

Stages of Change model

The Stages of Change model is useful for selecting appropriate interventions. By identifying a youth's position in the change process, advocates can tailor the intervention, usually with skills they already possess. The goal is not to convince the youth to change behavior but to help the youth move along the stages of change. Using the framework of the Stages of Change model: the goal for a single encounter is a shift from the grandiose ("Get youth to change unhealthy behavior.") to the realistic ("Identify the stage of change and engage youth in a process to move to the next stage.")'

Youths in the precontemplative stage appear to be argumentative, hopeless or in "denial," and the natural tendency is to try to "convince" them, which usually engenders resistance.

Starting with brief and simple advice makes sense because some youths will indeed change their behavior at the directive of their advocate. (This step also prevents precontemplators from rationalizing that, "My mother, advocate, etc., never told me to quit."). Rather than viewing this step as the intervention, advocates should view this as the opening assessment of where youths are in the behavior change process. A youth's response to this direct advice will provide helpful information on which advocates can base the next step in the advocate-youth dialog. Rather than continue merely to educate and admonish, interventions based on the Stages of Change model can be appropriately tailored to each youth to enhance success. An advocate, who provides concrete advice about smoking cessation when a youth remarks that family members who smoke have not died from lung cancer, has not matched the intervention to the youth's stage of change.

A few minutes spent listening to the youth and then appropriately matching advocate intervention to youth readiness to change can improve communication and outcome.

Youths at the precontemplation and contemplation stages can be especially challenging for advocates. Motivational interviewing techniques have been found to be most effective.

Empathetic therapist style was predictive of decreased negatives or inappropriate behaviors while a confrontational style predicted increased decreased negatives or inappropriate behaviors.

Motivational interviewing incorporates empathy and reflective listening with key questions so that advocates are simultaneously youth-centered and directive.

Helping the 'Stuck' Youth

The goal for youths at the precontemplation stage is to begin to think about changing a behavior. The task for advocates is to empathetically engage youths in contemplating change (Table 2)*. During this stage, youths appear argumentative, hopeless or in "denial," and the natural tendency is for advocates to try to "convince" them, which usually engenders resistance.

Youth resistance is evidence that the advocate has moved too far ahead of the youth in the change process, and a shift back to empathy and thought-provoking questions is required. Advocates can engage youths in the contemplation process by developing and maintaining a positive relationship, personalizing risk factors and posing questions that provoke thoughts about youth risk factors and the perceived "bottom line."

The wording of questions and the youth's style of "not thinking about changing" are also important. As precontemplators respond to questions, rather than jumping in and providing advice or appearing

judgmental, the task for advocates is to reflect with empathy, instill hope and gently point out discrepancies between goals and statements. Asking argumentative youths, “Do you want to die from this?” may be perceived as a threat and can elicit more resistance and hostility.

On the other hand, asking youths, “How will you know that it’s time to quit?” allows youths to be their “own expert” and can help them begin a thought process that extends beyond the examination room. Well-phrased questions will leave youths pondering the answers that are right for them and will them along the process of change.

Precontemplation stage

- Goal: youth will begin thinking about change.
 - “What would have to happen for you to know that this is a problem?”
 - “What warning signs would let you know that this is a problem?”
 - “Have you tried to change in the past?”

Contemplation Stage

It is not unusual for some youths to spend years in the contemplation stage, which advocates can easily recognize by their “yes, but” statements. Empathy, validation, praise and encouragement are necessary during all stages but especially when youths struggle with ambivalence and doubt their ability to accomplish the change. Advocates may find statements such as the following to be useful: “Yes, it is difficult. What difficult things have you accomplished in the past?” or “I’ve seen you handle some tough stuff, I know you’ll be able to conquer this.” A successful approach calls for advocates to ask youths about possible strategies to overcome barriers and then arrive at a commitment to pursue one strategy before the next visit. It is also productive to ask youths about their previous methods and attempts to change behavior. Barriers and gaps in youths’ knowledge can then surface for further discussion.

When youths experiment with changing a behavior (preparation stage) such as cutting down on smoking or starting to exercise, they are shifting into more decisive action. Advocates should encourage them to address the barriers to full-fledged action. While continuing to explore youth ambivalence, strategies should shift from motivational to behavioral skills. During the action and maintenance stages, advocates should continue to ask about successes and difficulties — and be generous with praise and admiration.

- Goal: youth will examine benefits and barriers to change.
 - “What makes you want to change at this time?”
 - “What were the reasons for not changing?”
 - “What would keep you from changing at this time?”
 - “What are the barriers today that keep you from change?”
 - “What might help you with that aspect?”
 - “What things (people, programs and behaviors) have helped in the past?”
 - “What would help you at this time?”
 - “What do you think you need to learn about changing?”

Relapse from Changed Behavior

Relapse is common during lifestyle changes. Advocates can help by explaining to youths that even though a relapse has occurred, they have learned something new about themselves and about the process of changing

behavior. For example, youths who previously stopped smoking may have learned that it is best to avoid smoke-filled environments. Youths who are overweight and put themselves on a restricted diet may learn that they can be successful in adhering to the diet if they order from a menu rather than choose the all-you-can-eat buffet. Focusing on the successful part of the plan (“You did it for six days; what made that work?”) shifts the focus from failure, promotes problem solving and offers encouragement. The goal here is to support youths and re-engage their efforts in the change process. They should be left with a sense of realistic goals to prevent discouragement, and their positive steps toward behavior change should be acknowledged.”

Additional Tools

Two techniques useful in the primary care setting are the Readiness to Change Ruler and the Agenda-Setting Chart. X.27 The Readiness to Change Ruler, which is incorporated in Figure 1, 4.2627 is a simple, straight line drawn on a paper that represents a continuum from the left “not prepared to change” to the right “ready to change.” Youths are asked to mark on the line their current position in the change process. Advocates should then question youths about why they did not place the mark further to the left (which elicits motivational statements) and what it would take to move the line further to the right (which elicits perceived barriers). Advocates can ask youths for suggestions about ways to overcome an identified barrier and actions that might be taken before the next visit.

The Agenda-Setting Chart is useful when multiple lifestyle changes are recommended for long- term disease management (e.g., diabetes or prevention of heart disease). The advocate draws multiple circles on a paper, filling in behavior changes that have been shown to affect the disease in question and adding a few blank circles. For example, “lose weight,” “stop smoking” and “exercise” may each occupy a circle — all of them representing behavior changes that are known to reduce the risk of heart disease. The advocate begins the youth session with, “Let’s spend a few minutes talking about some of the ways we can work together to improve your health. In the circles are some factors we can tackle to improve your health. Are there other factors that you know would be important to address that we should add to the blank circles?” Discussion then revolves around the youth’s priority area and identifies a goal that might be achievable before the next office visit.

Changing Behavior for Your Health

1. On the line below, mark where you are now on this line that measures change in behavior. Are you not prepared to change, already changing or someplace in the middle?

Not prepared to change

Already changing

2. Answer the questions below that apply to you.
 - If your mark is on the left side of the line:
 - How will you know when it’s time to think about changing?
 - What signals will tell you to start thinking about changing?
 - What qualities in yourself are important to you?
 - What connection is there between those qualities and “not considering a change”?
 - If your mark is somewhere in the middle:
 - What made you put your mark there and not further to the left?

- What might make you put your mark a little further to the right?
 - What are the good things about the way you're currently trying to change?
 - What are the not-so-good things?
 - What would be the good result of changing? What are the barriers to changing?
 - If your mark is on the right side of the line:
 - Pick one of the barriers to change and list some things that could help you overcome this barrier.
 - Pick one of those things that could help and decide to do it by _____ (write in a specific date).
 - If you've taken a serious step in making a change:
 - What made you decide on that particular step?
 - What has worked in taking this step?
 - What helped it work?
 - What could help it work even better?
 - What else would help?
 - Can you break that helpful step down into smaller pieces?
 - Pick one of those pieces and decide to do it by _____ (write in a specific date).
 - If you're changing and trying to maintain that change:
 - Congratulations! What's helping you?
 - What else would help?
 - What are your high-risk situations?
 - What worked for a while?
 - Don't kick yourself--long-term change almost always takes a few cycles.
 - What did you learn from the experience that will help you when you give it another try?
3. The following are stages people go through in making important changes in their behaviors. All the stages are important. We learn from each stage.

We go from “not thinking about it” to “weighing the pros and cons” to “making little changes and figuring out how to deal with the real hard parts” to “doing it!” to “making it part of our lives.

Many people “fall off the wagon “and go through all the stages several times before the change really lasts.

The Seven Stages of Change

1. **Pre-contemplation** (Not yet acknowledging that there is a problem behavior that needs to be changed)
2. **Contemplation** (Acknowledging that there is a problem but not yet ready or sure of wanting to make a change)
3. **Preparation/Determination** (Getting ready to change)

4. **Action/Willpower** (Changing behavior)
5. **Maintenance** (Maintaining the behavior change) and
6. **Relapse** (Returning to older behaviors and abandoning the new changes)
7. **Transcendence** (accepting old behaviors as destructive and abnormal)

Stage One: Pre-contemplation

In the pre-contemplation stage, people are not thinking seriously about changing and are not interested in any kind of help. People in this stage tend to defend their current bad habit(s) and do not feel it is a problem. They may be defensive in the face of other people's efforts to pressure them to quit. They do not focus their attention on quitting and tend not to discuss their bad habit with others. In this stage people just do not yet see themselves as having a problem.

Stage Two: Contemplation

In the contemplation stage people are more aware of the personal consequences of their bad habit and they spend time thinking about their problem. Although they are able to consider the possibility of changing, they tend to be ambivalent about it. In this stage, people are on a teeter-totter, weighing the pros and cons of quitting or modifying their behavior. Although they think about the negative aspects of their bad habit and the positives associated with giving it up (or reducing), they may doubt that the long-term benefits associated with quitting will outweigh the short-term costs. It might take as little as a couple weeks or as long as a lifetime to get through the contemplation stage. (In fact, some people think and think and think about giving up their bad habit and may die never having gotten beyond this stage). On the plus side, people are more open to receiving information about their bad habit, and more likely to actually use educational interventions and reflect on their own feelings and thoughts concerning their bad habit.

In this stage the four steps of humility can be used to encourage, support and initiate the change that's needed. These four stages are 1) *Admittance*, 2) *Acknowledgment*, 3) *Acceptance*, and *Accountability*. Admittance is when the person is honest with what happened and the emotional motivation behind their actions. Acknowledgment is when the person can acknowledge their contributions and the goals they were trying to accomplish by their contributions. Acceptance is when the person recognize the behavior (They don't justify/rationalize their reactions).

Hint: It takes a lot of strength for a person to conduct the process of humility. Remember to give a lot of praise and reassurance that they are doing the right thing.

Stage Three: Preparation/Determination

In the preparation/determination stage, people have made a commitment to make a change. Their motivation for changing is reflected by statements such as: "I've got to do something about this — this is serious. Something has to change. What can I do?"

This is sort of a research phase: people are now taking small steps toward cessation. They are trying to gather information (sometimes by reading things like this) about what they will need to do to change their behavior. Or they will call a lot of clinics, trying to find out what strategies and resources are available to help them in their attempt. Too often, people skip this stage: they try to move directly from contemplation

into action and fall flat on their faces because they haven't adequately researched or accepted what it is going to take to make this major lifestyle change.

Stage Four: Action/Willpower

This is the stage where people believe they have the ability to change their behavior and are actively involved in taking steps to change their bad behavior by using a variety of different techniques. This is the shortest of all the stages. The amount of time people spend in action varies. It generally lasts about 6 months, but it can literally be as short as one hour! This is a stage when people most depend on their own willpower. They are making overt efforts to quit or change the behavior and are at greatest risk for relapse.

Mentally, they review their commitment to themselves and develop plans to deal with both personal and external pressures that may lead to slips. They may use short-term rewards to sustain their motivation, and analyze their behavior change efforts in a way that enhances their self-confidence. People in this stage also tend to be open to receiving help and are also likely to seek support from others (a very important element).

Hopefully, people will then move to:

Stage Five: Maintenance

Maintenance involves being able to successfully avoid any temptations to return to the bad habit. The goal of the maintenance stage is to maintain the new status quo. People in this stage tend to remind themselves of how much progress they have made. People in maintenance constantly reformulate the rules of their lives and are acquiring new skills to deal with life and avoid relapse. They are able to anticipate the situations in which a relapse could occur and prepare coping strategies in advance.

They remain aware that what they are striving for is personally worthwhile and meaningful. They are patient with themselves and recognize that it often takes a while to let go of old behavior patterns and practice new ones until they are second nature to them. Even though they may have thoughts of returning to their old bad habits, they resist the temptation and stay on track.

As you progress through your own stages of change, it can be helpful to re-evaluate your progress in moving up and down through these stages. (Even in the course of one day, you may go through several different stages of change). And remember: it is normal and natural to regress, to attain one stage only to fall back to a previous stage. This is just a normal part of making changes in your behavior.

Stage Six: Relapse

Along the way to permanent cessation or stable reduction of a bad habit, most people experience relapse. In fact, it is much more common to have at least one relapse than not. Relapse is often accompanied by feelings of discouragement and seeing oneself as a failure. While relapse can be discouraging, the majority of people who successfully quit do not follow a straight path to a life time free of self-destructive bad habits. Rather, they cycle through the five stages several times before achieving a stable life style change. Consequently, the Stages of Change Model considers relapse to be normal.

There is a real risk that people who relapse will experience an immediate sense of failure that can seriously undermine their self-confidence. The important thing is that if they do slip and say, have a cigarette or a drink, they shouldn't see themselves as having failed. Rather, they should analyze how the slip happened

and use it as an opportunity to learn how to cope differently. In fact, relapses can be important opportunities for learning and becoming stronger.

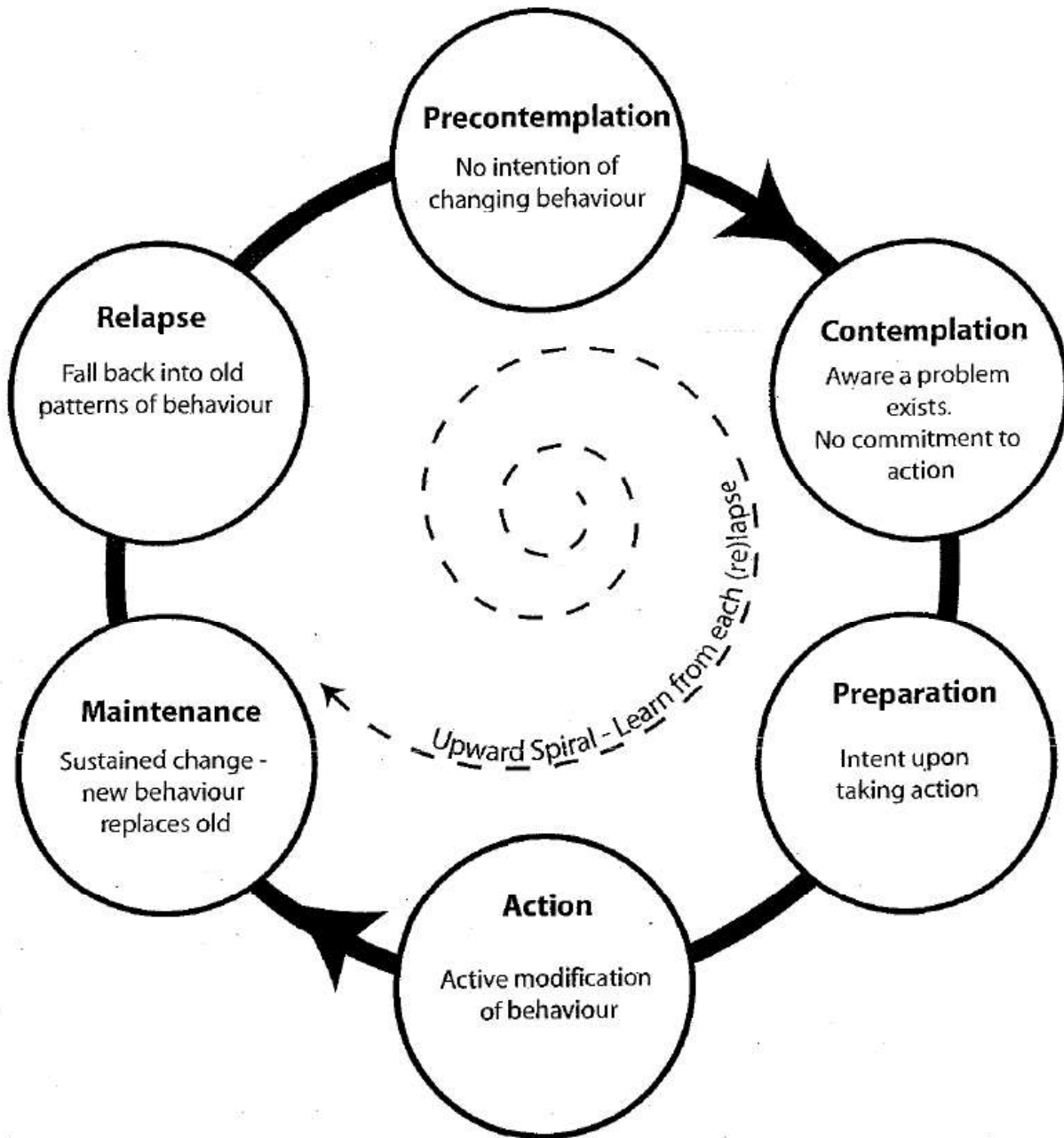
Relapsing is like falling off a horse — the best thing you can do is get right back on again. However, if you do “fall off the horse” and relapse, it is important that you do not fall back to the pre-contemplation or contemplation stages. Rather, restart the process again at preparation, action or even the maintenance stages. People who have relapsed may need to learn to anticipate high-risk situations (such as being with their family) more effectively, control environmental cues that tempt them to engage in their bad habits (such as being around drinking buddies), and learn how to handle unexpected episodes of stress without returning to the bad habit. This gives them a stronger sense of self control and the ability to get back on track.

Stage Seven: Transcendence

Eventually, if you “maintain maintenance” long enough, you will reach a point where you will be able to work with your emotions and understand your own behavior and view it in a new light. This is the stage of “transcendence,” transcendence to a new life. In this stage, not only is your bad habit no longer an integral part of your life but to return to it would seem atypical, abnormal, even weird to you.

When you reach this point in your process of change, you will know that you have transcended the old bad habits and that you are truly becoming a new “you”, who no longer needs the old behaviors to sustain yourself.

Stages of Change



Prochaska and DiClemente's Stages of Change Model

Stage of change	Characteristics	Techniques
Pre-contemplation	<ul style="list-style-type: none"> • Not currently considering change: "Ignorance is bliss" 	<ul style="list-style-type: none"> • Validate lack of readiness • Clarify: decision is theirs • Encourage re-evaluation of current behavior • Encourage self-exploration, not action • Explain and personalize the risk
Contemplation	<ul style="list-style-type: none"> • Ambivalent about change: "Sitting on the fence" • Not considering change within the next month 	<ul style="list-style-type: none"> • Validate lack of readiness • Clarify: decision is theirs • Encourage evaluation of pros and cons of behavior change • Identify and promote new, positive outcome expectations
Preparation	<ul style="list-style-type: none"> • Some experience with change and are trying to change: "Testing the waters" • Planning to act within 1 month 	<ul style="list-style-type: none"> • Identify and assist in problem solving re: obstacles • Help patient identify social support • Verify that patient has underlying skills for behavior change • Encourage small initial steps
Action	<ul style="list-style-type: none"> • Practicing new behavior for 3-6 months 	<ul style="list-style-type: none"> • Focus on restructuring cues and social support • Bolster self-efficacy for dealing with obstacles • Combat feelings of loss and reiterate long-term benefits
Maintenance	<ul style="list-style-type: none"> • Continued commitment to sustaining new behavior Post-6 months to 5 years 	<ul style="list-style-type: none"> • Plan for follow-up support • Reinforce internal rewards • Discuss coping with relapse
Relapse	<ul style="list-style-type: none"> • Resumption of old behaviors: "Fall from grace" 	<ul style="list-style-type: none"> • Evaluate trigger for relapse • Reassess motivation and barriers • Plan stronger coping strategies