Using Commitment to Health Theory to Help Patients with Health Behavior Change

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Topics Covered

Commitment to Health Middle Range Theory

1. Theory origins
2. Description of philosophical underpinnings and theory assumptions
3. Definitions of meta-paradigm or main theoretical concepts
4. Description of major components of the theory
5. Explanation/description of the model depicting theory
6. Explanation of how theory has changed/evolved over time
7. An application to a specific practice situation
Theory Origins

- Grand Theory: Transtheoretical Model of Behavior Change
  - Empirically based
  - Measurement
    - Stages of Change
- Middle-range Theory: Commitment to Health
  - Empirically based
    - Commitment to Health Scales for
      - Diet
      - Exercise
TTM Evolution

- Initially, Prochaska called his new theory the “Stages of Change”
- Over time, new variables were added
  - Pros and Cons
  - Processes of Change
  - Self-efficacy
  - Temptation or Habit Strength
- New measuring instruments were added
- New health behaviors and combinations of health behaviors were studied (12 are currently recognized) for example
  - Diet, exercise, sun screen use, mammography screening, ….
Metaparadigm Concepts

- TTM does not specifically address metaparadigm, but this author would suggest that
- Person-responsible for health and health behavior change
- Nurse-facilitate person health behavior change through the use of specific interventions (processes of change, support self efficacy, address habit strength)
- Health-persons are responsible for their health, healthy persons are free of behaviors that place them at risk for increased morbidity/mortality.
- Environment-person’s react to their environment, but can change environment preventing adoption of healthy behaviors
Stages of Change

1. Discrete categories
2. Linear relationship between stages
3. Time sequenced
4. Defined by patients thinking about or performing a new behavior
5. Change is caused by Pros or Cons of a new behavior
   1. Strong & weak principle defines the relationship b/w Pros and Cons
6. Change facilitate by intervention using the processes of change techniques
7. Change is further facilitated by self-efficacy
8. Habit strength or temptation affects behavior change
Commitment to Health Theory

1. Research began in the late 1990’s
2. Started with replication of Prochaska’s initial work for smoking cessation, but three behaviors were evaluated
   - diet, exercise, smoking, and combinations of the three behaviors
3. Findings from 3 pilot studies,
   - Persons who are in the action stage of change are more likely to move to maintenance stage of change when commitment to a specific health behavior is high
Commitment to Health Theory

1. Measurement of Commitment to Health for Diet and Exercise have demonstrated validity and reliability.

2. Therapeutic Enhancement (TE) Nursing Intervention Category

3. Still in the Research stage of development, but TE is based on studies which demonstrate best practices, and therefore, is appropriate for beginning clinical studies.

4. Additional work needed to confirm adequacy of measuring instrumentation and theoretical rigor.
Therapeutic Enhancement

- **Patient**
  - action stage of change
  - has middle/high level of commitment to health
  - no psychological or physical impairments that prevent performance of new behaviors
  - self-care/management plan is realistic
  - patient receptive to nurse follow-up

- **Nurse**
  - is part of a collaborative team
  - establishes therapeutic relationship with patient
  - trained in motivational interviewing technique
  - dependable and consistent in follow up
  - Follow-up continues for 6 months
Nurse directed and follow-up care to include:

- Patient education (address knowledge deficits)
- Self-care/management plan based on stage and processes of change
  - Contingency management
  - Helping relationships
  - Counterconditioning
  - Stimulus control
Therapeutic Enhancement

- Nurse led motivational interviewing therapy (MI) with follow-up contacts
  - Therapeutic goal: enhance patient behavior change through exploration of patient resistance/difficulties limiting commitment to new behaviors.
    - Includes
      - Expressed empathy,
      - support self-efficacy,
      - Do not challenge resistance, but work with patient to recognize discrepancies between their current behaviors and their future goals. (Miller, Zewben, DiClemente & Rychtarik, 1992, p.8)
Therapeutic Enhancement

Outcomes

- **Stage of Change Algorithm**
  - Change from action to maintenance stage
    - Patient has performed the behavior for more than 6 months, and the behavior is integrated into their daily activities

- **Commitment to Health Scale**
  - High level of commitment
Clinical Example

NSG DX: Therapeutic Regime Management: Diet (reduced calorie intake)

ETHOLOGY: Recommend specific intervention based on persons stage of change and commitment to health for those in the action stage with low to middle level of commitment to dietary change.

NSG INTERVENTION:
Nurse and patient create goals and plan of action to support new behavior.
Develop rewards for adherence to the new behavior or offer consequences of relapse into old behavior.
Identify support group opportunities.
Identify appropriate healthy alternative behaviors (substitutes for cues to ingestion of high calorie, low value foods).
Address distorted thinking about unhealthy food choices.
“I feel better when I eat forbidden foods”
Identify and encourage avoidance of old triggers or reminders that lead to relapse into old behavior.

OUTCOME: Maintenance Stage of Change for recommended diet and High level of commitment to dietary health.
Empirical Evidence

- Transtheoretical Model

- Commitment to Health Theory
  - Kelly (2001; 2008)

- Commitment to Health Scale
  - Kelly, (2005)

- Nursing Interventions
  - Beswick, (2004); Rapoff, (2002); Eldh, (2004); Schroeder, (2004); Kelly (2008)
  - Motivational Interviewing
References


