

STAGES OF CHANGE*

▶ ABOUT THIS ACTIVITY

- 🕒 **Time:** 30 minutes
- ➔ **Objectives:** By the end of this session, participants will be able to:
 - Describe the Stages of Change model.
 - Discuss the importance of identifying which stage a client is in.
 - Discuss the importance of relapse.
 - Describe factors that help move clients through stages.
- ★ **Training Methods:** Large Group Discussion, Large Group Activity
- ✓ **In This Activity You Will...**
 - Lead a group discussion about the history and principle elements of the Stages of Change model. (30 minutes).
- ✂ **Materials:**
 - Discussion questions – Stages of Change
 - Handout – Stages of Change
 - Handout – Stages of Change spiral
 - Handout – Staging Examples
 - Answer Key – Staging Examples
 - Markers
- ✂ **Preparation:**
 - Prepare Stages of Change flip charts
 - Prepare handouts

Instructions

1. Introduce topic and ask participants to think privately of a behavior that they have succeeded at changing in their lives as well as one where they have not succeeded. Ask participants not to share the behavior but to keep it in mind while we are discussing how and why people change.
2. Conduct discussion of the Stages of Change model using the following discussion questions (see attached for possible discussion points/answers):
 - a. As peers, are we trying to change clients?
 - b. Is that our role?
 - c. Why do clients come to us?
 - d. Are people ready to change if they say they are?
 - e. Have you heard of the Stages of Change/Transtheoretical Model?
 - f. Can anyone describe any parts of it?
 - g. Do you know why it was developed?
3. Pass out Stages of Change handout. Ask participants to read aloud the stages and the descriptions and then briefly discuss each one. When you discuss Relapse make sure to explain that this might be a new approach to Relapse.
4. Discuss some important considerations in Stages of Change. (see attached)
5. Pass out Staging Examples handout. Have participants read examples aloud and work together as a class to assign it to the appropriate stage of change. After all examples are done, pass out Staging Examples answer sheet.

* This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

STAGES OF CHANGE

▶ TRAINING TIP

Use these ideas throughout the training to remind of the role of peer, potential burnout, and starting where client is at.

Summary

- Wrap up session reminding participants that they have not learned enough today to “stage” clients but it will help them work with clients to know more about stages and what motivates people to change during various stages. Remind them that relapse is expected and normal.
- Also summarize by reminding peers that we are presenting this since we feel it is important to keep in mind so that we do not burn out and think that our client’s behavior is our responsibility. We are peers helping to facilitate change that a client might be attempting. If it takes many tries for the client, it is a nice reminder to us that that is very normal.

* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit http://www.hdwg.org/peer_center/training_toolkit.

This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

STAGES OF CHANGE

SESSION DISCUSSION QUESTIONS

STAGES OF CHANGE DISCUSSION QUESTIONS

A. Initial discussion questions

- As peers, are we trying to change clients?
- Is that our role?
- Why do clients come to us? Not necessarily to change, more likely it is for support even if they use the language of change.
- Are people ready to change if they say they are? Many are not. Others are ready but have not put enough in place for it to work.
- Have you heard of the Stages of Change/Trans-theoretical Model?
- Can anyone describe any parts of it?
- Do you know why it was developed? Originally developed because smoking cessation programs were failing and the program staff couldn't figure out why. If they had great programs and people came to them and said they wanted to change, why weren't the clients changing? Once they began to do research they realized that in any given population, generally 40% of a population is in the stage of Pre-Contemplation, 40% in Contemplation, and 20% in Preparation.
- So what is our role as peers? Our role is to encourage and support our clients, wherever they are in the process of wanting to or planning change.

B. Other issues

- Stages of change is a way to assess an individual's intention to change and it has been shown that the stages are a good predictor of the amount of progress people will make in treatment. For example, in each stage, a client is 2/3 more likely to succeed than in the stage before.
- One important idea is the pros and cons of the behavior change. In the early stages, the cons are very strong and the pros are not. As the client moves through the stages the pros get stronger until they are enough so that the person is ready to change. The cons are still there often but they are not that strong now
- Progress through the changes is cyclical; people can change stages even in a conversation
- Change is a process not a one-time event.
- If you are working with someone who is a Pre-Contemplator, Contemplator, or maybe some in the Preparation stage, the goal is drop-out prevention, not action
- If someone is actively working on change then assist them to build supports in their environment. For example, people, places and things.

STAGES OF CHANGE

SESSION HANDOUT # 1 of 3

STAGES OF CHANGE

Pre-Contemplation

Person does not see behavior as a problem.

Person is not interested in discussing behavior with others that do see the behavior as a problem.

Person has no intention of changing behavior.

Person is unaware of the risks or easily rationalizes them away.

Person may have made previous attempts to change and feels hopeless about change.

Contemplation

Person has some awareness of the need to change behavior.

Person begins to realize the risks of the behavior.

Person is actively weighing the Pros and Cons of the behavior.

Person expresses awareness of need for change, but may waver in willingness to change.

Preparation

Person believes that the behavior can be changed and that she/he can manage the change.

Person has made some successful attempts to change in the past.

Person expresses intent to change.

Person clearly sees the benefits of changing the behavior.

STAGES OF CHANGE

STAGES OF CHANGE (CONT.)

Action

Person has begun to make the behavior change (1st day to 6 months)

Person is emotionally, intellectually, and behaviorally prepared to make the change consistently

Person has expressed commitment to change.

Person has developed plans to maintain change.

Maintenance

New behavior is practiced consistently for over six months.

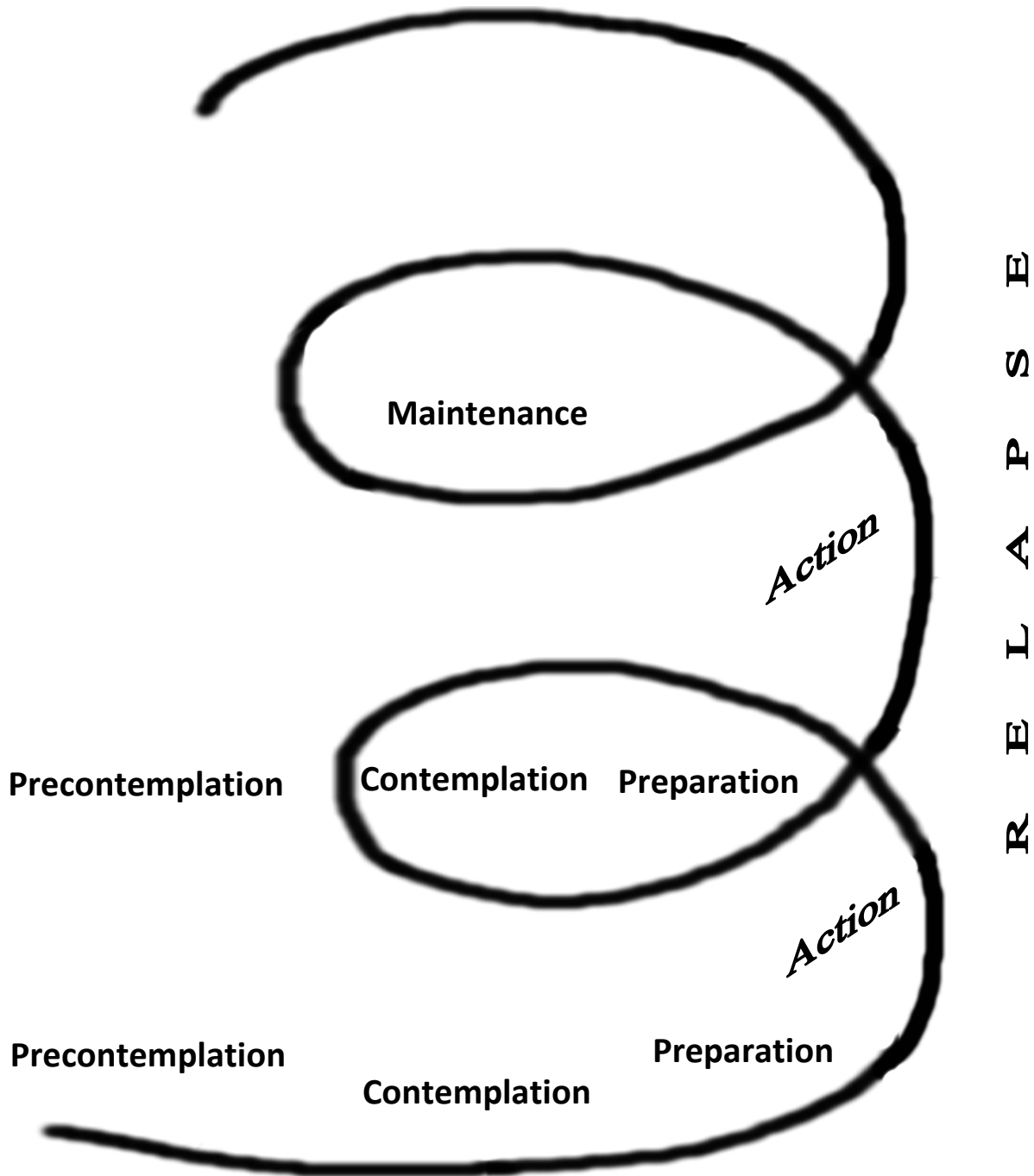
New behavior is becoming habitual.

Person expresses confidence in ability to continue change.

Quick Reference

Stage of Change*	Determined by
Pre-Contemplation	Client does not intend to change behavior within the next 6 months. Client has not attempted to change behavior within last 6 months. Client may not see behavior as a problem
Contemplation	Client wants to change behavior within the next six months
Preparation	Client has a plan to change behavior within the next month
Action	Client is working to change behavior
Maintenance	Client has changed behavior for over 6 months

The stages of change



Adapted from Cicatelli

STAGES OF CHANGE

SESSION HANDOUT # 3 of 3

STAGING EXAMPLES

Lisa has been going to the gym three times a week for almost nine months. She feels very motivated and can't imagine not exercising.

Rogério feels like his drinking is getting in the way of his job but he enjoys going out with his friends and getting drunk.

Juanita plans to start dieting just after the holidays. She has already joined a gym and bought workout clothing. She has even lined up a babysitter three days a week.

Robert smokes and thinks that information on lung cancer etc. is overrated. His grandfather smoked all his life and lived to be 90.

Elaine has tried to quit smoking many times and knows that she can do it. Her relapses happened during stressful family events like her mother's death. She is planning to quit soon and has thought through strategies so that she won't relapse when family stress intervenes. She knows that she feels better when she is not smoking.

Gail knows that she needs to be more consistent with her meds but she keeps forgetting to take them when her life gets busy.

Lynn gets angry whenever her friend tells her she should start taking medications. She has seen friends die or get serious side effects and doesn't want to deal with medications.

Sandra has been back on her meds for two months and her viral load is falling. She has developed a buddy system with a friend from the clinic where they call each other every day and check in.

Veronica has been taking her meds for almost a year, her viral load is undetectable and she is feeling better than ever. Veronica feels that her life is so much better, she has started looking for a job again and vows never to let her health go again.

Robert has stopped eating McDonald's every day. He has increased the amount of fresh fruits and vegetables that he eats and he cooks many meals at home.

STAGES OF CHANGE

SESSION ANSWER KEY

STAGING EXAMPLES ANSWER KEY

Pre-Contemplation

Robert smokes and thinks that information on lung cancer etc. is overrated. His grandfather smoked all his life and lived to be 90.

Lynn gets angry whenever her friend tells her she should get on ART. She has seen friends die or get serious side effects and doesn't want to deal with medications.

Contemplation

Rogério feels like his drinking is getting in the way of his job but he enjoys going out with his friends and getting drunk.

Gail knows that she needs to be more consistent with her ART meds but she keeps forgetting to take them when her life gets busy.

Preparation

Elaine has tried to quit smoking many times and knows that she can do it. Her relapses happened during stressful family events like her mother's death. She is planning to quit soon and has thought through strategies so that she won't relapse when family stress intervenes. She knows that she feels better when she is not smoking.

Juanita plans to start dieting just after the holidays. She has already joined a gym and bought workout clothing. She has even lined up a babysitter three days a week.

Action

Robert has stopped eating McDonald's every day. He has increased the amount of fresh fruits and vegetables that he eats and he cooks many meals at home.

Sandra has been back on her meds for 2 months and her viral load is falling. She has developed a buddy system with a friend from the clinic where they call each other every day and check in.

Maintenance

Lisa has been going to the gym three times a week for almost nine months. She feels very motivated and can't imagine not exercising.

Veronica has been taking her meds for almost a year, her viral load is undetectable and she is feeling better than ever. Veronica feels that her life is so much better, she has started looking for a job again and vows never to let her health go again.