

Home Health Care Nursing Application of the Transtheoretical Model of Change to Patients with Congestive Heart Failure: A Case Study



WYONA M. FREYSTEINSON, PHD, MN

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Objectives



- Explore the six stages, three key concepts and stage appropriate interventions of the Transtheoretical Model of Change (TTM).
- Reflect on a case study where TTM was used to help an older gentleman with congestive heart failure (CHF) change his poor health behaviors.

The Problem



- WHO: cardiovascular disease causes greatest number of deaths
- CHF patients: frequent emergency rooms visits and hospitalizations
- Home care: limited ability to deal with complex heart failure symptoms



One Solution



- A specialized team of clinicians to care for patients with stage 3 and 4 CHF: Cardiac Life



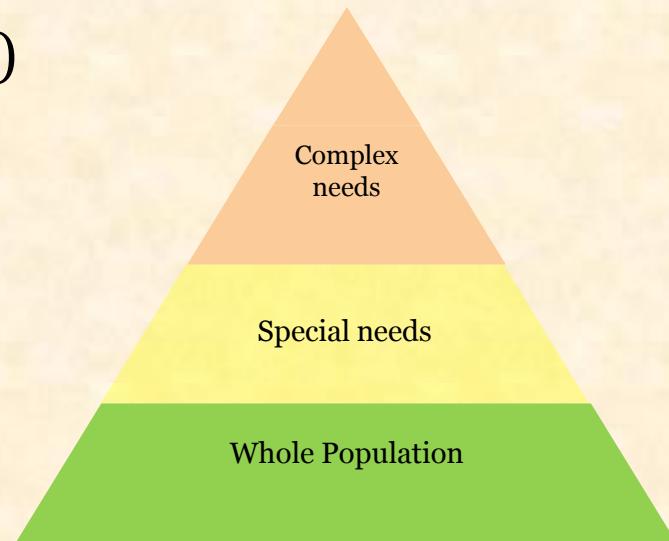
- Team members: physicians, nurse practitioners registered nurses and therapists

Cardiac Life



Complex & Chronic Home Care Clinical Delivery Model For Congestive Heart Failure

- Enhance health promotion (TTM)
- Effectively palliate symptoms
- Improve safety
- Decrease caregiver burden
- Improve well-being
- Decrease emergency room visits
- Decrease hospital readmissions



Keys to Success



- Nurse Practitioner (NP) home visits
- Weekly clinical CHF team meetings
- Physical therapists trained in *TAI CHI*
- Palliative care
- Transtheoretical Model (TTM) of Change



Why TTM?



- TTM has been effective in many areas including:
 - Smoking cessation
 - Weight reduction
 - Exercise
 - Healthy eating

Why TTM?



- TTM is a model that emphasizes change takes time.



Transtheoretical Model (TTM)



- Three core concepts
- Six stages or time points
- Ten process steps

Prochaska, Johnson & Lee, 2009

Core Concept: Decisional Balance



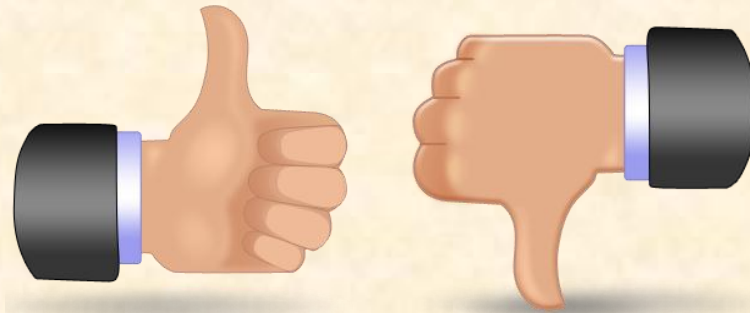
- Decisional Balance: potential pros and cons
- I decide:
 - If I want to think about changing.
 - Based on why or why not I think I should change.
 - If I should keep this new healthier habit.
 - If I should return to the old habit.



Core Concept: Self-efficacy



- Self-efficacy: confidence one has in one's self
- One may say, I:
 - Can change!
 - Can't do that.
 - Am not able to change.



Core Concept: Temptation



- Temptation: how much one can resist returning to old behaviors
- One may think, I:
 - Miss my habit.
 - Hate thinking about this (new health behavior) all the time.
 - Do not see what this (new health behavior) is doing for me.



TTM Stage: Precontemplation



- Precontemplation stage:
 - No thought or consideration of change
 - May not know now what the unhealthy behavior is
 - May choose to do nothing about it
- Nursing Actions:
 - Assess patient's understanding of healthy behaviors
 - Provide health care education

TTM Stage: Contemplation



- **Contemplation stage:**
 - Thinking about a need for change
 - Lasts up to six months
- **Nursing Actions:**
 - Assess perceived barriers
 - Emphasize pros over cons
 - Provide health care education
 - Discuss a time in the future to take action



TTM Stage: Preparation



- Preparation stage:

- Preparing to change
- Usually within one month



- Nursing Actions:

- Discuss ways to prepare for change
- Determine what may need to be bought, altered or removed in order for change to occur

TTM Stage: Action



- Action stage:
 - Actively making the change
 - Last up to six months
- Nursing Actions
 - Offer encouragement
 - Discuss change maintenance strategies
 - Show support if there is a relapse back to the old habit

TTM Stage: Maintenance



- Maintenance stage:
 - Choosing to continue in the new behavior
 - Working to prevent relapse
- Nursing Actions:
 - Keep in touch in person or by phone
 - Offer continued encouragement



TTM Stage: Termination



- Termination stage: complete behavior change and no temptation to return to the old behavior



Change Process Steps



- **Conscious Raising**
 - increases awareness
- **Dramatic Relief**
 - increases emotion
- **Self-reevaluation**
 - assess self-image
- **Environment reevaluation**
 - assess society image
- **Stimulus control**
 - prompts
- **Self Liberation**
 - self commitment
- **Social liberation**
 - empowerment
- **Counter conditioning**
 - alternatives
- **Contingency management**
 - reinforcements
- **Helping relationships**
 - social support

Case Study



- 76 year old man with multiple co-morbidities: CHF, chronic obstructive lung disease, diabetes

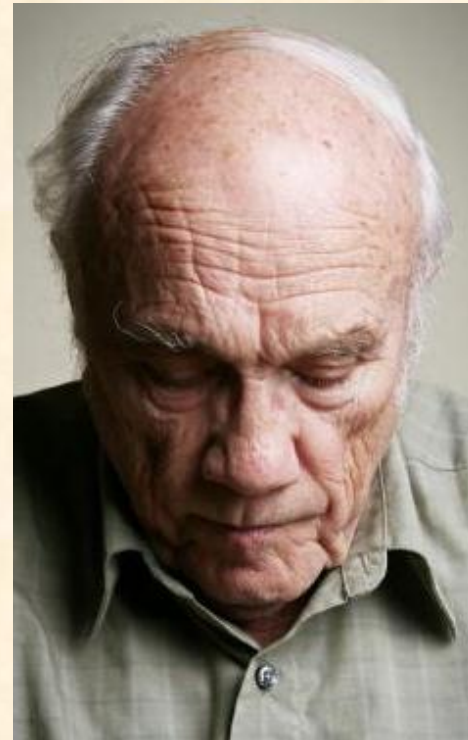


- On admission: overweight, depressed, elevated blood sugar, elevated blood pressure, 4+ pitting edema

The Problems



- The patient:
 - Not weighing self
 - Not doing daily blood sugars
 - Smoked
 - Poor diet



Reliance on Medical System



- High reliance on medical system to *cure*
- Transference of reliance to his wife to:
 - Cook
 - Give medications
 - Blood sugar
- Wife had multiple medical problems: increasingly difficult to care for husband



Case Study Plan



- Assess patient awareness of negative behaviors
- Consciousness–raising
- Education of need to care for self
- Patient was in the stage of contemplation

Case Study Plan



- Immediate health management issues:
 - Dietary restriction of salt
 - Self-management of daily blood sugar
 - Weighing self daily
 - Change of medications (NP)



Moments of Frustration



- For weeks, the patient would not care for self.



- Clinicians increasingly frustrated!

Case Study Plan



- Dramatic relief



- Past, present and future consequences
- Pros and cons

Progress



- At 9th week of care, the patient stated:
 - *“I knew you were coming and so I figured I better do this...I cut down on the salt too!”*
- Weight and blood sugar log had been completed



Action Stage



- Patient had entered the action stage
- There were occasional lapses in self care
- At each visit, nurses
 - Offered support and encouragement
 - Discussed barriers and strategies to maintain change

Case Study Outcomes



- This paradigm case became the jumping board for a renewed sense of enthusiasm in the clinical team!



Clinical Team Outcomes



- Change in nurses and therapists:
 - Enhanced knowledge of change
 - Understanding that change takes time
 - Greater number of change strategies
 - Increased interest in motivating patients to change
 - Increased team communication
 - Increased patience with elderly patients

Cardiac Life Outcomes



Of the first 90 discharges from Cardiac Life

- 36 discharges to self care (40%)
- 23 discharges to hospice (25%)
- 15 hospitalizations for CHF symptoms (16%)
- 12 hospitalizations for other (13%)
- 4 deaths (4%)

Nursing Implications



- Consider the use of TTM as a foundational change theory
- Promote TTM in settings where patients are seen over a long period of time (i.e. home care)
- Educate nurses and nursing students on TTM

Research Needs



- Research needs:
 - Efficacy of TTM in home care
 - Effect of TTM on nursing satisfaction
 - Multi-cultural usefulness of TTM



Conclusion



- TTM appears appropriate for the home setting:
 - Emphasis that change takes time is appropriate for the older adult
 - Stages of change provide focus for the team in care planning
 - Potpourri of change strategies
 - Research of TTM in home care is warranted

Contact Information



Wyona M. Freysteinson, MN

wyonaf@comcast.net