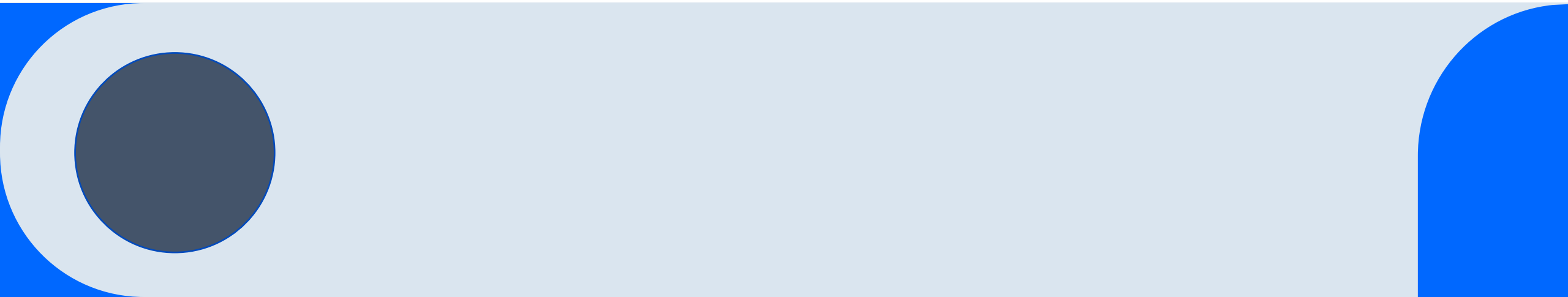
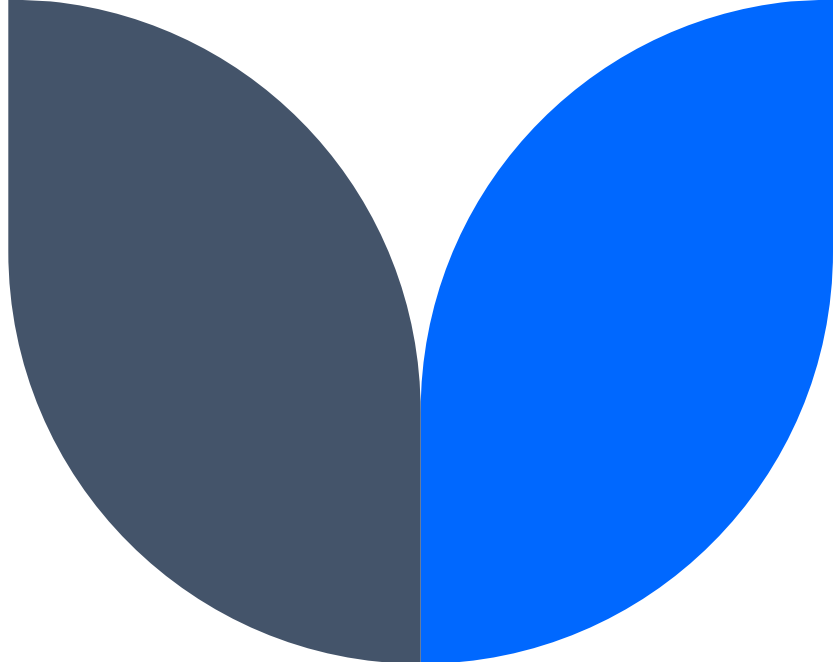




Changing behaviours – models of behavioural change



Psychological models of behavioural change and persuasion

Theory of Planned Behaviour (TPB) - can use to support your essay

~~Health Belief Model used for changing health related behaviours.~~

~~Transtheoretical Model used for changing many different behaviours~~

Social –Cognitive Model - can use to support your essay

~~COM-B Behavioural Wheel – substantially used in COVID-19 interventions~~

Elaboration Likelihood Model (ELM) – can use to support your essay



Theory of Planned Behaviour

Fishbein and Ajzen developed the theory of reasoned action in the 1970s. This theory posits that behaviours occur because of intention, and intention is influenced by personal attitude and the perceived social norm (Madden, Ellen, & Ajzen, 1992).

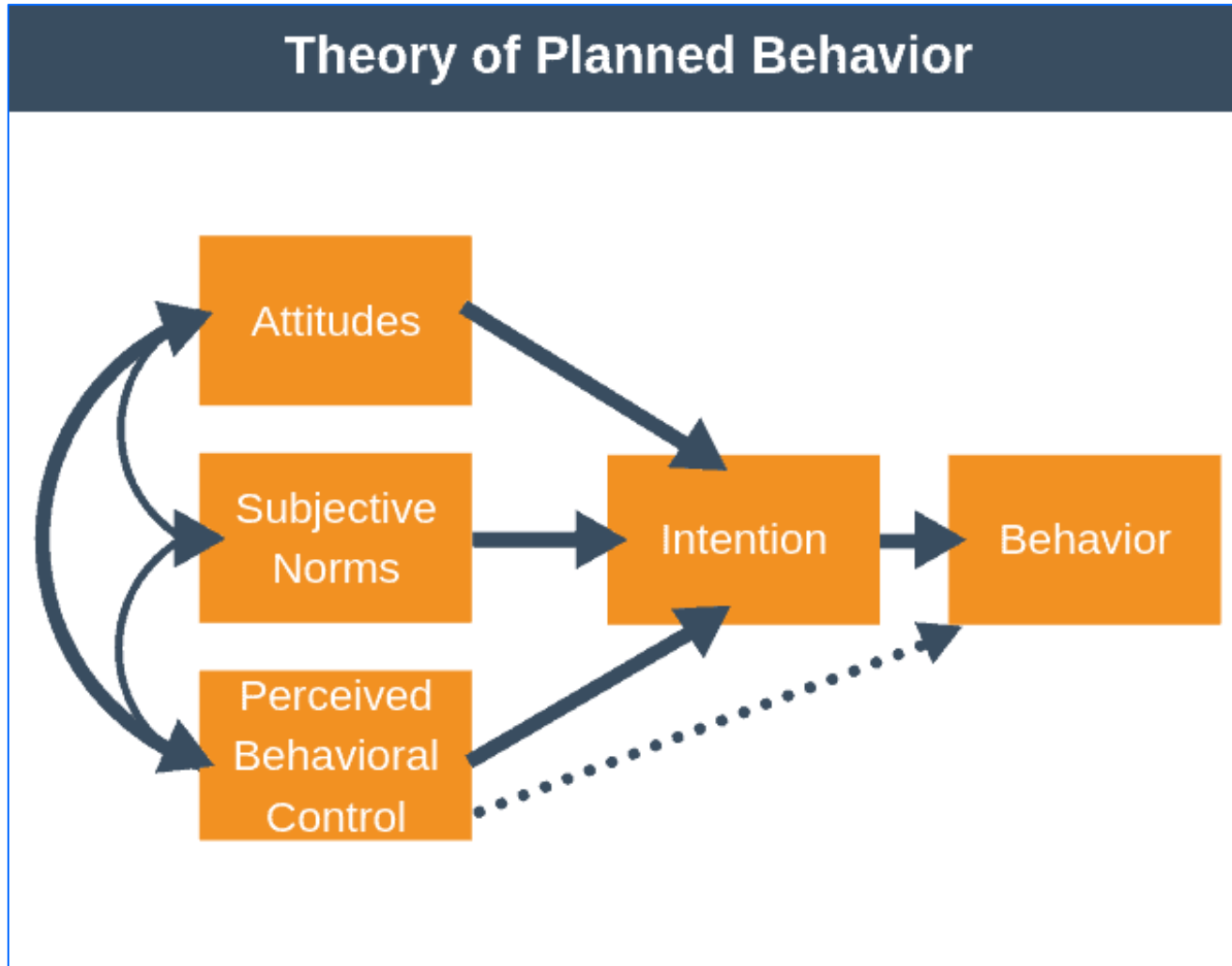
This means that the more positive a person's attitude toward changing their behaviour and the more others are doing the desired behaviour or supporting the behaviour change, the stronger the person's intention to change their behaviour will be and the more likely they are to successfully change it.

Theory of Planned Behaviour

In the 1980s, Ajzen extended this model to incorporate perceived behavioural control as an influencer of intention and sometimes as a direct influence on behaviour (Madden et al., 1992).

Perceived behavioural control is a person's confidence in their capability to perform the behaviour and whether they believe they can overcome barriers and challenges. This extended model is known as the *theory of planned behaviour* and accounts for more variation in behaviour change than the theory of reasoned action (Madden et al., 1992).

Theory of Planned Behaviour



[Theory of Planned Behaviour](#)

Social Cognitive Theory

The social cognitive theory, proposed by Bandura in 1986, is an expansion of his earlier social learning theory, in which he states that many behaviours are learned by observing others in our social environment (Bandura, 1999).

For us to adopt a behaviour, we have to pay attention to the behaviour being modelled, remember it, and reproduce it. We may be rewarded for this, which reinforces the behaviour, or punished, which reduces the likelihood we will do it again.

Social Cognitive Theory

However, Bandura acknowledged that there is more to adopting a behaviour than simply this.

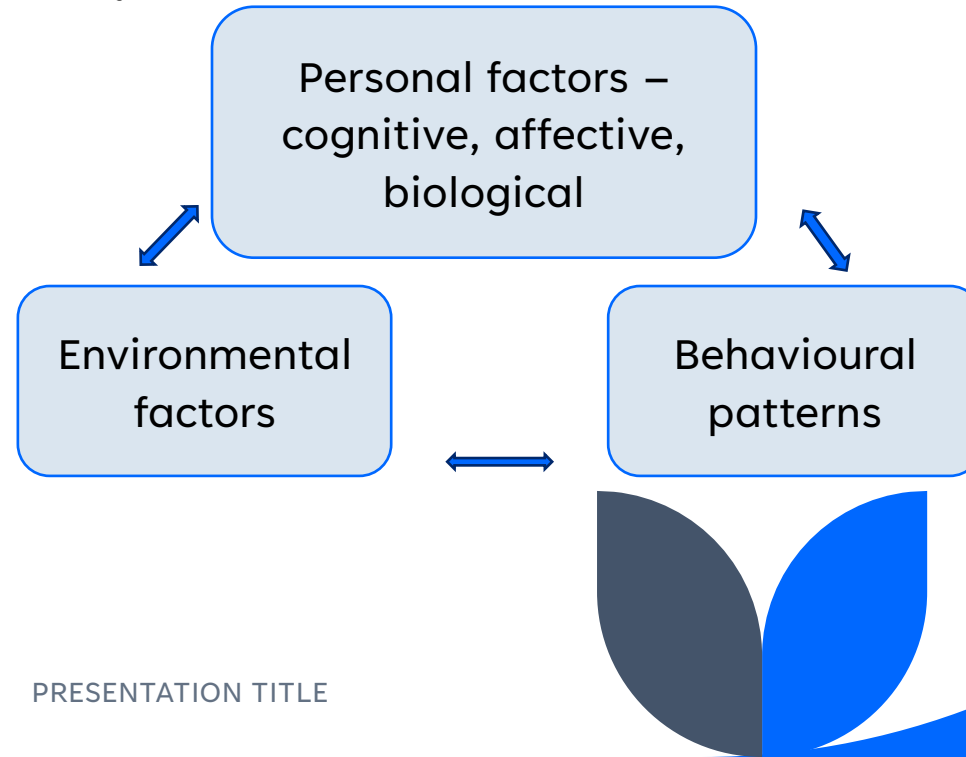
He expanded his theory to include personal factors of the individual: cognitive, affective, and biological. This includes an individual's personal resources and abilities, their perceived self efficacy, their expectations of the costs and benefits of changing their behaviour, and the perceived barriers and opportunities that may help or hinder them.

A model of this theory is shown below, highlighting a bidirectional relationship between an individual's personal factors, the environment, and their behaviour, with each factor influencing the others.

Social Cognitive Theory

Bandura emphasizes that we are the agents of our own development and change, and our perceived self-efficacy and outcome expectations play an important role in determining our actions. Our social surroundings can aid or inhibit our goals by providing opportunities or imposing restrictions, which in turn can affect our perceived self-efficacy and outcome expectations for next time (Bandura, 1999).

Social Cognitive Theory



Transtheoretical model

Otherwise known as the [stages of change](#), this is the most frequently occurring model in the literature. The transtheoretical model was developed by Prochaska and DiClemente in the late '70s and suggests six stages of behaviour change (Prochaska, 1979; Prochaska & DiClemente, 1982).

Identifying the stage an individual is in helps health professionals, coaches, and therapists provide targeted interventions for that stage.

Transtheoretical Model

The six stages of change are:

1.Precontemplation

The individual is not intending to change their behaviour. They may be uninformed about the consequences of their behaviour or lack confidence in their ability to change, sometimes because of previous failed attempts.

2.Contemplation

The individual is intending to change their behaviour within the next six months. They can see the benefits of making a change but are also very aware of the disadvantages and challenges, which can keep them stuck in this stage.

Transtheoretical model

3. Preparation

The individual is planning to change their behaviour within the next month. They have usually taken some steps already, such as joining a support group, buying a self-help book, finding a coach etc., and have some form of plan in place.

4. Action

The individual has made significant changes to their behaviour within the last six months, which has led to a different outcome in their health and/or wellbeing.

Transtheoretical model

5. *Maintenance*

The individual continues to change their behaviour enough to prevent relapse but is not putting as much time and effort into this as in the action stage. Relapse can occur at any stage up to and including this one, going back to any of the earlier stages in the model. People most frequently return to contemplation or preparation for another attempt at changing their behaviour (Prochaska & Velicer, 1997).

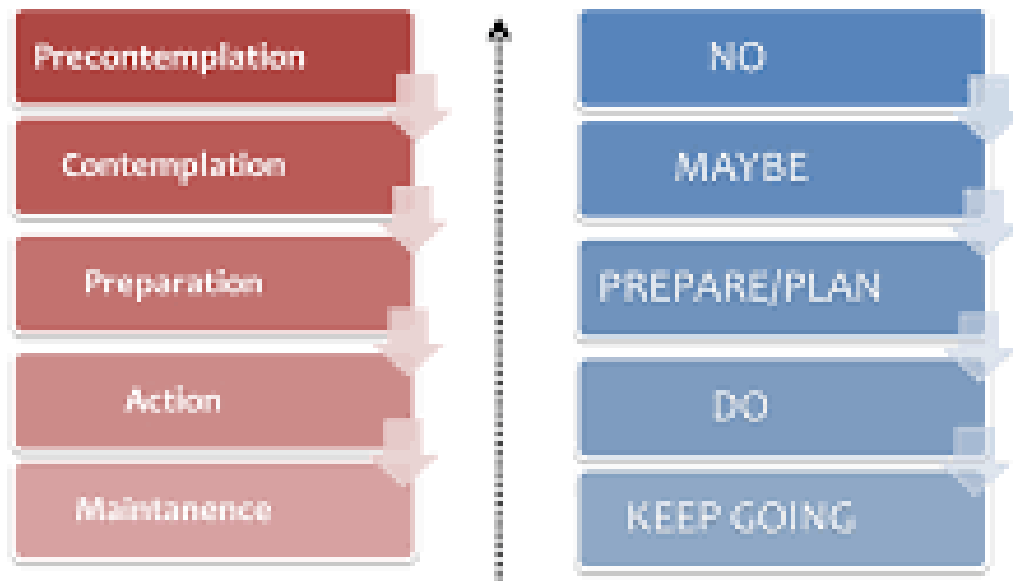
6. *Termination*

The individual is no longer tempted to use their old behaviour as a coping method and feels confident in their ability to keep this change. Many people will struggle to reach this end state.

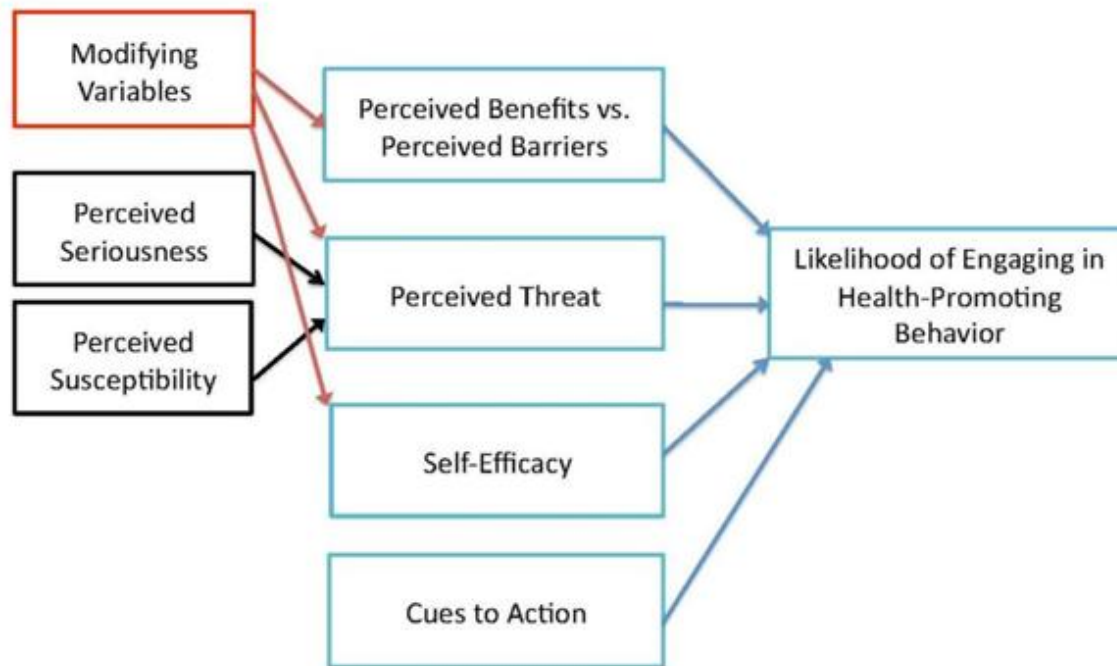
[Transtheoretical model](#)

Transtheoretical model

Transtheoretical Model Stages of change



Health Belief model



Health Belief model

The HBM is based on the idea that people are more likely to take action if they perceive a threat to be serious, believe they are at risk, and think the benefits outweigh the costs.

The HBM identifies several factors that influence health behaviors, including:

- **Perceived susceptibility:** How likely someone thinks they are to get a disease
- **Perceived severity:** How serious someone thinks a disease is
- **Perceived benefits:** How much benefit someone thinks they'll get from taking action
- **Perceived barriers:** What obstacles someone thinks they'll face in taking action
- **Cues to action:** What prompts someone to take action
- **Self-efficacy:** How confident someone is that they can take action and be successful

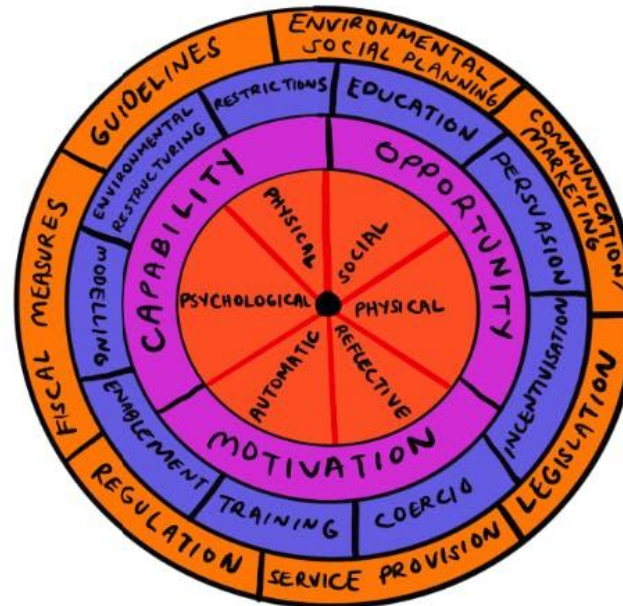
COM-B model

The COM-B *model* is a behaviour change framework that proposes three necessary components for any behaviour (B) to occur. Through assessing capability (C), opportunity (O), and motivation (M), leaders, policymakers, and behavioural scientists can understand why a specific behaviour occurs and how to create targeted interventions that lead to effective change.

COM-B model

1. Capability

Capability, in the context of COM-B, refers to whether we have the knowledge, skills, and abilities to engage in a behaviour. This comprises psychological capability, including mental states, knowledge, and skills, as well as physical capability. For example, to make an individual feel capable of performing a behaviour or achieving an outcome, implementing a training session to help support learning may boost feelings of capability.



COM-B model

1. Opportunity

Opportunity, in the context of COM-B, refers to external factors that make the execution of a behaviour possible. Physical opportunity, opportunities provided by the environment, and social opportunity are all valid components. For example, to create the opportunity to begin performing a behaviour like new dietary patterns, free nutrition classes might help.

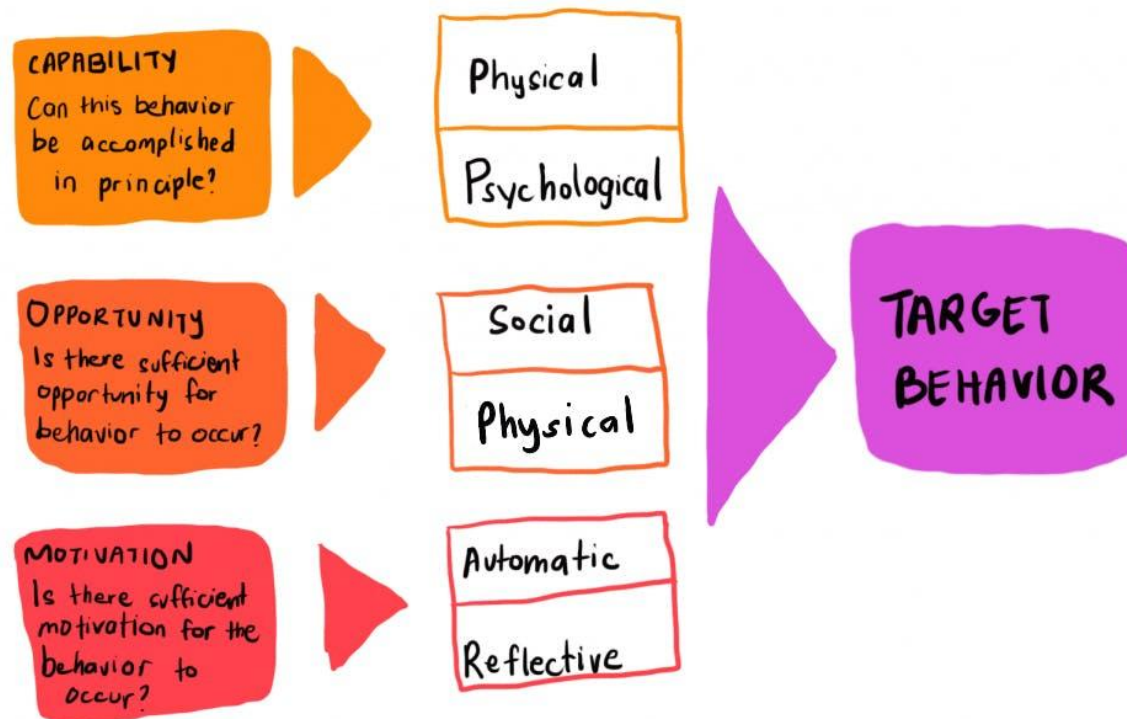
2. Motivation

Motivation, in the context of COM-B, refers to the internal processes that influence decision-making and behaviour. According to the model, two main components are **reflective motivation** (the reflective process involved in making plans) and **automatic motivation** (automatic processes such as impulses and inhibition). For example, to improve motivation, it may be helpful to turn a desired behaviour from something one needs to do to something one *wants* to do, encouraging reflection on the benefits of performing that behaviour.

COM-B model

An individual's *behaviour* will change if the above potential levers of change are successfully implemented. This model recognizes that behaviour is influenced by many factors and that behaviour change is induced by modifying at least one of these components. The COM-B model is particularly important when considering intervention methods, as interveners need to ensure the sustainability of learned behaviour. To assist with its application, the COM-B is also often used in conjunction with the **Behaviour Change Wheel**, which identifies categories of intervention that can be used to encourage behaviours in a target population.

COM-B model



Elaboration Likelihood model

The Elaboration Likelihood Model (ELM) was developed by Richard E. Petty and John Cacioppo in 1980.

The ELM assumes that people use either a central or peripheral route when processing a persuasive message.

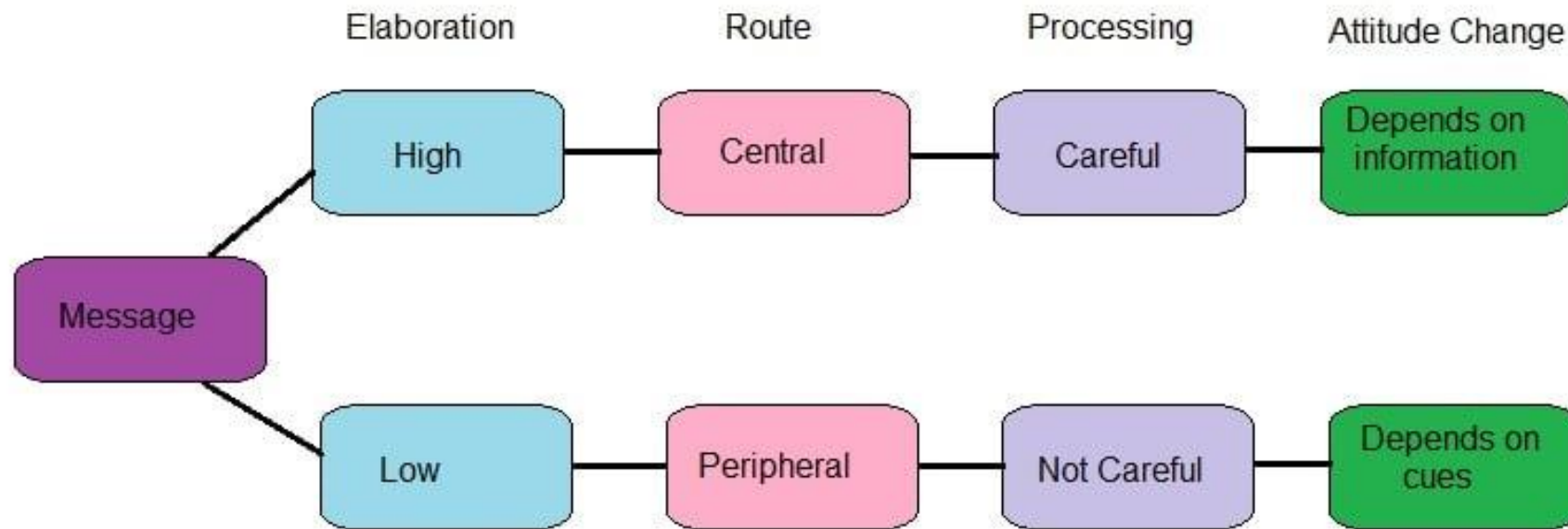
The route depends on the person's motivation and ability to process the information.

The ELM has been supported by many studies that show people are more likely to be persuaded by arguments that are relevant to their interests.

Factors that affect elaboration

- **Motivation:** How soon an issue will affect us, how much we already know about it, and how core it is to our identity
- **Cognitive ability:** Whether we have the time and ability to pay attention

ELM Elaboration likelihood model



Elaboration likelihood model

- According to the elaboration likelihood model, people can have either high or low levels of elaboration — the extent to which they are willing and able to scrutinize an argument.
- Those with high levels of elaboration are more likely to process information via a central route, and those with low levels of elaboration are more apt to process information via a peripheral route, where they are more prone to distraction.
- Elaboration can also be relatively objective or biased. Again, this depends on a number of factors, such as personal investment in an issue.
- Persuasion happens internally, which means that no one can persuade anybody with certainty of success. Rather, people can only design for persuasion. Thus, the model is ultimately a way of guiding how people can design more persuasive systems.

Elaboration Likelihood model

When someone faces a message, the elaboration likelihood model posits that people react using one of two channels: the high or the low elaboration channel.

The level of someone's elaboration can predict the likelihood that that person will then use central or peripheral route processing to assess the contents of the message.

The central route is the message that is important. The central route is logic-driven and uses data and facts to convince people of an argument's worthiness. This creates a long lasting attitude change and involves a high level of elaboration.

Elaboration Likelihood model

On the other hand, some people do not want to spend time and effort to consider issues, or the message is not personally important/relevant to them, so they tend not to process the information in-depth – they are cognitive misers.

This means that the receiver of the message is not scrutinizing the message for its effectiveness, and other factors, such as distractions, can influence them. They take shortcuts and jump to conclusions on the basis of limited information.

With the peripheral route, the focus is more on the context than on the message itself. The audience is not required to think deeply about the meaning of the message. This creates a short-lived attitude change.

Elaboration Likelihood model

There are several major factors that affect elaboration. One of them is whether an issue is personally relevant.

Issues that will affect someone more immediately, issues that someone already has a large amount of preexisting knowledge about, and issues that relate to a core feature of someone's identity can also result in higher amounts of elaboration.

Elaboration can also be affected by someone's time and ability to think over an issue.

The objectivity of elaboration depends on several factors. Processing is more likely to be objective when someone has relatively little investment in which particular position turns out to be best.

So, in terms of the ELM:

Attitude changes that result mostly from processing via the central route will be:

- more resistant to change over time,
- have a greater likelihood of predicting behaviour,
- have a greater resistance to counter-persuasion.

Finally... notes for your essay:

Title: *'Using empirical evidence and a consideration of service users and survivors, critically discuss the extent to which stigma and discrimination exists towards individuals with a mood disorder diagnosis, and how we should seek to ameliorate this issue; for example, with the use of educational initiatives and interventions. (2,500 words)'*

Things you **must** include:

- Definitions of stigma – the cognitive component (attitude), the affective component (feelings such as prejudice) and behavioural component (discrimination).
- The voice of service users/survivors in understanding the impact of a mental health diagnosis and what it feels like.
- Evidence/research that shows that stigma towards people with a mood disorder does exist.
- Interventions to reduce stigma – from the literature, what has been done and how it has worked, in the short term, long term and is it education based, contact based or a combination of both.
- Are we trying to change attitudes, feelings, knowledge, behaviour or all of them?
- **BONUS points** – include psychological theory of how behavioural change can occur, e.g. TPB, ELM, etc.