

## Stages and processes of change: Part 1

Professor David Clark begins a description of a major influential model in the field, the **Transtheoretical Model of Change**, developed by James Prochaska, Carlo DiClemente and their colleagues.

In recent Briefings, I have been considering theories of addiction and factors that influence addictive behaviours and problematic substance use.

I will now look at the Transtheoretical Model of Change, which describes the stages and processes that occur when people change a problematic behaviour, such as substance misuse. This theory provides the basis for developing effective therapeutic interventions, and helps us better understand the problematic behaviours themselves.

The Transtheoretical Model has its origins in early research of James Prochaska who, along with a number of other psychologists, acknowledged that no single therapeutic approach had been shown to be more 'correct' than others. He recognised the necessity to 'unwrap' the various approaches to reveal the key elements that are required to help people overcome their problems.

Prochaska postulated that the hundreds of therapeutic theories could be summarised by a few essential principles which he called 'processes of change'. These processes were defined simply as, 'any activity that you initiate to help modify your thinking, feeling or behaviour ...'.

On the basis of his research, Prochaska and colleagues proposed nine major processes of change, which I will look at in the next Briefing.

They argued that all psychotherapies produce change by applying two or more of these processes. People who change their problematic behaviour without use of professional intervention (self-changers) also use these processes, or tools as they can be considered.

Prochaska and his colleagues went on to propose that people who successfully change their problematic behaviour use these processes only at specific times, choosing a different one when their situation required a different approach.

These different times seemed to be consistent from one person to the next, independent of their problem, *ie* smoking, excessive drinking, drug misuse, over-eating, mental health, over-exposure to the sun, and others.

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These states of change are:

**Pre-contemplation** is the stage at which people have no intention of changing their behaviour. They may be at this stage because they are uninformed,



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or under-informed, about the consequences of their problem behaviour. Alternatively, they may have tried to change a number of times unsuccessfully and now feel demoralised.

People at this stage may be in denial. They tend to avoid reading, thinking or talking about their problem.

Their family, friends or work colleagues may see they have a problem, and may complain or pressurise the person, but they can't see the problem.

**Contemplation** is the stage where people acknowledge that they have a problem and begin to think seriously about solving it. They may have difficulties in trying to understand the problem, seeing its causes, and may be unsure about solutions.

Contemplators are more aware of the pros of changing, but are also acutely aware of the cons. This can produce a profound ambivalence that can keep people stuck in this stage for long periods of time.

**Preparation** is the stage where people are planning to take action within the immediate future, usually the next month. They may be making their final adjust-

ments before they begin to change their behaviour.

People at this stage need to have developed a clear, detailed plan of action, and have learned the change processes that are required to help them through to the later stages of maintenance and termination.

**Action** is the stage where people have made specific overt modifications in their behaviour and lifestyles.

Changes during the action stage are the most visible, and therefore receive the most recognition. However, there is a danger that the key processes required to get a person to action and to maintain the changes following action are forgotten.

**Maintenance** is the stage in which the person works to consolidate the gains that have been made during the action and other stages, and works to prevent lapses and relapse. This period can last from as little as six months to as much as a lifetime.

A variety of strategies are implemented during the maintenance phase to help prevent lapses and relapse.

**Termination** is the ultimate goal for all people changing their problematic behaviour. This is a stage where the former addiction or problem does not present any threat.

The behaviour will never return and the person has complete confidence that they can cope without relapse. There is no continued effort in maintaining termination.

It is rare that a person moves through the stages of change in a consistent and linear manner. Some people who initiate change move from pre-contemplation to contemplation to preparation to action to maintenance.

However, most slip up at some point, moving back to contemplation, and sometimes even pre-contemplation, before renewing their efforts to change. The average successful self-changer recycles several times.

**The next Background Briefing will look at the processes of change.**

*James O Prochaska, John C Norcross and Carlo C DiClemente (1994) Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward. Harper Collins. (Available from Amazon.)*