Behaviour Change Theories

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Behavioural change theories

• These theories attempt to explain the reasons behind alterations in individuals' behavioural patterns.

• These theories serve to understand better those factors associated with maximizing adherence to positive physical activity and lifestyle behaviours at the individual, community and population levels.

Theories of behaviour change

- They cite environmental, personal, and behavioural characteristics as the major factors in behavioural determination.
- These theories have attracted growing attention as the negative consequences of unhealthy lifestyle behaviours have become increasingly apparent.
- They are pertinent to the development of effective interventions in the field of health and physical activity

Theories of behaviour change

- Understanding behavioural change will improve the services offered in the areas of:
- health,
- education,
- criminology,
- energy, and
- international development.

Self-efficacy

- Self-efficacy means individual's impression of their own ability to perform a demanding or challenging task such as facing an exam or undergoing surgery.
- Self-efficacy is an important element of many of the theories, including: the Health Belief Model, the Theory of Planned Behaviour and the Health Action Process Approach.

• Self-efficacy is based on factors like the individual's prior success in the tasks, physiological state, and outside sources of persuasion.

General Theories & Models:

- Learning theories/ behavioural analytic theories of change
- Social learning/ social cognitive theory
- Theory of Reasoned Action
- Theory of Planned Behaviour
- Health Action Process approach
- Transtheoretical theory/ Stages of Change Model

Learning theories/behaviour analytic theories of change

 State that complex behaviour is learned gradually through modification of simpler behaviours.

 As each simple behaviour is established through imitation and reinforcement, the complex behaviour develops.

Social learning/ social cognitive theory

 States behavioural change is determined by environmental, personal and behavioural elements. Each factor affects each of the others.

 It focuses on the reciprocal interactions between the three factors, which are hypothesized to determine behavioural change.

Theory of Reasoned Action

 Assumes that individuals consider a behavior's consequences before performing the particular behaviour.

- As a result, <u>intention</u> is an important factor in determining behaviour and behavioural change.
- Personal attitude and social pressure shape intention, which is essential to performance of a behaviour and consequently behavioural change.

Theory of Planned Behaviour

- Represents an expansion upon the theory of reasoned action.
- It states that behaviour performance is proportional to the amount of **control** an individual possesses over the behaviour and the strength of the individual's **intention** in performing the behaviour.
- Intended to cover cases in which a person is not in control of all factors affecting the actual performance of a behaviour.
- It emphasizes the role of <u>intention</u> in behaviour.

 Self-efficacy is important in determining the strength of the individual's <u>intention</u> to perform a behaviour.

Health Action Process approach

- Designed as a sequence of two continuous self-regulatory processes:
 - A. a goal-setting phase (motivation)
 - B. a goal-pursuit phase (volition), subdivided into:
 - > a pre-action phase and (A)
 - > an action phase (B)
- Motivational self-efficacy, outcome-expectancies and risk perceptions are assumed to be predictors of intentions. This is the motivational phase of the model (A).
- The effects of intentions are assumed to be mediated by planning (B)

These theories propose an integrated stage-based model in which behaviour change is viewed as a cyclical process that involves five stages of:

- awareness of the problem and a need to change
- motivation to make a change
- skill development to prepare for the change
- initial adoption of the new activity or behaviour, and
- maintenance of the new activity and integration into the lifestyle

Stages of Change Model (Transtheoretical Model)

- Behavioural change is a five-step process.
- The five stages, between which individuals may oscillate before achieving complete change, are:
 - >Precontemplation,
 - > Contemplation,
 - >Preparation,
 - >Action, and
 - >Maintenance.

Precontemplation:

In this stage, there is no intent on the part of the individual to change his or her behaviour in the foreseeable future.

Contemplation:

People are aware that a problem exists and are seriously considering taking some action to address the problem.

Preparation:,

Involves both intention to change and some behaviour, usually minor, and often meeting with limited success

Action:

Individuals actually modify their behaviour, experiences, or environment in order to overcome their problems or to meet their goals.

Maintenance:

People work to prevent relapse and consolidate the gains attained in the action stage.

- The pattern of movement through the 5 stages is neither unitary or linear, but rather, cyclical, involving a pattern of:
 - adoption,
 - maintenance,
 - relapse, and
 - readoption over time.

Applications of Stage Theories of Behaviour Change

Health Care

Education

Criminology

Energy Consumption Behaviour

Health Care

• Behavioural change theories explain healthrelated behaviours and provide insight into methods that would encourage individuals to develop and maintain healthy lifestyles.

• Include the development of programs promoting active lifestyles and programs reducing the spread of diseases like AIDS

Health Care

Behavioural change theories has been applied successfully in:

- psychotherapeutic interventions,
- smoking cessation,
- substance abuse programs.
- understanding patterns of physical activity participation and exercise adherence

Health

- Models of behaviour change specific to health applications include:
 - **▶** The Health Belief? Health Action Model,
 - > Relapse Prevention Model,
 - > the Health Action Process Approach, and
 - >the I-Change Model.

Health Care

- The Health Belief Model (Health Action Model), states that individuals will alter health-related behaviour according to the perceived severity of the threat to their health.
- The Relapse Prevention Model concentrates on promoting prolonged healthy behaviour by making distinctions between lapses and relapses in an attempt to encourage individuals to maintain healthy lifestyles.

Health Care

The I- Change Model:

The Integrated Model for explaining motivational and behavioural change, is derived from the Attitude – Social influence – Self-Efficacy Model.

Education

• Behavioural change theories provide insight into the formulation of effective teaching methods that tap into the mechanisms of behavioural change.

• Social Learning Theory and Theory of Planned Behaviour, were developed as attempts to improve health education.

Criminology

- The general theories of behavioural change suggest possible explanations to criminal behaviour and methods of correcting deviant behaviour
- Understanding of behavioural change can facilitate the adoption of effective correctional methods in policy-making.
- Specific theories that have been applied to criminology include the Social Learning Theory and Differential Association Theory.

Criminology

Example, the understanding that deviant behaviour like stealing may be learned. A behaviour resulting from reinforcers like hunger satisfaction that are unrelated to criminal behaviour, can aid the development of social controls that address this underlying issue rather than merely the resultant behaviour.

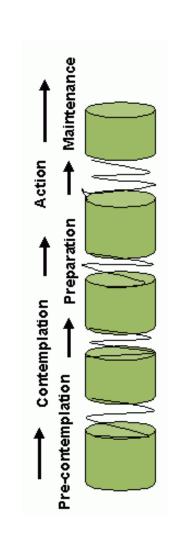
Energy

- Example, it supports criticism of a too narrow focus on individual behaviour and a broadening to include social interaction, lifestyles, norms and values as well as technologies and policies—all enabling or constraining behavioural change.
- Intervention programs aimed at the change of energy consumption patterns need to take into account that behavioural change is best achieved and maintained if supported by tailored information and changes in context, for example supportive social networks, policies or technologies.

Rogers Stage-Based Theory:

- Explains how new ideas or innovations are disseminated and adopted at the community and population levels.
- Rogers identified five distinct stages in the process of diffusion of any new initiative or innovation:
 - > knowledge,
 - > persuasion,
 - > decision,
 - > implementation,
 - > confirmation.

Thank You



MAINTENANCE: practice required for the new behaviour to be consistently maintained, incorporated into the repertoire of behaviours available to a person at any one time. ACTION: people make changes, acting on previous decisions, experience, information, new skills, and motivations for making the change.	
PREPARATION: person prepares to	
undertake the desired change - requires gathering information, finding out how to achieve the change, ascertaining skills necessary, deciding when change should take place - may include talking with others to see how they feel about the likely change, considering impact change will have and who will be affected. CONTEMPLATION: something happens to	
prompt the person to start thinking about	
change - perhaps hearing that someone has made changes - or something else has changed - resulting in the need for further change.	
PRECONTEMPLATION: changing a	
behaviour has not been considered; person	
might not realise that change is possible or that it might be of interest to them.	

In terms of a TravelSMART program this may mean: Five stages of behaviour change Examples of content and processes · Awareness of the problem and a need to change Provision of, or ways to seek information on the dependence on motorised travel; evidence of the greenhouse effect; issues relation to building relationships and fitness · Motivation to make a change Benefits of increased personal fitness; benefits of leaving the car at home - eg. environmental and social • Skill development to prepare for the change Mapping of the local area to identify alternative forms of travel, ways to negotiate with reluctant family members or peers to manage the need to carry; strategies for trip chaining and travel blending · Initial adoption of the new activity or behaviour Self monitoring of newly adopted behaviours to, opportunities for reflections and comparisons · Maintenance of the new activity and integration into the lifestyle Provision of feedback on how the change is going, and an injection of new ideas or

strategy