

Stages of Change and Recovery and Wellness Coaching

Please read the introduction below. If you are familiar with the Stages of Change then we invite you to consider them through the perspective of working as a Recovery and Wellness Coach.

The Stages of Change are introduced here in this coaching training for the simple reason that your clients will be, over the time of your coaching relationship with them, planning change (consciously or otherwise), taking action, experiencing consequences of those actions, learning something or reinforcing something as a result and making unconscious and conscious layers of experiential knowledge; all on an ongoing basis. Phew!

In short, they will be cycling through change. Perhaps an important (if somewhat obvious; but worth reinforcing) point to make here is that change is unavoidable as a principal of being human.

We often hear people making statements that 'nothing has changed' or 'they have not changed' but in reality there is always change and it is the ground of life.

So, central to change is motivation. The 'want' to change. The desire, the reasons, the emotions that drive a change process. These desires, reasons and emotions are not always 'active'; i.e they are not always visible and comprehensible. Many people chose change (often without realizing they are making a choice) through a process of allowing; that is, they make no conscious decision to change anything even when they know that a certain outcome will occur and that it will have serious impact and consequences for them. People who do this (and most people do so from time to time in their lives) are making a choice nonetheless. We can understand this another way if we ask a client: What are they saying 'Yes' to and what are they saying 'No' to?

Perhaps the most challenging 'muscle' needed by the recovery and wellness coach is the one of Self-Management which is the coaches desire to see a certain kind of change in their client and in their clients lives. It is not a coach's role to decide that change is required for a client and then to take a position on what that change ought to look like. This is challenging for many coaches and especially those who transit from counselling orientated practices.

So if a coach cannot desire a certain change and hold a view of what change should look like for an individual, what can they do?

Well, first of all, we are not saying that we do not understand or consider the role of change in the recovery to wellness process and are not interested in it for our clients. Quite the opposite. Change will have to happen in some kind of direction for the client to fulfill a chosen recovery path.

What we can do though is bring the topic of change itself into the coaching relationship. How do our clients understand change? What perspectives are they in about change? What are their Meta views on change as well as how do they see it as it happens in front of them? Listening carefully we will come to now some of the content of our clients world view on change. They may describe themselves as 'victims' of change.

They may be highly skilled at change in an active way but unaware of their own process of leading up to and evaluating the outcomes of change. They may be short term thinkers; seeing only to the end of a day. They may not know what they avoid and what they actually are choosing. Some people are amazed to realize that their ongoing inaction is in fact a series of choices.

Exploring client change in these ways and not trying to relate it to anything specific in their lives, is a valuable and powerful way to work as a recovery and wellness coach. It also reinforces the principle of the power being in the person being coaches' hands in this coaching relationship. You are not trying to 'get' them to do anything.

With clients in crisis and early in the process of recovery or indeed before they even self-describe themselves as in recovery the steps you will make with them will often be small. They may only be concerned with the most basic of needs and requirements of their lives; food, shelter, work, survival. In this place people are often potentially and actually at their most creative and flexible when it comes to change.

They also may well have trouble making choices that conflict with their values (not that they are necessarily clear exactly what their values are). As people make decisions about what to do, coached by you, so their change preferences are revealed. Coaches notice this and when appropriate reflect these preferences back to their clients, curious about how this informs the clients understanding of themselves.

Over time and as the coaching relationship grows and matures so both the coach and the client will be able to find ways to integrate the change process preferred by the client into actual change outcomes.

They will be able to try out different ideas and approaches to see how they get different results, expanding all the time the client's choice and awareness.

The Stages of Change are introduced here as an effective model of change that recovery and wellness coaches can engage with. Supported by extensive research and clear underlying principles we can use this knowledge to meet our clients wherever they are in these stages and we can select and use appropriate coaching approaches.

It is this integration of the coaching toolkit with these stages that we are most interested in at this point and on our teleclasses calls we will look at both the theory as presented in the accompanying documents as well as starting to consider what are the most appropriate and / or effective tools the coach can use within each of the stages.

An Introduction to the Trans-theoretical Model

James Prochaska and Carlos DiClemente first proposed the Transtheoretical Model of Human Intentional Change (TTM) after an ambitious review of the predominant models of psychotherapeutic treatment. In his landmark book *Systems of Psychotherapy: A Transtheoretical Analysis* (1979), Dr. Prochaska compared and contrasted 18 psychological and behavioral theories in order to determine how each of theories conceptualized the process of change. As a result of this review, Dr. Prochaska identified several processes of change that appeared to be universally relevant to the process of change most people follow when trying to intentionally change or modify a behavior.

The Transtheoretical Model (TTM) is a model that attempts to describe how people

- 1) modify a behavior (i.e., sexual behavior = using safe sex practices or health behavior = using sunscreen);
- 2) change a problematic behavior such as quitting smoking, drinking or drug use; or

3) acquire and create patterns of behavior such as creating a daily exercise regimen. The processes of change involved in all three types of behavior change were found to be remarkably similar, regardless of the behavior change, target behavior or type of change.

An assumption of the TTM is that change is an inevitable and natural process. In many cases, change happens without any intervention and with little notice to either the change agent or the people in their lives. Natural change, as it has been referred, is the process by which people make changes based on life events such as graduating from college or getting married.

These types of events can cause profound, significant and in some cases, spontaneous changes for those experiencing the events. For example, if a person's significant other is diagnosed with lung cancer, a person may never have another cigarette again and may show no signs of difficulty in adjusting to the new behavior. Another example of this is when a person is arrested for drunk driving. In some cases, a person may decide that as a result of the incident that they will never have another drink or that they will never operate a vehicle after consuming alcohol. In both of these cases, the change process may occur rapidly, effortlessly and permanently.

Sadly, many people are unable to change on their own and do require assistance. The TTM is a model of intentional behavior change that guides not only the person in recovery, but also those individuals involved in supporting the process of change. The dimensions of change outlined by the model can be used to describe, predict, and manage the process of change around many behaviors. Intentional human change is an important issue to briefly consider in that the TTM is not intended to explain coercive or mandated change. As a result, the TTM and the Stages of Change were not originally believed to be applicable to behavior change that is mandated by a criminal court, or required by a significant other.

One of the strengths of the model is that the TTM and the Stages of Change have now been applied to many health behaviors such as smoking, dietary changes, condom use, sunscreen use, exercise, alcohol and drug cessation, gambling, depression, panic and anxiety, sedentary life style, procrastination, physical abuse, obesity, dental hygiene and a myriad of other health domains. The generalized applicability of the model has assisted greatly in identifying the key dimensions of the process of change.

Dimensions of the Transtheoretical Model

The TTM has four general dimensions, which include: 1) the Stages of Change, 2) the Processes of Change, 3) the Markers of Change and 4) the Context of Change.

The Four Dimensions of the Transtheoretical Model Stages of Change

Precontemplation – Contemplation – Preparation – Action – Maintenance

Processes of Change

Cognitive	Experiential Behavioral
Consciousness Raising	Self-Liberation
Self-reevaluation	Conditioning/Counterconditioning
Environmental reevaluation	Stimulus generalization/control
Emotional arousal/dramatic relief	Reinforcement management
Social Liberation	Helping Relationships

Markers of Change
Decisional Balance Self-efficacy/temptation
Context of Change
Current life situation
Beliefs and attitudes

Interpersonal relationships
Social systems
Enduring personal characteristics

Table adapted from Addiction and Change (2003) DiClemente, p. 24

Stages of Change:

The Stages of Change are the central tenets of the TTM and are often referred to as the motivational and temporal dimension of the model.

Precontemplation	The person is not yet considering change or is unwilling or unable to change.
Contemplation	The person is considering the possibility of change but remains ambivalent and uncertain about the change.
Preparation	The person is committed to change and is planning to make change in the near future but is still actively deciding how to change. Person may be making small changes towards target behavior.
Action	The person is actively taking steps to change the target behavior but has still not stabilized change.
Maintenance	The person has achieved change and has stabilized and is maintaining change.

Processes of Change:

The Processes of Change represent the cognitive/experiential and behavioral experiences and activities that enable and facilitate a person progress and movement through the Stages of Change. The processes of change are also viewed as related to the task of each stage and are seen as essential and often required tasks for stage advancement. Research has found that specific processes of change relate to specific Stages of Change. Therefore, some processes of change are essential to assist a person moving from contemplation to preparation (i.e., self-reevaluation and emotional arousal) where as other processes of change are critical for those moving from action to maintenance (i.e., helping relationships and reinforcement management).

Markers of Change:

DiClemente (2003) refers to marker of change as “signposts that identify where a person stands in the two key change-related areas: decision making about the change, which is called the decisional balance, and the strength of one’s perceived ability to manage the behavioral change measured by the self-efficacy/temptation status.” The markers of change have been found to be important predictors of sustainability and change of the target behavior.

Decisional balance is the relationship between the pros and cons of changing a specific behavior. This marker of change has been found to play an important role in the earlier stages of change (i.e., pre-contemplation and contemplation) when the decisional balance is still tipping in favor of the cons of change or the status quo. The primary task of the pre-contemplation and contemplation stages of change is to tip the decisional balance in favor of change.

Self-efficacy and temptation have an expected interaction effect in the TTM. In earlier stages of change, it has been found that self-efficacy (confidence to perform a specific task or behavior) is low and temptation (to return to the problem behavior) is high where as in the later stages self-efficacy increases and temptation decreases. Measuring and tracking temptation has been found to be a useful tool in determining and designing change plans.

Context of Change:

The contexts of change are domains in which functioning can either complicate or complement the change efforts depending upon the unique characteristics of the person attempting to change the target behavior. The context of change was originally termed the levels of change (DiClemente,

2003) because they were thought to interact in a hierarchical manner. The levels of change became the context of change “because these areas surround as well as interact with the individual’s movement through the process of changing any single behavior pattern.” (DiClemente, 2003, p. 40).

The context of change, depending on how they relate to the desired change can impact the process of change in an idiosyncratic manner. For example, one person’s social system, interpersonal relationships and current life situation may be supportive of change where as another person’s current life situation, beliefs and attitudes, and personality characteristics may be an obstacle to implementing a change plan. A person’s resources in these areas promote recovery and change –

Recovery and wellness capital and a person’s liabilities in these areas can hinder change –

It should be no surprise that a person with high Recovery and Wellness Capital will do better implementing a change plan than someone with more recovery and wellness liabilities or less recovery and wellness capital.