## STAGES OF CHANGE MODEL

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<th>Stage</th>
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| Precontemplation    | Not thinking about change and/or denial that there is a problem. May minimise the seriousness of the problem. <br>**Q:** Are you seriously thinking about change within the next six months? <br>**A:** No | **Goals:**<br>1. Help patient develop a reason for changing<br>2. Validate the patient’s experience<br>3. Encourage further self-exploration<br>4. Leave the door open for future conversations<br>**Validate the patient’s experience:**<br>"I can understand why you feel that way"<br>**Acknowledge the patient’s control of the decision:**<br>"I don’t want to preach to you; I know that you’re an adult and you will be the one to decide if and when you are ready to address the eating issues your husband has described to me."
**Explain and personalize the risks associated with the current behaviours. Repeat a simple, direct statement about your stand on the medical benefits of recovery:**<br>"I believe, based upon my training and experience, that your dieting practices are putting you at serious risk for developing a severe eating disorder and that normalizing your dietary intake is the most important thing that you could do for your physical and psychological health."
**Explore potential concerns:**<br>"Has the dieting ever made life difficult for you?" "Can you imagine how the dieting might cause problems in the future?"
**Acknowledge possible feelings of being pressured:**<br>"I know that you didn’t really want to see me today and that you only came because your mother made you. So I want to thank you for talking with me anyway."
**Validate that they are not ready:**<br>"I hear you saying that you are nowhere near ready to address the eating problem issues right now."
**Highlight that every decision is up to them:**<br>"It’s totally up to you to decide if this is right for you right now." |
| Contemplation       | Awareness that a problem exists and thinking seriously about change, but ambivalence about change means there is no commitment to take action. Weighing the benefits and costs of the behaviours. <br>**Q:** Are you seriously contemplating change within the next six months? <br>**A:** Yes | **Goals:**<br>1. Validate the patient’s experience<br>2. Acknowledge that the client is in control of the decision to change<br>3. Clarify the patient’s perceptions of the pros and cons of attempts to address the eating problem<br>4. Encourage further self-exploration<br>5. Leave the door open for moving to preparation<br>**Validate the patient’s experience:**<br>"I’m hearing that you are thinking about gaining weight but you’re definitely not ready to take action right now." |
**Preparation**  
Experimenting with small behaviour changes – testing the waters. Planning to change in the near future.  

**Goals:**  
1. Praise the decision to change behavior  
2. Prioritize behavior change opportunities  
3. Identify and assist in problem solving re: obstacles  
4. Encourage small initial steps or experiments  
5. Encourage identification of social supports  
6. Ensure client has the underlying skills required to change behaviour  

**Praise the decision to change behavior:**  
"It’s great that you feel good about your decision to gain weight; you are making a really positive move towards recovery and leading a long and healthy life."

**2. Prioritize behavior change opportunities:**  
"Looking at your current eating habits, perhaps the biggest benefits would come from attempting to balance your diet a little better by including all the food groups. What do you think?"

**3. Identify and assist in problem solving re: obstacles:**  
"Have you ever attempted to normalize your eating patterns before? What was helpful? What kinds of problems would you expect in making those changes now? How do you think you could deal with them?"

**4. Encourage small, initial steps:**  
"So, the initial goal is to try to include 1 cup of whole milk every time you have cereal this week."

**5. Assist patient in identifying social support:**  
"Which family members or friends could support you as you make this change? How could they support you? Is there anything else I can do to help?"

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**Acknowledging patient’s control of the decision:**  
"I don’t want to preach to you; I know that you’re an adult and you will be the one to decide if and when you are ready to stop the vomiting and dietary restriction."

**Clarify patient’s perceptions of the pros and cons of normalizing eating behaviours:**  
"Using this worksheet, what is one benefit of eating normally? What is one drawback of eating normally?"

**Encourage further self-exploration:**  
"These questions are very important to beginning the journey towards recovery. Would you be willing to finish this at home and talk to me about it at our next visit?"

**Restate your position - that it is up to them:**  
"It’s totally up to you to decide if this is right for you right now. Whatever you choose, I’m here to support you."

**Leave the door open for moving to preparation:**  
"After talking about this, and doing the exercise, if you feel you would like to make some changes, the next step won't be jumping into action - we can begin with some preparation work."

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**Q. Are you intending to change within the next month and/or have you made an attempt to change in the past year?**  
**A. Yes**
| Action | Modification of behaviour, experiences of environment to overcome the problem. Taking active steps towards change. Practicing new behaviours.  
Q. Have you successfully altered the behaviour for 1 day to 6 months?  
A. Yes | Goals  
Validate all efforts at behaviour change  
Focus on restructuring behavioural cues and social situations supportive of the change process  
Bolster self-efficacy for dealing with obstacles  
Behaviour change may initiate feelings of loss – it is important to combat these feelings and reiterate long-term benefits of continued change |
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| Maintenance | Work to prevent relapse and consolidate gains made in Action stage. Maintaining new behavior over time. Continued commitment to sustaining new behavior.  
Q. Have you maintained change for a period of 6 months or more?  
A. Yes | Goals  
Validate progress so far and the potential for sustained change  
Plan for follow-up support  
Reinforce internal rewards  
Discuss the potential for relapse as a normal part of the change process and make a plan to address relapse situations and feelings around relapse |
| Relapse | Relapse is the rule rather than the exception. Most recycle into contemplation, others into precontemplation. A relapse is usually experienced at least initially as a demoralizing fall from grace. | Goals  
Validate efforts to resume 'changed' behaviour  
Evaluate trigger for relapse – treat the relapse as a learning experience  
Reassess motivation and barriers to sustained change  
Identify additional coping strategies/support which may be required |