# Applying the Five Phases of Direct Change Solution® in Supervised Practical Sessions

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## ABSTRACT

Direct Change Solution® (DCS®), developed by Stoyana Natseva, is a five-phase applied model intended to support identity-related and behavioral change. Although the model's conceptual sequence has been described in prior publications, its implementation in supervised training requires operational guidance. This paper proposes a conceptual and procedural framework for teaching the five phases—Awareness, Recognition, Resource Identification, New Internal Decision, and Behavioral Grounding—through supervised practical sessions. The framework was constructed by translating the published DCS® sequence into practitioner tasks and provisional phase-completion markers and by drawing on scholarship on competency-based supervision, deliberate practice, and experiential learning. It specifies the responsibilities of the practitioner, practice partner, and supervisor; organizes sessions into preparation, contracting, phase work, structured debrief, and documentation; and identifies common implementation errors and supervisory questions for each phase. Three proposed stabilization processes—reaction, choice, and scenario stabilization—are incorporated as topics for follow-up practice. A developmental competency rubric is proposed to support formative feedback, while emphasizing that the criteria are not yet validated. The framework also addresses consent, confidentiality, dual-role pressures, appropriate boundaries of practice, and referral when participants experience difficulties outside the scope of a training session. Its primary contribution is the explicit description of decisions that supervisors and trainees can discuss and review, rather than evidence that any phase or training procedure is effective. No new empirical data were collected or analyzed. Future research should assess inter-rater agreement, sensitivity of the proposed markers to practitioner development, acceptability to practice partners, and outcomes in settings beyond the training cohort. The paper offers a transparent starting point for standardizing instruction and for later empirical evaluation of DCS® practitioner training. The revised framework also includes a hypothetical illustrative session, a classification of its components by evidential status, a discussion of cultural and cross-professional transferability, and a staged design for pilot evaluation.

**Keywords:** Direct Change Solution®, supervised practice, practitioner training, competency-based supervision, behavioral change

## INTRODUCTION

A change method is only as reliable as the people who apply it. A model can be clearly specified on paper and still be delivered in very different ways by different practitioners. Some will move too quickly from one phase to the next. Some will stay too long in insight and never reach behavior. Some will impose their own interpretation on the experience of the person they work with. Research on psychotherapy and helping relationships has long shown that a substantial share of outcome variance is associated with the practitioner rather than with the named method (Wampold & Imel, 2015). For this reason, the question of how a method is taught and supervised is as important as the question of how it is defined. The question becomes more pressing when a method developed by its founder is taught to a growing number of practitioners. The founder can no longer observe every delivery, and the quality of the method then depends on how well it has been codified and how its transmission is governed (Natseva, 2026d; Natseva, 2026j).

Direct Change Solution® (DCS®) was introduced as a structured five-phase intervention model for sustainable behavioral transformation (Natseva, 2026a; Natseva, 2026b). The model holds that surface-level approaches to change, such as motivation, new habits, or discipline, often fail because they target the visible output of a pattern rather than its internal source. Sustainable change, in this view, requires a reorganization of the internal structures that keep producing the same behavior. The five phases describe the order in which that reorganization proceeds: Awareness, Recognition, Resource Identification, New Internal Decision, and Behavioral Grounding.

The earlier article described the phases and their theoretical rationale. It did not describe how a practitioner learns to apply them, how a supervisor observes that learning, or how the transition from one phase to the next is judged in a live session. This article fills that gap. It presents a procedural framework for applying the five phases in supervised practical sessions, the format in which practitioners in training practice the method with one another under the observation of an experienced supervisor.

The article has four aims. The first is to translate each phase into concrete practitioner tasks and observable completion markers. The second is to define the structure and roles of a supervised practical session. The third is to specify the supervisory focus and feedback cycle that turn practice into competence. The fourth is to set out the ethical and scope boundaries that protect participants when a change method is practiced within a training group. The article is conceptual and procedural. It does not report outcome data, and its proposals are offered as a basis for later empirical evaluation.

## Background: The Five-Phase Model

### Theoretical Base in the Internal Autobiographical Map

DCS® is the applied counterpart of the Internal Autobiographical Map (IAM), an integrative framework addressing autobiographical memory, identity, repetitive behavioral patterns, and psychological resilience (Natseva, 2026g; Natseva, 2026h). IAM describes a developmental sequence in which a significant experience is emotionally encoded, given meaning, and condensed into a cognitive conclusion. That conclusion participates in identity formation, which in turn organizes a behavioral pattern. Over time the pattern becomes an automatic reaction, and the automatic reaction produces a predictable result. In structural terms, IAM describes five components through which this sequence becomes stable: a Core Experience, the Conclusion drawn from it, a Rule derived from the conclusion, a Role adopted in line with the rule, and a Scenario that repeats across situations.

This framework is theoretically compatible with established accounts of how autobiographical memory and the self-system are linked (Conway & Pleydell-Pearce, 2000), of how people construct identity through life narrative (McAdams, 2001), and of how behavior that began as goal-directed becomes cued and automatic through repetition (Wood & Rünger, 2016). It is also consistent with work on emotional learning, which proposes that the implicit emotional knowledge underlying a symptom or pattern can be accessed, contradicted by a disconfirming experience, and revised (Ecker, Ticic, & Hulley, 2012; Lane, Ryan, Nadel, & Greenberg, 2015). IAM has also been described in neuroscience-informed terms as a model of why behavioral patterns persist even when a person wants to change them (Natseva, 2026i). Prior publications on IAM have explored its proposed relationships with trauma recovery, resilience, and adaptation (Natseva, 2025a; Natseva, 2025b; Natseva, 2025c), and visual mapping of the life narrative has been proposed as a way of making these structures visible to the person (Natseva, 2025d). Theoretical compatibility with these literatures is distinct from independent empirical validation of IAM or DCS®.

### The Five Phases

Awareness is the identification of the recurring pattern. The person moves from experiencing a series of separate events to seeing one pattern that repeats across them. Recognition is the exploration of a possible internal source of a recurring pattern, based on the person's own interpretation of relevant experiences, conclusions, or rules. The person considers how that conclusion or rule may still operate in the present.

Resource Identification is the discovery of the adaptive function the pattern once served. The pattern is understood not as a defect but as a solution that was once useful and that carried strengths the person can keep.

New Internal Decision is the conscious reformulation of the foundational decision that sustains the pattern. The old conclusion is replaced by a new internal position that the person chooses and can state in their own words.

Behavioral Grounding is the anchoring of the new internal position in concrete behavior. The new decision is translated into specific actions in specific situations, so that it is lived rather than only understood.

**The Stabilization Processes**

Alongside the five phases, DCS® describes three stabilization processes that are intended to support change over time. Reaction stabilization concerns the person's first response when an old trigger appears. Choice stabilization concerns the moment in which the person consciously selects the new response instead of the old one. Scenario stabilization concerns the repeated situations in which the old pattern used to unfold, and the gradual establishment of a new scenario in its place. These processes respond to the well-documented observation that new behavior, even when sincerely intended, remains vulnerable to cue-driven relapse for a considerable period (Lally, van Jaarsveld, Potts, & Wardle, 2010; Wood & Rünger, 2016).

**Why The Five Phases Require Supervised Practice**

It might be assumed that a practitioner who understands the five phases can apply them. Experience in the helping professions suggests otherwise. Knowing a model and delivering it competently are different capacities, and the second develops mainly through supervised practice with feedback (Bernard & Goodyear, 2019; Falender & Shafranske, 2004). The gap between knowing and doing, which has been examined in leadership and organizational settings (Markova, 2026), applies equally to practitioners in training. Identity-based accounts of adult learning make the same point: new knowledge changes behavior only when the learner integrates it at the level of identity and rehearses it in action (Natseva, 2026f). Three features of DCS® make supervision especially important.

First, the phases are sequential, and the transition between them is a professional judgment, not a step in a script. A practitioner must decide whether Awareness is complete before moving to Recognition, whether the source identified in Recognition is the person's own or an interpretation the practitioner has supplied, and whether a New Internal Decision is genuinely chosen or merely agreed to. These decisions are difficult to learn from a text. They become visible only when an experienced observer can see the session and name what happened.

Second, the method works close to emotionally significant material. Recognition and Resource Identification involve contact with earlier experiences. A practitioner who is unskilled in pacing can either avoid this material, so that the work stays superficial, or open it too quickly, so that the person is overwhelmed. Supervision provides a second set of eyes on safety and pacing.

Third, practitioners bring their own patterns into the room. A practitioner who has an unexamined need to rescue, to be right, or to be liked will tend to lead the person toward the practitioner's preferred conclusion. The supervision literature describes this as a central object of supervisory attention (Hawkins & Shohet, 2012), and practitioner development research shows that reflection on one's own reactions is a marker of professional growth (Rønnestad & Skovholt, 2003).

Research on expertise supports the same conclusion from another direction. Deliberate practice, defined as effortful practice of specific sub-skills with immediate feedback from a qualified observer, is more strongly associated with skill development than accumulated experience alone (Ericsson, Krampe, & Tesch-Römer, 1993). This principle has been applied to the training of psychotherapists (Rousmaniere, 2016). Kolb's (1984) cycle of experience, reflection, conceptualization, and experimentation, and Schön's (1983) account of reflection-in-action and reflection-on-action, describe the learning process that a well-structured practical

session is designed to support. Supervised practice of DCS® applies these principles to a specific, phase-structured method.

**Framework Development**

The proposed framework was developed as a conceptual and procedural synthesis rather than as an empirical investigation. The five-phase structure and terminology were drawn from published descriptions of Direct Change Solution® and the Internal Autobiographical Map. Concepts from competency-based supervision, deliberate practice, and experiential learning informed the specification of practitioner tasks, provisional completion markers, supervisory questions, and feedback procedures. These elements are presented as analytic and training-oriented proposals, not as empirically validated standards. No primary participant data were collected or analyzed for this article. Future studies are required to examine the clarity, reliability, and practical utility of the proposed criteria. The Discussion separates the components of the framework that draw on independent external research from those that are proposals derived from the DCS® literature and have not been tested.

**The Supervised Practical Session: Structure and Roles**

**Roles**

A supervised practical session involves three roles.

The practitioner is the person in training who conducts the session and applies the five phases.

The practice partner is a member of the same training cohort who takes the role of the person being worked with. The practice partner works with real but self-selected material, chosen in advance at a level of intensity that is suitable for a training setting. The practice partner may stop or limit the work at any point.

The supervisor is an experienced, certified DCS® practitioner who observes the session, may intervene when safety or method require it, and leads the structured debrief. Where the group is larger, additional participants may act as observers with a defined observation task, for example tracking one phase or one category of practitioner behavior.

Roles rotate across sessions, so that each participant practices as practitioner, experiences the method as practice partner, and learns to observe. Experiencing the method from the inside is itself part of training. It gives the practitioner a direct sense of what pacing, pressure, and genuine choice feel like from the receiving side. The same principle of practicing in rotating roles within a training group, under the guidance of a facilitator, is well established in group-based systemic training such as constellation work, where the facilitation structure and the boundaries of practice have been described in detail (Natseva, 2026c).

**Session Architecture**

Each supervised session follows five stages.

**Preparation.** The practitioner states, before the session, which phase or phases will be practiced and what personal learning goal they have set. The supervisor confirms the scope.

**Contracting.** At the start of the session the practitioner agrees with the practice partner on the topic, its intensity, the time available, and the right to pause or stop. This reflects the established finding that a clear agreement on goals and tasks is part of a working alliance (Bordin, 1979; Norcross & Lambert, 2018).

**Phase work.** The practitioner applies the agreed phase or sequence of phases. The supervisor observes and intervenes only if the practice partner's safety is at risk or the practitioner has lost the structure of the method in a way the session cannot recover from.

**Structured debrief.** The session ends with a debrief in a fixed order, described under Supervisory Feedback and Competency Assessment: first the practice partner's experience, then the practitioner's self-assessment, then observer notes, then the supervisor's feedback.

**Documentation.** The practitioner records which phases were completed, which completion markers were observed, which errors were identified, and one specific skill to practice next. This record supports progression over a series of sessions.

**Scope Boundaries**

DCS® practical sessions are a form of professional training in a change method. They are not psychotherapy and are not a substitute for clinical treatment. Practice partners work with material they choose and consider suitable for a training group. If a practice partner shows signs of acute distress, a mental health crisis, or material that exceeds the training setting, the session moves from method practice to support, and the supervisor ensures that appropriate referral options are offered. The section on Ethical Safeguards sets out these safeguards in more detail.

**Applying Each Phase Under Supervision**

This section describes, for each phase, the aim of the phase, the practitioner's tasks, the observable markers that indicate the phase is complete, the errors most often made in training, and the focus of the supervisor's attention. The completion markers are central. They give the practitioner and the supervisor a shared, observable basis for deciding whether the session may move forward.

**Phase 1: Awareness**

**Aim.** The person moves from describing separate events to seeing a single recurring pattern.

**Practitioner tasks.** The practitioner invites the person to describe several situations in which the difficulty appears, asks about what happens before, during, and after, and helps the person notice what the situations have in common. The practitioner reflects back the common elements in the person's own language and asks the person to name the pattern.

**Completion markers.** The person can describe the pattern in a single sentence in their own words. The person can recognize the pattern in at least one situation that was not part of the initial description. The person's language shifts from "it happened again" to a description of what they themselves do or experience.

**Common errors.** The practitioner names the pattern for the person instead of letting the person find it. The practitioner accepts a general label, such as "I procrastinate," without the concrete sequence that makes the pattern recognizable. The practitioner moves to causes before the pattern itself is clear.

**Supervisory focus.** Whose words describe the pattern, the practitioner's or the person's? Is the pattern described as a sequence of events and reactions, or only as a label? Did the practitioner wait long enough for the person to see the connection?

**Phase 2: Recognition**

**Aim.** The person identifies a possible internal source of the pattern, understood as their own interpretation rather than an established causal origin.

**Practitioner tasks.** The practitioner explores when the person first remembers experiencing something similar, what they concluded at the time, and what rule they began to follow as a result. In IAM terms, the practitioner helps the person move from the Scenario back through the Role and Rule to the Conclusion and the Core Experience. Visual mapping of the life narrative can support this step by making the sequence from experience

to conclusion visible to the person (Natseva, 2025d). The practitioner paces the work so that contact with earlier material remains tolerable, and returns attention to the present when needed.

Autobiographical recollections and perceived links between earlier experiences and current patterns are treated as the participant's interpretations and working hypotheses. They should not be presented as independently verified historical facts or definitive causal explanations. Practitioners should avoid leading questions, pressure to retrieve memories, and interpretations that the participant has not independently endorsed.

**Completion markers.** The person can articulate, in their own words, a possible conclusion or rule associated with the recurring pattern. They can explain how this interpretation relates to a present situation without leading prompts. Emotional expressions may occur, but changes in voice, posture, pace, or affect are neither required nor sufficient evidence that a causal origin has been identified.

**Common errors.** The practitioner supplies an interpretation of the source and the person accepts it out of politeness. The practitioner pushes toward early or painful memories faster than the person can manage. The practitioner treats a plausible-sounding explanation as an established cause. The practitioner stays in the past and loses the link to the present pattern.

**Supervisory focus.** Did the conclusion come from the person? Was pacing appropriate to the intensity of the material? Did the practitioner notice and respond to signs of overwhelm? Is the link to the present explicit?

**Phase 3: Resource Identification**

**Aim.** The person discovers the adaptive function the pattern once served and the strengths it carried.

**Practitioner tasks.** The practitioner asks what the conclusion or rule protected the person from, what it allowed them to achieve, and what capacity it developed. The practitioner helps the person separate the strength from the rigid form in which it has been expressed, so that the strength can be kept while the form changes.

**Completion markers.** The person can name at least one possible function that the pattern previously served and one capacity or strength they wish to retain. They can distinguish between a potentially adaptive resource and the rigid behavioral form they intend to change. A change in emotional tone may accompany this process but is not required as a completion criterion.

**Common errors.** The practitioner skips this phase as a soft or optional step and moves directly to a new decision. The practitioner offers reassurance in place of genuine discovery. The practitioner frames the resource in a way that justifies the pattern and removes the motivation to change it.

**Supervisory focus.** Was this phase given its own time? Did the person discover the resource, or was it supplied? Can the person distinguish the resource from the form? This phase has particular importance in DCS®. A person who has not understood what the old pattern protected will often defend it when a new decision threatens to remove that protection.

**Phase 4: New Internal Decision**

**Aim.** The person consciously reformulates the foundational decision that sustains the pattern.

**Practitioner tasks.** The practitioner invites the person to state, in their own words, a new internal position that replaces the old conclusion while keeping the strength identified in Phase 3. The practitioner checks that the decision is phrased as the person's own choice, that it is realistic, and that it addresses the source identified in Phase 2 rather than only the surface behavior.

**Completion markers.** The person states the new decision in the first person and in their own words. The person can explain how the new decision differs from the old conclusion. The person experiences the decision as chosen

rather than imposed, which can be checked by asking directly how the decision feels to them. The decision preserves the resource identified in Phase 3.

**Common errors.** The practitioner proposes the wording of the decision and the person agrees to it. The decision is formulated as a general aspiration rather than a position the person can take. The decision addresses behavior only and leaves the old conclusion intact. The practitioner mistakes compliance for commitment.

**Supervisory focus.** Whose decision is it? Does it address the source identified in Recognition? Is it compatible with the resource identified in Resource Identification? Is there any sign that the person is agreeing in order to end the session or please the practitioner? The supervision literature notes that people in a helping relationship often withhold disagreement (Ladany, Hill, Corbett, & Nutt, 1996), and the same can be true of a practice partner in a training setting. The supervisor watches for this.

**Phase 5: Behavioral Grounding**

**Aim.** The new internal position is anchored in concrete behavior.

**Practitioner tasks.** The practitioner helps the person identify specific situations in which the old pattern typically appears and to define in advance what they will do differently in each. The practitioner helps formulate these as concrete if-then plans, which are known to support the translation of intentions into action (Gollwitzer, 1999). The practitioner agrees a first small step that is achievable before the next contact and a way to notice and record what happens.

**Completion markers.** The person can name at least one specific situation, one specific new action, and one first step with a time frame. The person can describe what they will do if the old reaction appears anyway. The plan is the person's own and is realistic in their circumstances.

**Common errors.** The session ends at insight and no behavior is defined. The planned behavior is too large or too vague to be carried out. The practitioner prescribes behavior that does not follow from the new decision. No plan is made for the moment the old reaction returns.

**Supervisory focus.** Is the behavior specific, small, and connected to the decision? Has the person anticipated the return of the old reaction? Is there a way for the person to observe their own progress?

**Illustrative Session: A Hypothetical Example**

**Status of the example.** The following example is hypothetical. It was constructed by the author for this article to show how the phases, completion markers, and supervisory focus described above might appear in a single supervised session. It is not a record of an actual session, does not describe any real participant, and provides no evidence that the framework is effective. Its purpose is to make the procedural description easier to follow and to show where typical errors may occur.

**Setting and contracting.** A practitioner in training conducts a session with a practice partner from the same cohort while a supervisor and one observer are present. The observer has been asked to track whose words are used to describe the pattern, its source, and the new decision. During contracting, the practice partner chooses a topic of moderate intensity: a tendency to accept additional work requests and to feel resentful afterwards. The partner agrees to a 45-minute session and is reminded of the right to pause or stop.

**Awareness.** The practitioner asks the partner to describe three recent situations in which the difficulty appeared and what happened before, during, and after each. The partner notices that in each case she agreed before checking her own capacity. She formulates the pattern in her own words: "When someone asks me for something, I say yes before I know whether I can." She then recognizes the same sequence in a family situation that had not been mentioned. The completion markers for Awareness are therefore present.

**Recognition.** The practitioner asks when the partner first remembers responding in a similar way and what she concluded at the time. The partner recalls being praised as a child for being helpful and formulates a possible conclusion: "I am appreciated when I am useful." At one point the practitioner offers an interpretation of a family relationship that the partner had not proposed, and the partner agrees briefly before returning to her own formulation. The partner's statement is treated as her own interpretation and working hypothesis, not as an established cause.

**Resource Identification.** Asked what the pattern protected and what it allowed her to develop, the partner identifies reliability and attentiveness to the needs of others as capacities she wishes to keep. She distinguishes these from the automatic agreement she wants to change.

**New Internal Decision.** The partner formulates a new position in the first person: "I can be reliable and still take time to decide." She explains how this differs from the old conclusion and, when asked how the decision feels, describes it as her own choice. The decision preserves the resource identified in the previous phase.

**Behavioral Grounding.** The partner names a specific situation (a request from her manager), a specific new action ("I will say that I will confirm by the end of the day"), and a first step before the next practice session. She also plans what to do if the old reaction appears anyway: to return to the person within an hour and renegotiate.

**Debrief and documentation.** In the debrief, the partner speaks first and reports that the moment of interpretation in Recognition felt slightly pressured. The practitioner's self-assessment notes that all five phases were completed but does not mention this moment. The observer reports that the interpretation in Recognition came from the practitioner. The supervisor names concrete Behavioral Grounding as a strength to keep and identifies waiting for the partner's own formulation in Recognition as the specific skill to practice next. In the documentation, the supervisor might, for illustration, rate the criterion of keeping the person's own language at Level 2 and the criterion of concrete Behavioral Grounding at Level 3 of the proposed rubric (Table 1).

**What the example illustrates.** The example shows how the completion markers give the supervisor an observable basis for feedback and how the fixed order of the debrief allows the practice partner's experience to correct the practitioner's self-assessment. Whether supervisors would agree on such ratings in practice is an empirical question addressed in the section on future research.

**Integrating The Stabilization Processes**

The stabilization processes extend Behavioral Grounding beyond a single session. In supervised practice they are introduced once practitioners can complete the five phases reliably, and they are practiced in follow-up sessions with the same practice partner where the training format allows.

In reaction stabilization, the practitioner helps the person notice the first moment the old reaction begins, often a bodily signal, a familiar thought, or an urge, and to treat that moment as a signal rather than a command. In choice stabilization, the practitioner helps the person rehearse the moment of choosing the new response and to recognize that a single return to the old response does not cancel the new decision. In scenario stabilization, the practitioner reviews with the person the recurring situations in which the old pattern used to unfold and helps the person observe the new scenario that is forming in their place.

The supervisory focus in this stage is whether the practitioner treats lapses as information rather than failure, and whether the person is building their own capacity to notice and choose rather than depending on the practitioner. This is consistent with the general finding that relapse is a normal part of behavior change and is better treated as a step in a process than as its end (Prochaska & DiClemente, 1983).

## Supervisory Feedback and Competency Assessment

### The Feedback Cycle

Each session ends with a structured debrief in a fixed order. The practice partner speaks first, describing what was helpful, what was difficult, and whether any moment felt pressured or premature. Hearing the receiving side first keeps the debrief anchored in the person's experience rather than in the practitioner's intentions. The practitioner then assesses their own work against the completion markers for each phase practiced. Observers report on their assigned observation task. The supervisor speaks last, confirming or correcting the self-assessment, naming one strength to keep and one specific skill to practice next.

Feedback is tied to observable behavior and to the completion markers, not to general impressions. This follows the principle that useful supervisory feedback is specific, timely, and linked to defined competencies (Bernard & Goodyear, 2019; Milne, 2009). Where possible, the practice partner's brief rating of the session is collected. Routine feedback from the person receiving help has been shown to support better outcomes in clinical practice (Lambert & Shimokawa, 2011; Miller, Hubble, Chow, & Seidel, 2013), and a parallel practice in training builds the habit early.

### Competency Criteria

A practitioner's progress through supervised practice may be evaluated using the following proposed criteria derived from the phase descriptions above:

- The practitioner can complete each phase and recognize its completion markers.
- The practitioner moves between phases only when the markers are present, and can explain the decision.
- The practitioner keeps the person's own language and choice at the center of Awareness, Recognition, and New Internal Decision.
- The practitioner gives Resource Identification its full place in the sequence.
- The practitioner paces contact with earlier material appropriately and responds to signs of overwhelm.
- The practitioner ends each sequence with concrete Behavioral Grounding.
- The practitioner can identify their own reactions during the session and discuss them in supervision.
- The practitioner applies the scope boundaries and safeguards consistently.

### Proposed Developmental Rating Rubric

**Table 1. Proposed developmental rating rubric for each competency criterion**

| Level | Description |
|---|---|
| Level 1 | The practitioner does not yet demonstrate the target competency. |
| Level 2 | The practitioner demonstrates the competency with active supervisory support. |
| Level 3 | The practitioner demonstrates the competency independently in a supervised training context. |
| Level 4 | The practitioner demonstrates the competency consistently and adapts it appropriately to differing practice situations. |

The four levels constitute a proposed formative assessment rubric, not a validated measurement instrument or an independently established certification standard. Ratings should be supported by documented examples of

observable practitioner behavior. Future research should examine inter-rater agreement, developmental sensitivity, and the relevance of rubric scores to subsequent practice. Reaching the fourth level is not in itself a basis for certification.

These criteria are developmental. Early in training a practitioner is expected to meet them in single phases under close supervision. Later the practitioner is expected to conduct the full sequence independently, with supervision moving from direct observation to case review. This progression mirrors the developmental models of supervision, in which the supervisor's role shifts as the practitioner's autonomy grows (Bernard & Goodyear, 2019; Hawkins & Shohet, 2012). The criteria are also compatible with broader competency frameworks for integrative helping practice, which combine methodological skill, relational capacity, self-reflection, and ethical boundaries (Natseva, 2026e).

### Ethical Safeguards

Practicing a change method within a training group creates particular ethical responsibilities, because the practice partner is both a learner and a person working with real material. The safeguards below are proposed as requirements for supervised practice of the method.

**Voluntary participation.** Each practice partner chooses their own topic and its intensity, and may decline, limit, or stop the work at any time without consequence for their own training.

**Confidentiality.** Participants agree not to discuss a practice partner's personal material outside the session and its supervision. Because confidentiality in a group depends on every member, it cannot be fully guaranteed, and practice partners are told of this limit before they choose what to share. Documentation records method and skill, not the personal content of the practice partner's story.

**Informed consent and documentation.** Before participation, practice partners should receive clear information about the educational purpose of the session, the use of personal material, voluntary participation, the right to stop without penalty, and the limits of confidentiality in group settings. Audio or video recording should require separate explicit consent. Training records should focus on competencies and procedural observations rather than unnecessary personal details. Confidentiality commitments, safeguarding exceptions, and secure handling of records should be communicated in advance.

**Dual roles.** Participants in a cohort know one another in more than one capacity. The supervisor attends to the risk that personal relationships in the group affect what is shared or how feedback is given.

**Safety and referral.** The supervisor has the authority to pause or end a session. If material exceeds what is suitable for a training setting, the supervisor ensures that the practice partner is supported and is offered appropriate external help.

**Memory-related safeguards.** Practitioners should not use suggestive techniques to establish the factual accuracy of autobiographical memories. Where substantial distress, disorientation, or other concerns arise beyond the training scope, the supervisor should stop the exercise and facilitate appropriate support or referral.

**Scope of practice.** Practitioners are trained to apply DCS® as a method of personal and behavioral change within its defined scope and to refer outside that scope. The completion of supervised practice does not confer a qualification to diagnose or treat mental disorders. This boundary between change-oriented consulting and clinical treatment is also central to ethical standards proposed for integrative consulting practice (Natseva, 2026e).

## DISCUSSION

This article has proposed a procedural framework for applying the five phases of DCS® in supervised practical sessions. Its contribution is to make explicit what the earlier description of the model left implicit: that each

phase has a recognizable endpoint, that the transition between phases is a judgment that can be observed and taught, and that common errors in applying the model can be named in advance and corrected through structured feedback.

Two features of the framework deserve emphasis. The first is the use of observable completion markers. They give the practitioner a criterion other than the clock or their own sense of progress, and they give the supervisor a shared language for feedback. The second is the protection of the person's own words and choice at every point where the practitioner might be tempted to lead. Supplying the pattern, the source, or the new decision on the person's behalf is an important risk in supervised training, and it undermines the core claim of DCS®: that change becomes durable when the person reorganizes their own internal structure rather than adopting someone else's interpretation.

The framework is consistent with competency-based models of clinical supervision (Falender & Shafranske, 2004), with coaching supervision practice (Bachkirova, Jackson, & Clutterbuck, 2011; Hawkins & Smith, 2013), and with deliberate-practice approaches to skill development (Ericsson et al., 1993; Rousmaniere, 2016). Its specific contribution lies in tying these general principles to the internal logic of one phase-structured method. It also responds to a practical need of founder-led educational organizations: a method that is meant to be delivered consistently by many practitioners needs explicit, teachable criteria for what correct delivery looks like (Natseva, 2026d; Natseva, 2026j).

Because much of the theoretical foundation of DCS® comes from publications by the model's developer, it is important to state which parts of the framework rest on independent research and which are proposals. Table 2 summarizes this distinction. Elements that draw on general findings about supervision, the working alliance, implementation intentions, and feedback are supported by research conducted independently of DCS®, although their combination in this framework has not been tested. The five-phase sequence, the stabilization processes, the completion markers, and the rubric are conceptual proposals. Theoretical compatibility with independent literatures should not be read as evidence that DCS® or its training procedure is effective.

**Table 2. Evidential status of the main components of the framework**

| Component of the framework | Main basis | Evidential status |
|---|---|---|
| Supervised practice with feedback is needed to turn knowledge of a model into competent delivery | Research on supervision, practitioner development, and deliberate practice (Bernard & Goodyear, 2019; Ericsson et al., 1993; Milne, 2007; Rønnestad & Skovholt, 2003) | Supported by independent research in the helping professions and in expertise research; not tested for DCS® |
| Contracting on goals, intensity, and the right to stop | Working-alliance research (Bordin, 1979; Norcross & Lambert, 2018) | General principle supported by independent research; its application in DCS® training not tested |
| If-then plans in Behavioral Grounding | Research on implementation intentions (Gollwitzer, 1999) | Supported by independent research; not tested within DCS® |
| Routine feedback from the practice partner | Research on client feedback (Lambert & Shimokawa, 2011; Miller et al., 2013) | Supported in clinical practice; transfer to a training setting not tested |
| The five phases and their order | DCS® publications (Natseva, 2026a, 2026b) | Conceptual model; no independent empirical validation |
| Stabilization processes | DCS® publications; habit research on cue-driven relapse (Lally et al., 2010; Wood & Rünger, 2016) | Rationale partly consistent with independent habit research; the processes themselves not tested |
| Phase-completion markers | Derived by the author from the DCS® phase descriptions | Proposal; clarity, reliability, and validity not tested |
| Competency criteria and four-level rubric | Derived by the author; informed by competency-based supervision (Falender & Shafranske, 2004) | Proposal; not validated |

| Component of the framework | Main basis | Evidential status |
|---|---|---|
| Ethical safeguards | Established supervision practice and professional guidance (Bernard & Goodyear, 2019; Hawkins & Shohet, 2012) | Consistent with professional practice; effectiveness in this setting not evaluated |

The framework may also be related to established behavior-change frameworks developed independently of DCS®. For example, the Behavioral Grounding phase resembles action planning, and the Behaviour Change Wheel offers a general structure for describing the capability, opportunity, and motivation components of an intervention (Michie, van Stralen, & West, 2011). Mapping the five phases onto such a framework could help independent researchers identify which elements of DCS® are specific to the method and which are shared with other approaches.

The framework also has clear limitations. It is conceptual and procedural, and this article reports no data on practitioner learning or on outcomes for the people practitioners later work with. The completion markers are proposed, not validated. Their reliability across supervisors, their sensitivity to practitioner development, and their relation to later outcomes all require empirical study. Practice within a training cohort also differs from work with people outside the training setting, who may bring more severe or more complex difficulties. The framework should therefore be read as a structured proposal for training practice and as a basis for evaluation, not as evidence of effectiveness.

**Cultural considerations.** The framework also rests on assumptions that may not hold equally across cultural contexts. It places strong emphasis on the person's own words, first-person decisions, and individual choice. In cultural settings where decisions are understood as shared within a family or community, or where personal difficulties are not usually discussed in a group, the completion markers may need to be adapted, for example by accepting a decision that the person frames in relation to others. The fixed order of the debrief, in which the practice partner speaks before the supervisor, may also be experienced differently where hierarchy strongly shapes what people feel able to say to a trainer. Language matters as well, since markers that depend on the person's own formulation may be harder to apply when training is conducted in a second language. The literature on multicultural competence in supervision provides a basis for such adaptations (Falender, Shafranske, & Falicov, 2014), but their effect on DCS® training has not been examined.

**Transferability across helping professions.** The framework was developed for the training of DCS® practitioners. Some elements, such as contracting, structured debriefing, and the distinction between supporting and supplying an interpretation, may be relevant to coaching, counseling, education, and other helping professions. Their transfer would, however, require adaptation to the scope, ethical codes, and supervision requirements of each profession. In particular, the scope boundaries described here assume a non-clinical training setting, and professions that work with clinical populations would need their own criteria for referral and risk management. The framework should not be applied in other professions without such adaptation.

Several directions for future research follow. Inter-rater agreement on the completion markers could be examined by having several supervisors rate the same recorded sessions. Practitioner competence could be tracked across a series of supervised sessions to test whether the proposed competency criteria and rubric capture development. Practice partners' ratings of sessions could be related to practitioners' marker scores. Finally, outcome studies with people outside the training setting could test whether practitioners trained in this way achieve more stable behavioral change than practitioners who learn the model from text alone.

A staged pilot evaluation could address these questions in sequence. In a first stage, supervisors and trainees could review the completion markers and rubric descriptors for clarity and suggest revisions before any ratings are collected. In a second stage, at least two supervisors, preferably including at least one who is not affiliated with the organization that developed DCS®, could independently rate the same recorded sessions, with separate consent from all participants; inter-rater agreement could then be estimated with intraclass correlation coefficients selected and reported according to established guidance (Koo & Li, 2016). In a third stage, repeated ratings across a series of supervised sessions could show whether the rubric is sensitive to practitioner

development. Treatment-fidelity procedures developed for behavior-change research offer a model for checking whether the method is delivered as intended (Bellg et al., 2004).

Outcomes could be organized according to the four levels of training evaluation: reaction, learning, behavior, and results (Kirkpatrick & Kirkpatrick, 2006). In this setting, these would correspond to the satisfaction and acceptability reported by practice partners, practitioners' competency ratings, the fidelity of practitioners' delivery in later sessions, and the behavioral-change outcomes of people outside the training setting. Independent research teams would be best placed to conduct the later stages, since the developer and the training organization have an interest in the results.

## CONCLUSION

The five phases of Direct Change Solution® describe the order in which a person moves from seeing a pattern to living differently: Awareness, Recognition, Resource Identification, New Internal Decision, and Behavioral Grounding. Knowing this order is necessary but not sufficient for applying it. Each phase is accompanied by proposed observable completion markers that can guide supervision and require further empirical validation. Each transition depends on a professional judgment that a practitioner learns most reliably by practicing under the eyes of an experienced supervisor and receiving specific feedback. The framework presented here translates the model into practitioner tasks, completion markers, common errors, supervisory focus, a feedback cycle, competency criteria, and ethical safeguards. It is offered as a practical structure for training and as a starting point for the empirical study of how DCS® is learned and delivered.

**Declarations**

**Conflict of interest.** The author is Director of Educational Activity at Happy Life Academy®, which provides training in Direct Change Solution®, and leads practical sessions in its training programmes. Direct Change Solution® and the Internal Autobiographical Map were developed by Stoyana Natseva, founder of Happy Life Academy®, whose works are cited in this article. This is declared as a potential conflict of interest.

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**Ethical approval.** Not applicable. This conceptual article involved no research with human participants.

**Data availability.** This article is conceptual and procedural. No new data were collected or analyzed.

**Use of AI tools.** AI-assisted tools were used for language editing and structuring of the manuscript. The author takes full responsibility for the content.

## REFERENCES

1. Bachkirova, T., Jackson, P., & Clutterbuck, D. (Eds.). (2011). Coaching and mentoring supervision: Theory and practice. Open University Press.
2. Bellg, A. J., Borrelli, B., Resnick, B., Hecht, J., Minicucci, D. S., Ory, M., Ogedegbe, G., Orwig, D., Ernst, D., & Czajkowski, S. (2004). Enhancing treatment fidelity in health behavior change studies: Best practices and recommendations from the NIH Behavior Change Consortium. Health Psychology, 23(5), 443–451. https://doi.org/10.1037/0278-6133.23.5.443
3. Bernard, J. M., & Goodyear, R. K. (2019). Fundamentals of clinical supervision (6th ed.). Pearson.
4. Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. Psychotherapy: Theory, Research & Practice, 16(3), 252–260. https://doi.org/10.1037/h0085885
5. Conway, M. A., & Pleydell-Pearce, C. W. (2000). The construction of autobiographical memories in the self-memory system. Psychological Review, 107(2), 261–288. https://doi.org/10.1037/0033-295X.107.2.261
6. Ecker, B., Ticic, R., & Hulley, L. (2012). Unlocking the emotional brain: Eliminating symptoms at their roots using memory reconsolidation. Routledge.

7. Ericsson, K. A., Krampe, R. T., & Tesch-Römer, C. (1993). The role of deliberate practice in the acquisition of expert performance. Psychological Review, 100(3), 363–406. https://doi.org/10.1037/0033-295X.100.3.363
8. Falender, C. A., & Shafranske, E. P. (2004). Clinical supervision: A competency-based approach. American Psychological Association. https://doi.org/10.1037/10806-000
9. Falender, C. A., Shafranske, E. P., & Falicov, C. J. (Eds.). (2014). Multiculturalism and diversity in clinical supervision: A competency-based approach. American Psychological Association.
10. Gollwitzer, P. M. (1999). Implementation intentions: Strong effects of simple plans. American Psychologist, 54(7), 493–503. https://doi.org/10.1037/0003-066X.54.7.493
11. Hawkins, P., & Shohet, R. (2012). Supervision in the helping professions (4th ed.). Open University Press.
12. Hawkins, P., & Smith, N. (2013). Coaching, mentoring and organizational consultancy: Supervision, skills and development (2nd ed.). Open University Press.
13. Kirkpatrick, D. L., & Kirkpatrick, J. D. (2006). Evaluating training programs: The four levels (3rd ed.). Berrett-Koehler.
14. Kolb, D. A. (1984). Experiential learning: Experience as the source of learning and development. Prentice Hall.
15. Koo, T. K., & Li, M. Y. (2016). A guideline of selecting and reporting intraclass correlation coefficients for reliability research. Journal of Chiropractic Medicine, 15(2), 155–163. https://doi.org/10.1016/j.jcm.2016.02.012
16. Ladany, N., Hill, C. E., Corbett, M. M., & Nutt, E. A. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. Journal of Counseling Psychology, 43(1), 10–24. https://doi.org/10.1037/0022-0167.43.1.10
17. Lally, P., van Jaarsveld, C. H. M., Potts, H. W. W., & Wardle, J. (2010). How are habits formed: Modelling habit formation in the real world. European Journal of Social Psychology, 40(6), 998–1009. https://doi.org/10.1002/ejsp.674
18. Lambert, M. J., & Shimokawa, K. (2011). Collecting client feedback. Psychotherapy, 48(1), 72–79. https://doi.org/10.1037/a0022238
19. Lane, R. D., Ryan, L., Nadel, L., & Greenberg, L. (2015). Memory reconsolidation, emotional arousal, and the process of change in psychotherapy: New insights from brain science. Behavioral and Brain Sciences, 38, e1. https://doi.org/10.1017/S0140525X14000041
20. Markova, J. (2026). Knowing without doing: An integrative review of organisational, cognitive and identity-based explanations of strategic inaction in leadership. International Journal of Research and Innovation in Social Science, 10(9), 3122–3135. https://doi.org/10.47772/IJRISS.2026.100900215
21. McAdams, D. P. (2001). The psychology of life stories. Review of General Psychology, 5(2), 100–122. https://doi.org/10.1037/1089-2680.5.2.100
22. Michie, S., van Stralen, M. M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Science, 6, 42. https://doi.org/10.1186/1748-5908-6-42
23. Miller, S. D., Hubble, M. A., Chow, D. L., & Seidel, J. A. (2013). The outcome of psychotherapy: Yesterday, today, and tomorrow. Psychotherapy, 50(1), 88–97. https://doi.org/10.1037/a0031097
24. Milne, D. (2007). An empirical definition of clinical supervision. British Journal of Clinical Psychology, 46(4), 437–447. https://doi.org/10.1348/014466507X197415
25. Milne, D. (2009). Evidence-based clinical supervision: Principles and practice. BPS Blackwell.
26. Natseva, S. (2025a). Autobiographical memory and adaptation: A structural equation approach. International Journal for Research in Applied Science and Engineering Technology, 13(12), 3062–3068. https://doi.org/10.22214/ijraset.2025.76579
27. Natseva, S. (2025b). The Internal Autobiographical Map as a framework for trauma recovery and resilience. International Journal for Research in Applied Science and Engineering Technology, 13(12), 3051–3061. https://doi.org/10.22214/ijraset.2025.76577
28. Natseva, S. (2025c). The Internal Autobiographical Map: Enhancing psychological resilience in post-traumatic recovery. Journal of Advances and Scholarly Researches in Allied Education, 22(5). https://doi.org/10.29070/wsy2aq83

29. Natseva, S. (2025d). The role of visual mapping in enabling individuals to visualize their life narratives using IAM technology. Journal of Advances and Scholarly Researches in Allied Education, 22(5). https://doi.org/10.29070/24byhs79
30. Natseva, S. (2026a). Direct change solution: A structured five-phase intervention model for sustainable behavioral transformation. Journal of Advances and Scholarly Researches in Allied Education, 23(1), 811–821. https://doi.org/10.29070/a3akdw17
31. Natseva, S. (2026b). Direct Change Solution® (DCS®): A five-phase applied model for identity-level change [Preprint]. Zenodo. https://doi.org/10.5281/zenodo.21829668
32. Natseva, S. (2026c). Family constellations: Foundations, practice, core concepts, applications, and current research [Preprint]. Zenodo. https://doi.org/10.5281/zenodo.23039920
33. Natseva, S. (2026d). The founder authority model: Scaling online education without losing intellectual control. Horizon Books. ISBN 978-619-7850-04-8
34. Natseva, S. (2026e). Holistic consulting: Conceptual foundations, integrative methods, professional competencies and ethical standards (Version 1.2) [Report]. Happy Life Institute for Direct Change Science. Zenodo. https://doi.org/10.5281/zenodo.23422953
35. Natseva, S. (2026f). Identity-based change in adult education: An applied framework for sustainable learning and behavioural transformation [Conference paper, 6th USBED International Conference on Social and Educational Sciences]. Zenodo. https://doi.org/10.5281/zenodo.23350219
36. Natseva, S. (2026g). The Internal Autobiographical Map (IAM): An integrative framework for identity, trauma recovery, and psychological resilience. Horizon Books. https://doi.org/10.5281/zenodo.21692592
37. Natseva, S. (2026h). Internal Autobiographical Map model for understanding and transforming repetitive human behavioral patterns. Journal of Advances in Science and Technology. https://doi.org/10.29070/b8pf4r68
38. Natseva, S. (2026i). Internal autobiographical mapping and behavioral persistence: A neuroscience-informed psychological model. Journal of Advances and Scholarly Researches in Allied Education, 23(2), 155–167. https://doi.org/10.29070/wpzwb802
39. Natseva, S. (2026j). The role of founder-led leadership in online education organizations. Journal of Advances and Scholarly Researches in Allied Education, 23(1), 717–727. https://doi.org/10.29070/2v7asr81
40. Norcross, J. C., & Lambert, M. J. (2018). Psychotherapy relationships that work III. Psychotherapy, 55(4), 303–315. https://doi.org/10.1037/pst0000193
41. Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. Journal of Consulting and Clinical Psychology, 51(3), 390–395. https://doi.org/10.1037/0022-006X.51.3.390
42. Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. Journal of Career Development, 30(1), 5–44. https://doi.org/10.1177/089484530303000102
43. Rousmaniere, T. (2016). Deliberate practice for psychotherapists: A guide to improving clinical effectiveness. Routledge.
44. Schön, D. A. (1983). The reflective practitioner: How professionals think in action. Basic Books.
45. Wampold, B. E., & Imel, Z. E. (2015). The great psychotherapy debate: The evidence for what makes psychotherapy work (2nd ed.). Routledge.
46. Wood, W., & Rünger, D. (2016). Psychology of habit. Annual Review of Psychology, 67, 289–314. https://doi.org/10.1146/annurev-psych-122414-033417