

The only people who like change are wet babies!



Human beings are, in general, creatures of habit. For the majority, our daily lives revolve around some form of routine. We tend to be more comfortable with what we are familiar with. We are inclined to prefer what we know best and so our choices are often dictated accordingly. We all, to varying degree, abhor or are reluctant to embrace change.

There are many different ideas and predictive models on behaviour change. The Transtheoretical Model of Behaviour Change (TTM)¹ was developed to understand how an individual progresses through a series of stages to implement health behaviour change. In this integrative model, each stage has distinctive characteristics. Accurately assessing an individual's stage of change with regard to a specific behaviour permits the tailoring of appropriate intervention to move the patient along the change process.

In order to make any lasting change, it is considered normal to require several trips through the various stages. Relapse is regarded as part of the non-linear change process and not viewed as a complete failure. Although not free from criticism, TTM has been used, for example, in smoking cessation and drug abuse treatment programmes; to promote physical activity and improve cardiovascular health; modify poor nutritional and dietary habits; and in dentistry, to encourage better dental hygiene practice. It has even been adapted to the bereavement process.

For my indulgence, I thought it would be an interesting exercise to illustrate and explore the stages of change a clinician will need to make according to TTM, using endodontics as an example:

- **Pre-contemplation** is the stage in which an individual does not see a problem and does not feel there is a need for, or have any intention to, change.
- You have been carrying out endodontic treatment for patients in the same way as you have always done for years. Despite the explosion of new knowledge and technological breakthroughs, the advent of newer materials and availability of novel devices, you are unenlightened and are far from persuaded of the need to change. You may be unaware that there are any problems with your treatment philosophy, protocol or technique.
- **Contemplation** is the stage in which an individual recognises that a problem exists and is contemplating change, but is yet to make any commitment or take any action.
- You are aware that, frequently, endodontic treatment that you have carried out does not lead to a favourable outcome; the tooth is lost instead of being successfully preserved. You are contemplating change, considering altering or modifying your technique, using more up-to-date equipment or trying newer materials. However, you are hesitant and are not yet committed or wish to take action to affect any changes.
- **Preparation** is the stage in which an individual is ready and has made the decision to change. Active plans have been made and steps taken to execute change.
- You have decided to change how you carry out endodontic treatment. You plan to go on a course or two to update your knowledge and learn contemporary techniques. You are also interested in acquiring more modern equipment and newer materials.
- **Action** is the stage in which an individual has implemented the change. At this stage, while be-

ing confronted with the challenges of change, an individual is at the greatest risk of relapse.

– You have been on courses and undertaken learning activities to update your knowledge. You have acquired state-of-the-art equipment and newer materials. You have started to change the way you perform endodontic treatment. It is a steep learning curve and you are struggling to get used to recently learned techniques, advanced equipment and the latest materials.

- **Maintenance** is the stage in which the change has been continuous and an individual must be able to sustain the change. If maintenance fails, it may lead to reversion to an earlier stage.

– You continue to practise endodontics differently. If you are persisting, you have successfully managed to maintain the change. However, if you are struggling or falter and have started to re-consider going back to your old ways, you may end up going back to an earlier stage within the cycle.

Are you ready for change in 2014?



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1. Prochaska JO, DiClemente CC. Stages and processes of self-change of smoking: toward an integrative model of change. *J Consult Clin Psychol* 1983;51:390–395.