Influencing Choices and Change

Assess readiness for change:
Prochaska stages of change:
Pre-contemplation: not even considering (40% of smokers)
Contemplation: (40% of smokers)
Preparation: taking steps to initiate change (20% of smokers)
Action: making the change, greatest support needs
Maintenance: continuing but still struggling with temptation, after > 1 year, results in:
A) Identification (termination): change is permanent, personal conviction, or
B) Relapse/slip/lapse: greatest support needs
Key 1: help patient to relapse only one step, not all the way back to precontemplation. 50% of smokers eventually quit after average of 7 attempts.
Key 2: Help patients move forward 1 step in the process at a visit rather than expecting move to action.

Assess conviction (motivation): patient's beliefs about importance of change

Assess confidence: patient's beliefs about own ability to accomplish change

For cynical/unaware patient (low conviction, low confidence):
Provide new information.
Express concern about behavior.
Offer help when patient is ready.
Accept situation and patient.

For frustrated patient (high conviction, low confidence):
Support the importance of choices.
Remind of competence.
Negotiate small doable steps to enhance confidence.

For skeptical patient (low conviction, high confidence):
Empathize with reason for skepticism.
Question either/or, all/nothing thinking.
Identify patient's ambivalence.
Heighten discrepancies between goals and behavior.
Acknowledge patient's values hierarchy.

For moving patient (moving toward change, high conviction, high confidence):
Plan for recovering from slips, relapse.
Identify and remove obstacles.
Attend to and support progress (celebrate).

(from Choices and Changes: Clinician Influence and Patient Action, seminar by Bayer Institute for Health Care Communication, Anne Egbert, 1/00)

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