

Inter-professional HIV Education for HIV Professionals Focused on the Four Cs:

CULTURE, CARE, COMMUNICATION, AND COLLABORATION

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Communication: Session Specific Learning Objectives

By participating in today's program attendees will be able to

1. State the goal of therapeutic communication.
2. Discuss some of the factors that positively and negatively impact patient-provider communications.
3. Identify nontherapeutic and therapeutic communication techniques.
4. Describe the "spirit of motivational interviewing."
5. Discuss several specific communication techniques that assist health professionals to better communicate with persons living with HIV.



Disclosure of Financial Relationships

This speaker has no significant financial relationships with commercial entities to disclose.

This slide set has been peer-reviewed to ensure that there are no conflicts of interest represented in the presentation.

Person- Centered Care

CULTURE

CARE

COMMUNICATION

COLLABORATION





“

providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensures that patient values guide all clinical decisions

”

INSTITUTE OF MEDICINE

CROSSING THE QUALITY CHASM: A NEW HEALTH SYSTEM FOR THE 21ST CENTURY (2001)

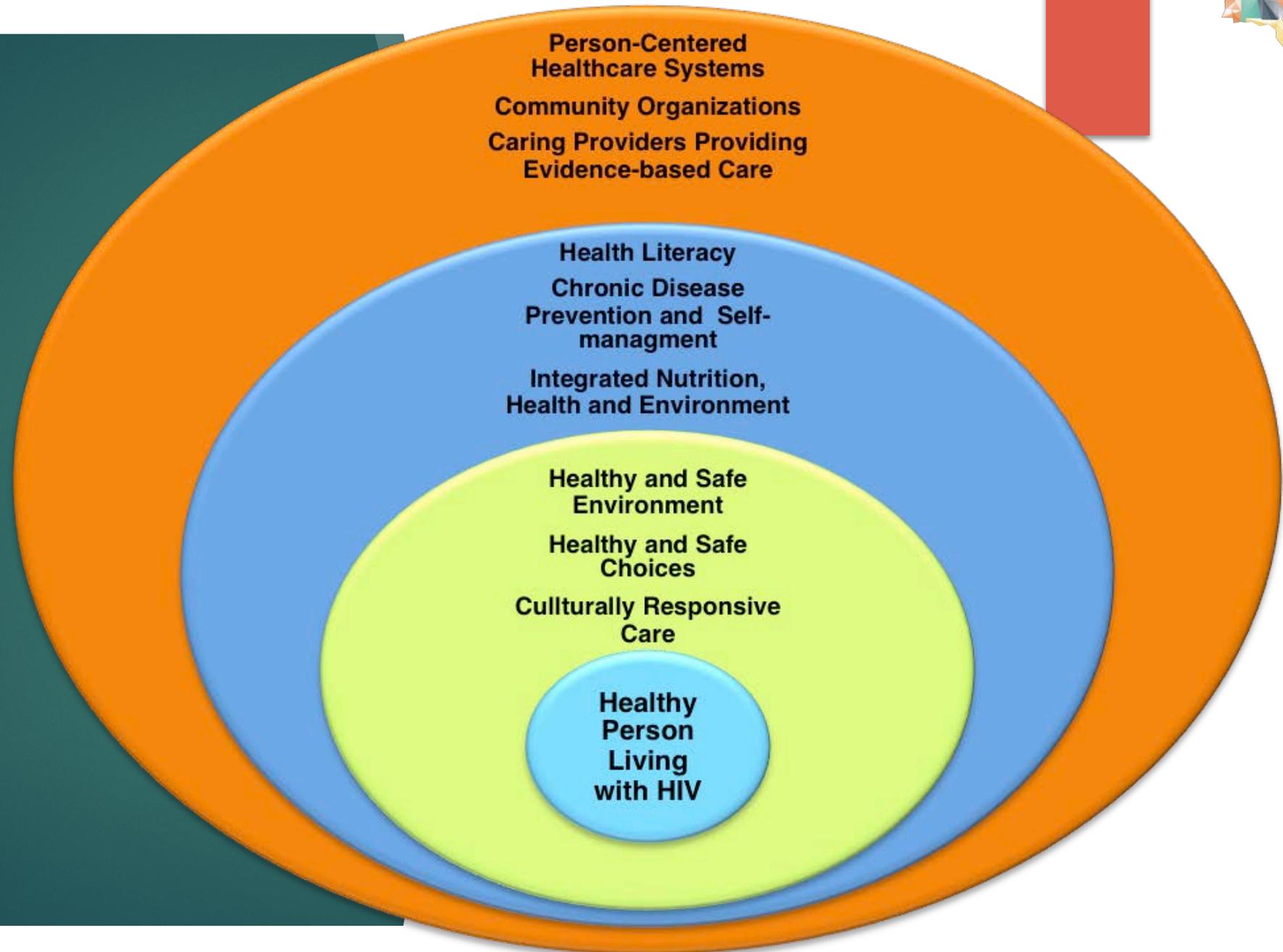
Person-Centered Care



I am a person living with HIV.
I face these issues.



Social- Ecological Model for HIV Treatment and Care





What is Your Clinic Culture?

1. Welcoming from the front door to the back door?
2. What do patients think about your healthcare facility and programs?



What is Visually and Verbally Communicated to Patients and Potential Patients



HIV is Ageless.



Get Tested. **GMHC**
FIGHT AIDS. LOVE LIFE.

Regardless of your age, you can be at risk for HIV if you have unprotected sex or share needles.

Over 1 in 6 of all new HIV infections are in people over the age of 50.*

GMHC offers free, confidential HIV testing and counseling.

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*CDC, 2009

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*CDC, 2009

KONNEN STATI W FÈ TÈS!



Deteksyon VIH ki fèt bonè kapab sove lavi, petèt menm lavi pa wi!

Pa fè lavi w tounen jwèt bòlèt!
Mande medsen w yon tès VIH jodia.
Depistaj VIH volontè epi konfidansyèl.

Expanded Testing Initiative
www.usfcenter.org/prevention
So a franchise po Depatman Santè Florida. Sèvo pou VIH/SDA.

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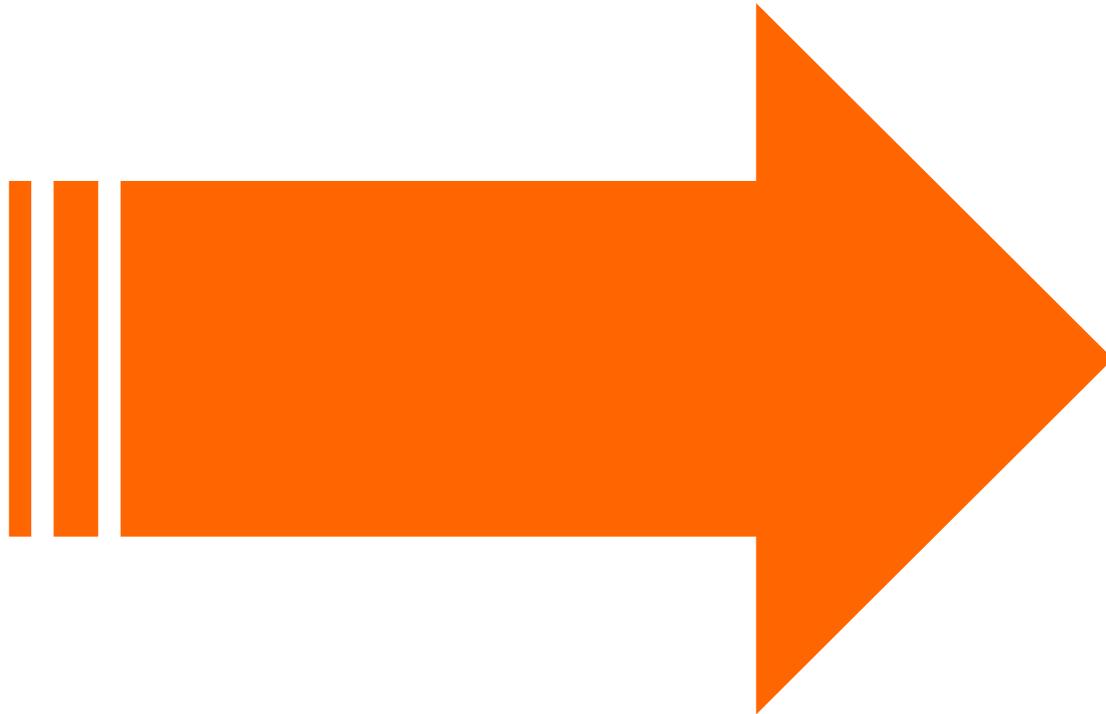


What is Your Clinic Culture?

1. Welcoming from the front door to the back door?
 2. What do patients think about your healthcare facility and programs?
-
1. What assumptions are made by your clinic staff and healthcare providers?
 2. How do provider/staff assumptions about patients affect interactions with the patients who receive services or do not access services at all?



Making Assumptions Often Leads to Stigmatization



- ▶ Name calling, finger pointing, eye rolling, staring
- ▶ Labeling, blaming, judging, gossiping
- ▶ Making assumptions, suspecting
- ▶ Neglecting, rejecting, isolating, separating, not sharing, hiding, staying at a distance
- ▶ Harassment →→→→ abuse and violence



Is Stereotyping Part of Your Clinic Culture?





How Welcomed Do Our Patients Feel?





Causes of HIV-Related Stigma in Health Facilities

- ▶ Lack of awareness among health care workers of what stigma looks like and why it is damaging.
- ▶ Fear of casual contact stemming from incomplete knowledge about HIV transmission.
- ▶ Association of HIV with improper or immoral behavior.

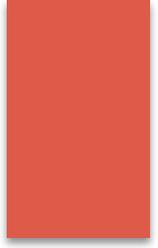
Impact of Stigma on Health Outcomes



- ▶ Prevents individuals from getting tested, disclosing their HIV status, and taking antiretroviral drugs
- ▶ Increases HIV transmission
- ▶ Hinders individuals living with HIV from achieving viral suppression
- ▶ Reduces the quality of our patient's lives

The Goal of Therapeutic Communication

TO FACILITATE THE
DEVELOPMENT OF
PROVIDER PATIENT
RELATIONSHIPS THAT
ARE GROUNDED IN
**MUTUAL RESPECT AND
TRUST**





Does this Sound like Therapeutic Communication?

“You’ll have to sit and wait like everyone else in this place. The doctor’s behind...it’s not my fault.”

“You didn’t get your labs drawn? How in the world do you expect the doctor to help you?”

“I am pleading with you to take your medication. If you don’t you will...”

“You have to understand that living with HIV means you have to take medication.”

“You have to make a change or you will die.”



Communication is About Having Conversations with People



How is your visit to our clinic going so far?



How can I care for you today?



What are the most important things that you want me to know about you?



Is this a Conversation?

Take your medication! **Every dose!**
Stop doing drugs! **Use condoms!**
Exercise! **Get your labs drawn!**
Come to clinic! **Disclose to your
sexual partners! No drugs! No
smoking! Safe sex! Safe sex! Did
you take your meds? Did you take
every dose?** You know you have to
take your meds or you will get
really sick and possible die!





What Happens When We Tell Someone What to Do?

- ▶ They do the opposite!
- ▶ They get tired of it!
- ▶ They tune us out!
- ▶ They don't come back for care and become disengaged!





Communication: Know your patients

- ▶ **Explore both the disease and the illness experience:** differential diagnoses, dimensions of illness, including feelings and expectations
- ▶ **Understand the whole person:** the whole person includes life story, personal and developmental issues; the context includes anyone else affected by the patient's illness
- ▶ **Find common ground** in regard to management: problems and priorities, treatment goals, clarification of roles of provider and patient
- ▶ **Prevention and health promotion:** health enhancement, risk reduction, early disease detection, reducing the impact of the symptoms or effects of a disease (especially important in chronic disease states)
- ▶ **Realism:** time resources, team building



HIV Topics of Communication

- ▶ HIV testing and prevention
- ▶ **SEX**
- ▶ Linkage and engagement in care
- ▶ **STIGMA**
- ▶ Value places on health and wellness and health education
- ▶ **MENTAL HEALTH**
- ▶ Medications and adherence
- ▶ **INTERPERSONAL VIOLENCE**



Traditional Health Education

Traditional Provider Behaviors

- ▶ Authoritative
- ▶ Prescriptive
- ▶ Persuasive

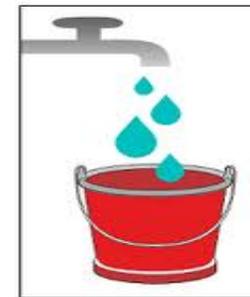


Teach Instruct Lead



Assumption

Patient is a passive recipient of care



Techniques to Guide Patients and Create Partnerships

Direct

Teach

Instruct

Lead

Guide

Draw out

Encourage

Motivate

Follow

Listen

Understand

Go along with





Building Patient Partnerships



What helps patients feel they can trust their provider?



What Promotes an Engaging Partnership ?

- ▶ Feeling welcome
- ▶ Feeling comfortable
- ▶ Feeling understood
- ▶ Exceeding expectations
- ▶ Having mutual goals
- ▶ Being hopeful



HIV Care Continuum



Engagement in Care

**Not in
Care**



**Fully
Engaged**

**Unaware of HIV
Status**

(not tested or
never received
results)

**Know HIV
Status**

(not referred
to care; did
not keep
referral)

**May Be
Receiving**

**Other Medical
Care But Not
HIV Care**

**Entered HIV
Primary Medical
Care But**

**Dropped Out
(lost to follow-
up)**

**In and Out
of HIV Care**

**or Infrequent
User**

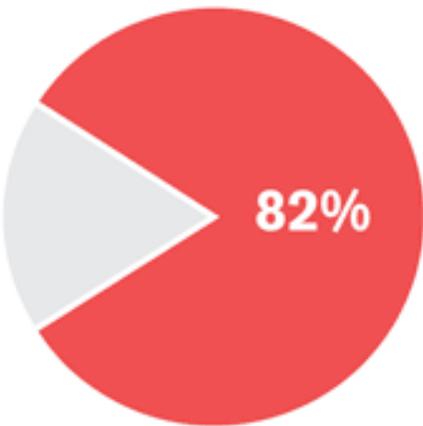
**Fully
Engaged in
HIV Primary
Medical Care**



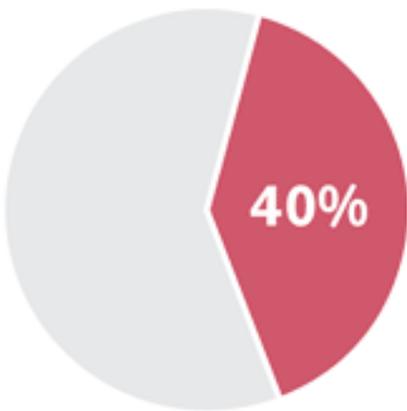
HIV Care Continuum

Testing, engagement lacking

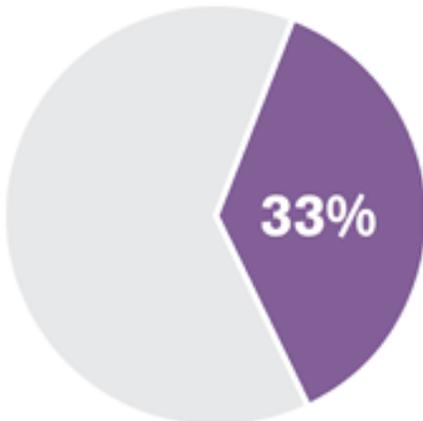
PERCENT OF ALL PEOPLE LIVING WITH HIV



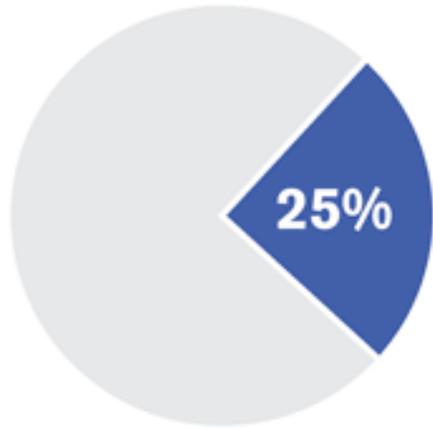
Diagnosed



Engaged in care



Prescribed ART



Virally suppressed

ART = Antiretroviral therapy

SOURCE: CDC. Vital Signs: HIV Diagnosis, Care, and Treatment Among Persons Living with HIV – United States, 2011. MMWR. 2014, 63(47): 1113-1117



Chi Chi Udeagu: New York City Patient Find 2012

Most common reasons cited by people in the study who were out of care:

- ▶ “Felt well” (41%)
- ▶ Depression
- ▶ Disbelief they had HIV



Patients Who Reportedly Were and Felt Engaged

Said that their providers:

1. Treated them with dignity and respect
2. Listened carefully
3. Explained things about care and treatment in a way they could understand
4. Knew them as people



Engagement in Care

- ▶ Engaging in HIV care involves a spectrum of activities, not a singular event or visit
- ▶ A patient's location on the continuum of HIV care is not static
- ▶ Movement away from engagement in care often occurs as a result of unmet needs
- ▶ Full engagement and retention in care is essential for people living with HIV to experience optimal health outcomes



Engagement Behaviors and Actions

Healthcare Professionals who:

- ▶ provide **nonjudgmental, culturally relevant care**
- ▶ communicate with patients in a way that **promotes a partnership** that is provided within a culture of caring, empathy, confidentiality and safety
- ▶ facilitate improved **patient literacy** and patient **self-management**

Patients who:

- ▶ experience a **stable environment**
- ▶ experience **emotional stability**
- ▶ experience **safety and confidentiality**
- ▶ experience a **partnership** with their healthcare team
- ▶ believe that they can make the necessary **adaptations to live with HIV**



Individualizing HIV Treatment and Care: Provider Toolbox

Testing

Prevention for Partners

Linkage to Care

Antiretroviral Therapy

Chronic Disease Management

Cultural Considerations

Prevention for Positives

Medication Adherence

Engagement in Care

Communication Skills

Promoting Health Literacy





Factors Impacting Communication

Physical Determinants

- ▶ comfort
- ▶ temperature
- ▶ lighting
- ▶ noise level
- ▶ privacy

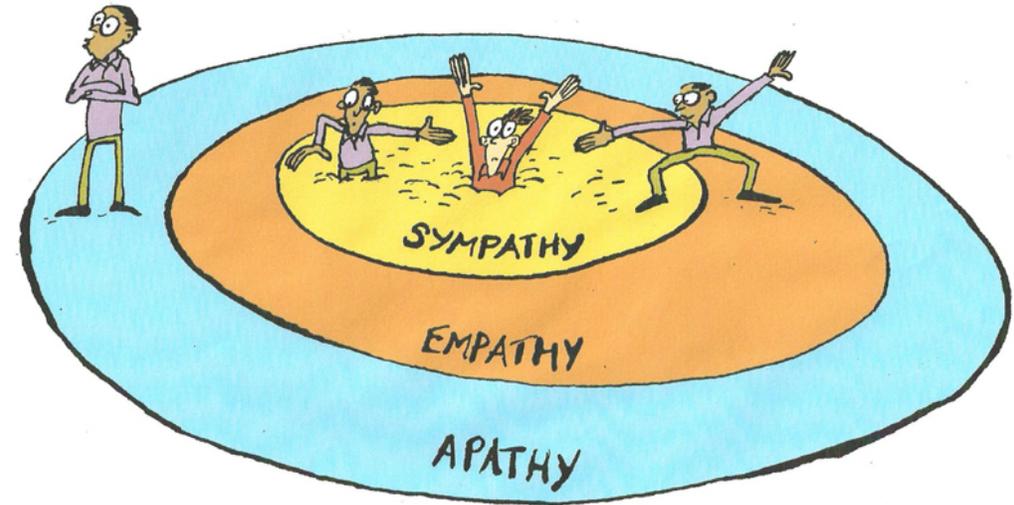
Social Determinants

- ▶ presence of family/friends
- ▶ historical events
- ▶ economic concerns
- ▶ relationship status



Healthcare Provider Qualities that Positively Influence Patient Comfort

- ▶ liking others
- ▶ general optimism
- ▶ good listening skills
- ▶ genuine
- ▶ self-aware
- ▶ empathic
- ▶ positive regard for others
- ▶ ability to see patient strengths
- ▶ belief the patient has the potential to achieve personal goals



Therapeutic and Nontherapeutic Communication



Therapeutic

- ▶ active listening
- ▶ non-judgmental
- ▶ encourage open discussion
- ▶ facilitate broad openings
- ▶ comfortable with silence
- ▶ clarifies

Nontherapeutic

- ▶ false reassurances
- ▶ giving advice
- ▶ using professional jargon
- ▶ asking why questions

The Significance of Nonverbal Communication

- ▶ 7% **Verbal** (conveyed in words)
- ▶ 38% **Vocal** (intonation, pitch, speed, pauses..)
- ▶ 55% **Nonverbal** (body language)



Mehrabian, A. and Wiener, M. (1967). Decoding of inconsistent communications, *Journal of Personality and Social Psychology*, 6, 109-114

Non-verbal Communication Tips

General Tips

- ▶ **Follow the patient's lead.** If the patient moves closer or touches you in a casual manner, you may do the same.
- ▶ **Use hand and arm gestures with great caution.** Gestures can mean very different things in different cultures.
- ▶ **Use caution in interpreting facial expressions.** They may lead a provider to misinterpret a patient's feelings or to over- or underestimate their level of pain (also true of the presence or absence crying and other types of expressions of pain, which are closely tied to a person's culture)
- ▶ **Don't force a patient to make eye contact;** the lack of eye contact may be a sign of great respect for a healthcare provider





Motivational Interviewing

A Counseling Strategy that Focuses on Communication

- ▶ a method of counseling, designed to facilitate natural change (the patient's internal motivation)
Lussier & Richard (2007)
- ▶ goal is to increase internal motivation to change by addressing ambivalence toward change
William Miller & Stephen Rollnick (2012)
- ▶ premise is that confrontational strategies are not effective
William Miller & Stephen Rollnick (2012)
- ▶ based on "Stages of Change" model
Prochaska, J. and Velicer, W. (1997b)

Prochaska, J, and DiClemente, C. (1983)



The Spirit of MI is Nonjudgmental



“If you treat people ‘up’ they reach up!”

“People get more out of life if they do it themselves!”

“My health care provider really cares about me.”

MI is Based on the Stages of Change

Think of a behavior you've tried to change....



Who is a Shopper for Change?



Pre-contemplation

Not Shopping

"Browser"





Ambivalence

- ▶ Feeling two ways about something; wanting and not wanting
- ▶ “Contemplation Stage”
- ▶ It’s normal
- ▶ Keeps people stuck





Recognizing Change Talk

- ▶ Desire: “I want to...”
- ▶ Ability: “I can...”
- ▶ Reason: “It’s important....”
- ▶ Need: “If...then....”
- ▶ Commitment: “I will...”
- ▶ Activation: “I am ready”
- ▶ Taking steps: “I am doing it now..”



Recognizing Sustained Talk

“ I’m not going to do that.”

“I don’t have that problem.”

“I’m going to do what I want.”

“I have plenty of time. Maybe down the road.”

“I can’t quit.”

Name That Stage

According to the "Stages of Change" model, individuals in the **precontemplation** stage would say which of the following?

- A. Don't even talk to me about taking meds.
- B. I am thinking about taking meds.
- C. I am getting ready to take my meds.
- D. I took my meds twice today.

Name That Stage

According to the "Stages of Change" model, individuals in the **precontemplation** stage would say which of the following?

- A. **Don't even talk to me about taking meds.**
- B. I am thinking about taking meds.
- C. I am getting ready to take my meds.
- D. I took my meds twice today.

Name That Stage

“I picked up my HIV meds at the pharmacy last week and filled up a 7-day pill box. I’m going to see family for the holiday though and I’m afraid someone might catch me taking pills and I’ll have to explain ...(*shaking his head from side to side*)”

- A. Pre-contemplation
- B. Contemplation
- C. Preparation
- D. Action
- E. Maintenance
- F. Relapse

Name That Stage

“I picked up my HIV meds at the pharmacy last week and filled up a 7-day pill box. I’m going to see my folks for the holidays though and I’m afraid someone in my family might catch me in the act of taking pills. They’ll think I’m taking uppers again.”

- A. Pre-contemplation
- B. Contemplation
- C. Preparation
- D. Action
- E. Maintenance
- F. Relapse

MI Principles

- ▶ Assume the patient is competent and capable
- ▶ Control and responsibility lie within the patient, not the professional
- ▶ Open-ended questions allow the patient to tell the provider and staff what they know, what they are experiencing and what tools they have to address their health issues
- ▶ Provider treats behavior change as a journey: destination (goal), map (pathways), and a means of transportation (agency/provider)



The Power of Open-ended Questions

Open-ended Questions

1. How can we care for you today?
2. How are you doing?
3. How are you taking your medications?
4. What is the most important issue you want to talk about today?
5. What benefits are you hoping to get from the herbal remedy you are using?
6. What do you know about the sexual practices of your partner(s)?
7. What do you do to protect yourself during sex?

Closed-ended Questions

1. Did you write your name on the sign in sheet?
2. Are you feeling okay?
3. Did you take all your medications?
4. Do you use drugs or alcohol?
5. Are you going to tell your partner about your status?
6. Have you ever had sex with someone you just met or didn't know?
7. Have you any knowledge of STDs in your partners?



The Provider's Role in MI

- ▶ You don't have to make change happen.....you can't
- ▶ You don't have to come up with all the answers.....you probably don't have the best ones
- ▶ You're not wrestling with patients.....you're dancing



Spirit of MI?

Chris: *“They told me I have to more blood work to find out if I have hepatitis. Isn’t enough that I have HIV? I don’t really trust them there at that clinic, so I haven’t gone to take that blood test yet.”*

Case Manager: *“Why take the chance? They’re the experts, after all. Let’s walk over to the lab it’s just down the hall- you asked for my help.”*

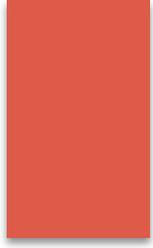
A.



B.



Spirit of MI?



Jeffrey: “I need to come up with some plan to help get rid of this. This is awful. How could I have syphilis again? What should I do?”

Dr. Frederics: “Well, I have some ideas about what might help, but first let me hear what you’ve already tried.”

A.



B.



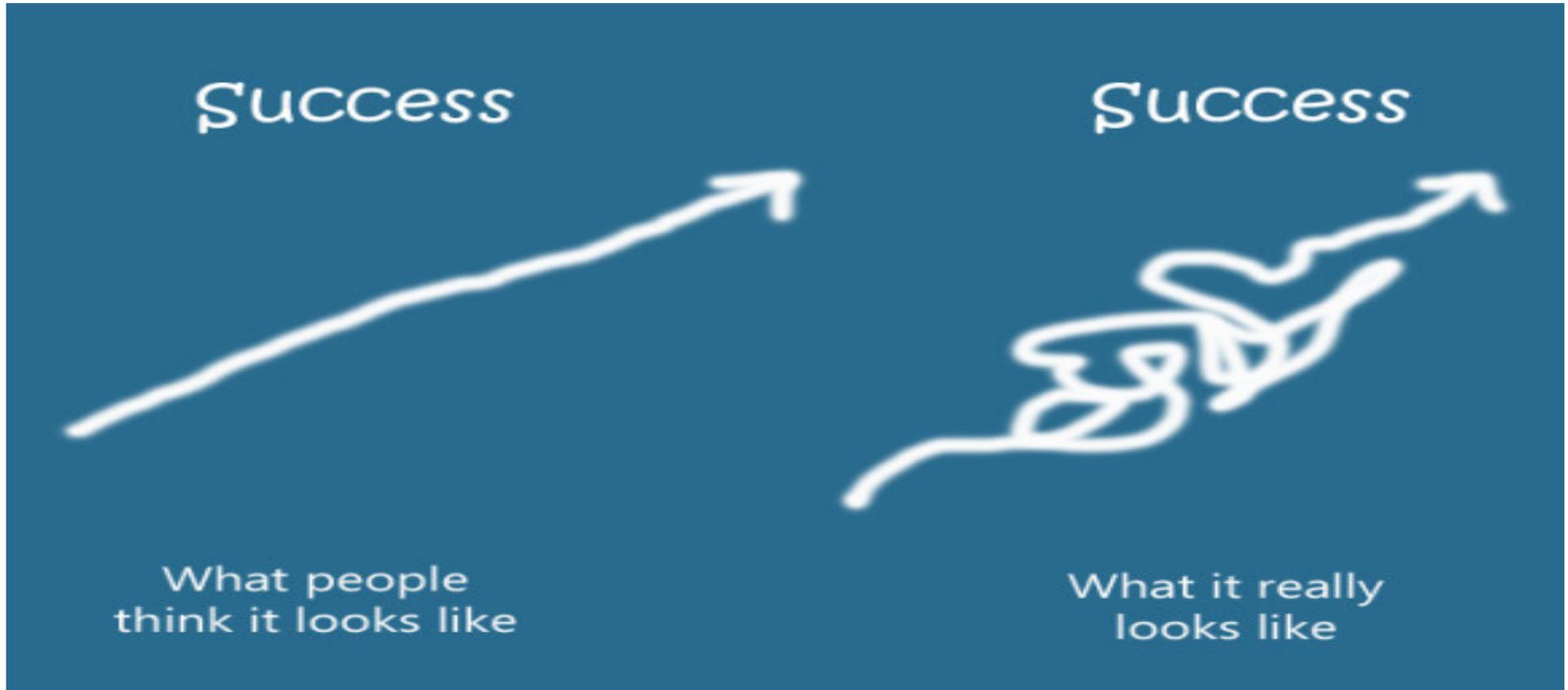


Behavioral Change...

- ▶ Often takes a long time
- ▶ Pace of change is variable
- ▶ Knowledge generally not sufficient
- ▶ Relapse is common
- ▶ People need support for success
- ▶ Our expectations (of ourselves & clients) are often unrealistic
- ▶ Unrealistic expectations lead to giving-up and burning out



What Does Success in Making Behavioral Changes Look Like?





Culture and Language

- ▶ Culture and language are vital factors in how health care services are delivered.
- ▶ Healthcare organizations should respond with sensitivity to the needs and preferences of culturally and linguistically diverse patients/consumers.
- ▶ Providing culturally and linguistically appropriate services (CLAS) to all patients has the potential to improve access to care, quality of care, and health outcomes.

Culture and Language

- ▶ Culture and language are important aspects of peoples lives.
 - ▶ Even if a person is bilingual, they are usually most comfortable speaking their native language when receiving medical care





CAHPS Survey Patient-Provider Communication Questions

provider spoke English?
In the last 12 months, how often did this provider use medical words you did not understand?
In the last 12 months, how often did this provider talk too fast when talking with you?
In the last 12 months, how often did this provider ignore what you told him or her?
In the last 12 months, how often did this provider interrupt you when you were talking?
In the last 12 months, how often did this provider show interest in your questions and concerns?
In the last 12 months, how often did this provider answer all your questions to your satisfaction?



Cultural Relevancy & Communication

Which one of the following is most likely to be an important benefit of exploring a patient's understanding of his/her reason for coming to the clinic?

- a. More billing codes to document
- b. Increased reimbursement for visit
- c. Less risk of the patient becoming depressed
- d. Increased understanding of the patient's perspective



Cultural Relevancy & Communication

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- b. Increased reimbursement for visit
- c. Less risk of the patient becoming depressed
- d. **Increased understanding of the patient's perspective**



Cultural Relevancy & Communication

Which of the following questions may help to identify social/cultural factors that would impact a patient's lack of adherence to taking their HIV medications?

- a. Why aren't you taking your medications?
- b. Did you take your medications this past week?
- c. What do you think is causing your health problem?
- d. What things are difficult in your life right now?

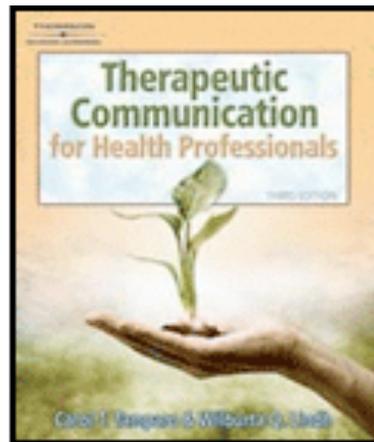
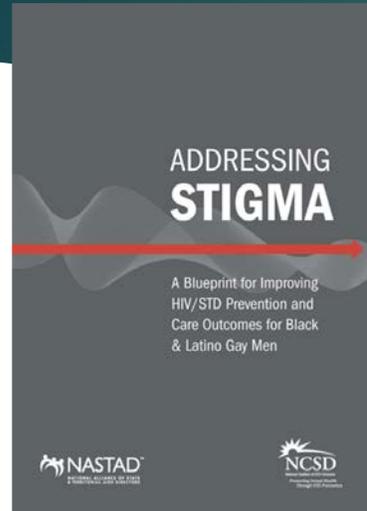


Cultural Relevancy & Communication

Which of the following questions may help to identify social/cultural factors that would impact a patient's lack of adherence to taking their HIV medications?

- a. Why aren't you taking your medications?
- b. Did you take your medications this past week?
- c. **What do you think is causing your health problem?**
- d. **What things are difficult in your life right now?**

Suggested Readings



MI **MOTIVATIONAL INTERVIEWING**
an evidence-based treatment



**Encouraging Motivation to Change
Am I Doing this Right?**

Motivational Interviewing encourages you to help people in a variety of service settings discover their interest in considering and making a change in their lives (e.g., to manage symptoms of mental illness, substance abuse, other chronic illnesses such as diabetes and heart disease).

REMIND ME
Use the back of this card to build self-awareness about your **attitudes, thoughts, and communication style** as you conduct your work. Keep your attention centered on the people you serve. Encourage *their* motivation to change.

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**Encouraging Motivation to Change
Am I Doing this Right?**

1. ✓ **Do I listen more than I talk?**
X Or am I talking more than I listen?
2. ✓ **Do I keep myself sensitive and open to this person's issues, whatever they may be?**
X Or am I talking about what I think the problem is?
3. ✓ **Do I invite this person to talk about and explore his/her own ideas for change?**
X Or am I jumping to conclusions and possible solutions?
4. ✓ **Do I encourage this person to talk about his/her reasons for *not* changing?**
X Or am I forcing him/her to talk only about change?
5. ✓ **Do I ask permission to give my feedback?**
X Or am I presuming that my ideas are what he/she really needs to hear?
6. ✓ **Do I reassure this person that ambivalence to change is normal?**
X Or am I telling him/her to take action and push ahead for a solution?
7. ✓ **Do I help this person identify successes and challenges from his/her past *and* relate them to present change efforts?**
X Or am I encouraging him/her to ignore or get stuck on old stories?
8. ✓ **Do I seek to understand this person?**
X Or am I spending a lot of time trying to convince him/her to understand me and my ideas?
9. ✓ **Do I summarize for this person what I am hearing?**
X Or am I just summarizing what I think?
10. ✓ **Do I value this person's opinion more than my own?**
X Or am I giving more value to my viewpoint?
11. ✓ **Do I remind myself that this person is capable of making his/her own choices?**
X Or am I assuming that he/she is not capable of making good choices?

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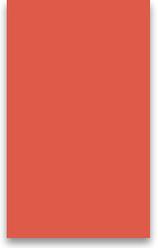
The 4 C's & Person- Centered Care

CULTURE

CARE

COMMUNICATION

COLLABORATION



Questions?





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Email- dcestaro@ufl.edu



References

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