

Stages of Change

The Transtheoretical Model incorporates elements of various theories of therapy, learning, and behaviour change. It looks at what a person experiences and participates in as they create new behaviours, modify existing behaviours, or stop problematic patterns of behaviour.

Prochaska and DiClemente (1994) discovered that successful self-motivated self-changers used certain tools at specific times, and these specific times were constant from person to person. These processes of change may be applied to a single problem or a combination of problems.

There are five stages of change:

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance

Each stage has a series of tasks that must be completed before moving to the next stage. People can move forward, backward, and recycle through the stages of change.

Stage 1: Precontemplation

At this stage, people have no desire or interest in changing their behaviour. Often, they are in treatment due to pressure from others. Some characteristics of people in this stage include:

- Denying that they have a problem
- Blaming others, and seeing things as outside of their control
- Feeling demoralized because they think the situation is hopeless
- Actively resisting treatment through defense mechanisms (such as minimization, rationalization, projection, displacement, or internalization)

Clinician tips for Stage 1

- Establish contact with the person, listen to their story in a reflective manner, and affirm the validity and value of their experience.
- Create more alternatives and choices for people.
- Provide information about problem behaviours.

Stage 2: Contemplation

Contemplators have indefinite plans to take action in the next six months or so, but may be far from making a commitment to action. People may stay in this stage for a very long time. While they may know their goal and how to achieve it, they may spend more time in this stage out of fear of failure. Some people may eternally substitute thinking for action; these people are called chronic contemplators.

The process of change involved in contemplation includes self-re-evaluation and emotional arousal. Emotional arousal allows people to overcome procrastination and determine what is really in their best interest.

Clinician tips for Stage 2

- Give practical assistance for the person's immediate concerns.
- Model open and honest communication.
- Express empathy and align with the person's struggle.
- Explore the person's goals, and support their desire to change.

Stage 3: Preparation

During the transition from contemplation to preparation:

- The person will begin to focus on the solution to the predicament rather than the predicament itself.
- The person's thinking will become more future-oriented, rather than focused on the past.

The preparation stage begins with commitment. Commitment is taking the responsibility to change. It includes not only a willingness to act, but also a belief in their ability to change, which reinforces their will.

Clinician tips for Stage 3

- Take small steps towards the change.
- Set a date to begin.
- Encourage the person to tell others about the intended change.
- Create a plan of action.
- Explore the person's concern about mental health and substance use.
- Identify discrepancies between the person's goals and their current behaviours.
- Resolve any ambivalence to allow the person to transition into the action stage.

Stage 4: Action

This stage requires dedication and is the most visible. It usually lasts for months. There are common processes that people may focus on as they move into the action stage: countering, environment control, rewards, and helping relationships.

Countering is replacing unbeneficial behaviours with beneficial behaviours. It involves changing responses to a given situation.

Environment control is restructuring the environment to reduce the probability of a problem-causing event. Effective techniques include:

- Avoidance (staying away from environments that may facilitate unbeneficial behaviour)
- Cues (desensitizing oneself to triggers)
- Reminders (placing friendly reminders to control unwanted behaviour)

Rewards modify consequences that follow desirable behaviour and reinforce it.

Helping relationships is recruiting outside help (such as friends, family, or partner) to provide support, caring, understanding, and acceptance.

Clinician tips for Stage 4

- Start the action plan.
- Elicit change talk.
- Reward progress.
- Use challenges as learning opportunities.
- Nurture and sustain social supports.
- Develop specific action steps to work on target behaviours.
- Encourage self-efficacy and identify examples of self-efficacy.
- Review and reinforce actions that are producing behavioural changes.
- Review and identify new goals as the person continues to change.
- Emphasize healthy alternatives.

Stage 5: Maintenance

Maintenance is more difficult to attain. This is the stage where the person may struggle to prevent returning to use, which may occur in the first month or two.

Successful maintenance includes sustainable, long-term efforts and a revised lifestyle. Common threats to maintenance include social pressures, internal challenges, and special situations. Internal challenges may result from overconfidence, temptation, and self-blame.

Clinician tips for Stage 5

- Keep the focus on the person's goals.
- Reinforce links between change behaviour and accomplishing goals.
- Identify high-risk situations.
- Develop plans to prevent return to use.
- Reinforce self-efficacy and focus attention on the person's gains.
- Support continued social engagement for mutual aid, leisure, spirituality, learning, and volunteering.

Recycling

Returning to use may be undesirable, but it often re-establishes the person's commitment to moving forward again towards change. Most successful changers go through the stages of change three to four times.

Ten lessons learned from returning to use

1. Few changers remain in the maintenance stage of change.
2. Trial and error is inefficient. Returning to use can help people benefit from experiences.
3. Change often costs more than budgeted. What is needed is a commitment over time to an action plan that exploits all the processes have to offer.
4. Returning to use alerts people when they are using the wrong process at the wrong time. For example: by becoming misinformed, misusing willpower, or substituting one bad behaviour for another.
5. Returning to use helps prepare people for complications. Problems often coexist, and changing one can exacerbate another.
6. The path to change is rarely a straight one; instead it follows a cyclical pattern.
7. A lapse is not a relapse. When changing behaviours, there is a possibility of slipping back into old habits, which does not necessarily mean failure or that returning to use is inevitable.
8. Mini decisions lead to maxi decisions: making poor mini-decisions related to the behaviour can easily lead to a return to use.
9. Distress can cause a return to use. Researchers consistently find that distress (such as anger, anxiety, depression, and loneliness) is involved in 60-70% of cases where people return to use.
10. Learning translates into action: learning and using experiences prepares people for success by basing another attempt on informed change principles.

Overlap between Stages of Change and Stages of Treatment

Stage of Change	Stage of Substance Use Treatment	Definition	Goal
Precontemplation	Engagement	Person does not have contact with clinician	To establish a working alliance with the person
Contemplation, Preparation	Persuasion	Person has regular contact with clinician, and may want to work on reducing substance use	To develop the person's awareness that substance use is a problem, and increase motivation to change
Action	Active Treatment	Person is motivated to reduce substance use, as indicated by reduction for at least one month but less than six months	To help the person further reduce substance use and, if possible, attain abstinence
Maintenance	Prevention	Person has not experienced problems related to substance use for at least six months (or is abstinent)	To maintain awareness that return to use can happen, and to extend recovery to other areas (such as social relationships and work)