The role of theory in understanding physical activity behaviour II

THEORY OF & REASONED ACTIONPLANNED BEHAVIOUR

TRANSTHEORETICAL MODEL OF CHANGE
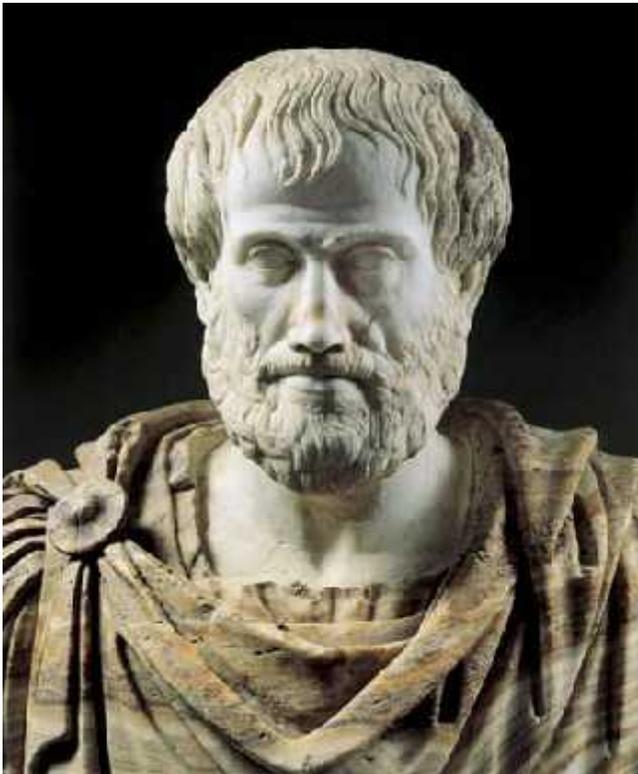
LIFE SKILLS

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Theory
of
Reasoned Action
and
Planned Behavior Theory

Aristotle

"It is a long step from saying to doing"

The attitude behavior relationships

- **The adoption of a specific habit of behaviour (exercise, eating, smoking, or drinking behaviour) is often associated with positive attitudes towards that habit.**

Several models have been proposed for the relationships between attitudes and behaviour.

- Understanding the determinants of behaviour is the first step in the development of successful interventions to change that behaviour.

Assumption…

- **The more one knows about the factors underlying a decision to perform or not a given behaviour, the greater the probability to influence that decision.**
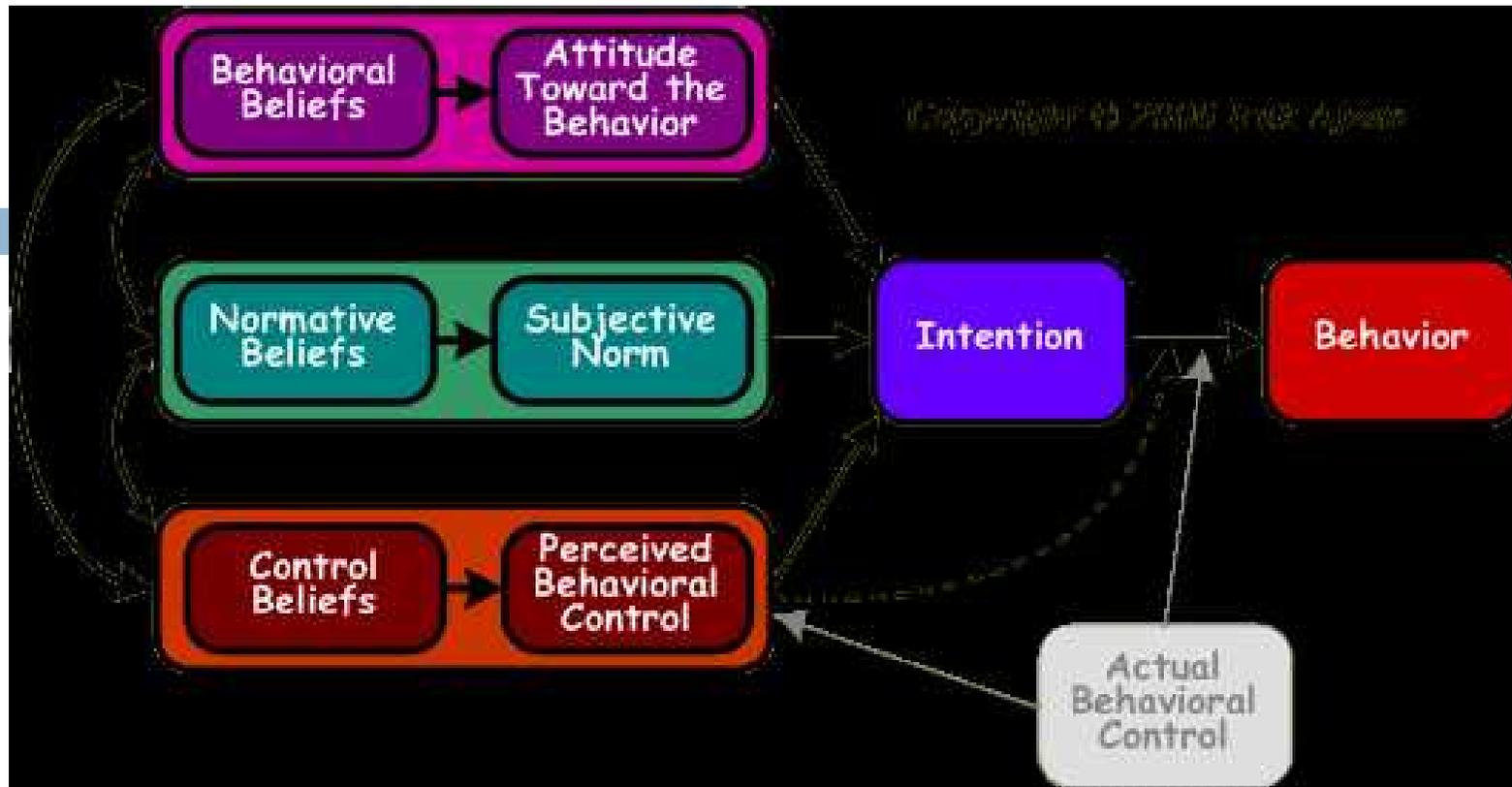
□ The main antecedent of behaviour is the subject's intention to perform the behaviour.

□ Intention is determined by a combination of three factors:

- (1) Attitude towards the behaviour (positive or negative predisposition towards a specific behaviour)

- (2) Subjective norms (the social pressure on the subject to perform the behaviour).

- (3) Perceived behavioural control expresses individual's beliefs about the ease or difficulty to perform a particular behaviour.

The act of regular participation in physical activity / sports is strengthened…

- **when people hold positive attitudes,**

- **when they perceive their personal evaluation as favorable,**

- **when they think that important others would approve,**

- **and when they believe that the opportunities and resources will be available**

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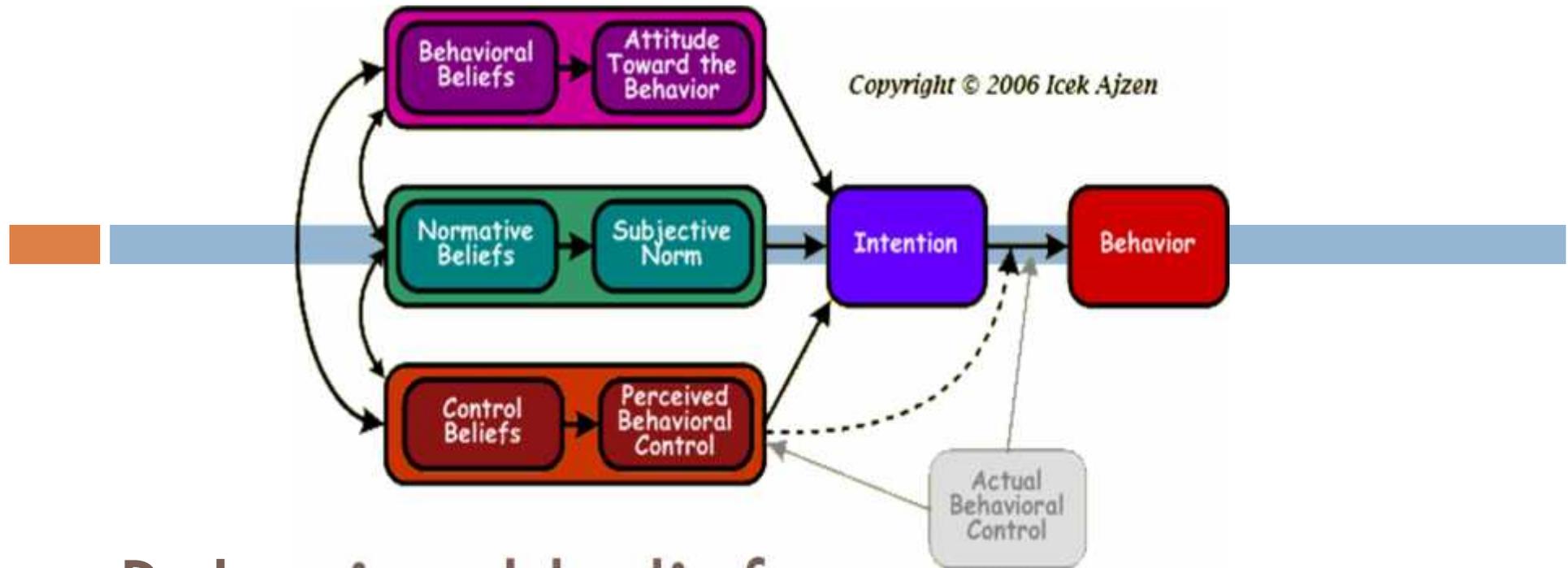
Behavioral beliefs

☐ Behaviour is a function of beliefs related to the behaviour.

☐ Behavioural beliefs, affect the attitude towards the behaviour

☐ Normative beliefs indicate the social factor

☐ Control beliefs are related to the presence or absence of requisite resources or opportunities as they are perceived by the person.

Although a person may hold many behavioral beliefs with respect to any behavior, only a relatively small number are realy accessible at a given moment.

Planned Behavior theory has shown that attitudes, intention, perceived behavioral control, and subjective norm play an important role in determining *people*'s behavior.

TPB predicts successfully several behaviours…

- smoking
- exercise
- taking drugs
- eating fruits
- be in sports
- taking part in violent behaviors
- Exercise and health dieting
- ….

Models' extensions

- **The model is open to further extension, as Ajzen says.**

- **Some additional variables are:**
    - **Role identity** (Theodorakis, 1994)
    - **Past behavior** (Godin, Valois & Lepage, 1993; Higgins & Conner, 2003; Kosmidou & Theodorakis, 2007; Rhodes & Courneya, 2003)
    - **Habit** (Hu & Lanese, 1998)

Adding an additional variable must be done with respect to the behavior, the target's group age, ethnicity, etc.

Group work

☐ How well you think this model applies to your project?

References

- Ajzen, I. (1988). Attitudes, personality, and behavior. Bristol: Open university Press.

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- Theodorakis, Y., Natsis P., Papaioannou A. & Goudas M. (2003). Greek students' attitudes toward physical activity and health-related behavior. *Psychological Reports, 92,* 275-283.

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Trans-theoretical Model of Change

Prochaska & DiClemente (1983)

- "...individuals go through a logical series of decision changes on the way to adopting a new behavior"

- Each unhealthy behavior can not be turned to a healthy one, automatically.

- But…

- …Through stages

Core Constructs:

- **Stages of Change:** temporal dimension

- **Processes of Change:** covert and overt activities people use to progress through the stages

- **Decisional Balance:** weighing pros and cons of changing

- **Self-Efficacy**

Behavior change takes <u>time</u>

Basic Assumptions of the TTM

1. No single theory can account for all the complexities of behavior change

2. Behavior change is an ongoing process that unfolds over time and through a sequence of stages.

3. Stages of change may be stable or open to change.

Basic Assumptions of the TTM

4. Without planned interventions, populations remain stuck in the early stages.

5. Most at risk populations are not prepared for action. They must be prepared by stages. (Education & Income)

6. Intervention programs must be appropriately matched to each person's stage of change (Stage Matching)

Basic Assumptions of the TTM

7. Chronic behavioral patterns are under some combination of biological, social, and self-control. Most stage match programs are designed to enhance self-control.

6 Phases of the TTM

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Termination

Precontemplation

- □ No intention to take action in the forseeable future (usually defined as the next 6 months)

- □ Lack of awareness

- □ Often due to ignorance, avoidance, rationalization (defense mechanisms), etc.
  - ■ Influence of education, social class, etc., on this?

- □ Weakness of action orientation when dealing with these people?
  - ■ Lack of motivation, victim blaming issues?

Contempletion

"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

- Intent to change within the next 6 months
- Aware of pros and cons of making the change
    - Informed Decision Making
    - Ambivalence may result in stagnation in this stage
        - Ambivalence – can't decide what you want to do

Preparation

MY WHOLE ROUTINE LASTS AN HOUR AND A HALF.

15 MINUTES OF CARDIO, 15 MINUTES OF WEIGHTS, AND AN HOUR OF TALKING MYSELF INTO IT.

- People intend to take action within the next month
- Presence of a plan for action is key here
  - Behavioral Intent – one of the main goals
- These people should be the targets of action-oriented programs
- Most help needed from health educator

Action

- Have made <u>specific overt</u> modifications of behavior within the past 6 months
- For purpose of this model only sufficient action accounts
  - Eg. Smoking reduction does not count, only total abstinence
- Least help needed from health educator

Maintenance

- Most efforts are being expended to prevent relapse; not much new change is taking place
  - Self Efficacy (Success increases S.E.)
  - Relapse prevention plans crucial at this point
- How long this stage last depends on the behavior being changed
  - Eg. Exercise vs. Smoking
  - Short term change and expected outcomes vs. long term with less specific expectations

Termination

- Applies mostly to certain types of behavior
- No temptation to relapse and 100% self efficacy
- This is a goal for addiction type programs

Processes of Change: Experiential

1. Consciousness Raising [Increasing Awareness]
   ➤ *I recall information people had given me on how to start exercising.*

2. Dramatic Relief [Emotional Arousal]
   ➤ *I react emotionally to warnings about sedentary behavior.*

3. Environmental Reevaluation [Social Reappraisal]
   ➤ *I consider the view that smoking can be advantageous to the people around me.*

4. Social Liberation [Environmental Opportunities]
   ➤ *I find society changing in ways that make it easier for the exercisers.*

5. Self Reevaluation [Self Reappraisal]
   ➤ *My low fitness level makes me feel disappointed in myself.*

Processes of Change: Behavioral

1. ## Stimulus Control [Re-Engineering]

   ➢ *I use the stairs everywhere I go.*

2. ## Helping Relationships [Supporting]

   ➢ *I have someone who listens to me when I need to talk about exercise.*

3. ## Counter Conditioning [Substituting]

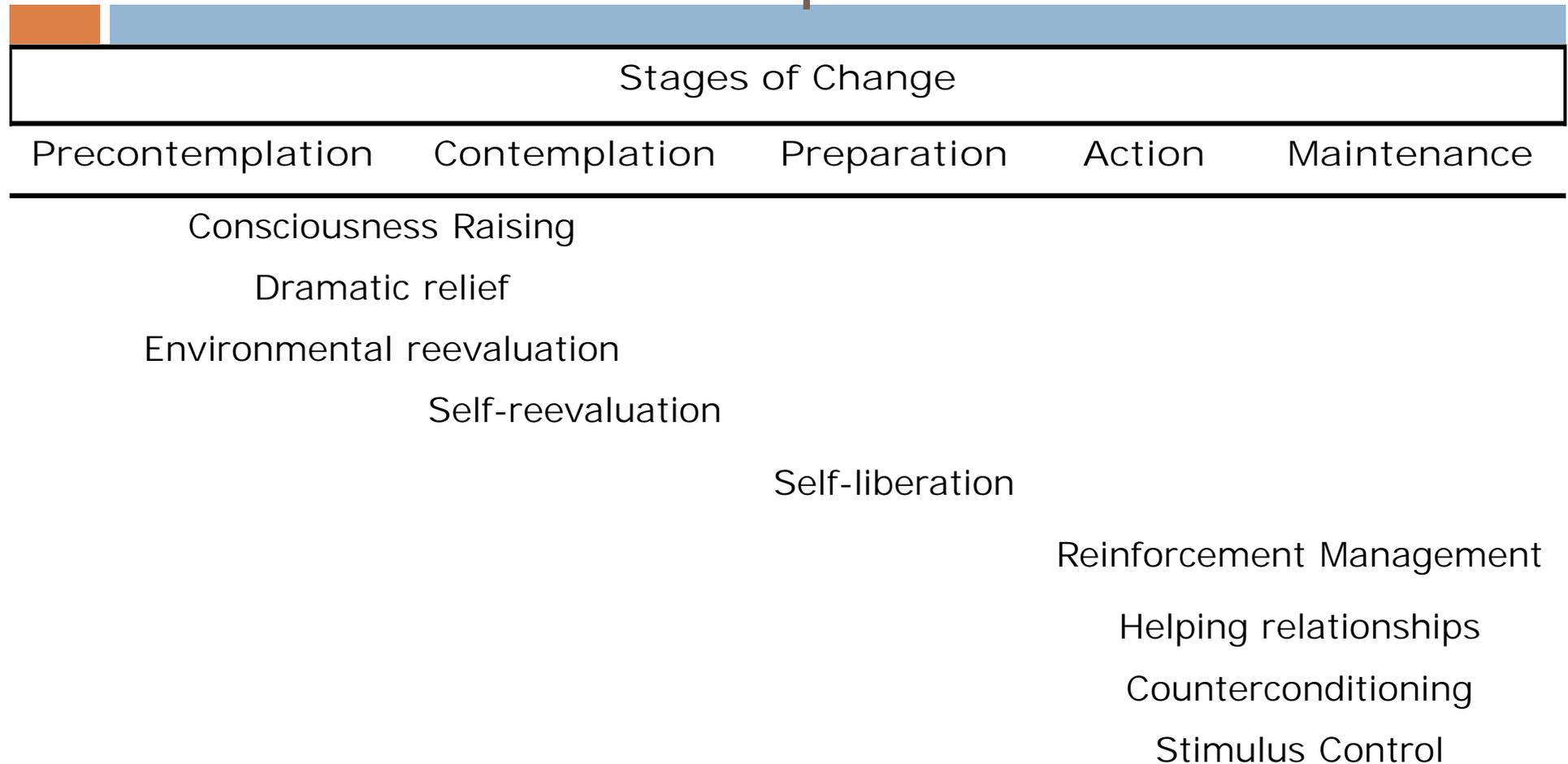   ➢ *I find that watching the news while cycling is a good substitute for lying in the sofa.*

4. ## Reinforcement Management [Rewarding]

   ➢ *I reward myself when I do my recommended daily exercise.*

5. ## Self liberation [Committing]

   ➢ *I make commitments to exercise every day in blocks of 10 min.*

Stages of Change in Which Change Processes Are Most Emphasized

| Stages of Change				
Precontemplation	Contemplation	Preparation	Action	Maintenance
	Consciousness Raising			
	Dramatic relief			
Environmental reevaluation				
	Self-reevaluation			
		Self-liberation		
			Reinforcement Management	
			Helping relationships	
			Counterconditioning	
			Stimulus Control	

Self-Efficacy

- **Confidence:** situation-specific confidence people have that they can cope with high-risk situations without relapsing to their unhealthy or high-risk habits

- **Temptation:** the intensity of urges to engage in a specific habit when in the midst of difficult situations, including:
  - Negative affect or emotional distress
  - Positive social occasions
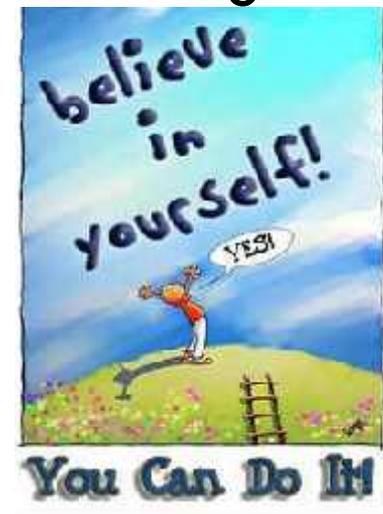
Group work

☐ How well you think this model applies to your project?
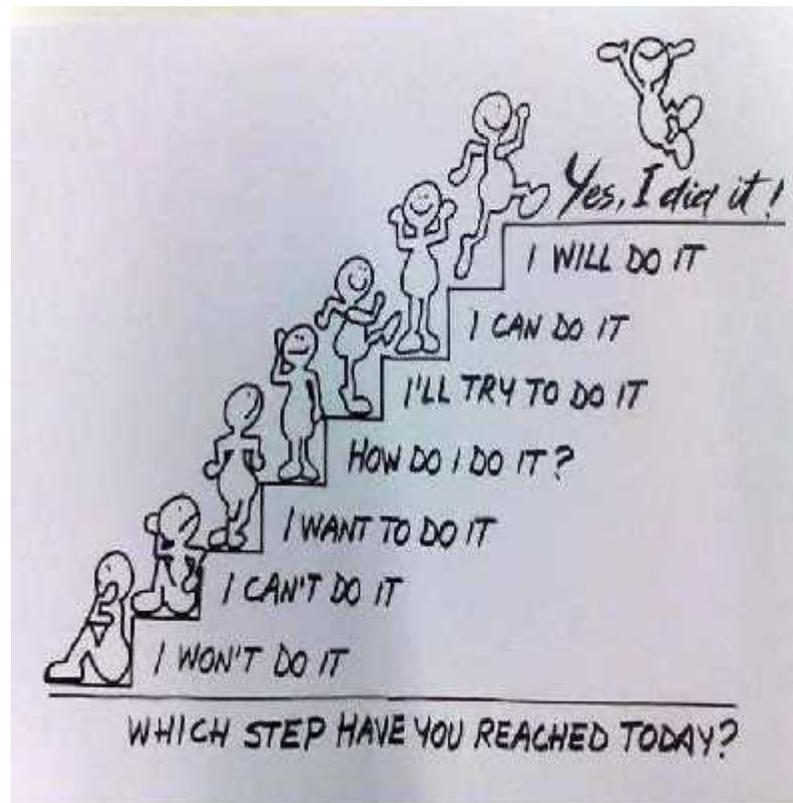
"— You're fluent in twenty-four programming languages, but you can't even talk about the weather with me!"

LIFE SKILLS FOR HEALTH EDUCATION

Group work

- Which life skills would you aim to develop on your project?

Skills – based health education is…

- …an approach to creating or maintaining healthy lifestyles and conditions through the development of knowledge, attitudes, and *especially skills*, using a variety of learning experiences, with an emphasis on participatory methods.
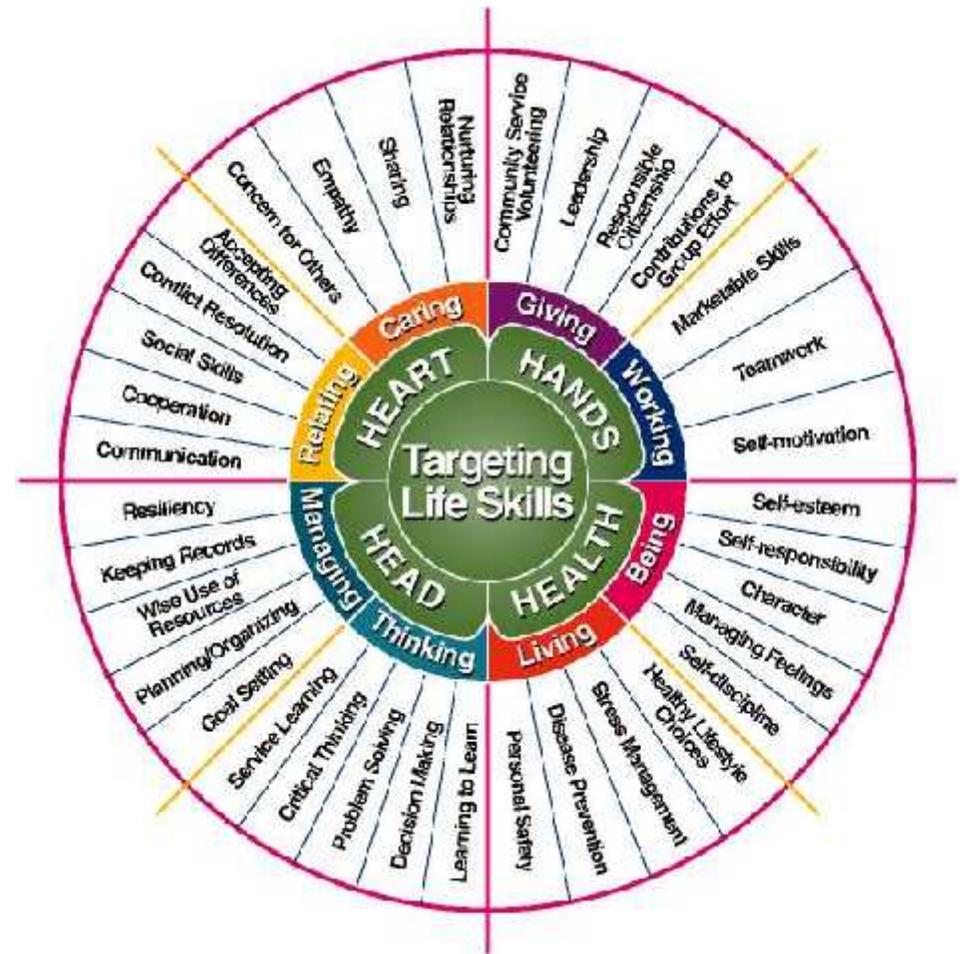
Life skills are…

- … abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life (WHO definition).
- …and is a group of psychosocial competencies and interpersonal skills that help people make:
  - **informed decisions,**
  - **solve problems,**
  - **think critically and creatively,**
  - **communicate effectively,**
  - **build healthy relationships,**
  - **empathize with others,**
  - **and cope with and manage their lives in a healthy and productive manner.**

Directed to…

- Life skills may be directed toward personal actions or actions toward others, as well as toward actions to change the surrounding environment to make it conducive to health.

Almost in every approach…

- Skill development has always been included in health education.

- Psychosocial and interpersonal skills are central, and include communication, decision-making and problem-solving, coping and self-management, and the avoidance of health-compromising behaviours.

In all ages…

- As health education and life skills have evolved during the past decade, there is growing recognition of and evidence for the role of psychosocial and interpersonal skills in the development of young people, from their earliest years through childhood, adolescence, and into young adulthood.

Life skills & health behavior

- These skills have an **effect on the ability** of young people **to protect themselves from health threats**, build competencies to adopt positive behaviours, and foster healthy relationships.

- Life skills have been tied to specific health choices, such as choosing not to use tobacco, eating a healthy diet, and exercise or making safer and informed choices about relationships.

Skills by topic and purpose

- Different life skills are emphasised depending on the purpose and topic

- For instance:
  - critical thinking and decision-making skills are important for analysing and resisting peer and media influences to eat unhealthy and being inactive for hours
  - interpersonal communication skills are needed to negotiate alternatives to risky sexual behavior
  - advocacy skills with which they can influence the broader policies and environments that affect their health, including efforts to create playgrounds and recreational parks

Categorizing life skills

- The process of categorizing various life skills may inadvertently suggest distinctions among them, …

- … However, many life skills are interrelated, and several of them can be taught together in a learning activity.

COMMUNICATION AND INTERPERSONAL SKILLS	DECISION-MAKING AND CRITICAL THINKING SKILLS	COPING AND SELF-MANAGEMENT SKILLS
• **Interpersonal Communication Skills** - verbal/nonverbal communication - active listening - expressing feelings; giving feedback (without blaming) and receiving feedback • **Negotiation/Refusal Skills** - negotiation and conflict management - assertiveness skills - refusal skills • **Empathy Building** - ability to listen, understand another's needs and circumstances, and express that understanding • **Cooperation and Teamwork** - expressing respect for others' contributions and different styles - assessing one's own abilities and contributing to the group • **Advocacy Skills** - influencing skills and persuasion - networking and motivation skills	• **Decision-making/Problem-solving Skills** - information-gathering skills - evaluating future consequences of present actions for self and others-determining alternative solutions to problems - analysis skills regarding the influence of values and of attitudes about self and others on motivation • **Critical Thinking Skills** - analysing peer and media influences - analysing attitudes, values, social norms, beliefs, and factors affecting them - identifying relevant information and sources of information	• **Skills for Increasing Personal Confidence and Abilities to Assume Control, Take Responsibility, Make a Difference, or Bring About Change** - building self-esteem/ confidence - creating self-awareness skills, including awareness of rights, influences, values, attitudes, rights, strengths, and weaknesses - setting goals - self-evaluation / self-assessment/ self-monitoring skills • **Skills for Managing Feelings** - managing anger - dealing with grief and anxiety - coping with loss, abuse, and trauma • **Skills for Managing Stress** - time management - positive thinking - relaxation techniques

Food for thought …

- By itself, skills-based health education has been shown to help many people avoid health risks

- Are life skills **alone enough** to promote or change health behaviours?

- Can life skills be **transferred** to other behaviours?

- In many communities, ***social and economic policies and practices*** undermine the goals of skills-based health education or glorify risk-taking behaviour.

- ***National and local strategies*** that curtail the influence of such policies and practices are needed to achieve the full benefit of skills-based health education.

Group work

□ Which life skills would you aim to develop on your project?

Reference

The World Health Organization's

INFORMATION SERIES ON SCHOOL HEALTH DOCUMENT 9

Skills for Health

Skills-based health education including life skills: An important component of a Child-Friendly/Health-Promoting School

THANK YOU