

Transtheoretical model and solution- focused therapy



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The common assumption that all harm reduction strategies are based on people is ultimately capable of making an informed choice in their own best interest. The decisions they make rely upon their preparation to change that is, the thing that phase of progress they are in. The 'stage-of-change model', sometimes referred to as the transtheoretical model because it relies on several theories of social psychology (Van Wormer & Davis, 2018).

Overview of the Stages of Change Model

The Transtheoretical Model (TTM) centers around the basic leadership of the individual and is a model of deliberate change. The TTM works on the supposition that individuals don't change practices rapidly and definitively. Or maybe, change in conduct, particularly ongoing behavior, happens persistently through a repeating procedure. The TTM isn't a hypothesis however a model; diverse behavior speculations and develops can be connected to different phases of the model where they might be most effective ("The Transtheoretical Model (Stages of Change)," 2019).

The TTM sets that people travel through six phases of progress: precontemplation, examination, readiness, activity, support, and termination. The termination was not part of the first model and is less frequently utilized in the utilization of phases of progress for wellbeing related practices. For each aspect of growth, diverse mediation procedures are best at moving the individual to the following phase of progress and in this way through the model to support, the complete phase of conduct (The Transtheoretical Model (Stages of Change)", 2019). TTM emphasizes the

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importance of attempting and then maintaining new behavior in understanding motivation for change. The concept of decisional balance refers to the weight of the evidence for and against a specific behavior. In TTM, persons initiate change as the balance tips against the benefits of the addictive behavior (Kennedy & Gregoire, 2009).

The six stages are listed as followed:

1. Precontemplation - In this stage, individuals don't plan to make a move for six months. Individuals are regularly ignorant that their conduct is hazardous or produces negative results.
2. Contemplation - In this stage, individuals are aiming to begin the solid conduct within the six months. Individuals perceive that their behavior might be risky, and an increasingly mindful and viable thought of the advantages and disadvantages of changing the conduct happens, with equivalent accentuation put on both.
3. Preparation (Determination) - In this stage, individuals are prepared to make a move inside the following 30 days. Individuals begin to step toward the conduct change, and they think changing their conduct can prompt a more beneficial life.
4. Action - In this stage, people have changed their behavior within the last six month and intend to keep moving forward with that behavior change. Individuals may show this by changing their problem behavior.
5. Maintenance - In this stage, individuals have supported their conduct change for six months or longer and expect to keep up the conduct change going ahead. Individuals in this stage work to avoid backslide to prior stages.

6. Termination - In this stage, individuals have no desire to return to their unhealthy behaviors practices and are confident they won't backslide.

Challenge and Intervention for Theoretical Approach

Solution-Focused Therapy is the approach I chose. This approach is found in the work of Milton Erickson. He believed that solving the problem takes priority over the root cause of the problem (Van Wormer & Davis, 2018).

Solution-Focus Approach hypothesizes that one does not need to understand the problem to resolve it and that the answer may not be directly related to the problem (Gehart, 2003). This approach also will focus on the how the issue impacts the individual's psychological state.

The SFT approach treats problems like eating, gambling, and substances abuse disorders (Van Wormer & Davis, 2018). Goal-setting is at the foundation of SFBT; one of the initial steps is to distinguish and clear up your objectives. The therapist will start by addressing what you want to escape working with the therapist and how, explicitly, your life would change when steps were taken to determine issues. By answering these types of questions, you can begin to identify solutions and come up with a plan for change.

The key questions the therapist asks are the miracle questions, scaling questions and coping questions. This form questioning will open up your brain to inventive reasoning and, once more, to defining objectives and building up an unmistakable arrangement that will prompt groundbreaking solutions (" Solution-Focused Brief Therapy | Psychology Today," 2019). One challenge for Solution-Focus Therapy is therapist Not paying enough

attention to the client's problem may result in the client feeling like they have not been heard.

This may lead to a client feeling they are wasting their time and also feeling that the counselor doesn't care about what they might have experienced. An invention for this approach is a good therapeutic alliance. People will only talk when they feel heard and understood. Listening and validating the client's feelings will build rapport and trust between the client and therapist which ensures a greater chance of a good outcome (ANON, 2019).

References

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