The Trans-Theoretical Model (TTM) (Stages of Change)

Trans-Theoretical Model (TTM) (Prochaska & DiClemente, 1982; Prochaska, DiClemente, & Norcross, 1992) provides a way to understand the cognitive process for human change. The knowledge regarding how and why change occurs among individuals is important for understanding the rationale for the design of the ongoing family functioning assessment and has direct implications for how ongoing case managers should behave when intervening with caregivers.

The premise of TTM is that human change is a progressive cyclical mental and behavioral process that occurs as a matter of personal caregiver choice and intention. Working from this perspective, the ongoing case manager seeks to engage caregivers in conversations that are intended to promote problem recognition, if not acceptance, and reinforce a caregiver’s internal desire for change. Adopting the principle assertion of TTM that change can be facilitated by influencing internal motivation, the conversations that occur with caregivers during the ongoing protective capacity assessment attempt to raise self-awareness regarding the need for change, to instill hope for change and to elicit caregiver input regarding what must change related to caregiver protective capacities.

**Stages of Change**

The stages of change embody the dynamic and motivational aspects of the process of change described in TTM. There are five sequential stages that people move through when considering the impact of personal problems, thinking about the need for change and eventually making choices about doing something to change. Rarely do individuals move through the stages of change in a prescriptive linear way. More often, when individuals are struggling to make choices regarding the need for change, there is a tendency to vacillate between problem recognition and problem denial; between wanting to do something to change and insecurity about the ability to change; between taking steps to change and relapsing back into problem behavior.

The stages of change provide ongoing case managers with a realistic model for understanding the difficulties that caregivers face in making choices regarding change and the challenges that are evident when intervening with caregivers to help facilitate that change. Understanding the stages that a caregiver goes through to make choices regarding change is crucial for providing ongoing
case managers with a rationale for how to interact with caregivers during the ongoing PCA process, including being non-judgmental; supporting self-determination; creating discrepancy for change; exploring intentions for change; considering what caregivers are ready, willing and able to do; encouraging and instilling hope for change; and providing options.

**Pre-Contemplation: Not Ready to Change!**

The caregiver is communicating during ongoing protective capacity assessment conversations that he/she does not acknowledge that there are problems, and he/she does not consider the need to change. The caregiver who is in the pre-contemplation stage of change tends to demonstrate some level of resistance. He/she is reluctant to participate in conversations during the ongoing protective capacity assessment. He/she may express “fake cooperation” as a form of resistant and may even acknowledge that he/she is willing to complete services but in reality does not have intentions to change or does not believe that change is possible. He/she may be rationalizing problems or blaming others; making excuses; or accusing the ongoing case manager of interfering in their lives. He/she could be actively rebelling against intervention by being overtly argumentative during conversations.

Most caregivers who begin the ongoing case management process do so as involuntary clients. These caregivers tend to be in pre-contemplation about all or some of the problems that were identified during the investigation. They likely feel forced or coerced to be involved with case management and as a result, they feel a sense of powerlessness.

**Contemplation: Thinking About Change**

Caregivers may begin the ongoing protective capacity assessment process thinking about problems and considering the need to change, but they have likely not made a decision that change is necessary. The conversations that occur during the ongoing protective capacity assessment are intended to facilitate caregivers to begin weighing the pros and cons for change. Caregivers who are in the contemplation stage for change are ambivalent. They consider the need for change, but they are hesitant to fully acknowledge problems, and they are not sure they want to give up negative patterns of behavior.

When caregivers begin the assessment as highly resistant, efforts to facilitate change should concentrate on moving caregivers from pre-contemplation to a mindset of contemplating the
need for change. Simply getting caregivers to minimally acknowledge problems and start thinking about the need for change is a realistic objective for intervention in the short term when caregivers are very resistant to participating in the ongoing protective capacity assessment and much less open to thinking about change.

**Preparation: Getting Ready to Make a Change**

As a result of the self-awareness raising that occurs during the ongoing protective capacity assessment, many caregivers will move toward taking increasing ownership for their problems (or at least some of their problems), and they will start talking about not only the need for change but what specific behavioral change would look like. When conversations are productive with respect to eliciting caregiver feedback regarding what must change, there emerges a period of time when a window of opportunity opens for engaging caregivers to commit to taking steps to change.

**Action: Ready to Make a Change**

Caregivers who are in the action stage are not only taking steps to change, including participating in a change process with the ongoing case manager and other changed-focused services, but they also express a belief and attitude that the actions taken to address problems will result in things being different. In effect, when a caregiver completes the ongoing protective capacity assessment process and commits himself/herself to participating in services and working toward achieving expected outcomes and case plan outcomes, he/she is moving into action stage. If at the conclusion of the ongoing protective capacity assessment or in the months following the implementation of the case plan, a caregiver communicates that he/she is ready, willing and able to make change and then proceeds to take the steps to do so, he/she is in the action stage.

**Maintenance: Continuing to Support the Behavior Change**

A caregiver does not reach the maintenance stage of change until he/she demonstrates sustained behavioral change for at least six months. Caregivers may still be actively involved in completing their case plans and participating in services, but significant progress has been made toward the achievement of expected outcomes and outcomes related to caregiver protective capacities and child well-being. It is important to note that a caregiver is not likely to be in the
maintenance stage for all expected outcomes in the case plan at the same time. In most cases, it will be more likely that caregivers could be in the maintenance stage for one outcome related to caregiver protective capacities while remaining in the action stage or even contemplation stage related to other outcomes. In ongoing case management, the change process is evaluated at least every 90 days, or at critical juncture, during the ongoing case management and services to determine when sufficient change has occurred such that no intervention is required and the case can be closed.