

## Assess Readiness to Change

The following strategies can be used to help women of childbearing age change their drinking behavior. They have been proven effective for use during office visits.

**Begin by saying:** *"If you're willing, I'd like to ask you some questions to find out how ready you are to quit drinking."* (Get consent)

- For pregnant women and women trying to get pregnant, the message is to quit drinking.
- For women who are not pregnant and not trying to get pregnant, the message is to reduce drinking

## Steps to assess readiness:

### 1. Discuss drinking below risky levels

### 2. Assess importance of changing drinking behavior

Ask: *"On a scale of 1 to 10, with 1 being not at all important and 10 being very important, how important is it to you now to stop (change) your drinking?"*

If your patient gives a low number, ask her why she rates herself that number and not 1. For example, if she says 3, ask her what makes her a 3 rather than a 1. By explaining why she has not rated quitting at lower importance, she will likely provide reasons for the importance of quitting. This is known as "change talk," or self-motivational statements, and is associated with behavior change.\*

After you ask about the lower number, you can then ask what it would take to get to the next number. This elicits reasons that can be incorporated into a change plan.

### 3. Assess confidence to change

Say that you are going to ask a slightly different question using the same scale:

Ask: *"On a scale of 1 to 10, how confident are you that you can quit drinking? This time 1 means 'not at all confident about quitting,' and 10 means 'totally confident.'"*

Then follow up with the same questions you used earlier to elicit reasons for choosing a particular number.

### 4. Summarize readiness (importance + confidence)

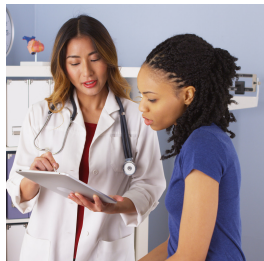
Now that you know the woman's relative importance of quitting and her confidence in quitting, you have some useful information about her readiness to quit. Tell her what you have discovered, for example:

*"You scored a 9 on importance and a 4 on confidence, which tells me you think it is very important to quit, but you're not sure how to go about quitting. Does this seem accurate to you?"*

OR

*"You scored a 3 on importance and a 7 on confidence, which tells me that you do not think it's really important to change your drinking, but you think you probably could if you wanted to. You also said you were not a 1 or 2 because you thought it might be true that drinking a lot of alcohol could be bad for you or your baby. You're just not convinced that the amounts you drink are a problem. Does this seem about right?"*

If either the importance or confidence rate is low, it is helpful to include in your summary the reasons the patient didn't rate herself even lower. It's always important to check with her about what you learned. She may correct you by saying something like: "Now that you put it that way, I'd raise the importance to X."



\*Rollnick, S. Readiness, importance, and confidence: critical conditions of change in treatment. In: Miller WR, Heather N, eds. Treating Addictive Behaviors. New York, NY: Plenum Press; 1998: 49-60.