Stages of Change

Purpose : Visualisation tool explaining where the individual fits along their journey of recovery

Admin time : x min variable

User Friendly : High

Administered by : GP or nurse

Content : Illustration of stages of change, with explanations of mindeset, interventions and processed for each stage
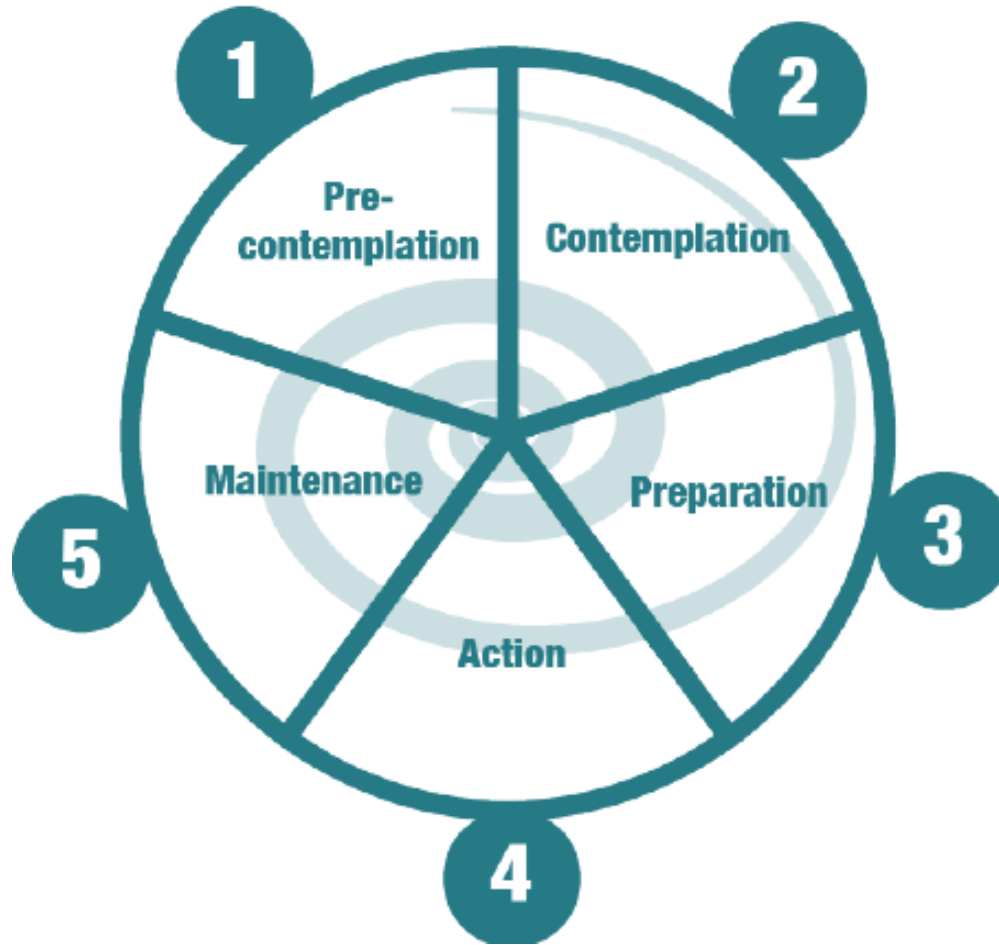
Author : Prochaska JO, 1992 **access**
CGAkit.com edition : Grazioli A, 2022

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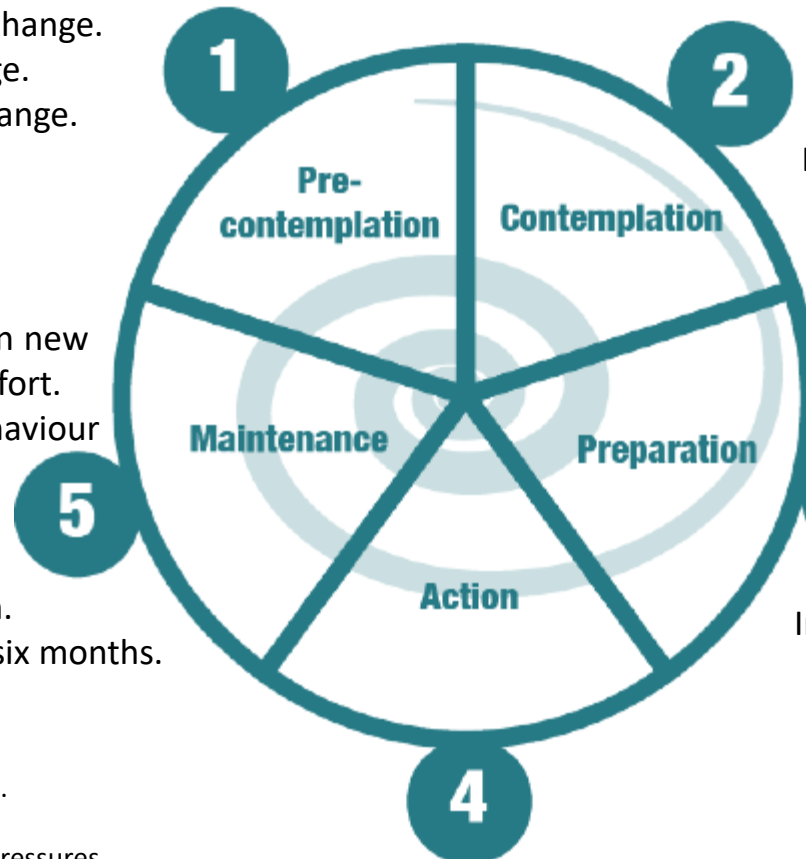
https://www.cgakit.com/stages-of-change

Stages of Change

Stages of Change - Mindset

Unaware of problems associated with behaviour.
Certain that the positives of the behaviour
out-weigh the negative.
Not interested in change.
Unwilling to change.
No intention to change.

Becomes aware of problems associated with
behaviour.
Ambivalent regarding positives and negatives.
Explores the potential to change.
Desires to change behaviour but
lacks confidence and commitment.
Intends to change before 6 months.

Masters the ability to sustain new
behaviour with minimum effort.
Establishes desired new behaviour
patterns and self-control.
Remains alert to high-risk
situations.
Focus is on lapse prevention.
Has changed behaviour for six months.

Accepts responsibility to change
behaviour.
Evaluates and selects
techniques for behaviour.
Develops a plan.
Builds confidence and commitment.
Intends to change within one month.

Lapse or Relapse
This is an event, not a stage.
May occur at any time.
Personal distress or social pressures
are allowed to interrupt
the behaviour change process.
Temporary loss of progress
which resumes at an earlier stage.
Experience is educational to
help prevent further recurrence.

Engages in self-directed behaviour change effort.
Gains new insights and develops new skills.
Consciously chooses new behaviour.
Learns to overcome the tendencies for unwanted behaviour.
Active in action stage for less than six months.

1 Pre-contemplation
2 Contemplation
3 Preparation
4 Action
5 Maintenance

Stages of Change – Carer Intervention

Four main types of pre-contemplator (the four R's) :
Reluctance, Rebellion, Resignation and Rationalization:
- Reluctant pre-contemplators are those who through lack of knowledge or inertia do not want to consider change. The impact of the problem has not become fully conscious.
- Rebellious pre-contemplators have a heavy investment in drinking and in making their own decisions. They are resistant to being told what to do.
- Resigned pre-contemplators have given up hope about the possibility of change and seem overwhelmed by the problem. Many have made many attempts to quit or control their drinking.
- Rationalizing pre-contemplators have all the answers; they have plenty of reasons why drinking is not a problem, or why drinking is a problem for others but not for them.

A person who has implemented a good plan begins to see it work and experiences it working over time, making adjustments along the way.
The many things that alcohol may have taken from The person begin to be restored, along with hope and self-confidence and continued determination not to drink.

With the help of a treatment professional, contemplators may make a risk-reward analysis.
They may be led to consider the pros and cons of their behaviour, and the pros and cons of change.

They may be helped to think about the previous attempts they have made to stop drinking, and consider what has caused failure in the past.

Commitment to change without appropriate skills and activities can create a fragile and incomplete action plan.
With the help of a professional, individuals may make a realistic assessment of the level of difficulty involved in stopping drinking.
They will begin to anticipate problems and pitfalls and come up with concrete solutions that will become part of their ongoing treatment plan.

If they have not done so already, individuals in this stage may enter counselling or some form of outpatient treatment, start to attend AA meetings or tell their family members and friends about their decision - or all of the above.

Cycle diagram

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
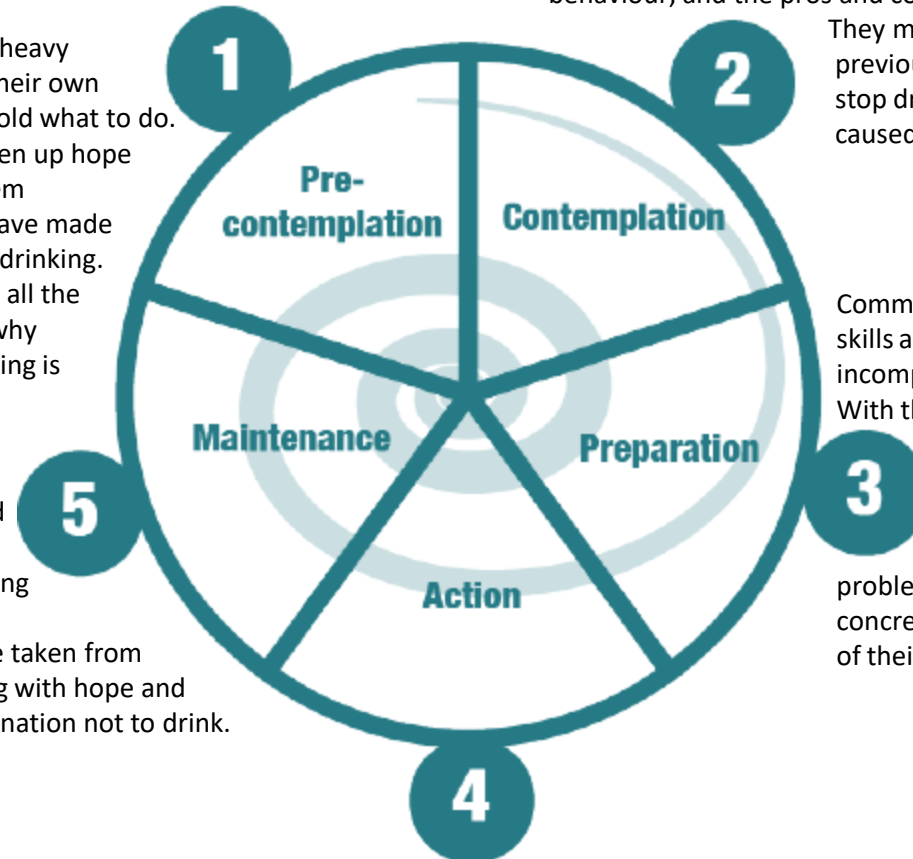
Processes of Change

For people to progress they need :
• A growing awareness that the advantages (the "pros") of changing outweigh the disadvantages (the "cons")
• Confidence that they can make and maintain changes in situations that tempt them to return to their old, unhealthy behaviour
• Processes that can help them make and maintain change

The ten *processes of change* include:
1. Consciousness-raising (Get the facts) — increasing awareness via information, education, and personal feedback about the healthy behaviour.
2. Dramatic relief (Pay attention to feelings) — feeling fear, anxiety, or worry because of the unhealthy behaviour, or feeling inspiration and hope when hearing about how people are able to change to healthy behaviours.
3. Self re-evaluation (Create a new self-image) — realizing that the healthy behaviour is an important part of who they want to be.
4. Environmental re-evaluation (Notice your effect on others) — realizing how their unhealthy behaviour affects others and how they could have more positive effects by changing.
5. Social liberation (Notice public support) — realizing that society is supportive of the healthy behaviour.
6. Self-liberation (Make a commitment) — believing in one's ability to change and making commitments and re-commitments to act on that belief.
7. Helping relationships (Get support) — finding people who are supportive of their change.
8. Counter-conditioning (Use substitutes) — substituting healthy ways of acting and thinking for unhealthy ways.
9. Reinforcement management (Use rewards) — increasing the rewards that come from positive behaviour and reducing those that come from negative behaviour.
10. Stimulus control (Manage your environment) — using reminders and cues that encourage healthy behaviour and avoiding places that don't.

There are many strategies that may be utilised for each process, and tailored for the specific individual.