

Stages and processes of change: Part 3

Professor David Clark completes his look at the Transtheoretical Model of Change by considering the different dimensions of change and their interactions.

The Transtheoretical Model identifies dimensions of change that describe a similar path into and out of a variety of problematic behaviours or addictions, including problematic drug/alcohol use and addiction. The model comprises four broad dimensions of change and their interactions.

I have previously described how the process of change can be divided into distinct segments, the stages of change (the first dimension). These stages are Precontemplation, Contemplation, Preparation, Action, Maintenance and Termination.

Each stage entails a series of tasks that must be completed and goals that must be achieved if a person is to move forward from one stage to the next. While the model describes these stages in a linear sequence, the vast majority of people move back and forth through the stages, even those that finally overcome their problematic behaviour.

The processes of change, second dimension, represent the internal and external experiences and activities that enable a person to move from one stage to the next. These processes involve a broad strategy employing any number of techniques, *eg* psychodrama is a technique used for emotional arousal.

The extent to which each of these processes is used depends on what state of change the person with a problematic behaviour has reached.

In fact, effective change depends on doing the right things (using the right processes) at the right time.

Consider these inappropriate ways of trying to change:

Some changes rely on processes that are best suited for the early stages – consciousness-raising and self re-evaluation – while they are moving into the Action stage. They try to modify behaviours by becoming more aware of them. However, insight alone does not bring about lasting behavioural change.

Other people begin with processes most effective in the Action stage – reward, countering and environmental control – without having gained awareness and readiness from the early stages. However, overt action without insight is likely to lead to only temporary change at best.

Engaging in these processes provides the means by which a person can accomplish the stage tasks and move along the stages of change.

The third dimension is the markers of change; signposts that help identify where a person is in two key change-related areas.

The first of these areas is decision-making about the change, which is called the decisional balance. This involves the weighing-up of the pros



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and cons of change.

For any change that is contemplated, the person has his/her own set of pros and cons for both the current (*eg* cocaine use) and the new behaviour (abstinence from cocaine). The resulting decisional balance will help the person take action or not.

The second of these markers of change concerns the strength of a person's perceived ability to manage the behavioural change, measured by the self-efficacy/temptation status.

Self-efficacy is a term used to describe a person's confidence about performing a specific behaviour. Efficacy evaluations can represent a person's confidence to abstain from a problematic behaviour, as well as to engage in a desired behaviour.

Efficacy evaluations are typically measured across a range of situations or cues connected with engagement in the problem behaviour. Temptation represents the strength of the desire or inclination to engage in the problem behaviour in a particular situation.

Temptation is often negatively correlated with a person's self-efficacy or confidence to abstain, but this is not always the case. Some people have strong temptations to drink in certain situations, but are confident that they can resist the temptation.

The fourth dimension concerns the context of change – areas of functioning that complement or complicate change. The context consists of five broad areas of functioning that represent the internal workings of the individual and important interactions with environmental influences.

These broad areas of functioning are: current life situation; beliefs and attitudes; interpersonal relationships; social systems, and enduring personal characteristics.

Obviously, any individual pattern of behaviour occurs in the context of an individual's entire life. A holistic approach is therefore required to help people overcome problematic behaviours. Resources and liabilities in these five areas of functioning can promote or hinder movement through the stages of change.

Most often, the behaviour change target is in the foreground of focus, with the contextual areas in the background of the person's attention. However, if, for example, family problems escalate, it can become pertinent to bring this matter to the foreground to try and address the problems.

Earlier, the importance of using the right processes at the right stage of change was emphasised. In summary:

People moving through the early stages of change must shift decisional considerations. In order to foster these shifts, Precontemplators and Contemplators appear to increase use of experiential processes, particularly those that increase information and re-evaluate the behaviour and its consequences.

Increasing commitment to change appears most critical during the Preparation and Action stages. Effective planning is also key.

Increasing use of behavioural processes that modify the actual behaviour and reinforce the change are most important in the Action and Maintenance stages, along with a growing sense of efficacy to perform the behaviours necessary to quit the problematic behaviour.

The lessening and ultimate disappearance of temptation to engage in the problem behaviour, along with a strong self-efficacy to abstain, seem to mark the termination of the process of change.

Carlo DiClemente (2003) How Addictions Develop and Addicted People Recover. The Guilford Press.