

## Stages of Change<sup>199</sup>

People change their behaviors when:

- They become interested in or concerned about the need for change;
- They become convinced that the change is in their best interest or will benefit them more than cost them; and
- They organize a realistic, feasible plan of action and take the actions that are necessary to make the change and sustain it.<sup>201</sup>

***“In a representative sample across more than 15 high-risk behaviors, it was found that fewer than 20% of a problem population is prepared for action at any given time. And yet, more than 90% of behavior change programs are designed with this 20% of the population in mind.”<sup>203</sup>***

The clinical task is to promote the behavior change process in the one in five people who are ready to make changes right now, and for the four out of five others, to support efforts to increase recognitions that change is needed.

***Stages of Change model - a way to identify the important tasks needed to make change happen, better understand the health care or treatment needs of that adolescent and identify which options are most appropriate given the adolescent’s level of motivation to change.***

Prochaska and DiClemente found common stages of change over hundreds of behavior change studies:

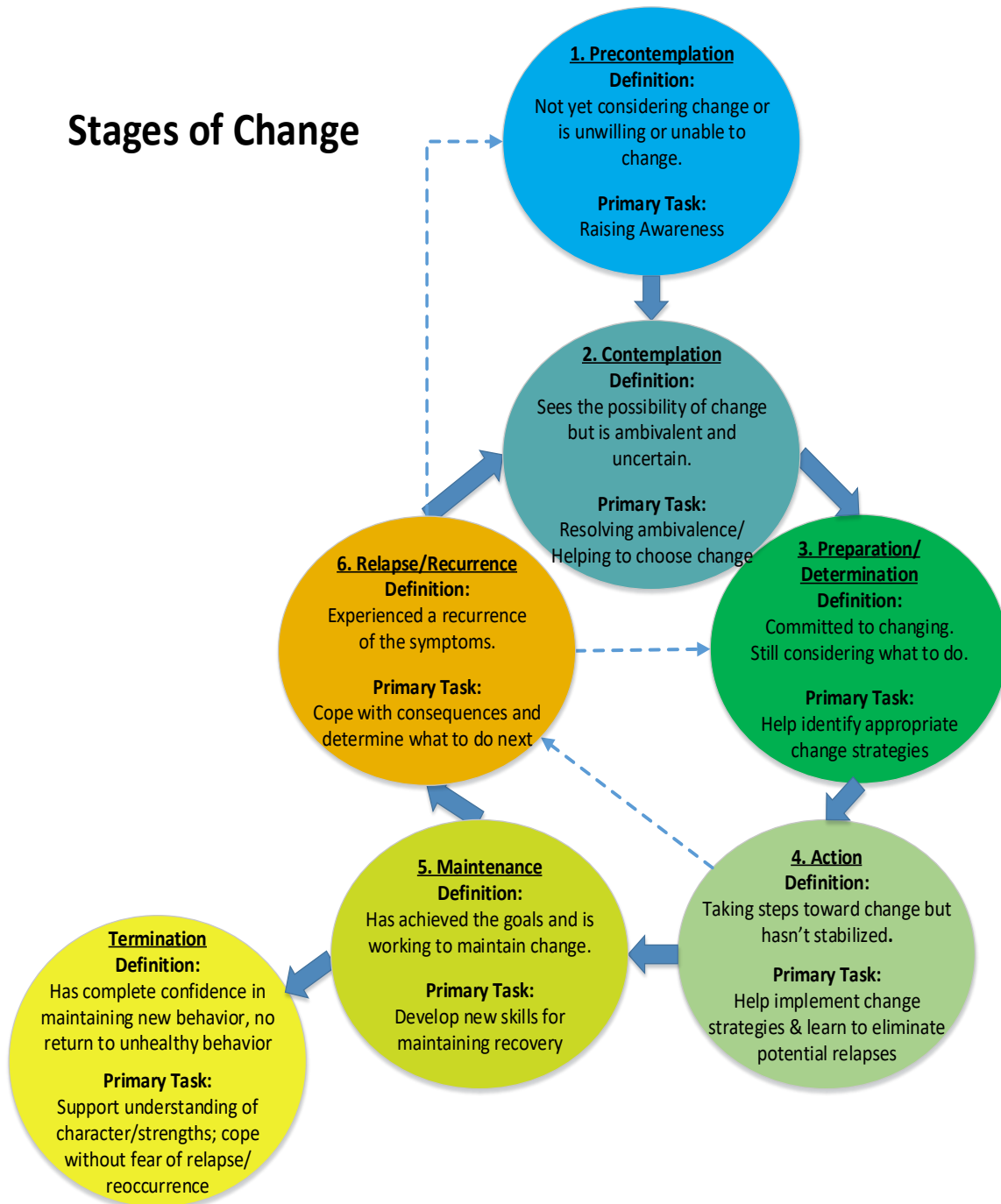
- Precontemplation – The adolescent is unaware/under aware that their substance use is unhealthy, does not see a need to change, may feel hopeless, may wish others would change so they do not have to, and has little or no interest in changing their behavior in the foreseeable future.
- Contemplation – The adolescent is aware of their unhealthy substance use behavior, is considering possible changes in behavior and is ambivalent about changing. Adolescents may feel hopeless about making a decision to change and sticking with it.
- Preparation – The adolescent makes a commitment to act and develops a plan to change (but has not made changes yet). They may test some initial steps and may feel hesitant or uncertain about success.
- Action – The adolescent takes the plunge and has started to change behaviors and thoughts to break patterns of unhealthy substance use and begins creating new behavior patterns.
- Maintenance – The adolescent is able to sustain changed behaviors and thoughts over an extended period of time, continues to make positive changes in other areas of their life and develops new coping skills to respond to stressors and changing environments.<sup>204</sup> These maintenance of changed behaviors also works to prevent relapse.

- Relapse/Recurrence – The adolescent falls back into old patterns of unhealthy substance use behavior.
- Termination – The adolescent has complete confidence (self-efficacy) they can maintain new behavior (e.g., abstinence), not return to unhealthy behavior, or able to cope with the fear of relapse.

The practical skills of Motivational Interviewing (MI) are used to help adolescents to progress through the Stages more rapidly than they would on their own. With assistance from a practitioner, adolescents can move more quickly through the Stages. Some may regress to an earlier Stage even after progress has been made. Others may get stuck. Figure R illustrates the dynamic nature of the Stages of Change model.<sup>204,205</sup>

Figure R: Stages of Change Model<sup>206</sup>

## Stages of Change



Practitioners have opportunities at whatever stage an adolescent is in to assist in enhancing motivation, skills, and commitment to change.

- **Precontemplation** – Cultivate ambivalence by raising awareness of and recognition of potential risks and negatives associated with substance use. The *Decisional Balance Worksheet* can help adolescents assess the reasons for wanting or not wanting to change.

Reference: This resource is reproduced from McPherson, T., Goplerud, E., Bauroth, S., Cohen, H., Storie, M., Joseph, H., Schlissel, A., King, S., & Noriega, D. (2019). *Learner's Guide to Adolescent Screening, Brief Intervention and Referral to Treatment (SBIRT)*. Bethesda, MD: NORC at the University of Chicago.

- Contemplation – Tip the balance in the adolescent’s ambivalence by generating reasons for changing and risks of not changing, supporting their confidence in the ability to change substance use patterns.
- Preparation/determination – Increase the adolescent’s commitment to decrease or discontinue substance use, develop options, choose among them, and assist them in committing to a viable and acceptable plan.
- Action – Help the adolescent implement their plan, revise it as needed, and sustain commitment to change even when faced with difficulties and setbacks.
- Maintenance – Turn changes in thinking and behaviors into healthy habits, resolve problems as they arise, sustain changes that make it difficult to go back to old, unhealthy, substance use patterns and thus prevent relapse.<sup>204</sup>
- Relapse/recurrence—Help the adolescent understand the importance of returning to maintenance. For some, the clinical task associated with precontemplation may be needed.

**Figure S: Stages of Change: Intervention Matching Guide<sup>206</sup>**

Stages of Change: Intervention Matching Guide		
<p style="text-align: center;"><b>1. Pre-contemplation</b></p> <ul style="list-style-type: none"> <li>• Offer <b>factual</b> information</li> <li>• Explore the <b>meaning of events</b> that brought the person to treatment</li> <li>• Explore <b>results of previous efforts</b></li> <li>• Explore <b>pros and cons</b> of targeted behaviors</li> </ul>	<p style="text-align: center;"><b>2. Contemplation</b></p> <ul style="list-style-type: none"> <li>• Explore the person’s <b>sense of self-efficacy</b></li> <li>• Explore <b>expectations</b> regarding what the change will entail</li> <li>• <b>Summarize</b> self-motivational statements</li> <li>• Continue exploration of <b>pros and cons</b></li> </ul>	<p style="text-align: center;"><b>3. Preparation/Determination</b></p> <ul style="list-style-type: none"> <li>• Offer a <b>menu of options</b> for change</li> <li>• Help identify <b>pros and cons</b> of various change options</li> <li>• Identify and <b>lower barriers</b> to change</li> <li>• Help person <b>enlist social support</b></li> <li>• Encourage person to <b>publicly announce plans</b> to change</li> </ul>
<p style="text-align: center;"><b>4. Action</b></p> <ul style="list-style-type: none"> <li>• Support a <b>realistic view</b> of change through <b>small steps</b></li> <li>• Help <b>identify high-risk situations</b> and develop <b>coping strategies</b></li> <li>• Assist in <b>finding new reinforcers</b> of positive change</li> <li>• Help access family and social <b>support</b></li> </ul>	<p style="text-align: center;"><b>5. Maintenance</b></p> <ul style="list-style-type: none"> <li>• Help identify and try <b>alternative behaviors</b> (drug-free sources of pleasure)</li> <li>• Maintain <b>supportive contact</b></li> <li>• Help <b>develop escape plan</b></li> <li>• Work to <b>set new</b> short and long term <b>goals</b></li> </ul>	<p style="text-align: center;"><b>6. Relapse/Recurrence</b></p> <ul style="list-style-type: none"> <li>• Frame recurrence as a <b>learning opportunity</b></li> <li>• Explore possible behavioral, psychological, and social <b>antecedents</b></li> <li>• Help to develop <b>alternative</b> coping strategies</li> <li>• Explain Stages of Change &amp; encourage person to <b>stay in the process</b></li> <li>• Maintain <b>supportive</b> contact</li> </ul>

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