Stages of Change

James Prochaska and Carlo DiClemente’s trans-theoretical model of behavior change, called the “Stages of Change,” suggests that most people proceed through a predictable process of change that can be broken into stages. The stages include seven steps:

1. **Pre-contemplation**
   The individual remains unaware that the behavior is problematic and has no intention to change.

2. **Contemplation**
   The individual is becoming aware that their behavior is problematic and may explore possible strategies for making change.

3. **Preparation**
   The patient intends to act in the near future, and makes plans for their behavior change.

4. **Action**
   The individual has made specific and noticeable changes in their problematic behavior.

5. **Maintenance**
   The patient has sustained the behavior changes and tries to prevent relapse.

6. **Termination/Stable Behavior**
   The individual has sustained the change for an extended period and reports no desire to return to earlier behaviors.

7. **Relapse**
   Not actually a stage within the model, the “relapse” phase refers to the patient who successfully made the change, but later reverted to their problematic behavior.
While motivational interviewing does not have a single theoretical backbone, the strategies are most closely aligned with the stages of change model. Both stages of change and motivational interviewing follow the same principles:

- The change process is often non-linear
- An individual’s level of readiness to change is fluid, and may come and go even in the course of a discussion
- Ambivalence about change is a normal part of the change cycle

Miller and Rollnick applied the stages of change model to concrete actions that a provider can take during a session with a patient to help them move along in the change process.
<table>
<thead>
<tr>
<th>Stage</th>
<th>Patient Characteristics</th>
<th>Provider's Task</th>
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</thead>
<tbody>
<tr>
<td>Pre-Contemplation</td>
<td>Unaware that the behavior is problematic and has no plans for change</td>
<td>Increase awareness of need to change, encourage self-reflection</td>
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<tr>
<td>Contemplation</td>
<td>Becoming aware that the behavior is problematic and may be exploring possible strategies for making change</td>
<td>Develop the discrepancy, increase the patient's confidence in their ability to change</td>
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<tr>
<td>Preparation</td>
<td>Intending to take action in the near future and is making concrete plans for their behavior change</td>
<td>Partner with the patient to negotiate a plan of action, assist in problem solving</td>
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<tr>
<td>Action</td>
<td>Has made specific and obvious changes in their problematic behavior</td>
<td>Reaffirm the patient's commitment, periodically follow-up to ensure the patient remains on track</td>
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<tr>
<td>Maintenance</td>
<td>Actively working to sustain the behavior changes and is trying to prevent relapse</td>
<td>Remind the patient of their goal and reasons for that goal, problem solve around potential barriers</td>
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<tr>
<td>Termination</td>
<td>Has sustained the change for an extended period and reports no desire to return to earlier behaviors</td>
<td>Reinforce personal rewards, plan for follow-up support, discuss potential relapse</td>
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<tr>
<td>Relapse</td>
<td>Successfully made the change, but later reverted to the problematic behaviors</td>
<td>Assist the patient in coping, reassess motivation and barriers</td>
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References: