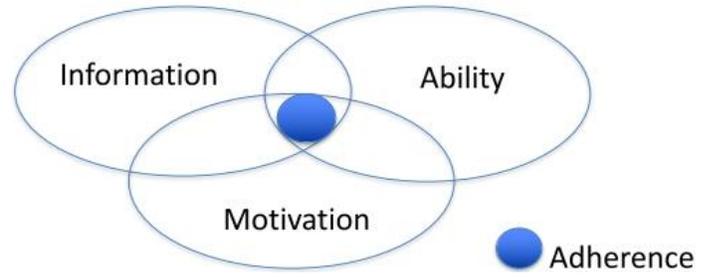OVERVIEW:
- Pts must have their own internal motivation for self-care
- Most interventions try to push or pull patients to temporary change when they are not ready = external motivation
- Of those *needing* to change a behavior, 50-70% are not ready
- People in the helping professions have a natural tendency to want to FIX what's wrong with pts
  > This can be a HINDRANCE to taking action towards change
    - Does not respect the internal influence of individual barriers and motivations
    - Patients can feel misunderstood → may become more resistant to change

PREDICTORS OF PROGRESSION THROUGH STAGES:
- Decisional balance
- Self-efficacy: confidence vs. temptation
- Processes of change
  o Experiential: early stage transitions
    - Consciousness raising: ↑awareness
    - Emotional arousal
    - Social liberation: environmental opportunities
    - Self Re-evaluation: self reappraisal
  o Behavioral: later stage transitions
    - Stimulus control: re-engineering
    - Helping relationships: supporting
    - Counter conditioning: substituting
    - Contingency management: rewarding
    - Self liberation: committing

CAUSES OF NON-ADHERENCE: AIM model

TRANSTHEORETICAL MODEL: uses stages of change to integrate processes and principles of change from several major theories of psychotherapy & behavior change
> CORE CONSTRUCT: STAGES OF CHANGE

ASSUMPTIONS:
- Behavior change is a process, a sequence of stages
- Most at-risk populations are not prepared for action
- Specific processes of change should be applied at specific stages for progress to occur

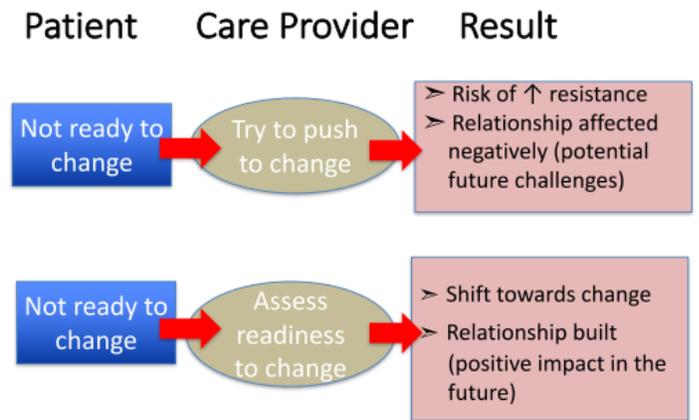VALUE OF THIS MODEL:
- Helps identify where patient is in the process of change and to identify any progress
- Suggests different ways of responding to patient depending on where they are in the process of change
- Helps identify ambivalence to change

STAGES OF ACTION:

Pre-contemplation
- Resistant and unmotivated to change
- tend to AVOID reading, talking, or thinking about their high risk behaviors
- Get frustrated if you try to talk to them about changing their behavior

SUPPORTING SHIFT: increase pt's awareness of need for change
- Validate lack of readiness
- Clarify the decision to change is theirs
- Encourage re-evaluation of current behavior
- Encourage self-exploration, not action
- Personalize info about risks & benefits

Contemplation
- Initial consideration of behavior change
- Ambivalent about change (pros and cons)
- Intends to take action in the next 6 months
- Procrastination can occur

SUPPORTING SHIFT: motivate
- Validate lack of readiness
- Clarify: the decision is theirs
- Encourage evaluation of pros and cons
- Identify and promote new, positive outcome expectations
- Encourage making specific plans & goals

Relapse

SUPPORT ONGOING MAINTENANCE: assist with coping
- Plan for follow-up support
- Reinforce internal rewards
- Discuss coping with relapse (should it occur)

Maintenance
- Has engaged behavior change for more than 6 months
- Strive to prevent relapse
- Higher self-efficacy and less tempted to relapse than during action stage

Preparation
- Preparing to take action
- still ambivalent about change
- Intends to take action within the next 30 days

SUPPORTING SHIFT: assist with feedback and problem solving, provide social support and reinforcement

Action
- Has engaged in behavior change within the last 6 months
- Risk for relapse may be high as behavior change is not "habitual" (focus of pharmacist support)

SUPPORTING SHIFT: assist with developing, refining, and implementing concrete action plans
- Help set gradual goals
- Identify and assist in problem solving re: obstacles
- Help patient identify social support
- Verify that the patient has the underlying skills for behavioral change
- Encourage small initial steps