

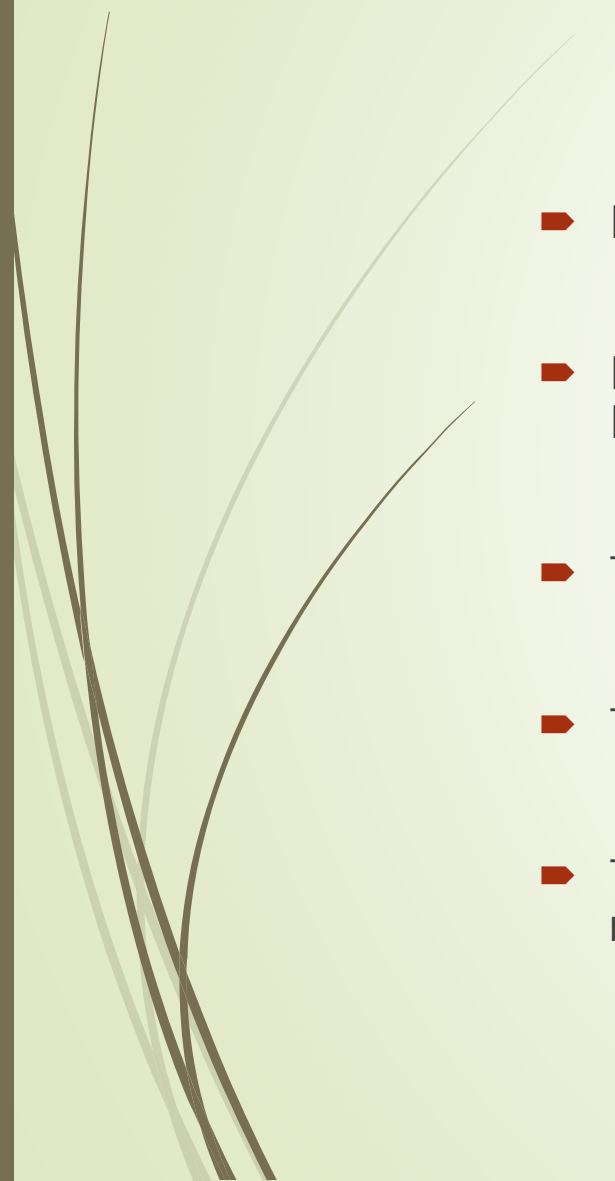


Health Promotion and Social Cognition Models.

Dr Stuart Jones

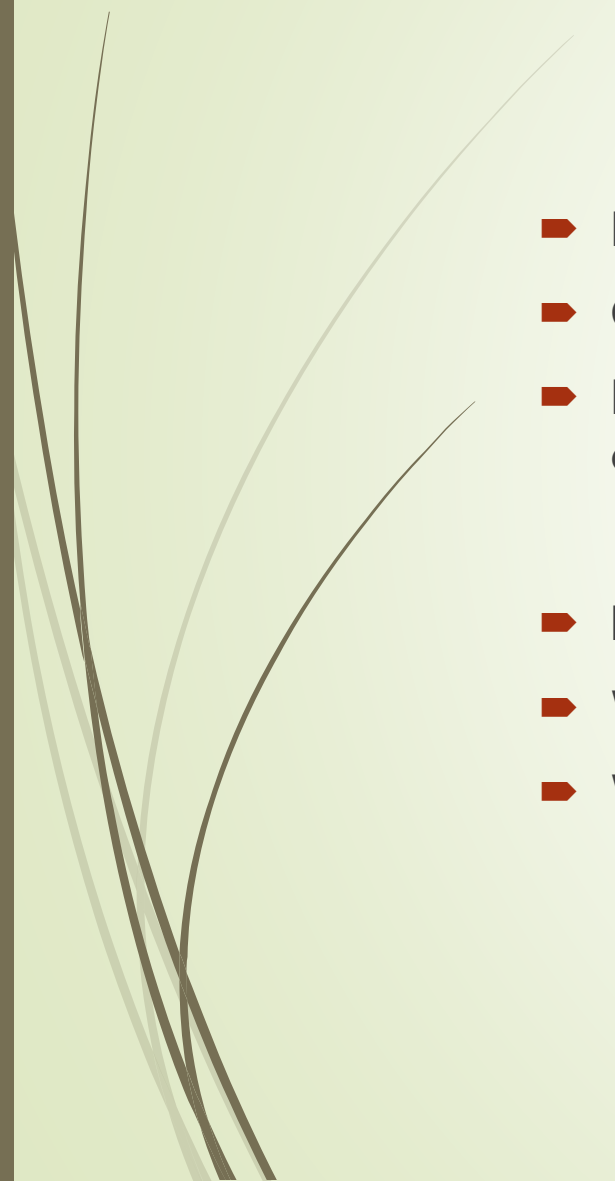


Aims of the Session.

- 
- Provide a definition of Health and Health Psychology.
 - Discuss why Health Psychology is important and the rise of the Health Psychologists.
 - To examine approaches to research in Health Psychology.
 - To explore Health Promotion and the types of Health Promotion Strategies.
 - To discuss the applicability of Social Cognition Models to changing health related behaviour.



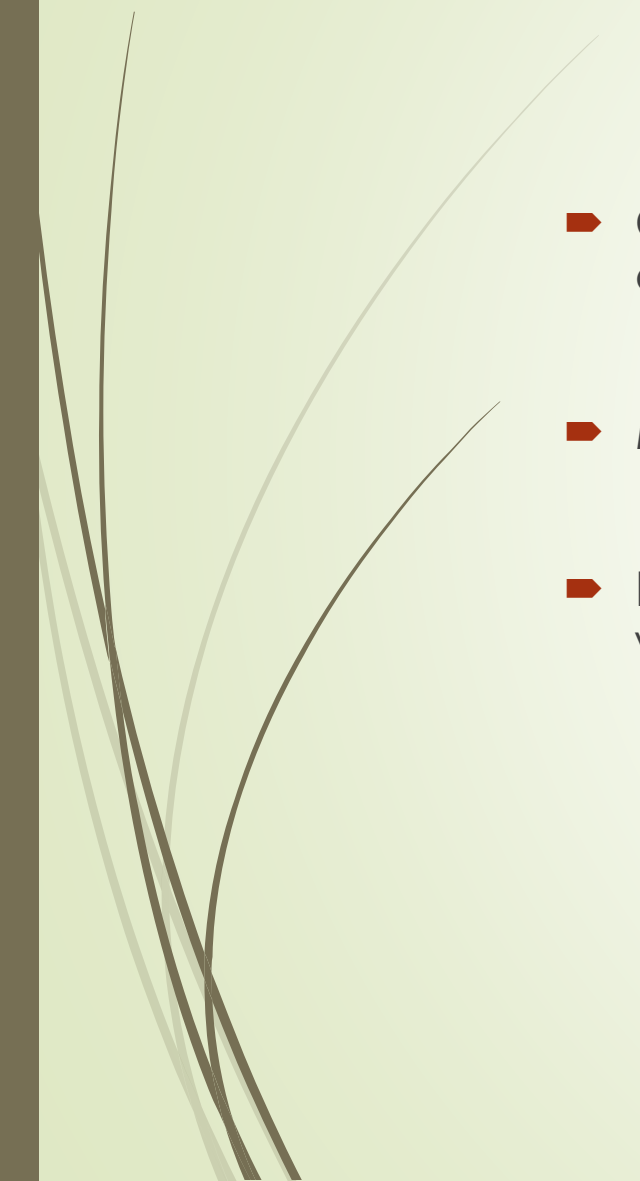
What connects Psychology to Health?

- 
- ▶ People have beliefs about Health.
 - ▶ Can become very emotional.
 - ▶ People have a behavioural role to play in maintaining their health and coping.

 - ▶ Individual Differences.
 - ▶ WHY do some people react well emotionally to ill-health.
 - ▶ WHY do some people get ill all the time?



Health Psychology.

- Concerned with how biology, behaviour, personality, and social context can influence health, illness and well-being.
 - More than just physical illness!
 - Health Psychology can address key questions relating health, illness and well-being.
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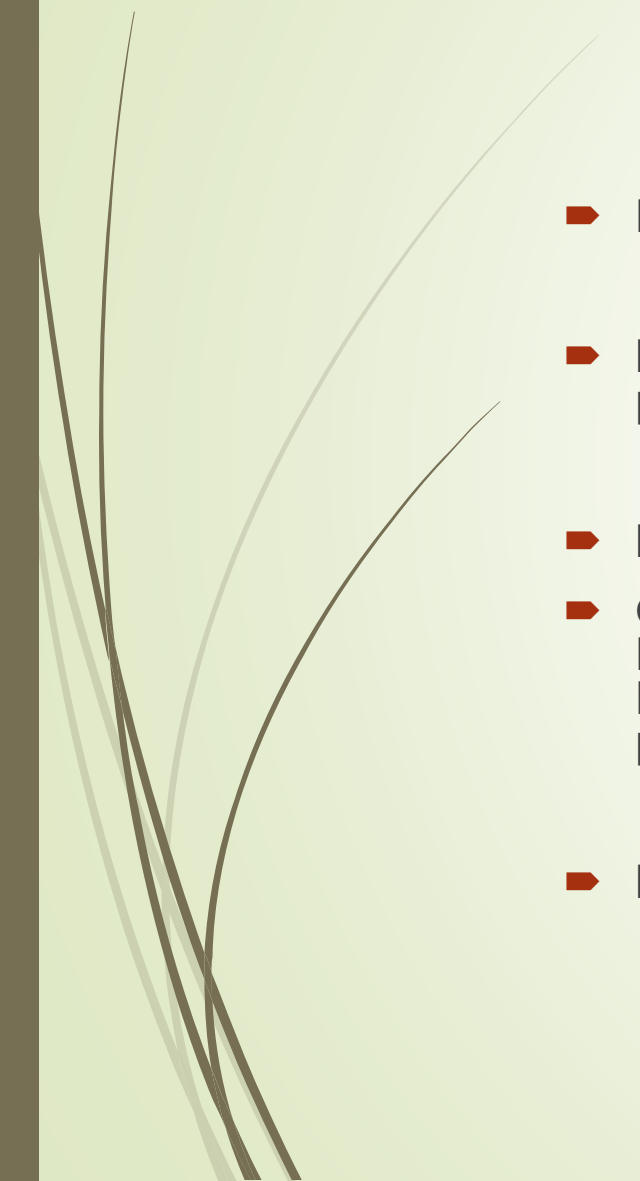


Health Psychology.

- Matarazzo (1982).
 - The promotion and maintenance of health.
 - Improving Healthcare systems and health policy.
 - The prevention and treatment of illness.
 - The cause of illness: e.g. Risk factors / Vulnerability.
- 



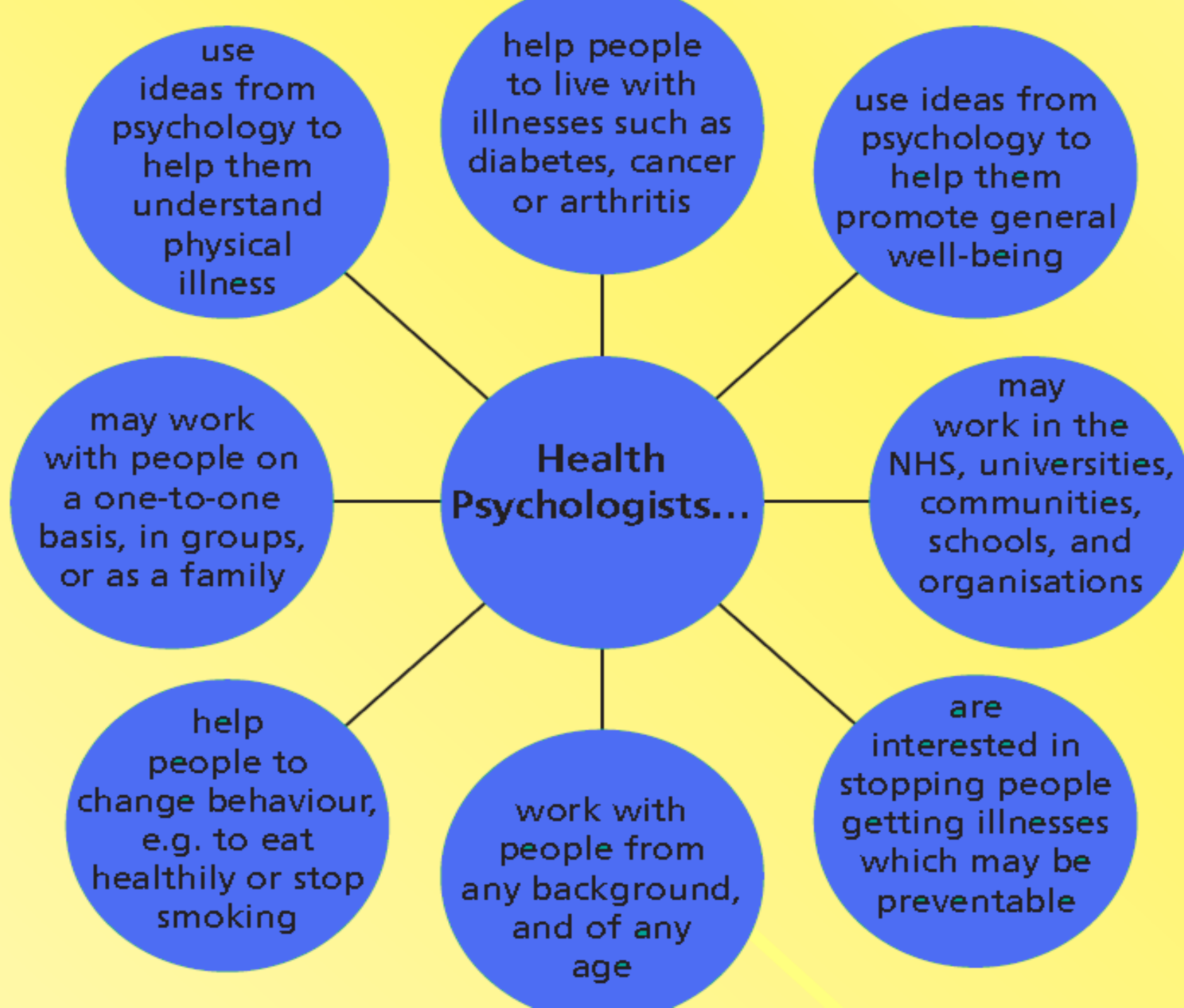
HCPC (Health Care and Professionals Council)

- Health Care and Professionals Council
 - Is a statutory regulator of over 280,000 professionals from 15 health and care professions in the United Kingdom.
 - Including all Practitioner Psychologists.
 - Clinical psychologist, Counselling psychologist, Educational psychologist, Forensic psychologist, Health psychologist, Occupational psychologist, Practitioner psychologist, Registered psychologist, Sport and exercise psychologist
 - <http://www.hcpc-uk.org/>
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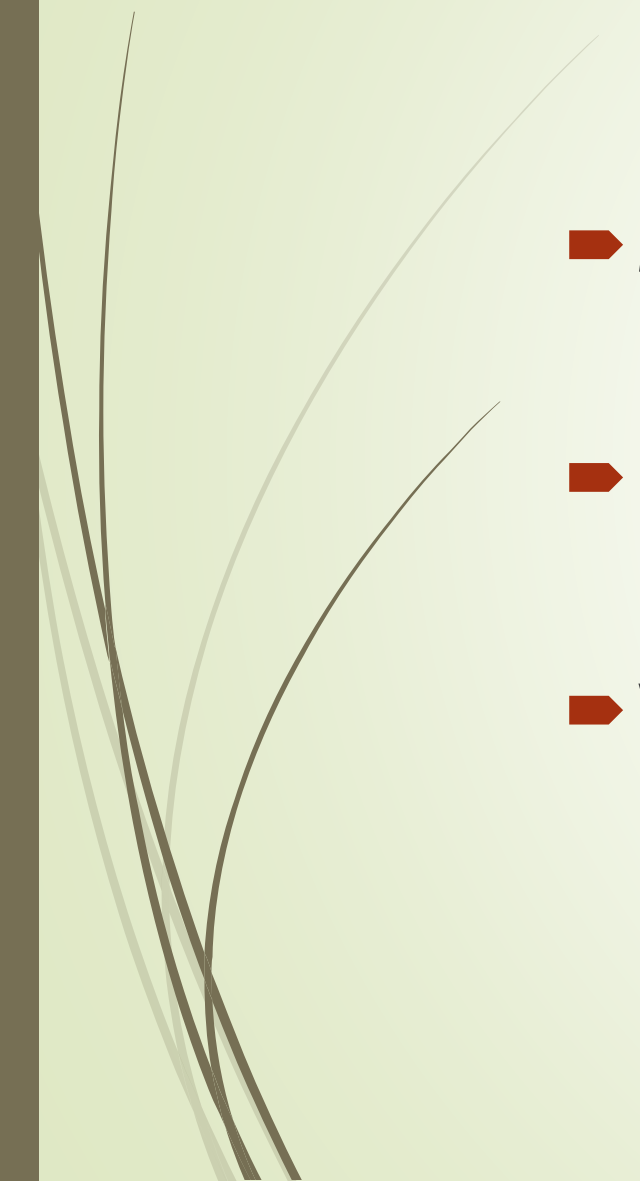
Why is Health Psychology Important?

- ▶ How people manage and cope with illness.
- ▶ Experiences of health and illnesses.
- ▶ Promote General Well Being.
- ▶ Behavioural Change.
 - ▶ Health Psychology seen to make an “actual” difference.
- ▶ Employment Opportunities.
 - ▶ Working with a variety of people.
 - ▶ NHS, Carers, Communities, Schools, Universities.
- ▶ Links with other branches of Psychology.
 - ▶ E.g. Social Psychology.
 - ▶ Use of Qualitative and Quantitative Research Methods.





About Health Psychology

- Major rise in popularity in the 1980's – 1990's.
 - Largest sub division in the APA.
 - Why?
- 

Why?

- ➡ 1) Increase awareness of causes of death in 1970 – 1980's.
- ➡ Leading causes of Death **ALL** Behavioural.
- ➡ E.g. Potentially preventable.



Why?

- 2) Ideology that individuals are responsible for their own health.
- People can look after themselves.
- No such thing as a community – don't need help.





2).

- Where this view is the strongest – shown the biggest increase in Health Psychology.
- Need for policy interventions designed to support and promote health.
- Individual ALONE may be unable to make improvements in health related behaviour – as a consequence of economic or political factors.



Why?

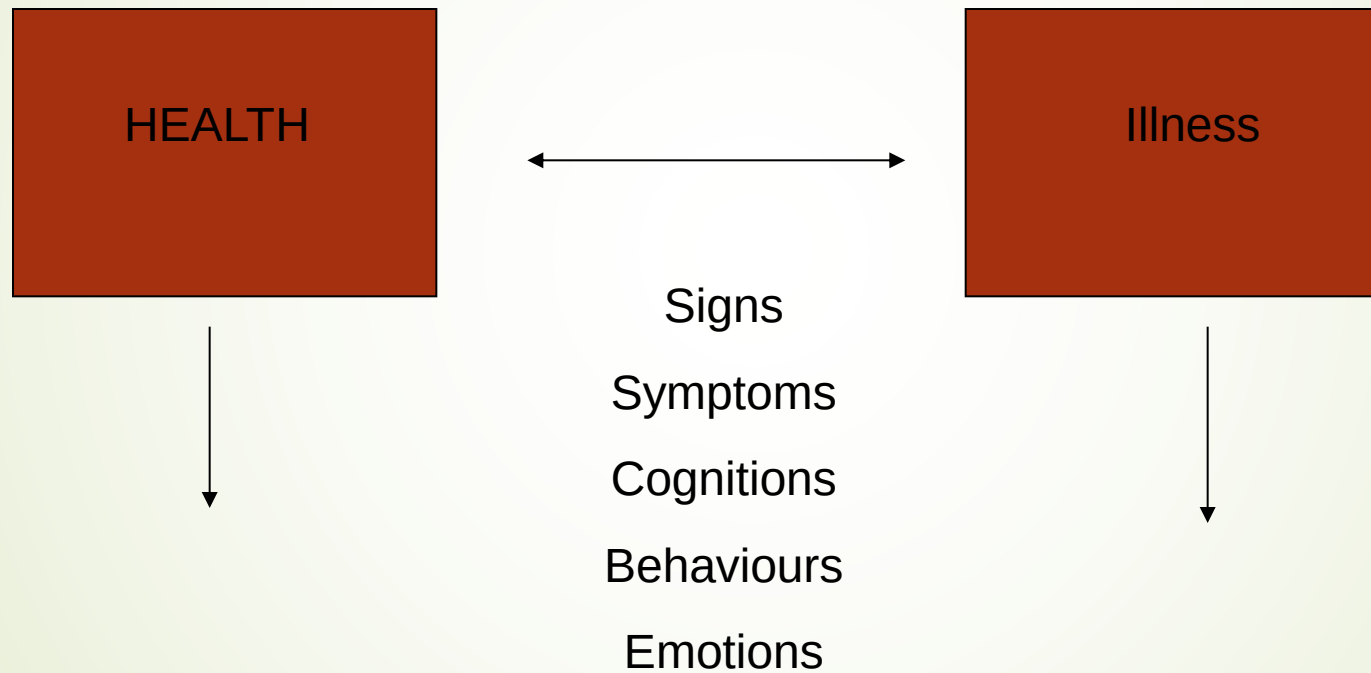
- 3) Disenchantment with health care among patients and practitioners.
- Improving services – alternatives.
- Patients views.
- Growing awareness of Psychological and Social influences of Well being.



What is Health?

- ▶ Have a few minutes to write your own definition of health.
 - ▶ Group discussion.
- 

What is Health?





What is Health?

- Defined as “Wholeness”.
- World Health Organisation (1948) “a state of complete physical, mental and social well-being and.... not merely the absence of disease or infirmity”.
- Is this a good definition?

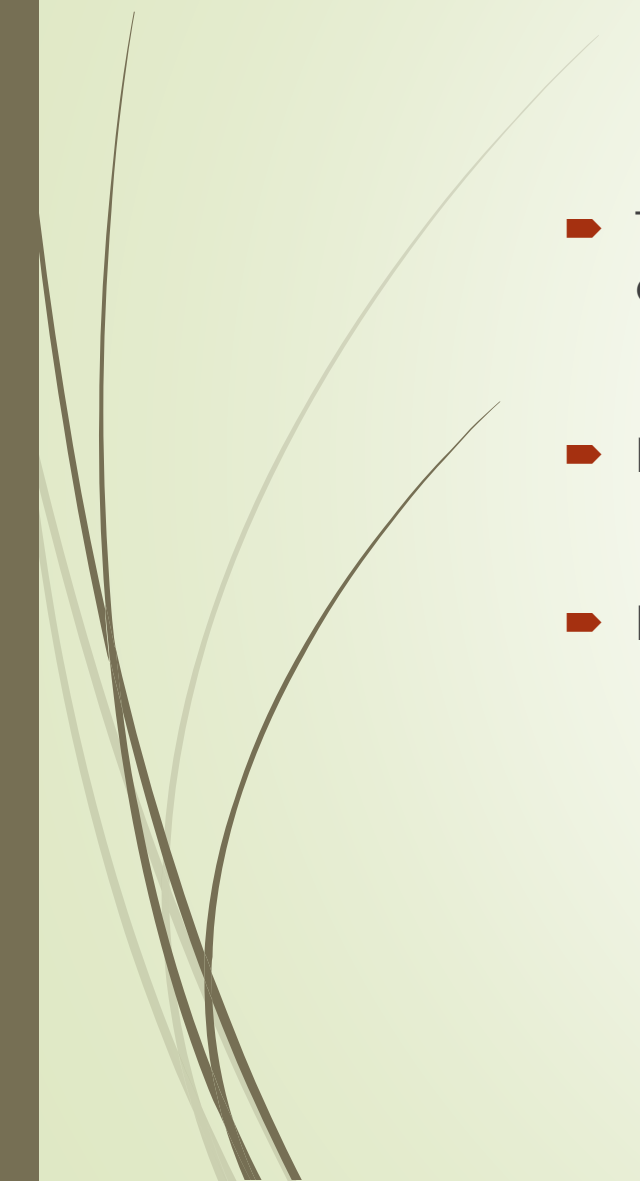


A Definition of Health.

- Marks et al (2006).
 - Health is a state of well-being with physical, cultural, psychosocial, economic and spiritual attributes, not just the absence of illness.
- 



Natural Science vs Human Science.

- Two primary sources of knowledge for studying human behaviour and experience
 - Natural Science
 - Human Science.
- 



Natural Science.

- ▶ The principle objective of natural science is to identify causes.
 - ▶ Does Alcohol intake elevate depression?
- ▶ Attempts to generate predictive models.
 - ▶ Medical Model.
- ▶ Quantitative in its approach.
- ▶ Physical treatments.

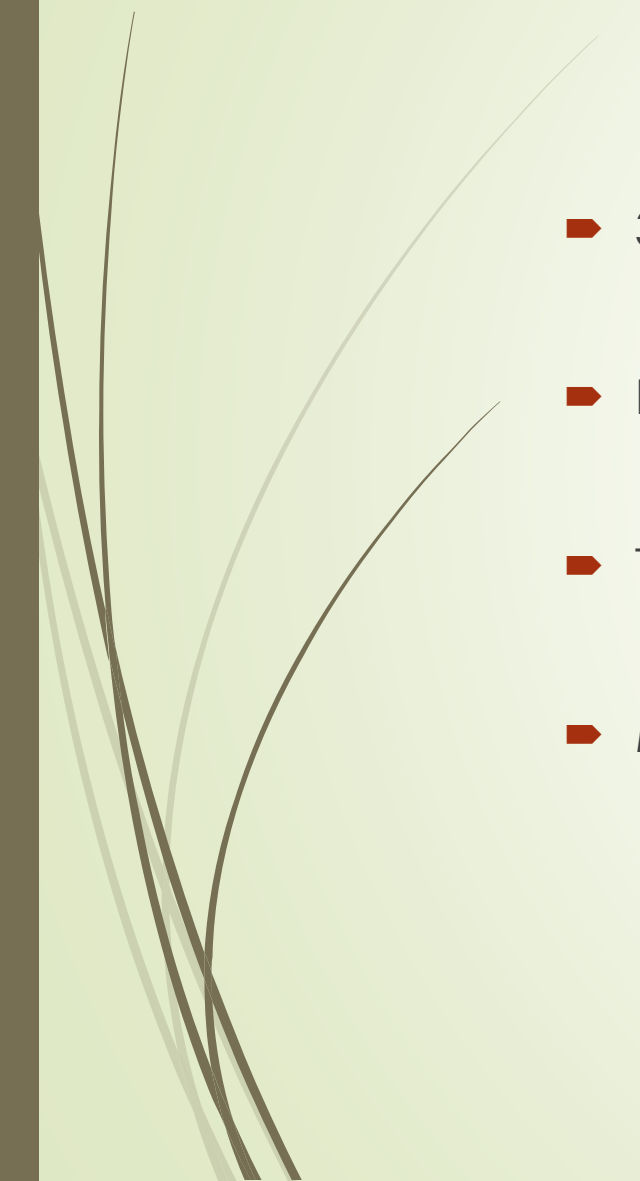


Human Science.

- Objectives is to Identify meanings.
 - What does X mean to Y?
- Represented by research on discourse, narratives and social representations.
- IPA (Case Studies).
- Social Constructivism.



Theory in Health Psychology.

- 3 Broad Types based on their level of generality.
 - Frameworks
 - Theories
 - Models.
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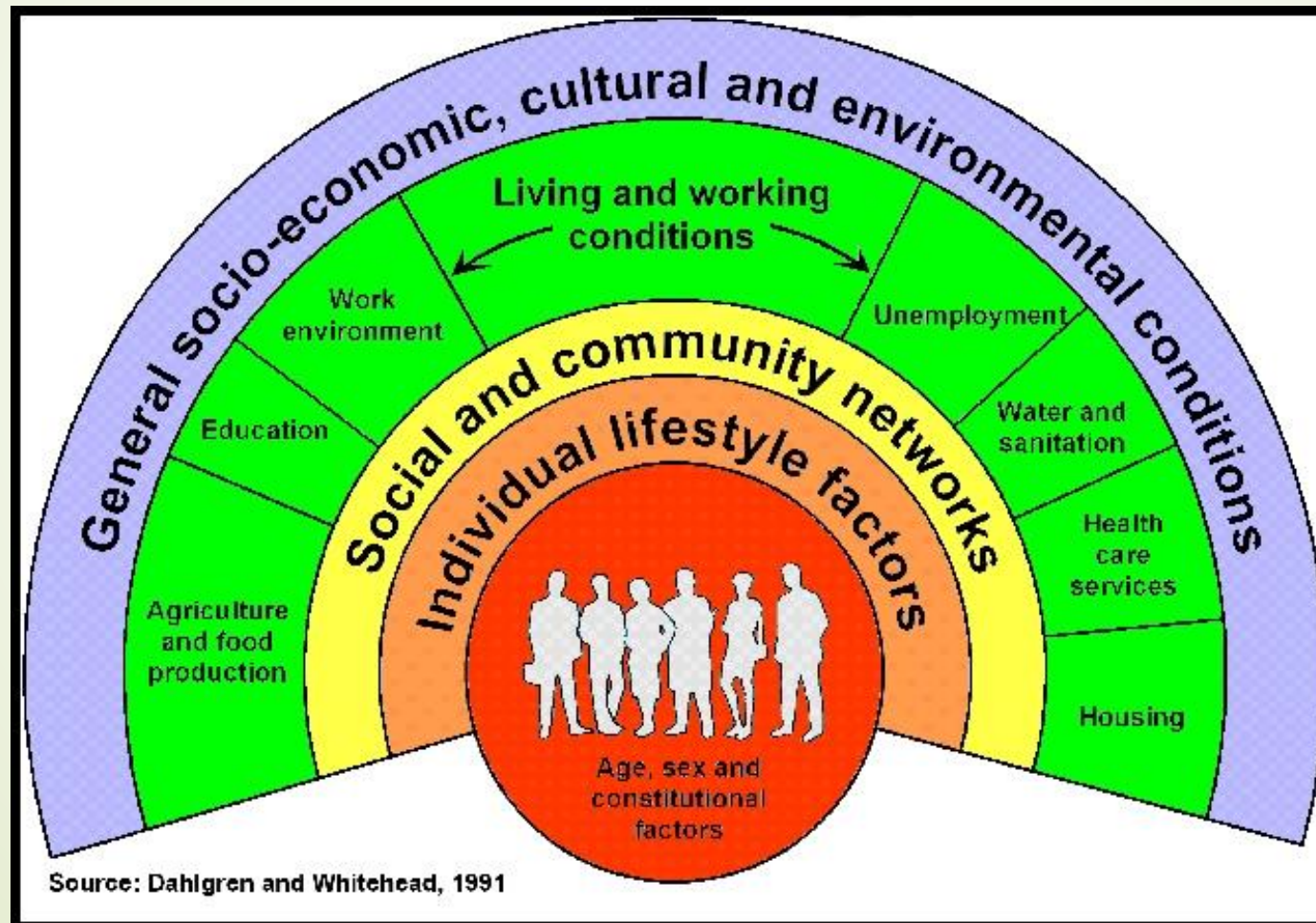


Frameworks.

- Complete system of thinking about a field of inquiry.... Looser and less developed in nature, intended for general application. (Marks et al, 2006).

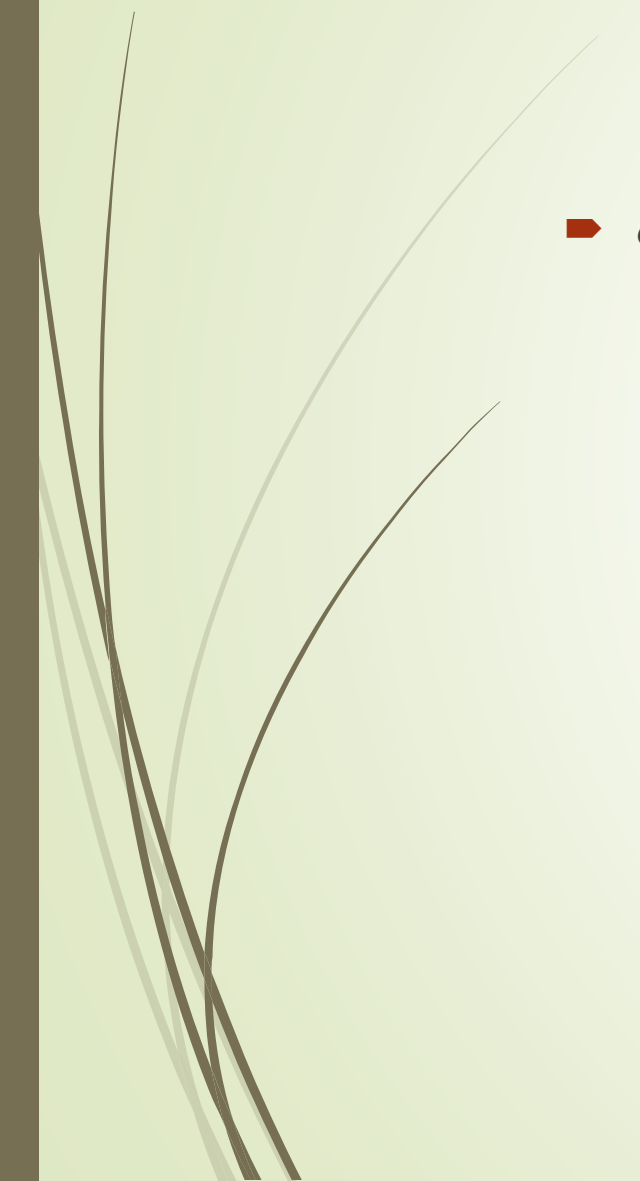
Example of a Framework

Determinants of Health Framework



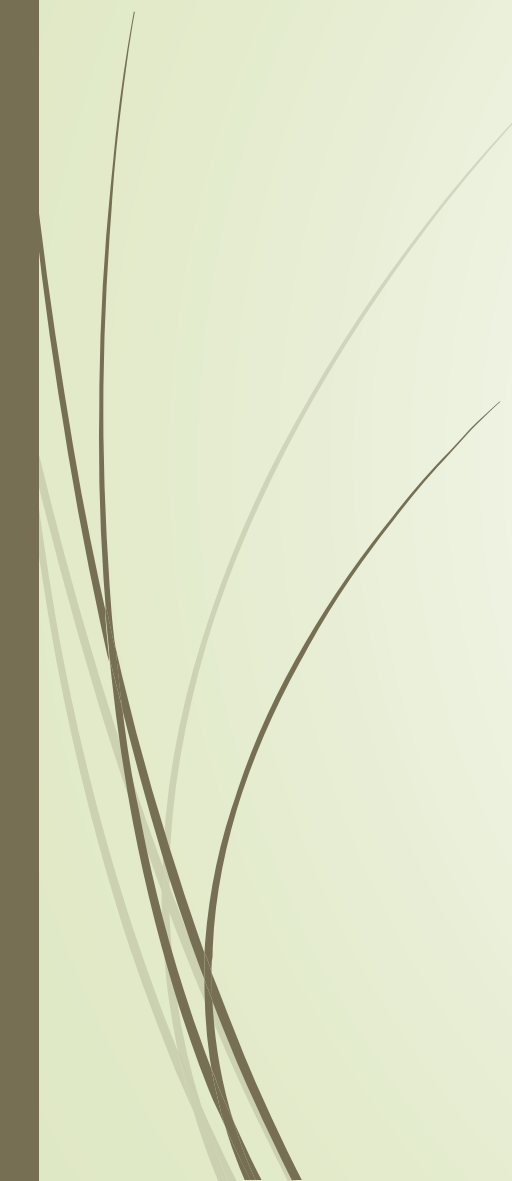


Determinants of Health Framework

- 6 Characteristics.
 - 1) Concerned with all determinants of health.
 - 2) Individual at the Core.
 - 3) Reflect the whole situation.
 - 4) Interdisciplinary (not just medical).
 - 5) DOESN'T STRESS WHICH ASPECT IS MORE IMPORTANT.
 - 6) Complex nature of Health determinants.
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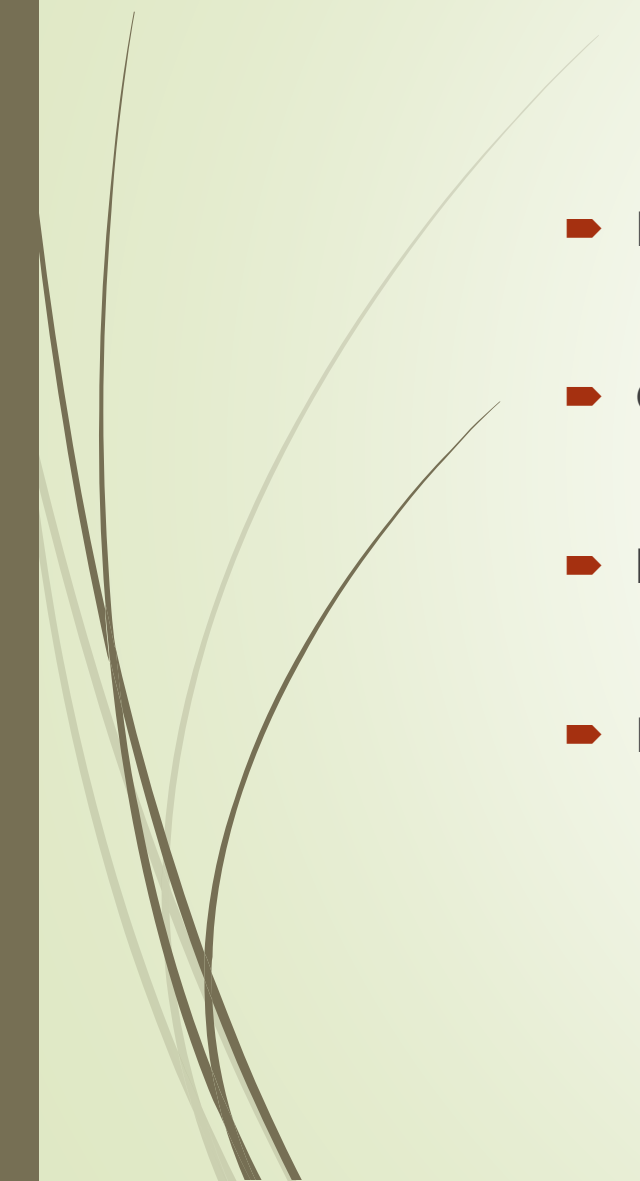


Four Approaches to Health Psychology.

- Clinical Health Psychology.
 - Public Health Psychology.
 - Community Health Psychology.
 - Critical Health Psychology.
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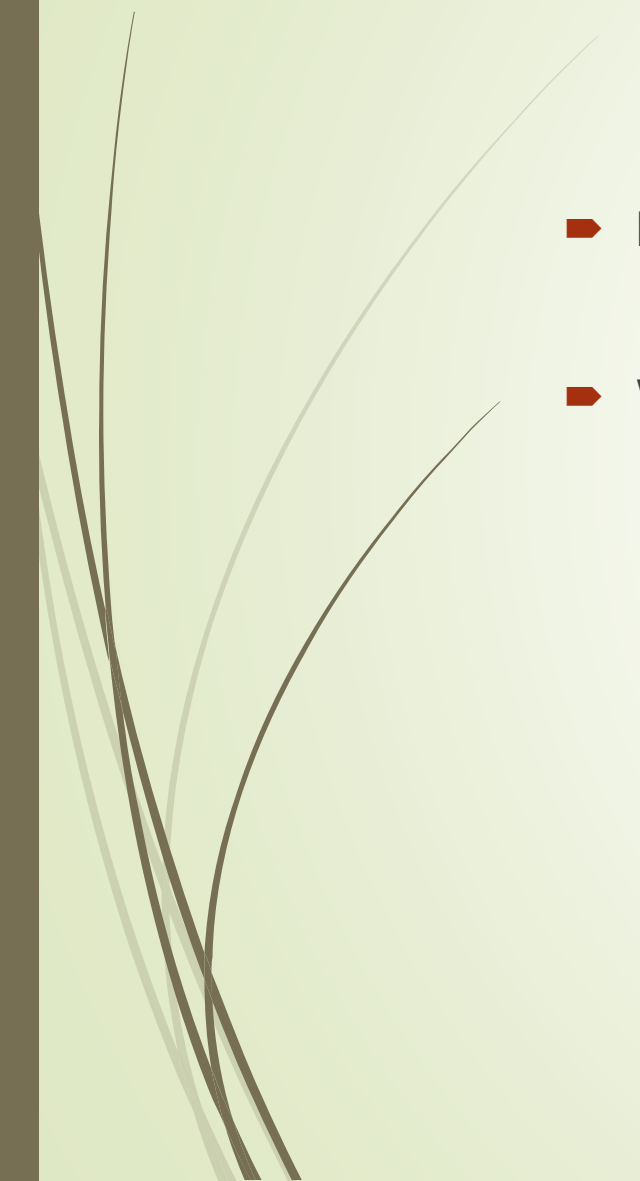


Clinical Health Psychology.

- Relates Psychological variables to Biomedical conditions.
 - Quantitative assessments.
 - Interventions.
 - Randomised Controlled Studies.
- 



Clinical Health Psychology.

- Researched Based.
 - Work alongside health services to assess and improve care of patients.
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Public Health Psychology.

- Allied to epidemiology and health promotion.
- Manipulate psychological variables predicting health and healthy behaviours.
- Large Scale Surveys.
- Interventions.



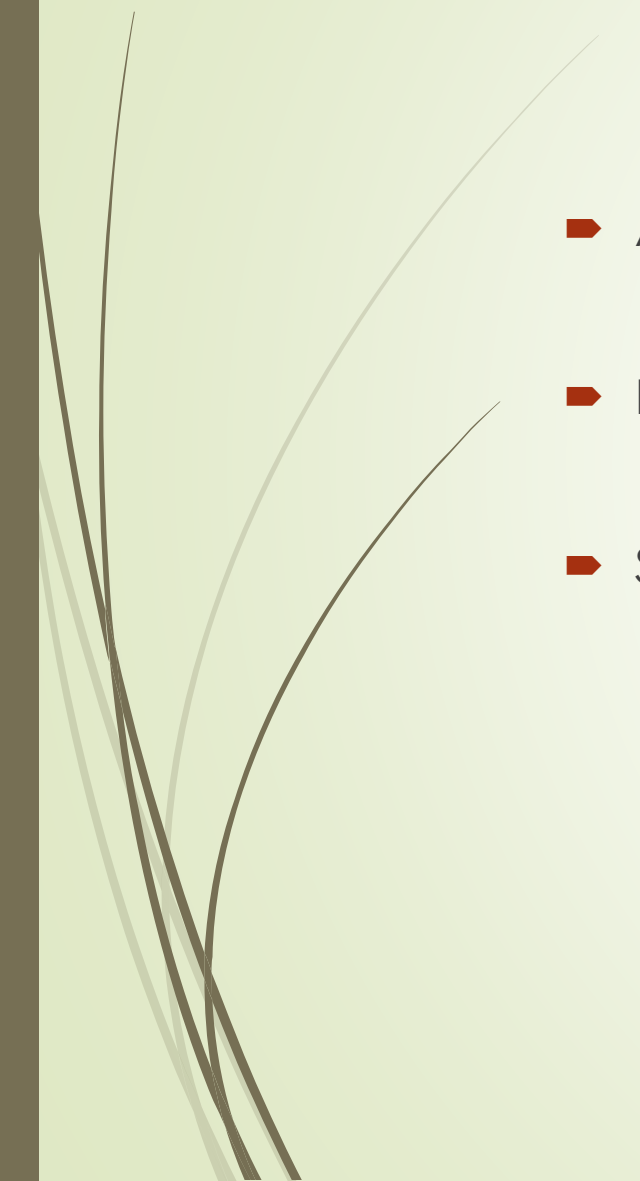
Community Based Health Psychology.

- Empower communities to have a great control over health and health care.
- Case Studies and Action Research.
- Vulnerable people.





Critical Health Psychology.

- Analyse how power, economics and society influence health, health care.
 - Political in Nature.
 - Society as a whole.
- 



What is Health Promotion?

- Event, process or activity that facilitates the protection or improvement of the health status of individuals, groups, communities or populations (Marks et al, 2007).
- Environmental Interventions.
- Behavioural Interventions.

Health Promotion.

- Environmental Interventions.
- Legislative
- Productions of Goods.
 - E.g. Beef.
 - E.g. E numbers.
- Safeguard our Natural Environment.
 - Beach flag system.



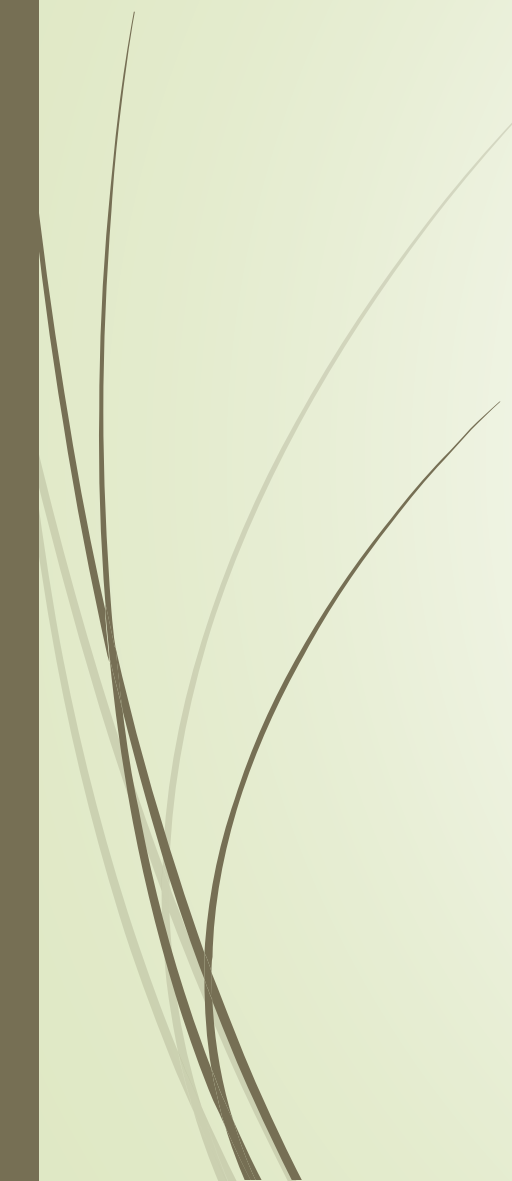
Health Promotion.

- Behavioural Intentions.
- Individual.
- Empowerment.





Behaviour Change Approach in Health Promotion.

- Changing individuals Cognitions.
 - Decision Makers.
 - Need the Information.
 - Health Education.
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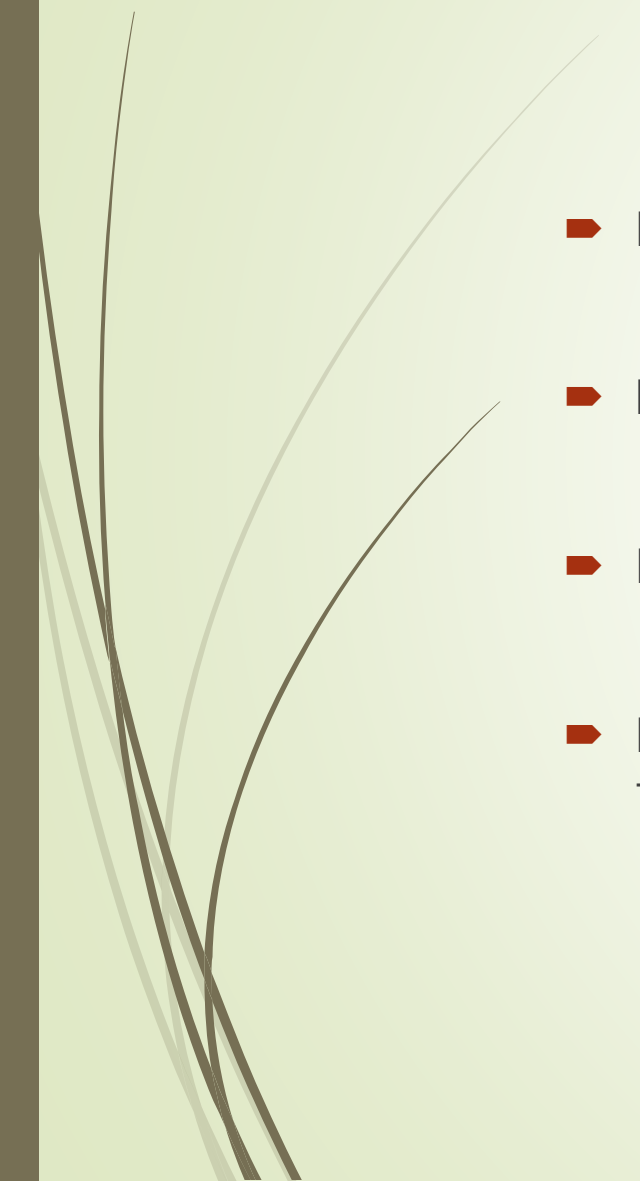


Social Cognition Models.

- Health Belief Model (Becker, 1974).
- Theory of Reasoned Action (Fishbein and Ajzen, 1975).
- Theory of Planned Behaviour (Ajzen, 1985).
- Transtheoretical Model (Prochaska and DiClemente, 1983).



Models of Behavioural Change.

- Health Belief Model.
 - Initially developed by Rosenstock (1966).
 - Becker and colleagues (70's and 80's).
 - Predict preventative health behaviours and also behavioural response to treatment in acute or chronically ill patients.
- 

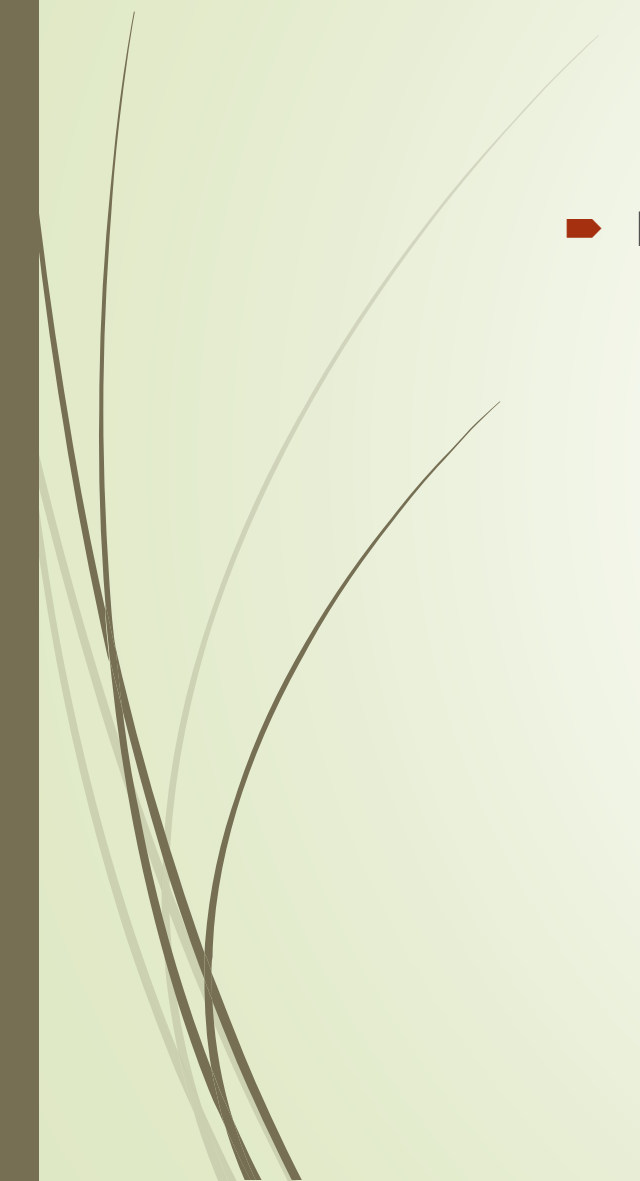


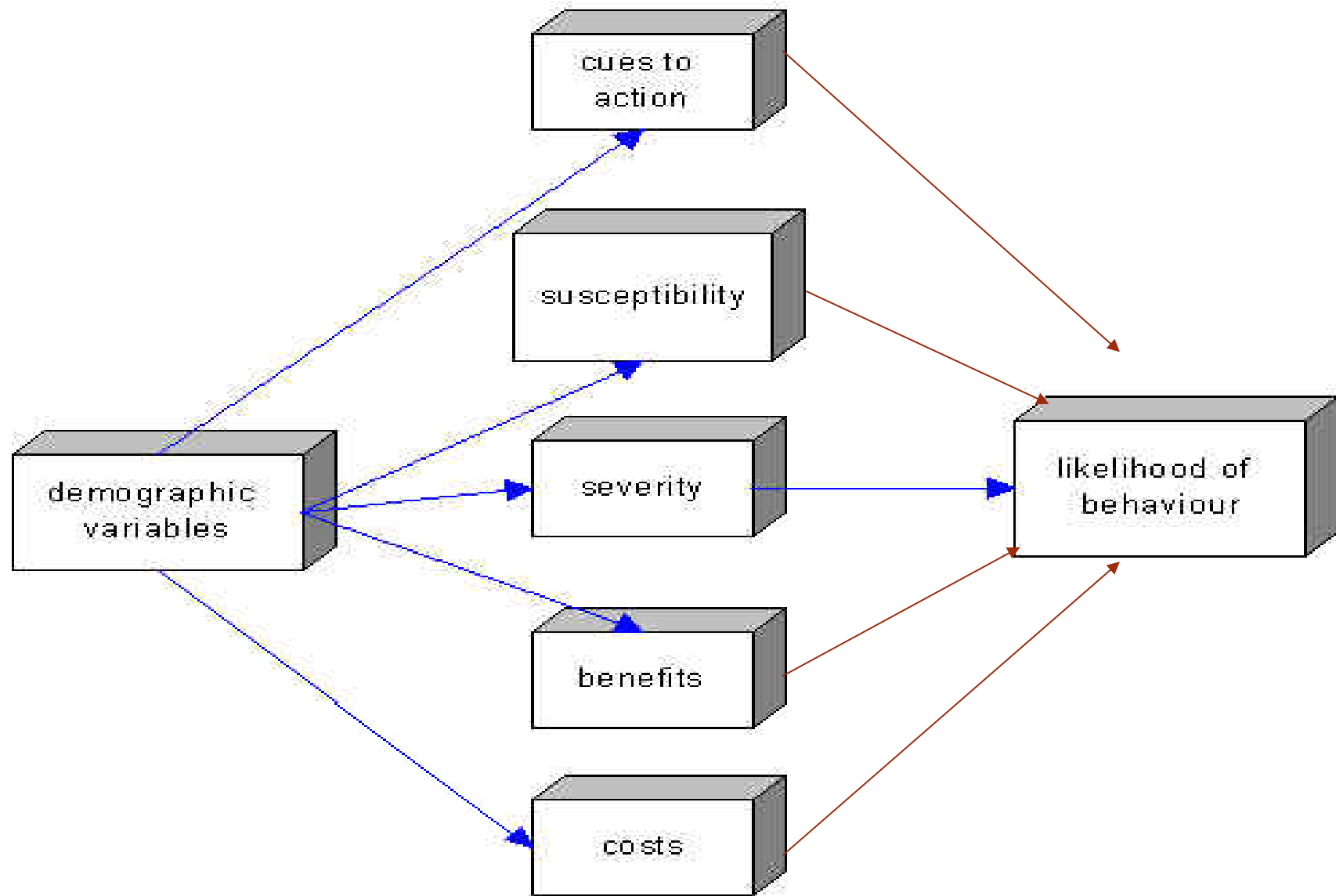
Models of Behavioural Change

- Health Belief Model
- The Likelihood of changing behaviour depends on the person's perceptions of the severity of the health risks and appraisals of the costs and benefits of taking action.
 - Becker and Maiman, 1975 (cited in Weinberg and Gould, 2001).



Components of HBM.

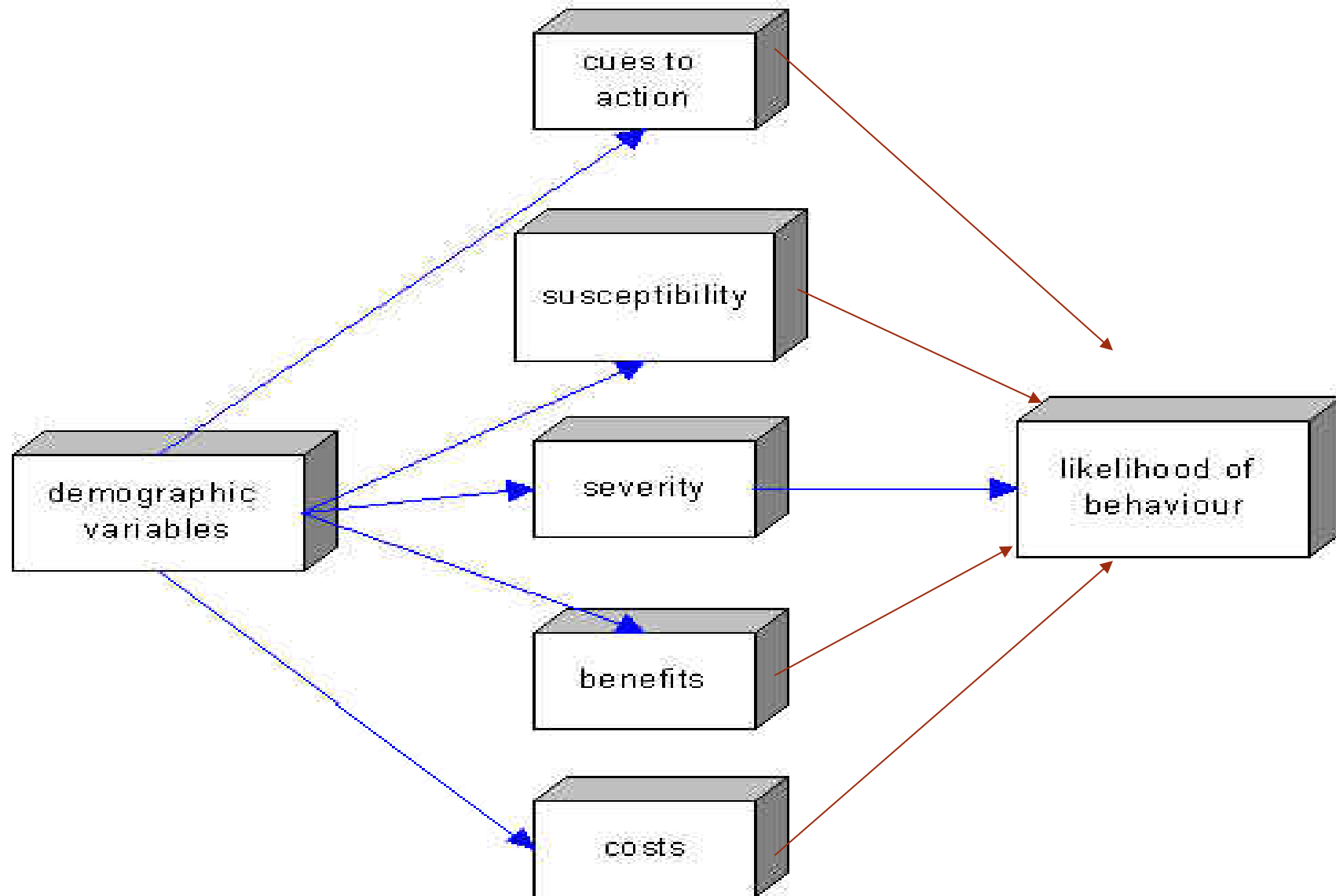
- Behaviour is a result of a set of core beliefs.
 - Susceptibility to illness.
 - Severity to illness
 - Costs involved in carrying out behaviour.
 - Benefits.
 - Cues to action.
 - Internal (e.g. Physical Symptom).
 - External (e.g. Health Promotion Leaflet).
- 





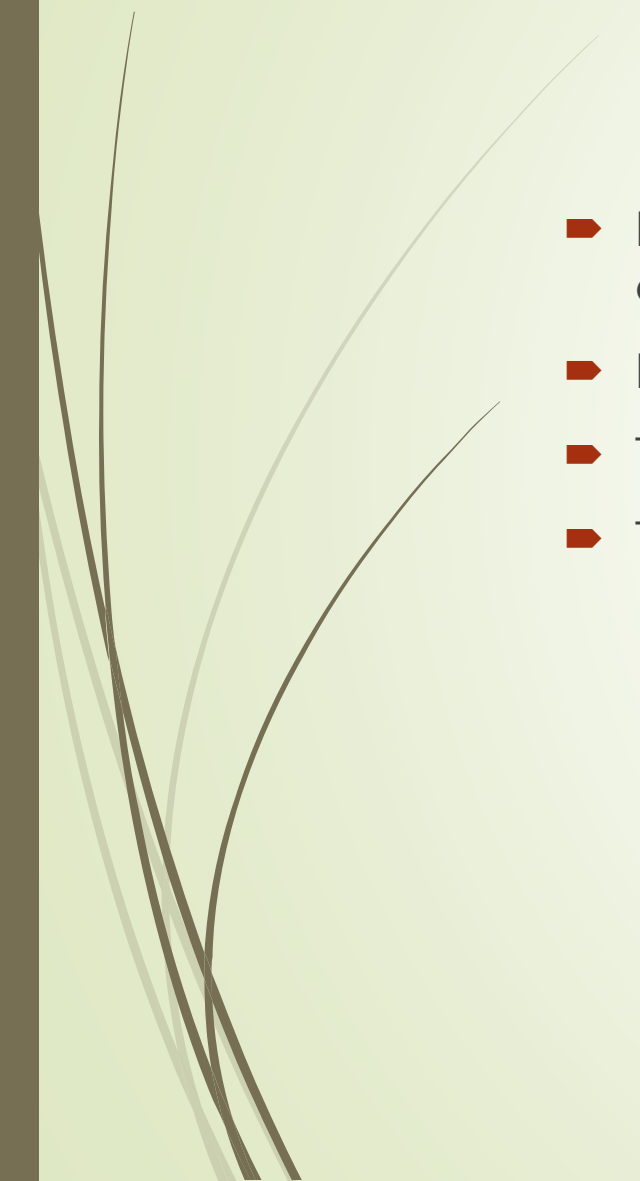
HBM Model and Smoking.

- Consider how the issue of smoking is dealt with by the HBM.



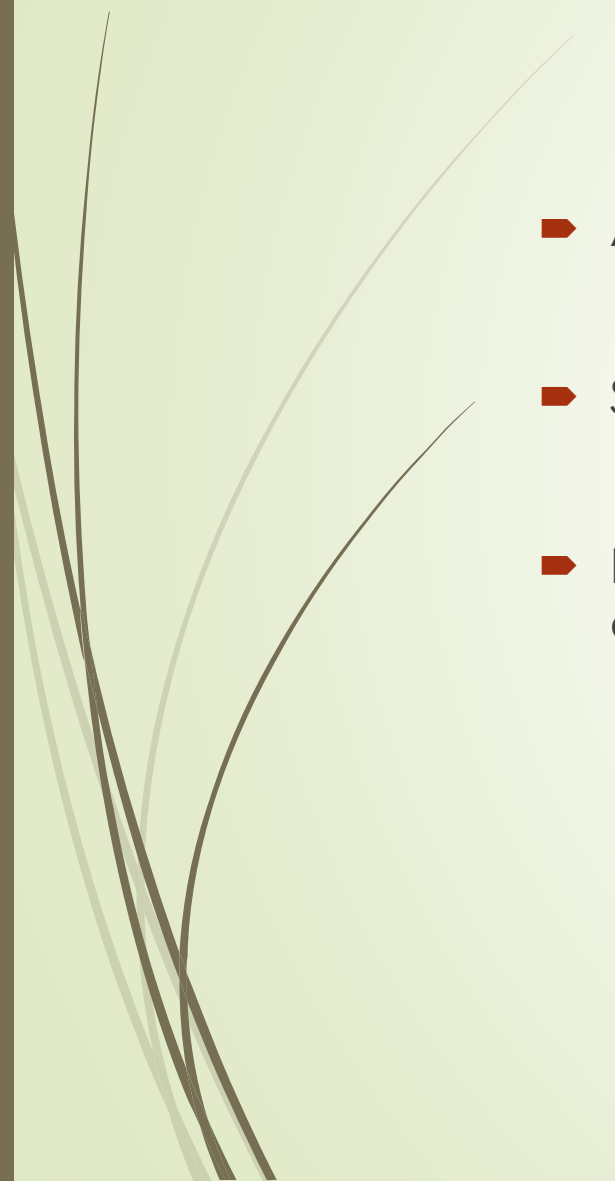


HBM and Smoking.

- ▶ How susceptible they are to lung cancer and other smoking related conditions.
 - ▶ How serious these conditions are.
 - ▶ The extent and Value of the benefits of giving up smoking.
 - ▶ The potential negative consequences of giving up smoking.
- 



HBM.

- ▶ Applied to a wide range of health behaviours.
 - ▶ Successful in predicting health behaviours (Sheeran and Abraham, 1995).
 - ▶ Each variable correlates with the behaviour and behaviour change (Marks et al, 2007).
- 



Contradictory findings.

- ▶ Other studies have shown that LOW perceived severity are related to healthy behavioural intentions.
- ▶ What are the best predictors – differing results.
 - ▶ Beker and Rosenstock – Costs, benefits, severity.
 - ▶ Janz and Beker – Susceptibility.



Criticisms of HBM.

- All focused on conscious processing – Do we consciously process EVERYTHING?
- What about the role of social and economic environment?
- What is the relationship between the beliefs?



Criticism of HBM

- What about fear or denial?
- What about outcome expectancy?
- Individual Differences – is it flexible?



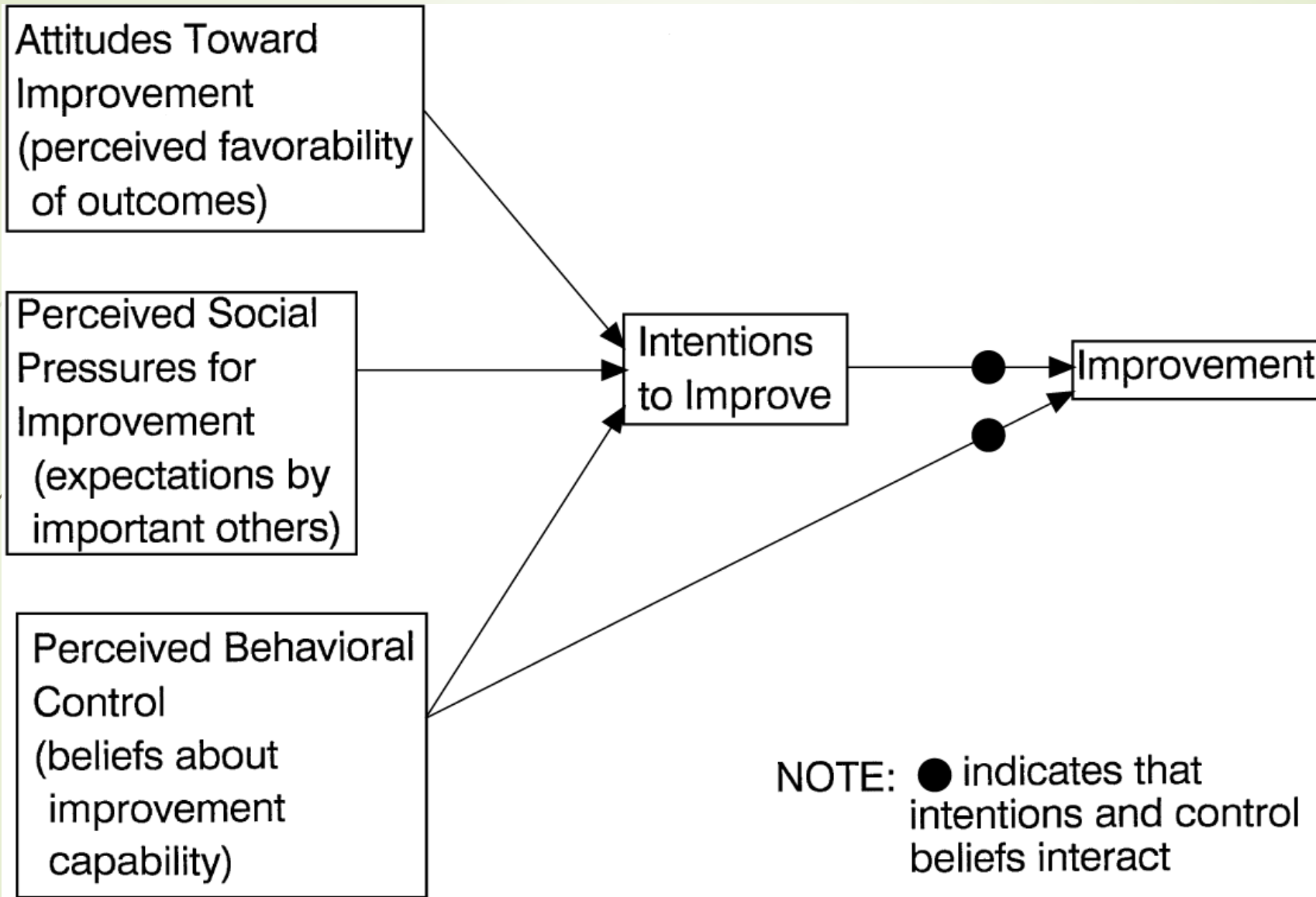
HBM

- Other beliefs added in response to criticisms.
 - Health Motivation – Readiness to be concerned.
 - Perceived Control – e.g. Confidence, within capabilities.



Theory of Planned Behaviour. (Ajzen and Madden, 1986)

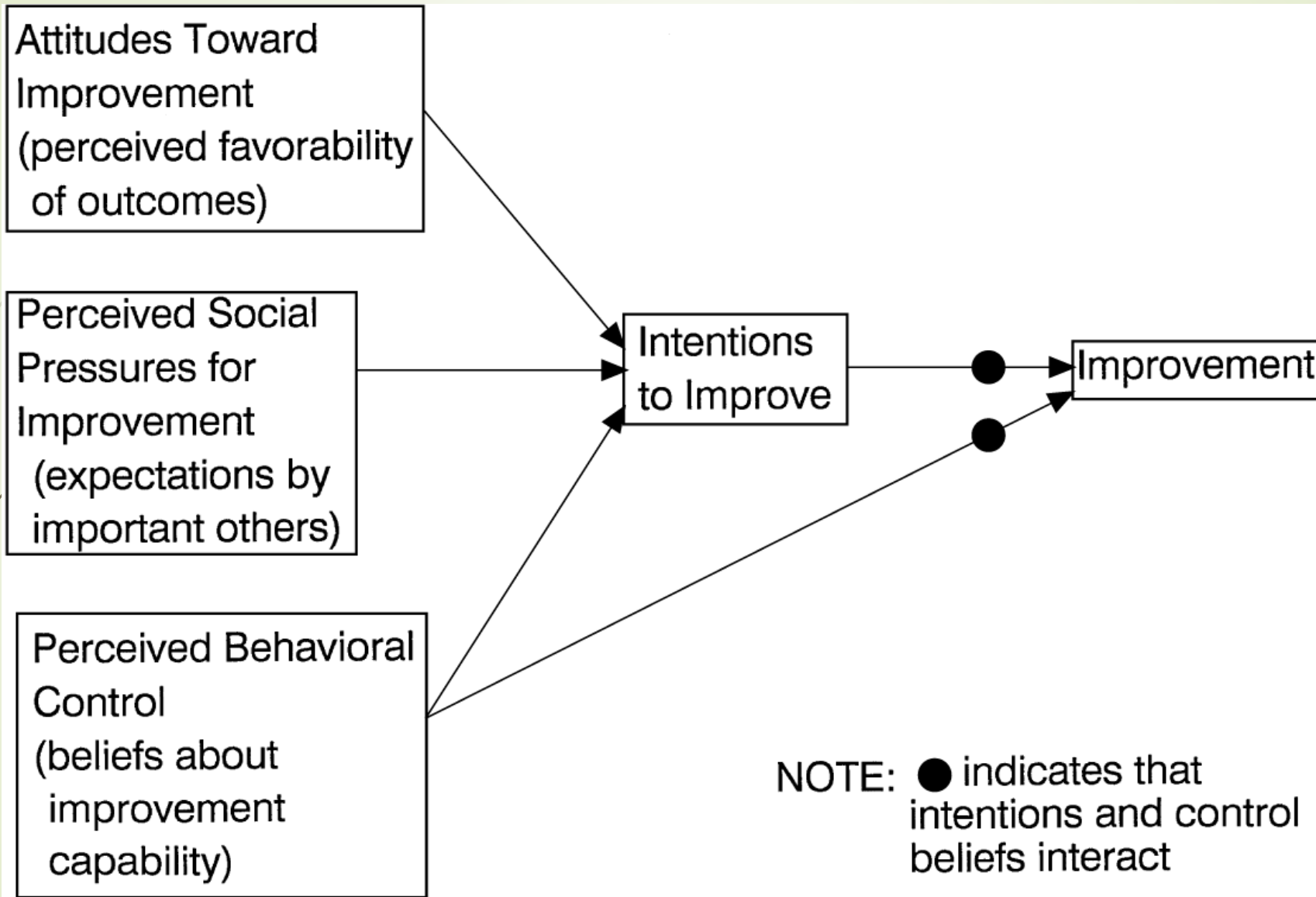
- Progression from Theory of Reasoned Action.
- Behavioural Intentions are the outcome of a combination of several beliefs.
- Intentions “plan of action in pursuit of goals”.





Components of TPB.

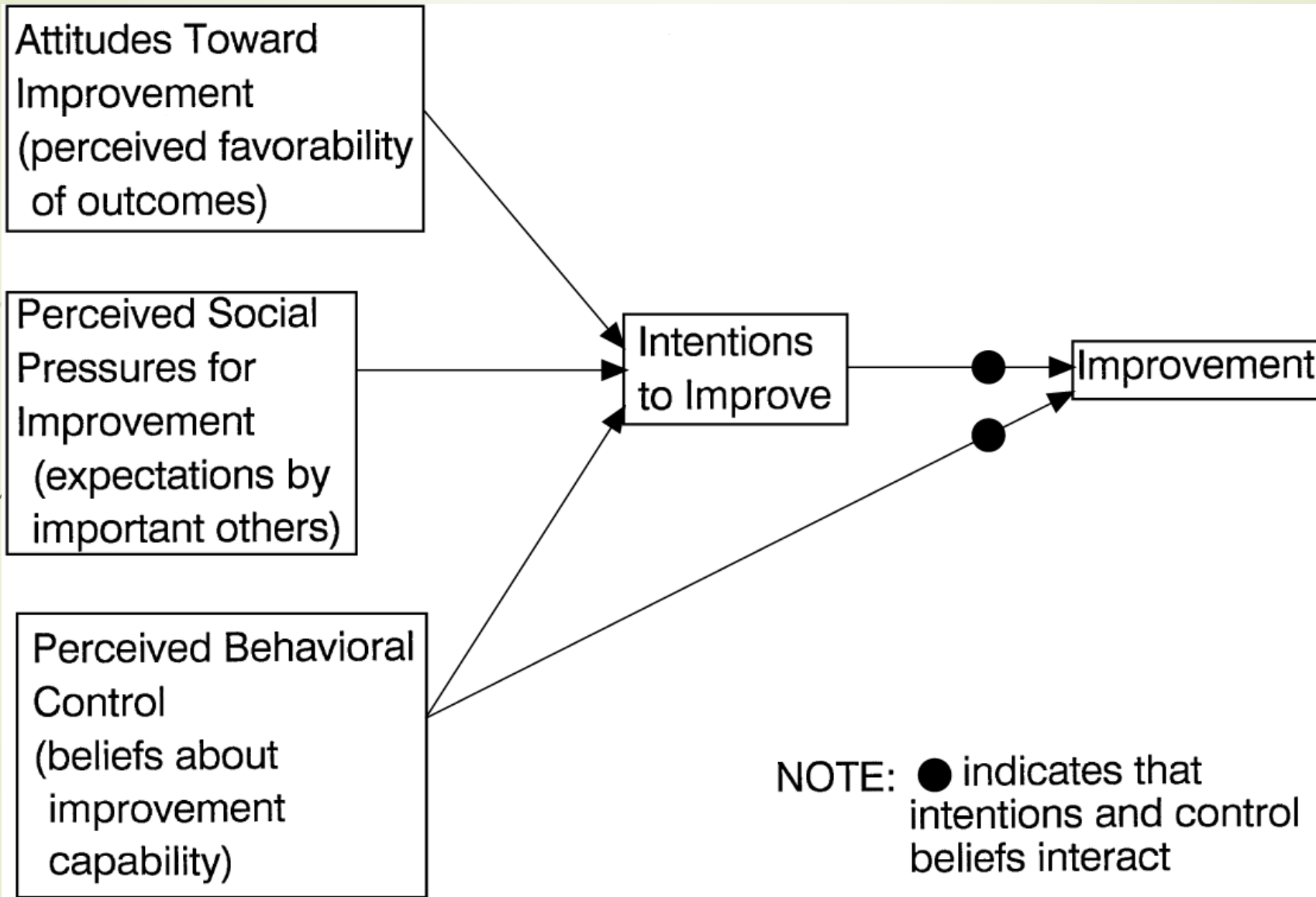
- Attitude towards the Behaviour.
 - Positive and Negative Evaluation.
 - Beliefs about Benefits and Outcomes.
- Subjective Norms.
 - Peer Pressure (people will want).
 - I want to do this so people can be proud.
- Behavioural Control.
 - Internal (e.g. skills, ability) and External factors (obstacles, opportunities).





Theory of Planned Behaviour

- Case Study.
- Clinically obese individual warned by the doctors that he must diet AND exercise immediately or suffer serious health failure.
- He is currently ignoring all advice from the Doctor.
- Use the factors associated with the Theory of Planned Behaviour as the basis of an intervention strategy / strategies in an attempt to get him to change his behaviour.





Support for TPB.

- Brubaker and Wickersham – testicular self-examination – showed correlations with.
 - Attitude towards Behaviour.
 - Subjective Norm.
 - Behavioural Control

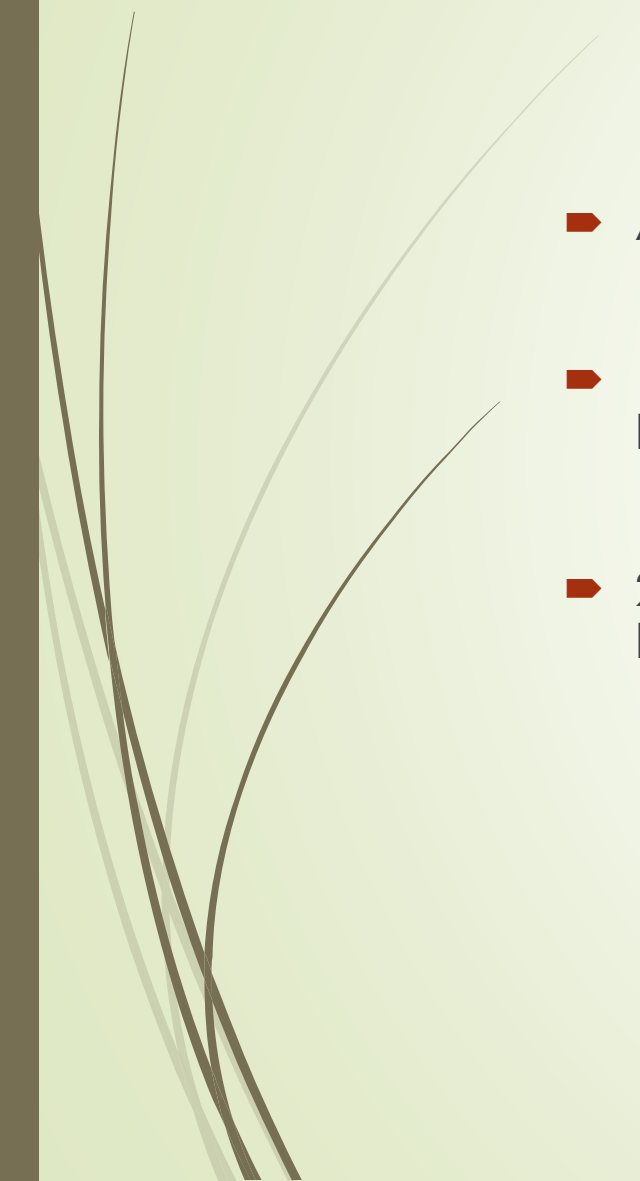


Transtheoretical Model. Prochaska & DiClemente (1983).

- Used in Several Areas of Health Psychology.
 - Alcoholism
 - Smoking Cessation.
 - Exercise Adherence.
 - Treatment of Anorexia Nervosa
- Behaviour is Changed via 5 cyclic stages.
 - Pre-contemplation.
 - Contemplation.
 - Preparation.
 - Action.
 - Maintenance.

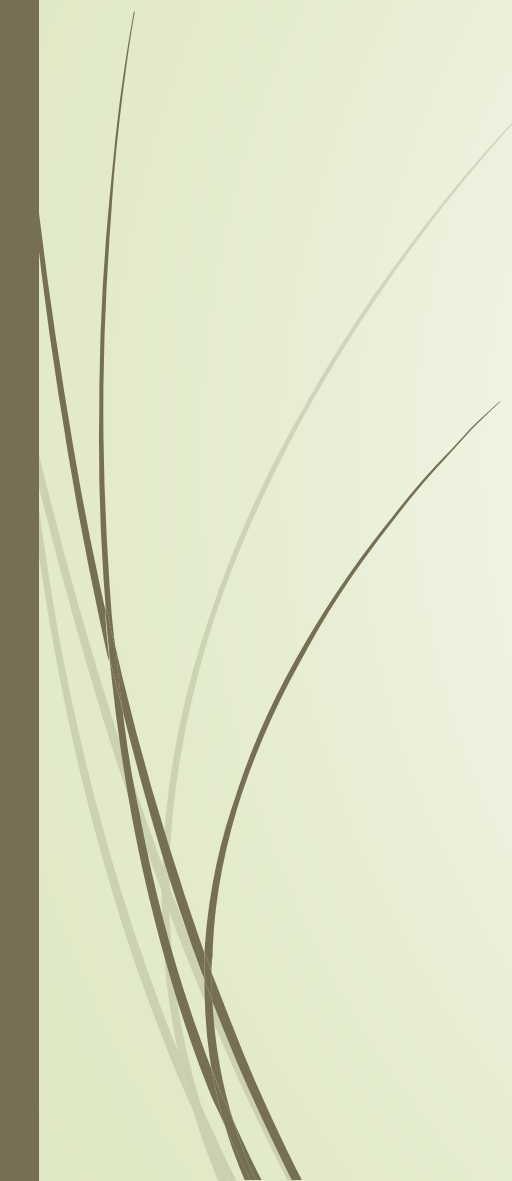


TTM

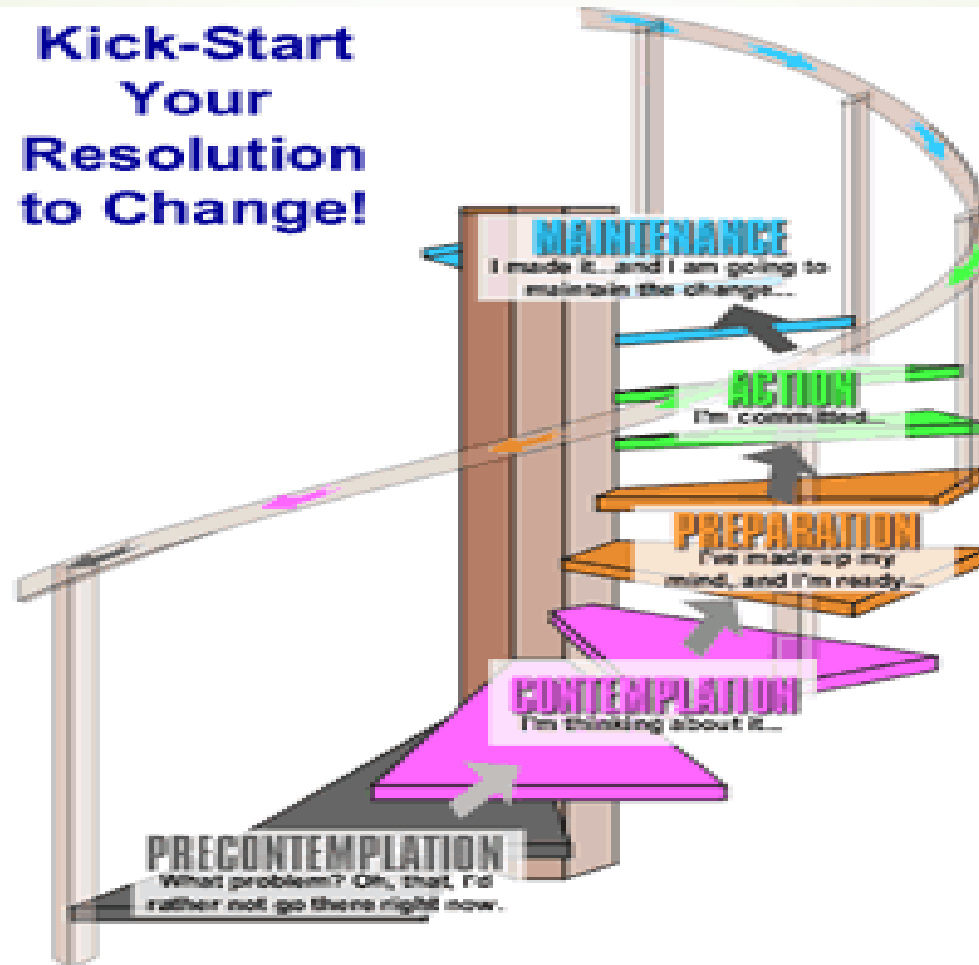
- An individual progresses through five cyclic stages.
 - 1. Pre-contemplation Stage – (does not have any desire to change behaviour).
 - 2. Contemplation Stage – (has “fleeting” thoughts of changing behaviour – but doesn’t make any changes).
- 



TTM

- ▶ 3. Preperation Stage (makes some behavioural adjustments.... E.g. enquires about local gymnasiums).
 - ▶ 4. Action Stage – (Has changed behaviour but for less than six months).
 - ▶ 5. Maintenance – (Has changed behaviour for more than six months).
- 

Kick-Start Your Resolution to Change!



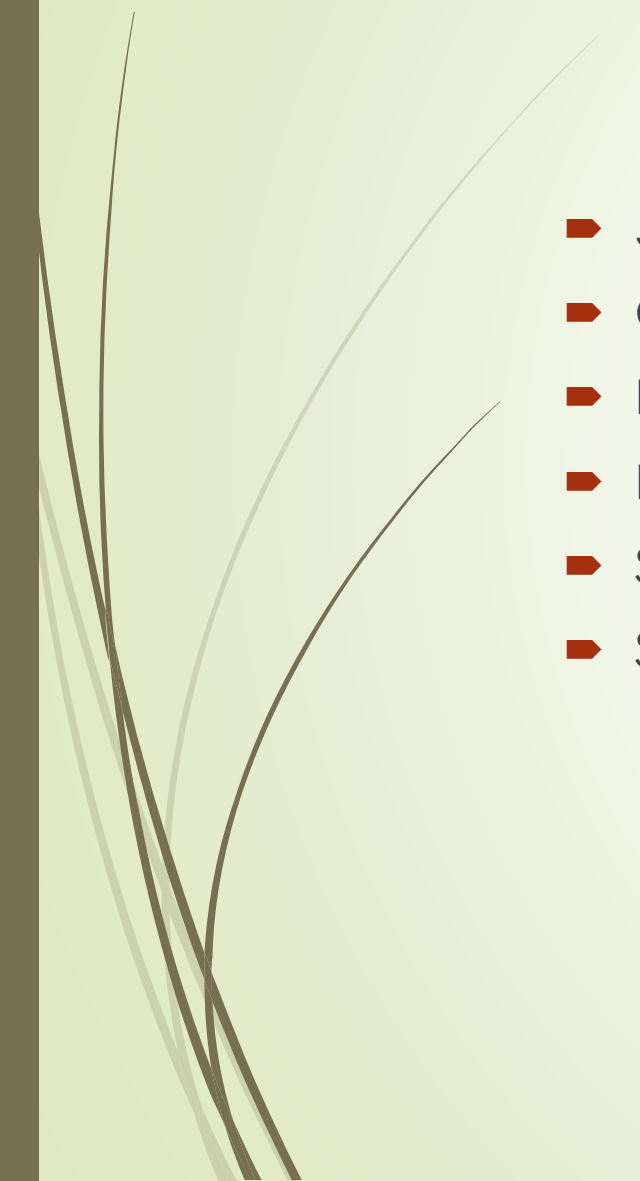


Transtheoretical Model.

- Factors that influence an individuals progress through these stages.
- Self Efficacy.
 - Self Efficacy = Positively Correlated with Behavioural Change.
- Decisional Balance.
 - Pro's and Cons of changing behaviour.
- 10 processes of change.
 - 5 Cognitive Processes.
 - 5 Behavioural Processes.

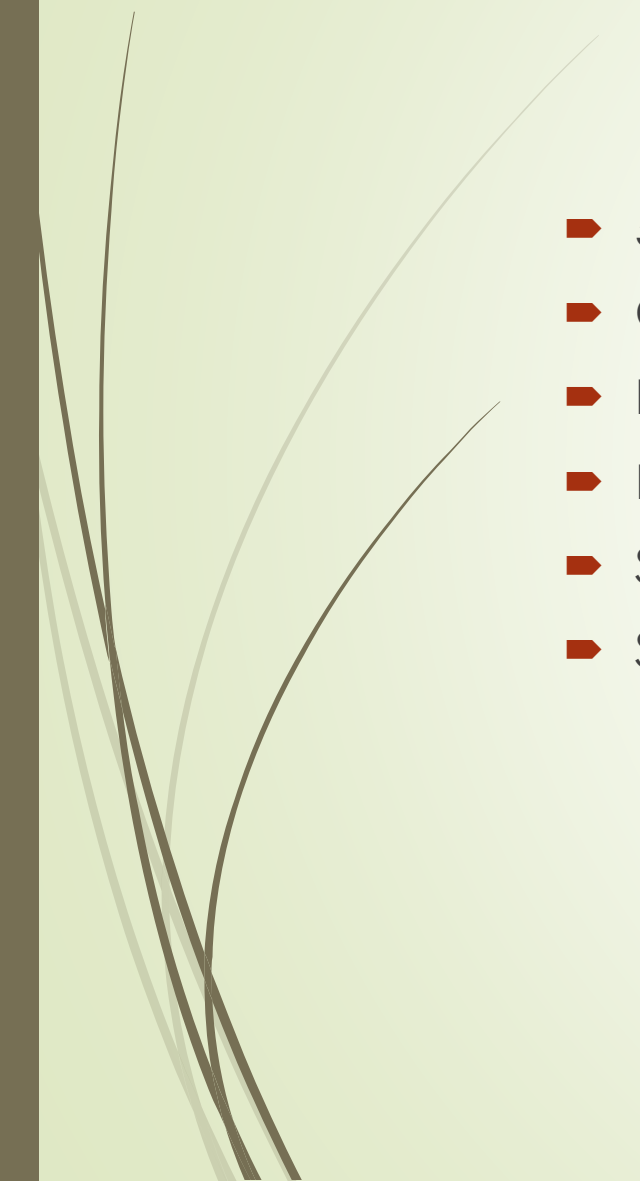


Process of Change.

- 
- 5 Cognitive Processes.
 - Consciousness Raising.
 - Dramatic Relief.
 - Environmental Re-evaluation.
 - Self Re-evaluation.
 - Social Liberation.



Processes of Change.

- 5 Behavioural Processes.
 - Counter-Conditioning.
 - Helping Relationships.
 - Reinforcement Management
 - Self-Liberation.
 - Stimulus Control.
- 



Improving and Maintaining Adherence.

- Based on the Processes of Change.
- Education (Gudas et al, 1991).
 - Increase awareness of the Benefits of Exercise.
 - Increase awareness of the problems associated with non-exercise.
- Changing Routine.
 - Increasing every day physical activity first (Prasad & Cerny, 2002) .
- Making it easier to exercise.
 - Community Based Programmes (Prasad & Cerny, 2002) .
 - Practical issues (Prasad & Cerny, 2002) .



Improving and Maintaining Adherence

- Social Support.
 - Friends demonstrate commitment
 - Lifts to the Exercise Centre
 - Training Partners.
 - Health Care team demonstrate commitment/enthusiasm.
 - Provide education and social support = Schneiderman et al (2000).
 - Positive Attitude to Exercise (Prasad & Cerny, 2002)



Improving and Maintaining Adherence.

- Increasing Motivation.
- Applying Goals (Cobb et al, 2000).
 - Short term Goals.
 - Long term Goals.
 - Performance/Outcome Goals.
- Rewards.
 - E.g. Trainer of the Week.
- Enjoyable Activities.
 - $\uparrow$ Self Esteem = $\uparrow$ Motivation $\uparrow$ = Adherence.

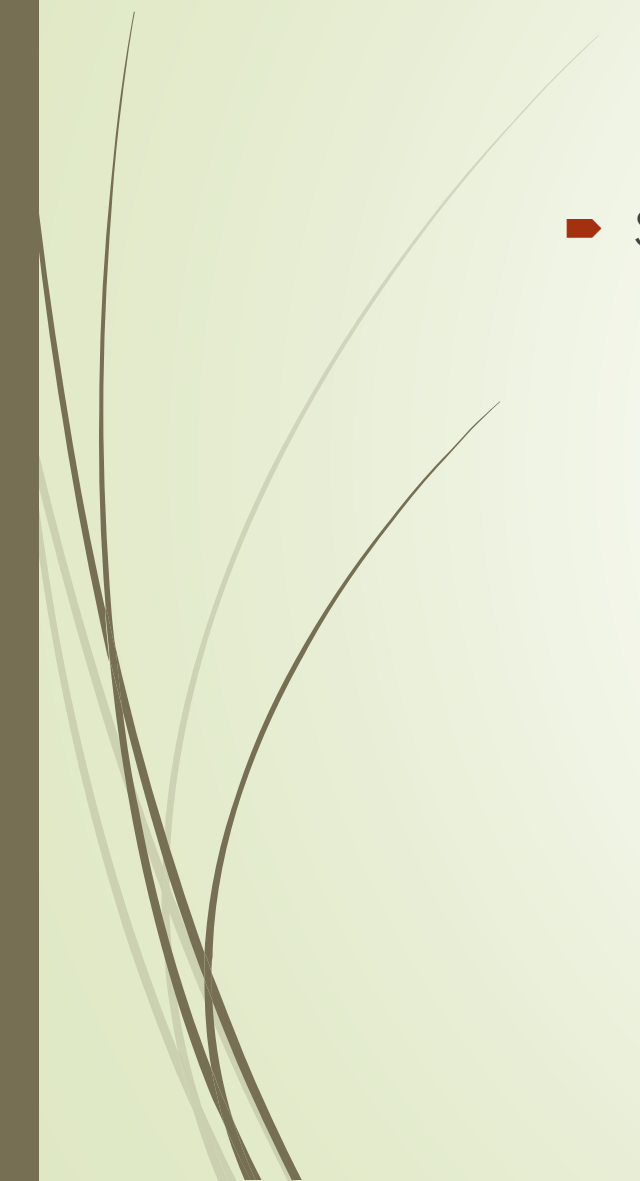


Improving and Maintaining Adherence.

- Stimulus Control.
 - Use of Reminders, diaries etc (Prasad & Cerny, 2002)
- Re-evaluating the Pro's and Con's.
 - Individualised.
- ↑ Self-Esteem.
 - Cognitive Behavioural Therapy (CBT's = Whelan et al, 2007).
 - Interventions based on Self-Efficacy Theory.
 - Performance Accomplishments – Harter, 1987.
 - Vicarious Experiences
 - Verbal Persuasion
 - Emotional Arousal
 - Physiological Arousal.
 - Imagery.



Criticisms of the TTM

- Stage based intervention.
 - Mixed results – more recent studies have highlighted that stage based interventions are not effective (Biddle et al, 2005).
 - Is Stage Based intervention successful for all health behaviour – maybe not so much Alcohol (Orford, 1992).
 - Is Stage progression the only thing that counts? (Campbell et al, 1994).
- 



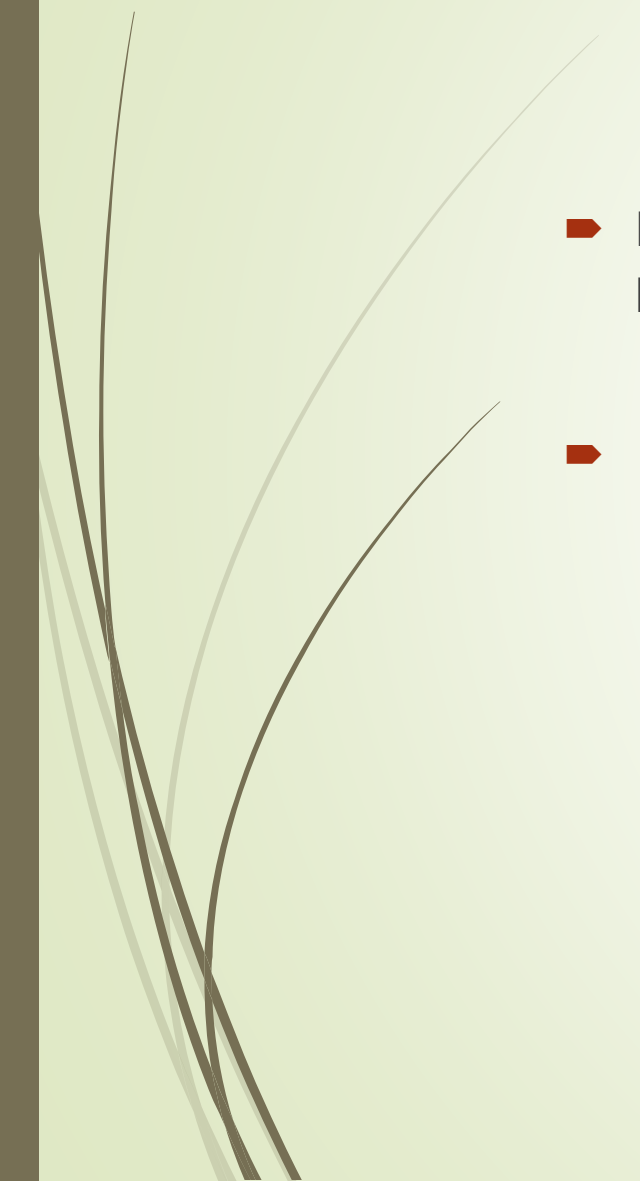
Criticisms of the TTM

- What about regression and stage skipping, does this take place?
- It could be considered a “framework” in that it doesn’t state which processes of change are most significant.
- Decisional Balance – pro’s and con’s – is it the number of pro’s and con’s or the significance of each one?



Implications for Health Practice.

- ▶ Little discussion of EXACTLY how the insights of these social cognition models could inform the design of health promotion interventions.
- ▶ Divide between academics and practitioners.



- Does Social Cognition Models tell us anything about how beliefs, attitudes, perceptions and values can be altered?



- 
- 
- Well TTM does sort of (ish) with the processes of change, but researchers didn't give clear examples.