

Transtheoretical Model of Change / Stage of Change Model

Helping patients change behaviour is an important role for healthcare practitioners. Change interventions are especially useful in addressing lifestyle modification for disease prevention, long-term disease management and addictions. The model recognizes that change is not linear and a person may need to cycle through the stages several times to achieve a change, such as becoming smoke-free or decreasing salt intake.

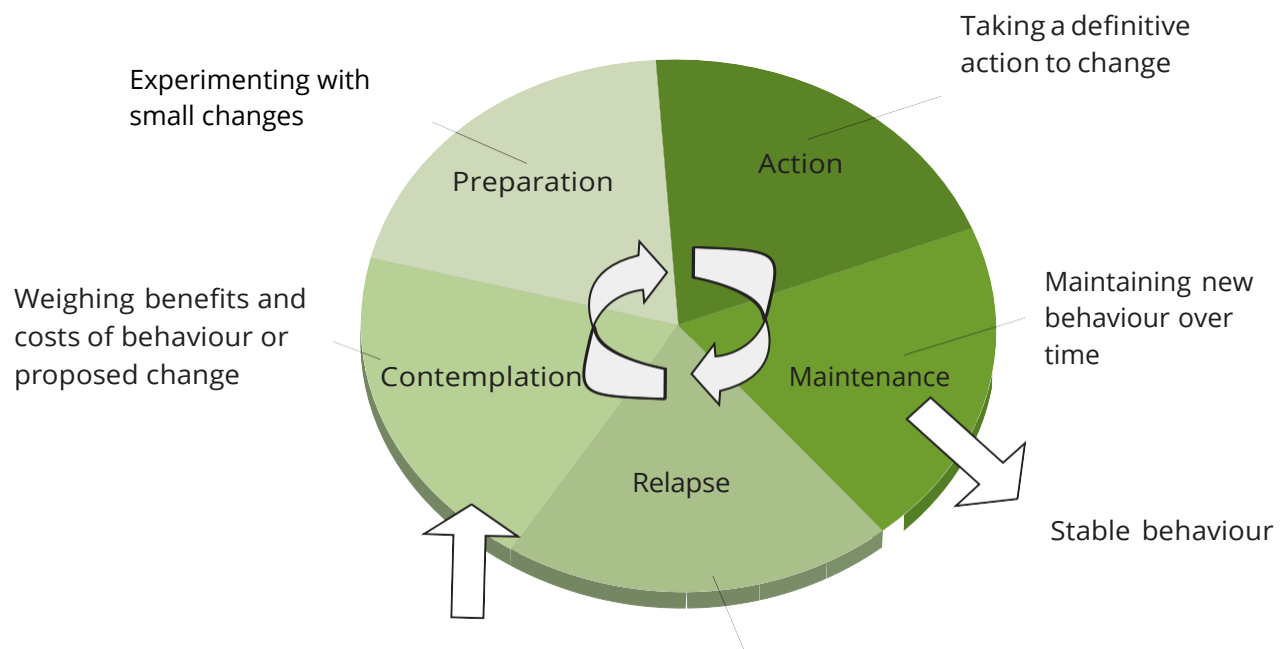
The Stage of Change model shows that, for most persons, a change in behaviour occurs gradually, with the patient moving from being uninterested, unaware or unwilling to make a change (pre-contemplation), to considering a change (contemplation), to deciding and preparing to make a change. Genuine, determined action is then taken and, over time, attempts to maintain the new behaviour occur. Relapses are almost inevitable and become part of the process of working toward life-long change.

Two important concepts that complement the stages and a person's movement through them are self-efficacy and decisional balance.

- Self-efficacy is the person's belief in himself or herself, or self-confidence in the ability to make a change. This self-belief can be a determinant of change. Self-confidence tends to increase as a person advances in the stages of change.
- Decisional balance represents the perceived benefits (Pros) and barriers or challenges (Cons) to change. This concept too, changes across the stages.

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Stages of Change Model



Pre-Contemplation:

- Not thinking about change
- May be resigned
- Feeling of no control
- Denial: does not believe it applies to self, believes consequences are not serious

This is a normal part of process of change usually feels demoralized

Assessing Motivation: The importance-confidence ruler technique

Importance and confidence reflect two conceptually independent dimensions that underlie patient readiness to change (“Why should I?” [Importance] and “How can I?” [Confidence]). The importance-confidence ruler technique incorporates many of the basic elements of Motivational Interviewing (MI): listening carefully, appreciating ambivalence, eliciting change talk, empowering, and collaborating. Furthermore, the ruler exercise yields for practitioners a clear sense of how ready patients are for change and how to be most helpful.

Ask the patient who has chosen to make a change:

On a scale of 0 to 10, how IMPORTANT is it for you right now to change?

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10

Not at all

Extremely

Important

Important

On a scale of 0 to 10, how CONFIDENT are you that you could make this change?

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10

Not at all

Extremely

Confident

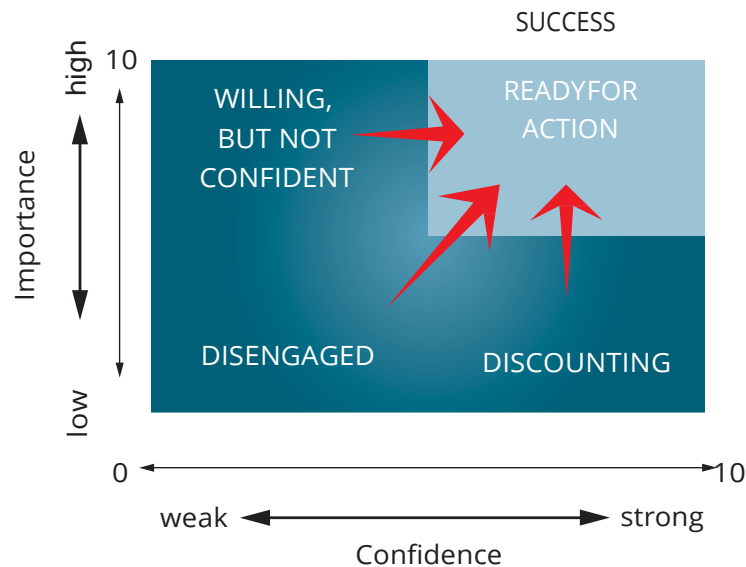
Confident

If patient indicates a level of importance of <7, it might be important to work on factors to increase the patient’s sense of importance of the behavioural change, or instead work on a behavioural change that the patient sees as more important and therefore feels more confident of achieving success.

Similarly, if the patient indicates a level of confidence of <7 and a level of importance >7, it is important to assess and address barriers to making the behavioural change or specific factors that might increase patient’s confidence and thus his/her chances of success.

It is important to tailor your counselling according to the patient’s stage of change and motivation, as measured by the importance-confidence ruler technique. See the figure on the next page.

MOTIVATION: Importance-Confidence Model



- **Disengaged** – Low Importance and low level of confidence

These patients do not feel it is important to change, and if they were to make the behavioural change, they do not feel they would be successful.

- **Discounting** – Low importance, high level of confidence

These patients feel confident they can make the change but do not feel it is important to make the behavioural change. They are not persuaded that they want or should change.

- **Willing but not confident** – High Importance, low level of confidence

These patients want to make the behavioural change but do not feel confident that they would be successful.

- **Action** – High importance, high confidence

These patients are the easiest to deal with in supporting them to make a behavioural change. These patients feel it is important to make the behavioural change and that they could succeed.

Reference sources:

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Excerpts from *Patient Self-management: Approaches to engage patients and support behaviour change*
http://www.impactbc.ca/files/documents/Self-mgmt_Facilitator_s_Guide-UBC-CPD-KT.pdf