

Stages of Change



Prioritising Problems and Motivation

You can save time and frustration by working to understand your patient's beliefs and priorities.

- **Problem recognition:** Ask questions that help to define the problem clearly.
- **Perceived impact on life:** Ask questions that bring out what effect it is having on the patient's life.
- **Beliefs about capacity to change:** Ask questions that explore what the patient believes it would be possible to do.
- **Intention to change:** Ask questions to find out whether the patient wants to commit to making changes.



Stages of Change

Using the stages of change model can assist this process. You need to use your questions to assess what stage you believe the patient to be at and then explore what options would be appropriate at that stage.

- **Thinking of change:** What would you like to discuss? Tell me more about ... How do you feel when ...?
- **Preparing for change:** How confident are you? What has worked in the past?
- **Making changes:** How can we plan for this? What are the likely barriers?
- **Maintaining changes:** How is it going?
- **Dealing with relapses:** What has happened? How can we get you back on track?
- **Leaving it behind:** What have you learnt? What next?

Points to Remember

- Patients like a patient-centred approach but patients may not always agree with what the doctor 'thinks is best'.
- Motivational interviewing, which includes this 'stages of change' model, is applicable to a wide range of problems.
- Patients' motivation may vary for different aspects of problems.
- It is recommended that patients don't make major decision while depressed.
- There is less room for negotiation if the patient is seriously depressed and/or psychotic.



Decision-making Concerning Change to Behaviours

STAGE	BEHAVIOUR	APPROACH
Pre-contemplation	<ul style="list-style-type: none"> ■ Not thinking about changing 	<ul style="list-style-type: none"> ▪ Give relevant information re: outcomes of making changes ▪ Increase perception of behaviour ▪ Prepare for change
Contemplation	<ul style="list-style-type: none"> ■ Seriously thinking of changing but may be ambivalent 	<ul style="list-style-type: none"> ▪ Discuss reasons to change ▪ Discuss pros and cons of changing or not changing
Planning	<ul style="list-style-type: none"> ■ Preparing for change 	<ul style="list-style-type: none"> ▪ Set a change date ▪ Consider assistance, where appropriate ▪ Offer support ▪ Discuss rewards
Action:	<ul style="list-style-type: none"> ■ Attempt at making changes 	<ul style="list-style-type: none"> ▪ Encouragement ▪ Seeing oneself acting out new behaviour
Maintenance	<ul style="list-style-type: none"> ■ Sustaining changes and ongoing maintenance 	<ul style="list-style-type: none"> ▪ Discussion of difficulties ▪ Positive self-talk ▪ Help identify strategies to prevent relapse
Relapse prevention and management	<ul style="list-style-type: none"> ■ Relapse or ■ Leaving the behaviour behind, moving on 	<ul style="list-style-type: none"> ▪ Ongoing support ▪ Analyse a relapse ▪ Do not treat relapse as a failure, but an opportunity ▪ Give ongoing supportive counselling to renew process of contemplation, determination, and action

Note:

A worksheet which would be useful for a patient would be the 'Change plan sheet'. This can be used to implement the above stages with patients.