The researchers in this study explored two questions: 1. Does a client’s stage of change predict their treatment outcome? and 2. Does matching the stage of change to the intervention improve outcomes?

The authors reviewed the literature to find studies that included clients with a DSM III or IV diagnosis for whom results were reported for behavioral/psychological treatment, provided by mental health professionals. The studies had to include a measure of the client’s stage of change. Of the 1,686 references, they found 39 studies that met the inclusion criteria.

Meta-analyses results indicated that the pre-treatment stages of change “reliably predict outcomes in psychotherapy. That is, the amount of progress clients make during treatment tends to be a function of their pretreatment stage of change.” As a result, pre-contemplators have the highest rate of treatment failure, while those in the action stage have a greater degree of success. For example, a client who can move out of pre-contemplation almost doubles his chance of taking action in the next six months, than if he remains in this initial stage.

The researchers were unable to answer their second question, as they were unable to find a sufficient number of studies that investigated the results of matching interventions to stages of change. However, individual study results did indicate the efficacy of treatment matching. For example, pre-contemplators benefit from interventions that increase ambivalence, while clients in the preparation stage may benefit from a CBT referral.

Practical Applications

- Assess clients’ stages of change via the URICA, the SOCRATES, or asking, “Would you say you aren’t ready to change in the next 6 months (pre-contemplation), thinking about changing in the next six months (contemplation), thinking about changing in the next month (preparation) or have you already made progress (action)?”
- Use MI skills to increase ambivalence for pre-contemplators.
- Beware that most clients are not in the action stage and making a referral for a pre-contemplator may increase resistance.
- For unmotivated clients, it may be helpful to set goals of moving from pre-contemplation to contemplation before making treatment referrals.
- When resistance arises, consider the origin—is the client really being difficult or are you mismatching your approach with the client’s level of motivation?
- Consider varying your role to match the stage of change. The study authors recommend taking a nurturing parent role with pre-contemplators, a teacher role with contemplators, a coaching role with those in action, and a consultant role with those in maintenance.
- Anticipate and plan for relapse. Clients may need to recycle through the stages before achieving long-term behavior change.