

# Stages of Change: Precontemplation

## Definition

People in precontemplation stage have no intention of changing their behavior for the foreseeable future. They are not thinking about changing their behavior, and may not see the behavior as a problem when asked. They certainly do not believe it is as problematic as external observers see it. These individuals are often labeled as "resistant" or in "denial."

## Things to Consider

Reasons for precontemplation can fit into the "four R's": reluctance, rebellion, resignation, and rationalization. DiClemente (1991) described why these groups do not consider change and methods for intervening.

## Therapist Tasks

- Identify "the problem" - this often means something different for the therapist and the client.
- Be aware of difference between reason and rationalization. A person, well aware of the risks and problems, may choose to continue the behavior. We may not change them in the face of this informed choice. Our work may have an impact later.
- Recognize that more is not always better. More intensity will produce fewer results with this group. Use MI strategies to raise awareness and doubt. Increase the client's perceptions of risks and problems with current behavior.
- Remember the goal is not to make precontemplators change immediately, but to help move them to contemplation.

## Strategies

Primary tools are providing information and raising doubt. However, basic skills such as reflective listening, open-ended questions, and functioning as a collaborator (rather than an educator) may be enough. Matching interventions to the type of precontemplators is also helpful.

## Outcome

The client begins to consider that a problem or matter of concern exists.

# Stages of Change: Contemplation

## Definition

The person is aware a problem exists and seriously considers, action, but has not yet made a commitment to an action.

## Things to Consider

This is a paradoxical stage of change. The client is willing to consider the problem and possibility of change, yet ambivalence can make contemplation a chronic condition. Clients are quite open to information and yet wait for the one final piece of information that will compel them to change. It's almost as they either wait for a magic moment or an irresistible piece of information that will make the decision for them. This is a particularly opportune time for motivational interviewing strategies. Contemplation and interest in change are not commitment. Information and incentives to change are important elements for assisting contemplators. Personally relevant information can have a strong impact at this stage.

## **Therapist Tasks**

- Consider the pros and cons (from the clients perspective) of the problem behavior, as well as the pros and cons of change.
- Gather information about past change attempts. Frame these in terms of "some success" rather than change failures."
- Explore options the client has considered for the change process and offer additional options where indicated and if the client is interested. Remember that our clients are rarely novices to the change process.
- Elicit change statements.

## **Strategies**

Inquire about the "good and less good" things of the problem behavior; explore concerns.

## **Outcome**

The client is making change statements and makes a tentative commitment to changing the behavior.

# **Stages of Change: Preparation**

## **Definition**

The person is intent upon taking action soon and often report some steps in that direction. Thus, this stage is a combination of behavioral actions and intentions. This is a relatively transitory stage that is characterized by the individual's making a firm commitment to the change process. There may already be some initial steps taken towards change, but even if not, most clients will make a serious attempt at change soon (i.e. one month).

## **Things to Consider**

Despite making a decision to alter behavior, change is not automatic. Ambivalence, though diminishing, is still present. The decision-making process is still occurring and pros and cons are still being weighed.

## **Therapist Tasks**

- Assess strength of commitment. Strong verbal statements may be a sign of weak commitment. A realistic evaluation of problem area and a calm dedication to making this a top priority are good indicators
- Examine barriers and elicit solutions (what will the first week be like?)
- Build coping behaviors
- Reinforce commitment but provide words of caution where enthusiasm may outdistance actual skills

## **Strategies**

Ask a key question. Assist client in building an action plan and removing barriers. Some examples of key questions are:

- What do you think you will do?
- What's the next step?
- It sounds like things can't stay how they are now. What are you going to do?

One structure for a change includes six elements:

- Specific statement of changes to be made
- Why these changes are important
- Steps in making these changes
- Inclusion of others in the plan
- A method for evaluating the plan

- Identification of possible barriers to the plan

### **Outcome**

The client is making clear change statements and has an action plan in place.

## **Stages of Change: Action**

### **Definition**

The person is aware a problem exists and actively modifies their behavior, experiences and environment in order to overcome the problem. Commitment is clear and a great deal of effort is expended towards making changes.

### **Things to Consider**

Action involves a sustained effort at making changes. This period usually lasts from one to six months. Clients have made a plan and have begun implementing it. Ambivalence and commitment are still issues. Too often people do not go back and re-evaluate their change plan. Where is it working? Where did it not? Is there a procedure for re-evaluating the plan? Has there been any planning for handling little slips? Recognize differing levels of readiness to change among issues and the recycling process in the Stages of Change

### **Therapist Tasks**

Help increase client's self-efficacy by:

- Focusing on successful activity
- Reaffirming commitment
- Making intrinsic attributions for success

Offer successful models with a variety of action options. The therapist may be used more as a monitor than a change agent.

### **Strategies**

This stage is familiar to most therapists and involves interventions they have experience in providing (e.g. skill building, group work, relapse prevention, active problem solving, counter-conditioning, stimulus control, contingency management).

### **Outcome**

Clear changes in behavior are manifested and the risk of relapse diminishes as new behavior patterns replace the old problematic behavior.

## **Stages of Change: Maintenance**

### **Definition**

The person has made a sustained change wherein a new pattern of behavior has replaced the old. Behavior is firmly established and threat of relapse becomes less intense.

### **Things to consider**

Maintenance is often viewed as an afterthought where very little activity occurs. However, maintenance is not a static stage. Relapse is possible and occurs for a variety of reasons. Most relapses are not automatic but occur after an initial slip has occurred. Client's will often turn to a therapist during what Saul Shiffman calls a relapse crisis (i.e., they've slipped or are about to). During these times the client's self-efficacy is weakened and fear is high. Clients seek reassurance from

therapists while trying to make sense of the crisis. Review of the spiral model of the Stages of Change can be very helpful for clients at these times.

### **Therapist Tasks**

Therapists do not usually see clients that are well-established in maintenance. If they do, a review of the action plan and a strategy for periodic review of the plan are useful. More often therapists will see clients when a relapse crisis is present. Tasks for these times are:

- Exploration of the factors precipitating and maintaining the crisis
- Provision of information
- Feedback about plans
- Empathy

### **Strategies**

When crises are occurring, slow the process down. Explore what succeeded, as well as what is precipitating their current concerns or crisis. Offer models of success while normalizing relapse in situations where change is not easily accomplished. If the client is returning to discuss their success, reinforce their active efforts in making change possible and their commitment to change.

### **Outcome**

Client exits the Stage of Change spiral. For a relapsing client, they re-enter the contemplation or preparation stage.

Adapted from DiClemente, 1991; Prochaska and Norcross, 1994