

STAGES OF CHANGE

(Modified from Prochaska and Diclemente 1994)

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Facts about Change

- Change always happens and is inevitable.
- Only 20% of the population conquers a problematic behavior on the first try. Most of us will take on average 8 attempts before conquering the behavior.
- Changers are *learners*. *Will* is only a minor part of change.
- Change happens in specific predictable stages.
- Each stage of change requires the mastery of specific skills or processes.
- Most of us are at different stages of change for different behaviors. The more advance in the stages, the more the likelihood of successful change.
- Although not everyone is ready to change, this book is for everyone. Knowing your stage of change will help you develop the skills you need for that change.

Many times over we are confronted by environmental (external) or psychological (internal) demands for action, and at times, change. As discussed earlier about stress and coping, our habits and skills serve to help us cope and adapt to demands, sometimes in health ways other times unhealthy, much like having a cigarette after an argument with the boss. Overwhelmed by post-Katrina demands many people find that temporary coping skills took a life of their own and became -habits-, behaviors that are deeply engrained and that are associated with certain cues, for example, like the person that takes the habit of eating a late snack whether hungry or not, anxious or bored. The body learns to recognize patterns and expects the same.

At any given time in our lives, many of us can identify at least one problematic behavior that we wish to change and that motivated you to take this workshop or read this book. For some will be overeating and obesity, for others, a newly diagnosed medical condition like hypertension, cancer, alcoholism or diabetes; others seek help after a scary life threatening event for example post-heart attack. Some people come after their sense of self and normalcy is threatened by a change in health, an accident, their first DWI, or an interpersonal problem. Sam in his late thirties was taken by surprise when his wife and mother of two children filed for divorce without prior notice, or without Sam “knowing” that there was something wrong in their relationship (in hindsight Sam later saw the many things that were wrong in his marriage). The death of a spouse to second hand smoking, losing one’s job, or the newly discovered addiction in a teenage daughter can shake the sense of who we are to the core. It is at these watershed times fortunately, that the pain and suffering serve to foster change, often long lasting.

In your first session, you drew a picture of who you are as you see yourself today, and a second picture of how you see yourself in the future. The point is that while many of us has some idea of the thing or things we want to change and the general direction we wish to take, and some even know exactly what to do, only about 20% of us at any given time will be ready to take the necessary steps to get there. You and your group members may be already part of that 20% by the fact that you joined this 10-week mind-body medicine program however, my experience is that even among the 15 of you who were motivated enough to call, wait for the next group to begin, show up for the first session and even to the

second one!, there are some people who are not ready to change. A few even drop out of the course! The reason is that you are a representative sample of the population when it comes to change. Ninety percent of programs for change target that small 20% of active changers, so what about the other 80%? And more specifically, what's in this program for me if I am one of the majorities of non-active changers? The answer is that this program can help you no matter what group you belong to by helping you set different goals and expectations tailored for your stage of change.

The Stages of Change

In change, as in many other aspects of life, timing is everything writes one of the leading -change specialists James O. Prochaska from the University of Rhode Island.

In the late 70's James Prochaska and Carlo DiClemente were puzzled by the changes produced by all forms of therapy, and those achieved by self-changers. They asked if change could be measured and most important, what processes' were underlying change. They took to study smokers, at the time the largest group of people desiring to change and stop smoking. After thousands of hours of interviews a pattern emerged that was practically identified in any individual in the journey of change. Change was revealed and thus stopped being a mystery to become a predictable and measurable endeavor.

As Prochaska and DiClemente discovered, change happens in discrete predictable stages. Each with its own characteristic challenges, risks and requirements for advancement into the next one. The seven stages of change are: Precontemplation, contemplation, preparation, action, maintenance, termination and relapse. Fig 1.

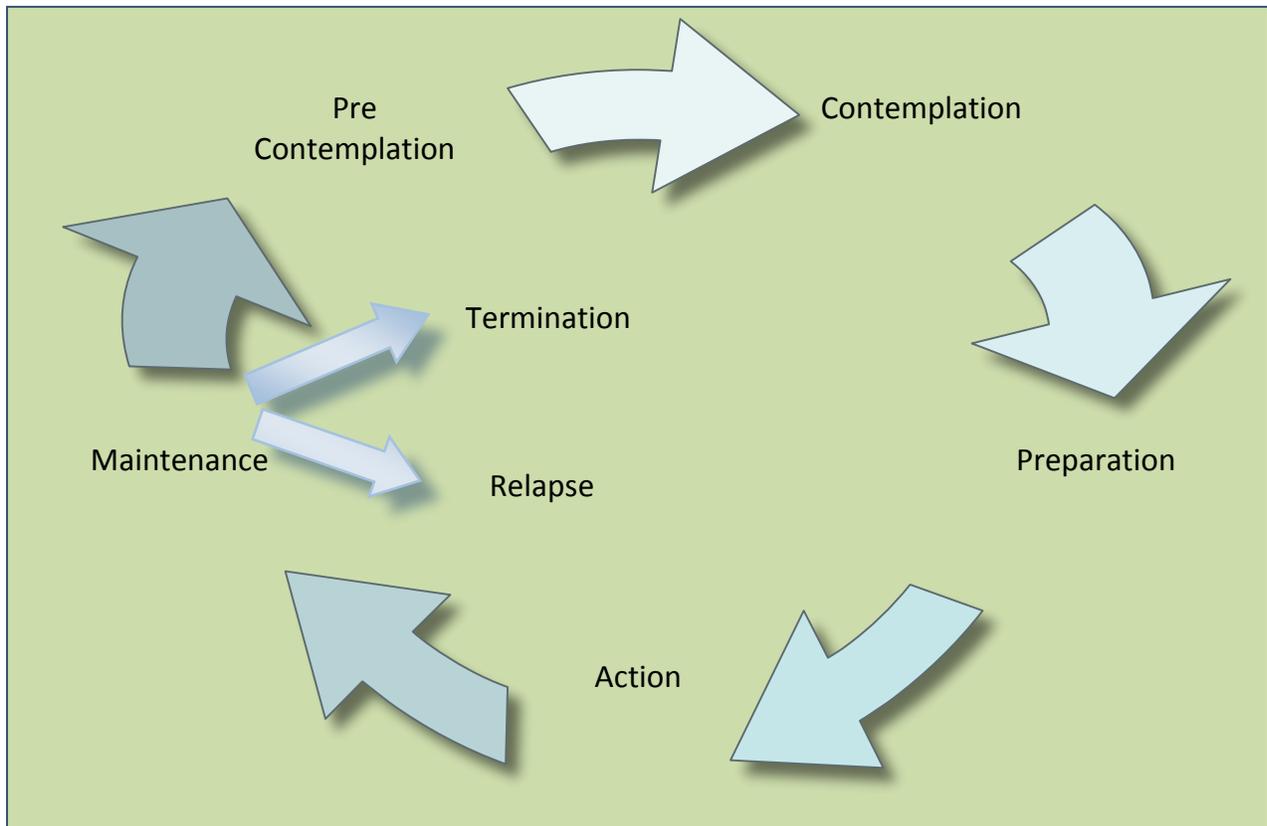


Fig 1. Prochaska and DiClemente Stages of Change.

Change happens gradually as we move from one stage to the next one. Each stage takes time and entails a series of tasks that need to be completed before progressing to the next stage. On the other hand, each stage does not invariably lead to the next; -it is possible to get stuck in one stage or another. However, understanding the process and the tasks required to move forward among stages, you can gain control over the cycle, moving through it quicker, more effectively and with less suffering.

This program will not make you change neither will reduce your stress. Rather it will help you figure out where are you in the stages of change cycle for your problem/s; it will assist you developing the necessary skills to move forward, and it will teach you a set of tools that will help ameliorate the suffering you may experience. Stress reduction is if you may, a *side effect* of the program.

Successful change requires

1. To know what stage you are in;
2. To spend the time to develop and master the skills necessary to advance between stages and
3. To set realistic goals for change.

Moderate healthy eating is a reasonable goal for change, as is abstinence from cigarettes, drugs or other addictive behaviors. The ability to experience sadness and anger without a full blown relapse into a major depressive episode are also realistic goals.

Often, what happens is that people rush to action without the scaffolding provided by skills to support change. These individuals often find themselves eating unhealthy again after a successful dieting period; or relapsing into smoking. In both cases more demoralized than before attempting. On the other hand, spending too much time in one of these stages may delay your acting to change your problem. Marisa is a 40 year old intelligent and good looking woman “stuck” in an unhealthy marriage and in an unsatisfying profession. She’s been in therapy for many years now and still thinking on how to make the moves necessary to leave her marriage and change professions. “I like to think a lot and look at all possibilities” ...but so is her therapist leaving her in a constant stage of contemplation.

The 7 stages of change are:

Precontemplation: In this stage the person does not know she/he has a problem, although people around them may notice it. Ben drinks excessively every evening while cooking for his family. He becomes irritable, impatient and secluded. He watches TV for hours until he passes out. His family avoids him altogether and is afraid of bringing his drinking up because he gets angry and defensive and denies he has a problem. “I don’t have a drinking problem. I don’t drink during the day!, besides is you who has a problem with your attitudes” retorts to his wife.

Contemplation: In this stage the person believes she/he has a problem with a behavior and is contemplating changing, but not yet, usually within the next six months.

Preparation: In this stage the person begins to make preparations for changing. She or he reads about the problem more in depth and begins to draw of a plan. Zack who drinks begins to count how many drinks he stakes; Margaret keeps a diary of her cravings for cigarettes and the circumstances that lead to smoking. Adam is putting all his cigarette butts in a jar with water so he can watch the deadly concoction daily. Mary Ann begins to see that she eats more after she has a drink. People in this stage also begin to test techniques to avoid the behaviors they want to change, and to develop a plan of action and a crisis plan.

Action: This stage for many begins with a set up date to put into place the action the plan. Mark had his last cigarette on June the 18th. That weekend he stayed home because he knew the temptation to smoke would be unbearable if he was out and about and began to use all the techniques he practiced to avoid smoking during his preparation stage. Since November 8th Lou has been practicing breathing techniques, counting to ten and visualizing a religious image of compassion to avoid lashing out angrily at his wife and children. Sofia made a commitment to meditate daily beginning September 12th.

Maintenance: When people have managed not to engage in problematic behaviors for two to three months and begin to shift from a day to day action plan to a long term plan, they are shifting towards the maintenance stage. In this stage the challenges will be different. Cravings and temptations are mastered for the day to day most commonly encountered situations. At this point risks come from unplanned rare occurrences. Toni has not had a drink in eight months when he found himself on a business trip over his birthday. Far from home and feeling sad about not spending the time with his family coupled with his desire to celebrate, a business partner presses him for a drink. Joel has lost 25 pounds on his exercise and diet plan. Over the holidays he begins to tell himself that he’s done so well and can manage eating a treat here and there “over the holidays”.

Termination: This stage is characterized by long standing healthy behavior that completely supplanted the unhealthy ones. Cravings and threats are no longer an issue and the person has developed a new sense of self. This stage is controversial for some behaviors. Many members of Alcoholics Anonymous who had achieved 30 years of sobriety for example, would prefer to say that they are on perpetual maintenance. Margie who smoked marijuana on a daily basis years ago would not even think of marijuana as a possibility in her life any more. The cravings, the temptations, the role marijuana played are no longer there and she feels a different person altogether. She has entered the termination stage for that behavior. For other behaviors like sex, or eating, abstinence may not be an option but reduced, controlled and planned behavior.

Relapse and lapse: Many of us will engage in our problematic behavior after a period of time of successful maintenance or successful action. Most commonly lapses and relapses are associated with intense emotional experiences: sadness, anger, loneliness, physical hurt or illness. A *lapse* is a brief slip into old maladaptive behaviors that stop promptly and then used as learning opportunities. Tameka overate twice over Thanksgiving but managed to get back on track this time planning what to do during holidays for example. For others, a slip will turn into a full relapse of maladaptive behaviors, usually bringing them back into the contemplation stage and occasionally to the precontemplation stage. What makes some people have a lapse versus a relapse has often to do with a rigid all-or-nothing mentality, called by Marlatt the “Abstinence violation effect”. Henri had a drink and said “if I used once, is all over, I might as well just do it” ; Joan thought to herself “if I can’t practice self care for 45 minutes a day I might as well not practice at all”. For others relapses are associated with the lack of a carefully constructed action plan. This happens often when people rush through the preparation stage and dive into action. New Year’s and birthday resolutions are good examples of rushing without planning. Research has shown that up to half of Americans begin self-change at the beginning of each New Year. At 1 week 77 percent of resolutions are still holding; the success rate drops to 55% at one month, 40% after six months and 19% after two years. (Prochaska 1994).

Know your Stage of Change

Self assessment is the first step towards change. As you move from stage to stage you will improve your ability to successfully change into maintenance. The stages of change can also predict how successful action can be. For example, a study by Prochaska (Ibid) showed that only 6% of people who jumped from pre-contemplation to action were abstinent at 18 months, compared to 15% of people who began in contemplation and to 24% of people who moved to the action stage from the preparation stage.

Regarding the problem behavior you know you wish to change, or you’ve been told about, respond to the following simple statements about your behavior:

1. Are you seriously considering overcoming your problem within the next six months?.
2. Are you planning to overcome your problem in the next 30 days (and perhaps taking small steps to do so)?
3. Are you now actively overcoming your problem?
4. You have not engaged in your problem behavior for the last 6 months.

Know what processes' and skills are most appropriate for you stage of change

The following processes or skills are mostly used by people as they pass through different stages. Although not stage specific, they are most helpful during a particular stage. Table1.

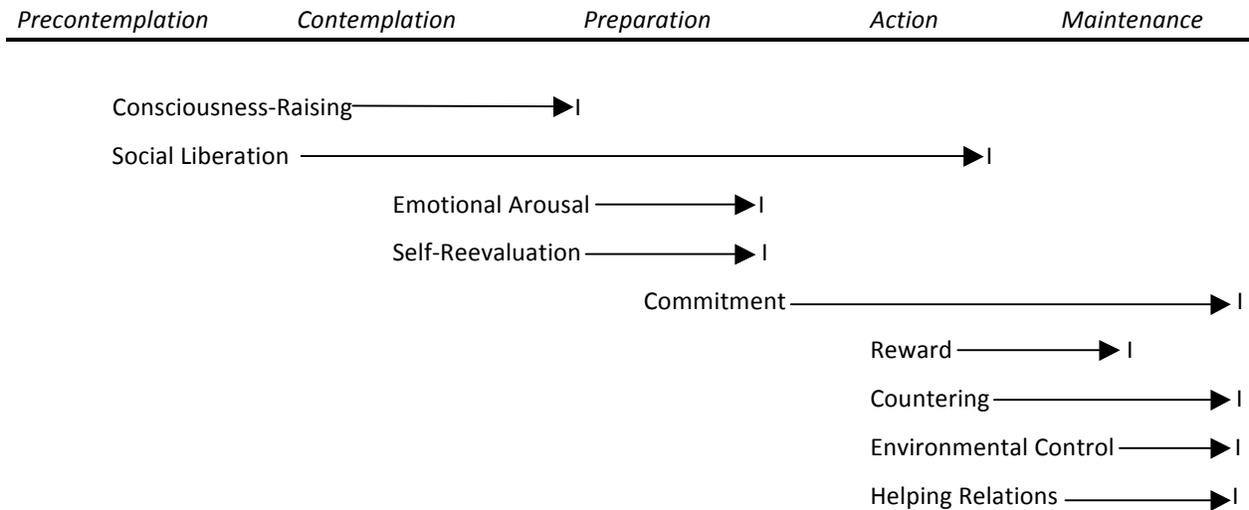


Table 1: Processes/Skills which are helpful for each stage of change.

- Consciousness Rising:** Self knowledge is a pre-requisite for self-care. Consciousness rising refers to the act of increasing knowledge about the your problem, its triggers, its short and long term consequences, the physical, mental, spiritual manifestations of the problem and its impact on your physical and mental health; its impact on your relationships and you ability to function, its impact on your image of who you are, and on your ability to get where you want to be. In short, how is this problem brings you closer or further from your ideal self? The dialogue with a symptom, your journaling, drawings and the [behavioral analysis chart](#) (annexed) will help you deepen your understanding of the problem. Seek out information already available in books, websites, or through interest groups. The old Chinese saying best describes consciousness rising: "Keep your friends close, and you enemies *closer*".
- Social Liberation:** This involves taking advantage of already available alternatives to support your changing efforts. For the person trying to quit smoking social liberation is the use of non-smoking facilities. For the person on a diet social liberation involves the use of restaurants with -Low Fat Low Cabs- menus. Support groups, advocacy groups, fellowships and study groups help pave the way for those who want o change and may be a great resource for you.
- Emotional Arousal:** Beyond the mental or theoretical understanding of a problem, *emotional understanding* is a deeper form of experience. Many of us isolate emotions from the behavior we do routinely as a mechanism of defense. Connecting the behavior or its consequences with their emotions is a powerful motivator to change. Emotional arousal often comes from true life experiences. Most people at our groups for example, come to their need for change out of a near death experience, a divorce, los of a job, a hospitalization for addictions, a recent diagnose of cancer, or death of a loved one. For many others, the pulling small hand of a toddler asking for our attention while we watch TV is sometimes just what it takes to confront us with our petty habits. For others is their first DWI. For a doctor it may be missing her/his baby's wakeful hours for a few years

due to overwork what may trigger the desire to change. These *a-ha* moments come sporadically but are not rare. Reading about similar stories to ours in the news, or in books, or watching movies and documentaries or listening to others talk about their similar problems to yours (as in AA or support groups for example) are powerful ways to create emotional arousal for your benefit.

- *Self-Reevaluation*: Are you willing, and able to address your problem? In addition to what was described for consciousness rising, self-reevaluation will ask you to do a -pro's and cons'- list for you problem (annex) in order to identify what may will motivate you or prevent you from change. Several of the techniques taught in this book or program like the use of genograms (family trees to identify family patterns) the use of journaling or drawing -a) how do you see yourself in the future, b) how do you see yourself now and c) what is your biggest problem are simple but effective ways of self-reevaluation.
- *Commitment* Is taking charge and responsibility to change. Commitment is best taken in smaller but empowering steps. Many people coming to our groups cannot commit to a life engagement to daily mind-body skills practice, but they can commit to attend ten weekly sessions for a few hours. Others commit to the weekly attendance but cannot commit to daily practice of the skills between sessions. Commitment requires taking stock and engaging for a period of time that is reasonable for you while pushing a bit your limits, and then, re-committing to another period. Mark changed his dietary habits and loss 80 pounds 6 years ago, and did it committing to carefully plan one meal at a time, and exercise one day at a time. "One day at a time" is all that is required, providing that is renewable.
Commitment has also two steps: a private step when you make your personal assurance to change quietly to yourself, and a public step. While private commitments are necessary for change, going public will bring forth a stronger will to continue when the process of change becomes difficult. This "Putting yourself out there" like the self-introductory "I am John and I am an alcoholic" as done in AA meetings requires courage, humbleness, and summons up social support for your cause. In addition, for many accepting their imperfection in public is a liberating experience in a way that frees the best part on one self for the sake of betterment and wholeness.
- *Countering* is simply substituting one behavior for a healthier one: exercise, group meetings, meditation, chewing gum instead of smoking, breathing instead of yelling, praying instead of eating etc... Exercise and some meditation practice are good substitutes with a great deal of benefits behind them scientifically proven. We will discuss more about exercise and mediation later in the next chapters.
- *Environment Control* involves restructuring your environment so the probability of a problem-causing event is reduced. Scheduling daily mind skills practice in writing into your daily schedule, or carrying a bracelet to remind you of your commitments, or simply removing ashtrays and lighters or your favorite snacks out of your house.
- *Rewards* are the most powerful reinforces of behaviors in nature. Rewarding yourself entails treating yourself after you achieve prior set goals. Praising yourself for your achievement or giving yourself a present are simple ways to encourage you to go on. At the heart of reward lies the need to be gentler and kinder to ourselves. Problem behaviors and kindness to oneself often stand opposite to each other and are contradictions. Wholehearted kindness to oneself is the perfect

antidote to our compulsions and addictions. In this way, the practice of self knowledge and change becomes a self caring act and a way of reclaiming our true nature as sentient beings.

- *Helping Relationships* Enlisting or eliciting help from friends, family, co-workers, clergy or teammates is a way of receiving support, care, understanding, acceptance and often, wisdom. The wisdom of those who have walked the way before you. While the work, benefits, and difficulties of self-change and self-knowledge are individual, you don't have to do it alone. For some people the fear of embarrassment that comes from asking for help and support impedes them from reaching out. As you will learn in subsequent chapters, when you see the fear arising, letting the fear come and letting it go is your best way to set fear aside and do what will increase your chances of success.

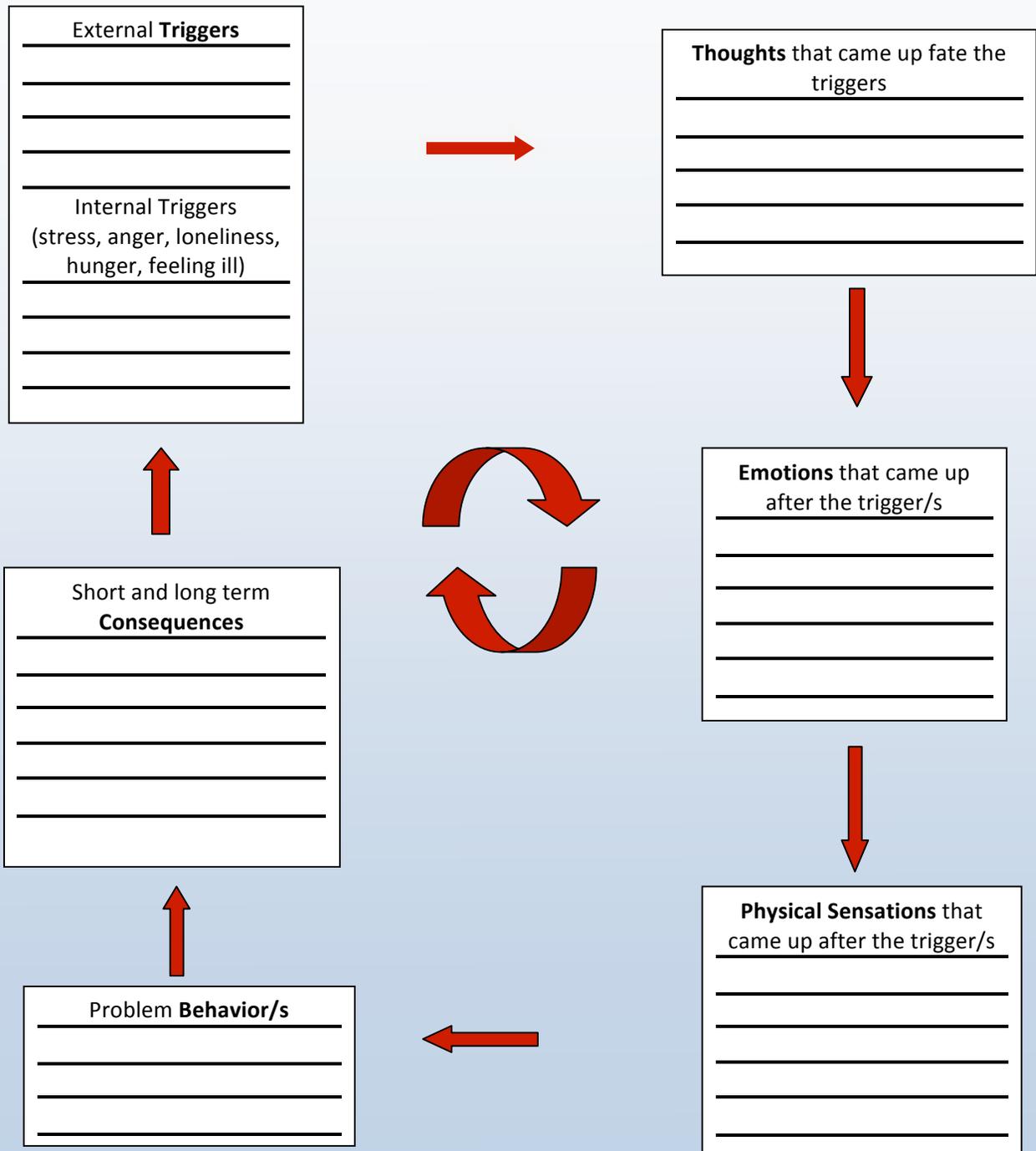
Conclusions

Self-Change preceded by self-knowledge is possible measurable and predictable. Learning what stage of change you are for a particular problem is necessary for you to identify and use the skills that are most appropriate for your stage of change.

With that in mind, this book/workshop is aimed for everybody, from those in the precontemplation stages to those in maintenance learning how to avert relapse into problem behaviors. After finding what stage of change you are in, take the time to identify which skills are best suited for your stage of change. The use of different forms of meditation and other mind-body and cognitive-behavioral skills are meant to increase will serve everybody alike but for different reasons. For the person in precontemplation, meditation can be a form of relaxation never achieved before through her/his problem behaviors, and a way of self-reevaluation. For the person in action, meditation will help reduce reactivity of the body, the mind and behaviors while she/he develop countering techniques, in this way, reaction gives way to *response*. Taking a few minutes to breathe before practicing any skill will summon our attention in a state of relaxed awareness, a state where learning is possible. The mind body techniques taught are scientifically validated techniques that function as building blocks if you may on top of which you can journey through the stages of change in a way that is organic, empowering and self-reliant, but also that can complement harmoniously with any other form of professional help you use or discipline you practice.

ANNEX

Behavioral Chain Analysis: This chain analysis takes the premise that problem behaviors occur not in a vacuum but as a result of external and internal triggers that elicit or provoke thought patterns, emotions and ultimately *behaviors to care for those emotions*. For your problem behavior, fill-in the information for all the links. This exercise can help you identify the layers of complexity behind many of our behaviors so you can deal with the problem more effectively. Preparation for change, action and maintenance require the skillful use of techniques to address many if not all the chains of your problem behaviors.



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