Five Stages of Behavioural Change

Identifying a patient’s stage of change allows the GP to individualise the education and intervention that is most suited to the patient for that time. The aim is not to make a patient change their behaviour but to help them move along the stages of change.

Assessing a patient’s readiness for change allows:
- individualised strategies, making effective outcomes more likely
- GP not to waste time providing advice that patient is not hearing

Start with brief and simple advice:
- how a patient responds helps identify what stage they are at
- some patients will change their behaviour with this brief intervention

There are five stages in behavioural change:
- patients may cycle through different stages, several times before change is fully established

Stage 1 - Pre-contemplation:
- patient is not thinking about change
- patient may be:
  - under-informed
  - in denial
  - have tried unsuccessfully so many times they have given up

The goal for patients at this stage is to begin to think about changing behaviour.
Examples of questions:
- What would have to happen for you to know that this is a problem?
- What signs would let you know that this is a problem?
- Have you tried to change in the past?

Motivational interviewing techniques most effective.

Stage 2 - Contemplation:
- patient aware that problem exists
- ambivalent about changes, may feel sense of loss despite perceived gain
- weighing up benefits, costs etc.
- assess:
  - barriers, eg:
    - time
    - expense
    - hassle
    - fear
  - benefits of change
  - possible strategies to overcome barriers

Examples of questions:
- Why do you want to change at this time?
- What were the reasons for not changing?
- What would keep you from changing at this time?
● What might help you with that aspect?
● What things (people, programs and behaviours) have helped in the past?
● What would help you at this time?
● What do you think you need to learn about changing?

Motivational interviewing techniques most effective.

Stage 3 - Preparation:
● patient intends to take action
● patient:
  o prepares to make a specific change
  o experiments with small changes as their determination to change increases, eg:
    ▪ sampling low-fat foods or decreasing their drinking signals that they have decided a change is needed
● encourage patients’ to address barriers to full-fledged action, continuing to explore patient ambivalence

Stage 4 - Action:
● people modify their environment, behaviour etc. to change and address the problem
● requires considerable commitment of time and energy

Stage 5 – maintenance and relapse:
● patient works to:
  o incorporate new behaviour into long term habits/behaviour
  o prevent relapse
● relapse is a normal part of the process:
  o patient may feel demoralised
  o goal is to support patient and re-engage their efforts in the process of change, reinforce:
    ▪ they’ve learned something new about themselves and about the process of changing behaviour
    ▪ successful part of the plan, eg:
      • “You did it for six days; what made that work?”