

The Transtheoretical Model

Stages of Change

INTRODUCTION

The Transtheoretical Model (also called the Stages of Change Model) was developed by psychologists Prochaska and DiClemente in the late 1970s. The model came about following a number of studies comparing smokers who ceased on their own versus smokers who ceased with additional support. It was found that people typically quit smoking when they were ready to quit smoking. While this sounds like nothing more than common sense, it actually gave rise to this important model of behaviour change.

The Transtheoretical Model suggests that people enter into a change 'cycle'. Rather than simply moving from their current behaviour to a changed behaviour, people actually move, or cycle through a variety of stages. These stages represent how ready a person is for a particular behaviour to change. The model offers suggestions for supporting people to move through these stages, and takes a somewhat non-linear approach to change. This means that at any point during the journey, an individual may move forward through the stages, as well as relapsing back to a previous stage.

The Stages of Change are:

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Relapse

Let's take a closer look at each of the stages

Pre-contemplation

"I don't have a problem, and I'm not changing anything". In the world drug and alcohol counselling, we refer to people in this stage as 'happy users'. Typically, there is no desire to change the behaviour in the foreseeable future. For the individual, more focus is placed on sustaining current behaviours than changing them. Often the benefits of the behaviour are still outweighing the consequences, and emphasis is placed on the potential negatives associated with potential change.

Contemplation

"Ok, so maybe I should think about changing." People who present in the stage are starting to consider change as an option. They are still engaging in the behaviour, and motivation may wane, but the prospect of change has now entered the thought process. In this stage people typically start to place more emphasis on the consequences of their 'problem' behaviour and adopt a more balanced view of the pro's and con's for both sustaining and changing their behaviour.

Preparation

"So, I have a problem and want to change it, now what?" People in this stage are beginning to make solid plans for their behaviour change. These changes may be subtle, but there is a definite desire and goal to follow through with the desired change. This may involve researching change plans or supports, speaking with trusted friends or family to increase accountability, setting a date, or removing temptations and triggers from the house. This person has adopted a belief that this change will lead to better, healthier outcomes.

Action

"I'm doing it!" People in this stage are doing exactly what the title implies, they are taking action. They have put their plans into effect and made the change they set out to. Remembering this change can be anything the individual has set out to achieve. If we use a substance abuse example, this change may be total abstinence from all substances, or it may be cutting down to a pre-determined amount or limit. It may also be about reducing harm. An individual may set an initial goal of abstaining from heroin use, but continue cannabis use for now. If the individual reaches their desired goal then the individual would be in the action stage.

Maintenance

This stage is about avoiding the previously identified problem behaviour and maintaining the newly adopted healthier alternative behaviour. People in this stage work to prevent relapse back into previous stages of change.

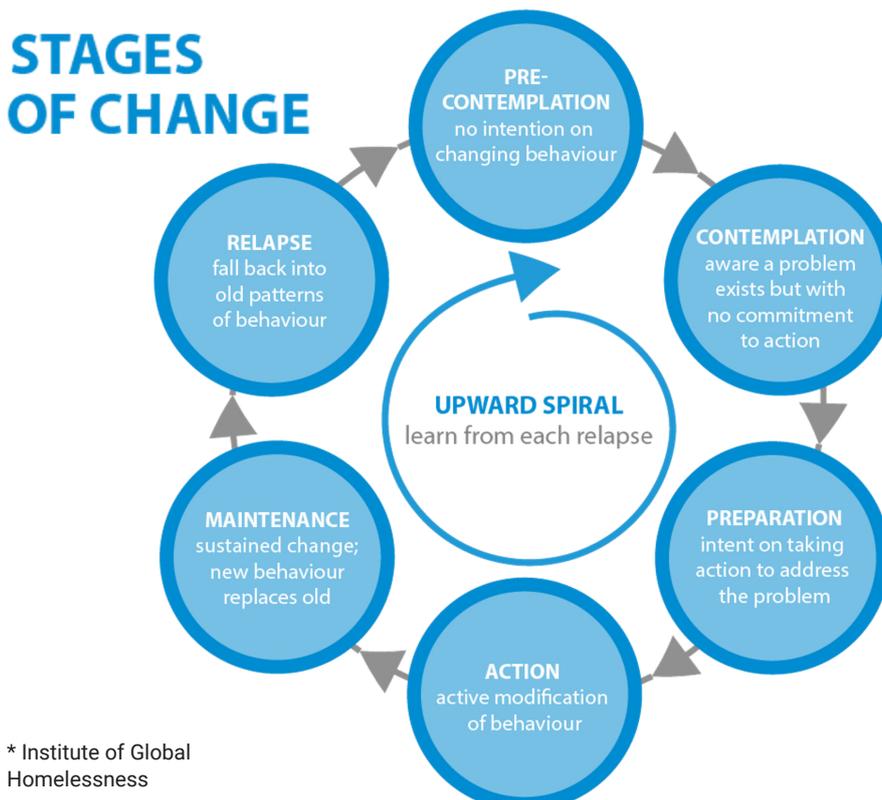
Relapse

Relapse can be defined as a return to a previous behaviour, including the lifestyle factors that go with that behaviour. This is distinct from a lapse, which may be a one-off event, that may or may not lead to a relapse. It is important to note in the context of this model that although relapse is highlighted as stage 6, that it may actually occur at any point within the cycle, and that an individual may relapse back to a variety of stages of change.

Note:

It is important to note that a 'change' can be defined in many different ways. For some, the change may mean total abstinence. For others it may mean a reduction, or a safer way of using a substance. It is our job as clinicians and support workers to be guided by the clients goals, and not clouded by our own judgements or desires. For example, if we worked with a client who wished to cut down their cannabis use, and we adopted a standpoint of sobriety or abstinence, we run the risk of severing our therapeutic relationship with the client by shifting the focus to our needs, rather than the needs of the client.

It is equally important to remember that this represents a model, rather than a theory. As such, we are wise to use this as a guide to support us in developing an overall clinical picture of the individual. Real life rarely (if ever) fits neatly into fixed categories. This model may provide a helpful framework in both understanding how to work with a client, and articulating this back to the client in ways that help them understand themselves and their motivations better.



ACKNOWLEDGEMENTS:

- Grimley, D., Prochaska, J. O., Velicer, W. F., Blais, L. M., & DiClemente, C. C. (1994). The transtheoretical model of change. *Changing the self: Philosophies, techniques, and experiences*, 201-227.

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