sex, but that his error was in choosing the wrong partner, not in failing to use a condom. He says that he will stay away from “unclean” partners in the future. When Caroline, his test counselor, talks with Robert about safer needle practices, Robert resists: “I came for a test, not a lecture about drugs.” Robert is satisfied in the knowledge that once he learns his test result he’ll be “in the clear,” and will not have reason for concern about future infection.

While Robert reports his risks, says he understands them, and intends to avoid them—a response that often indicates someone is contemplating change—his plan for reducing risks is a rationalization and not an effective risk-reduction strategy. Caroline accurately assesses that Robert is at a pre-contemplation stage of change related to both sexual and injection drug risks. She detects, from his acknowledgment that he could get HIV from sex, some willingness by Robert to talk further about his sexual practices and chooses an intervention to respond to this. Caroline reviews risk information with Robert and reflects back what he says he will do to ensure his safety, namely, not having sex with men who are “unclean.” Caroline asks Robert what he means by this term and asks him to describe how he will determine who is or is not “risky.” Robert is clear that he can protect himself from infection in the future by having sex only with men who are introduced to him by a friend.

Caroline responds by saying, “I wonder how this will assure you that someone is not infected with HIV or, for that matter, another sexually transmitted disease?” Robert responds, “I trust my friends to set me up with someone who’s okay, and anyway you can tell by looking at a person.” Caroline asks Robert, “Didn’t you trust your HIV-infected partner to tell him he was infected?” Robert shrugs and starts to protest, “But maybe he didn’t know...” before stopping mid-sentence. Caroline gently says, “Yes, it is likely that he didn’t know; but how can you expect to judge whether someone is clean, if they can’t even judge it themselves?” Robert looks away, and says, under his breath, “You don’t understand.”

By gently confronting his reasoning and rationalization, Caroline helps Robert begin to move toward contemplating change, a process that will not complete itself during the session, but which is likely to continue after the session as Robert thinks about his talk with Caroline. While Caroline does sense that the session may have changed Robert’s perspective, the progression of moving from one stage
Contemplating Change

Jo is a 40-year-old Black woman who identifies as heterosexual. She seeks an HIV test because she had unprotected sex with a man she met in a bar. She and her husband recently separated after a 12-year marriage. Jo has a 7-year-old daughter who is living with her husband, and she says this will continue until she gets settled into a new apartment.

Upon further exploration, Jo reveals that she drinks regularly to deal with emotional stress. She works 50-hour weeks as a production manager and has been “practically a single parent” since her daughter was born. Sam, her test counselor, asks Jo more about her alcohol use and how alcohol works and does not work in her life. Jo responds by saying that alcohol is great for relieving tension. She says this regularly has a few drinks after work, she sometimes drinks from her flask in the middle of the workday, and she drinks when she goes out on a date.

Because Jo reports only positive aspects of her drinking, Sam validates this view, underscoring these positive aspects and gently inquiring about drawbacks, if any, to her alcohol use. Jo protests that there are no drawbacks. She says the only problem is that her husband, who is seeking custody of their child, is making her drinking an issue. Jo goes on to criticize her husband’s absence and irresponsibility during the marriage. She is also clear that her daughter “is the best thing that ever happened” in her life.

By helping Jo express her defensiveness, Sam evokes the trust necessary for her to explore her mixed feelings about alcohol.

Sam listens carefully, and validates Jo’s experience: “It sounds like you feel strongly about your husband’s failure to be there for you when you were married.” By validating Jo’s feelings rather than challenging her, the counselor makes room for Jo to be less defensive. Jo begins to cry, feeling some relief that someone is listening to her and understanding the “hopelessness” of her situation.

Sam asks again if Jo thinks her drinking has a down side. Trusting Sam more after his display of support and understanding, Jo does not immediately deny that drinking might have negative effects. After identifying Jo’s strong feelings for her daughter, Sam wonders aloud if Jo can envision any adverse effects of her drinking on her interactions with her daughter. Sam is careful not to present himself as an ally of the absent husband, but rather as someone who recognizes Jo’s attachment to her daughter and validates her motivation to continue being a good parent.

Sam is genuine and respectful of Jo as he says “I’m sure that if you ever felt your drinking might have even the slightest negative effect on your child, you’d be the first to acknowledge it and do anything possible to protect her and your relationship with her.” By helping Jo express her initial defensiveness and with more gentle coaxing, Sam evokes the trust necessary for Jo to explore her mixed feelings about alcohol. Jo identifies some of the important aspects in her life—her relationship with her daughter, her performance at work, and her ability to relate to friends and co-workers—admitting that drinking might interfere with these. With this tentative admission, Jo begins to contemplate change.

Keeping in mind the limited role of the counselor and limited time of the session, Sam asks Jo if she’d be willing to continue this sorting process with a counselor who is knowledgeable about alcohol use. Jo says she appreciates that Sam isn’t beating up on her for drinking and asks if the referral counselor will be as understanding. Sam, who has worked with his co-workers to develop a comprehensive list of referrals for a range of client concerns, assures her that he knows this counselor will not judge Jo. Jo agrees to take a referral.
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