MAKING CHANGES THAT last
A Resource for Self-Change

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Self-initiated change, or self-change, is challenging. We have all had the experience of vowing to develop new, positive, healthy behaviors (such as weight loss, increased exercise, quitting smoking, improved nutrition, or cutting alcohol down—or out)—only to find ourselves either unable to make or maintain the change.

While challenging, self-change is not impossible. Many people successfully change what they consider to be a problem behavior and maintain that change. For most, self-change typically comes about after several attempts. The downside to going through several cycles of success followed by relapse is the potential for abandoning self-change efforts due to frustration. And while many people eventually try again, they may not have learned what they should or should not do in subsequent attempts.

But there are strategies that people can employ to help them make lasting changes. The Stages of Change (SOC) model of self-change, developed by psychologists James Prochaska, John Norcross, and Carlo DiClemente, focuses on the use of the SOC by people who are self-initiating change on their own. It is not a magic method of easily achieving lasting self-change! Self-change requires a great deal of work, time, and energy. Since the SOC model focuses on behaviors that have led other self-changers to successful outcomes, it may offer a more efficient way for people to take themselves through the change process.

According to Prochaska, Norcross, and DiClemente in their 1994 book, Changing for Good, the Stages of Change are:

**Stage 1: Pre-contemplation**
You are usually not open to change, are unaware of your behavior as a problem, and therefore do not intend to change. If family or friends bring it up, you likely deny that
it is a problem and instead want others to change their perception of the behavior.

Stage 2: Contemplation
You start to acknowledge the behavior as a problem that may need to be changed and try to understand the problem, how it started, and how to possibly change it or its effects. Plans for action are usually vague and thought of as occurring within the next six months. But thinking about change does not mean you are ready to commit to change. You often feel very ambivalent. On the one hand, you feel drawn to change and on the other, you do not fully want it either. This stage can last a long time and sometimes people become stuck here. Readiness to shift to Stage three is marked by focusing on solutions (not the problem) and the future (not the past).

Stage 3: Preparation
You intend to take action within a month and you are planning what you need to do before initiating change. You may be committed to action, but still feel ambivalent about it. It can be helpful to make a public declaration of your intention to change and when it will occur. You also work on a detailed plan of action that will include the change processes (see below) needed to achieve success in the next stage.

Stage 4: Action
You put your action plan into effect. This stage has the most activity directed towards changing the behavior and the environment. As such, Stage four calls for the greatest commitment of time and energy. Changes are visible to others. The risk here is thinking that action is the same as change. Although behavior change is occurring, there are also shifts in awareness, emotions, self-image, ways of thinking, etc., many of which began in earlier stages. Remember that action is not the last stage of change.

Stage 5: Maintenance
This stage is focused on consolidating gains you made in earlier stages and using them to prevent lapses and relapse. Change is not over in the Action stage. Maintenance may run anywhere from six months to the rest of a person’s life. You must make a strong commitment to maintenance of your gains or risk relapse to a prior stage. Because of the continued risk for relapse, you need to refine prevention skills or learn to effectively respond to new situations not previously encountered or anticipated.

Stage 6: Termination
This stage is considered the eventual goal for any type of self-change. In Termination, you leave the SOC because there are no more risks to consider, new behavior has replaced the old, and you are confident you will never relapse. A new lifestyle has been formed that is not compatible with the old problem behavior. However, there are differing opinions regarding Termination. Many people remain in the Maintenance stage and always need to exercise some degree of caution regarding the problem behavior, although this may vary with the specific problem behavior (e.g., some people quit smoking with no further temptations while others may continue to experience cravings).

Processes of Change
According to Changing For Good, nine processes of change are used in different combinations and at different times throughout
the SOC. It is important not to confuse them with the many techniques or strategies that can be used to apply them. The processes of change and examples of techniques to apply to them are:

Consciousness-Raising
Stages 1 and 2
Educating yourself about the problem behavior, its causes, and its consequences.
Examples: Reading about the behavior; TV; self-exploration; increasing your awareness of the frequency and occurrence of the problem behavior by tracking it; paying attention to input from others.

Social Liberation
Stages 1–4
Seeking alternatives in the external environment to help you start or continue to change the problem behavior.
Examples: No-smoking areas; low-fat options on menus; self-help groups.

Emotional Arousal
Stages 2–3
Generating a strong emotional response related to the problem behavior that helps you to become aware of the ways you defend against change.
Examples: Movies; thinking about the eventual consequences of the problem behavior; listening to others’ personal stories of what they went through.

Self-Reevaluation
Stages 2–3
Thoughtfully reviewing your problem behavior, how it fits with your values, and what you want your life to look like. This process can help you to feel the need for change is a deeply personal way.
Examples: Decisional balance process, i.e., looking at the pros and cons of changing vs. not changing; cost-benefits analysis; self-reflection; journaling.

Commitment
Stages 3–5
Deciding to change and accepting responsibility for that change. It is also known as “Self-Liberation”. This is usually done privately to yourself, then stated publicly to help further your resolve.
Examples: Clarifying important values; drawing connections between your behaviors and their consequences; imagining a new life for yourself.

Countering
Stages 4–5
Adopting a new, positive behavior that is incompatible with the problem behavior.
Examples: Taking a walk when upset; talking to others when feeling down; thinking of enjoyable activities you can do when you have unstructured time; hobbies.

Environmental Control
Stages 4–5
Restructuring your environment to decrease the likelihood of encountering cues to engage in problem behavior.
Examples: Avoiding locations or people associated with the problem behavior; taking a different route home; parking farther away from work; not allowing certain items in the house.

Rewards
Stages 4–5
Rewarding yourself for engaging in the desired behavior. Rewarding yourself is more effective than punishing yourself, since punishment tends to suppress behavior only temporarily and does not build lasting change.
Examples: Praising yourself; buying yourself a present; soliciting praise from family or friends.

Helping Relationships
Stages 4–5
Using the care, support, and acceptance from the significant people in your life.
Examples: Request support; ask people to do or refrain from certain behaviors; express your preferences to others; talk about your experiences as you progress through the Stages.

Lapse and Relapse
Most people have lapses (or slips) as they work on self-change. The fact that a lapse or slip occurs is not as important as what you do in response to it. You need to acknowledge that it occurred but not punish yourself about it.

Instead, a lapse presents an opportunity to shore up, or modify your plan and enables you to come out stronger than before. Paying attention to a lapse as a problem feature article Continued from Page 25

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to be solved rather than a personal failing will also help to prevent a full-blown relapse. Maintaining perspective is important.

Prochaska, Norcross, and DiClemente listed the following “Ten lessons from relapse”:

- Few changers terminate the first time around
- Trial and error is inefficient
- Change costs more than you budgeted
- Using the wrong process at the wrong time
  - Becoming misinformed
  - Misusing willpower
  - Substituting one bad behavior for another
- Be prepared for complications
- The path to change is rarely a straight one
- A lapse is not a relapse
- Mini-decisions lead to maxi-decisions
- Distress precipitates relapse
- Learning translates into action

On-Campus Resources
University employees have access to resources through their insurance, as well as many Employee Assistance Program (EAP) resources, to assist them with making changes. For the Twin Cities campus, EAP resources include the following:

Civil Service & Bargaining Unit Employees
The Sand Creek Group, Ltd.
612-625-2820, 800-632-7643
eap@umn.edu

Faculty and Academic Staff
Jim Meland, Ph.D., L.P.
612-625-4073
melan001@umn.edu

Employees on other campuses may also use the Twin Cities EAP, as well as these more local resources:

Crookston: Northwestern Mental Health Center, 218-281-3940; Duluth: St. Luke’s Employee Assistance Program, 218-249-7077; Morris: Stevens Community Medical Center, 320-589-7625; Rochester: Contact the Twin Cities EAP services

1. What made you decide to become a dietitian?
I grew up in a family that enjoyed cooking and was very health conscious. Becoming a dietitian has enabled me to teach others about all the benefits that come from a healthy diet.

2. Are you a U of M graduate?
Yes. I am proud to say that I graduated from the School of Public Health in 2007 with a Master’s Degree in Public Health Administration and Policy. My Bachelor’s Degree is from the University of Pittsburgh in Clinical Dietetics and Nutrition.

3. What other positions have you held prior to UDS?
I have worked as a dietitian in a variety of settings including outpatient counseling, food service management and the food industry.

4. What are your goals as the Health and Wellness Coordinator?
My overarching goal is to provide nutrition care to students. To meet this goal, I will be assisting with menu planning and product selections for residence dining, provide nutrition information on menu items, and assist students who have special dietary needs.

5. What are the best changes to make for a healthy diet?
My first suggestion is to always eat more fruits and vegetables. Often when we think about making changes to our diet, we want to avoid eating certain types of foods. It is important to think first about the foods you may be missing. Only 24 percent of Americans meet the daily recommendation of five or more servings per day. Take advantage of the endless end of summer options.