

Chapter 2- Frameworks for Understanding and Attaining Behavior Change

Historically nutrition councilors and educators tried to change food choices by dispensing facts and diets. But this rarely worked. So, psychotherapy counseling approaches and theoretical models were turned to instead.

Theories and models are useful when formulating a nutrition intervention because:

- Present a road map for understanding health behaviors
- Highlight variables that can be targeted e.g. knowledge
- Supply rationale for designing the intervention
- Guide the process of behavior change
- Provide tools and strategies
- Provide outcome measures- assess effectiveness

Self Efficacy

- *the confidence to perform a specific behavior (e.g. belief in ability to change a particular food pattern)*

Accepted and incorporated into much behavior change models. With attainment of health behavior change linked closely with an individual's level of self efficacy.

- As a result of this, it may be that a person's confidence in their ability to accomplish a behavior change may be more important than actual skill.

Councilors must help clients improve their self efficacy and help them to see that there is a way out of the situation by helping them to see that there are workable options to facilitate behavior change.

- Give the client options and assisting in setting achievable goals
 - Prevent denial, rationalization and projection

Health Belief Model

This model proposes that cognitive factors influence an individual's decision to make and maintain a specific health behavior change.

In order to make a change people must:

- Perceive personal susceptibility to a disease or condition
- Perceive the condition as having some degree of severity/ consequences
- Believe that there are benefits to taking action i.e. they can cure or prevent the disease by making changes
- Perceive no barriers that may prevent the health action
- Must be exposed to a cue to take action
- Have self efficacy

All of these beliefs interact with each other and determine a client's willingness to take action.

- Health belief model construct e.g.: Perceived severity: Client statement: 'I have high blood pressure but I feel fine', Intervention: Discuss disease impact on client's life. Show graphs and clarify consequences.

Application of the HBM

The HBM was used to successfully increase whole grain consumption in a community.

- Perceived susceptibility and severity:
 - Personal risk was addressed by highlighting risk of heart disease and diabetes for all members of the community
- Perceived benefits:
 - Lessons were given to highlight benefits of whole grains over refined carbs
- Perceived barriers:
 - Lessons were given to help community understand labels, and on how to cook the grains
- Self- efficacy:
 - To increase confidence demonstrations were given and people had the opportunity to practice e.g. reading labels