Working with Victims of Crime: The Basics

Information Sheet:
The Basics about the Stages of Change

Developed from Hill, J.K. (2004). *Working with Victims of Crime: A Manual Applying Research to Clinical Practice*, Ottawa ON: Justice Canada.

- ❖ According to the Stages of Change model, when people try to change they cycle through different stages: precontemplation (no plan to change because they don't believe they have a problem), contemplation (aware of the problem and are seriously considering change), preparation (intend to do something soon), action (actively trying to make change) and maintenance (keeping the gains) (Prochaska et al., 1992).

- ❖ People may be mostly in one stage, but can be in all stages at the same time (Prochaska et al., 1992). For example, a victim may recognize she has a problem resulting from victimization and may seek out therapy to deal with depression or anxiety (action). However, she may refuse to talk about the crime itself, saying that it has nothing to do with the depression (precontemplation). She might then drop out of therapy but still recognize that she needs help (contemplation).

- ❖ People who feel they don't have a problem (precontemplators) report more distress with treatment, less progress and are more likely to quit treatment early (Smith, Subich & Kalodner, 1995).

- ❖ Most change happens when the person moves from precontemplation into the other three stages (Rosen, 2000).

Table 1: The Transtheoretical Model of Change (Prochaska et al., 1992)

Stage	Description
Pre-contemplation	These people have no intention of changing. They are often unaware of any problems or deny the extent or severity of the problem. Often, they focus on the negatives of changing and only come in because others have pushed them to seek help. Workers might meet victims who deny problems or trauma but loved-ones describe changes in the victim's mood, behaviour or overall health. In fact, certain crime victims may deny that there was even a crime (e.g., victims of date rape).
Contemplation	These people are aware of their problem and are seriously considering making a change but are not *doing* anything to change. They can often spend much time struggling with staying the same versus the amount of effort, energy, and loss it will cost them to overcome the problem. Workers might have clients who agree they need help but are frozen by shame, fear of telling someone, fear of reactions or fear that talking about it might make things worse.
Preparation	People in this stage recognize the problem and plan to do something in a very brief time. In examining habit change, these individuals have often tried to make changes in the past year, but have failed to make lasting changes. Workers identify this group by noting those who have made some changes on their own and are waiting for an appointment or have tried therapy. This stage is usually very short as the person prepares for change efforts.
Action	People in this stage are actively trying to make changes to improve their situation. Workers will recognize this as active treatment. Often family and other supports see this as "real" effort and change. Usually this stage is linked to reaching a certain goal. Traditional treatment efforts tends to focus on this stage, ignoring the work the victim must do in deciding to ask for help, seek help. It also ignores the work that follows treatment in staying healthy.
Maintenance	People in the maintenance stage work to keep the gains made during the action stage. Maintenance is not a static stage, but the process of change. Workers can help victims by teaching them to talk to supports about stress, watch their own behaviour, thoughts and emotions and develop skills that might reduce the chances they will be revictimized.

❖ Workers can decrease their own frustration and improve the effectiveness for victims by assessing where people are in these stages and selecting appropriate interventions.

❖ Precontemplators should be given "consciousness-raising" activities (reading, self-help books, attending information sessions). These efforts help the victim learn about possible reactions and the benefits of getting help (Prochaska et al., 1994).

❖ Other activities that can help motivate victims include: looking at the effects on themselves and others, experiencing and expressing emotions, and paying attention to changing social norms regarding victimization and getting help (Rosen, 2000).

❖ Workers can help victims prepare for leaving active treatment by: teaching healthy living skills, educating about early warning sign of backsliding, developing self-monitoring skills and other daily activities that are focused on gaining and maintaining control over his life. Allowing time for practicing and mastering these skills is time well spent in treatment.

❖ Victims can also benefit by workers developing ways to help educate the victim's natural supports (family, friends, etc.)

Other Information Sheets in this Series:

The Basics of Self-Care

The Basics of Victimization

The Basics of Victim Reactions and Coping

The Basics about Deciding to Refer to Mental Health Professionals

The Basics to Cover in an Initial Interview

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Policy Centre for Victim Issues

Research and Statistics Division

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