



CMAG-1




5

Willingness to Change



CHAPTER 5: WILLINGNESS TO CHANGE

In this Chapter we will review the following:

-  What is the Willingness to Change Concept?
-  Understanding the stages of Willingness to Change.
-  Readiness-to-Change Ruler.

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ADHERENCE- SUGGESTION:

Readiness to change is assessed based on a specific behavior.

NOTES:

Very often, the case manager is faced with a dilemma. The patient knows that a change in lifestyle or habits is needed to improve health, but is unwilling to do so. Smoking is a prime example. All of the convincing arguments that the case manager can provide regarding the benefits of not smoking will be in vain if the patient is not willing or ready to change (motivation). The same is true of medication-taking behavior.

Some research suggests that traditional biomedical information-based efforts to convince patients to lead healthier lifestyles may do more harm than good. If the patient is not willing or ready to change a specific behavior, arguments to change that behavior may damage rapport between the patient and the case manager. The



unintended consequence can often be psychological reinforcement for continuing the behavior in the patient's mind. When talking about change, if the patient's responses mostly begin with words such as "Yes...but..." followed by reasons for not changing, this is a sign that the patient is probably not yet ready or willing to change his or her behavior.

However, the case manager must also recognize that the decision by a patient to change behavior can happen at any time. Change often happens for reasons that are not always clearly understood by anyone but the patient. A primary goal of the case manager in constructing an effective adherence improvement plan lies in recognizing where a patient is on a continuum of willingness to change any given behavior.

Knowledge of willingness to change helps the case manager to determine if an adherence improvement plan needs to be focused on motivation issues to help prepare the patient for change, or on concrete steps to achieve actual changes in behavior.

The Readiness-to-Change Ruler (Zimmerman, 2000)

Many times, behavioral change is necessary for successful management of long-term illness, and relapse can often be attributed to lapses in healthy behavior by the patient. Motivation is a key component in the

process of change. The assessment of a patient's willingness to change can help providers gauge the likelihood that the patient will adopt and adhere to a given therapy.

The readiness-to-change ruler (or Readiness Ruler, Appendix 2) is a tool that can assist a provider in assessing a patient's "willingness or readiness to change." The Ruler is a simple, straight line drawn on a paper that represents a continuum from the left "not prepared to change" to the right "already changing." Patients are asked to mark on the line their current position in the change process. Providers should then question patients about why they did not place the mark further to the left (which helps to determine what motivates their behavior) and what it would take to move the line further to the right (which helps to determine their perceived barriers). Providers can ask patients for suggestions about ways to overcome an identified barrier and actions that might be taken before the next visit.

When patients contemplate change, it typically happens in a sequence that ranges from not thinking about change at all (ambivalence or pre-contemplation), to consideration of the pros and cons of making a change, ultimately making small steps to "test the waters" regarding a change, and finally the actual change, where it becomes a sustainable part of the patient's life. Sometimes, patients need to "relapse" or "fall off the wagon" several times before completely committing to and adopting a lifestyle change. It is important for the case manager to be able to identify where the patient is on the stages of change continuum at any

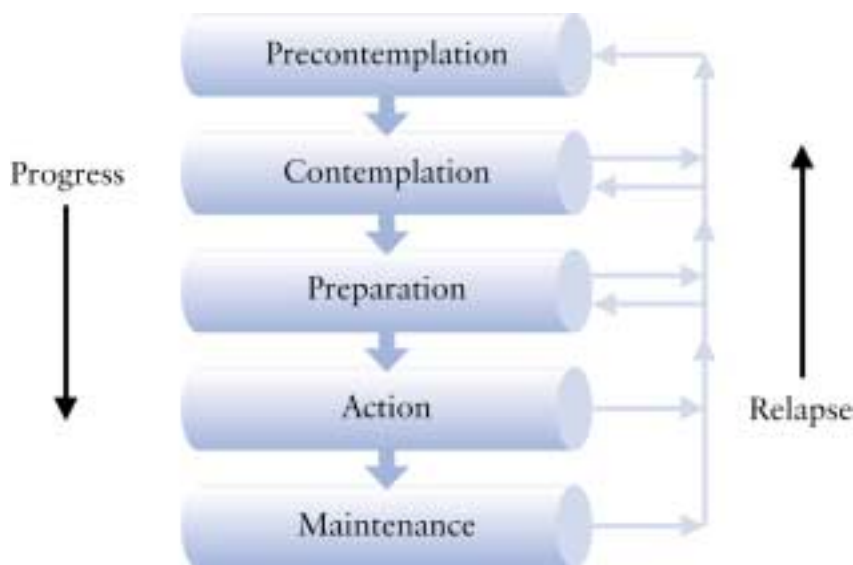


Figure 5. The Stages of Change Continuum (DiClemente, 1998).

**ADHERENCE-
SUGGESTION:**

How do you really feel about _____? How ready to change are you?

NOTES:

**ADHERENCE-
SUGGESTION:**

People differ quite a lot in how ready they are to change their _____. What about you?

NOTES:

given point in time to appropriately match an adherence improvement plan to the patient's willingness to adopt that plan (Figure 5) (DiClemente, 1998).

The Readiness Ruler and Motivational Interviewing

In the CMAG-1 guidelines, the Readiness Ruler can perform 2 functions. In its simplest form, this tool can be used as a quick assessment of a patient's present motivational state relative to changing a specific behavior. Information gained from the Readiness Ruler can also be used as a springboard to employing the technique of motivational interviewing to elicit behavioral change.

Often when using the Readiness Ruler to assess a patient's willingness to change, it will become readily apparent that immediate use of motivational interviewing techniques will provide value in moving a patient toward change. When such situations arise, the case manager should give priority

to motivational interviewing before completing other assessments that may be required (Medication Knowledge Survey, REALM-R, FSSQ) to determine an adherence intention quadrant.



The Readiness Ruler is a valuable tool that can be used with patients other than those who are contemplating change relative to improved medication adherence. It has applicability to a wide range of lifestyle changes such as smoking and alcohol cessation, weight loss, exercise, etc.