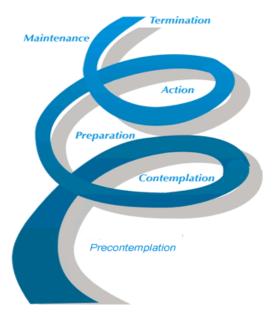# Stages of Change – Aka the Transtheoretical Model

Background: The Transtheoretical Model for behavior change (also commonly referred to as the Stages of Change Model) has been around for decades, originating with the work of psychologists James O. Prochaska and Carlo DiClemente. The model gained an increased public awareness with the 1994 book "Changing for Good", written by Prochaska and DiClemente along with psychologist, John C. Norcross

The Five* Basic "Stages of Change" are based on an individual's "readiness to change". These stages can be summarized as follows:

o **Precontemplation (Not Ready)** – Person in this stage isn't even thinking about change and is expressing no desire to change. There is no conscious intention to take any action toward change at this stage.

o **Contemplation (Getting Ready)** – In this stage awareness has increased. Person is thinking about change but is not doing anything about it. There is some degree of desire and possibly intention to change in the future but little or no readiness for taking any action in the present. *(A good example in this stage is the majority of cigarette smokers who are thinking about quitting but not necessarily working on stopping)*

o **Preparation (Ready)** – Person has made a decision to change and is ready to start making that change happen in the immediate future. Some small steps toward change may be starting in this stage as a plan is developed with specific goals and objectives. Person is getting ready to take specific action.

o **Action** – Person is in the active process of making change occur in their lives. Behavior modifications are being attempted and new skills are being developed and practiced. Negative behaviors are being substituted for new, more positive alternatives.

o **Maintenance** – Person has demonstrated ongoing ability to make change occur successfully but now must work on preventing relapse and return to negative behaviors

*Some newer revisions of the Stages of Change Model include a sixth stage: *Termination* which is characterized by a person having a strong confidence that temptation to return to the negative behavior has been eliminated as the new lifestyle change has been adopted permanently

Also to be included (but not considered a stage because it can occur at any time) is the concept of **Relapse (aka Recycling)** which is the return from action or maintenance to an earlier stage, or a move backward in progress

One key to utilizing the Stages of Change Model is to tailor the treatment method and therapy relationship to the individual client. "Doing the right thing at the right time"

Stage	Primary Focus of Interventions
Precontemplation	Consciousness Raising, (increasing awareness) Carefully examine discrepancies between client's & other's perception of problem Avoid action-oriented strategies.
Contemplation	Emotional Arousal (Increase personal motivation for action) Discuss pros and cons of change Discuss fears and barriers to change Try a "change experiment"
Preparation	Enhance commitment to change Develop strategies for potential barriers, Identify supports, and consider referral to specialist in area of concern Basic coping skills education. Imagery of new behavior
Action	Environmental Control: Rewards, counter conditioning, Identify and plan for triggers, Develop and enhance support system. Advanced coping skills education and implementation of these skills. Modeling and guidance Work collaboratively with other caregivers and supports as needed
Maintenance	Relapse Prevention Sustaining commitment and maintaining positive lifestyle changes

Guidelines for Assessing Stages of Change *(Norcross):*

Four simple statements to help assess the stage for a particular behavior:

1. I solved my problem more than six months ago
2. I have taken action on my problem within the past 6 months
3. I am intending to take action in the next month
4. I am intending to take action in the next 6 months

Guidelines for the above statements-

- ✓ Individual in Precontemplation stage - will answer no to all 4 statements.
- ✓ Person in Contemplation stage - will answer yes to 4 and no to all others
- ✓ Those in Preparation stage - will answer yes to 3 and 4
- ✓ Action is indicated by yes to 2 but no to 1
- ✓ Maintenance is characterized by an affirmative yes to statement 1

Some Important principles to note:

1. A large portion of approaches out available are designed for Action stage interventions. (Approximately 80% of client's are in contemplation/precontemplation with any given issue) If a client is not motivationally ready for action, it is likely these interventions will not be successful. (For example, most poorly motivated clients will not do homework, especially if it is complicated). For less motivated clients (in precontemplation/contemplation stages) it is important to use a motivationally-based approach

2. These stages of change label ***behaviors*** not people. Therefore a person with multiple issues can be in multiple stages of change at the same time. For example: A client can be in the action stage for their addiction (abstinent, attending AA, changing associations, etc.) but they may simultaneously be in precontemplation with regard to mental illness (refusing to accept he/she may be depressed despite presence of symptoms, will not take meds or see MD, etc.) As a result, as clinicians we need to adjust our approach based on these varying stages of change related to specific behaviors. We may need to shift gears several times just in one session!

3. Change is a process, not an event and is often cyclical. Always be ready to adapt as client motivation and insight levels can change from session to session based on a variety of external and internal factors. Clients can and often do move forwards and backwards in stages.

What Research Shows:

- Patient engagement and retention rates are enhanced when interventions are matched to the patient's stage of readiness to change – START WHERE THE CLIENT IS

- Therapist style of interacting with patients is more important than treatment approach or philosophy

Working with Ambivalence *(taken from Motivation Interviewing approach)*

- How you respond to a client's ambivalence determines whether you help increase or decrease readiness for change

- Clinicians often jump too quickly and too far ahead in pressuring for change, which often provokes reactance or resistance.

- The challenge is to learn how you can therapeutically join with the client to work through ambivalence and strengthen motivation for change.

Use an Integrative Approach:

- Creatively mix, match and blend a variety of techniques and strategies

- Respect Timing – do the right thing at the right time

- Adapt: Be willing to adjust approach and interventions to individual needs at different stages (Avoid "cookie cutter" or "one size fits all" mentality)