Application and Analysis: PAPM model

1. **Explain how the PAPM model was used to address planning and intervention characteristics in the Costanza et al. (2009) article.**

   The Precaution Adoption Model (PAPM) and the Theoretical Model of Change (TMC) are both stage-models of behavior change that is used to guide the development, implementation, and evaluation of health promotion programs (DiClemente, Salazar, & Crosby, 2013). Although similar in their frameworks, the PAPM places more emphasis on the cognitive processes of the individual, and divides the precontemplation stage into two sub-stages: (1) unaware and (2) unengaged by the issue; whereas, the TMC does not.

   In the Costanza et al. (2009) article, the PAPM was used in this pilot study to create more precise tailoring of counseling for women who were found to be precontemplators of mammogram screenings and who were long overdue (>27 months) for a mammogram. Change in stages and receipt of a mammogram was the primary outcomes of this study. Therefore, prior to the study, eligible women received mailed informational booklets on breast cancer including its risk, screening guidelines, mammograms, and graphics. Afterwards, the women were each contacted by an interviewer, and based on their response at the beginning phone counseling, they were classified between stages 1-4 of the PAPM; (1) being uninformed of risks or about the screening test; (2) being unengaged and not feeling a personal vulnerability; (3) acknowledging personal vulnerability, yet still deciding; (4a) has decided against ever having a mammogram; (4b) would only get a mammogram if they perceive a personal risk; (5a) plans to have a mammogram at a >2 year interval, but not within the next 3 month; (5b) plans to get a mammogram within the next 3 month, but has no specific date
set; and (5c) is ready to schedule a mammogram. With the guidance of computer-assisted telephone interviewing (CATI) and motivational interviewing (MI), it was the interviewers intent to move women in stage 2-4 at the beginning of phone counseling to stage 5 by the end of the call.

2. **Determine and explain if the use of the model made sense based on the description of the model in the appropriate textbook chapter and supplemental materials.**

   Based on DiClemente, Salazar, & Crosby (2013) explanation about the framework of the PAPM, the theory was appropriately used in the Costanza et al. (2009) study. Further, DiClemente, Salazar, & Crosby (2013) explains that the rationale for using the PAPM is to create a stage-matched intervention that fits the recipient population, which was depicted in the Costanza et al. (2009) study by stage-matching each participant in the study, and using CATI and MI to move them to a higher stage, if they were already at stage 5.

3. **In review of your chosen secondary articles, how did the application of the model differ between the interventions? In your opinion, is one application a better use of the model than the other? Explain.**

   My secondary articles included a clinical observation study that examined rural elderly women’s gynecological cancer screening practices using the PAPM, and a study aimed at evaluating the effectiveness of interventions designed to increase adolescent participants’ adoption of relaxation practices for the treatment of their premenstrual syndrome (PMS) using the Construal Level Theory and the PAPM (Minchew, 2015;
Minchew (2015) used the PAPM to understand rural elderly women’s connection between gynecological cancer knowledge and gynecological cancer screening practices, which helped to confirm that gynecological screening practices is a dynamic process with variance within a population most likely supported by the influence of a health care provider. On the hand, Delara et al. (2013) only used eligible adolescent females who were in stage 3 (undecided) of the PAPM for the study because the authors felt that conventional cost-benefit information is especially important at stage 3. The study participants were divided into high-level construal (HLC) and low-level construal (LLC) groups, where each viewed a video on the desirability or feasibility of adopting relaxation as a coping behavior for PMS. Following the videos, students were assessed for decisional progress toward adoption of relaxation behavior as measured by the PAPM (Delara et al., 2013).

All of the aforementioned studies utilized the PAPM theory for unique purposes. Costanza et al. (2009) used the theory to progress women in stages 2-4 to stage 5 using CATI, MI and interval mammogram scheduling; whereas, Delara et al. (2013) only felt study participants in stage 3 would be more likely to progress in stages from cost-benefit information. And, Minchew (2015) simply used the model to understand rural elderly women’s knowledge and practices related to gynecological cancers and screenings. Therefore, the application of the PAPM is not subjective to one style of use for developing health promotion interventions, but beneficial in its purpose to develop stage-matched interventions intended to advance to health promoting behaviors step by step. As a result, application of the model must be centered on the prospective outcome.
References:

