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# Stages of Change

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# Disclosure Statement

We do have a relevant financial relationship with commercial interest whose products or services relate to the content of the educational presentation.

Company: Moda Health, Inc./Greater Oregon Behavioral Health  
GOBHI/EOCCO/Summit Health

To ensure independence and balance of content, current conflicts of interest were resolved by basing recommendations on structured review for best evidence.

# Objectives

- What is the Transtheoretical Model and what are the Stages of Change?
- What behaviors and mindsets within each stage of change?
- What are effective and appropriate interventions for each stage of change?

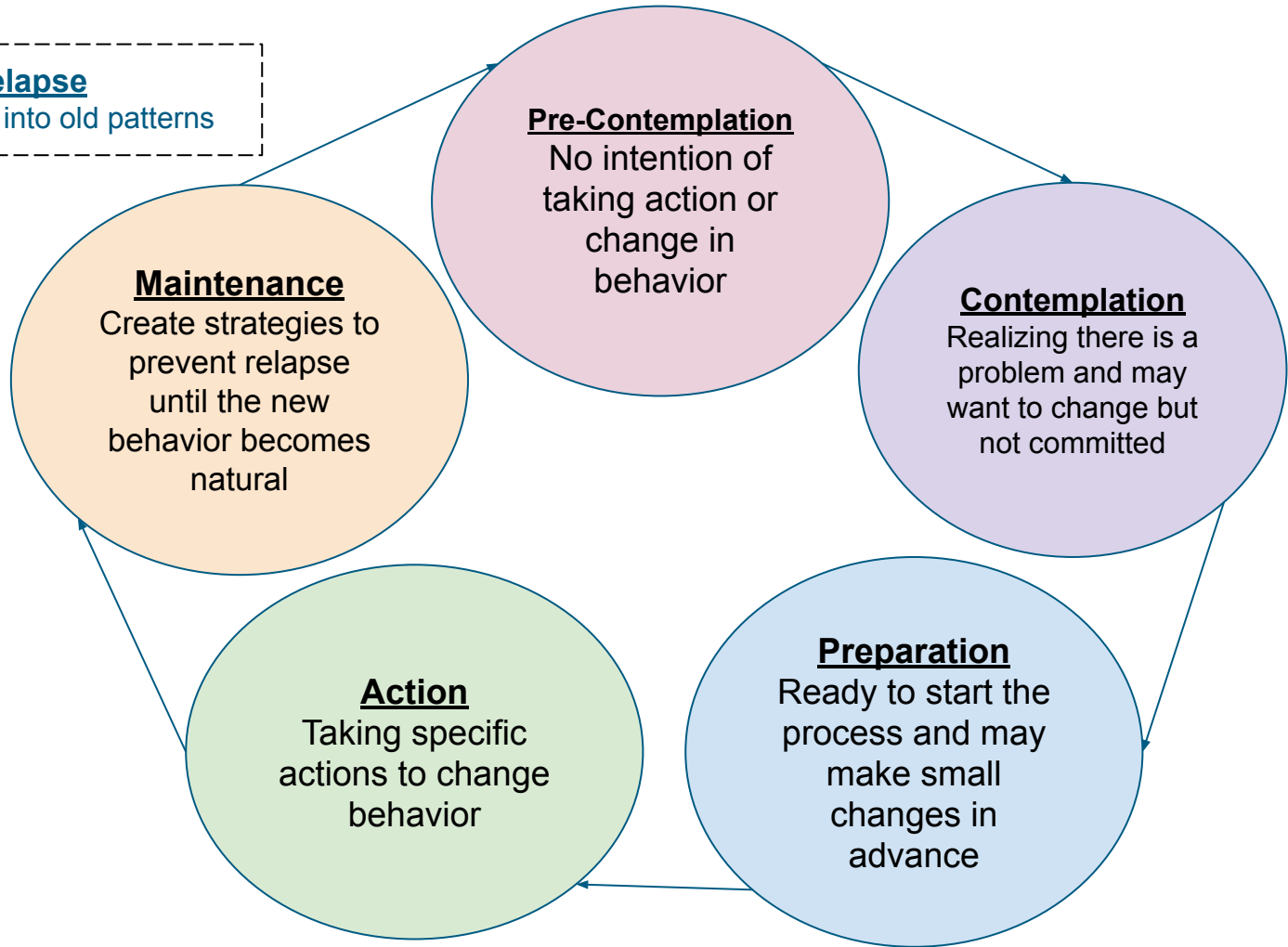


# What are the stages of change and Transtheoretical Model

The Transtheoretical Model was developed by psychology professors Prochaska and DiClemente in 1977 to originally understand cigarette smokers who quit smoking on their own and why some people are able to do so without assistance and some are not. It was clinically adapted in the early to mid 80s to understand behavior amongst individuals struggling with addiction.

**Relapse**

Falling back into old patterns



**Pre-Contemplation**

No intention of taking action or change in behavior

**Contemplation**

Realizing there is a problem and may want to change but not committed

**Preparation**

Ready to start the process and may make small changes in advance

**Action**

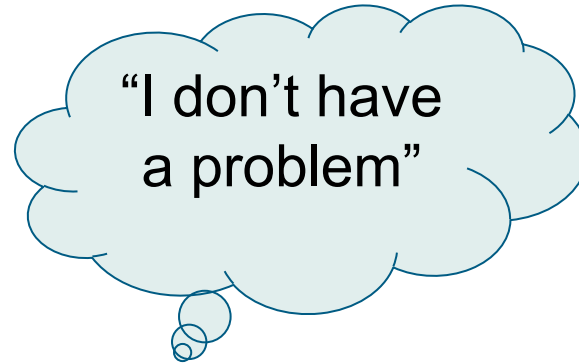
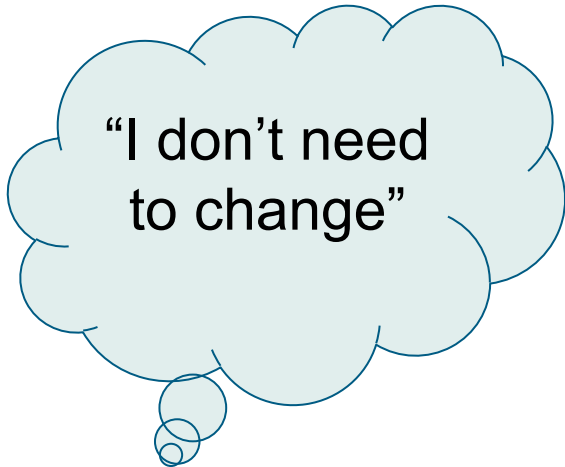
Taking specific actions to change behavior

**Maintenance**

Create strategies to prevent relapse until the new behavior becomes natural

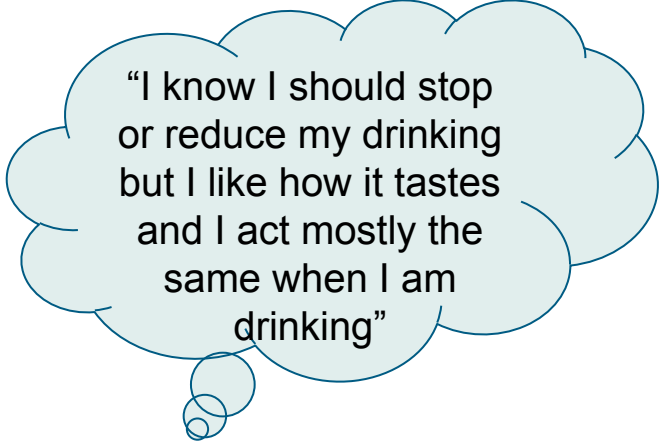
# Pre-Contemplation

- No “current” (what do you think) intention of changing behavior; the person may be unaware or under-aware that a problem exists
- Underestimates the pros of changing and overestimates the cons - often not aware of making such mistakes
- Many people can be in this stage for quite some time. People can also move in and out of this phase during periods of their life.




# Contemplation

- Individual may recognize that either all the time or at specific times their use of a substance is problematic
- Individual may not identify as an “addict” or be willing to go to treatment but is making attempts or thinking about making attempts at reducing or stopping use
- Individual is still feeling ambivalence about their use and the need to change it
- Individual may have experienced some consequence as a result of their use (ex: DUII, threat of a loss of relationship, loss of job) and this has prompted the thoughts that there may be a problem

A light blue thought bubble with a dark blue outline and three smaller circles leading to it from the bottom left. It contains the text: "I know I should stop or reduce my drinking but I like how it tastes and I act mostly the same when I am drinking".

“I know I should stop or reduce my drinking but I like how it tastes and I act mostly the same when I am drinking”

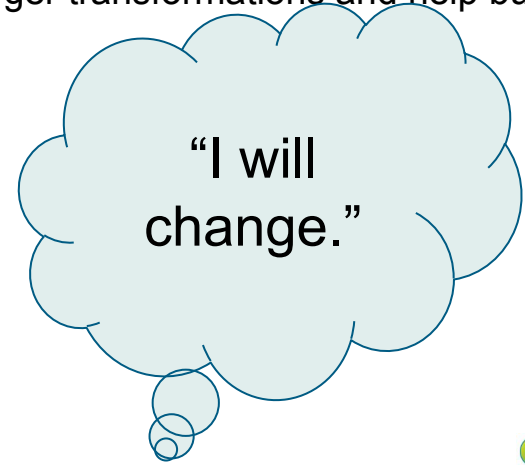
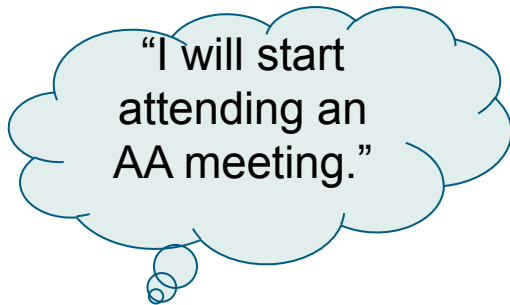
A light blue thought bubble with a dark blue outline and three smaller circles leading to it from the bottom left. It contains the text: "I should cut back on my use but it is mostly not a big deal".

“I should cut back on my use but it is mostly not a big deal”



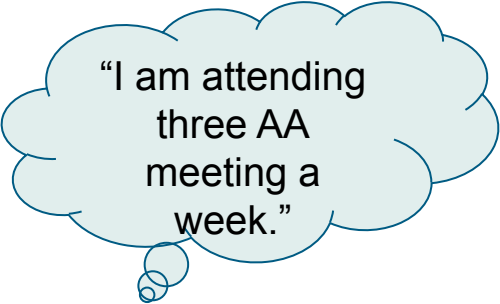
# Preparation

- Ready, willing and able
- Decision to make a change and begins to consider how to do so
- Increased awareness of the benefits of change and the potential of negative consequences
- Engaged in developing a plan of action
- Minor adjustments in behavior - stepping stones towards larger transformations and help build confidence and momentum for the upcoming action stage
- Increase self-efficacy, seeking out role models or mentors




# Action

- Made a commitment to change
- The new behavioral patterns has remained in place for a reasonable length of time (typically 6 months)
- Actively engaged in behaviors that support their goal
- Efforts are visible and tangible
- Facing and overcoming obstacles and challenges that arise - developing resilience
- Seeking out support - professionals, friends, family
- Building new habits - consistency and repetition are key to solidifying new behaviors

A light blue thought bubble with a dark blue outline and three small circles at the bottom left. It contains the text: "I am attending three AA meeting a week."

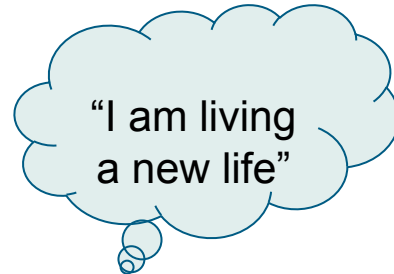
"I am attending  
three AA  
meeting a  
week."

A light blue thought bubble with a dark blue outline and three small circles at the bottom left. It contains the text: "I am making changes"

"I am making  
changes"

# Maintenance

- Sustaining progress and preventing relapse
- Successfully integrated desired behaviors into daily life
- Developed new strategies to overcome challenges
- Committed to maintaining progress
- Consistency
- Relapse prevention - actively work to prevent relapse by identifying triggers and implementing strategies to manage them
- Lifestyle - new behaviors have become an integral part of their overall lifestyle and are sustained without constant effort



# Relapse

- Not part of the stages of change but rather an event where an individual has slipped back into old habits
- Can be a lapse: one-time or temporary setback in a recovery journey, Or can be a relapse: return to use which has been managed or quit completely
- Can be common in the change process
- Each lapse or relapse is met with new insights and knowledge leading to less frequency and setbacks

# Effective Strategies for Intervention

*Motivational Interviewing is very effective as a communication method of intervention with each stage of change*

**Precontemplation**: Building rapport and trust, Education regarding risk and benefits, help increase self-awareness. **The provider** shows empathy, using active listening, and going with the client's resistance rather than against it.

**Contemplation**: Education surrounding benefits/rewards of reducing or ceasing use as well as reduction of risk, continue to help increase self-awareness, VALIDATE struggle with ambivalence, help increase confidence in ability to change. **The provider** takes on the persona of a teacher as they aim to challenge the individual's beliefs to gain new insights about their behaviors.

# Effective Strategies for Intervention

**Preparation**: Develop an action plan to organize resources and develop strategies to make the changes happen; Identify problem solving and social support. What skills are needed for change. Start taking small initial steps. **The provider** takes on the character of an experienced coach as they work with the individual to develop a game plan that is executable when the individual is ready.

**Action**: Focus on restructuring cues and social support. Bolster self-efficacy for dealing with obstacles. Combat feelings of loss and reiterate long-term benefits. Incorporating MRT/ CBT \* **The provider** takes on the role of a consultant as they provide guidance, advice, and support when needed.

*Addressing Relapse/Lapse- reaffirm commitment and begin progressing through each stage again. Identify the triggers linked to relapse, reaffirm commitment to change, revisit the tasks associated with the stage the client has returned to.*



# Maintenance Strategies

Early Remission	Sustained Remission
<b>6-12 months</b>	<b>12 months +</b>
<ul style="list-style-type: none"><li>● Provider awareness to vulnerability of individual.</li><li>● Reflect on progress, reflect on relapse prevention plan, reflect on triggers, promote prosocial activities and support systems, encourage ongoing treatment/community supports</li></ul>	<ul style="list-style-type: none"><li>● Provider awareness to stressors.</li><li>● Adjust skill development to meet them where they are (executive functions, continued encouragement on accomplishments, encouragement for support system)</li></ul>

Diagnosing someone with a new SUD diagnosis can be harmful when the individual is in this Stage of Change

Developing a reliable framework for self-change is beneficial for those seeking change. When using the Stages of Change model, change is not coerced, but rather supported and accepted at the stage they present. Treatment becomes personalized based on the individual and the stage in which they reside. With this method, change behavior is thought of as a fluid and dynamic evolution, with possible recycling of stages, rather than focusing on the end goal of change.

# Resources

Raihan N, Cogburn M. Stages of Change Theory. [Updated 2023 Mar 6]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK556005/>

<http://www.kvccdocs.com/KVCC/2016-Spring/MHT218/lessons/L-05/lesson.html>



