Lesson 4 – Stages of Change

Stages of Change

Overview of Stages of Change*

PRECONTEMPLATION
- Client does not recognize the need for change or is not actively considering change.

CONTEMPLATION
- Client recognizes problem and is considering change.

ACTION
- Client has initiated change.

MAINTENANCE
- Client is adjusting to change and is practicing new skills and behaviors to sustain change.

RELAPSE
- Client has relapsed to drug use.

CLIENT LEAVES TREATMENT

Required Course Learning Outcome: Recognize the different stages of change and the consequent assessment in order to know an individual’s readiness to modify unhealthy behaviors (i.e., smoking cessation) and determine what a comprehensive behavior modification program is in order to maintain a thorough personal health promotion lifestyle.

20 years ago, two researchers, Carlo C. DiClemente and J. O. Prochaska, created a five-stage model of change to help professionals understand their clients with addiction problems and motivate them to change. Their model is based on their personal observations of how people went about modifying problem behaviors such as smoking, overeating and problem drinking. A sixth stage was added that included when a person successfully completes behavior change with no chance of returning to the original negative behavior.

The six stages of the model are:

- Precontemplation
- Contemplation
- Determination
- Action
- Maintenance
- Termination

Understanding readiness to change by being familiar with the six-stage model of change can assist individuals in selecting treatment and understanding the different steps in their journey. Below is how each stage of change is defined.

Precontemplation - Lack of awareness that there is a problem
Contemplation - Recognition that there is a problem
Preparation - The need to change the problem
Action - Doing what is needed to change the problem
Maintenance - Making sure that the problem does not become a problem
Termination - The problem is no longer a concern

**Tobacco Cessation**

Example to understand the different behavioral phases:

It is easier to understand the Stages of Change by using a common example, such as smoking.

**Precontemplation** - Individuals in the precontemplation stage of change are not even thinking about changing their smoking behavior. They are not concerned, and feel harassed when others criticize their smoking. The Four Rs of precontemplation are reluctance, rebellion, resignation and rationalization.

- Reluctant precontemplators are those who through lack of knowledge or inertia do not want to consider change. The impact of the problem has not become fully conscious.
- Rebellious precontemplators have a heavy investment in smoking and in making their own decisions. They are resistant to being told what to do.
- Resigned precontemplators have given up hope about the possibility of change and seem overwhelmed by the problem. Many have made many attempts to quit or control their smoking.
- Rationalizing precontemplators have all the answers. They have plenty of reasons why smoking is not a problem, or why smoking is a problem for others but not for them.

**Contemplation** - Individuals in this stage of change are willing to consider the possibility that they have a problem, and the possibility offers hope for change. However, people who are contemplating change are still ambivalent. Contemplation is just an interest in
learning about smoking and treatment. They know that smoking is causing problems, and they often have a mental list of all the reasons that smoking is bad for them. But even with all these negatives, they still cannot make a decision to change. In the contemplation stage, often with the help of a treatment professional, people make a risk-reward analysis. They consider the pros and cons of their behavior, and the pros and cons of change. They think about the previous attempts they have made to stop smoking, and what has caused failure in the past.

**Determination**: Commitment to Action - Deciding to stop smoking is the hallmark of this stage of change. All the weighing of pros and cons, all the risk-reward analysis, finally tips the balance in favor of change. Not all ambivalence has been resolved, but ambivalence no longer represents an insurmountable barrier to change. Most individuals in this stage will make a serious attempt to stop smoking in the near future. Individuals in this stage appear to be ready and committed to action.

This stage represents preparation as much as determination. The next step in this stage is to make a realistic plan. Commitment to change without appropriate skills and activities can create a fragile and incomplete action plan. Often with the help of a treatment professional, individuals will make a realistic assessment of the level of difficulty involved in stopping to smoke. They will begin to anticipate problems and pitfalls and come up with concrete solutions that will become part of their ongoing treatment plan.

**Action** - Doing what is needed to change the problem – The person comes up with a plan to stop smoking. For example: First, the person has decided to HATE the habit of smoking. Every time the person smokes, he/she thinks about how much he/she hates it and the bad effects it has on the person and the people the person loves. On the contrary, the person thinks about how good it would be to not have the habit, how much extra time the person would have, how much money would be saved, etc. Second, the person makes a COMMITMENT to stop, not now but later. Third, the person makes a PLAN that will go into effect when he/she stops smoking (for example, taking a walk instead of smoking (not now, but later— he or she is just thinking and planning in advance). Fourth, the person waits (patiently) for the OPPORTUNITY to quit. This opportunity may be opportunistic or planned. In other words, it may be getting sick, getting pregnant, birth of a baby, taking a trip, being in the hospital where smoking is not possible, whatever that makes someone think, “This is the opportunity I’ve been waiting for to quit smoking, so here goes.” Put the cigarettes down and put the PLAN in place.

**Maintenance** - Making sure that the problem does not become a problem, in other words, keeping to the plan (walking, for example, instead of smoking).

**Termination** - The problem is no longer a concern. Every day the person does not smoke brings him/her closer to being a permanent nonsmoker.
(Just remember, when it comes to quitting smoking, the 49th time may be the charm, so NEVER quit quitting. When you fail, take a break, regroup, and quit again using the Action plan above—or anything else that works. TRY EVERYTHING!)

Homework Assignment Follows on Next Page
Homework Assignment
Lesson 4
Stages of Change

Complete the following assignment

1. What is a “reluctant precontemplator”?
2. What is a “resigned precontemplator”?
3. If you have a lack of awareness that there is a problem, you are in what stage?
4. If you believe that the problem is no longer a concern for you, you are in which stage?
5. If you are doing what is needed to change the problem, you are in which stage?
6. If you recognize that there is a problem, you are in which stage?
7. When you are making sure that the problem does not become a problem, you are in which stage?
8. Name five (5) personal health habits that you currently have that can adversely affect your health. Example: I smoke a pack of cigarettes per day.
9. Using each of the seven dimensions of health, describe how your health can be adversely affected by your bad habits for the long term if not modified. Make sure that your explanations are realistic and practical.
10. Describe what you can do to modify each of the behaviors to make your personal health more productive.
11. Using the Stages of Change, indicate where you are regarding each of the proposed changes that you wish to make.

All papers are to be typewritten, double-spaced, grammar and spell-checked, Times New Roman, 12 point font.

Turn your homework in at the beginning of the next class.