

Transtheoretical Model of Behavior Change

AND

The Stages of Change

Safe Haven Training 2011

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Reference Note

All of the material presented today is formulated from the research of others, chiefly Carlo DiClemente, J. Prochaska, John Norcross, Mary Velasquez, Gaylyn Maurer, and Cathy Crouch, among others. Please refer to the printed material for citations and resources.

History & Core Constructs

The Transtheoretical Model of Behavior Change (TTM) is a framework for understanding, measuring, and intervening in behavior change.

Historical Overview

Theories and Models of Addiction

Zeitgeist: By the 1970s, perspectives on the origin of behavior and how to change behavior abounded.

- Social/Environment
- Genetic/Physiological
- Personality/Intrapsychic
- Coping/Social Learning
- Conditioning/Reinforcement
- Compulsive/Excessive Behavior

Historical Overview

- Single-cause models and/or developmental models cannot explain adoption or cessation of addictive behavior.
- There is no stereotypical addict.
- TTM acknowledges and incorporates the multiple determinants of addictive behavior and focuses on how individuals change behavior and the dimensions involved in the process (Prochaska & DiClemente, 1984, 1998).
- Over the years, the authors have refined the model.

Current Research Best Clinical Practices

The most effective treatment programs conceptualize addiction recovery as a developmental process through a series of stages.

Long-term recovery from addiction often requires multiple episodes of treatment in order to achieve successful progress through all stages.

Blending the philosophy, concepts and skills of Motivational Interviewing with the theoretical orientation of TTM/SOC results in a clinical framework that allows the practitioner to put into practice the stage theory.

There exists an abundance of research on this topic; see references/resource section.

TTM Core Constructs

The model identifies four dimensions which mediate the change process:

- “Stages of Change”
- “Processes of Change”
- “Markers of Change”
- “Context of Change”

Stages of Change

Change is viewed as progression through five stages: Precontemplation, Contemplation, Preparation, Action, and Maintenance.

Clinicians assess and enhance client's readiness through a series of techniques, based upon the individual's stage of readiness. For each stage there are associated tasks and goals.

Stages of Change Tasks and Goals

Stage: Precontemplation

In this stage, the individual has no consideration or thought of change in the near future (within 6 months) and may not be aware of the need to change.

Tasks: “Increase awareness of need for change; increase concern about the current pattern of behavior; and envision possibility of change.”

Goal: “Serious consideration of change for this behavior.”

(DiClemente, p. 27, 2003)

Clinician's Tasks for Pre-Contemplation

- Build rapport, through empathic reflective listening.
- Facilitate discussion to help the person identify risks and consequences associated with the target behavior.
- Facilitate discussion to help the person identify the benefits of change.
- Listen for all levels of change talk (DARN: desire, abilities, reasons, needs).
- Reflect, reinforce, summarize change talk.

Stages of Change Tasks and Goals

Stage: Contemplation

In this stage, “the individual looks at their current pattern of behavior and the potential for change in a risk – reward analysis.” “People at this stage intend to start the healthy behavior within the next 6 months.”

Tasks: “Analysis of the pros and cons of the current behavior pattern and the costs and benefits of change. Decision making.”

Goal: “A considered evaluation that leads to a decision to change.”

(DiClemente, p. 27, 2003)

Clinician's Tasks for Contemplation

- Negotiate Ambivalence.
- Weigh the pos and cons of change.
- Decrease desirability of the target behavior.
- Acknowledge the option not to change.

Stages of Change Tasks and Goals

Stage: Preparation

“The stage in which the individual makes a commitment to take action to change the behavior pattern and develops a plan and strategy for change.” “People at this stage are ready to start taking action within the next 30 days.”

Tasks: “Increasing commitment and creating a change plan.”

Goal: “An action plan to be implemented in the near term.”

(DiClemente, p. 27, 2003)

Clinician's Tasks for Preparation

- Help the person choose the best course of action.
- Build efficacy for change.
- Develop a menu of options.
- Keep the options fluid.
- First ask for the patient's ideas.
- Ask permission when offering suggestions.
- Possible Functional Analysis –determine what's working.

Stages of Change Tasks and Goals

Stage: Action

“The stage in which the individual implements the plan and takes steps to change the current behavior pattern and to begin creating a new behavior pattern.” “People in this stage have changed their behavior within the last 6 months.”

Tasks: “Implementing strategies for change; revising plan as needed; sustaining commitment in face of difficulties.”

Goal: “Successful action for changing pattern. A new pattern of behavior established for a significant period of time (3-6 months).”

(DiClemente, p. 27, 2003)

Clinician's Tasks for Action

- Create a collaborative change plan.
- Assist the person in making small changes.
- Reinforce small gains.
- Identify coping strategies for high-risk areas.
- Maintain regular contact.
- Provide sufficient direction.
- Allow the person to become familiar with or adjust to maintenance activities.

Stages of Change Tasks and Goals

Stage: Maintenance

“The stage in wherein the new behavior pattern is sustained for an extended period of time and is consolidated into the lifestyle of the individual .”

“People at this stage have changed their behavior more than 6 months ago.”

Tasks: “Sustaining change over time and across a wide range of different situations. Integrating the behavior into the person’s life. Avoiding slips and relapse back to the old pattern of behavior.”

Goal: “Long-term sustained change of the old pattern and establishment of a new pattern of behavior.”

(DiClemente, p. 27, 2003)

Clinician's Tasks for Maintenance

- Reinforce small gains.
- Help the person identify and sample drug-free sources of pleasure.
- Support lifestyle changes.
- Affirm the person's resolve and self-efficacy.
- Help the person practice new coping strategies to avoid a return to use.
- Maintain supportive contact. Tell the person you are available to talk between sessions.
- Develop a "fire escape" plan to use if he/she resumes substance use.
- Review long-term goals.

Stages of Change

- Spiral pattern
 - Change is not linear.
 - Most people will relapse.
 - Movement through the stages in a short period of time is not the norm.
 - People can move backward as well as forward through the stages.
 - It may be difficult to accurately classify an individual into one of the stages.
 - “All measurement of stages approximates where an individual is in the process of change.”
 - The tasks associated with each stage may be accomplished to varying degrees.
 - “Success represents a resolution of each stage’s tasks in a way that supports engagement in the tasks of the next stage, and so on.”
- (DiClemente, p. 31, 2003)

Relapse

“Relapse,” sometimes referred to as “recycling,” is another component of the model; it is not a stage; it is used to describe a return to an earlier stage after having progressed to the Action or Maintenance Stage of Change.

Tasks: In relapse, the client has experienced a recurrence of symptoms and must now cope with consequences and decide what to do next.

Clinician's Tasks For Relapse

- Help the person reenter the change cycle and commend any willingness to reconsider positive change.
- Explore the meaning and reality of the recurrence as a learning opportunity.
- Assist the client in finding alternative coping strategies.
- Maintain supportive contact.

Termination

Note:

“Termination” is sometimes listed as a component of the model; it represents an endpoint where the individual has no temptation to return to the addictive behavior; that is, he/she has 100% self-efficacy. “Termination” is not a stage.

Processes of Change

Cognitive/Experiential*

Consciousness raising

Gain information

Emotional arousal/Dramatic relief

Through emotional experience

Self-reevaluation

Realization of how behavior conflicts with values

Environmental reevaluation

Recognition of the effects the behavior has on others and the environment

Social Liberation

Recognition of alternatives in the social environment that facilitate or enable positive change

*These processes are most active during the early stages (Precontemplation and Contemplation).

Behavioral**

Self-liberation

Belief in one's ability to change and acting on that belief by making a commitment to change the desired behavior

Stimulus control (Avoidance of triggers)

Avoidance of cues to reduce the likelihood of engaging in the behavior

Counterconditioning

Substitution of healthy behaviors for unhealthy ones.

Reinforcement management

Rewards

Positive consequences from making changes increases the likelihood of continuing to make similar changes

Helping Relationships

Relationships that facilitate change through support, care, nurturance, and acceptance

**These processes are most active in the later stages (Preparation, Action, and Maintenance).

Markers of Change

- **Decisional Balance**

Refers to the relationship between the pros and cons of changing behavior.

Refers to a rational decision-making process.

Thought to be an important marker of movement through the early stages of change (DiClemente, 2003).

- **Self-efficacy/Temptation**

Self-efficacy refers to the sense the person has about how well he/she will be able to resist doing a behavior.

Self-efficacy can be viewed as a measure of the level of temptation and the confidence the patient has to resist the temptation.

Temptation and confidence have been shown to be strong predictors of at-risk behavior outcomes. Patients whose confidence was higher than their temptation to drink were significantly less likely to have returned to drinking (Project Match, 1997).

Context of Change

Areas of functioning that complement or complicate change.

1. Current life situation
2. Beliefs and attitudes
3. Interpersonal relationships
4. Social systems
5. Enduring personal characteristics.

Additional Research and Criticism

- The stage of change concept is flawed (Armitage, 2009)
- The model is flawed; the stages are not genuine stages; and the stages are arbitrarily identified as categorical; TTM is descriptive, not predictive (West, 2005).
- Due to lacking the determinants of behavior, the TTM/Stages of Change Model may not be useful to other areas of intentional behavior change such as physical activity, diet (Burg, et.al., 2005).
- Future Directions: seeking methods of changing intentions.

Notes:

The model has evolved over time; and there are variations in the published versions of the model (1983, 1992, 1997). Some examples are as follows:

- The Stage of Preparation is absent in the 1983 version.
- Termination does not appear in the 1983 version of the model; however, it does appear in the 1992 version as the end point to the “Spiral Model of the Stages of Change.”
- In one of the early versions, Relapse was considered a Stage of Change (1983).

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Thank you!

Questions?

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References and Resources

Selected References

1. Allyn & Bacon. (2000). Stages of Change for Addictions with Dr. John C. Norcross (DVD). United States: Psychotherapy.net
2. Armitage, C. J. (2009). Is there utility in the transtheoretical model?. *British Journal of Health Psychology*, 14, 195-210. doi 10.1348/135910708X368991
3. Brug, J., Conner, M., Harre, N., Kremers, S., McKellar, S., & Whitelaw, Sandy (2005). The Transtheoretical Model and Stages of Change: A Critique. *Health Education Research*, 20 (2), 244-258.
4. DiClemente, C. C. (1991). *Motivational interviewing and the stages of change*. In W. Miller & S. Rollnick (Eds.). *Motivational interviewing: Preparing people to change addictive behavior*. New York: Guilford Press
5. DiClemente, C. C. (2003). *Addiction and Change: How Addictions Develop and Addicted People Recover*. New York: Guilford Press
6. Hazelden Foundation. (2004). Carlo DiClemente on Stages of Change and Addiction (Video). Center City, MN: Hazelden
7. Karatay, G., Kublay, G., & Emiroglu, N. (2010). Effect of Motivational Interviewing on Smoking Cessation in Pregnant Women. *Journal of Advanced Nursing*, 66 (6), 1328-1337
8. Miller, W.R., & Rollnick, S. (1991). *Motivational Interviewing: Preparing people to change addictive behavior*. New York: Guilford Press.
9. Norcross, J. C., Beutler, L. E., Levant, R. F. (Eds.), (2005). *Evidenced-Based Practices In Mental Health: Debate And Dialogue On The Fundamental Questions*. Washington, DC: American Psychological Association.

Selected References

10. Norcross, J. C., Ed. (2002). *Psychotherapy Relationships that Work: Therapist Contributions and Responsiveness to Patients*. New York: Oxford University Press.
11. Prochaska, J.O. (2006). Moving beyond the Transtheoretical Model. *Addiction*, 101, 768-774.
12. Prochaska, J.O. & DiClemente, C.C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51, 390-395.
13. Prochaska, J.O. & DiClemente, C.C. (1984). *The Transtheoretical Approach: Crossing traditional boundaries of therapy*. Malabar, FL: Krieger.
14. Prochaska, J.O. & DiClemente, C.C. (1985). Common processes of change in smoking, weight control and psychological distress. In S. Shiffman & T. A. Wills (Eds.), *Coping and substance abuse* (pp. 345-362). New York: Academic Press.
15. Prochaska, J.O. & DiClemente, C.C. (1986). Toward a comprehensive model of change. In W. R. Miller & N. Heather (Eds.), *Treating addictive behaviors: Processes of change* (pp. 3-27). New York: Plenum Press.
16. Prochaska, J.O. & DiClemente, C.C. (1992). Stages of change in the modification of problem behavior. In M. Hersen, R Eisler, & P. M. Miller (Eds.), *Progress in behavior modification* (Vol. 28, pp. 184-214). Sycamore, IL: Sycamore.

Selected References

17. Prochaska, J.O. & DiClemente, C.C., & Norcross, J. C. (1992). In search of how people change: Applications to the addictive behaviors. *American Psychologist*, 47, 1102-1114.
18. Prochaska, J. O., Norcross, J. C., & DiClemente, C. C. (1995). *Changing for good*. New York: Avon.
19. Prochaska, J. O., Norcross, J. C., & DiClemente, C. C. (2005). Stages of Change: Prescriptive Guidelines. In G. Koocher, J. Norcross, S. Hill (Eds.), *Psychologists' Desk Reference (2nd ed)*. Oxford University Press. Retrieved January 20, 2011, from <http://www.psychotherapy.net/video/norcross-stages-change-addictions>
20. Project MATCH Research Group. (1997a). Matching alcoholism treatments to client heterogeneity: Project MATCH post-treatment drinking outcomes. *Journal of Studies on Alcohol*, 58 (1), 7-29.
21. Project MATCH Research Group. (1997b). Project MATCH secondary a priori hypotheses. *Addiction*, 92(12), 1671-1698.
22. Project MATCH Research Group. (1998a). Matching alcoholism treatments to client heterogeneity: Project MATCH three-year drinking outcomes. *Alcoholism Clinical and Experimental Research*, 22, 1300-1311

Selected References

23. Velasquez, M. M., Maurer, G. G., Crouch, C., & DiClemente, C. C. (2001). *Group Treatment for Substance Abuse: A stages-of-change therapy manual*. New York: Guilford Press.
24. Velasquez, M. M., Carbonari, J.P., & DiClemente, C. C. (1999). Psychiatric severity and behavior change in alcoholism: The relation of Transtheoretical Model variables to psychiatric distress in dually diagnosed patients. *Addictive Behaviors*, 24 (4), 481-496.
25. West, R. (2005). Time for a Change: Putting the Transtheoretical (Stages of Change) Model to Rest. *Addiction*, 100, 1036-1039.
26. West, R. (2006). The Transtheoretical Model of Behaviour Change and the Scientific Method. *Addiction*, 101, 768-778

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