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Welcome!

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Transtheoretical Model

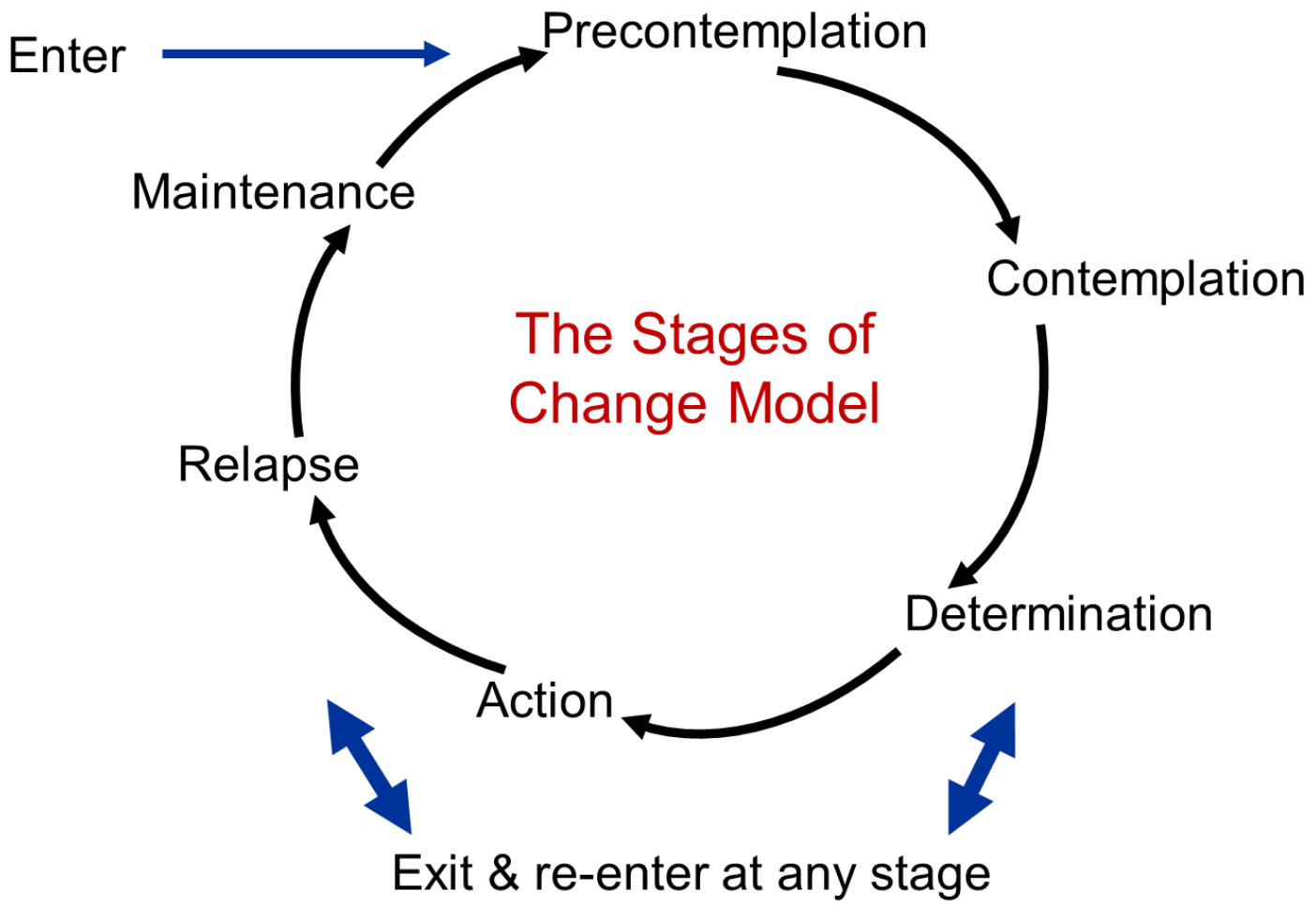
STAGES OF CHANGE

WITH JEANNIE REINKE, LCSW

The transtheoretical model (TTM) of change (Prochaska & Velicer, 1997) explains intentional behavior change along a continuum. This includes both cognitive and behavioral changes.

The Six Stages of Change according to TTM are:

Precontemplation
Contemplation
Preparation
Action
Maintenance
Termination or Relapse



Wayne W. LaMorte, MD, PhD, MPH

Stage One: Precontemplation
In this stage people are not thinking seriously about changing. They don't think their behaviors are a problem. They may respond to advice or offers of help by becoming defensive. "Ignorance is bliss"

Examples:

Cutting is not a problem "Because no other coping skill works as well".

Drinking every day is not a problem "Because it isn't that much".

I stopped taking my antidepressant because "Marijuana works better".

Stage Two: Contemplation
In this stage a person may be more open to the idea of changing their behavior. That doesn't necessarily mean treatment. They may be willing to acknowledge some negative consequences of their behavior. "Sitting on the fence"

Examples:

"I know I can't go on sleeping all the time but I don't know what to do instead".

"I am going to lose my job if I keep calling in sick when I have a hangover".

"I hate taking meds but I was doing better before I stopped taking them".

Stage Three: Preparation

At this stage a person might be preparing to access treatment for the fist time, or they might have arrived at this stage after several failures that have made them reconsider treatment. At this stage the person is preparing to enter treatment within the next month. "Testing the waters"

Examples:

Asking doctor for a counseling referral.

Googling dual diagnosis treatment programs.

Reaching out to a family member for help getting back on medication.

Stage Four: Action
At this stage a person has acknowledged the need for help and has accessed it. They are actively practicing new behaviors. This stage is often experienced as stressful or frightening. Lasts about 3-6 months.

Examples:

Completed inpatient treatment and engaged in an intensive outpatient program.

Released from the hospital on an “outpatient commitment”

Beginning week three of a 30 day residential treatment program.

Stage Five: Maintenance

At this stage a person is working to maintain the changes developed in the action stage. They will likely be engaged in some kind of low-level treatment. The length of maintenance depends on the individual and their particular struggle. Maintenance can be 6 months – 5 years.

Examples:

After completing residential treatment for alcoholism, an individual is told to attend “90 in 90”.

Due to a history of noncompliance with medication, a “long acting injectable antipsychotic” is ordered once per month.

Seeing psychiatrist monthly and counselor weekly.

Stage Six: Relapse (or Termination)
This stage acknowledges that sometimes clients are successful and terminate treatment while others fall back into old behaviors that send clients back to maintenance (or preparation or action) stage of change. “Fall from grace”

Examples:

After a particularly stressful week at work, “blew off” AA and cracked open a beer.

Missed appointment for IM antipsychotic last week and has begun hearing voices again.

Counselor becomes concerned about suicidal statements made during session.

Peer Supports: How to help at each Stage of Change.

Stage One: Precontemplation

Not currently considering change: "Ignorance is bliss"

- Refrain from trying to change their mind.
- Validate their lack of readiness: “It’s your decision”.
- Explain the risk in a way that personalizes risk: Share your story or that of someone you know.
- Provide resources for “when you’re ready”. Do not encourage action.

Stage Two: Contemplation

Ambivalent about change: "Sitting on the fence"

- Validate lack of readiness and that the decision is theirs.
- Encourage evaluation of pros and cons of behavior change. Sharing personal recovery story may assist with this process.
- Help client identify positive outcome expectations.

Stage Three: Preparation

Some experience with change and are trying to change: "Testing the waters"

- Help client identify social supports.
- Help client identify obstacles to change and problem solve.
- If you identify anything that concerns you about client's ability to problem solve- notify clinician. (Ex. Developmental needs).
- Encourage small steps.

Stage Four: Action

Practicing new behavior for 3-6 months

- Validate how scary change can be.
- Encourage using support system.
- Help the client feel sense of self-efficacy by identifying other times client overcame difficulty.
- Help client combat feelings of loss or inadequacy by reinforcing the long-term benefits of the behavior change. Share personal examples.

Stage Five: Maintenance

Continued commitment to sustaining new behavior. 6 months to 5 years behavior change.

- Clients will likely require less frequent peer support intervention.
- Be positive. Validate the how big the changes were. Discuss what is better about life since the behavior change.
- Discuss risk for relapse, help client make a plan for coping with relapse triggers. Remind them of their resources.

Stage Six: Relapse (or Termination)

"Fall from Grace". Sometimes the goal isn't for elimination of symptoms but for greater time between relapses.

- Sometimes people fall back into old habits or behaviors.
- Remind client that relapse doesn't mean they have failed. It just means action is required to get back on track.
- Return to preparation, action, and maintenance stages.
- Help client identify what went wrong, triggers and/or barriers, and help renew commitment to change

Goals for peer support as part of treatment team:

In order to commit to change clients must believe they can change. Helping client feel capable of changing.

- Help clients identify small behavior changes that bring them closer to their goal without necessarily committing to total change.
- Identify relapse risk and relay this information to the treatment team.
- Support and advocate
- Because of your rapport with client you can use your relationship to address behaviors, resistance, excuses directly in a way the counselor or psychiatrist may not be able to.

Scenarios

You are working with a male in his late 20's with who has had a diagnosis of Bipolar I Disorder for 5 years. Whenever the client is doing well he begins feeling like he doesn't need to be on meds. He does well for a while but eventually he struggles.

- What stage of change is the client at when he is on meds and doing well?
- What are some scenarios where peer support might be the first to see the client is not doing well or hear that he has stopped his meds?
- Give an example of what you would do to help the client get back on track at maintenance stage of change. How would your intervention change if client was at Action stage of change?

Scenarios

You are working with a 53 year-old Schizophrenic male with alcoholism. When he is sober, he is medication compliant, keeps appointments and is engaged with family members. He lives independently but has numerous mental health supports including peer support services. Boredom, such as when the weather is too cold to ride his bike, is often a trigger to drink.

- It is November 1st. Where does your intervention begin?
- What might your intervention be?
- What stage of change is the client in?
- How does your role make it likely that you will be the first to hear about the client drinking or contemplating drinking?

Scenarios

You are working with a 30 year-old female. She has Autism Spectrum Disorder and lives within supported living with other disabled adults. This client has been dating a male who you suspect mistreats your client. Client's boyfriend does not have ASD, lives independently.

- What is your impression upon learning about the existence of client's boyfriend?
- Do you feel torn between your role as the client's advocate and the desire to protect client from harm?
- What is the first thing you think you should do? Why?
- Is this an example of relapse? Has the client moved to a different stage?
- Since there is a team working with this client does this make your job easier?

Bibliography

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Questions?