


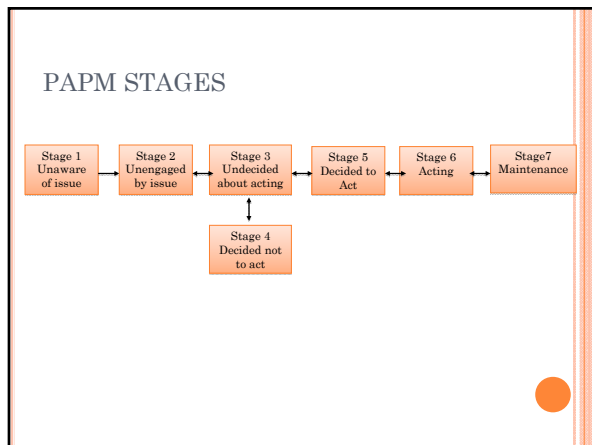
THE PRECAUTION ADOPTION PROCESS MODEL

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BACKGROUND


- Weinstein, 1988 – original PAM
- Weinstein & Sandman, 1992 – current model

FACTORS INFLUENCING PROGRESS


Stage progression	Factor
1 → 2	Media messages re: precaution
2 → 3	Personal experience
3 → 4 or 5	Beliefs about likelihood/severity of issue, susceptibility, precaution effectiveness and difficulty
5 → 6	Time, effort and resources required to act

(Glanz, Rimer, & Viswanath, 2008, p. 129)




Strengths

- Acknowledges qualitative differences among people
 - Questions whether health behaviour changes can be described by a single prediction equation
- Applies to adoption of specific health behaviours or broader, behavioural categories
- Can target intervention strategies to address variables associated with different stage transitions
- Recognizes varying issues that arise throughout behaviour change
- Promotes fluidity of behaviour change



Limitations

- No detailed information about barriers at each stage
- Applies only to deliberate and conscious translation of decision into action
- Focuses on mental states only, not on external factors
- Does not explain beginning risky behaviours
- Proves difficult to study
- Must identify stages accurately and efficiently



Examples

- Osteoporosis prevention
- Cancer screening
- Hepatitis B vaccination
- Home radon testing
- Smoking cessation
- Red meat consumption
- Meat consumption in a livestock epidemic
- Supporting adherence and healthy lifestyles in leg ulcer patients

Quitting Smoking

- 1) *Unaware of issue:*
 - Never heard of the harmful quitting of smoking
- 2) *Unengaged by issue:*
 - Never thought about quitting
- 3) *Undecided about acting:*
 - Deciding about whether to quit or not
- 4) *Decided not to act:*
 - Decided not to quit
- 5) *Decided to act:*
 - Decided to quit
- 6) *Acting:*
 - Acting on quitting
- 7) *Maintenance:*
 - Maintaining quitting

Flossing

- 1) *Unaware of issue:*
 - Does not know what it means to floss
- 2) *Unengaged by issue:*
 - Never thought about flossing
- 3) *Undecided about acting:*
 - Deciding about whether to floss or not
- 4) *Decided not to act:*
 - Decided not to floss
- 5) *Decided to act:*
 - Decided to floss
- 6) *Acting:*
 - Flossing
- 7) *Maintenance:*
 - Maintaining flossing

Questions remain...

- Addition of stages that differentiate people on the basis of past actions?
- Addition of a separate category of action that is under way but incomplete?
- Placement of behaviours that need to be repeated but at varying time intervals?

Concluding Thoughts

- Stages are defined as mental states regarding the health action, not personal vulnerability to harm
- Researchers must decide which variables determine movement from one stage to the next
- Change in stage may produce the change in the variable, rather than the other way around
- Best for single and dichotomous health behaviours
- Recognition that people may decide to do *something* or *specific things*
- People are most likely to be engaged by a treatment that matches their stage

ACTIVITY!

Think about:

- What is the likelihood of moving from stage 3 to 5?
- What are the greatest obstacles in your way?
 - How (much) does this affect your decision making process?
- What interventions or changes need to occur in order for you to take this step?

References

Hays, R.D. (2008). *Intrapersonal Theories of Behaviour Change*. Retrieved January 30, 2010 from gim.med.ucla.edu/FacultyPages/Hays/Theory%20and%20Behavior.pp

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