

Stages of Change (I)

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Many medical practitioners have found the widely used "Stages of Changes" model of the psychological process most useful when talking with patients about training and health-related personal behavior modification. The Stages of Change model was originally developed by Prochaska and DiClemente in 1982. (See also, Prochaska; Prochaska, DiClemente and Norcross, 1992; Prochaska, Norcross and DiClemente, 1992; Prochaska and Velicer; Velicer and Prochaska.)

The following description and analysis of the change process model will help in understanding how lifestyle/personal behavior can be successfully altered—and why the process sometimes fails. The six stages are: (1) PreContemplation; (2) Contemplation; (3) Preparation; (4) Action; (5) Maintenance; and (6) Termination.

"In this stage approach to change, taking direct action to change one's behavior is only one of six stages. What people do in the stages preceding action and what they do in the stages following action are at least as important as the action they take." Prochaska (1993, p. 249).

Programs that focus solely on behaviors themselves—and ignore the underlying state of mind sequence—more often than not end in failure (Prochaska, 1993). Thus, for a patient with a health-related problem subject to amelioration via change in personal behavior, the sequence of change must be considered.

1. Precontemplation

Initially, a patient does not understand either the problem or that something can be done about it. Such patients typically lack any intent to take action within the upcoming six months. Some patients have calculated that the benefits of inaction are at least as great, if not greater, than the alternative. Patients may be unaware, or at least only partially aware, of the potential benefits change could bring. They may alternatively be demoralized by past failures. Thus, either happily or unhappily, they accept their state.

2. Contemplation

A measure of self-awareness makes its first appearance in the contemplation stage. Patients recognize that a behavior, such as sedentary living, constitutes a health-related problem. They begin to examine various aspects of change, and may resolve to take action within six months. Patients in the contemplation stage are aware of the advantages of change, and at least partially favor action in that direction, but maintain concerns regarding disadvantages of change. Such patients are in the ambivalent phase of "on the one hand this, on the other hand that." (Miller and Rollnick, 1991, p. 16).

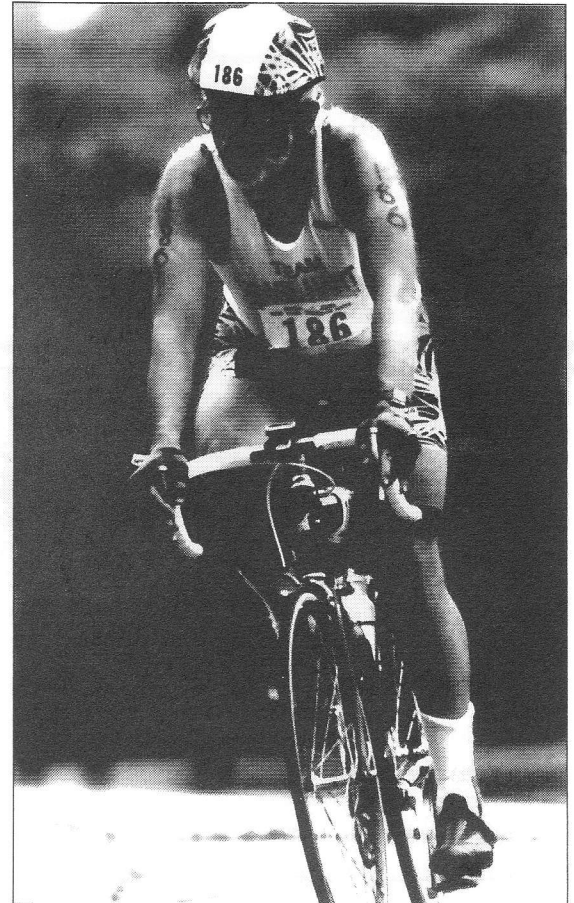
Some patients remain mired in the contemplation stage, even though they had originally intended to initiate change within six months. The ability to begin seeing oneself as a person who will behave differently in the future distinguishes those patients from those who fail to evolve from the contemplation stage.

3. Preparation

In this stage, patients undertake serious planning to engage in behavior change within the month: one's motivation is mobilized. (Motivation, which will be addressed in a future column, is simply a mental process that links a thought or a feeling with an action.) At this stage, feelings of ambivalence and doubt as to whether success can be achieved have been overcome. Patients have made a conscious decision to engage in a new set of behaviors; a belief that positive change is possible has been established. Patients are in the formal or informal design process for a program through which they will attempt to make behavioral change and take action (Stage 4).

Practitioners can use the Stages of Change model to model their own thinking as well as that of their patients. Recognizing the behavior/change continuum, and pinpointing a patient's position on it, can be helpful in formu-

lating advice and corrective behavior. For example, contemplators—those who can discuss change and how it can be helpful once they are ready—require different advice than Preparers, who might be aided by more specific programmatic suggestions for actions such as weight loss, smoking or regular exercise. Demonstration of an understanding that change



in personal and health-related behaviors often takes time is comforting for many patients—and can be comforting for practitioners as well. My next column will discuss the final three stages of change: action, maintenance and termination.

References:

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