### **THE TRANSTHEORETICAL (STAGES OF CHANGE) MODEL EXPLAINED**

Developed by Prochaska and DiClamente in 1982, the Transtheoretical Model is based on the theory that people present at different stages in terms of their readiness to change certain behaviours. For this reason the model uses 5 stages of change to assess where a patient is at and what treatment is appropriate for them at that particular stage. These stages are Pre-contemplation, Contemplation, Preparation, Action and Maintenance. Prochaska and DiClamenti (1982) also present relapse as a possible alternative to the fifth stage of maintenance, and in the case of Anorexia it is quite common for this to occur at any stage of the change process. Within current treatment options the sixth stage, termination (due to recovery), is more often the exception than the rule in terms of outcomes for Anorexia Nervosa, although many will terminate treatment due to multiple failed attempts at recovery. Even if a person deems themselves "recovered", some type of ongoing support is often needed to maximize their chances of remaining in the maintenance stage and preventing relapse indefinitely.

Throughout the stages of change different processes are employed as tools for progression onto the next stage and the stages of change can be reliably differentiated according to the process being utilized. The 5 stages of change with the possibility of relapse, which can occur at any point and re-starts the process.

**The Anorexia Nervosa Stages of Change Questionnaire (ANSCQ) and**

**The Bulimia Nervosa Stages of Change Questionnaire (BNSCQ)**

The Anorexia Nervosa Stages of Change Questionnaire (ANSCQ) and the Bulimia Nervosa Stages of Change Questionnaire (BNSCQ) were designed as specific tools used to assess the broad range of eating disorder manifestations and symptomatology. Each question targets a specific symptom of the disorder and presents five options of which the patient must choose the one which most represents her current attitude toward changing the specified behaviour or symptom. The 5 options represent the 5 stages of change in order, from option 1, relating to the pre-contemplation stage, to option 5, relating to the maintenance stage.

The additional factors of decisional balance and self-efficacy play a huge role in determining where a person is in the process of change and also in determining how quickly they might move through the stages (Connan & Treasure, 2000). This is another reason why a generic, “one-size-fits-all” approach is so inappropriate for the treatment of Eating Disorders.​

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**Self-Efficacy**

Self-efficacy refers to the perceived or actual ability of the patient to execute changes. This concept has featured prominently in hypothesising about the determinants of the stages of change and most studies work with the assumption that an increase in self-efficacy will result in a more active progression from one stage to another. In the context of eating disorders there has also been a specific Self-Efficacy Scale test developed for research and treatment purposes. It is designed to examine the relationship between the results of the Stages of Change Questionnaire and self-efficacy. This is achieved by asking patients to rate the ease at which they believed they could successfully achieve the change of behaviour or thought indicated in each of the 20 questions from the ANSOCQ.

**Decisional-Balance**

The concept of decisional balance within the constructs of the Transtheoretical Model refers to the pros (gains) and cons (losses) that the patient associates with having a particular disorder or behaviour (Prochaska and DiClamenti, 1982). The Decisional Balance Scale (Cockell, 2000) is separate 60-item questionnaire which specifically assesses the perceived benefits burdens and avoidance coping aspects in detail.