

THEORIES OF BEHAVIOR CHANGE

Defining Theories of Behavior Change

Behavior change is often a goal for staff working directly with constituents, organizations, governments, or communities. Individuals charged with this task can be thought of as “interventionists” whose goal it is to design and implement programs or interventions that produce the desired behavioral changes¹ (Glanz, Lewis, & Rimmers, 1990, p. 17). As Glanz, Lewis, and Rimmers¹ suggest, designing interventions to yield behavior is best done with an understanding of behavior change theories and an ability to use them in practice (1990, p. 19). The goal of this Gravitas, therefore, is to introduce three major theories of behavior change, describe the key variables of behavior change models, and to explore the link between behavior change and attitude.

The Key Elements of Behavior Change

Before exploring behavior change models in depth, it is important to understand the variables that are essential to the models. Below is a select list of the variables common to many behavior change models² as well ways to maximize on these variables when attempting to evoke a behavior change.

Key Element	Definition	Strategies for Behavior Change
Threat	A danger or a harmful event of which people may or may not be aware.	Raise awareness that the threat exists, focusing on severity and susceptibility.
Fear	Emotional arousal caused by perceiving a significant and personally relevant threat.	Fear can powerfully influence behavior and, if it is channeled in the appropriate way, can motivate people to seek information, but it can also cause people to deny they are at-risk.
Response Efficacy	Perception that a recommended response will prevent the threat from happening.	Provide evidence of examples that the recommended response will avert the threat.
Self-Efficacy	An individual's perception of or confidence in their ability to perform a recommended response.	Raise individuals' confidence that they can perform response and help ensure they can avert the threat.

(continued)

1 Glanz, K., Lewis, F. M., & Rimmers, B. K. (Eds.). (1990). *Health Behavior and Health Education: Theory, Research, and Practice*. San Francisco, CA: Jossey-Bass.

2 Witte, K. (1997). Research review theory-based interventions and evaluations of outreach efforts [electronic version]. *Planning and Evaluating Information Outreach among Minority Communities: Model Development Based on Native Americans in the Pacific Northwest*. Retrieved January 29, 2006 from <http://nnlm.gov/archive/pnr/eval/witte.html>.

Key Element	Definition	Strategies for Behavior Change
Barriers	Something that would prevent an individuals from carrying out a recommended response.	Be aware of physical or cultural barriers that might exist, attempt to remove barriers.
Benefits	Positive consequences of performing recommended response.	Communicate the benefits of performing the recommended response.
Subjective Norms	What an individual thinks other people think they should do.	Understand with whom individuals are likely to comply.
Attitudes	An individual's evaluation or beliefs about a recommended response.	Measure existing attitudes before attempting to change them.
Intentions	An individual's plans to carry out the recommended response.	Determine if intentions are genuine or proxies for actual behavior.
Cues to Action	External or internal factors that help individuals make decisions about a response.	Provide communication that might trigger individuals to make decisions.
Reactance	When an individual reacts against a recommended response.	Ensure individuals do not feel they have been manipulated or are unable to avert the threat.

Major Theories of Behavior Change

1. Social Cognitive Theory^{3,4}

Bandura's Social Cognitive Theory proposes that people are driven not by inner forces, but by external factors. This model suggests that human functioning can be explained by a triadic interaction of behavior, personal and environmental factors (see figure 1). This is often known as *reciprocal determinism*. Environmental factors represent situational influences and environment in which behavior is performed while personal factors include instincts, drives, traits, and other individual motivational forces. Several constructs underlie the process of human learning and behavior change.³ These variables may also intervene in the process of behavior change⁴.

- **Self-efficacy** — A judgment of one's ability to perform the behavior.
- **Outcome Expectations** — A judgment of the likely consequences a behavior will produce. The importance of these expectations (i.e., *expectancies*) may also drive behavior.
- **Self-Control** — The ability of an individual to control their behaviors.
- **Reinforcements** — Something that increases or decreases the likelihood a behavior will continue.

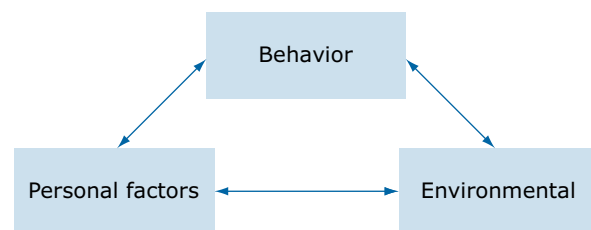


Figure 1. Social Cognitive Theory Model

³ Bandura, A. (1986). *Social Foundations of Thought and Action*. Englewood Cliffs, New Jersey: Prentice-Hall.

⁴ Perry, C. L., Barnowski, T., & Parcel, G. S. (1990). How individuals, environments, and health behavior interact: Social learning theory. In K. Glanz, F. M. Lewis & B. K. Rimer (Eds.), *Health Behavior and Health Education: Theory Research and Practice*. San Francisco, CA: Jossey-Bass.

- *Emotional Coping* — The ability of an individual to cope with emotional stimuli.
- *Observational Learning* — The acquisition of behaviors by observing actions and outcomes of others' behavior.

How can this theory inform your practice?

- To increase levels of self-efficacy it may be important to provide resources and support to raise individual confidence. Others have suggested that to raise self-efficacy behavior change should be approached as a series of small steps.⁴
- Bandura³ writes that even when individuals have a strong sense of efficacy they may not perform the behavior if they have no incentive. This seems to suggest that if we are interested in getting others to enact behavior change it may be important to provide incentives and rewards for the behaviors.
- Shaping the environment may encourage behavior change. This may include providing opportunities for behavioral change, assisting with those changes, and offering social support.⁴ It is important to recognize environmental constraints that might deter behavior change.

2. Theory of Planned Behavior^{5,6,7}

The theory of planned behavior (figure 2) suggests that behavior is dependent on one's *intention* to perform the behavior. Intention is determined by an individual's *attitude* (beliefs and values about the outcome of the behavior) and *subjective norms* (beliefs about what other people think the person should do or general social pressure). Behavior is also determined by an individual's *perceived behavioral control*, defined as an individual's perceptions of their ability or feelings of self-efficacy to perform behavior. This relationship is typically dependent on the type of relationship and the nature of the situation.

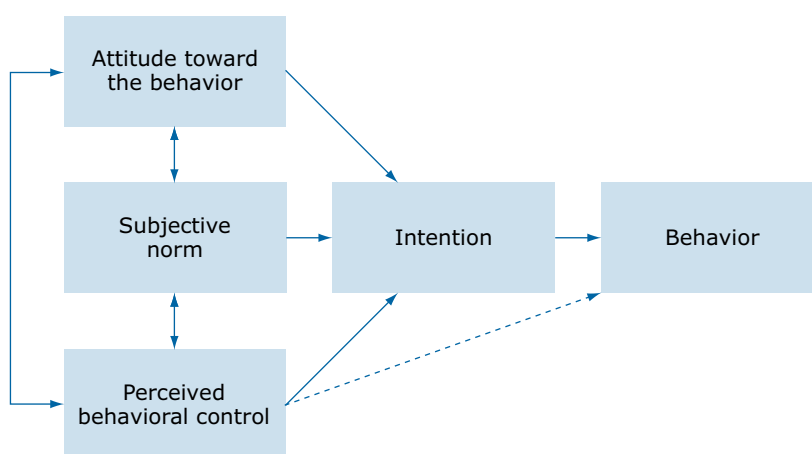


Figure 2. Model of Theory of Planned Behavior

How can this theory inform your practice?

- Intention has been shown to be the most important variable in predicting behavior change, suggesting that behaviors are often linked with one's personal motivation.⁸ This suggests that it may be important to present information to help shape positive attitudes towards the behavior and stress subjective norms or opinions that support the behavior.
- For perceived behavioral control to influence behavior change, much like with self-efficacy, a person must perceive that they have the ability to perform the behavior. Therefore, as Grizzell⁷ suggests, perceived control over opportunities, resources, and skills needed is an important part of the change process.

5 Ajzen, I. (1991). The Theory of Planned Behavior. *Organizational Behavior and Human Decision Processes*, 50, 179–211.

6 Armitage, C., & Conner, M. (2001). Efficacy of the theory of planned behaviour: A meta-analytic review. *British Journal of Social Psychology*, 40, 471–499.

7 Grizzell, J. (2007, 1/27/2007). Behavior Change Theories and Models. Retrieved January 28, 2007, from http://www.csupomona.edu/~jvgrizzell/best_practices/bctheory.html.

8 Godin, G., & Kok, G. (1995). The theory of planned behavior: A review of its applications to health-related behaviors. *American Journal of Health Promotion*, 11, 87–98.

3. Transtheoretical (Stages of Change) Model⁹

The transtheoretical model (figure 3) proposes change as a process of six stages. *Precontemplation* is the stage in which people are not intending to make a change in the near future (often defined as the next 6 months). *Contemplation* is the stage where people intend to change (within the next 6 months). People in this stage are aware of the pros of changing but also can identify the cons. *Preparation* represents the stage where people have a plan of action and intend to take action in the immediate future (within a month). *Action* is the stage in which people make the behavior change and *maintenance* represents the stage where people work to prevent relapse. Finally, *termination* represents that stage where individuals have 100 percent efficacy and will maintain their behavior. This stage is the most difficult to maintain, so many people remain a lifetime in maintenance.

How can this theory inform your practice?

- It is essential to match behavior change interventions to people's stages. For example, if an individual is in the precontemplation stage it is important to raise their awareness about a behavior in order for them to contemplate making a behavior change.
- Without a planned intervention, people will remain stuck in the early stages due to a lack of motivation to move through the stages. Prochaska, Johnson, and Lee⁷ suggest a series of activities that have received empirical support, which help individuals progress through the stages:
 - Consciousness-Raising — increasing awareness of the causes (providing educational materials, confrontation, media campaigns, feedback, etc.)
 - Dramatic Relief — producing an emotional experience which is followed by a reduced affect if some action can be taken (personal testimonies, media campaigns, drama)
 - Self-reevaluation — inviting individuals to make cognitive and emotional assessments of their self image (clarify values, provide healthy models, using imagery)
 - Environmental reevaluation — assessments of how the presence or absence of a behavior might impact one's social environment (documentaries, personal stories, family interventions)

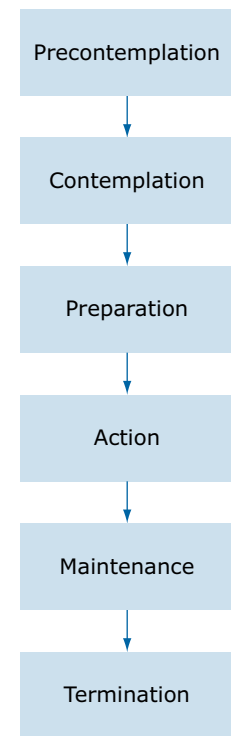


Figure 3. Stages of Change

What if attitude change (as opposed to behavior) is your goal?

Behavior change may not always be your goal. It may become a priority to change attitude or public opinion about some issue. You might also wish to change attitude before behaviors. Whatever your goal, it is important to understand how individuals adopt attitudes. Existing research is also helpful in defining the process of attitude change.

CONCEPTUALIZING ATTITUDE

Scholars Zanna and Rempel¹⁰ view attitude as having many causes. They view attitude not as something stable or predisposed to the individual, but as something that might change based on internal or external cues. Figure 4 illustrates how attitude is generated from cognition (a source of information), affect (feel-

⁹ Prochaska, J., Johnson, S., & Lee, P. (1998). The transtheoretical model of behavior change. In S. Schumaker, E. Schron, J. Ockene & W. McBee (Eds.), *The Handbook of Health Behavior Change*, 2nd ed. New York, NY: Springer.

¹⁰ Zanna, M. P., & Rempel, J. K. (1988). Attitudes: A new look at an old concept. In D. Bartal & A. W. Kruglanski (Eds.), *The social psychology of knowledge*, 315–334. Cambridge, UK: Cambridge University Press.

ings, emotions associated with an object that can influence attitude), and past behaviors. Individuals evaluate new sources of information against previous or other information and evaluate it as favorable or unfavorable.

CONSIDERATIONS FOR CHANGING ATTITUDE (ZANNA & REMPEL, 1988)

When presenting information to change attitudes it is important that the information is consistent and congruent so that individuals can form a single attitude about an object.¹⁰

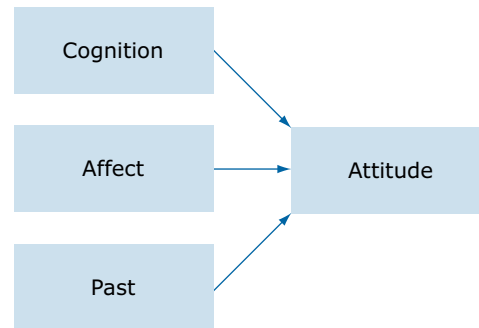


Figure 4. Zanna and Rempel's Conceptualization of Attitudes

- When attempting to change attitudes it may be advantageous for persuaders to use multiple methods. These methods may include a) disseminating information, b) including messages that are high in affect or emotion, or c) messages that connect attitudes to past behaviors.¹⁰
- Since individual characteristics are usually stable over time, Herek¹¹ suggests that efforts should focus on changing perceptions about groups or objects and creating situations that will foster attitude change. Herek also suggests “priming” whereby situational factors prime a person to be more receptive to a message (for example, asking about a related issue for which the individual might hold a favorable position).
- Remember that attitude may not directly cause a behavior change! Kim and Hunter¹² showed that behavior intent acts as a mediator in attitude-behavior relationships. Behavioral intent is someone’s willingness to engage to various behaviors. This implies that when striving to change attitudes (and eventually behaviors) it is important to stress the benefits of performing the behavior, the social appropriateness of performing the behavior, and positive affect for the behavior.¹²

11 Herek, G. (1986). The instrumentality of attitudes: Toward a neofunctional theory. *Journal of Social Issues*, 42:2, 99–114.

12 Kim, M. S., & Hunter, J. E. (1993). Relationships among attitudes, behavioral intentions, and behavior: A meta-analysis of past research, part 2. *Communication Research*, 20:3, 331–364.