STAGES OF CHANGE

Transtheoretical Model (Prochaska & DiClemente)

🧠 MENTAL HEALTH | 💊 SUBSTANCE USE | 📋 NCLEX 2026

1. DEFINITION / OVERVIEW

- **A behavioral change model** describing the 5–6 stages a person moves through when modifying a behavior (smoking, alcohol, drug use, diet, medication adherence).
- **Why it matters:** Nursing interventions MUST match the patient's stage — pushing "action" on someone in "precontemplation" causes resistance and treatment failure.
- **Stages are NOT linear** — patients cycle forward & backward. **Relapse is expected**, not failure.

2. THE PROCESS (Stage Flow)

1	→	2	→	3	→	4	→	5	→	6
PRE-CONTEMPLATION >6 mo		CONTEM-PLATION ≤6 mo		PREPA-RATION ≤30 d		ACTION <6 mo		MAIN-TENANCE >6 mo		TERMI-NATION rare

🔁 **RELAPSE can occur at ANY stage → patient re-enters the cycle (NORMAL part of change)**

3 & 4. SIGNS + PRIORITY NURSING INTERVENTIONS BY STAGE

1 PRECONTEMPLATION

💬 **"I don't have a problem." Denial, defensive, hopeless, unaware, blames others. No intent to change.**

✅ **Build rapport. DO NOT push change. Give info without judgment. Raise awareness gently. Explore feelings.**

2 CONTEMPLATION

💬 **Ambivalent — "sitting on the fence." Aware of problem, weighs pros & cons, but NOT ready yet.**

✅ **Motivational interviewing. Help weigh pros/cons. Validate ambivalence. Identify barriers.**

3 PREPARATION

💬 **"I'm going to quit next month." Making a plan, small steps, seeking info/resources, telling others.**

✅ **Help set SMART goals. Provide resources. Co-create action plan. Identify support system.**

4 ACTION 🚨

💬 **HIGHEST RELAPSE RISK. Actively changing behavior (<6 mo). Visible effort, needs strong support.**

✅ **Reinforce positive behavior. Teach coping skills. Monitor for triggers. Praise small wins.**

5 MAINTENANCE

💬 **Sustained change (>6 mo). New routines forming. Still works to prevent relapse.**

✅ **Identify high-risk situations. Plan relapse prevention. Reinforce lifestyle. Celebrate progress.**

6 TERMINATION (optional)

💬 **No temptation. 100% self-efficacy. Behavior fully replaced. Rarely achieved for addiction.**

✅ **Annual follow-up. Affirm identity change. Most pts stay in maintenance long-term.**

🚨 **RED FLAG: Sudden loss of support + return to old environment during ACTION stage = imminent relapse risk**

5. PHARMACOLOGY ADJUNCTS (used in Preparation → Maintenance)

Drug / Class	Mechanism	Key Side Effects	Nursing Considerations
Nicotine replacement (patch, gum, lozenge)	Replaces nicotine → ↓ withdrawal cravings	Skin irritation, insomnia, nausea, vivid dreams	Do NOT smoke while using. Rotate patch sites. Start in Preparation/Action.
Varenicline (Chantix)	Partial nicotine receptor agonist	🚨 Suicidal ideation, nightmares, nausea	Monitor mood & suicide risk. Take with food. Start 1 wk before quit date.
Bupropion (Zyban / Wellbutrin)	↓ nicotine cravings (NDRI)	🚨 ↓ seizure threshold, insomnia, dry mouth	Contraindicated in seizure disorder, eating disorders, alcohol withdrawal.
Naltrexone (Vivitrol)	Opioid antagonist → ↓ alcohol & opioid cravings	Nausea, headache, hepatotoxicity	Monitor LFTs. Pt must be opioid-free ≥7–10 days before starting.
Disulfiram (Antabuse)	Blocks alcohol metabolism → severe reaction if drinks	🚨 Flushing, vomiting, tachycardia, hypotension with ANY alcohol	Avoid ALL alcohol sources (mouthwash, cough syrup, aftershave, vanilla extract).
Methadone / Buprenorphine (Suboxone)	Long-acting opioid agonist/partial agonist → prevents withdrawal	Sedation, constipation, respiratory depression	Medication-assisted treatment (MAT). Monitor RR. Tapered long-term.

⚠️ 6. NCLEX TEST TRAPS

❌ **WRONG:** Giving a smoking cessation plan to a pt who says "I don't need to quit."
✅ **RIGHT:** Build rapport & raise awareness — pt is in **Precontemplation**.

❌ **WRONG:** Telling a relapsed pt they "failed."
✅ **RIGHT:** Relapse is **expected**. Explore trigger & re-enter cycle.

❌ **WRONG:** Setting goals FOR the patient.
✅ **RIGHT:** Set goals **WITH** the patient (collaborative).

❌ **WRONG:** Confusing **Preparation** (planning) with **Action** (doing).
✅ **RIGHT:** Action = behavior already changed, <6 months.

❌ **WRONG:** Giving advice & lecturing.
✅ **RIGHT:** **Motivational interviewing** — open questions, reflect, affirm.

❌ **WRONG:** Discharging an Action-stage pt with no follow-up.
✅ **RIGHT:** Action stage has **highest relapse risk** → schedule close follow-up.

🎓 7. PATIENT EDUCATION

- Change is a **PROCESS**, not a one-time event.
- **Relapse ≠ failure** — it's a learning opportunity.
- Identify your personal **triggers** (people, places, emotions).
- Build a **support network** (AA/NA, family, sponsor, nurse).
- Use healthy **coping skills**: exercise, deep breathing, journaling.
- Practice **self-compassion** — small steps count.
- Celebrate milestones (1 day, 1 week, 30 days, etc.).

🧠 8. MEMORY BOOSTERS

"Please Come Prepare Action Maintained"

P	C	P	A	M
Pre-C	Contem	Prep	Action	Maint

Time rule: Pre-C = >6mo away · C = <6mo · Prep = <30d · Action = <6mo done · Maint = >6mo done

- 🌀 **"Stages aren't stairs — they're a spiral."** Patients cycle back.
- 🎯 **"Meet them where they are"** — match intervention to stage.
- 📊 NCLEX clue: If pt says "*I know I should but...*" → **Contemplation**.