

Changing Behaviours: A Practical Framework

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A Introduction

There are many social science theories that attempt to explain behaviour change. If you want to understand the intricate details of these models, there is a vast amount of literature available. However, in our experience, practitioners are typically more interested in quick, easy ways to apply theory.

One excellent example of a user-friendly behaviour change framework is the following list of eight conditions that was developed and endorsed by prominent social scientists at a consensus conference.¹ Virtually all mainstream behaviour change theories (stages of change/transtheoretical model, health belief model, social learning theory, theory of planned behaviour, etc.) are represented in this framework. One or more of these conditions must be true for a person to perform a given behaviour:

1. The person has formed a strong positive intention (or made a commitment) to perform the behaviour.
2. There are no environmental constraints that make it impossible for the behaviour to occur.
3. The person has the skills necessary to perform the behaviour.
4. The person believes the advantages (benefits, anticipated positive outcomes) of performing the behaviour outweigh the disadvantages (costs, anticipated negative outcomes).
5. The person perceives more social pressure to perform the behaviour than to not perform the behaviour.
6. The person perceives that the behaviour is consistent with their self-image and does not violate their personal standards.
7. The person's emotional reaction to performing behaviour is more positive than negative.
8. The person believes (has confidence) that they can execute the behaviour under a number of different circumstances (i.e., the person has the perceived self-efficacy to execute the behaviour).

¹ Fishbein, M. et al. "Factors influencing behaviour and behaviour change." *Final report prepared for NIMH theorists workshop*. Washington, D.C., 1991.

The first three conditions are considered “necessary and sufficient” for adopting a behaviour and the remaining five affect the intensity and direction of the intention.

B Conditions and Strategies

In order to make this framework more practical, we briefly explain below each condition for behaviour change and provide some strategies for helping a person or audience meet each condition.

Condition 1: The person has formed a strong positive intention (or made a commitment) to perform the behaviour.

Explanation: Person/audience believes that they are at risk from the problem, that the consequences are severe, and that the recommended behaviour will lower the risk or prevent the problem.

Strategies:

- Raise awareness about the need for change by making the risk seem serious and at the same time personally relevant.
- Emphasize likely positive results of adopting the recommended action and downplay negative consequences.

Condition 2: There are no environmental constraints (barriers) that make it impossible for the behaviour to occur.

Explanation: Barriers can be *tangible* (e.g., not enough time or money, no access to facilities or programs) or *psychological* (e.g., anxiety, discomfort, social pressure) and can occur at many levels – societal (local, provincial, national government policies/practices), organizational (workplaces, schools, etc.), social network, personal traits and home environment, etc .

Strategies:

- Determine audience barriers and attempt to rectify.
- Create supportive environments whenever possible.

Condition 3: The person has skills necessary to perform the behaviour.

Explanation: Person/audience has knowledge and ability to take steps to make behaviour change easier and success more likely. This also involves doing the behaviour properly so that

the desired outcome is achieved. For example, improper exercise can result in injury, or no effect rather than improvement in cardiovascular health.

Strategies:

- Specify the recommended action in terms of how, where, and when and provide clear directions and training to perform the recommended action.
- Identify or provide role models who have adopted the recommended action and ensure that they are visible.
- Provide suggestions or teach how to find own healthier alternatives/solutions for certain barriers.
- Teach how to critically and realistically assess past failures/current relapse so that lessons can be learnt and progress continues rather than stops.

Condition 4: The person believes the advantages (benefits, anticipated positive outcomes) of performing the behaviour outweigh the disadvantages (costs, anticipated negative outcomes).

Explanation: Benefits and costs can be *tangible* (e.g., increased endurance, financial savings, weight gain, medication side effects.) or *psychological* (e.g., anxiety, discomfort, sense of approval, withdrawal symptoms)

Strategies:

- Emphasize likely positive results of adopting the recommended action and downplay negative consequences.
- Set up systems of reinforcement through incentives, assistance, and regular updates on the given risk and recommended action.

Condition 5: The person perceives more social pressure to perform the behaviour than not.

Explanation: The person/audience perceives that people who matter to them (friends, family members, community/social network opinion leaders, celebrities, physicians, etc.) support/encourage the recommended behaviour. For example, as long as a young girl believes that the norm among her friends is striving for a dark tan, she is not likely to use sunscreen.

Strategies:

- Identify key influencers/role models who are important to the intended audience and make audience feel that they support the recommended behaviour.
- Identify or provide role models who have adopted the recommended action and ensure that they are visible.

Condition 6: The person perceives that the behaviour is consistent with their self-image and does not violate their personal standards.

Explanation: The problem and the recommended action/solution must be relevant and appropriate for the intended audience's culture, lifestyle, values, beliefs, etc.

Strategies:

- Raise awareness about the need for change by making the risk seem serious and at the same time personally relevant.
- Assist with setting quantifiable, realistic, graduated and moderately difficult goals within the context of pre-existing goals.
- Customize information on risks, benefits and recommended action, and tailor the intervention itself to the intended audience's values, norms and situation.

Condition 7: The person's emotional reaction to performing behaviour is more positive than negative.

Explanation: A person's emotional reaction can be affected by how he/she benefits or gets rewarded for his/her behaviour. Rewards can be tangible or psychological and can be provided by others or by self. It is important that rewards are meaningful, so person/audience should participate in choosing appropriate rewards when feasible.

Strategies:

- Emphasize likely positive results of adopting the recommended action and downplay negative consequences.
- Set up systems of reinforcement through incentives, assistance and regular updates on the given risk and recommended action.

Condition 8: The person believes (has confidence) they can execute the behaviour under a number of different circumstances (i.e., the person has the perceived self-efficacy to execute the behaviour). For example, a person must have strength of confidence in themselves to state their wishes to use a condom clearly before or during an intimate encounter.

Explanation: Person/audience has the confidence in their ability to take action and sustain the action in spite of difficulties and barriers including relapse.

Strategies:

- Specify the recommended action in terms of how, where, and when and provide clear directions and training to perform the recommended action.
- Determine audience barriers to action and attempt to rectify.

- Provide suggestions or teach how to find own healthier solutions/alternatives to certain barriers.
- Assist with setting quantifiable, realistic, graduated, and moderately difficult goals within the context of pre-existing goals.
- Teach how to critically and practically assess past failures/current relapse so that lessons can be learnt and progress continues rather than stops.

C Strategies with Examples

As you have probably noticed, in many cases there are common strategies across conditions. To make this practical framework even easier to apply, we have gone a step further and made a concise list of the strategies with examples of how to put them into practice.

Strategy 1: Raise awareness about the need for change by making the risk seem serious and at the same time personally relevant.

Examples:

- Show young girls how sun exposure will cause early aging by using a computer to “age” photos of the girls faces and/or show existing sun damage.
- Discuss negative consequences of smoking like death, disfigurement, lung disease, etc.
- Encourage audience to assess their susceptibility to heart diseases.
- Show what people resembling the target audience have lost through drunk driving.

Note: Messages intended to cause fear should always be paired with easy recommended actions that the audience can take to alleviate the threat.

Strategy 2: Specify the recommended action in terms of how, where, and when and provide clear directions and training to perform the recommended action.

Examples:

- Teach how to identify possible skin cancer lesion.
- Promote Canada’s physical activity guide.
- Provide simple directions for improving dental hygiene such as “two minutes, twice a day.”

Strategy 3: Emphasize likely positive results of adopting the recommended action and downplay negative consequences.

Examples:

- Discuss benefits of quitting smoking and emphasize that negative consequences are time limited. For example, an intense craving usually passes within three minutes.
- Emphasize the benefits of using sunscreen such as reduce the risk of early aging and skin cancer and downplay the inconvenience of practicing sun safety by noting, “it’s easy – slip, slop, slap!”.

Strategy 4: Identify or provide role models who have adopted the recommended action and ensure that they are visible.

Examples:

- Profile community leaders who have adopted recommended behaviour.
- Provide platforms for youth to submit and share success stories about their successful behaviour changes.
- Develop safe sex campaigns with movie stars and fashion models.
- Provide publicity to school cafeterias that offer healthier food choices.

Strategy 5: Identify key influencers/role models who are important to the intended audience and make audience feel that they support the recommended behaviour.

Examples:

- Recruit doctors to emphasize importance of conducting breast self-examinations to their patients.
- Publicize information showing that the majority of college and university students are responsible alcohol drinkers (i.e., social norms campaign).
- Promote the social benefits of being a designated driver. For example, one’s friends may be grateful for getting a free ride home.
- Inform students that most of their peers support the recommended action (i.e., social norms campaign).

Strategy 6: Determine audience barriers to action and attempt to rectify.

Note: Barriers may be personal, psychological, environmental, policy-based, etc.

Examples:

- Reduce or eliminate fees for exercise programs, smoking-cessation seminars, etc.
- Adjust workplace policy so that benefits cover the nicotine patch.
- Provide childcare for low-income groups to allow them to participate in physical activity programs, cessation activities, etc.

- Increase nighttime frequency of public transport and reduce fares to encourage use of public transit over driving to/from parties.
- Help smokers deal with withdrawal symptoms by suggesting/providing nicotine replacement therapy.

Strategy 7: Provide suggestions or teach how to find own healthier alternatives/solutions for certain barriers.

Examples:

- Take fewer cigarettes to work or change morning routine to avoid situations that were previously associated with smoking.
- Choose healthier food substitutes like a bowl of carrots when others are eating chips.

Strategy 8: Create supportive environments whenever possible.

Examples:

- Encourage community/workplace non-smoking policies.
- Create policy to ban vending machines carrying drinks with very high sugar content and low nutritional value in schools.
- Put stickers in beach washrooms reminding to check skin and apply sunscreen.
- Promote urban planning models that encourage healthy and environmentally sound practices.

Strategy 9: Assist with setting quantifiable, realistic, graduated, and moderately difficult goals within the context of pre-existing goals.

Examples:

- Start by walking slowly 10 minutes a day and work up to brisk walking 30 minutes a day.
- Teach to reduce smoking before quitting.
- Start by eating at least one completely healthy meal in a day.

Strategy 10: Teach how to critically and practically assess past failures/current relapse so that lessons can be learnt and progress continues rather than stops.

Examples:

- Encourage smoker to hang out at smoke-free locations instead of visiting places that are associated with sitting around and smoking.
- If idle time is a trigger, then suggest activities such as walking, stretching, taking a shower, etc. that would help someone avoid unnecessary snacking.

Strategy 11: Set up systems of reinforcement through incentives, assistance, and regular updates on the given risk and recommended action.

Examples:

- Make audiences aware of new research showing previously unknown health consequences of an unhealthy behaviour. For example, let audiences know that smoking also leads to colon cancer, Alzheimer’s, and male impotence.
- Publicize (photo, award, article) successes.
- Reward a designated driver who volunteers to stay sober at a party.

Strategy 12: Customize information on risks, benefits, and recommended action and tailor the intervention itself to the intended audience’s values, norms, and situation.

Examples:

- Teach low-fat cooking in culturally relevant ways.
- Ensure that media campaigns show people who look and act like the intended audience.
- Acknowledge unique schedules and lifestyles such as shift-work, long commutes, etc.

D Related References

In order to update this article, we conducted a literature search and consulted with key behaviour change expert Dr. Martin Fishbein to determine whether the eight conditions for behaviour change established in 1991 still reflected the principles found in the most prominent health behavior change theories. The following articles confirmed that they did:

Fishbein, M. et al. “Factors influencing behaviour and behaviour change.” *Final report prepared for NIMH theorists workshop*. Washington, D.C., 1991.

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Fishbein, M. and Yzer, C. “Using Theory to Design Effective Health Behavior Interventions.” *Communication Theory* 13, 164-183, 2003.

Hennessy, M. et al. “Using Intervention Theory to Model Factors Influencing Behavior Change.” *Evaluation & The Health Professions* 24, 363-384, 2001.

Other related references about health behaviour change theory include:

DiClemente, R., Crosby, R., and Kegler, M., eds. *Emerging Theories In Health Promotion Practice and Research: Strategies for Improving Public Health*. San Fransisco: Jossey-Bass, 2002.

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Glanz, K., Rimer, B. and Lewis, F., eds. *Health Behavior and Health Education* (Third Edition). San Francisco: Jossey-Bass, 2002.