

# STAGES OF CHANGE

Authored by  
**mohammad looti**

October 12, 2025

## RECOMMENDED CITATION

mohammad looti (2025). *STAGES OF CHANGE*. PSYCHOLOGICAL SCALES. Retrieved from <https://scales.arabpsychology.com/?p=43018>

## STAGES OF CHANGE

**Primary Disciplinary Field(s):** Health Psychology, Clinical Psychology, Behavioral Medicine

### 1. Core Definition and Context

The **Stages of Change** framework represents the central organizational construct of the Transtheoretical Model (TTM), a comprehensive theoretical approach developed by psychologists James O. Prochaska and Carlo C. DiClemente in the late 1970s and early 1980s. This model describes the temporal dimension through which individuals modify or acquire new behaviors, particularly those related to **health behavior change**. Unlike earlier models that viewed behavior change as a linear or purely rational process, the Stages of Change recognize that individuals are often at varying levels of readiness to take action, necessitating tailored interventions.

The fundamental premise of the Stages of Change is that intentional behavior modification is not a single event but a gradual process that unfolds over time, involving movement through a series of discrete, sequential stages. Success in behavior change, such as quitting smoking or beginning an exercise regime, depends significantly on matching the specific intervention strategy to the individual's current stage of readiness. If interventions are applied prematurely or inappropriately, resistance or relapse is often the result. This focus on readiness is what distinguishes the TTM and its Stages of Change from traditional action-oriented models.

### 2. Etymology and Historical Development

The development of the Transtheoretical Model, and thus the Stages of Change, originated from an extensive comparative analysis of leading theories of psychotherapy and behavior modification. Prochaska and DiClemente sought to synthesize the common elements of effective interventions across various theoretical domains--cognitive, behavioral, and psychoanalytic--hence the term **transtheoretical**. Their initial research focused heavily on understanding spontaneous smoking cessation among individuals who did not seek formal treatment, which revealed that successful quitters utilized different change strategies at different times.

This empirical work demonstrated that individuals moved through predictable phases, which Prochaska initially defined in their 1983 paper as five distinct stages. The goal was to provide a unifying framework that could explain why certain interventions worked for some individuals but failed for others, suggesting that the timing of the intervention was as crucial as the content itself. Over time, the model gained traction across numerous public health sectors globally, moving beyond addiction to cover preventative health behaviors like diet, sun protection, and safe sex practices.

### 3. The Key Stages of Change

The model traditionally identifies five core stages representing a continuum of motivational readiness, where transition between stages is often cyclical rather than strictly linear, allowing for potential relapse and recycling through earlier stages. The sixth stage, Termination, is sometimes included to denote complete mastery over the behavior. These five principal stages are defined by specific behavioral intentions and timeframes:

**Precontemplation:** This initial stage is characterized by the individual having no intention of changing behavior in the foreseeable future, usually defined as the next six months. People in this stage may be unaware that a problem exists, or they may have underestimated the negative consequences of their current behavior. They often resist efforts to modify their behavior, and external pressure is typically ineffective. Intervention goals here focus on increasing awareness of the need for change.

**Contemplation:** In this stage, the individual acknowledges the problem and is seriously considering making a specific change within the next six months. This phase is characterized by intense internal ambivalence; the individual weighs the pros (benefits of changing) against the cons (costs of changing). Because the balance of pros and cons is often nearly equal, individuals can remain stuck in contemplation, often referred to as chronic contemplation, for extended periods without moving forward.

**Preparation (or Determination):** Individuals in the preparation stage intend to take action within the immediate future, typically defined as the next 30 days. They have usually taken some significant steps toward change, such as seeking information, consulting experts, purchasing self-help materials, or setting a specific start date. This stage represents a crucial commitment to action, where the pros of changing outweigh the cons, and self-efficacy (belief in one's ability to perform the task) is increasing.

**Action:** The action stage is defined by overt modifications in behavior, thoughts, and environment over the past six months. This stage requires the greatest commitment of time and energy. It is where the individual implements the specific change plan, such as starting a regular exercise routine or completely abstaining from alcohol. Importantly, action is not the end goal; it is merely the manifestation of the commitment, and the risk of relapse remains substantial during this period.

**Maintenance:** This stage begins after the individual has successfully sustained the behavior change for six months or longer. The primary focus shifts from initiating change to preventing relapse and consolidating the gains achieved in the action stage. The new behavior has become integrated into the individual's lifestyle, and they demonstrate high levels of self-efficacy. However, maintenance is still an active process requiring sustained vigilance against high-risk situations.

### 4. Interaction with Other TTM Constructs

To fully explain behavior change, the Stages of Change framework must be considered alongside

the other core constructs of the Transtheoretical Model. Simply identifying a stage is insufficient; the model provides specific mechanisms for moving from one stage to the next. The most critical of these mechanisms are the **Processes of Change**, which are the covert and overt activities that people use to progress through the stages. For instance, processes like Consciousness Raising (increasing awareness) are most effective in the early stages (Precontemplation and Contemplation), while processes like Reinforcement Management (rewarding positive steps) are vital in the later stages (Action and Maintenance).

Furthermore, the **Decisional Balance** construct relates directly to the shift from Contemplation to Preparation. Decisional balance involves weighing the importance of the perceived benefits (pros) of changing against the perceived barriers (cons). Research shows that for individuals to move into the Preparation stage, the pros of change must dramatically increase relative to the cons. Finally, **Self-Efficacy**--the situation-specific confidence that one can cope with high-risk situations without relapsing--is minimal in Precontemplation and increases steadily as the individual progresses through Preparation, Action, and Maintenance.

## 5. Applications and Empirical Significance

The Stages of Change framework has demonstrated significant utility across a vast array of preventative and clinical applications. Initially developed for smoking cessation, it has been successfully adapted for use in obesity management, adherence to medication regimens, screening for cancer, prevention of HIV/AIDS, and workplace health promotion. Its key strength in application lies in its ability to facilitate **stage-matched interventions**. By assessing an individual's stage, practitioners can tailor messages and support mechanisms that are relevant and immediately useful, optimizing resource allocation and maximizing engagement.

Empirical evidence largely supports the concept that stage progression predicts successful outcomes. Studies have shown that readiness to change, as measured by the Stages of Change, is highly correlated with treatment engagement and positive clinical results. This structured approach allows health programs to move away from a one-size-fits-all model, recognizing that population groups contain individuals at every stage of readiness, and effective public health campaigns must address these diverse needs simultaneously.

## 6. Debates and Criticisms

Despite its widespread adoption, the Stages of Change model faces significant academic scrutiny and debate. A primary criticism revolves around the definition and delineation of the stages, particularly the arbitrary nature of the cutoff points (e.g., six months for Contemplation, six months for Maintenance). Critics argue that the stages may not be qualitatively distinct categories but merely points along a continuous spectrum of motivation, questioning whether stage-specific

interventions are truly superior to continuous motivation strategies.

Furthermore, methodological challenges persist regarding the measurement of stage movement. Some researchers argue that the model lacks predictive power when applied to certain types of behaviors, especially those that are habitual or lack clear endpoints. The concept of **recycling** (moving backward and forward through the stages) is well-documented but complicates the model's original emphasis on sequential progression, leading some critics to suggest that the model may be more descriptive of change than explanatory of the underlying causes and mechanisms.

### Further Reading

[Transtheoretical Model \(Stages of Change\) \(Wikipedia\)](#)

[The Transtheoretical Model of Change \(Pro-Change Official Site\)](#)

[Prochaska, J. O., & DiClemente, C. C. \(1984\). The Transtheoretical Approach: Crossing the Traditional Boundaries of Therapy. \(Academic Resource Link\)](#)