Social/Psychological Theories of Behavior

Ron D. Hays, Ph.D.

David Geffen School of Medicine at UCLA

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hays@rand.org

http://www.gim.med.ucla.edu/FacultyPages/Hays/

1

Today's Topic

- Why do people behave in health-compromising ways?
- Look at leading social/psychological theories of behavior.
- Not Andersen's Behavioral Model

How did the driver see the woman?

- A woman is wearing black. Black shoes, socks, pants, blouse, and hat. She is walking down a black street with all the street lamps off. A black car comes towards her with its lights off but somehow manages to stop in time.

- It is daytime.

Why do people ...

- do things that are bad for their health such as smoke cigarettes or drink too much alcohol?

- <u>not</u> do things that are health- enhancing like exercise or eating low fat foods?

- <u>not</u> do things that maximize the likelihood of better outcomes such as wearing seat belts?

Why do people…?

- smoke cigarettes?
- drink too much alcohol?
- overeat?
- fail to follow their doctor's recommendations?

Transtheoretical Model

- Stages of Change
  - "Ordered categories along a continuum of motivational readiness to change a problem behavior"

  http://www.uri.edu/research/cprc/transtheoretical.htm

Five Stages of Change

- Precontemplation
- Contemplation
- Preparation*
- Action
- Maintenance

Precontemplation

- No intention to change behavior in the foreseeable future (<u>next 6 months</u>).

- Includes people who are unaware of the problem and those who know about the problem and are still not considering change.

- "I am not thinking about changing my sexual behaviors within the next 6 months to reduce the risk of getting HIV."

Contemplation

- People are aware that a problem exists and are seriously thinking about overcoming it but have not yet made a firm commitment to take action.

- Intending to change <u>within 6 months</u>; open to feedback and information about how to change. However, ambivalent about the costs and benefits of their behavior.

- "I am thinking about changing my sexual behaviors within the next 6 months to reduce the risk of getting HIV."

Preparation*

- Individual is intending to take action in the <u>next month</u> and has unsuccessfully taken action in the past year (combines intention and behavior criteria).

- Actively planning change and already taking some steps toward action such as reducing frequency of problem behavior.

- "I am thinking about changing my sexual behaviors within the next 30 days to reduce the risk of getting HIV."

Action

- Stage in which individuals modify their behavior, experiences, or environment in order to overcome their problems. Involves overt behavioral changes and requires commitment of time and energy.

- e.g., cessation of smoking has occurred and last cigarette was <u>less than 6 months ago</u>.

- "In the last few months I have changed my sexual behaviors to reduce the risk of getting HIV."

Maintenance

- People work to prevent relapse and consolidate the gains attained during action.

- Sustaining change and resisting temptation to relapse.

- Stage extends from <u>6 months and beyond</u> the initial behavioral change.

- "For more than 6 months I have changed my sexual behaviors to reduce the risk of getting HIV."

Other aspects of Transtheoretical model

- Decisional balance
- Self-Efficacy
- Change processes

Decisional Balance

- Pros and cons combine to form a balance sheet of comparative potential gains and losses.

- Balance varies by stage of change.

Self Efficacy

- Perceived ability to perform a task.
- Self efficacy predicts future behavior if there are adequate incentives and skills.

Processes of Change

- How shifts in behavior occur
  - Consciousness raising
  - Counter-conditioning
  - Dramatic relief
  - Environmental reevaluation
  - Helping relationships

  - Reinforcement management
  - Self-liberation
  - Self-reevaluation
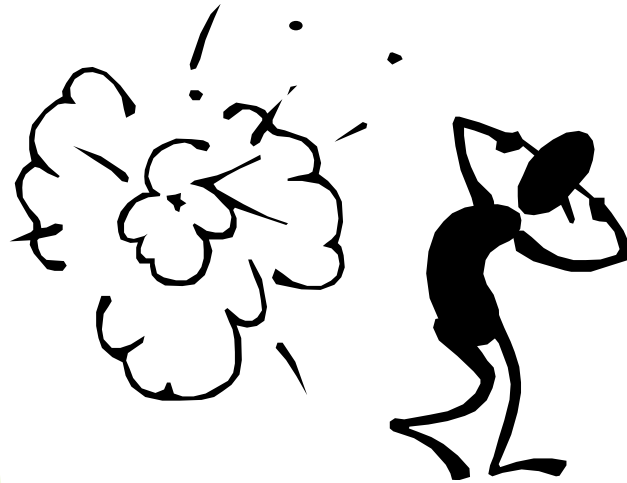 - Social liberation
  - Stimulus control

Health Belief Model

- Susceptibility
- Severity
- Costs/Benefits
- Cues/Motivation
- Barriers

Susceptibility

■ How likely one thinks a bad outcome (e.g., get sick or a disease) is if behavior persists (doesn't change).

Severity

■ The consequence is perceived to be severe as opposed to mild.

Benefits of Alternative Behavior

- The alternative behavior will reduce the likelihood of the negative consequence (e.g., disease).

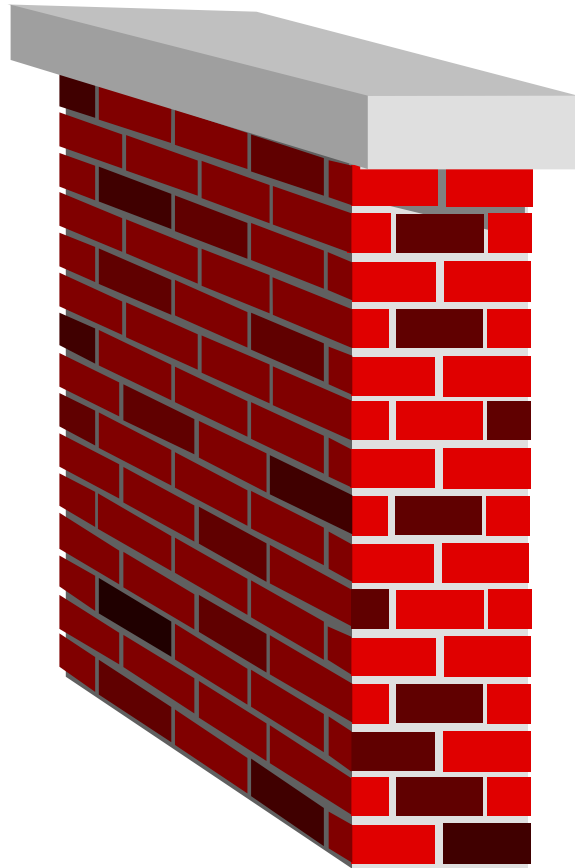- Benefits outweigh costs

Motivational cues

- Cues (internal or external) that help convert intentions into behavior

Barriers

- There are <u>not</u> significant psychological, financial, or other costs or barriers to engaging in the behavior.

Not likely to continue smoking

- Jane thinks that she might get lung cancer if she continues to smoke (**susceptibility**).

- She believes that dying from lung cancer is terrible (**severity**).

- Jane does <u>not</u> find smoking to be pleasurable (**cost/benefits**).

- Jane friends are supportive of her quitting (absence of **barrier**)

Likely to continue smoking

- Jan thinks that the tobacco industry is right--smoking doesn't cause lung cancer (**susceptibility**).

- She believes that dying from lung cancer is not any worse than any other way of dying (**severity**).

- Jan feels that smoking relaxes her (**cost/ benefits**).

- Jan's friends offer her cigarettes (**barrier** to quitting)

Theory of Reasoned Action

- Intentions
- Attitudes
  - ◆ Beliefs (outcome expectancies)
  - ◆ Values
- Subjective Norms
  - ◆ Beliefs (about what others think you should do)
  - ◆ Motivation to comply

Intentions

- "Barring unforseen events, a person will usually act in accordance with his or her intentions" (Ajzen & Fishbein, 1980, p. 5).

Attitudes

- One's positive or negative evaluation of performing a behavior
  - Beliefs: about the consequences of performing the behavior (outcome expectancies)
  - Values: appraisal (importance) of the consequences

Subjective Norms

- One's perception of the social pressures to perform or not perform a behavior.
  - Beliefs: about whether specific individuals or groups think one *should* perform the behavior.
  - Motivation to comply with these people.

Someone likely to drink and drive

- ATTITUDE: Bob feels more at ease with others when he drinks (**beliefs** about the consequences and **values**)

- SUBJ NORM: Bob's colleagues encourage him to drink after work (**belief**) and he wants them to like him (**motivation to comply**)

- INTENTION: Bob intends (expects) to drink with his colleagues after work and then drive home 1 or more times in the next 30 days (**intentions**).

Theory of Planned Behavior

- Past Behavior
- Perceived Behavioral Control/ Locus of Control/Self-Efficacy

Past Behavior

- Always the best predictor of future behavior.

Behavioral Control

- Intention -> Behavior
  - Link is problematic when behavior is not fully under the individual's control.

Differential Association-Reinforcement Theory

- Differential association with peers, family, school, work, church groups shape behavior
- Imitation of Models
- Differential Reinforcement
- Exposure to Evaluative Definitions
- Behavioral Consequences

Imitation of Models

- We learn behavior by watching and imitating other people.

Differential Reinforcement

- Positive reinforcement (rewards)
- Negative reinforcement (avoidance of something bad)
- Positive punishment (aversive stimuli)
- Negative punishment (loss of reward)

  - Positive (present something)
  - Negative (take something away)
  - Reinforcement (behavior increases)
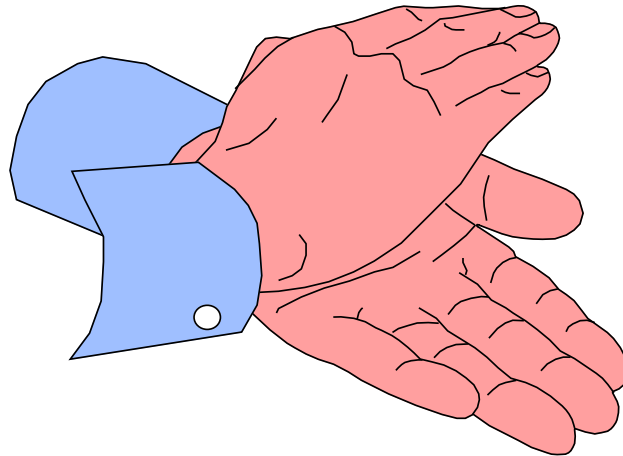 - Punishment (behavior decreases)

Exposure to Evaluative Definitions

- The more an individual defines a behavior as good or at least justified rather than bad, the more likely they are to engage in it.
  - Evaluative definitions
    - positive, neutral, negative
    - norms, attitudes, orientations

Behavioral Consequences

■ What happened after the behavior was performed?

Person likely to overeat

- Jerry's parents are big eaters (**imitation of models**)

- Jerry's family serves big meal portions and encourages him to "clean your plate or you won't get dessert" (**negative reinforcement**)

- Jerry feels that thin people are unhealthy (**evaluative definitions**).

- Jerry's family praises him for finishing his meals (**behavioral consequences**).

Concluding Thoughts