

The Transtheoretical Theory of Change

Vivian Weinstein Day
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Agenda

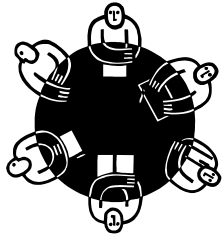
- Introduction/Purpose
- Listening to Families- Juana
- Traditional Model
- Rethinking Denial
 - Barriers to Competence and Confidence
- Transtheoretical Model of Behavior Change
- Supporting Knowledge and Skills Acquisition





Participant or
Subject ?

Purpose



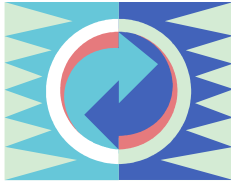
Confidence and Competence

Juana

Traditional Model

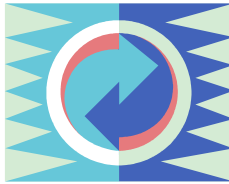
- The Stages of Grief
(Kubler-Ross, Elisabeth, 1969.)

- Denial
- Anger
- Bargaining
- Depression
- Acceptance



Limits of the Traditional Model

- Only describes emotions
- May be used to describe behaviors and actions only through the lens of emotion.
 - ex. A parent misses a lot of appointments, so she must be in denial.



Denial Is Just a River in Egypt



Rethinking Denial: Is Acceptance Enough?

Acceptance: My Keys Are Lost.

Do any of these feelings
help you find your keys?



Rethinking Denial: Is Knowledge Enough



Rethinking Denial: Are Skills Enough



Barriers to Coping and Participation

- ▶ Knowledge
- ▶ Skills
- ▶ Time
- ▶ Energy
- ▶ Complex systems,
- ▶ Poverty,
- ▶ Transportation,
- ▶ Their own challenges
- ▶ Fear of criticism
- ▶ Stigma
- ▶ New to all of this
- ▶ Needs of Other Children
- ▶ Work
- ▶ Culture
- ▶ Language
- ▶ Philosophy
- ▶ Temperament
- ▶ Capacity
- ▶ Other demands
- ▶ Isolation
- ▶ Services mandated rather than sought

and on and on and on and on and on...

Barriers Particular to Families of Children 0-3

- New parents
- Demands of caring for a young child
- Parenting from a distance
- Too much, too fast



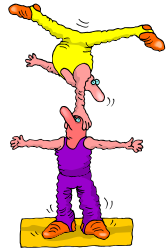
The Terrible Twins

- ▶ Denial and Compliance
- ▶ Neither supports confident and competent participation
- ▶ Both convey
 - ▶ Judgment
 - ▶ Authority



Instead

- Partner with families to
 - Reach mutually acceptable goals and
 - Address barriers to reaching those goals

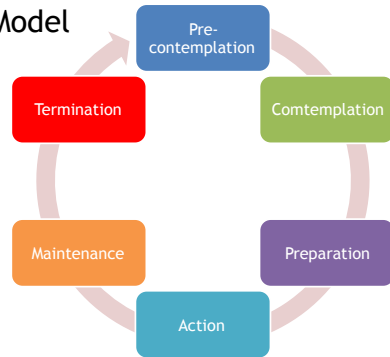


A NEW WAY OF THINKING

Transtheoretical Model

- Prochaska et al, (1979)
- Public health model for behavior change
 - Recognizes that barriers to behavior change may be related more to skills acquisition than resistance *and*
 - Identifies the steps that are necessary for behavior change.
 - Pre-contemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance
 - Termination

Transtheoretical Model



Applying the Transtheoretical Model

Stage - Pre-Contemplation

- ▶ Not intending to take action within the next 6 months
- ▶ May be at this stage because uninformed or under-informed about the consequences of a given behavior
 - ▶ May be frustrated because of previous attempts at change

Our Families May

- Feel overwhelmed
- Not understand their role as parents
- Rely on experts
- Not know what they don't know

Applying the Transtheoretical Model

Stage - Contemplation

- Intending to take action in the next 6 months.
- Characterized by considerable ambivalence

Our Families May

- Think about seeking resources
- Look for formulas or guides

Applying the Transtheoretical Model

Stage - Preparation

- Individual intends to take action in the immediate future
- Generally has a plan of action

Our Families May

- Look for resources
- Contact a FRC or support group
- Go to a conference
- Think about what they need to learn so they can participate in service planning

Applying the Transtheoretical Model

Stage - Action

- Individual has made specific, overt modifications in behavior within the last 6 months.
- In this model, not all modifications of behavior count as action.

Our Families May

- Actively seek out information specific to their child
- Ask questions at planning meetings
- Bring in concerns and suggestions

Applying the Transtheoretical Model

Stage- Maintenance

- ▶ Working to prevent relapse but does not need to apply change processes as frequently as one would in the action stage.
- ▶ Less tempted to relapse and increasingly confident in ability to sustain the changes.

Our Families May

- ▶ Feel more comfortable participating in service and support planning
- ▶ Feel that they can advocate on behalf of their child
- ▶ Provide feedback on the appropriateness of proposed services and supports
- ▶ Help provide solutions

Applying the Transtheoretical Model

Stage - **Termination**

- Zero temptation and 100% self-efficacy regardless of situation

Our Families May

- Know how to find and use resources
- Participate in creative problem solving
- Support other parents

Assumptions

- Families will be on a continuum of knowledge and skill level
- Strategies which are not comfortable will not be utilized.
- Permanent and deep behavior change will be an individual choice.



Assumptions

- Progress is made in steps
 - Not succeeding is not the same as not trying.
 - And not arriving is not the same as not traveling.

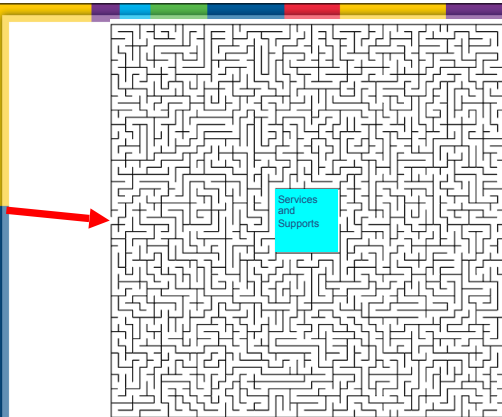


Other Contributing Factors

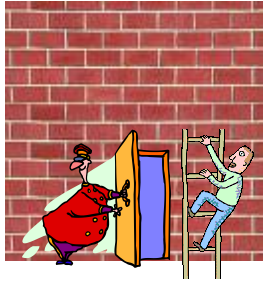
- Decisional Balance
- Self-efficacy



**SUPPORTING KNOWLEDGE AND
SKILLS ACQUISITION**



It isn't help
unless it's
helpful
Provide
Appropriate
Support



Processes of Change - Experiential

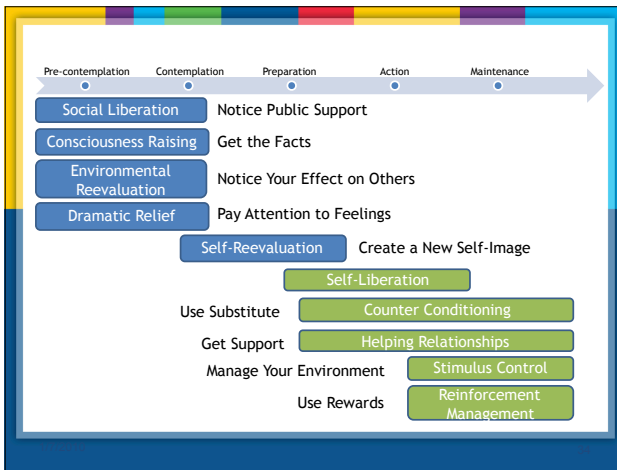
- *Consciousness-Raising*
- *Dramatic Relief*
- *Self-Reevaluation*
- *Environmental Reevaluation*
- *Social Liberation*

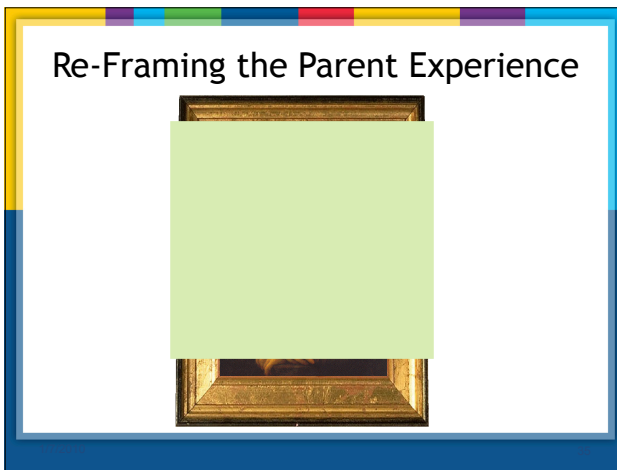


Processes of Change - Behavioral

- *Self-Liberation*
- *Helping Relationship*
- *Counter-conditioning*
- *Reinforcement Management*
- *Stimulus Control*







Scenario - The T's and Ruthie

- Mr. and Ms. T. just brought Ruthie home from the hospital, again. Ruthie is 9 months old, has Down syndrome and was born at 29 weeks gestation. Ruthie was in the NICU for 1 month after her birth and then returned home with a referral to regional center. She has been hospitalized 3 times since then. Once for repair of her heart valve, once for an infection related to her surgery and once for pneumonia. Mr. and Ms. T are very anxious about Ruthie's health and agree to everything the doctor and Early Start providers recommend, but don't do everything they are told to do. Ruthie's doctor suggested the T's call you so they can learn more about Down syndrome. The T's call, but don't really have any questions.

- Using the Transtheoretical Model, how would you describe Mr. and Ms. T ?
- What are some of their barriers to confident and competent participation?
- What would you like Ruthie's doctor to know?

Gloria's Wheelchair

- Grace and Carlos M. have 3 children; Sam (14 years), Sophie (2.8 years) and Hector (18 months). Grace does not work outside the home. Her husband, Carlos works full time as a certified plumber's assistant. His job does not provide benefits. Sophie was born premature at 32 weeks and has cerebral palsy. She has been receiving services from regional center, United Cerebral Palsy.
- Sophie's Early Start providers have been advising Grace and Carlos to apply to CCS so that Sophie can get a wheelchair, which would provide more support and access to independent mobility than her umbrella stroller. Sophie's service coordinator made a referral to CCS and wants the family to follow up, by scheduling the needed assessments and getting a prescription so the wheelchair can be ordered. Both Grace and Carlos have read the paperwork and understand what is needed to complete the process, however, it has yet to be completed.

- Using the Transtheoretical Model, how would you describe Mr. and Ms. M ?
- What are some of their barriers to confident and competent participation?
- What would you like Sophie's providers to know?

SMALL GROUP ACTIVITY

Summary

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Resources

- Websites
 - Transtheoretical Model <http://www.prochange.com/transtheoretical-model-of-behavior-change>
- Books
 - Changing for Good - Prochaska and Norcross

Resources

- Publications

- Fostering Parent and Professional Collaboration Research Brief
<https://www.utoledo.edu/education/grants/partnerproject/focus/docs/Parent%20and%20Professional%20Collaboration%20Research%20Brief%20-%20Final.pdf>
- Elements for Successful Parent-Professional Collaboration: The Fundamental Things Apply As Time Goes By <http://files.eric.ed.gov/fulltext/EJ967473.pdf>
