

Application of Trans-Theoretical Model (TTM) as a Health Promotion Model in Tackling Alcohol Abuse

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Outline of the Presentation

- Objectives
- Introduction
- Background of the Trans-theoretical Model
- Application of 5 stages of change Model)
- Nurse's role
- Summary
- Conclusion: TTM and Alcohol Abuse
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Objectives of the Presentation

At the end of this presentation, audience will be able to:

- i. State five (5) approaches to health promotion.
- ii. Select and justify the application of education and empowerment approaches as components of the Trans-theoretical Model (TTM), as a behaviour change model, to tackle alcohol abuse
- iii. Adopt the five (5) stages of this change model.
- iv. Explain nurses' role embedded at each level of change to tackle alcohol abuse.

Introduction

- For evidence-based practice (EBP) to be maintained, mental health nurses must adopt a culture of appraising and integrating the available evidences from research, theory, practice and clinical expertise.
- To appraise the current and reliable knowledge which inform decision for improving quality care and patients' outcome, especially in the areas of alcohol and substance abuse, theoretical frameworks must be explored.

Introduction...2/2

- The five approaches to health promotion include medical, education, empowerment, social and behaviour change approaches.
- Trans-Theoretical Model (TTM) combine with education and empowerment approach.
- TTM has been shown to be useful elsewhere in addressing substance abuse including alcohol abuse especially in combination with education and empowerment approaches (Naidoo and Wills, 2010; p. 14).
- Alcohol abuse as a behavioural problem which requires to be tackled by the application of Trans-theoretical Model (TTM)

Trans-theoretical Model (TTM): Its Theoretical Background

- Prochaska and Diclement (1984) developed the Trans-Theoretical Model (TTM) of behaviour change during their Ph.D. studies at University of Rhode Island
- Prochaska's father rejected psychotherapy and counseling, and later died of complications related to alcoholism and depression.
- This motivated Prochaska's research interest in substance abuse and the stages of change

Theoretical Background...2/2

- Prochaska and DiClemente then, discovered that change occurs on a continuum and in stages.
- The model spans from many theoretical constructs before it was named Transtheoretical Model (TTM).
- TTM has proved to be an effective model of behaviour change not only for smoking cessation but to other psychosocial problems including alcohol abuse

Stages of Change

by Prochaska and DiClemente (1982):

Precontemplation → Contemplation → Preparation → Action → Maintenance

Stage 1: Pre-contemplation

- This stage is characterized by unawareness, ignorance, reluctances, lack of knowledge and insight on risk behaviour as well as denial to accept change.
- The Nurse is responsible for:
 - Informing and educating client on pros and cons of change and the consequences of risk behaviour via psycho-education, advertisement, awareness campaign and legislation
 - Identify readiness to change

Stage 2: Contemplation

- At this stage, client tends to “Sit on the fence”, indecisive, ambivalence and employing cost-benefit analysis
- Nurse sees this stage as an opportunity to intervene and cause change through:
 - Personalization, exaggeration, health education and empowerment (Tengland, 2016).
 - Identify needs and barriers to change such as motivation, beliefs, peers, denial, environment and social influence (Armitage, 2012).

Stage 2: Contemplation...2/3

- Practitioners should focus on beliefs and attitudes in order to trigger changes in behaviour
- Decision-making about change in behaviour lies in the hands of recipients of care, but can be enhanced by the nurse (Stevens 2004)
- People can be empowered and educated about the appropriate level of drinking, reduction in consumption, skipping days, self-monitoring of drinking and resisting family, friends and societal influences (Hublely and Copeman 2013).

Stage 2: Contemplation...3/3

- Use of policies and health service provision during education and empowerment programmes which assist clients to acquire self-esteem, self-determination and confidence and enables them to have “perceived locus” (Naidoo and Wills 2010, p. 14)
- Other actions includes: assisting clients in reflection, counseling and motivation

Stage 3: Preparation

- This period is time consuming and characterized by a readiness to change the unhealthy behavior: people “want to test water”
- The Nurse should establish: nurse-clients’ relationship, identify previous trial, need assessment, cost-benefit analysis, action-plan, encourage motivation, social support, self-confidence and determination, explain and accept relapse as well as teach adaptive mechanism.

Stage 4: Action

- All agreed action plans will be implemented, including behaviour and lifestyle modification, social support and social skills, reinforcement, education, counseling and empowerment in order to achieve goals (Prochaska and DiClemente 2012).
- Identify and manage relapse, convert stress and fulfill desire

Stage 5: Maintenance

- A period of re-establishment of a new lifestyle and “staying on track”
- The goal of this step is to prevent relapse and enhance a sustained life through the continued efforts of the clients and the practitioner
- Nurse encourage coping strategies, abstinence, follow-up, sustained behaviour, resistance to barriers, prevent relapse, advocate use of disulfiram tab 200mg daily for seven days

Nurse' s Role

Considerations:

- Current Life Situation
- Attitudes and Beliefs
- Interpersonal Relationships
- Social Systems
- Personal attributes

Nurse' s Role...2/3

- **Determinants of change**

i. **Cognitive/Experiential**

ii. **Behavioral**

1. Cognitive/Experiential

- Consciousness Raising
- Self-Revaluation
- Environmental Reevaluation
- Emotional Arousal/Dramatic Relief
- Social Liberation

Nurse' s Role...3/3

- **Determinants of change...cont'd**

2. Behavioral

- Self-Liberation
- Counter-conditioning
- Stimulus Control
- Reinforcement Management
- Helping Relationships
- Decisional Balance
- Self-Efficacy/Temptation

Summary

The Stages of TTM are:

- i. Precontemplation - Not ready to change
- ii. Contemplation - Thinking about a change
- iii. Preparation - Getting ready to make change
- iv. Action - Making the change
- v. Maintenance - Sustaining the behavior change until integrated into lifestyle

Implications of theory:

- Relapse and recycling - returning back to previous behavior
- Termination - Leaving the cycle of change

Conclusion: TTM and Alcohol Abuse

- Alcohol abuse is a global mental health problem that affects not only the drinkers but, the entire community, in causing accidents, violence, psycho-social and economic burden.
- Educational and empowerment approaches have been used during the application of the TTM model of change.
- This presentation calls attention to appraising the five (5) stages of TTM in addressing alcohol abuse.
- It should form basis/framework for research into the solution pathways to the problem of alcohol abuse and by extension, substance abuse

THE END

THANK YOU

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