



How theories from psychology and behavioural science can inform the development of effective interventions to promote health behaviour

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Outline

- Thinking Behaviourally
- Role of Psychology and Behavioural Science
- Behavioural Interventions: Considerations
- Role of Theory and Why it's Important
- Behaviour Change Techniques
- Techniques in Interventions
- Examples + Evidence

Let's think behaviourally

What behaviours can you think of that might need 'changing' in health contexts?

Some ideas

- Adherence to exercise programs
- Reducing binge drinking
- Smoking cessation
- Eating a healthy diet
- Taking medication
- Attending health checks/screening
- Correct posture, taking breaks, lifting
- Sufficient sleep quality
- Managing stress, personal relationships
- Sun screen behaviour

Health Psychologists and Behavioural Scientists

- Health psychologists/behavioural scientists aim to:
 - Conduct basic research to provide an evidence base of the influential factors ('antecedents') related to health behaviour and
 - Develop methods or 'behavioural techniques' to manipulate the factors and change health behaviour
 - Interested in getting people to change by themselves for themselves: self-regulation

Behavioural Interventions: Considerations

- What is the problem that necessitates change?
- Who needs to change?
- What behaviours need to change?
- What change mechanisms need to be activated?
- What behaviour change techniques/ strategies can be used to activate changes?

The Problem

- Growing problem of behaviour-related chronic non-communicable illnesses
 - and conditions
 - Cardiovascular disease
 - Diabetes
 - Obesity
- Preventable illnesses with epidemiological research linked to
 - Low levels of physical activity
 - Diet high in energy and saturated fat

The problem



Costs of Inactivity for Diabetes

- WHO: 27 % of diabetes is caused by physical inactivity – in Finland the costs of inactivity in case of Diabetes is €725.000.000 every year
- Diabetics: health care costs €1.350.000.000 per annum in productivity costs (Dehko survey)
- And the number of diabetics is increasing every year 5 %, massive burden on healthcare services

Behavioural Interventions: Considerations

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Target populations



Behavioural Interventions: Considerations

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What Behaviours Need to Change?

Engaging in a suite of four healthy behaviors (not smoking, healthy diet, adequate physical activity, and moderate alcohol consumption) is associated with an estimated 11 to 14 year delay in all-cause mortality

(Ford, Zhao, Tsai, & Li, 2011; Khaw et al., 2008)

What Behaviours Need to Change?

 Multiple health conditions with behavioural roots need behavioural solutions – for prevention and management

Condition	Behaviour(s)
Cardiovascular disease	Physical activity, healthy eating
Cancer	Physical activity, not smoking, alcohol in moderation
Diabetes	Physical activity, diet, medication
Obesity	Physical activity, diet
Liver Cirrhosis	Alcohol in moderation
Sexually-transmitted infections	Barrier contraception

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Effective Behaviour Change

Successful behavioural interventions...

- Use theory in intervention design
- Target cognitive and behavioural skills
- Target social influences e.g. norms
- Train those delivering the intervention
- Include multiple components

Peters et al. (2009). BMC Public Health, 9: 182 doi: 10.1186/1471-2458-9-182

Why is Theory Important?

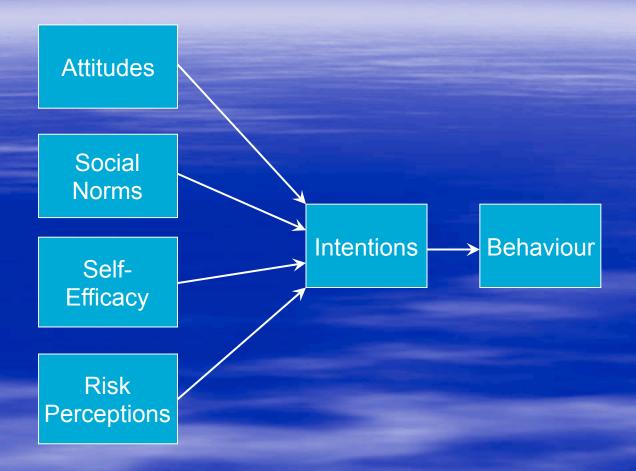
Answering the 'what' and 'how' questions

- Explanatory systems, ideas on how behaviour 'works'
- Allows us to pose questions and make predictions
- Permits confirmation vs. rejection
- Avoids 'hit and hope' or 'variable fishing expeditions'
- Enables more efficient, focused interventions that work

Basic Theoretical Research Answering the 'what' and 'how' questions

- Basic research on behavioral theory in exercise psychology is essential to understand...
 - The personal and social factors ('what') e.g., attitudes, self-efficacy, intentions/motives
 - Mechanisms responsible ('how') mediation and moderation
 - Targets for intervention what do we have to change to bring about change?

Boxes and Arrows!



Sources: Fishbein, M., & Ajzen, I. (2009). *Predicting and changing behavior: The reasoned action approach*. New York, NY: Psychology Press.

McEachan, R., Taylor, N., Harrison, R., Lawton, R., Gardner, P., & Conner, M. (2016). Metaanalysis of the reasoned action approach (RAA) to understanding health behaviors. *Annals of Behavioral Medicine*, *50*, 592-612. doi: 10.1007/s12160-016-9798-4

Basic Process Model for Health Behavioural Interventions



Behavioural Interventions: Considerations

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Behaviour Change Techniques

What is a behaviour change technique? "Techniques or processes that have been shown to be able to change one or more determinants of behaviour"

(Kok et al., 2016, p. 299)

"Provides a toolbox that most efficiently enables planners to select the method that fits their circumstances"

(Kok et al., 2016, p. 304)

Behaviour Change Techniques

- 'Active ingredients' of behaviour change interventions
- They 'do the work' in changing behaviour
- They are irreducible and unique in that they cannot be broken down further and are separate from others
- Could be seen as the 'tools' in a behaviour change 'toolbox'
- Can be used independently or in conjunction with others

Behaviour Change 'Taxonomy'

- Structured organisation of unique techniques that make up behavioural interventions
- "The need for a common vocabulary in terms of which content components of behaviour change interventions can be defined and described"

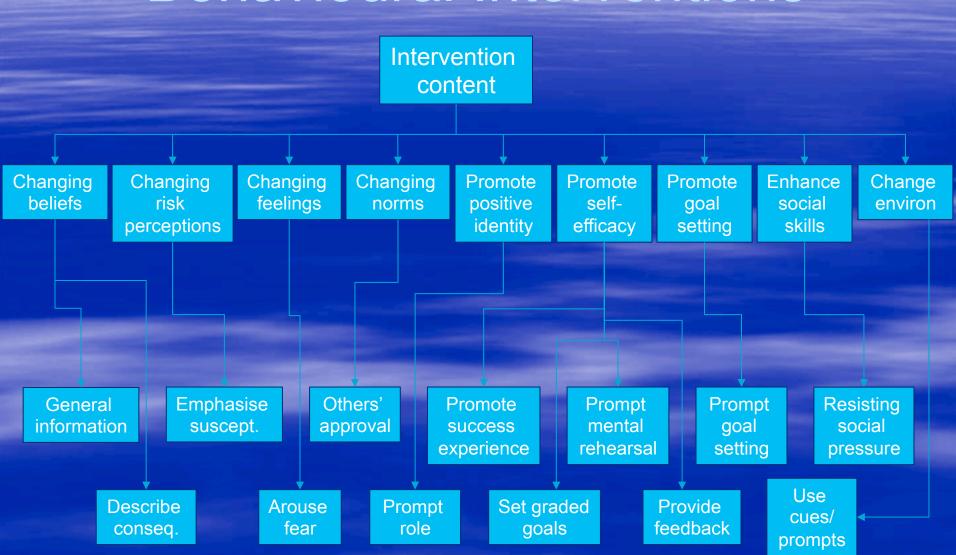
(Abraham & Michie, 2008, p. 380)

Analogy: "Mapping the genome" of behaviour change interventions

Categories of BCTs

- Changing personal beliefs (instrumental attitudes)
- Changing risk perceptions
- Changing feelings (affective attitudes)
- Changing normative beliefs (social norms)
- Promoting positive identity
- Promoting self-efficacy
- Promoting emotional readiness for action
- Prompt goal setting and goal priority
- Enhance social skills
- Promoting environmental change
- Incentivising change using rewards

'Mapping the Genome' of Behavioural Interventions



Knowing your BCTs

- Changing personal beliefs (instrumental attitudes)
- Changing risk perceptions
- Changing feelings (affective attitudes)
- Changing normative beliefs (social norms)
- Promoting positive identity
- Promoting self-efficacy
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Changing personal beliefs (attitudes)

- Provide general information on behaviourhealth link
- Describe consequences of behaviour

A pamphlet identifying possible benefits of exercise and how it can promote health (e.g., fitness, weight loss, social benefits)

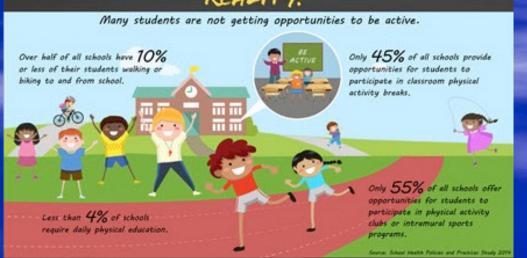






RECOMMENDATION:

Students should do 60 minutes (1 hour) or more of physical activity daily REALITY:

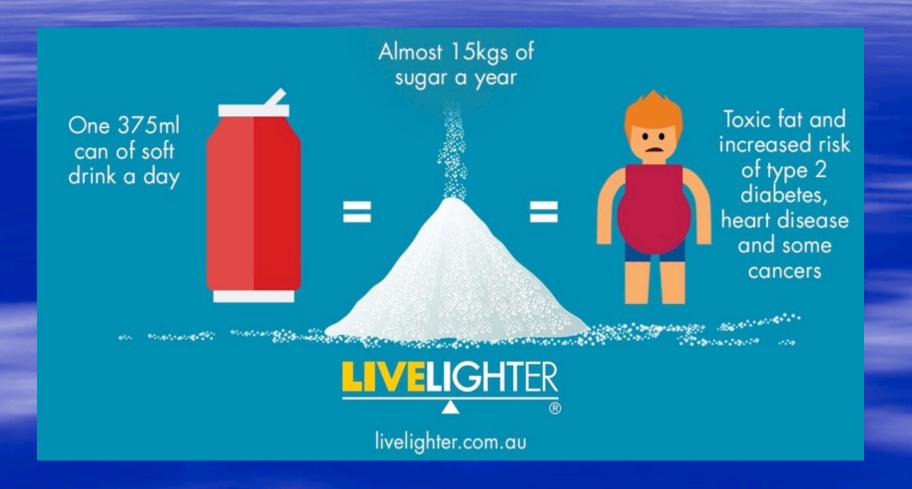


Changing risk perceptions

- Emphasise personal susceptibility to negative consequences of behaviour
- Prompt assessment of personal risk

A poster illustrating possible susceptibility or risk for acting (or not acting)

Information giving



Does changing attitudes work?

- Attitude change is somewhat controversial in the psychological literature
- Links between attitudes and action has a chequered history
- Research has tended to show relatively weak effects
- Research on persuasion shows that attitude change often leads to changes in motivation but not behaviour!

Does changing attitudes work?

Health Psychology

O 2016 American Psychological Association 0278-6133/16/\$12.00 http://dx.doi.org/10.1037/hea0000387

The Impact of Changing Attitudes, Norms, and Self-Efficacy on Health-Related Intentions and Behavior: A Meta-Analysis

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Angela Bryan University of Colorado Boulder William M. P. Klein National Cancer Institute

Eleanor Miles University of Sussex Alexander J. Rothman University of Minnesota

Objective: Several health behavior theories converge on the hypothesis that attitudes, norms, and self-efficacy are important determinants of intentions and behavior. However, inferences regarding the relation between these cognitions and intention or behavior rest largely on correlational data that preclude causal inferences. To determine whether changing attitudes, norms, or self-efficacy leads to changes in intentions and behavior, investigators need to randomly assign participants to a treatment that significantly increases the respective cognition relative to a control condition, and test for differences in subsequent intentions or behavior. The present review analyzed findings from 204 experimental tests that met these criteria. Method: Studies were located using computerized searches and informal sources and meta-analyzed using STATA Version 11. Results: Experimentally induced changes in attitudes, norms, and self-efficacy all led to medium-sized changes in intention (d, = .48, .49, and .51, respectively), and engendered small to medium-sized changes in behavior (attitudes-d+ = .38, norms-d+ = .36, selfefficacy-d+ = .47). These effect sizes generally were not qualified by the moderator variables examined (e.g., study quality, theoretical basis of the intervention, methodological characteristics, and features of the targeted behavior), although effects were larger for interventions designed to increase (vs. decrease) behavioral performance. Conclusion: The present review lends novel, experimental support for key predictions from health behavior theories, and demonstrates that interventions that modify attitudes, norms, and self-efficacy are effective in promoting health behavior change.

Keywords: health behavior, interventions, attitude, norm, self-efficacy

Sheeran, P., Maki, A., Montanaro, E., Avishai-Yitshak, A., Bryan, A., Klein, W. M. P., . . . Rothman, A. J. (2016). The impact of changing attitudes, norms, and self-efficacy on health-related intentions and behavior: A meta-analysis. *Health Psychology*. doi: 10.1037/hea0000387

Changing affective attitudes

 Emphasise severity of negative consequences to arouse fear

Fear arousing messages!

Fear arousing messages





Does arousing fear work?

Health Psychology Review, 2013
Vol. 7, Supplement 1, S8–S31, http://dx.doi.org/10.1080/17437199.2012.703527



Threatening communication: a critical re-analysis and a revised meta-analytic test of fear appeal theory

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(Received 31 March 2011; final version received 13 June 2012)

Despite decades of research, consensus regarding the dynamics of fear appeals remains elusive. A meta-analysis was conducted that was designed to resolve this controversy. Publications that were included in previous meta-analyses were reanalysed, and a number of additional publications were located. The inclusion criteria were full factorial orthogonal manipulations of threat and efficacy, and measurement of behaviour as an outcome. Fixed and random effects models were used to compute mean effect size estimates. Meta-analysis of the six studies that satisfied the inclusion criteria clearly showed a significant interaction between threat and efficacy, such that threat only had an effect under high efficacy

Peters, G.-J. Y., Ruiter, R. A. C., & Kok, G. (2013). Threatening communication: A critical reanalysis and a revised meta-analytic test of fear appeal theory. *Health Psychology Review, 7*, S8-S31. doi: 10.1080/17437199.2012.703527

Changing normative beliefs

- Provide information about others' behaviour
- Provide information about others' approval of the recipient's behaviour
- Encourage recipients to seek social support opportunities

Harnessing social support from significant others

Social support





Promoting self-efficacy

- Model/demonstrate the behaviour
- Prompt behavioural practice
- Prompt barrier identification and planning in relation to anticipated barriers
- Prompts self-monitoring of behaviour
- Provide feedback on performance

Provide opportunities to experience success with the behaviour

Experiencing success





Source: McDonald, Hagger, King, Foss, & Ferguson, E. (2012). Psychology & Health.

Promoting self-efficacy

- Model/demonstrate the behaviour
- Prompt behavioural practice
- Prompt barrier identification and planning in relation to anticipated barriers
- Prompts self-monitoring of behaviour
- Provide feedback on performance

Instruct and practice on skills on how to monitor behaviour (e.g., devices, diaries)

Promoting self-efficacy





Research

JAMA | Original Investigation

Effect of Wearable Technology Combined With a Lifestyle Intervention on Long-term Weight Loss The IDEA Randomized Clinical Trial

John M. Jakicic, PhD; Kelliann K. Davis, PhD; Renee J. Rogers, PhD; Wendy C. King, PhD; Marsha D. Marcus, PhD; Diane Helsel, PhD, RD; Amy D. Rickman, PhD, RD, LDN; Abdus S. Wahed, PhD; Steven H. Belle, PhD

IMPORTANCE Effective long-term treatments are needed to address the obesity epidemic. Numerous wearable technologies specific to physical activity and diet are available, but it is unclear if these are effective at improving weight loss.

OBJECTIVE To test the hypothesis that, compared with a standard behavioral weight loss intervention (standard intervention), a technology-enhanced weight loss intervention (enhanced intervention) would result in greater weight loss.

DESIGN, SETTING, PARTICIPANTS Randomized clinical trial conducted at the University of Pittsburgh and enrolling 471 adult participants between October 2010 and October 2012, with data collection completed by December 2014.

INTERVENTIONS Participants were placed on a low-calorie diet, prescribed increases in physical activity, and had group counseling sessions. At 6 months, the interventions added telephone counseling sessions, text message prompts, and access to study materials on a

- Author Video Interview and JAMA Report Video
- Supplemental content

Jakicic, J. M., Davis, K. K., Rogers, R. J., & et al. (2016). Effect of wearable technology combined with a lifestyle intervention on long-term weight loss: The idea randomized clinical trial. *JAMA*, *316*, 1161-1171. doi: 10.1001/jama.2016.12858



The Lancet Diabetes & Endocrinology

Available online 4 October 2016





Articles

Effectiveness of activity trackers with and without incentives to increase physical activity (TRIPPA): a randomised controlled trial

Prof Eric A Finkelstein, PhD^{a, g, ♣, ™, Benjamin A Haaland, PhD^{b, c}, Marcel Bilger, PhD^a, Aarti Sahasranaman, PhD^a, Robert A Sloan, PhD^d, Ei Ei Khaing Nang, PhD^e, Prof Kelly R Evenson, PhD^f Summary}

Background

Despite the increasing popularity of activity trackers, little evidence exists that they can improve health outcomes. We aimed to investigate whether use of activity trackers, alone or in combination with cash incentives or charitable donations, lead to increases in physical activity and improvements in health outcomes.

Methods

In this randomised controlled trial, employees from 13 organisations in Singapore were randomly assigned (1:1:1:1) with a computer generated assignment schedule to control (no tracker or incentives), Fitbit Zip activity tracker, tracker plus charity incentives, or tracker plus cash incentives. Participants had to be English speaking, full-time employees, aged 21–65 years, able to walk at least ten steps continuously, and non-

Finkelstein, E. A., Haaland, B. A., Bilger, M., Sahasranaman, A., Sloan, R. A., Nang, E. E. K., & Evenson, K. R. Effectiveness of activity trackers with and without incentives to increase physical activity (TRIPPA): a randomised controlled trial. *The Lancet Diabetes & Endocrinology*. doi: 10.1016/S2213-8587(16)30284-4

Pedometers are "unlikely to be a panacea for rising rates of chronic disease"

Finkelstein et al. (2016)

Changing self-efficacy

- Significant effects of self-efficacy interventions
- Important:
 - Feedback and vicarious experience related to much stronger effects
 - Persuasion, graded mastery, and barrier identification were less effective

Ashford, S., Edmunds, J., & French, D. P. (2010). What is the best way to change self-efficacy to promote lifestyle and recreational physical activity? A systematic review with meta-analysis. *British Journal of Health Psychology, 15*, 265-288. doi: 10.1348/135910709X461752

Promoting emotional readiness for action

- Promote self-affirmation
- Prompt self-talk
- Prompt guided imagery to change mood or psychological state

Guided mental simulation exercise over steps to take in promoting physical activity

Mental simulations

- Guided imagery on:
 - Steps taken to achieve a goal
 - Feelings of accomplishment of achieving the goal
- Conroy & Hagger (2016). Meta-analysis
 - Small-to-medium effect (d = .25)
 - Providing instructions and long-term follow-up time point resulted in stronger effects

What does a mental simulation 'look like'?

The World Health Organisation (WHO) recommends that safe limits for drinking alcoholic drinks is 4 units per day for men and 3 units per day for women.

Drinking above these safe limits could lead to some health conditions in the long run. Considering these health messages... To help you do this we ask you to take 5 minutes of your time to complete a very simple mental exercise.

EXERCISE:

You are now asked to visualize yourself having achieved your goal of keeping your alcohol intake to within safe limits on each individual occasion or session over the next three months, and imagine how you would feel....

Imagine how much effort and willpower it has taken to achieve your goal.... and that you have successfully managed to do it. Imagine how satisfied you will feel. It is very important that you see yourself actually keeping your alcohol intake to within safe limits on each occasion... and keep that picture on your mind.

Please write on the lines below how you imagine will feel if you achieve your goal...

Source: Hagger et al. (2011). *Psychology, Health and Medicine,* doi: 10.1080/13548506.2011.554568



A brief intervention to increase physical activity behavior among adolescents using mental simulations and action planning

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ABSTRACT

This study evaluated the effectiveness of a brief integrated theorybased intervention to increase physical activity (PA) among adolescents over a three-month follow-up period. A 2 (mental simulation: present vs. absent) × 2 (action planning: present vs. absent) × 4 (time: baseline vs. one-month vs. two-month vs. three-month follow-up) mixedmodel randomized controlled design was adopted. Adolescents aged 14–15 years (N = 267) completed baseline psychological measures and self-reported PA followed by the relevant intervention manipulation, if appropriate, with follow-up measures collected one, two, and three months later. Results revealed no significant effects for the mental simulation and action planning strategies nor the interaction of the two strategies. However, among participants with low levels of baseline PA, participants in both mental simulation alone and action planning alone groups reported significantly higher levels of PA at one-month follow up than other groups, suggesting that individual intervention components may be effective in low-active adolescents.

ARTICLE HISTORY

Received 19 January 2016 Accepted 5 July 2016

KEYWORDS

Adolescents; action planning; outcome mental simulation; physical activity; randomized controlled trial

Koka, A., & Hagger, M. S. (2016). A brief intervention to increase physical activity behavior among adolescents using mental simulations and action planning. *Psychology, Health & Medicine*. doi: 10.1080/13548506.2016.1211298

Prompt goal setting and goal priority

- Prompt goal setting
- Prompt specific planning/goal setting
- Agree a written behavioural contract
- Prompt review and resetting of behavioural goals

Implementation intentions or action planning exercises

Implementation Intentions

- Motivation is not enough
- "Strong effects of simple plans" (Gollwitzer, 1999)
- Plans linking a <u>cue</u> in the environment with the desired <u>action</u>
- Improves <u>recall</u> and <u>efficiency</u> of the behaviour
- Uses specific <u>if-then</u> format to make clear
- Self-administered

What Does an Implementation Intention 'Look' Like?

Typically use a 'pen and paper' delivery:

You are more likely to exercise for at least 30 minutes per day if you say when ('if...') and where ('then...') you will exercise and stick to your plan. In the boxes below write down when and where you plan to exercise in the next week:

lf...

....the clock strikes 12:30pm for lunch...

then...

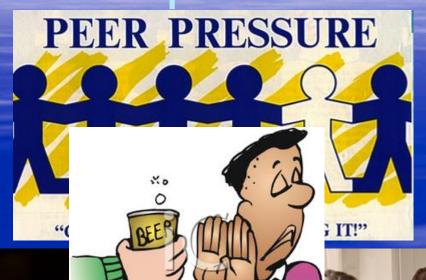
....I will pick up my gym bag and go to the fitness centre

Enhance social skills

- Provide instruction on resisting social pressure
- Provide negotiation skills training
- Provide assertiveness training

Use interviews or guided questions to identify situations in which social pressure is high and use role play to develop assertiveness

Planning to recognise and resist social pressure





Promoting environmental change

- Teach to use environmental prompts/cues
- Teach to avoid environmental prompts/cues

Training people to structure their environment to minimise temptations/lapses

(could be used in conjunction identifying cues and with planning)

Recognising and planning to deal with cues

Quitting smoking?

Use the 4 Ds to manage cravings and triggers:









Deep breathe



Drink Water

Learn more sunnybrook.ca/quitsmoking

Restructuring the environment



Summary

- Preventive health is a priority to reduce human, health, and economic burden of chronic disease
- Behavioural solutions are critical
- Health psychology is at the forefront of evidencebased behavioural interventions
- Behaviour change interventions should be based on psychological theory to maximise efficiency and applicability
- A number of techniques with an increasing evidence based are available.
- Provide a 'toolkit' for behaviour change interventions

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