Transtheoretical Model (TTM) Application

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Introduction

The renowned Transtheoretical Model (TTM) formulated by Prochaska & DiClemente (1983) is a behavior change model used to theorize the process an individual goes through for planned behavior change. Some concepts of behavior change limit themselves to certain aspects of change (for example, biological or social influences), but the TTM includes and integrates primary arguments from other concepts and theories to create a broad theory of change that applies to various behaviors, environments, and populations, hence, referred to as Transtheoretical. As such, a model is used by clinicians trying to change certain behaviours or adjustments. For example, it could be utilized for those who want to stop smoking or who seek to adjust their lifestyle after an accident incapacitating their movements. This paper applies the model to someone who attempts to quit smoking.

Stages Of Change In The Model

As explained by Paveyard et al. (2008), stages or change are the central elements of the TTM. Paveyard et al. (2008) explained that studies have established that individuals go through a sequence of steps when changing behavior. Though the duration an individual can remain in each phase differs, the tasks needed to pass to the next stage are the same. Paveyard et al. (2008) noted that specific principles and processes underlining change work efficiently at a particular stage to lessen resistance, promote progress, and stop relapse. Some of these principles are decision balance, processes of change, and self-efficacy. Paveyard et al. (2008) observe that only a small percentage (normally below 20%) of the selected population at risk is ready to change in a given period. Therefore, guidance provided using TTM has been shown to increase participation by individuals in the change process since it’s attractive to the whole population and not merely a small percentage willing to take action.

According to Paveyard et al. (2008), the stage/phase contract signifies a temporal dimension; changes entail phenomena happening within a given period. However, conventional theories of therapy lack a central contract that represents the duration of time. Usually, behavior change has been viewed as a one-time happening, for example, stopping smoking. TMM has filled this gap by understanding that changes are a process that takes time and goes through different stages. Whereas movement through the established phases could happen in a linear method, a nonlinear progression is also widespread. Usually, people may relapse to the initial stages after moving to the next one.

John’s Case Of Quitting Smoking

Smokers often require help to stop smoking successfully. It’s hard to stop long-term behavior or addiction when a person does not get assistance from a professional. The application of TTM in a situation of smoking cessation is meant to assist the patient in moving from one stage to another. Quitting smoking is a gradual process that requires time, and individuals do not usually move through various stages at a single time. As stated before, we will examine how this model can be applied to a person who wants to quit smoking. TMM has five stages, as shown in the diagram below, which guide the patient.

Stage 1: Precontemplation:

A person at this point is not ready to undertake the behavior change. As mentioned by Armitage & Arden (2008). Individuals at this stage have no intention of taking action about their conduct, and this stage is typically thought to last for six months. Having no information or being misinformed regarding the possible consequences of a particular behavior could cause the individual to stay in the pre-contemplation stage. When a person tries to change on multiple occasions and fails, it could result in demoralization regarding his/her ability to change; as such, a person is commonly viewed in other models and theories as unmotivated, resistant or unwilling to get help. The implication is that traditional approaches were not prepared for these kinds of persons and were not created to meet their needs and requirements.

At this point, John was not even thinking about quitting smoking; he used to say, “I have been smoking for the last 20 years, and I cannot do without my cigarette.” Whereas he knew that smoking was harmful, he had never thought of its adverse effects on his body, and he was not considering changing his smoking behavior. John was not motivated to quit because he could not imagine a day passing without inhaling the cigarette smoke.

Contemplation Stage

As mentioned by Armitage & Arden (2008), the contemplation stage is where people’s purpose changes within a short period, say in six months. A person understands the benefits of change and the challenges. As such, the person weighs between the advantages and the disadvantages that will arise from changing, and this can result in a person remaining in this phase for a prolonged period. Armitage & Arden (2008) explains that this phenomenon refers to as behavioural procrastination or constant contemplation, traditional action-focused programs are not effective to people at this stage.

John entered this stage when one of his friends was diagnosed with lung cancer, and the doctors told him that smoking could have contributed to his condition. On hearing this news, John started to seriously think about the pros of smoking and the possibility of suffering from cancer or other

conditions as had happened to his friend. Indeed, John started to ask me questions about the dangers of smoking. I informed John that smoking was associated with many diseases and complications that included but were not limited to cancer (many forms), cardiovascular diseases, respiratory diseases, stroke and even death. I reminded him that estimates from the CDC indicate that 480,000 people die each year in the United States from cigarette smoking-related diseases (CDC, 2017). After hearing this information, John was ready to change; he started to think about quitting. However, he did not have any plan on how to quit, and I told him that I would assist him since he was ready.

Preparation

Prochaska et al. (2008) point out that the preparation stage is where individuals plan to take action within a short time, normally within a month. Naturally, people at this stage have already taken some action within the previous six or twelve months. Such people have formulated a plan of action, for example, consulting a counselor or depending on self-change approaches. These people are enlisted in action-oriented programs. Accordingly, at this stage, I started to help John prepare an action plan that would allow him to quit smoking. Most of the action plan involved mental and psychological preparation, though this could include changing his lifestyle. Accordingly, the mental preparation entailed setting a possible quit date on the calendar. I requested him to inform his wife about that date so that there is some level of accountability when that date comes.

Action

The action is the stage where individuals have made sure of visible changes in their lifestyles in the previous six months. Since actions are observable, the general process of behavior change is usually equated to action. However, using the TTM, an action is among the five stages in the model. Still, not all changes in behavior require action. In many applications, individuals have to follow particular criteria that professionals agree are not enough to reduce the risk from a particular condition or behavior; for instance, in our case of John, the action involved completely quitting smoking and not reducing the number of cigarettes smoked. As such, when the quitting date arrived, John stopped smoking. I warned him that falling back to smoking would be a significant setback for the whole program, and it was not acceptable. Good enough John did not smoke, even though he admitted that the urge was too much, he was able to quit.

Maintenance

Maintenance is the final stage, where individuals have already taken certain changes concerning their lifestyle, as in the case of John, and are working to ensure that they do not relapse. Nonetheless, they do not require the change process regularly as those individuals in the Action stage. Armitage & Arden, (2008) noted that in this stage, persons have less temptation to relapse and get more self-

assured about continuing with their change. Researchers have established that this stage takes between six months and five years. A study by Prochaska et al. (2008) showed that after quitting smoking for one year, 43% of people relapse to regular smoking. The risk of going back to smoking was reduced to 7% after five years of abstinence. Bearing this in mind, I advised John to look at this data and understand that quitting requires patience and consistency. I was afraid that John would relapse back to smoking, but when we met after one year, and he was still maintaining his new behavior of non-smoker, I knew that he would manage. Still reminded him he has to continue those efforts.

References

Armitage, C& Arden, M (2008). How useful are the stages of change for targeting interventions? A randomised test of a brief intervention to reduce smoking. *Health Psychology*, 27 (6), 789-798 DOI: 10.1037/0278-6133.27.6.789

Paveyard, L Massey, A Parsons, S Manaseki, C Griffin (2008). The effect of Transtheoretical Model based interventions on smoking cessation Social Science & Medicine DOI: 10.1016/j.socscimed.2008.10.036

Prochaska, J.O., Butterworth, S., Redding, C.A., Burden, V., Perrin, N., Lea, Michael, Flaherty, Robb M., and Prochaska, J.M. (2008). Initial efficacy of MI, TTM tailoring, and HRI's in multiple behaviours for employee health promotion. *Preventive Medicine*, 46, 226-231