Facilitating Patient Behavior Change

SCONL | SCASHRM | SCAHQ
Joint Meeting, 12-2-2016

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Frameworks

Population Health
Socio-Ecological Model
Chronic Care Model
Patient Behavior – Self Management
Figure 13-5 Population health.
*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)
The Chronic Care Model

Community
- Resources and Policies
  - Self-Management Support

Health Systems
- Organization of Health Care
  - Delivery System Design
  - Decision Support
  - Clinical Information Systems

Improved Outcomes:
- Informed, Activated Patient
- Productive Interactions
- Prepared, Proactive Practice Team

Developed by The MacColl Institute
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Patient Safety
Quality of Life
Improved Health Status
Reduced Readmissions
Improving Patient Outcomes - Helping Them Change Behaviors

• Just telling people what to do hasn’t worked very well to improve patient outcomes.

• Information does not cause transformation. It is essential, but not sufficient.

• Patient must be psychologically ready, engaged, activated, and “talk the talk” before they change.

• It might take a little more investment in the beginning, but will save time in the long run, will increase patient and provider satisfaction, and will improve outcomes!
Patient Engagement Paradigm Shift

From
- Telling patients what to do
- Transfer of information
- Compliance

To
- Listen, problem solve, and collaborate
- Developing confidence
- Building capability
Theories and Models

- Social Learning Theory (self-efficacy) - Bandura
- Health Literacy strategies
- Adult Learning Strategies
- Client-Centered Counseling - Harville Hendrix
- Behavior Modification
- Social Support - Israel
- PRECEED-PROCEED – Green and Kreuter
- Motivational Interviewing – Miller and Rollnick
- Self-Determination Theory – Deci and Ryan
- Patient Activation - Hubbard and Gilburt
- Transtheoretical Model (Stages of Change) - Prochaska and DiClimente
- Marlatt’s Cognitive-Behavioral Model – relapse prevention
Provider Mind-set - Change

People don’t resist change, they resist being changed.

-Peter Michael Senge

American scientist and director of the Center for Organizational Learning at the MIT Sloan School of Management. He is known as author of the book “The Fifth Discipline: The art and practice of the learning organization”, 2006.
**As a Clinician How Important is it to you that your patients with long term conditions:**

- Are able to take actions that will help prevent or minimize symptoms associated with their health condition*
- Are able to make and maintain lifestyle changes needed to manage their long term condition*
- Understand which their behaviors make their condition better and which ones make it worse
- Can follow through on medical treatments you told them they need to do at home*
- Know what each of prescribed medications does*
- Believe when all is said and done what they are the ones who are responsible for managing their health*
- Able to determine when they need to go to a medical professional for care and when they can manage the problem on their own*
- Are able to work out solutions when new situations or problems arise with their health condition*
- Want to be involved as a full partner with you in making decisions about care
- Tell you concerns they have about their health even when you do not ask*
- Want to know what procedures or treatments they will receive and why before the treatments are performed
- Understand the different medical treatment options available for their long term conditions*
- Look for trustworthy sources of information about their health and health choices such as on the web, news or books
- Bring a list of questions when they come to the clinic
Provider Mind-set & Beliefs

Believe in your patient – *Everyone has strengths*

Believe your patient is *capable* of behavior change

True beliefs are transmitted in subtle ways that the patient perceives.

Provider’s belief about a person’s ability to change can become a *self-fulfilling prophecy*;

*Acceptance precedes behavior change*
Building the Relationship

“People do not care how much you know until they know how much you care.”

- John Maxwell

Caring for Patients One Conversation at a Time.

- Stein, Nagy and Jacobs
Build Relationship

• **Establish Trust and Rapport**
  Benevolence – truly having client’s best interests at heart
  Honesty – share thoughts, feelings, intuition, and own experiences
  Reliability – do what you say you will do
  Confidentiality is crucial

• **Avoid jargon, don’t talk down to client (health literacy)**

• **Show empathy** – understanding, nonjudgmental, acceptance
  Have a relaxed presence with clients, **be calm**

• **Use positive reinforcement**, validate and affirm their knowledge, contributions and successes
Build Relationship – Client Centered Counseling

May need to address patient emotions before they are ready to discuss behavior change.

- Mirroring – “I can see that…..”
- Validating – “It makes sense that…..”
- Empathy – “I can imagine that…..”

Source: Dr. Harville Hendrix
Build Relationship – Addressing Patient Emotions

Hope and Fear
Sense of Hope

• Various kinds of therapy worked because of what they had in common, *inspiring a new sense of hope for the patients – the belief and expectation that they would overcome their troubles.*

Jerome Frank, MD, professor of psychiatry at Johns Hopkins University

• Changing organizations depends overwhelmingly on changing the *emotions* of their individual members

John Kotter, PhD, Professor at Harvard Business School
Hope is Better than Fear…

- Providers may try to use facts and fear to change patient’s behavior.
- Fear appeals can be effective when they contain recommendations for one-time only (versus repeated) behaviors, and if they specifically describe how to avoid the threat (e.g., get a flu vaccination).
- Frame information in a way that maximizes the individual’s sense of self-efficacy that they are able to minimize the threat.
- In the long term, fear is uncomfortable so the patient may avoid it through denial and go back to old behaviors.
Hope is Better than Fear

- **Hopelessness, powerlessness** about a seemingly impossible situation = depression and defeatism or denial and defense.

- Hopelessness can be replaced with a new sense of hope – the belief and expectation that you can change your situation and overcome challenges.

- **Powerlessness** can be overcome by shifting belief that science and doctors are all powerful when it comes to healing to belief that patient also has power because they control their behavior.
Building Hope

• “I have the feeling you are the kind of person who can handle a challenge.”

• “We will face this challenge together.”
Three Keys to Change – Relate, Repeat, Reframe

“Change or Die” by Alan Deutschman, 2007

**Relate** - Form relationship that *inspires and sustains hope*. Help person *believe they have the ability to change*, and that you *expect* they will change.

**Repeat** – *Behavior change requires learning, practice, and mastering*. *Repetition* is required for new behavior to become automatic (range 18-254 days) because old behaviors are imprinted in neural pathways. Breaking a path through a forest is difficult at first, then easy to follow after repeated use.
Relate, Repeat, Reframe, con’t

**Reframe** – Our frame is how we see the world. People try to fit facts into their frames and if they don’t fit, they will challenge or dismiss them and persist in believing what they want to believe. Difficult, but possible, to change.

Help patients see world in a different way by guiding them in *creating a vision* of becoming their best self. Remember, if you can’t “see yourself” doing something or being something, you most likely will not be able to achieve it.
The Elephant and the Rider

“Switch: How to change things when change is hard.” Heath & Heath, 2010

- Behavior change often requires change of mind (Planner) and heart (Doer).
- The “rider” provides the planning and direction, the “elephant” provides the energy and is instinctive and emotional.
Behavior Change requires Energy

• Self-control is an exhaustible resource!
• The bigger the behavior change, the more self-control energy it requires.
• When self-control energy is exhausted, mental energy is also exhausted and people often fail at change.
• Help people minimize the self-control energy required for health behavior change.
Conserving self-control energy

• Direct the rider – provide crystal clear directions (what looks like resistance is often lack of clarity).

• Motivate the elephant – what looks like laziness is often exhaustion.
Shape the Path

- To change person’s behavior, sometimes you must change the situation and the surrounding environment
  - Exp. size of popcorn bucket
- Increase “activation energy”
  - Reduce links in behavior change chain
  - Simplify initiation (eg. Just put on your walking shoes)
Solutions-Focused Therapy

Instead of spending excessive time on “archaeological excavation” of understanding why you behave in a certain way, spend energy on solving problem at hand.
Pose the Miracle Question

“Suppose that you go to bed tonight and sleep well. Sometime, in the middle of the night, while you are sleeping, a miracle happens and all the troubles that brought you here are resolved. When you wake up in the morning, what’s the first small sign you would see that would make you think, “Well, something must have happened – the problem is gone!”

(Switch, pg 36)
Find the Bright Spots

- After the person has identified specific and vivid signs of progress, they would answer the Exception Question, “When was the last time you saw a little bit of the miracle, even just for a short time?”
- In this way, the person is learning that they are, indeed, capable of solving their own problem and have actually solved the problem in the past even if just for a short time.
Build on the Bright Spots

• Guide the person in identifying and specifically describing the times when things were working rather than focusing only on the problem and when things are not working.

• **Bright spots** provide direction for the Rider and hope and motivation for the Elephant.
Hope and Motivation

Ask, “What’s working, and how can we do more of it?” rather than,

“what’s broken, and how do we fix it?”

“Flashes of success, bright spots, can illuminate the road map for action and spark the hope that change is possible” (pg 48).

“Big problems are rarely solved with commensurately big solutions. Instead, they are most often solved by a sequence of small solutions, sometimes over weeks, sometimes over decades.” (pg 44).
Engage Patient through Questions

Let the client take the lead by using questions. It is their life and they must take the lead in their health to make improvements.

Move from asking, “What’s the matter?” to “What matters to you?” (IHI President Maureen Bisognano)

Find out what is important in your patient/client’s life “What would make a good day for you?”
Questions specific to medical visit

Start your encounter by asking “What is your goal for this visit?”

Close your encounter with, “What questions do you have?” instead of “Do you have any questions?”

• This creates the expectation that they should ask questions.
• Patients may pause after hearing this to consider things they may want to ask.
Other ways to elicit questions

“We discussed a lot of information. What can we review again?”

“Heart failure may be new to you, and I expect that you have some questions. What would you like to know more about?”
This program, designed by the National Patient Safety Foundation, encourages patients to know three things before leaving the encounter:

• 1. What is my main problem?
• 2. What do I need to do?
• 3. Why is it important for me to do this?
After asking questions – Listen to answers!

There may be no other relationship in your patient/client’s lives where they are heard in the way that they are by you.

“Listen until you don’t exist”

Silence – remember W.A.I.T. – Why Am I Talking?
Ask, Listen, and Reflect

• Balance questions with reflection - only one at a time
  “What would make a good day for you?”

• Give advice only when patients truly don’t know, use “teachable moments” that arise at critical times, relieve confusion with timely information.
  “Ask for permission to give advice.
  “Would you like me to give you some information about that?”

• Use open-ended questions
  “How did things go with your exercise last week?”
Reflecting

- **Reflections** – gives patients the opportunity to hear what they are saying from the vantage point of another person.

- Hearing how one sounds is often more provocative and transformational than inquiry.

- Patients react with more of an emotional response, the *point of reflections is to elicit desire to change.*
Evoking “Change Talk”
Motivational Interviewing

✧ Develop discrepancy,
✧ Overcome ambivalence,
✧ Elicit change talk.

“It’s part of our job to help people find motivation to change, that’s already inside the person rather than install something.”

-Bill Miller

“People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the minds of others.”

-Blaise Pasca (1623-1662)
OARS

- Open-ended questions
- Affirmations
- Reflecting – show that you understand what a patient is thinking and feeling
- Summarizing – a long reflection of summaries of statements
Strategies to Evoke Change Talk

Exploring Goals and Values - discuss what is important, what a person values.

Discussion of **pros/cons** of current behavior.

Disadvantages of status quo.

- "What worries you about your current situation?"
- "How has your behavior stopped you from doing what you want to do in life?"
- "What do you think will happen if you don’t change?"
Change Talk, con’t

Advantages of change. Recognition of the potential advantages of a change. How change could bring one closer to values or best self.

“How would you like for things to be different?”

“What would be the good things about (losing weight)?”
Change Talk, con’t

Optimism about change. Talk which expresses confidence and hope about one’s ability to change.

“When were you successful in making a change?” (Identifying “bright spot”)

“What encourages you that you can change if you want to?” (identifying strengths)

“What do you think would work for you if you decided to change?” (making a plan)

“Who could offer you support if you decided to change?” (social support)
Change Talk, con’t

**Intention to change.** As balance sheet tips, people begin to express an intention, desire, willingness or commitment to change.

**Elaborating**—clarify or ask for more details. How much? When? In what ways?

**Looking Back**—remember times before the problem occurred.

**Looking Forward**—envision a changed future.
Recognizing Change Talk

• “I know I should come see you more often. It’s just that I can’t get a ride.”
  (instead of suggesting transportation options, strengthen change talk by asking why they think it is important to come more often.)
• “That program might be good for some people, but not me. I can change by myself.”
  (tell me more about how you can change by yourself)
Patient Beliefs and Readiness

- Belief that behavior change will bring what is personally valuable and important
  - Key to **Motivation** for making change

- One is capable of making the change (self-efficacy)
- Benefits of change outweigh barriers
- Understanding why the old behavior is occurring
- Readiness to change
- Engaging in “change talk”. Internal locus of control
Create a Vision of Desired Outcomes

Help the patient create a vision of their “best self” or of “becoming best self”. Revisiting the vision will sustain motivation.

Cognitive dissonance - gap between “what is” and “what could be”, allow patient to experience discrepancy.

What behavior change could help you reach your vision?
Outcome Efficacy & Self-Efficacy

- **Outcome Efficacy** (belief that behavior will be effective in facilitating certain outcome, more powerful reason to change when the outcome is personally valuable)
- **Self-Efficacy** (belief in ability to carry out behavior)
- Assessing self-efficacy for change

How confident would you say you are, that if you decided to __________, you could do it?

On a scale from 0 to 10, where 0 is not at all confident to 10 which is extremely confident, where would you say you are?

- Why are you a _____, and not a ___ (lower number)
- What would it take for you to move to _____?
Strategies to Evoke Change Talk

Able-Confidence

On a scale of 1-10 how CONFIDENT are you that you can change right now?

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Not Confident                          Extremely Confident

Willing-Importance

On a scale of 1-10 how IMPORTANT is it for you to change right now?

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Not Important                          Extremely Important

Ready-Priorities

On a scale of 1-10 how READY are you that you can change right now?

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Not Ready                             Extremely Ready
Change Talk, con’t

• How might you change?
• What is a good first step?
• What obstacles do you foresee and how might you deal with them?
• What gives you confidence that you can do this?
• What has helped you succeed in the past?
• When you were at your best what helped?
Building Self-Efficacy

- Belief in ability to perform specific behavior
- Objective observer of own behavior
- Understanding that changing behavior is a process of skill acquisition rather than a test of willpower
- Reflection on past successes in changing other behaviors builds belief that they can change again
- Supportive “coach talk”
- Vicarious experiences
- Stress management (feeling stressed → success)

*Success experience (small steps)*
Coaching statements & questions

• You’re a capable person.
• You have the resources within you.
• You may benefit from learning new skills, taking another approach, or exploring another perspective.
• I’m here to support you in the process.
• What do you need?
• What are your fears?
Adult Learning Strategies

**Engagement** - Keep the learner engaged with discussion, learning experiences, applications,

**Meaningful** – Self-directed, personally relevant (“Would you like some information about that?”)

**Multisensory** – accommodates different learning styles

Chunk information into small bites, 5-6 “sticky” messages

**Health Literacy** – 5th grade reading level

Move from known to unknown, simple to complex, concrete to abstract. Advance Organizers, Anchoring Ideas.

**Opportunity for recall** – “Teach Back Method”

**Opportunity for application** to daily life, several settings
Provider/Patient Interactions – The 5 A’s of Behavioral Counseling

Address the Agenda/Agree
Assess
Advise
Assist
Arrange Follow-up

Five A’s - Agenda

Address Agenda/Agree - Collaboratively select appropriate treatment goals and methods based on the patient's interest in and willingness to carry out behavior change.

• We have about 15 minutes scheduled for your appointment today. How would you like to use that time?
• Would it be OK with you, if I shared some information about _____ that may be useful to you?
• Your test results show_______. Would you like to discuss the results?
Five A’s - Assess

Assess knowledge, beliefs, concerns, feelings, behavioral risk factors, behaviors

Assess previous experience with change

Assess stage of change

Ask about/assess factors affecting choice of behavior change goals/methods. May range from a few focused questions during each office visit to administering a multipage questionnaire.
• What do you know about _______?
• How do you feel about_________?
• What have you tried in the past?
• How do you feel about making some lifestyle changes that could improve your _____? Pros and Cons?
• What do you think about trying to make a specific, small change?
• How can I help?
• When would you like to start making the change?
Five A’s - Advise

Give clear, specific and personalized change advice, including personally relevant information about health harms and benefits. (Direct the “Rider”)

Provide physiological feedback when available.

“Your test results show that _____ is happening in your body”. I have some ideas about how we can improve that situation. Would you like me to share these ideas with you now?
Five A’s - Assist

Negotiate an intervention plan

Identify personal barriers and resources

Aid the patient in achieving agreed-upon goals by acquiring the skills, confidence and social/environmental supports for behavior change

Five A’s – Arrange Follow-Up

Schedule follow-up contacts to provide ongoing assistance/support and to adjust the treatment plan as needed.
Behavior Change Counseling Index

- Modification of Motivational Interviewing
- Incorporates many health behavior theories
- Incorporates relationship aspects critical to successful health coaching
- Coaching behaviors can be measured
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<tbody>
<tr>
<td>1.</td>
<td>Practitioner invites the patient to talk about behavior change</td>
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<tr>
<td>2.</td>
<td>Practitioner demonstrates sensitivity to talking about other issues</td>
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<tr>
<td>3.</td>
<td>Practitioner encourages patient to talk about current behavior or status quo</td>
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<tr>
<td>4.</td>
<td>Practitioner encourages patient to talk about change</td>
</tr>
<tr>
<td>5.</td>
<td>Practitioner asks questions to elicit how patient thinks and feels about the topic</td>
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<td>6.</td>
<td>Practitioner uses empathic listening statements when the patient talks about the topic</td>
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<td>7.</td>
<td>Practitioner uses summaries to bring together what the patient says about the topic</td>
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<td>8.</td>
<td>Practitioner acknowledges challenges about behavior change that the patient faces</td>
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<td>9.</td>
<td>When practitioner provides information it is sensitive to patient concerns and understanding</td>
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<td>10.</td>
<td>Practitioner actively conveys respect for patient choice about behavior change</td>
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<td>11.</td>
<td>Practitioner and patient exchange ideas about how the patient could change current behavior</td>
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Behavior Change Skills

**Goal-setting** – developing personal action plan

**Self-monitoring** – Personal Health diary, app

**Behavior Modification** - Environment change, Stimulus control, Contingency management, substitution

**Self-reward**

**Relapse prevention**

**Decision-making skills**

**Problem-solving skills**

**Symptom management** – determining when to seek care and when to manage on own (exp. Stoplight)
Personal Action Plan

- Patient has a vision, can “see” self changing selected behavior, reaching vision
- Patient “talks the change talk”
- Behavioral diagnosis of current behavior – track for 3 days - predisposing factors (cues), enabling factors, reinforcing factors
- Create a Plan – SMART goals
- Select change strategies
Transtheoretical Model (Stages of Change)

- People move through stages of behavior change.
- Behavior change does not always occur in a straight line from precontemplation to maintenance. Sometimes, people slip back to an earlier stage and have to start again.
- Different strategies are appropriate for different stages.
- “Pros” of moving to next stage must outweigh “cons”.

## Stages of Behavior Change

![Diagram showing stages of behavior change]

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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<tbody>
<tr>
<td>Precontemplation</td>
<td>NO</td>
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<tr>
<td>Contemplation</td>
<td>?</td>
</tr>
<tr>
<td>Determination / Preparation</td>
<td>YES</td>
</tr>
<tr>
<td>Action</td>
<td>GO!</td>
</tr>
<tr>
<td>Maintenance</td>
<td>CRUISING</td>
</tr>
<tr>
<td>Relapse / Recycle</td>
<td>UGH</td>
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</tbody>
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Adapted from Prochaska and DiClemente

Developed by Steve Taylor, DHSc, St. Anthony Family Medicine Residency Program, Denver, CO, (303) 595-6597.

**FIGURE 1: THE STAGES OF CHANGE**
FIGURE 7.6  The Stages of Change

Precontemplation to Contemplation

• Raising awareness through learning new facts
• Experiencing negative emotions from current behavior
• Realizing behavior has a negative effect on others

Contemplation to Preparation

• Realizing change can help acquire what is important
• Making a firm commitment to change (contract)
Preparation

- Develop Action Plan with short range and long-range SMART goals
- Identify obstacles to reaching vision and strategies to overcome them
- Assess readiness and commitment to initiate change
- Determine what is needed to be ready
- Identify step to take next day
Action to Maintenance

- Helping relationships, getting support from others
- Suggest that patient invites a family member or friend to participate in the medical appointments so that they understand the behavior change that is needed.
- Advise patient to tell someone about the changes they want to make and to ask for their support.
Maintenance

Reward new behavior

Relapse prevention (Marlatt’s Model)

- Differentiate between lapse and relapse
- Understand causes of lapse and relapse
- Identify difficult situations & coping plan
- Manage stress
- Social support
- Lifestyle balance between “have to do” and “want to do”
“Behavior change is a journey that includes both easy and difficult stretches of highway and for which various “road signs” (warning signals) are available to provide guidance. Learning to anticipate and plan for high-risk situations during adherence is equivalent to having a good road map, a well-equipped tool box, a full tank of gas, and a spare tire in good condition for the journey.”

Patient Activation

• Patient believes the patient role is important and that they have the ability to self-manage health
• Patient is motivated to manage health and has the confidence to manage
• Patient has the skills to self-manage
  – goal-setting, self-monitoring, self-reinforcement, relapse prevention)
• Patient believes they can manage even under stress
• A lack of confidence and the experience of failing to manage their health often means that people are overwhelmed and prefer not to think about it.
Level 1
Disengaged and overwhelmed
Individuals are passive and lack confidence. Knowledge is low, goal-orientation is weak, and adherence is poor. Their perspective: “My doctor is in charge of my health.”

Level 2
Becoming aware, but still struggling
Individuals have some knowledge, but large gaps remain. They believe health is largely out of their control, but can set simple goals. Their perspective: “I could be doing more.”

Level 3
Taking action
Individuals have the key facts and are building self-management skills. They strive for best practice behaviors, and are goal-oriented. Their perspective: “I’m part of my health care team.”

Level 4
Maintaining behaviors and pushing further
Individuals have adopted new behaviors, but may struggle in times of stress or change. Maintaining a healthy lifestyle is a key focus. Their perspective: “I’m my own advocate.”

Increasing Level of Activation

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Level 1: Promote the belief that an active patient role is important
Raw Score 13-35 (PAM score 0-47)

Patients typically do not understand that they need to play a role in their own health. They likely do not have the basic knowledge about their condition, treatments options, or self-care.

**Goal:** Understand that they hold the key to their future health & functioning and that through their own actions they can have a positive impact on their health. Learn to monitor activity/behavior (apps, wearable devices).

**Intervention:** *Have patients think about how their actions impact their health. Encourage them to use a tool such as a food diary so they can start to self-monitor their behaviors.*
Level 2: Support the building of confidence and knowledge necessary to take action

Raw Score 36-38 (PAM Score 47.1 –55.1)

Patients may lack basic knowledge about their condition, treatments options, and/or self-care. They likely have had little experience or success with behavior change. They feel less in charge of their own health and care.

**Goal:** Have an adequate knowledge base for making good choices and confidence that they can make small positive changes.

**Intervention:** *Have the patient make a list of questions about what they do and do not understand about their treatment options and medications. Begin to work with the patient on creating an action plan with the initial goals being easily obtainable.*
Level 3: Encourage the patient to actually take action to maintain and improve one’s health

Raw Score 39-42 (PAM score 55.2-67.0)

Patients likely have the basic facts of their conditions and treatments and have had some experience and success in making behavioral changes. They have some confidence in handling limited aspects of their condition.

Goal: Build on past successes to increase confidence and ability in handling all aspects of their condition.

Intervention: Clinician should continue to work with patient on development of their action plan and relate it to their larger “quality of life” goals. The patient should assess their progress thus far – which situations has the patient handled well and which situations have been difficult?
Level 4: Reinforce the importance of staying the course, even under stress

Raw Score 43-52 (PAM score 67.1-100)

Patients have made most of the necessary behavioral changes, but may have difficulty maintaining behaviors over time or during stress.

**Goal:** Focus on increasing confidence and skills for maintaining behaviors and coping under stress.

**Intervention:** Identify stressful situations and work with patients on problem solving exercises to maintain behavior changes.
Questions?