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Developing a stage of change measure for assessing recovery from anorexia nervosa

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Abstract

The purpose of this study was to advance understanding of the self-change process in recovery from anorexia nervosa (AN). This included the development of a measure for assessing readiness to change behaviors and/or cognitions associated with recovery from AN across five stages of change, based on the transtheoretical model of behavior change. Two-hundred and seventy-eight anorexics, predominantly female, completed questionnaires that measured all constructs of the TTM, as well as the EAT-26, demographic items, and other self-reported recovery measures. Based on a quantitative and qualitative comparison of five staging definitions in this relatively large sample of anorexics, it was concluded that the most meaningful staging measure was one that measured progress through the stages by readiness to stop restricting/bingeing/purging behaviors. The development of an algorithm to measure stages of change for recovery from AN has the potential to accelerate clinical research and to augment available treatments in this area.

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1. Introduction

Extensive research in this field of eating disorders has focused on a variety of psychological, biological, and sociocultural treatment models (Compas, Haaga, Keefe, Leitenberg, &

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Williams, 1998; Greben & Kaplan, 1995; Herzog, Keller, Strober, Yeh, & Pai, 1992), no one of which has proven wholly successful in the prevention or treatment of anorexia nervosa (AN). Several researchers have stated the need for treatment of AN that recognizes multiple factors of causation and utilizes a range of treatment modalities (Bemis, 1978; Fisher, 1996; Greben & Kaplan, 1995), yet no integrative approaches exist that capitalize on the modest success rates of different specific interventions.

A substantial body of research has already developed in the treatment of various problem behaviors, suggesting that treatment outcome is much improved when treatment is tailored to the individual's stage of readiness to change (CDC, 1999; Marcus et al., 1998; Prochaska et al., 1993, 2001; Rakowski et al., 1998; Redding et al., 1999; Rossi, Weinstock, Redding, Cottrill, & Maddock, 1997; Velicer, Prochaska, Fava, Laforge, & Rossi, 1999). It has been previously suggested that the therapeutic process for a patient with AN may occur in stages (Fisher, 1996), with different interventions most effectively applied at different stages (Greben & Kaplan, 1995). Since tailoring treatments to an individual's level of readiness or stage of change improves treatment outcome (progress to action) across many other health behavior changes, this may be a useful strategy to test in the treatment of eating disorders.

The transtheoretical model of behavior change (TTM; for review, see Prochaska & Velicer, 1997) explains intentional behavior change along a temporal dimension that utilizes both cognitive and performance-based components. Based on more than two decades of research, the TTM has found that individuals move through a series of stages—precontemplation (PC), contemplation (C), preparation (PR), action (A), and maintenance (M)—in the adoption of healthy behaviors or cessation of unhealthy ones (Prochaska & Velicer, 1997). The TTM uses the stages of change to integrate cognitive and behavioral processes and principles of change, including 10 processes of change (i.e., how one changes; Prochaska, 1979; Prochaska, Velicer, DiClemente, & Fava, 1988), pros and cons (i.e., the benefits and costs of changing; Janis & Mann, 1977; Prochaska, Redding, Harlow, Rossi, & Velicer, 1994; Prochaska, Velicer, et al., 1994), and self-efficacy (i.e., confidence in one's ability to change; Bandura, 1977; DiClemente, Prochaska, & Gibertini, 1985)—all of which have demonstrated reliability and consistency in describing and predicting movement through the stages (Prochaska & Velicer, 1997). Initial applications of the TTM to eating disorders have also demonstrated encouraging results for understanding change in illnesses such as AN (Ward, Troop, Todd, & Treasure, 1996) and bulimia nervosa (Levy, 1999; Stanton, Robert, & Zinn, 1986).

The purpose of this study was to advance understanding of the self-change process in recovery from AN through the development of a stage of change measure for assessing readiness to change behaviors and/or cognitions associated with recovery from AN.

1.1. The stages of change

The TTM or stages of change model has its origins in psychotherapy (Prochaska, 1979) and was elaborated in smoking cessation research (DiClemente & Prochaska, 1982; Prochaska & DiClemente, 1983). The stage model is best conceived as both linear and cyclical in nature (Prochaska, DiClemente, & Norcross, 1992). Individuals are described as progressing in a spiral fashion from PC to C, C to PR, and so on. Although rare, linear

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