

# The Transtheoretical Model and Stages of Change

## TTM

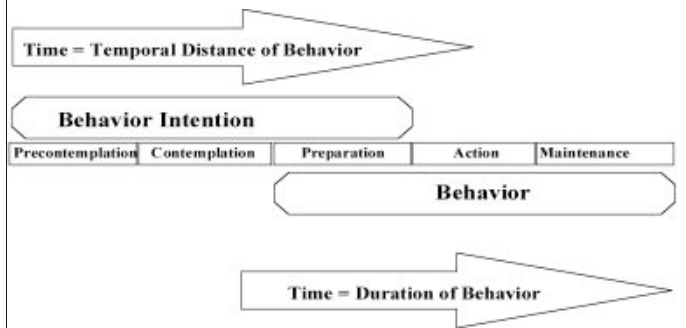
- Integrates a variety of theories into a large model based on stages of change in behavior
- Prominent author: James O. Prochaska
- 1983
- Based on qualitative analysis of ten processes of change in psychology

## TTM Constructs



- Stage Construct
- Temporal dimension
- Change is a process-involving event that takes place in six stages

## Temporal Dimension of TTM



## Precontemplation

- No intention to take action in the next 6 months
- Uninformed
- Demoralized
- Tendency to avoid getting information about risky behaviors



## Contemplation

- Intention to change within the next 6 months
- Acutely aware of reasons NOT to change
- Also aware of the pros of changing
- Ambivalence
- Can last for years

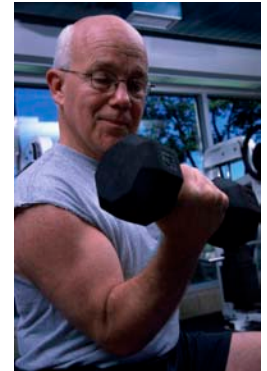


## Preparation



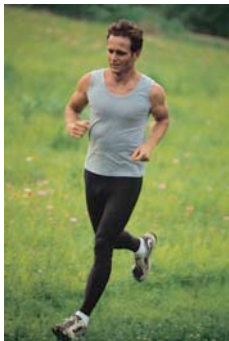
- Intention to take action in the next month
- Plan of Action exists
- Good candidate for action-oriented programs

## Action



- Specific overt changes have been made in the last 6 months
- Extent of behavior change must be sufficient to reduce risks of disease
- Vigilance against relapse is critical

## Maintenance

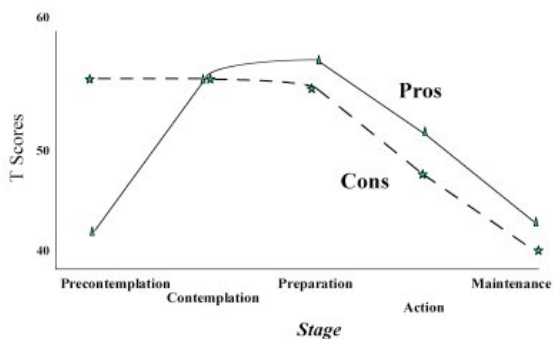


- Strive to prevent relapse
- Confidence has increased
- Length of time is inversely proportional to relapse rate

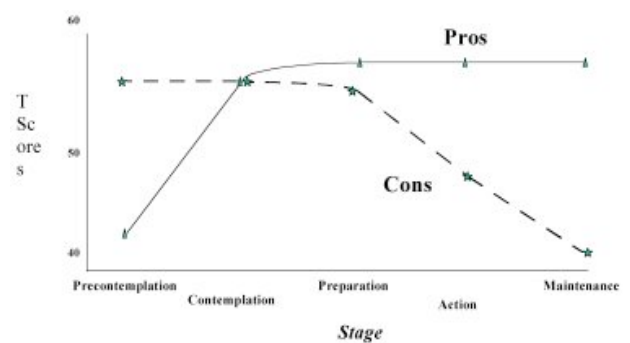
## Decisional Balance

- Simple structure of Pro vs. Con
- Importance of each Pro & Con is weighted
- At each stage, there is a different relationship between Pro & Con

## The Decisional Balance



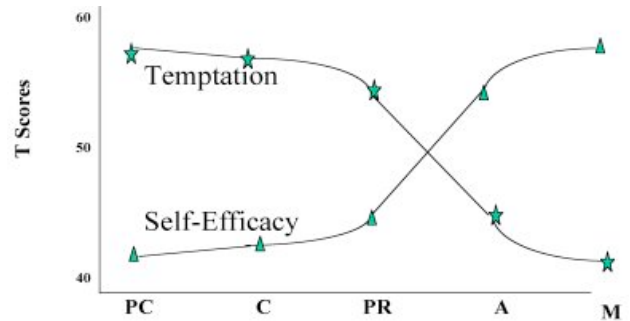
## The Decisional Balance



# Smoking vs. Exercising

- Pros & Cons of Smoking become less relevant as cessation of smoking continues
- Pros of exercise must stay high to sustain continued engagement in the activity

# Self Efficacy & Temptation



# Sources of Temptation



- Negative Affect/ Emotional Distress
- Positive Social Situations
- Craving

# Processes of Change

- Can be divided into two categories:
  1. **Cognitive-affective**
  2. **Behavioral**
- “the most interesting and useful research advances for the TTM are the continued reliable relationships between the *stages and processes* of change.”

# Processes of Change

Processes of change	
Consciousness raising	Finding and learning new facts, ideas, and tips that support the healthy behavior change
Dramatic relief	Experiencing the negative emotions (fear, anxiety, worry) that go along with unhealthy behavioral risks
Self-reevaluation	Realizing that the behavior change is an important part of one's identity as a person
Environmental reevaluation	Realizing the negative impact of the unhealthy behavior or the positive impact of the healthy behavior on one's proximal social and physical environment
Self-liberation	Making a firm commitment to change
Helping relationships	Seeking and using social support for the healthy behavior change
Counterconditioning	Substituting healthier alternative behaviors and cognitions for the unhealthy behavior
Reinforcement management	Increasing the rewards for the positive behavior change and decreasing the rewards of the unhealthy behavior
Stimulus control	Removing reminders or cues to engage in the unhealthy behavior and adding cues or reminders to engage in the healthy behavior
Social liberation	Realizing that the social norms are changing in the direction of supporting the healthy behavior change

# Processes of Change

TABLE 5.2. PROCESSES OF CHANGE THAT MEDIATE PROGRESSION BETWEEN THE STAGES OF CHANGE.

Processes	Stages of Change				
	Precontemplation	Contemplation	Preparation	Action	Maintenance
Consciousness raising					
Dramatic relief					
Environmental reevaluation					
Self-reevaluation					
Self-liberation					
Counterconditioning					
Helping relationships					
Reinforcement management					
Stimulus control					

Note: Social liberation was omitted due to its unclear relationship to the stages.

**Table 1.** Constructs from Each Model of Health Behavior Organized by Stages of Change to Predict Greatest Efficacy in Changing Behavior

Theory	Stage of Change				
	Precontemplation	Contemplation	Preparation	Action	Maintenance
<b>HBM</b>	perceived threat	perceived benefits	perceived barriers		
<b>RAM</b>	subjective norms	assessment of behavior and outcome			
<b>SRT</b>	standards of behavior			self-monitoring	
<b>GST</b>		arousal	goal identification	feedback & rewards	
<b>OTHER</b>	explanatory style  health locus of control	self-efficacy			

**Note:** HBM: Health Belief Model; RAM: Reasoned Action Model; SRT: Self-Regulation Theory; GST: Goal Setting Theory.

## TTM Assumptions

- No single theory accounts for all HB change
- Change occurs over time and in stages
- Stages are stable and open to change
- Most at-risk populations are in precontemplation or contemplation
- Interventions need to be stage-specific

## Stage Distribution

- Smoking in the U.S. (textbook)
- <20% in preparation stage
- 40% in Contemplation
- 40% in Pre-Contemplation

## Application: Smoking

- Five Stages (excludes termination)
- Interventions based on stage of change
  - Self-help manuals
  - Individualized feedback
  - Counseling based on stage & feedback
    - Goal: get patient to advance one stage after a brief intervention

## TTM: Strengths

- Recognizes the temporal nature of change
- Identifies groups who will be most open to certain interventions
- Can address multiple behaviors (but not well tested)

## TTM: Weaknesses

- Transtheoretical, but constructs from the theories aren't well integrated into the model
- Relationships between variables not well established
- Predictive power limited
- Tailored interventions crucial but time-consuming and expensive