

# Review of the Stages of Change Model



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COLLABORATION FOR HOME CARE ADVANCES IN MANAGEMENT AND PRACTICE

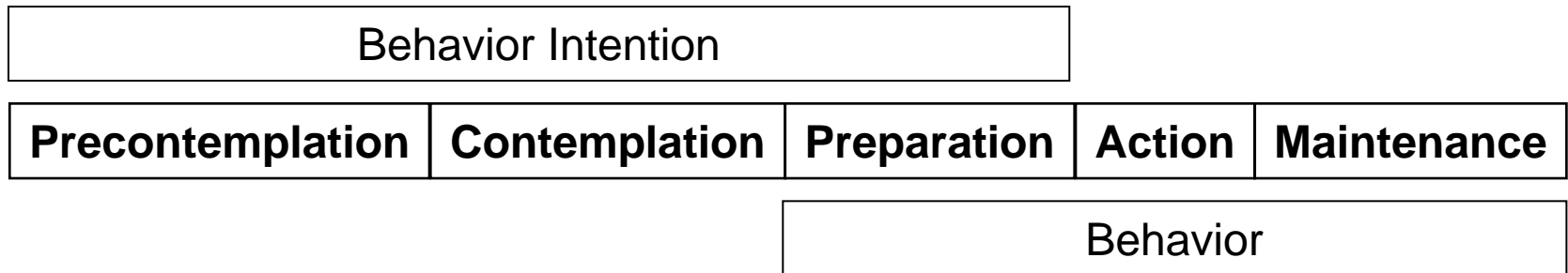


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# Willingness to Change

- ◆ One of the most challenging reasons for medication non-adherence is the patient's willingness to change their adherence behavior.
- ◆ Frustration may lead to asking the wrong question about behavioral change. Instead of asking why don't patients change, it would be so much more useful to know how do patients change.
- ◆ Intentional change in behavior is a natural process common to the human experience. It is not a single event resulting from a moment of clarity.
- ◆ The Stages of Change model is applicable to all types of intentional behavior change, from quitting smoking to beginning an exercise program.

# The Stages of Change Model



- ◆ Each stage has corresponding coping tasks the patient must master and specific intervention approaches for the clinician to assist the patient in moving through the stages.

## Moving Through the Stages of Change

- ◆ It is helpful to visualize the stages as a spiral staircase. Each stage represents a characteristic cognitive task to be completed before advancing to the next stage. As one moves through the stages, new coping tools are mastered along the way.
- ◆ While it may take several cycles through the stages to effect a lasting change, each cycle is a learning process that greatly increases the likelihood of future success.

# The Stages of Change Model: Pre-Contemplation

- ◆ The patient in this stage of change is best described as unaware, unwilling, or uninterested in the targeted change. Often this stage represents a lack of knowledge. The patient does not feel a need to change based on what he/she knows

*"I don't see why I should take all these medications. I feel just fine even if my sugars are still high."*

- ◆ The stage specific intervention for the counselor is to provide information that will create ambivalence in the patient. The goal is to help them move from comfort with their status quo to weighing the pros and cons of change.

*"Let's talk a few minutes about how your high sugar levels affect your health even if you don't feel bad when they are elevated."*

# The Stages of Change Model: Contemplation

- ◆ The patient in this stage is conflicted about the change. They will usually agree with the need for change, but will argue reasons why it just won't work for them. Patients can stay stuck in this stage for long periods of time, vacillating between their desires.

*"I know I should take this medication two times a day, but I just get tired of needing all these pills all the time."*

- ◆ The stage specific intervention for the counselor is to build rapport with the patient and clarify the patient's conflicted thoughts on change.

*"You think you could make your life better if you took all the medications, but you avoid taking them because they remind you that you have an illness."*

# The Stages of Change Model: Preparation

- ◆ The patient in this stage has made a decision that moves them on from contemplation, but has not yet begun the behavior that will bring about change. This is a fleeting stage.

*"I think I could do better if I put my pill bottle right next to the TV remote."*

- ◆ The task/stage specific intervention for this stage is the same for both patient and counselor: Identify an appropriate strategy for action.

*"That's a great idea. You might let the evening news be your reminder to take your evening dose."*

# The Stages of Change Model: Action

- ◆ Even patients that have begun to perform the targeted behavior have not completed the process of change. In order to move to maintenance, patients need to develop coping skills, overcome obstacles and solve problems in order to continue the behavior as lifestyle.

*"My daughter calls me every morning at 9am. I drink my tea and take all my meds while we chat."*

- ◆ With the patient in this stage of change, the task/stage specific intervention is collaborative in nature: Explore anticipated obstacles, identify behavior cues and rewards that will sustain the change.

*"That's great! I'm sure we'll see an improvement in your next A1C. If your daughter were late calling, would you have your tea and meds at 9am anyway?"*

# The Stages of Change Model: Maintenance

- ◆ The patient enters this stage of change when the coping skills that sustain the new behavior have become the new norm.

*"Since I started taking my meds everyday, I don't have problems with blurry vision. I can read and watch TV better!"*

- ◆ The task for this stage is to assign value to the change and recall the positive impact it has made in their life. The stage specific intervention is to help the patient to identify the skills they have developed throughout this process. This can be particularly helpful when approaching future opportunities for change.

*"I remember how high your blood sugars were before you started to take your meds everyday. Help me understand how you decided to change. It may help me encourage my other patients to do the same."*

# The Stages of Change Model: Relapse

- ◆ The patient in relapse has abandoned the change behavior and may be experiencing strong emotions as a result; usually shame, remorse, guilt and self-loathing.

*"I felt better when I was taking all my meds, but my doctor changed my pills around again. I got out of the habit, and now I'm only taking them now and then."*

- ◆ The task at this stage is to move back into action. The stage specific intervention for the counselor is to reframe the patient's experience from failure to an appreciation of things learned, and to understand that relapse is a normal part of the change process.

*"Let's talk about how you kept up with your meds before the doctor made changes and go from there. Maybe you could use the same motivations to follow the new schedule."*

# The Stages of Change Table

Stage	Characteristics	Coping Task	Intervention
<b>Precontemplation</b>	Unaware, unwilling and/or uninterested	Obtain new information	Provide new Information that creates decision conflict
<b>Contemplation</b>	Ambivalent, Conflicted	Resolve decision conflict	Clarify and amplify the conflict
<b>Determination</b>	Planning for change	Develop strategies for action	Assist in developing strategies for action
<b>Action</b>	Engages in change behavior	Explore anticipated obstacles	Support self-efficacy
<b>Maintenance</b>	New behavior is the new norm	Identify and appreciate new coping skills	Reinforce use of new skill for additional changes
<b>Relapse</b>	Abandons previously changed behaviors	Learn from previous experience and move back to action	Reframe experience from “failure” to “learning process”