

Worksheet 4.1: Stages of Change Model

In simple terms recovery involves a cycle of change that might look like this:

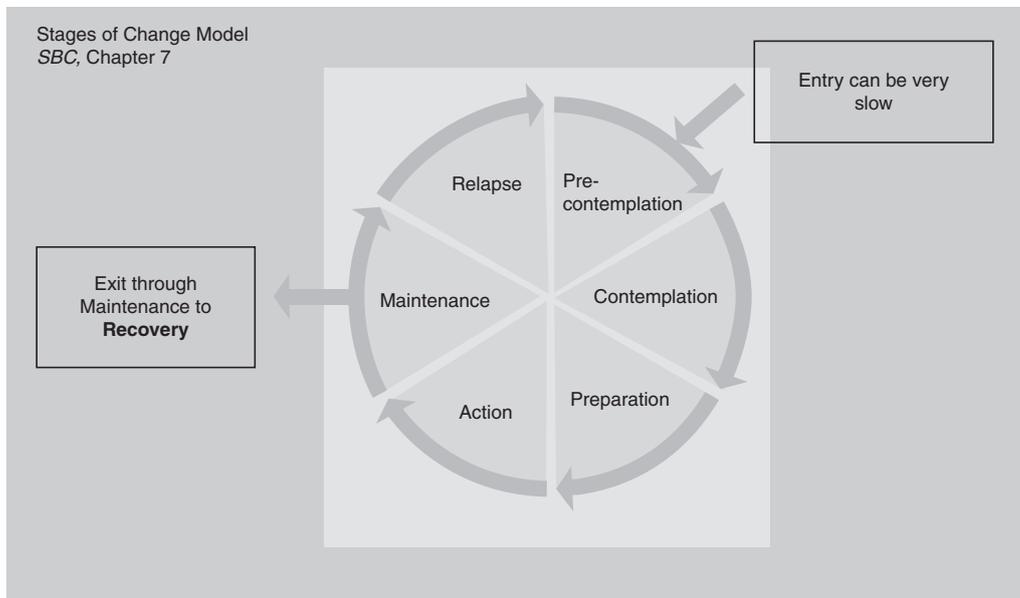


Figure 4.7 The Stages of Change Model

This model describes the process a person has to go through to make permanent change. It is a tool used in ED therapy and in many other therapeutic arenas. The boundaries are not clear cut, this is a general process that can be used as a guide. The stages are described in *SBC* on pp. 70–2.

Pre-contemplation. Not seeing there is a problem (anosognosia) or seeing there is a problem, but not willing to change it. The sufferer may truly believe there is nothing wrong, or might be rationalising it in their own minds: 'I have just been a bit stressed with work lately, I'm eating loads, honestly.' They may be genuinely confused about your concerns and feel threatened by your attempts to change them, remove ED and/or fix things that don't need to be fixed. In addition Edi might have experienced other parts of the cycle of change in the past and believe that all treatment will be ineffective because past treatment has failed. Pre-contemplation can become persistent and a difficult stage to break through.

Contemplation. Understands there is a problem, but may still be ambivalent about change. Part of them wants to change, the other part is resistant. It could be that the balance is not weighted highly enough for change, or they are not confident enough in their ability for change. Likely to say one thing ('I will eat') and do another (not eat!).

Preparation/determination. The person has decided to change and is making plans. This can be a fragile stage.

Action. Has made a start at making changes. This stage presents many difficulties for Edi and SMART baby steps within a series of carefully planned experiments is much more likely to yield some positive steps forward.

Maintenance. Has started maintaining the action they decided on and are resisting relapse.

Relapse. May be a momentary relapse or longer, but always an important chance to learn from mistakes. Relapse and re-entering the cycle at an earlier stage is possible at any point, and this is all part of the necessary change process.

Going around the cycle is not a smooth clockwise movement. An individual might go around the cycle many times and move backwards and forwards between each stage. An individual might be firmly in action about one part of their recovery, but very much in pre-contemplation about another: for example, Sam was sticking religiously to his meal plan but could not see why he should reduce his excessive exercise routine.

A more realistic model might look like this:

The Stages of Change Model

SBC, Chapter 7, pp. 69–85

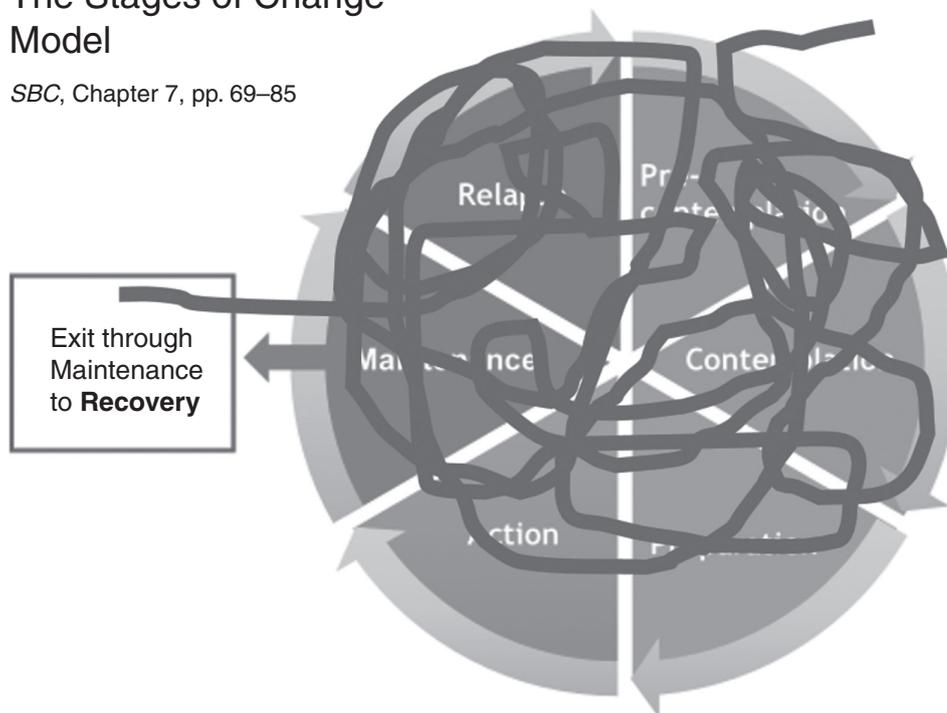


Figure 4.8 The Stages of Change Model. This version illustrates that in reality the recovery process has many twists and turns akin to a rollercoaster

Consider the following:

Q: Where are you as carer in the cycle of change?

Q: Where is your loved one in the cycle of change?

Q. What problems might this lead to?

This model of the cycle of change can help you to understand the importance of coming alongside your loved one and walking at a pace that is comfortable for them. Rushing someone who is not ready to change can send them further back towards pre-contemplation.