

## Words & Behaviors Associated with the Stages of Change

### Precontemplation:

**Words you might hear:** Why are you asking me about this?  
I don't have a problem  
It is none of your business how much I drink or use drugs  
I don't know  
This is not why I came here today  
Is this going to be put into my medical record?  
I don't believe you have any right to know what I do in my private life  
This is stupid

**Overall goal of this stage:** Avoidance

**Overall attitude:** Defensiveness

**Approach:** Identify and acknowledge that the patient/client clearly does not want to discuss his or her use of alcohol or other substances and you will respect that. Share your intent for asking to discuss the issue and suggest that you will revisit the topic again, and invite the client to contact you at any time if he/she wants to talk about it.

**Motivation:** To bring up the topic even if the patient/client is not yet ready to discuss it.

### Contemplation:

**Words you might hear:** I have been thinking about my drinking lately  
My friends have been worried about me  
I think I am drinking too much but my friends really drink more than me  
I don't know—how much is really too much?  
I worry about the legality of smoking marijuana  
I only use or smoke or drink when I go to parties but then I usually overdo it  
My dad was an alcoholic and sometimes I worry about that

**Overall goal of this stage:** Sorting things out

**Overall attitude:** Ambivalence

**Approach:** Identify the uncertainty or ambivalence you are hearing (e.g. "It sounds like you are not sure you are ready to stop drinking but have been thinking you may be drinking too much, sometimes when you are out with friends"). Align with his/her ambivalence by saying that it is hard sometimes to decide what you want to do or to make changes, especially when it involves friends.

**Motivation:** Ask if you can share some information about alcohol or drugs or any other risky behaviors. Invite the client/patient to talk with you more about his/her ambivalence. Indicate you will check in with him/her at another point (next appointment, phone call, email, etc.).

## Preparation:

**Words you might hear:** I have been reading about alcohol and drugs  
I got a list of AA or NA meetings  
I have been talking about my drinking or use with my family/friends  
I am taking a class on Addiction next semester  
I got the name of a counselor and thinking about going to see him/her  
Been talking with my father (or whomever) about his problems with alcohol  
I read that booklet you gave me "Rethinking Drinking"

**Overall goal of this stage:** Seeking information and options about drinking and drugs

**Overall attitude:** Open and curious

**Approach:** Support the client/patient's own work (self-efficacy) and ask if you can provide any other information. Offer yourself or the clinic as a resource if additional questions arise. Recognize and validate the work the patient/client has done on his/her own.

**Motivation:** Encourage the patient to check out or follow up with some of his or her ideas (like going to an AA meeting or going to counseling). Agree to follow-up with the patient/client and set up how to best do the follow-up.

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## Action:

**Words you might hear:** I have been seeing a counselor for my drinking/drug use  
I have cut down the amount or frequency of my drinking/drug use  
I have asked my family for support in my not drinking  
I have been going to AA or NA meetings  
I made an appointment with my doctor to discuss my alcohol/drug use and my health  
I started hanging around people who don't drink or use drugs  
I started going back to church which has helped me to stop drinking or using

**Overall goal of this stage:** To change use of alcohol or drugs

**Overall attitude:** Determined – ready to change

**Approach:** Support the work the patient/client has done and again ask if you can provide any additional support or help. Recognize and validate the work and determination you are seeing.

**Motivation:** Encourage the patient to continue on his or her course of action and as always, follow up with the client/patient.

## Maintenance:

**Words you might hear:** I haven't had a drink in months  
I keep going to the meetings on a regular basis  
I feel better than I have felt in years  
I don't miss drinking like I thought I would  
My friends and family are really proud of me  
I can't believe how much I used to drink or use

**Overall goal of this stage:** To maintain the changes one has made

**Overall attitude:** Excited and proud and believing he/she can keep it going

**Approach:** Again, support is key and acknowledging that you are "hearing" that the patient/client is feeling confident about the changes he/she has made and how she/he is maintaining these changes.

**Motivation:** Validate the work the patient is doing and encourage him/her to continue. Follow-up to see how he/she is doing.

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## Relapse:

**Words you might hear:** I fell off the wagon  
I was tired of going to meetings, or church, or counseling  
I decided I don't have a drinking or drug problem  
I got tired of everyone talking about drinking or drugs  
I just wanted to relax and have some fun for a change  
I never had a problem but you all convinced me that I did

**Overall goal of this stage:** Rationalize the return to old behaviors

**Overall attitude:** Defensive – client/patient is most likely disappointed, embarrassed

**Approach:** Empathize (one of the foundations of Motivational Interviewing). For example, "I'm sorry – I know you were working hard to control or stop your drinking". Or, "It sounds like this has been a tough time for you." Be understanding and non-judgmental and supportive. You can say "change is a tough road and often up and down—full of highs and lows". Reframe the client/patient's sense of having failed into a more "normal" situation of "hitting a bump".

**Motivation:** Validate that the patient can, when she or he is ready, resume his or her work on sobriety or reduction of substances. Suggest that many people, in fact, will "relapse" when attempting to make a significant change in behavior. You can cite information about weight loss, diabetes, alcohol or drugs, etc. if you feel this would be helpful to the patient.

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## Stable Behavior:

This is the stage when the behavior change has been successfully implemented and will remain in place. For some this takes many tries while for others it may take only one or two. Each person is different and there is no right or wrong way to get to this place. It is a process, not a task.