10 TRANSTHEORETICAL MODEL FOR CHANGE

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It is hard to imagine that any form of addiction counseling could be successful without the client experiencing some kind of transformational change. Change is essential to the recovery process, but what exactly contributes to a client's ability to change? Whereas it is true that life involves a certain amount of change whether it is wanted or not, it is also true that there is much in our clients' lives that is beyond their ability to change or control. Harnessing the ability to engender change in our clients is ultimately what counseling and therapy is all about.

The question of what exactly contributes to the *intentional* process of change is one that researchers Prochaska, Norcross, and DiClemente (1994) have spent much of their lives examining. Their six-stage theory of change, often referred to as the stages of change model, is more widely known as the transtheoretical model (TTM), aptly named because the model is not theoretically dependent. Rather, addictions counselors can use it across a broad spectrum of theoretical orientations. The premise of the model is that the right kind of change can happen when an individual is socially, psychologically, and behaviorally ready for it. As such, a counselor's ability to gauge appropriately the level of readiness for change that a particular client might demonstrate is an important part of this theory.

BASIC TENETS OF THE THEORY

Addiction counselors have used the TTM to help clients overcome their problems and transform their behaviors (DiClemente & Prochaska, 1998; Prochaska, DiClemente, & Norcross, 1992). TTM is composed of six stages of change readiness essential to the process of change. Each of the stages also includes processes of change that contribute to change progress. The processes of change are addressed in more detail later in this chapter. Briefly, however, the processes of change are the interventions therapists use to elicit change. These processes help the client address the tasks needed for the client to move from one stage of change to the next. Accordingly, as clients move through the stages, the therapeutic relationship also deepens (Prochaska & Norcross, 2001). The client is encouraged to examine his or her own behavior through the processes used by the counselor; the counselor's stance is nonjudgmental, supportive, and caring. Thus, the TTM is helpful as clients address their problems and enhances the therapeutic relationship regardless of theoretical orientation used by the counselor.

The stages are *precontemplation*, *contemplation*, *preparation*, *action*, *maintenance*, and *termination*. Each stage is an important part of the process and cannot be skipped over. Whereas some individuals might experience the stages as linear (transitioning from one stage

to the next sequentially), it is more likely that individuals will experience the stages as being recursive in nature and that previous stages may need to be revisited before the ability to move permanently to the next stage is achieved. It is also possible that an individual will be at a different stage of change for different problems simultaneously. Regardless, understanding this model can help individuals (and counselors) navigate the process of change regardless of their stage.

Precontemplation

The first stage, precontemplation, is essentially the lack of awareness that a problem exists. Precontemplators do not intend to change because they do not think they have an issue that needs addressing. Resistance to change is at the heart of this stage. Precontemplators deny having a problem. If an individual in this stage presents for therapy, it is often because friends and family members have coerced or nagged the individual into going. Often, they simply want the finger pointing or criticizing to stop. Precontemplators will work very hard to resist change and stay in a place of ignorance (Prochaska et al., 1994). They will avoid conversations about the problem, they will disregard the information presented about the problem, and they will, in general, do everything they can to stay in a place of blissful denial that a problem exists. In fact, many precontemplators think others are the problem and will work hard to get others to change rather than facing the need for their own change.

Conversely, it is possible to encounter some people in the precontemplation stage who are willing to admit that they *wish* they could change without having any intention or commitment to do so. In general, if clients express that they may have some faults, but that there is nothing they can do, then they are in the precontemplation stage. If a precontemplator manages to change his or her behavior at all, it is usually to appease the criticisms of others (Prochaska et al., 1992). Once that stops, however, precontemplators often quickly return to their previous behavior(s).

Contemplation

Contemplation is the stage in which the awareness of the problem has shifted. Contemplators know there is a problem. They also are able to admit that they want the problem to change. In general, though, they are not ready to take those steps. You may hear an individual in the contemplation stage say something like, "I am so tired of this," or "I can't take it anymore." Contemplators know that at some point in the near future they will need to address their problem. Because of this, they often spend time trying to understand their problem by gathering information, weighing the pros and cons of how to address it, examining the energy needed to accomplish change, and in general talking about change. However, they are not ready to make a commitment. Contemplators know what they need to do; they just are not ready to do it.

In fact, some contemplators can spend years in the contemplation stage. This is typical. Sometimes individuals might fear that they will not be successful if they begin to take the necessary steps to change. Others spend so much time investigating change options that they inadvertently remain stuck on the problem rather than focusing on a solution. Individuals who successfully move out of the contemplation stage begin to do two things

differently. First, they begin to think about solutions rather than problems, and second, they begin to be more focused on the future than on the past (Prochaska et al., 1994).

Preparation

Individuals in the preparation stage have made a commitment (intention) to taking action (behavioral criteria) at some point in the next month. They may also be those individuals who have unsuccessfully taken action at some point in the previous year and are now ready to do so again. That does not mean that these individuals might not still have some ambivalence that needs to be resolved regarding their commitment to change. For example, if a man decides to quit smoking on Monday, he may still spend significant time and energy between now and Monday convincing himself that he is doing the right thing.

Some individuals in the preparation stage have already made slight behavior modifications, such as decreasing the number of video games they play or limiting the time they spend online. Awareness of the problem in the preparation stage is high, and many individuals are eager with anticipation. It is important not to underestimate the value of adequate preparation, however. Individuals who spend the necessary time preparing and planning for their desired change are better equipped when temptation occurs.

Action

The action stage is a busy one. In this stage, individuals modify their behaviors and environments to achieve the desired change. The action stage demands high energy in terms of outward behavior, time, and commitment. The stage garners the most attention and praise from others. It is important to remember, however, that individuals have invested significant time and energy into reaching the action stage of change even if that is not immediately visible. In addition, counseling programs that do not take into consideration the steps necessary to reach the action stage (i.e., programs that are geared to individuals who have already reached the action stage) may be disappointed when individuals are unable to maintain change or behavior modification simply because the program failed to meet them at their stage of readiness. One should remember that whereas praise from others in the action stage is important, it might be even more needed as individuals move from precontemplation to contemplation or from contemplation to preparation.

By definition, individuals are considered to be in the action stage if they have modified their behavior for anywhere from 1 day to 6 months. Whereas the outward appearance of change is the hallmark of this stage, other changes are occurring as well that are important to mention. Individuals in this stage continue to increase and change their awareness of their problem; their self-image, emotions, thinking, and self-esteem are also changing. Whereas this stage is important in terms of outward behavior and transformation, it is by no means the end of the change process.

Maintenance

The importance of the maintenance stage cannot be overstated. For some, this stage may last 6 months, whereas for others it will last a lifetime. The maintenance stage is challenging,

because in this stage individuals must work to prevent slips and relapses. This stage is a continuation of the change process. Change does not cease to occur in the maintenance stage; rather, new behaviors are continuously adjusted to minimize the chance of relapse. For some it is the most difficult because it is in this stage that the learning and awareness from the previous stages must be consolidated and internalized.

Relapse may be inevitable for some during the maintenance stage. It is important here to consider the difference between a slip and a relapse. A slip is less serious in that the negative impact on the individual is not devastating. The individual can quickly recover and return to the action or maintenance stage. Relapse, however, is the return to the addiction. Prochaska et al. (1994) prefer the term *recycle* as opposed to *relapse*. Recycle implies that learning and new opportunities are possible and can be followed by action. This is an important distinction given the recursive nature of the change process.

Termination

Termination is the ultimate goal for those seeking change. In termination, the former behavior or addiction no longer presents a challenge, temptation, or threat. The concept of termination has caused significant debate, because many believe that for some individuals the goal of termination is not possible. In such cases, the alternative is lifelong maintenance, even if the level of wariness begins to decrease over time. Whereas it is true that some individuals can achieve termination, as with cigarette smoking where there is no longer a craving or trigger to smoke under any circumstance, for others the temptation is present given the appropriate environment. Thus, some researchers have argued for a five-stage model that does not include a termination stage. Later in this chapter, we revisit this topic and discuss those problems that might be better suited for long-term maintenance versus termination.

The stages are the foundation of the TTM. Knowing them and being able to identify the stage of an individual or client is only the beginning, however. Once the stage is identified, it is important to align that stage with the appropriate change process or processes. What works best in one stage may actually be detrimental in another. In order to increase an individual's chance of success, the right therapeutic processes must be used in the appropriate stage.

PHILOSOPHICAL UNDERPINNINGS AND KEY CONCEPTS OF THE THEORY

When James Prochaska set out to determine the nature of intentional change, he first tried to identify the common principles and processes of change from all of the major therapies (Prochaska et al., 1994). He completed a cross-examination of the major schools of psychological thought with the intention to integrate the major processes into one cohesive theory. After reviewing the data, Prochaska found that there were nine major commonly used change processes. He defined a change process as "any activity that you initiate to help modify your thinking, feeling, or behavior" (Prochaska et al., 1994, p. 25). The processes of change that have received the most theoretical and empirical support since they were first discovered (Norcross, Krebs, & Prochaska, 2011a) and those we discuss here are *consciousness raising*, *emotional arousal*, *self-reevaluation*, *self-liberation*, *stimulus control*, *counterconditioning*, and *reinforcement* (see Exhibit 10.1). These processes are not specific

EXHIBIT 10.1 ■ Change Processes Definitions

Change Process	Description
Consciousness raising	Bringing information that helps the individual understand his or her problem better. May be conscious or unconscious information that is brought to the forefront of the individual's awareness.
Emotional arousal	Often referred to as dramatic relief or catharsis. Similar to consciousness raising but on a more felt, visceral level.
Self-reevaluation	The reevaluation of identity, self-esteem, and confidence as the individual moves through the process of change.
Self-liberation	The belief that the individual can change; the willingness to commit and recommit as necessary. Also known as willpower.
Stimulus control	Limiting exposure to certain people, places, or things that might increase an individual's desire to use.
Counterconditioning	Replacing old, unhealthy behaviors with new, healthier behaviors.
Reinforcement	Using rewards to reinforce new behaviors. Can also be used to shape new behaviors slowly over time.

techniques; rather, they are broad strategies that may be composed of a seemingly endless number of techniques. For example, the use of a token economy, in which individuals earn small rewards to help them achieve goals, is an example of a technique that would fall within the change process of reinforcement.

As stated earlier, some of the change processes are more appropriate for certain stages than others. Conversely, implementing the wrong process at the wrong time will decrease an individual's potential for success. Thus, an understanding of the different processes, as well as knowing in which stage that process is most likely to be helpful, is essential to assisting clients in overcoming their addictions and successfully transition through the change.

The first change process, consciousness raising, is one of the most commonly used change processes. Consciousness raising is essentially the raising of awareness, or making the unconscious conscious. It has its roots in Freudian psychoanalysis (Prochaska et al., 1994). This process is not unique to psychoanalysis, however. All of the major theories attempt to increase a client's awareness in one way or another. Any information that helps clients to understand their problems better is helpful and increases the chance for success. As such, consciousness raising is not always uncovering unconscious awareness but rather includes any information that helps clients adjust their behaviors and accomplish their goals.

Emotional arousal, sometimes referred to as dramatic relief, is similar to consciousness raising, but it occurs on a more emotional or visceral level. Another word for emotional arousal is *catharsis*—the sudden and often unexpected release of repressed emotions. Emotional arousal can occur when an individual experiences an "aha" moment, such as when a friend or acquaintance is impacted negatively by the same problem as the client. For example, in the case study, Gabriel's niece has pleaded with him to stop using many times without much success. However, if Gabriel were to learn that his niece had been tempted to

try smoking marijuana by a friend at school, it might make a difference in his desire to stop. This can also occur after more traumatic situations, such as if a person's friend is involved in a drunk driving accident and that tragedy motivates the person to stop drinking. When awareness is increased and activates a depth of feeling, clients are more able and willing to change.

The next change process, self-reevaluation, is an important part of the overall change process and may occur in several of the stages. The act of change is profound. Individuals will find that they need to reevaluate—or even renegotiate—their identities as well as their levels of self-esteem and confidence as they move through the stages of change. They may also need to reevaluate their values and how they see themselves engaging with the world. The process of self-reevaluation will most likely continue throughout the entire change process but may be more important in the early stages.

The process of self-liberation is essentially the belief that an individual can change his or her behavior. It is the belief that such a commitment—and recommitment when necessary—is possible. Norcross et al. (2011a) describe this belief as *willpower*. However, some individuals tend to rely excessively on this process. According to the researchers, when one process is overly relied on, it can lead to relapse (or recycling). As such, it is important that self-liberation be enhanced by engaging in activities such as participation in Alcoholics Anonymous (AA) and by increasing the number of choices that clients have to maximize their chances for success.

Stimulus control modifies the cues and triggers related to problem behaviors. Reinforcement—or reward—modifies the consequences that follow by helping individuals implement and *reinforce* new behavioral patterns. Reward systems have often been combined with punishment systems; however, punishment systems tend to lead to temporary change. If we want to change behavior permanently, it must include rewards and reinforcements (Prochaska et al., 1994). Moderating self-talk to be positive and empowering, the use of contracts that promote new behaviors, and using step-by-step approaches (versus quitting all at once) are useful reward techniques that positively influence the change process.

Counterconditioning is the process of finding healthier behaviors to engage in, while minimizing or stopping unhealthy behaviors. It is common for individuals who are seeking to terminate an undesirable behavior to compensate by replacing it with a more desirable or socially acceptable behavior. In addition, many addictive behaviors have beneficial outcomes such as helping with stress or coping. Individuals who are giving up unhealthy behaviors will need to find other behaviors to replace them. Examples of good counterconditioning behaviors are active diversion (staying busy, or refocusing energy), exercise, relaxation techniques (such as breathing or mindfulness), reframing (the act of identifying negative self-talk and reframing those thoughts into more empowering, positive messages), and assertiveness training.

Individuals who are seeking change are often very careful about their environments. For example, a man who is trying to quit smoking will most likely not go outside with coworkers on a smoke break. In fact, he might not even watch from a distance as someone else lights a cigarette. If his smoking habit was related to certain activities, such as social drinking or that first cup of coffee in the morning, he might not engage in any of those activities either as they would represent a potential situation in which the desire to smoke would

be elicited. For some individuals, engaging socially with friends who were associated with the undesired behavior is unadvisable. Such individuals may go out of their way to avoid certain places, people, or situations, which is the essence of stimulus control. They may also alter relationships to maximize their chances for success.

HOW THE APPROACH IS USED BY PRACTITIONERS

The stages of change are essentially *when* people change; the processes of change give us the *how*. The change processes are most effective when the right ones are used at the right time. According to Norcross et al. (2011b), the processes traditionally associated with experiential, cognitive, and psychoanalytic theories are best used in the earlier stages (precontemplation and contemplation), whereas those more commonly associated with existential and behavioral traditions are better used in the later stages (action and maintenance). In studying self-changers (those individuals who successfully change without entering into treatment), the developers of the TTM found that individuals who did not successfully change generally mismatched their stage with the inappropriate process. For example, using consciousness raising and self-reevaluation during the action stage is like trying to modify behavior by becoming more aware of it. Simply being more aware of something does not necessarily mean it is going to change. Conversely, using processes that work better in the later stages (such as reinforcement and counterconditioning) when an individual is still in the early stages of contemplation or preparation will not work either. That would be akin to riding a horse without understanding why you need a saddle.

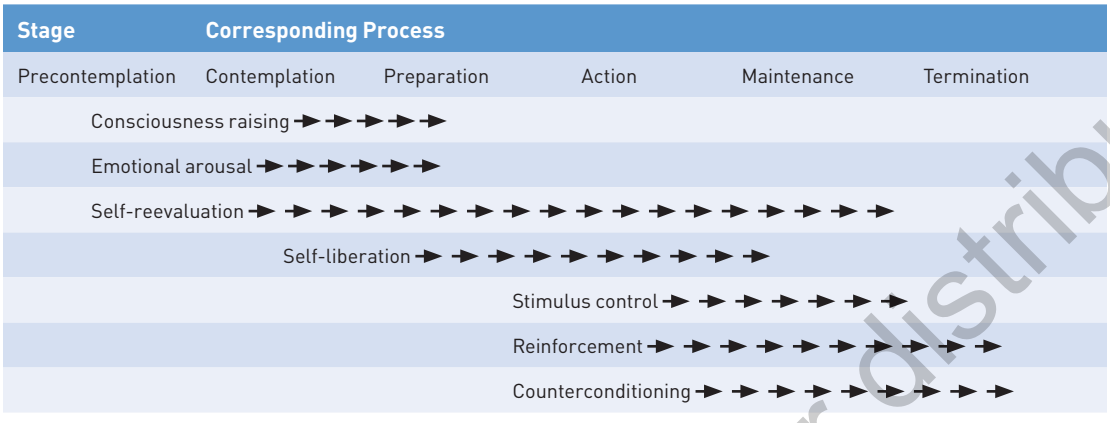
Exhibit 10.2 shows the various processes and the stages in which they are most effective. Consciousness raising in the early stages of change (precontemplation and contemplation) helps clients increase their awareness of the impact of their own behaviors on self and others. In precontemplation, however, the very nature of the stage implies resistance and denial. This may not always be true, though. Precontemplators are often earnestly struggling with their problems and doing the best they can to cope. They are also often extremely demoralized. This may be especially true if others have judged them as being incapable of changing. In essence, many precontemplators have given up. The question, then, is how to help someone who is in precontemplation.

Precontemplators often rely on defenses that protect them and keep them in homeostasis. Defenses in general can be positive in that they protect individuals from being overwhelmed or flooded by external stimuli. They help individuals avoid—although only temporarily—unpleasant emotions or thoughts. They can also keep individuals stuck. Precontemplators seem to be adept at a number of defenses. First, they tend to deny or minimize their problems. They simply do not want to see what is really happening. They are not able

BOX 10.1 Myths of Change

Common myths about change include such adages as "Change is simple," "All it takes is willpower," or "People don't really change." However, the fact is that people can and do change, although change is anything but simple. And whereas willpower plays a role in change success, it is but one of several change processes that make change possible. In addition, societal myths regarding change and addiction, specifically, tend to see addiction and recovery as "on" or "off" as opposed to a complex process that is not necessarily linear in nature (DiClemente, 2003). It is important that counselors consider these myths and use caution when making inferences about change that might inadvertently hinder client success.

EXHIBIT 10.2 ■ Change Processes and the Stages in Which They Are Most Useful



BOX 10.2 Forcing Change?

The question of ethical treatment often comes up when counselors work with clients who are in precontemplation. How ethical is it to advocate and push for change if our clients do not want to change? Or what if the client says that he or she wants to change but feels that the real problem lies outside of his or her own behavior? The resistance and denial of the need for change in the precontemplation stage has led some individuals (family members and friends, policymakers, and even counselors) to confront their clients in increasingly aggressive and unhelpful ways. DiClemente (2003) argues for a "tough love stance" that allows natural consequences to occur rather than a confrontational stance to increase problem awareness. Whereas counselors and family members cannot change the individual with the problem, they can accomplish much by allowing the client to deal with the consequences of his or her behavior at the same time that the therapist helps the client's awareness of those negative consequences increase. Keeping this approach in mind can also be helpful when working with family members and loved ones who are frustrated with precontemplator behaviors.

to connect with their felt experience. Rather, they live behind a facade of disconnection that keeps them blissfully ignorant of their own reality. Second, precontemplators tend to rationalize and even intellectualize their problems. They find adult-like ways to explain their behavior. For example, an adult survivor of childhood abuse might use her experience as a way to justify her doting behavior toward her own children. When counterarguments become too heated, precontemplators intellectualize their problems and thereby distance themselves from the personal impact of their own behaviors.

Precontemplators are also particularly adept at projecting and displacing their problems to other things and people. They are essentially able to mount a good offense. For example, Gabriel's mother, who recently started attending Al-Anon meetings, has started to set boundaries around Gabriel's substance use in the home. Rather than comply with his mother's demands, however, Gabriel mounts an offensive attack against his mother and her inability to understand how lonely and unaccepted he feels by his father. He blames her for making the situation worse for him, because smoking marijuana is the one thing that helps him feel better. Over time, Gabriel's approach becomes his best defense. The more he can

blame his mom for not understanding, for being uncaring or insensitive, the more freedom he has to continue his behavior without having to face the need for change.

The converse to projection and displacement is internalization, which is the last defense that precontemplators tend to use. Rather than dealing with negative experiences and emotions in healthy ways, some precontemplators begin to internalize their behavior, believing that no one else is responsible for their suffering. Over time, this leads to self-blame, low self-esteem, and depression. Precontemplators who internalize simply do not believe they are capable of successfully changing.

Consciousness raising is the first step in helping a precontemplator move to contemplation. Helping individuals recognize their defenses and giving them information regarding their problem is central to increasing awareness. Counselors should highlight and discuss the advantages of changing. Helping individuals connect with their felt experience, the here-and-now of their reality, and the benefits of counseling are great ways to start helping clients increase awareness.

Emotional arousal (or dramatic relief) can be helpful in this process, especially in getting clients to connect more with their emotions and experience. This might include anticipatory grief, that is, the fear of letting go of a coping skill or habit that has provided comfort for years. It might also include discussions regarding the consequences of not changing. Emotional arousal can be increased by using video clips or documentaries, which subsequently can also provide significant additional information for individuals regarding their problem behaviors. Experiential techniques such as saving the cigarette butts and ashes from one day of smoking in a jar can also be helpful. The aim here is not to shame the client but rather to bring awareness and connection to emotion and decrease defensiveness in the safety of the counseling setting.

Once an individual moves to contemplation, the change process may shift more heavily to self-reevaluation. The increasing awareness that change is needed has an impact on the client's beliefs regarding self and others. How does the client envision the future? In contemplation, clients become more comfortable talking about their problems. Nevertheless, they are not necessarily ready for action yet either. Thus, contemplation is a stage in which consciousness raising is just as important as in the previous precontemplation stage.

A word of caution here: Some contemplators struggle with the comfort of this stage and their subsequent ambivalence regarding change. If a person is going to be stuck in a stage, it will most likely happen in the contemplation stage. Chronic contemplators may become overly comfortable with the warmth of the therapeutic relationship. They may also be experiencing very real anxiety about changing. Remember, contemplators want to change, but they are not necessarily ready for action. However, the biggest mistake a counselor can make is allowing a client to become a chronic contemplator. If your client seems to be waiting for the perfect moment to change, is looking for absolute certainty that change is the right thing, or begins to engage in wishful thinking (e.g., "I wish I could eat as much as I want and never get fat"), then you might be dealing with a chronic contemplator. The antidote is the increasing awareness of the problem *and* the solution prior to engaging in action. If the awareness of both is not there, then any action taken is likely to be only temporary and unsuccessful.

As individuals move to the preparation stage, they will become increasingly more confident that their decision to change is the right one. The differences between contemplation and preparation are subtle, however. The reevaluation of self and one's problem continues during the preparation stage, but the focus begins to shift to the future and is less oriented to the problematic past. This can seem daunting for some, for the future may at times appear uncertain. During this stage, however, change becomes a priority, and the image of what can be if change is successful provides hope and renewed energy. Rather than focusing on the problematic past, individuals' focus in preparation is on finding appropriate actions that will help them overcome their problems in the future. It is important while in the preparation stage that individuals take the appropriate time to create a plan, rather than jumping prematurely into action. Individuals in the preparation stage might feel overly eager to move into action, but moving through preparation too quickly can lead to failure. In preparation, it is important to focus on the tools one might need to be successful in action. For example, someone might purchase a food scale if he or she is counting calories or attend several different Alcoholics Anonymous meetings to find one that feels right.

Once adequate planning has occurred, an individual is ready to move into the action stage. Of course, there are no guarantees that a person will be successful, even when sufficient preparation has taken place. However, if there is enough commitment to the change process, every setback will be a source of new information and learning, which in turn will be helpful in getting back to the action stage as quickly as possible.

As stated earlier, being unsuccessful in this stage can occur if an individual has not adequately prepared for it. Laying sufficient groundwork for action in the preparation stage is a large contributor to successful change. Similarly, an individual who wants to change but is not willing to make the difficult and challenging sacrifices necessary for change to occur will struggle to maintain new behaviors during the action stage. There is no magic trick, or shortcut, to complex behavioral change. The action stage demands commitment and energy. As such, using the change processes of reinforcement or rewards and counterconditioning become extremely important during action.

Using positive self-talk, such as congratulating yourself for breathing deeply and relaxing or for not giving in to a temptation, reinforces new behaviors and makes success more likely. We all have that inner, critical parent voice that quickly is able to point out our flaws and failures. However, punishment is not a good moderator of problem behavior (DiClemente, 2003). Rather, positive self-talk reinforces new behavioral patterns and has the added benefit of bolstering self-esteem. Using contracts (either formal or informal), allowing yourself to gradually change a behavior over time (i.e., using a step-by-step approach, sometimes referred to as behavior shaping), or doing something nice for yourself in return for not giving in to the problem behavior are all examples of reinforcements and rewards.

Counterconditioning, which is the ability to replace unhealthy behaviors with healthy ones, is one of the more powerful change processes available to us (DiClemente, 2003; Prochaska et al., 1992). Sometimes when we are faced with having to change a problem behavior, we unintentionally replace it with another problem behavior. For example, Mary is trying to lose weight. She is concerned about spending too much time in her house tempted by food. Therefore, she starts to go out shopping every day and eventually finds that she is spending money she does not necessarily have to spend. This in turn could dramatically

increase her stress, which could lead to making it more difficult for her to resist the temptation to overeat. Change is stressful, so finding ways to engage in new, healthy behaviors is what counterconditioning is all about. Some successful counterconditioning techniques include active diversion (keeping busy or distracted, refocusing energy), exercise, relaxation techniques (such as breathing, progressive muscle relaxation, or mindfulness), and counterthinking or reframing (turning negative thoughts into empowering, positive statements).

The action stage can last from several months to as long as 6 months. As new behaviors become familiar and routine, a person enters the maintenance stage. Maintenance is much more than just maintaining new behaviors, however. In this stage, individuals work to avoid relapse. That means that they remain aware that they are vulnerable to old behaviors, especially under certain circumstances. The main challenges to maintenance are social pressure, internal changes (such as overconfidence or self-blame), and special occasions. Whereas one might be tempted to think of maintenance as being less challenging than action, the fact is that maintenance is not just maintaining change but maintaining the use of the change processes as well. Being aware of triggers and avoiding people, places, or things that could result in temptation is just as important in maintenance as it is in the action stage. Counterconditioning continues to be important during this stage as individuals create new lifestyles that support their desired behavioral changes.

Recycling (or relapse) is more of a risk in the early maintenance stage. However, some individuals will always be vulnerable to their old behavior. Should relapse occur, it is helpful to engage in a period of self-reevaluation. Whereas it might seem natural to engage in high levels of self-blame, it is more effective to spend some time going back, perhaps, to preparation and evaluate, revise, and adjust one's plan in hopes of being more successful based on one's new understanding of self. The nature of change—as mentioned earlier in this chapter—is recursive in that we might need to take a step back in order to take two steps forward.

TERMINATION

How does one know when termination is appropriate? Whereas some individuals might not feel comfortable with the idea of terminating from maintenance, for others it is the final stage in a long journey of transformation. Termination is demonstrated when an individual no longer identifies with a self-image that includes the problem behavior but rather with a new self-image and a healthier lifestyle that does not include the problem. In addition, there should be no temptation to slip into old behaviors under any circumstance or in any situation. Finally, there should be a new or renewed self-confidence and self-efficacy that the old problem is truly outdated. This level of confidence is genuine. You simply know that the problem is behind you. It is possible, however, that even after 10 or 20 years of not engaging in a problem behavior, one still does not solidly believe that one is free and clear of danger or temptation. Termination is not recommended for those individuals, and it is perfectly okay to stay in maintenance for as long as one feels it is necessary.

COUNSELOR'S STANCE

Clients will spiral in and out of the stages of change. In one session, the client may demonstrate clearly that he or she is ready to make a commitment toward change and prepare for action,

but in the next session, that same client could revert to previous behavior and even begin to question whether change is really needed. The counselor's relational stance should shift as a client moves through the stages of change. In the earlier stages, the therapist's role is almost parental in nature, not very different than one would be with an adolescent child. That stance is nurturing and firm understanding but knowledgeable of the dangers inherent in some behaviors. As the client moves toward contemplation, the therapist may take on a more Socratic role, encouraging the client to self-reflect and examine his or her behavior and goals. As the client transitions into preparation, the therapist will help the client by coaching and encouraging the development of a plan and helping the client prepare for pitfalls and triggers. Finally, as the client moves into action and maintenance, the therapist becomes more like a consultant, providing expertise and advice as necessary but allowing the client to develop more and more autonomy as time goes by and the client moves closer to termination (Norcross et al., 2011b).

ASSESSMENT AND PREVENTION IMPLICATIONS

So how do counselors know what stage of change their clients are in? You might think the most logical approach is to listen to their client's story and pay close attention to how much they talk about change (i.e., change talk). However, whereas change talk is an ample predictor of treatment outcomes (Gaume, Bertholet, Faouzi, Gmel, & Daeppen, 2013; Glynn & Moyers, 2010; Miller & Rollnick, 2004), studies suggest it is not a good predictor of the specific stage of change (Hallgren & Moyers, 2011; Miller & Rollnick, 2004; Rollnick, 1998). In other words, the frequency of change talk is a better indicator that clients are transitioning through the stages of change and not that they are at or in any specific stage (Rollnick, 1998).

Arguably, a better approach to assessing client stage of change is to use a formal written or computerized instrument (Hallgren & Moyers, 2011). Counselors can administer such an instrument at any point in the counseling process to get a snapshot of where the client is in relation to the TTM. Then, counselors can ensure that they use interventions and strategies that are most appropriate for the client's reported stage of change. This approach might be especially beneficial during the first counseling session, when a counselor is trying to determine the best course of treatment for a client.

Several researchers have created assessment instruments that aid in the process of identifying a client's stage on the TTM. DiClemente and Hughes (1990) developed the first TTM assessment and called it the University of Rhode Island Change Assessment (URICA). The URICA is a broad self-report assessment created to assess clients' readiness to change in relation to any behavior (DiClemente & Hughes, 1990). Pantalon, Nich, Franckforter, and Carroll (2002) reported that the psychometric properties of the URICA are well within the acceptable and favorable range, indicating that the URICA is a consistent and valid measure. The URICA provides four separate subscale scores—*precontemplation*, *contemplation*, *action*, and *maintenance*. DiClemente, Schlundt, and Gemmell (2004) suggest that to determine a total score for the URICA one would subtract the precontemplation score from an average of the other three subscales. The URICA's total score ranges from −2 to 14. Individuals who score below 8 on the URICA are categorized as being in precontemplation, 8 to 11 as being in contemplation, and above 11 as being in preparation.

Another TTM assessment tool with equally positive psychometrics is the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES; Miller & Tonigan, 1996). Unlike the URICA, the SOCRATES focuses solely on substance abuse. The SOCRATES comes in two versions: (a) the SOCRATES 8D, which focuses on drug use, and (b) the SOCRATES 8A, which focuses on alcoholism. Additionally, there are several older versions of the SOCRATES (7A, 7D) that are longer and have versions designed to be used with the significant other of addicted partners (7A-SO-M; 7A-SO-F). The SOCRATES is also available in Spanish.

Like the URICA, the SOCRATES is scored by adding up the scores of three subscales—*recognition*, *ambivalence*, and *taking steps*. If someone scores high on the recognition subscale it indicates that he or she acknowledges a problem with substance misuse. If the client scores high on the ambivalence scale it suggests that the client is wondering if he or she has a problem (contemplation stage). And a high score on the taking steps scale indicates that the test taker is already committing to some positive changes. The authors of the SOCRATES state that these subscales do tend to predict positive change, but they recommend that counselors examine and review how clients score individual items to get the deepest understanding of their readiness for change (Miller & Tonigan, 1996).

Rollnick, Heather, Gold, and Hall (1992) thought that, in addition to the comprehensive profiles provided by the SOCRATES and the URICA, there was a need for a brief and simple assessment tool that helping professionals could administer in medical settings. Thus, they created the Readiness to Change Questionnaire (RTCQ; Rollnick et al., 1992). The RTCQ consists of 12 questions and has demonstrated satisfactory psychometric properties (Rollnick et al., 1992). Each question has five possible responses ranging from strongly disagree to strongly agree. If a test taker selects strongly disagree it is scored as a −2, disagree is −1, unsure is 0, agree is +1, and strongly agree is +2. The RTCQ has three subscales—*precontemplation*, *contemplation*, and *action*. The subscale with the highest score represents the test taker's stage of change.

Because clients tend to spiral in and out of the different stages of change, it can be difficult for counselors to assess confidently clients' readiness to change. The previously mentioned assessments offer the most useful method of recognizing where clients are in relation to the stages of change in that present moment. Perhaps the most beneficial use of these assessments is right before a client enters into treatment (to determine where to begin services) or toward the end of treatment (to determine readiness for termination). In any case, an appropriate assessment of a client's stage of change can help counselors gain a deeper insight into their client's struggle, and that, in itself, is very useful.

STRENGTHS AND WEAKNESSES OF THE THEORY

One of the reasons the TTM rose quickly to popularity is because it confirmed the belief that some clients are more ready to change than others (Herzog, 2005). Counselors believed this to be inherently true, but the TTM represented the first measurable, linear, and functional description of how individuals change. Other models of change emerged in the literature but were discounted or discarded due to the popularity of the TTM (Herzog, 2005). Thus, when the TTM emerged in the literature, clinicians touted it as being an innovative and dynamic approach.

Researchers also became interested in the TTM, and it became the topic of volumes of research, including investigations on matching clients to stages, counseling dropout rates, treatment outcomes, and the relationship between the stages and the change processes (Norcross et al., 2011a). There are more than 1,500 studies on the TTM, and the findings generally state that the TTM reliably predicts client outcomes, tailoring treatment, and dropout rates (Noar, Benac, & Harris, 2007; Norcross et al., 2011a). Another strength of the TTM is its ability to easily integrate into any theory. The transtheoretical nature of the TTM allows counselors from any school of thought to assess a client's readiness to change without conflicting with another approach to therapy, and by doing so the TTM lends itself well to theoretical integration (Petrocelli, 2002). Additionally, the developmental design of the TTM underscores the importance of not treating all clients as if they are already in the action stage of change (Norcross et al., 2011a). According to Norcross and colleagues, only 20% of clients enter treatment in the action stage, indicating that counselors that approach all clients with an action-oriented program are going to be ineffective 80% of the time. Mismatching approach and stage also runs the risk of damaging the therapeutic relationship.

On the other hand, one of the limitations to the TTM is the difficulty of empirically distinguishing between the stages (Lambert, 2013). Even with formal assessments like the URICA and the SOCRATES it can be difficult for counselors and researchers to determine which client fits into which stage, and some have argued that the cutoff scores assigned by the assessments are flawed (Callaghan & Taylor, 2006). The TTM is also in need of research that is more experimental. The majority of the TTM research is based on predictive hypotheses (i.e., that stage of change can predict outcome). Experimental research that compares clients matched to treatments with unmatched clients is scarce and shows little difference between matched and unmatched interventions (Norcross et al., 2011a). This gap in the literature has led some to argue that this model be disregarded until it has been tested with more scientific rigor (Herzog, 2005; West, 2005). There is also a lack of research on the stages of change among different cultures and with low-income individuals. The tools and questions used to assign individuals to stages are often not validated and have significantly misclassified minorities and women when compared with men on the stages of change (Suminski & Petosa, 2002). Whereas researchers are working to cross-culturally validate the stages of change assessments, counselors must take culture and socioeconomic status into account when attempting to identify and match a client to a stage of change. Culture is a crucial component of clients' lives and will certainly influence their motivation and readiness to change.

CASE STUDY RESPONSES

From a TTM perspective, an addictions counselor would be most interested in Gabriel's readiness for change. Unlike with other theoretical approaches, TTM counselors would spend less time focused on the factors that led to Gabriel developing the addiction (e.g., his anxiety, difficulty with relationships, or family of origin) and focus more on behavioral change. Gabriel has had a persistent period of drug use with little evidence of awareness or a commitment to sobriety. His previous attempts at treatment, his past participation in AA, and his ability to remain abstinent after treatment for 7 weeks are indicative of someone who is aware of having a problem, but his present inability to remain off drugs and alcohol

for more than 3 days demonstrates a lack of preparation. Therefore, it appears that Gabriel is in the *contemplation* stage of change.

Without a formal assessment, it is difficult to know for certain, but if Gabriel is in the contemplation stage of change, he is likely to be questioning his ability to commit to change. In the past, he was able to move from precontemplation to action, but it appears that certain life events (e.g., breakup with his girlfriend) may have weakened his resolve and he recycled back to the earlier stage. This is a normal pattern for most individuals seeking behavioral change, and the best course of action is not to dwell on the past but instead to focus on the future.

Knowing that Gabriel is in the contemplation stage of change should help his counselor identify the best course of action. His counselor would focus on raising Gabriel's self-awareness by reflecting feeling and meaning and guiding him through self-evaluation (Norcross et al., 2011a). The goal of this approach would be to help Gabriel look at his problems and think about how he feels they are affecting his hopes, dreams, and desires for the future. It is crucial that the counselor remain aware of how challenging the contemplation stage can be and the importance of building a strong therapeutic bond for the work that lies ahead. The counselor should first build an alliance with Gabriel and explore his personal beliefs and values regarding his future. By reflecting the client's feelings and using Socratic questioning, the counselor can enter into a deep therapeutic relationship with Gabriel. The counselor may spend some time discussing the benefits Gabriel experienced from remaining sober in the past and how maintaining sobriety could increase those benefits and connect him with his goals. While building this strong relationship that will provide Gabriel with a corrective emotional experience, the counselor should help Gabriel evaluate his situation with an emphasis on how his current situation impedes or helps him reach his desired future. The aim of the therapeutic encounter at this point should be to support Gabriel in reevaluating his life and helping him move toward preparation.

During the preparation stage, the counselor would change his or her stance slightly. Gabriel's counselor would continue to foster therapeutic rapport and self-evaluation; the counselor would also focus on Gabriel's decision-making skills. At this stage, Gabriel would begin to demonstrate willpower and a desire to change. Gabriel's counselor can serve as a coach who helps Gabriel make good decisions by providing supportive feedback. Given Gabriel's experience recycling through the stages, it might behoove the counselor to discuss with Gabriel what factors (e.g., breakup with girlfriend) kept him from staying committed and how he could mitigate those factors in the future. Moreover, Gabriel and his counselor could discuss what worked in the past and how he could implement those same successful strategies again today.

The transition from contemplation to preparation will also involve the processing of a lot of emotion and grieving. In order for Gabriel to change, he has to leave behind a lifelong relationship with drugs and alcohol. He will also have to revisit many potentially traumatic memories that the alcohol and drugs have been keeping away and to confront the issues that drugs and alcohol have helped him to avoid. It would be normal for Gabriel to be scared of change. Gabriel's counselor should anticipate this reaction and use techniques like psychodrama and role-playing and help Gabriel express and experience his feelings about change. This could potentially be a very emotional and difficult process for Gabriel, but by ensuring that he is well prepared for the action phase, the counselor increases the likelihood of a successful outcome.

In the past, Gabriel has attempted to quit and discovered that he was not ready to maintain abstinence and subsequently relapsed. The TTM would benefit Gabriel by focusing attention on his readiness to change and ensuring he is well prepared before taking action. Unfortunately, the TTM would not attend to Gabriel's obsessive-compulsive or anxiety disorder, nor would it focus on his social stressors, but it *would* focus on his ability to change his addictive behavior. Like any other approach, the TTM is not without its flaws, but in the case of Gabriel we believe it could be extremely beneficial.

SUMMARY

The question of how people change is an important one in addictions treatment. The TTM provides counselors with a clear understanding of the developmental nature of change. This allows counselors to offer clients focused and evidence-based interventions that help them to move toward change and avoid the pitfalls associated with frustrating an unready client. Thus, the five stages of change and the process of change delineated by the TTM constitute a vital tool for counselors hoping to help clients enter into recovery.

RESOURCES FOR CONTINUED LEARNING

Books

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