

- UNDERSTAND QUICKLY
- REVISE EFFECTIVELY
- TAKE EXAMS WITH CONFIDENCE

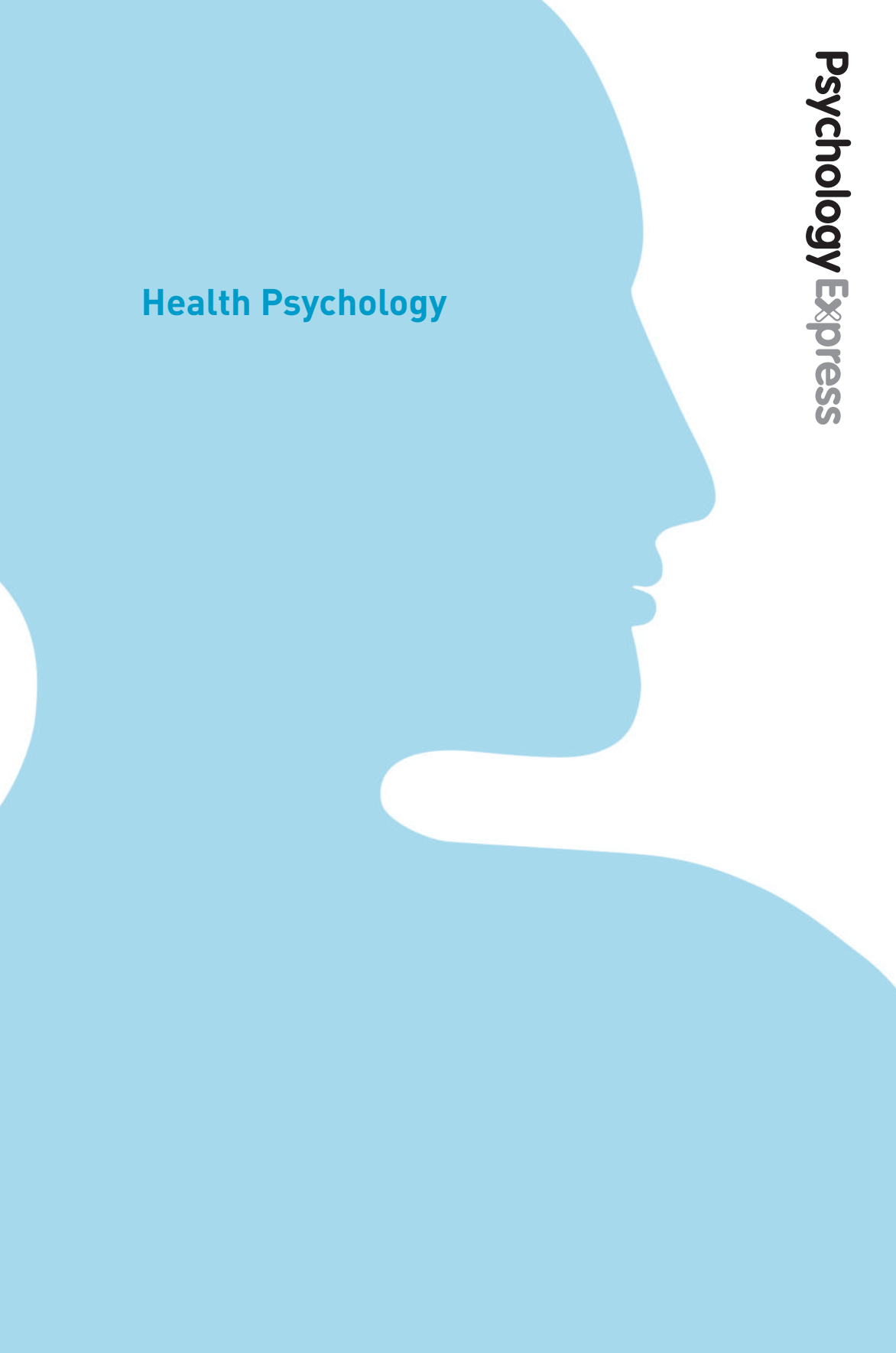
Health Psychology

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Health Psychology



- Surrounding these are seven *categories of policy* that could enable interventions to occur.

Behaviour change techniques taxonomy (v1)

The final thing to consider is what the intervention will actually be made up of. While there are now several taxonomies in the literature for differing behaviours, the BCT taxonomy v1 is a general taxonomy system with 93 BCTs, collated into 16 groups (Michie et al., 2013).

Conclusion

It is clear that there is more to behaviour change than just having a behavioural intention. Taking what we have covered in this chapter into account, Atkins and Michie (2013) suggest a six-step approach to behaviour change intervention design:

- *Step 1: Selecting the target behaviour.* Decide what the target behaviour is and who it is aimed at (e.g. 'healthy eating' could include advertising, food promotions, meal planning, portion control, food choice).
- *Step 2: Specifying the target behaviour.* Make the target behaviour specific (SMART goal). This will help with measurement (e.g. 'healthy eating' is difficult to measure, but eating 2,000 calories or five pieces of fruit and vegetables per day are quantifiable targets).
- *Step 3: Understanding the target behaviour.* Analyse why the behaviours are a problem and how changing them can improve health (e.g. the links between diet and cancer or obesity).
- *Step 4: Building the intervention.* Consult COM-B, the TDF and the BCW to identify which factors need to be addressed for this particular target and which intervention functions can be created. In the case of eating five pieces of fruit and vegetables a day, capability and opportunity may need to be addressed due to social economic status, by enhancing knowledge, social influences or environmental resources.
- *Step 5: Specifying intervention content.* Once the constructs that need to be addressed are identified as intervention functions, the BCTs that aim to change these components need to be decided upon. These would come from the relevant taxonomy system. In the example above, the CALO-RE taxonomy would be suitable, but the BCT taxonomy v1 would have more BCTs to consider. The BCT 'information giving' may be used to increase knowledge and belief in capability to overcome the barrier of cost. 'Rewards' may enhance motivation, and 'self-monitoring' may aid behaviour attainment.
- *Step 6: Delivering the intervention.* Finally, the mode of delivery should be considered and the methodology appropriate to it applied. Evaluation of the intervention should also be well thought out.

Test your knowledge

3.7 What are the six stages that Kok et al. (2004) state should be considered when planning interventions?

3.8 What is a BCT?

Answers to these questions can be found on the companion website at:
www.pearsoned.co.uk/psychologyexpress

Further reading BCT taxonomies and intervention design

Topic	Key reading
Key paper that identified the 12 theoretical domain constructs	Michie, S., Johnston, M., Abraham, C., Lawton, R., Parker, D., & Walker, A. (2005). Making psychological theory useful for implementing evidence based practice: A consensus approach. <i>Quality and Safety in Health Care</i> , 14(1), 26–33.
Nice overview of the current position in behaviour change research	Atkins, L., & Michie, S. (2013). Changing eating behaviour: What can we learn from behavioural science? <i>Nutrition Bulletin</i> , 38(1), 30–35.

CASE STUDY

Binge drinking

The client

Shanice is an 18-year-old girl, who studies hard at college through the week and works at the weekend. She eats well, is active and does not smoke; however, she likes to go out drinking after work and often exceeds the recommended daily allowance. Drinking on average seven mixers, four jager bombs and five shots a night, her alcohol intake would be considered as binge drinking. However, she is not concerned about her behaviour and has no plans to change as it has had no detrimental consequences to her health ... yet.

Background – the problem

Around a quarter of young people (22% male; 17% female) admit to binge drinking (NHS Health and Social Care Information Centre, 2012a). There is no international definition of binge drinking, but the NHS suggests that it is the consumption of double or more of the daily recommended allowance (which is four to five units for a man and three to four for a woman, so at least eight or six units respectively). Shanice would have drunk 16 units on her night out.

Binge drinking has been linked to poor performance at school and other health risk behaviours, such as being a passenger in a car with a drunk-driver, smoking cigarettes, unprotected sexual activity, being a victim of dating violence, attempting suicide and using illicit drugs (Miller, Naimi, Brewer, & Jones, 2007). Binge drinkers are also more at risk of alcohol dependency in later life (Jennison, 2004).

Advice

The college that Shanice attends has asked a health psychologist to develop an intervention to reduce binge drinking. What things do you think should be considered in an intervention for students like Shanice?

Further reading Changing health behaviour

Topic

Overview and samples of tools discussed in this chapter

Key reading

Michie, S., Rumsey, N., Fussell, A., Hardeman, W., Johnston, M., Newman, S., & Yardley, L. (2004). *Improving health: changing behaviour. NHS health trainer handbook*. London: Department of Health/BPS.

Chapter summary – pulling it all together

- Can you tick all of the points from the revision checklist at the beginning of this chapter?
- Attempt the sample question from the beginning of this chapter using the answer guidelines below.
- Go to the companion website at www.pearsoned.co.uk/psychologyexpress to access more revision support online, including interactive quizzes, flashcards, You be the marker exercises as well as answer guidance for the Test your knowledge and Sample questions from this chapter.

Answer guidelines



Sample question

Essay

What motivates behaviour change? Discuss in detail, with reference to at least one health behaviour.

Approaching the question

Your answer should aim to provide an analysis of how intentions can be translated into action and what needs to be considered when developing a behaviour change intervention.

Important points to include

- Begin by outlining what the key considerations are for the intention–behaviour relationship and/or behaviour change interventions and discuss the key models in this area. For each model/theory you will need to:
 - Consider the strengths and weaknesses of the models and the individual cognitions used within.
 - Discuss the empirical research that informs the theories (does it support their efficacy?).
 - Evaluate differences in the effectiveness of the models between health behaviours.
- You should then consider the usefulness of an overarching theoretical domain framework and conclude with future considerations in this area.

Make your answer stand out

This type of question is testing to see whether you can apply your knowledge of what motivates behaviour yet also what motivates behaviour change and apply this to a real-world setting for a particular health behaviour. A good student would show original thinking by considering how the research, theories and models to date have addressed this question, where there are overlaps, and where there are gaps for future considerations to challenge the current empirical evidence and advance behaviour change intervention development.

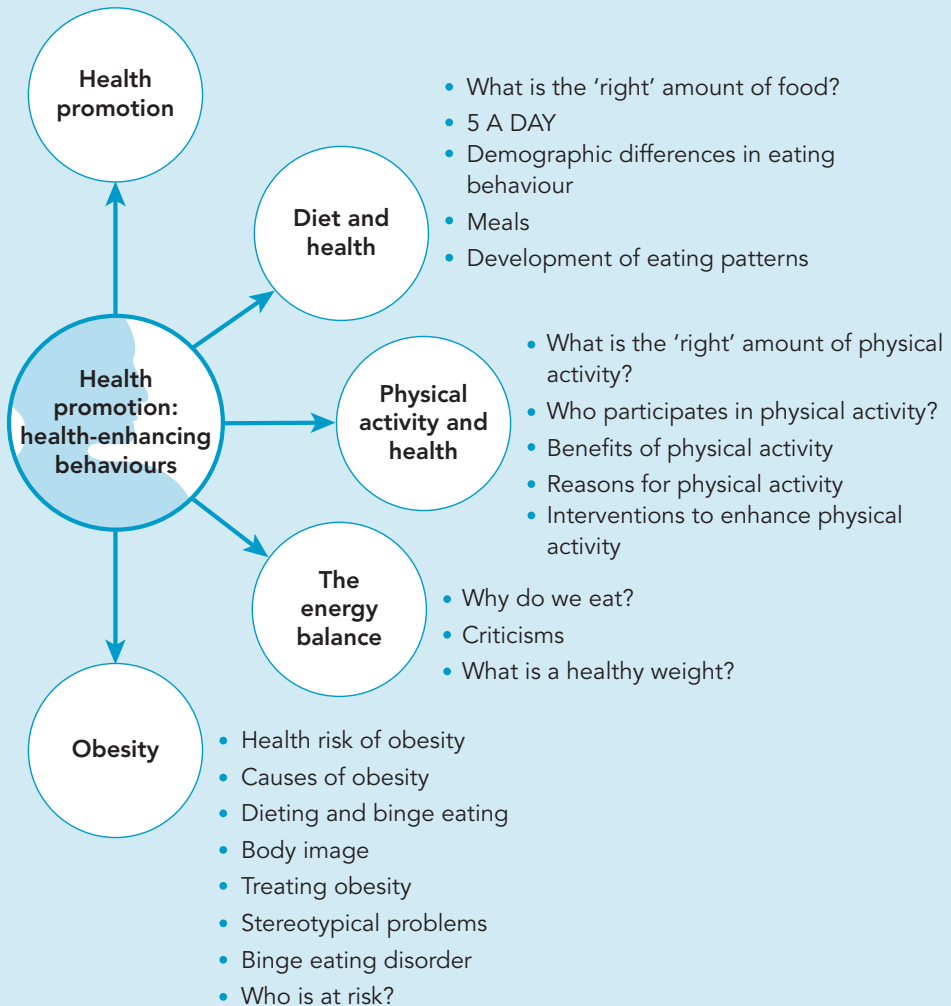
Explore the accompanying website at www.pearsoned.co.uk/psychologyexpress

- ➔ Prepare more effectively for exams and assignments using the answer guidelines for questions from this chapter.
- ➔ Test your knowledge using multiple choice questions and flashcards.
- ➔ Improve your essay skills by exploring the You be the marker exercises.

Notes

Notes

Health promotion: health-enhancing behaviours



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