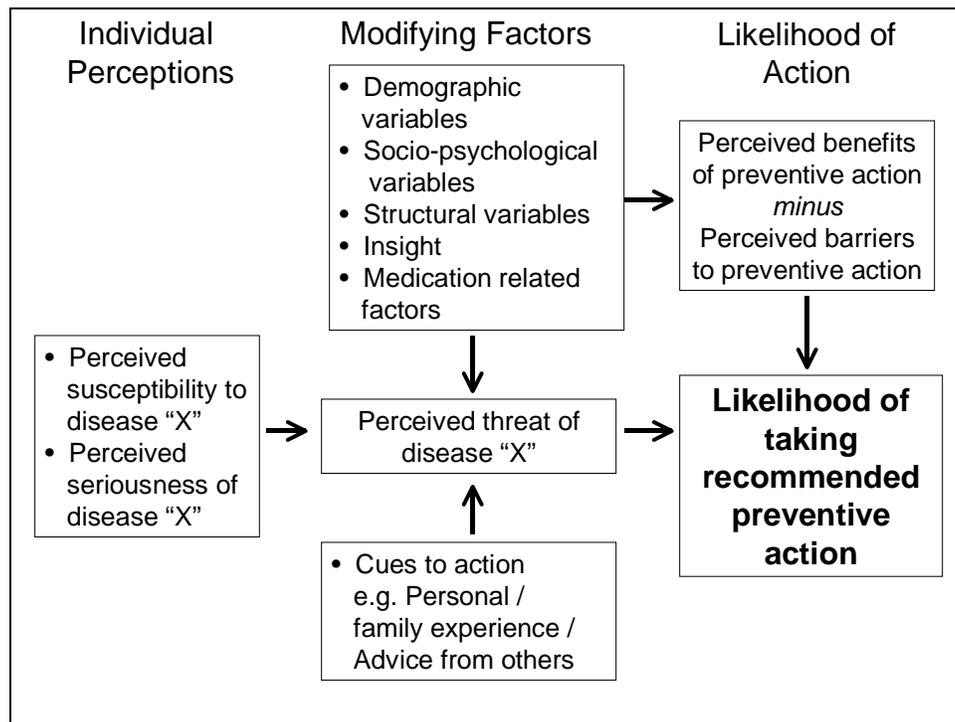


Understanding Change

The Health Belief Model:



The Health Belief Model as predictor of preventative health behaviour. (From: Becker et al., 1974, Am J Public Health, 64, p.205-216).

Some points about motivation:

- **Reinforcement** - Behaviour that has been reinforced is more likely to be repeated.
- **Needs** - People strive towards meeting needs.
- **Cognitive dissonance** - People experience tension or discomfort when a deeply held belief is challenged by a psychologically inconsistent belief or behaviour. The discomfort is a source of motivation to either change behaviour or provide some rationalisation or excuse to reduce discomfort.
- **Attribution** - Individuals strive to explain and find causes for their circumstances. Attributions may occur after a diagnosis, an exacerbation of chronic illness, an accidental injury, or the relief or cure of a symptom or a disease. People make attributions about disease severity and treatment efficacy.
- **Expectancy** - A person's motivation to realise a goal depends on the perceived chance of success as well as how much value a person or group places on that success. There is a powerful relationship between self-efficacy and adequate performance. Those who believe they won't be able to cope tend to dwell on their deficiencies and imagine potential difficulties will be more formidable than they really are.

Stages of change:

- **Pre-contemplation:** not aware or not considering change
- **Contemplation:** thinking about change, but not taking action
- **Preparation:** actively planning and preparing for change
- **Action:** actively doing things to change or modify behaviour
- **Maintenance:** retaining the behaviour via reinforcement and learning
- **Relapse:** returns to one of the first three stages

(From: Prochaska & DiClemente, 1985, Common process of self change in smoking, weight control, and psychological distress. In Coping and Substance Abuse: NY: Academic Press, p.345-363)