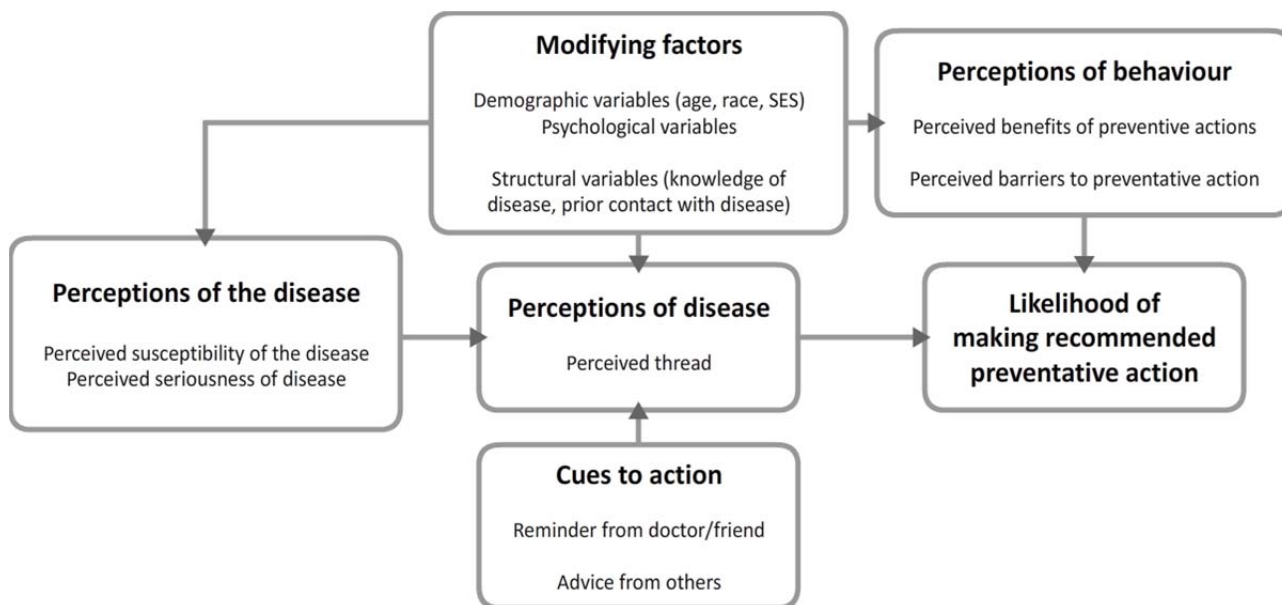


Other Models of Behaviour Change

As well as the Cycle of Change model, there are a number of other models that people use to try and explain or predict how and why people change their behaviours including:

- The Health Belief Model
- The Reasoned Action/Planned Behaviour Model

The Health Belief Model



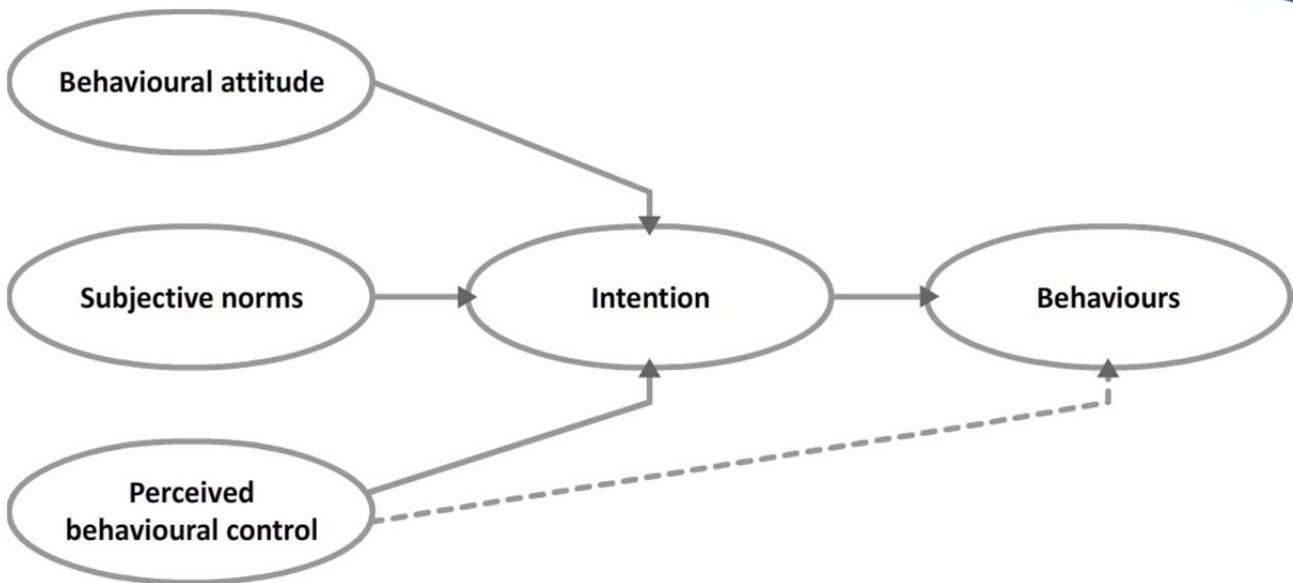
The Health Belief Model was developed by health psychologists in the early 1950s. It is based on the idea that people don't want to get ill and that they will take action to prevent this happening if:

- They think or believe it likely that they will get an illness
- They think or believe that if they get ill then it will have a major consequence on their life, family and work
- They think or believe that if they seek help or have treatment it will either stop them getting ill or make them better or reduce the impact it has on their life.
- They think or believe that effort or potential discomfort of making a change or having treatment will be worth it and better than the consequences of not taking action.

By offering brief advice or brief interventions, you can give people the information to help them believe that they can achieve positive outcome by making a change.

Critics have suggested that people can sometimes underestimate or 'discount' the likelihood of getting ill or the impact it will have, particularly if this will happen sometime in the future. For example, illnesses related to smoking may take some years to occur, so the person may feel that the discomfort of nicotine withdrawal now is worse than any possible illness that they may or may not get in the future.

The Reasoned Action/Planned Behaviour Model



This model was originally two models that were developed in the 1970s and brought together by their developers, Fishbein and Ajzen in 1980.

The model is based on the idea that individuals make choices about their behaviours and, in making those choices, they weigh-up the pros and cons before deciding to do the behaviour. In addition, it takes into account what the individual thinks about the views of other people and society in relation to that behaviour and also their own motivation.

Critics say that the model doesn't account for some of the wider determinants of health and wellbeing and it also assumes that people make the rational choice which is not always the case.

Which model is best?

A report commissioned by the National Institute for Clinical Excellence (NICE) in 2006 reviewed these models and the Trans-Theoretical Model (TTM) (Cycle of Change). All the models were found to have positive and negative elements. The TTM has been criticised for not being able to predict whether change will be successful and some critics felt that the stages were artificial. The report concluded that the TTM was focused on the process of change as opposed to the other models, which are more about predicting individual's response to change. Ultimately no model is "best" but each one offers a way of understanding individuals' behaviour and their potential response to brief advice, brief interventions and other behaviour change approaches.

References

Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ: Prentice-Hall.

Rosenstock, IM (1974). Historical origins of the health belief model. *Health Education Monographs*, 2, 328—35

Taylor, D; Bury, M; Campling, N; Carter, S; Garfield, S; Newbould, J; Rennie, T (2006). *A Review of the use of the Health Belief Model (HBM), the Theory of Reasoned Action (TRA), the Theory of Planned Behaviour (TPB) and the Trans-Theoretical Model (TTM) to study and predict health related behaviour change*. [online]. Last accessed September 2011 at: <http://www.nice.org.uk/nicemedia/live/11675/34606/34606.pdf>