



The Cornell Research Program
on *Self-Injury and Recovery*

Understanding and Using *the Stages of Change Model*

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Sometimes it can be difficult to understand why your child doesn't *just stop* self-injuring. Keep in mind that self-injury can become a firmly rooted habit that is used in response to a multitude of stressors. This can make change hard and slow to come. Understanding the Stages of Change model (Prochaska et. al., 1994), particularly as it relates to self-injury, can help you better understand where your child is in the pathway to recovery and how to best help along the way.

- 1 Precontemplation:** During this stage, the person is not considering change at all and may not see self-injury as a problem. In fact, a self-injurious person in this stage may defend the benefits of self-injuring and ignore the negative outcomes of it.
- 2 Contemplation:** In this stage, a person is becoming open to the idea of change, though likely feels ambivalent about it. A self-injurious person may see some of the negative aspects of self-injury, consider some of the benefits of stopping, but wonder if it is worth giving it up.
- 3 Preparation:** Once in Preparation, a person has made a commitment to change and begins to consider lifestyle changes that need to be made. During this stage, a person may seek out therapy or other supports.
- 4 Action:** During this stage, a person is taking active steps towards change and is becoming more confident that he or she can be successful. However, it is during this stage that slips or backslides can often occur – beginning to practice new coping skills inherently means they have not yet been mastered. Support is critical at this stage.
- 5 Maintenance:** In this stage, a person is working to maintain the changes made. A self-injurious person is aware of triggers, has developed other positive coping skills, and is capable of turning to these other methods of coping in times of distress.

How do you determine which Stage of Change your child is in?

If your child is working with a therapist, it is likely that he/she has already put some effort into figuring this out – particularly if self-injury is a primary reason for being in therapy. This may be something you can all talk about in family sessions if the self-injury behavior is a major stressor for the family. Self-injury usually arises as part of a complex set of challenges and it can take time to let it all go. Understanding where your child is in their process can help you figure out what might be the most supportive role to play. To assess overall readiness, for example, you might ask:

- ▶ **On a scale from 1-10 where 1 is “not at all” and 10 is “I definitely want this”, how much do you want to stop self-injuring?**

Lower numbers on the scale generally indicate less readiness to change. You can ask this or something like this periodically to assess readiness. Conscious readiness to change,

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however, is just one part of the process. If your child's answer to this question is higher on the scale (say, above a 5 or so), you will need a little more information in order to know how ready they are to stop. For real change to happen, one needs to possess a) **hope** for a future that does not include self-injury, b) **confidence** that change is possible, c) **intention** to put time and effort into making changes, d) **ability to identify and practice the skills** needed to stop the behavior, and e) **resoluteness** – the ability to be disciplined in applying the skills needed to stop the behavior and use other methods instead. Asking questions and/or listening carefully to your child's comments related to any of these areas can help you better understand where he/she is. Here are a few question suggestions. Please note that you can ask these as "on a scale from 1 to 10" questions or as an open-ended question:

Hope

- ▶ How hopeful are you that you will have a life that does not include self-injury sometime?
- ▶ How easy is it for you to imagine living without self-injuring?

Confidence

- ▶ How confident are you that you can stop self-injuring altogether sometime?
- ▶ How confident are you that you can stop self-injuring altogether soon?

Intention

- ▶ How willing are you to do what you need to do to stop self-injuring?
- ▶ How much energy and effort are you willing to put into learning what you need to do to stop?
- ▶ Do you intend to work seriously on stopping soon?

Ability

- ▶ What specific things do you see that you need to do to eventually stop self-injuring? (This might include things like, other coping skills, dealing with underlying issues or emotions, beginning to make changes in other parts of life that allows for stronger feelings of strength and worth, etc.)
- ▶ What specific steps are you taking to do these things? (e.g. practicing new skills, allowing feelings not previously allowed, having needed conversations, take positive risks in other parts of life, etc.)
- ▶ What can I do to support you?

Resoluteness

- ▶ How dedicated are you to stopping your self-injury behavior?
- ▶ How important is it to you to live a life without self-injury in it?

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Helping someone move from one stage to another

Even when someone is nowhere near ready to give up self-injury, there is a lot a therapist, parent, or other support person can do to encourage eventual cessation. Understanding where your child is in these stages means you can better tailor your support. Here are a few examples for each stage:

Precontemplation

For someone in this stage, insisting that self-injury is a problem that needs to be stopped is typically quite unhelpful. Instead, working to deeply understand your child's perceptions of how it helps and acknowledging that you really understand this both shows support and lays the groundwork for change. Once you have built trust, gently asking questions about what your child sees as the downside of the behavior can be useful for moving to the next stage. Expect distorted and overly black and white views about the value of self-injury. People in this stage are often likely to feel a sense of futility or to believe that they do not have other options in this stage. It can be hard to hear these but arguing with this view at this time does not help. Instead, do your best to *clearly model* healthy living and coping. Be mindful of the messages you give about stress, emotion, and coping – your child sees far more than it may seem. It will serve you to be patient, to focus on taking care of yourself, to be as compassionate as possible, and to have clear and reasonable expectations and boundaries.

Contemplation

Someone opening to the idea of change often feels fear as well as possibility. This leads to ambivalence and a sense of uncertainty about what is possible for them. Similar to the above stage, listening, asking questions, and exercising patience is key. This is the stage where someone is likely to be privately wondering whether they can and want to change so it can help to make encouraging statements without demanding immediate change. Modeling positive coping and self-care is also really important here, since you are actively demonstrating what it looks like to live healthfully. Encouraging your child to take small or moderate sized risks in their lives in a variety of areas – even if they have nothing to do with self-injury - can also boost confidence overall. The best support here is clearly demonstrating *your* hope and confidence in them no matter where they are with it all.

Preparation

This stage is about action and intention. By the time someone arrives at this stage, they are fairly sure that they can and want to at least try to change (though expect some backsliding in this – it is normal). He/she may not, however, know exactly what he/she needs to do to make change so assistance in this stage may include passing along ideas and opportunities for development of alternative coping skills, demonstrating your conviction of their ability to change, and supporting small and large efforts to do things differently – even if not always successful.

Action

People attempting to change behaviors might move back and forth between preparation and action for quite awhile. Preparation is largely about setting an intention and starting

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to generate ideas for action. Action is about making the ideas concrete so support for this stage may come in the form of provision of tangible assistance. Examples of tangible support include providing some financial assistance for developing new hobbies or helping to transport someone in getting to and from activities. There are many ways to actively support development of new coping skills and positive life engagement – the trick is to support the activity while also respecting your child's individual autonomy and agency in making things happen. Since self-injury often reflects a high drive for agency coupled with a low sense of effectiveness in making what one wants to have happen *actually* happen, it is important to support individual initiative as well. Sometimes this means staying out of the details while being clear that you support the intention.

Maintenance

This is really about maintaining the strides made in ending self-injury behavior. It is rare to achieve this stage without having learned a lot about oneself and one's coping preferences so just taking time to share with your child any observations you have about how much your child has grown and learned is really supportive. People are strongly motivated by positive feedback about their effectiveness and quality of being in the world – honestly sharing what you see and what you have observed about your child and even about yourself through this process is very powerful.

SUGGESTED CITATION

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