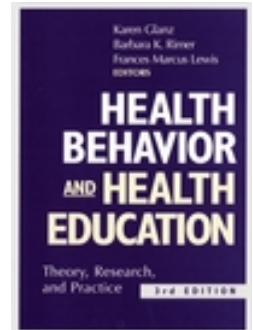# Intrapersonal Theories of Health Behavior

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- July 16, 2003, 8:30-10:15am

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# Today's Question

- Why do people behave in health-compromising ways?

"Theory needs questioners more than loyal followers" (Rimer, 2002, p. 156).

# 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?

*-->Break into groups←*

# 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 plus those who know about the problem but are not considering change.

- "I am not thinking about changing my risky sexual behavior 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 within 6 months; 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 risky sexual behavior 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 risky sexual behavior 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 risky sexual behavior 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 (former) risky sexual behavior to reduce the risk of getting HIV."

# 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.

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# 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

# Precaution Adoption Process Model

- Stage 1: Unaware of issue
- Stage 2: Unengaged by issue
- Stage 3: Deciding about acting
- Stage 4: Decided not to act
- Stage 5: Decided to act
- Stage 6: Acting
- Stage 7: Maintenance

http://www.psandman.com/

# Precaution Adoption Process Model

- Do you know what it means to floss your teeth?
  - No -> {stage 1}
  - Yes -> {go to next q}
- Do you floss your teeth now?
  - Yes -> {Stage 6 or 7}
  - No -> {go to next q}
- Which of the following best describes you?
  - I've never thought about flossing. {Stage 2}
  - I'm undecided about flossing. {Stage 3}
  - I've decided I don't want to floss. {Stage 4}
  - I've decided I do want to floss. {Stage 5}

# Health Belief Model

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

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# 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 Behavior

- The alternative behavior will reduce the likelihood of the negative consequence (e.g., disease).
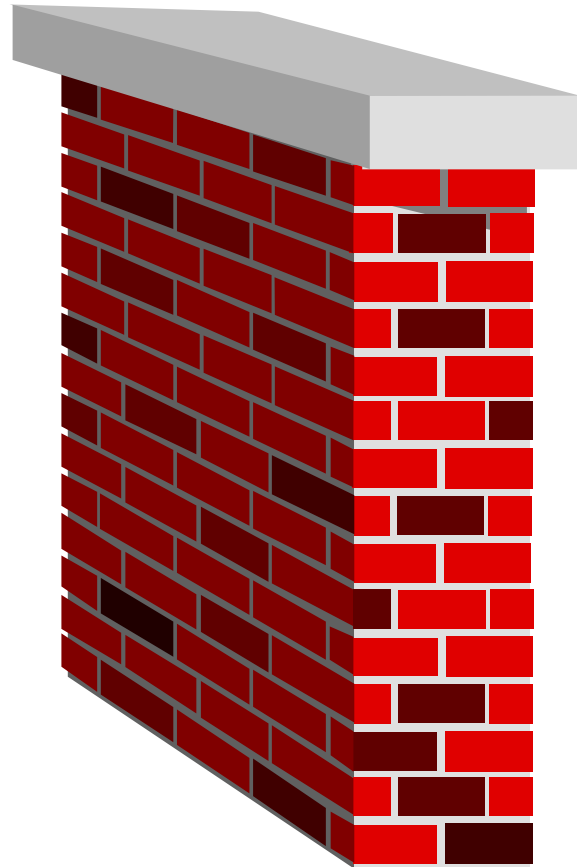
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- Benefits are perceived to outweigh costs.

# 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.

# Jane is not likely to continue smoking because…

- She 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 very pleasurable (**cost/benefits**).

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

# Jon is likely to continue smoking because

- He agrees with the tobacco industry-- smoking doesn't cause lung cancer (**susceptibility**).

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

- Jon feels that smoking relaxes him (**cost/ benefits**).

- His friends offer him 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 unforeseen 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 feels that his 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 and Adoption of 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 and Adoption of 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?
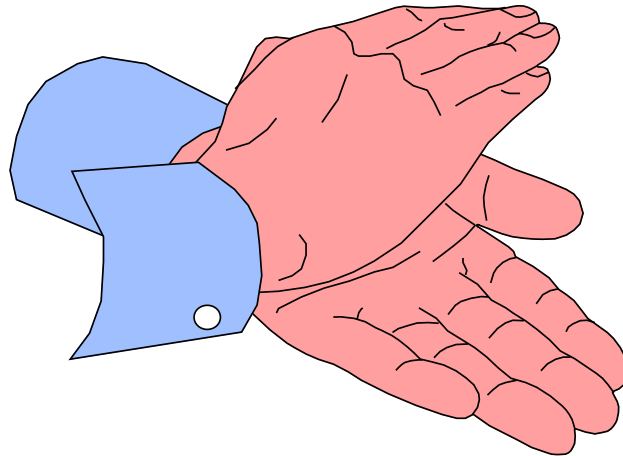
# Jerry is likely to overeat

- 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

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