Stages of Change: The Stages of Change model provides a framework to conceptualize patients’ readiness to make difficult behavioral changes (e.g. smoking cessation, diet changes). Conceptualization of a patient’s readiness to change using this model can help a clinician determine the appropriate course of action when planning interventions and treatments. When using this model, the goals of the clinician should include identifying the patients’ specific stage of change, and moving the client from that stage (e.g. pre-contemplation) to the next (e.g. contemplation). Doing so increases the likelihood of successful change.

Useful Definitions

The Stages of Change include:

1. Pre-contemplation: In this stage the patient is not thinking about change and may resist it. A patient in this stage may not even recognize change as important.
2. Contemplation: A patient in this stage may see that change is important, but is ambivalent about the prospect of moving forward.
3. Preparation: A patient in this stage has begun the process of planning their behavior change. Examples of individuals in this stage are those who are seeking medical assistance for smoking cessation, help with drinking, and weight loss.
4. Action: Patients in this stage are taking steps to change their behavior. Examples of individuals in this stage include people who have begun pharmacotherapy for smoking cessation (e.g. nicotine replacement patches) or have initiated an exercise regimen.
5. Maintenance: Patients in this stage have successfully made the behavioral change for an extended period of time (e.g. 6 months). It is not uncommon for individuals in this stage to have occasional slip-ups which they have successfully dealt with.
6. Termination: This is when the patient no longer needs treatment. Ideally, both the clinician and patient should agree that termination is warranted. If there is not agreement, the physician and the patient should discuss the difference in opinions.
7. Relapse: Relapse typically starts with a series of “slips” and concludes with the return of the problem behavior.

Citation:

Recommended Reading:
Discussion Questions

1. Heather briefly discusses Mr. Delgado’s drinking habits with him (10:30). Later, during her debrief with Dr. Andrews, she states that he is not ready to discuss making changes to this behavior (25:25).
   - What stage of change is Mr. Delgado in for his drinking?
   - Did you hear an attempt on Heather’s part to move Mr. Delgado from his current stage of change to the next?

2. Heather spends a significant amount of time during her meeting with Mr. Delgado discussing his smoking behavior (11:20).
   - Heather correctly thinks to her self that Mr. Delgado is not in the pre-contemplation stage of change in terms of smoking. Given this, which stage do you think he is in, contemplation or planning? Provide support for your decision.
   - Mr. Delgado clearly describes one of the triggers/maintaining factors for his smoking behavior (12:30). How does this information shape the way you conceptualize his smoking? How would you use this information to plan an intervention?

3. Heather collects some data on Mr. Delgado’s diet, and begins to educate him on the proper foods to eat.
   - Did you get a clear sense of Mr. Delgado’s stage of change in terms of diet change? What stage do you think most accurately represents where he is?

4. Notice the difference in Heather’s debriefs to Dr. Andrews between the last session and this one. Why do you think there is such a stark difference? Do you think that Heather’s improving rapport with Mr. Delgado is a factor in this change?