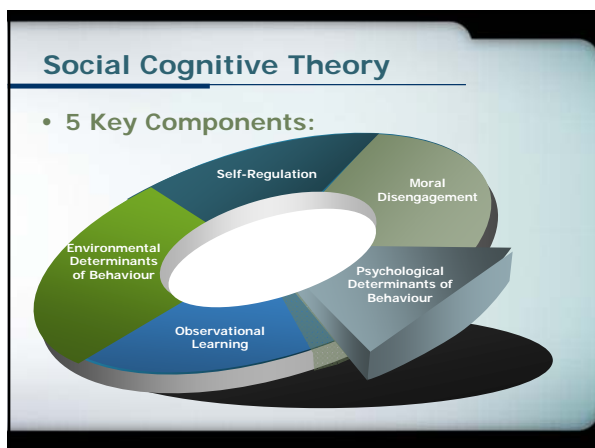
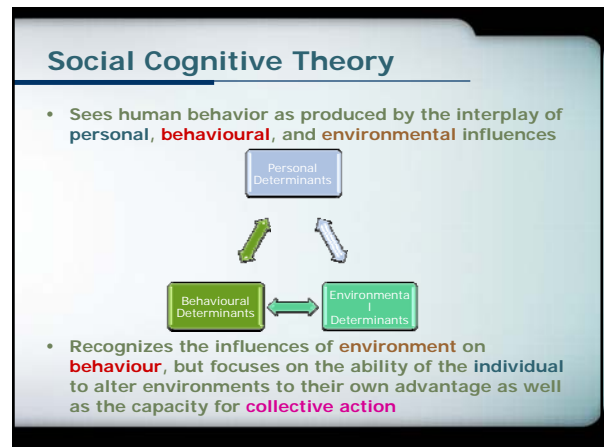




## Contents

- 1 History and Concepts of SCT
- 2 Applications to Health Promotion
- 3 Limitations and New Applications

- ## History
- Originally known as “Social Learning Theory”
    - Based on the work of Miller and Dollard in 1941 concerning learning in the social context
    - They posited that individuals who are motivated to learn a behaviour will learn it through **clear observation**
  - Renamed as “Social Cognitive Theory”
    - Integrated concepts of Cognitive Psychology
      - Focus on the importance of learning from **experience, observational learning, and symbolic communication**
  - Incorporated aspects of other disciplines
    - **Sociology and Political Science:**
      - Focus on understanding the functioning of groups and societies
    - **Humanistic Psychology:**
      - Focus on the processes that underlie self-determination and moral behaviour



- ## 1. Psychological Determinants of Behaviour
- **Outcome expectations:** beliefs about outcomes of behaviours and the perceived value of these outcomes
    - **Social outcome expectations:** expectations about how people will evaluate our behaviour
    - **Self-evaluative outcome expectations:** how we expect to feel about ourselves if we perform a particular behaviour
  - **Self-efficacy:** a person's belief about their capacity to influence events that affect their life
    - **Collective efficacy:** a group's shared belief in their capacity to influence events

## 2. Observational Learning

- Learning to perform new behaviours by exposure to modelling of that behaviour
- 4 Key Processes:

### 1. Attention

- The value of the expected outcomes determines what is attended to

### 2. Retention

- Intellectual capacity to process and retain information

### 3. Production

- Processing the skills to perform the modelled behaviour

### 4. Motivation

- Determined by outcome expectations

## 2. Observational Learning

### • Examples:

#### • Peer modelling

- More effective because the models are seen as similar to the observer



#### • Coping models

- Models struggle with similar challenges and barriers that the observer faces and overcomes these

## 3. Environmental Determinants of Behaviour

- Recognizes the powerful influence of **environment** on behaviour



- **Reciprocal determinism** viewpoint stresses that no amount of observational learning will lead to change unless the environment supports the new behaviour

## 3. Environmental Determinants of Behaviour

### • Examples:

#### • Incentive motivation

- Providing rewards or punishments to modify behaviours



#### • Facilitation

- Providing new structures or resources that enable behaviours

## 4. Self-Regulation

- Human capacity to endure **short-term negative outcomes** in anticipation of **long-term positive outcomes**



- Requires concrete skills for self-management

## 4. Self-Regulation

### • 6 Key Processes:



## 4. Moral Disengagement

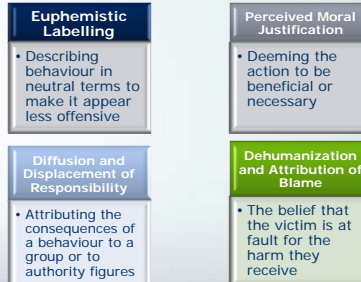
- Describes ways of thinking about harmful behaviours that make the infliction of suffering acceptable



- Humans have the capacity to learn moral standards for self-regulation, but also the capacity to violate these standards through moral disengagement

## 4. Moral Disengagement

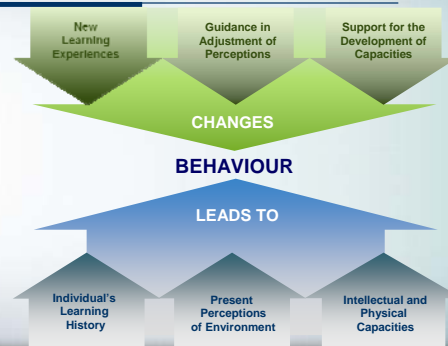
- Mechanisms of Operation:



## 4. Moral Disengagement



## Behaviour



## Self-Efficacy

- How to help people change/manage unwanted behaviours
  - Self-regulatory personal change
    - Break up challenging behaviours into smaller and easily mastered steps



- Therapist or professional provides the tools, resources, and guidance to help the individual achieve these goals AT FIRST
- Gradually, the individual learns how to self-direct his/herself toward the desired behaviour

## Methods for Increasing Self-Efficacy



## Methods for Increasing Self-Efficacy

### 1) Mastery Experience

- Enabling the person to succeed in attainable, but increasingly challenging performances of desired behaviours



- Experiencing performance mastery has the strongest influence on self-efficacy belief!

## Methods for Increasing Self-Efficacy

### 2) Social Modelling

- Showing the person that others like themselves can do it



## Methods for Increasing Self-Efficacy

### 3) Improving physical and emotional states

- Making sure people are well-rested before attempting a new behaviour



- E.g. reduce stress/depression, increase positive emotions

## Methods for Increasing Self-Efficacy

### 4) Verbal Persuasion

- Telling the person he or she can do it



## Applications to Health Promotion

- Many interventions have targeted changes in self-efficacy, along with other cognitive mediating variables
  - E.g. "North Karelia Project": peer modelling in a reality TV format
    - People in North Karelia were followed in news/public programming as they learned to quit smoking, lose or maintain weight, and control hypertension
    - Interpersonal communication networks organized to provide direct modelling and social reinforcement for new behaviours and advocacy of environmental changes (e.g. smoke-free environments, higher cigarette taxes)
    - Led to change in behaviour!
      - 70% reduction in cardiovascular disease
      - 65% reduction in lung cancer
      - 6-7 year longer life expectancy for women and men

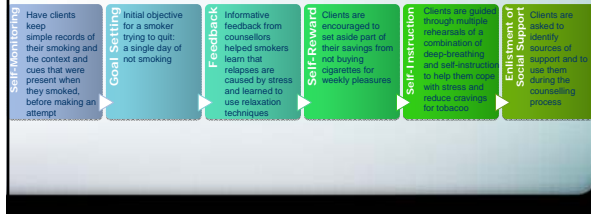
## CASE STUDY

- American Cancer Society Telephone Counselling for Smoking Cessation
  - June 2000 – American Cancer Society (ACS) offered a telephone counselling service to help smokers quit by providing guidance in self-regulation
  - More than 250,000 smokers have received assistance



## CASE STUDY

- **American Cancer Society Telephone Counselling for Smoking Cessation**
  - Six self-regulatory processes:



## Limitations of SCT

- To date, most research on SCT has been qualitative and descriptive
  - E.g. descriptive moral disengagement studies
  - **Specific measurements of the concepts, in relation to behaviour change are lacking**
- Evaluations of SCT have been lacking or incomplete
- SCT is very broad, therefore testing has not been comprehensive
  - **Self-efficacy has been validated numerous times, but this does not validate the entire theory**
- Testing has usually included multi-component strategies with single or a small number of endpoints compared to single interventions or no-treatment control groups
  - Therefore, it is difficult to decipher which strategy is responsible for the behaviour change, if any

## Future Direction

- Testing needs to involve **measurement, realization, and manipulation** of different concepts within the theory used and **replicated** with diverse behaviours and populations
  - This can show which concepts are more useful within certain interventions
    - E.g. obesity interventions may be more successful using concepts of facilitative tools, and incentive motivation as opposed to self-efficacy and outcome expectations
- Future research should include **intermediate processes** from input to **behaviour change output** in order to show explicitly that the theoretical concept used (e.g. self-efficacy) is responsible for the behaviour change output

## Future Direction

- Blending of other theories with SCT may be more useful.
  - **HBM** provides more measurement for the **outcome expectation** concept as well as including self-efficacy
  - **Ecological theories** are used frequently for **physical activity interventions**
  - **TTM** is used often in **smoking cessation and addiction studies**
- When research shifts to focus on evaluation, work based on other theories may be enhanced if concepts of SCT are then incorporated within these interventions

Thank You !