- **Self-efficacy model**
  - set of beliefs or personal conviction that person will be able to perform behaviours within a specific environment.
  - expectations vary in – level of difficulty, level of generality or specificity, strength i.e. level of confidence about performance (Bandura (1977), Lorig et al (1989)).
  - Pain – coping efficacy can bring relief from pain in those confident in their beliefs they can relieve pain – seek out more info and skills, pain control seen to be inadequate may be worse than not having control at all, feeling self-efficacious reduces distressing expectations (Bandura, 1991).

- **Health action process approach (HAPA)**
  - intention behaviour gap
  - motivation & volition
  - self efficacy and outcome expectancies
  - temporal (time) element (Schwarzer, 1992)
  - Contributions: differentiates content from process, builds in timing into sequence, distinguishes goal setting from pursuit, goals setting = motivational phase, leads to intention formation, goal pursuit is volitional phase (planning, action, control, maintenance, recovery)
  - Leads to actual behaviour change.
  - Breast examination behaviour – if you plan to carry out examination after expressing intention for a bit before doing it – does inclusion of planning explain likelihood of your performing? Or does including planning as mediator between intention and BSE behaviours explain more variance in SE? (Schwarzer et al 2003). Pre action predictors of intention SE were self-efficacy and outcome expectancies. Self-efficacy is predictive of planning. At follow up planning = predictive of self-examination.
  - Criticisms = past behaviour not present, humans not always conscious information processes but helps explain relapse and recovery, emotional and social contextual factors, the ‘intention-behaviour’ gap.

- **Common model characteristics**
  - focus on individuals as unit of change (not universal population)
  - attempt to explain self-protective behaviours
  - a core element is about perceptions of vulnerability
  - assumes decision making is product of cost-benefit appraisal.

- **Shared assumptions**
  - desire to minimise negative outcomes
  - perceived seriousness of consequences & likelihood of adverse events influence protective behaviour