

## MODULE TWO

### BEHAVIOURAL CHANGE THEORIES

**Behavioural change theories** are attempts to explain why behaviors' change. These theories cite environmental, personal, and behavioral characteristics as the major factors in behavioral determination.

In recent years, there has been increased interest in the application of these theories in the areas of health, education, criminology, energy and international development with the hope that understanding behavioral change will improve the services offered in these areas.

Some scholars have recently introduced a distinction between models of behavior and theories of change. Whereas models of behavior are more diagnostic and geared towards understanding the psychological factors that explain or predict a specific behavior, theories of change are more process-oriented and generally aimed at changing a given behavior. Thus, from this perspective, understanding and changing behavior are two separate but complementary lines of scientific investigation.

#### **General theories**

Each behavioral change theory or model focuses on different factors in attempting to explain behavior change. Of the many that exist, the most prevalent are learning theories, social cognitive theory, theories of reasoned action and planned behavior,

## **Self-efficacy**

Self-efficacy is an individual's impression of their own ability to perform a demanding or challenging task such as facing an exam or undergoing surgery. This impression is based upon factors like the individual's prior success in the task or in related tasks, the individual's physiological state, and outside sources of persuasion.

Self-efficacy is thought to be predictive of the amount of effort an individual will expend in initiating and maintaining a behavioral change, so although self-efficacy is not a behavioral change theory per se, it is an important element of many of the theories

## **Learning theories and behaviour analytic theories of change**

From behaviorists such as B. F. Skinner come the learning theories, which state that complex behavior is learned gradually through the modification of simpler behaviors. Imitation and reinforcement play important roles in these theories, which state that individuals learn by duplicating behaviors they observe in others and that rewards are essential to ensuring the repetition of desirable behavior.

As each simple behavior is established through imitation and subsequent reinforcement

## **Social learning and social cognitive theory**

According to the social learning theory (more recently expanded as social cognitive theory, behavioral change is determined by environmental, personal, and behavioral elements. Each factor affects each of the others. For example, in congruence with the principles of self-efficacy, an individual's thoughts affect their behavior and an individual's characteristics elicit certain responses from the social environment. Likewise, an individual's environment affects the

development of personal characteristics as well as the person's behavior, and an individual's behavior may change their environment as well as the way the individual thinks or feels. Social learning theory focuses on the reciprocal interactions between these factors, which are hypothesized to determine behavioral change.

## 5 STEPS TO CHANGING ANY BEHAVIOR

From quitting smoking to eating healthier to exercising regularly to getting more organized, most of us have a list of behaviors we'd like to begin (or end) that resist our attempts to do so

Even though many patients are able to succeed in making desired changes in the *short term*, most of them revert to their original behaviors in the *long term*. What, then, are effective ways to alter behavior on a permanent basis?

The psychology that underlies the changing of behaviors is complex. Two researchers named Prochaska and DiClemente developed a way of describing it they called the *Stages of Change Model*. Though originally developed in the context of smoking cessation, its five stages actually describe the process by which all behaviors change.

## THE STAGES

1. **Precontemplation.** In this stage, we've either *literally* never thought about needing to change a particular behavior or we've never thought about it *seriously*. Often we receive ideas about things we might need to change from others—family, friends, doctors—but react negatively by reflex. After all, we're usually quite happy with our current stable of habits (if we weren't, we wouldn't have them in the first place). However, if we can find our way to react more openly to these messages, we might find some value in them. Remember, they aren't sent with the intent to harm.

2. **Contemplation.** Here we've begun to actively think about the need to change a behavior, to fully wrap our minds around the idea. This stage can last anywhere from a moment—to an entire lifetime. What exactly causes us to move from this stage to the next is always, in my view, the change of an idea ("exercise is important") into a deeply held belief ("I need to exercise"), as discussed in an earlier post, Cigarette Smoking Is Caused By A Delusion. What exactly causes this change, however, is different for everyone and largely unpredictable. What we think will produce this change isn't often what does. For example, it may not be the high cholesterol that gets the overweight man to begin exercising but rather his inability to keep up with his wife when they go shopping. This is the stage in which obstacles to change tend to rear their ugly heads. If you get stuck here, as many often do, seek another way to think about the value of the change you're contemplating. Remember, it's all about finding and activating a *motivating belief*.
3. **Determination.** In this stage, we begin preparing ourselves mentally and often physically for action. The smoker may throw out all her cigarettes. The couch potato may join a gym. We pick quit days. We schedule start days. This mustering of a determination is the culmination of the decision to change and fuels the engine that drives you to your goal. I firmly believe that human beings possess the ability to manifest an unlimited amount of determination when properly motivated by a deeply held belief.
4. **Action.** And then we start. We wake up and take a power walk. Or go to the gym. Or stop smoking. Wisdom—in the form of behavior—finally manifests.
5. **Maintenance.** This is *continuing* abstinence from smoking. *Continuing* to get to the gym every day. *Continuing* to control your intake of calories. Because initiating a new behavior usually *seems* like the hardest part of the process of change, we often fail to adequately prepare for the final phase of Maintenance. Yet without

a doubt, maintaining a new behavior is the most challenging part of any behavior change. One of the reasons we so often fail at Maintenance is because we mistakenly believe the strategies we used to initiate the change will be equally as effective in helping us *continue* the change. But they won't. Where changing a strongly entrenched habit requires changing our belief about that habit that penetrates deeply into our lives, continually manifesting that wisdom (and therefore that habit) requires that we *maintain a high life-condition*. If our mood is low, the wisdom to behave differently seems to disappear and we go back to eating more and exercising less (this isn't, of course, equally true for all behaviors, especially for addictive behaviors we've long ago abandoned). In a high life-condition, however, that changed belief will continue to manifest as action. When you're feeling good, getting yourself to exercise, for example, is easier because the belief that you should exercise remains powerfully stirred up and therefore motivating.

## **ONE STAGE LEADS TO ANOTHER**

The true power of this model really becomes apparent when we recognize these stages are sequential and conditional. In a medical practice, first identify the stage in which a patient sits with respect to the behavior you want them to change. A smoker who's never seriously considered giving up tobacco would be in the stage of Precontemplation—and if expected them to jump from that stage over Contemplation and Determination directly to Action, they'd almost certainly fail to change and frustrate us both. If, however, you focus on

ways to move them *from one stage to the next*, you can "ripen" them at a pace with which they're comfortable. As an example, often give patients in the stage of Precontemplation a simple assignment: ask them to think about how the change you want them to make would improve their lives. That doesn't seem like such a difficult step, but if they do it, you've just moved them into Contemplation! That may seem like insignificant progress, but it's actually 1/5 of the work that needs to be done. Finally, and most importantly, you can use this model on yourself. By recognizing which of the five stages of change you find yourself in at any one time with respect to any one behavior you're trying to change, you can maintain realistic expectations and minimize your frustration. *Focus on reaching the next stage* rather than on the end goal, which may seem too far away and therefore discourage you from even starting on the path towards it.

## **RELAPSE**

The final stage of any process leading to behavior change is one extremely difficult to avoid: relapse. Though it may sometimes be inevitable, if you train yourself to view relapse as only one more stage in the process of change rather than as a failure, you're much more likely to be able to quickly return to your desired behavior. Alternatively, when you allow yourself to view relapse as a complete failure, that assessment typically becomes self-fulfilling. Just because you fell off the diet wagon during a holiday doesn't mean you're doomed to return permanently to poor eating habits—unless you think you are and allow yourself to become discouraged, in which case you will. Long term weight gain or loss, it turns out, isn't correlated to calorie intake on any one day but rather to calorie intake over a period of time, which essentially means if you overeat here or there on a few days only, it won't actually affect your long-term ability to lose weight.

The same is true, in fact, with any behavior you want to change. Never let a few days, or even weeks, of falling back into bad habits discourage you from fighting to reestablish the good habits you want. Always

remember: none of us was born with any habits at all. They were all learned, and can all, therefore, be unlearned. The question is: how badly do you really want to change?

## **ACTIVITY**

1(a) What is behavioural change?

(b) Briefly describe the following theories of behavioural change

(i) Social cognitive change

(ii) Learning theory by B.F Skinner

2. Assess five steps to changing any behaviour.