

## STAGES OF CHANGE

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Stage	Description – a person in this stage is
<b>Pre-contemplation</b>	<p>Not considering changing a specific behaviour and likely to be resistant to changing the negative behaviour</p> <p>People in this stage may:</p> <ul style="list-style-type: none"> <li>• Have a lack of knowledge (reluctant)</li> <li>• Are resistant to being told what to do (rebellious)</li> <li>• Lack the energy to make change (resigned)</li> <li>• Have rationalised their existing behaviour to be comfortable with it (rationalised).</li> </ul> <p><b>Intervention</b></p> <p>Develop rapport – skilled, reflective listening clarifies the patient’s own experience and meaning; acceptance involves listening carefully with a desire to understand the patient’s perspective, don’t be judgmental</p> <p>Raise doubt – increase gently the patient’s perception of risk and the importance of cardiac rehabilitation.</p>
<b>Contemplation</b>	<p>Patient ambivalent about changing behaviour.</p> <p>Contemplators are willing to consider the problem/health issue and the possibility of change – but are ambivalent. “I would like to stop smoking... but....”</p> <p><b>Intervention</b></p> <p>Ask patients to talk about the pros and cons of current behaviour and the pros and cons of change.</p> <p>Tip the balance – evoke reasons for change, risks of not changing, strengthen the person sense of self efficacy for change.</p>
<b>Preparation</b>	<p>Actively getting ready to change the behaviour, eg, looking for information on walking shoes, healthy nutrition or stress management. A plan of action is being made and some behaviour change may have taken place</p> <p><b>Intervention</b></p> <p>Offer choices – help the patient determine the best course of action, encourage the patient to choose their preferred treatment option as this increases treatment adherence.</p>
<b>Action</b>	<p>Busy making changes. A large number of behaviour change processes are taking place in cognitive, environmental and interpersonal areas of the person’s life</p> <p><b>Intervention</b></p> <p>Help the patient take specific steps towards enhanced adherence.</p>
<b>Maintenance</b>	<p>Consistent change in pattern of behaviour. The new behaviour has become a normal way of life and is ingrained in the personal lifestyle. However, relapse is still possible.</p> <p><b>Intervention</b></p> <p>Help the patient identify and use strategies to maintain adherence.</p>
<b>Termination</b>	<p>Resolved of all temptation to engage in the old behaviour and has 100% self efficacy in all tempting situations. Termination is an end goal reached by few.</p>
<b>Relapse</b>	<p>Relapse is a temporary stop to the behaviour change process. The length of the stop depends on the anticipation and development of relapse strategies. A complete stop to the behaviour change process leads to collapse.</p> <p><b>Intervention</b></p> <p>Normalise it – it is ok.</p> <p>Help the client re-enter the stages of change without becoming stuck or demoralized.</p>