Principles and Labs for Fitness and Wellness 13th edition Hoeger Solutions Manual

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Instructor's Manual[1] for
Principles & Labs for Fitness & Wellness 13e
Chapter 2 – Behavior Modification

Objectives

2.1 Learn the effects of environment on human behavior.
2.2 Understand obstacles that hinder the ability to change behavior.
2.3 Explain the concepts of motivation and locus of control.
2.4 Identify the stages of change.
2.5 Describe the processes of change.
2.6 Explain techniques that will facilitate the process of change.
2.7 Describe the role of SMART goal setting in the process of change.
2.8 Be able to write specific objectives for behavioral change.

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Expanded Chapter Outline

I. INTRODUCTION
   A. Nearly all Americans accept that exercise is beneficial to health and see a need to incorporate it into their lives.
      1. Seventy percent of new and returning exercisers, however, are at risk for early dropout.
      2. Exercise/Exercise Drop Out Cycle (Figure 2.1)
         a. Most students understand that they should be exercising.
         b. They sign up for the course, finish the course, and stop exercising.
         c. They offer a wide array of excuses.
         d. A few months later, they realize once again that exercise is vital and repeat the cycle.
   B. The individual must first take a critical look at personal behaviors and lifestyle with an open mind to change.
   C. Living in a toxic health and fitness environment
      1. Most of the behaviors we adopt are a product of our environment.
      2. This environment includes family, friends, peers, homes, schools, workplaces, television, radio, and movies, as well as our communities, country, and culture in general.
      3. We live in a "toxic" environment when it comes to fitness and wellness.
         a. From childhood through young adulthood, we observe, we learn, we emulate, and gradually, we incorporate them into our personal lifestyle.
   D. Environmental influences on physical activity
      1. Most activities of daily living, which a few decades ago required movement or physical activity, now require almost no effort and negatively impact health, fitness, body weight, and risk for premature death.
      2. Modern-day conveniences lull us into physical inactivity.
      3. The average adult American watches television an average of 4.4 hours daily.
      4. Modern-day architecture reinforces unhealthy behaviors.

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5. Jobs do not require physical activity.
6. Walking, jogging, and bicycle trails are too sparse in most cities, further discouraging physical activity.
    i. “Traffic-calming" strategies slow traffic intentionally to make the pedestrian's role easier.
    ii. Many European communities place a high priority on walking and cycling.

E. Environmental influence on diet and nutrition
1. There is a surplus of 500 calories per day, per person, after wastage in the United States, a surplus which did not exist in the 1970s.
2. The overabundance of food increases pressure on food suppliers to advertise and try to convince consumers to buy their products.
3. Many activities of daily living in today's culture are associated with eating.
4. As a nation, we now eat out more often than in the past, portion sizes are larger, and we have an endless variety of foods to choose from.
    a. Away-from-home food accounts for at least half of all United States food expenditures
    b. Compared to home meals, restaurant and fast food meals are higher in fat and calories and lower in essential nutrients and fiber.
    c. Most restaurants are pleasurably decorated to enhance comfort, appetite, and length of stay, with the intent to entice more eating.
    d. Restaurants and groceries often appeal to our sense of thrift by using "value marketing," meaning they offer us a larger portion for only a small price increase, or free soft-drink refills.
5. Lab 2A provides you with the opportunity to determine whether you control your environment or the environment controls you.

II. VALUES AND BEHAVIOR
A. Values govern behavior as people look to conduct themselves in a manner that is conducive to living and attaining goals consistent with their beliefs and what’s important to them.
B. Core values change throughout life based on education and the environment in which people live. (See Figure 2.2.)
1. Learning and gaining a belief about a particular issue is most critical in the establishment of values.
2. Of utmost importance in the maintenance of core values is to live the principles involved to reap the benefits.

III. YOUR BRAIN AND YOUR HABITS
A. Habits are usually based on rewards.
1. The corpus striatum of the brain is activated by events that are rewarding, exciting, unexpected, and intense, as well as by the associated cues from the environment.
2. Dopamine is abundant in the corpus striatum and is involved in forming habitual responses to stimuli.

B. A change in core values overrules instant rewards as people seek long-term gratification.
C. Steps to change unwanted behaviors that have become habitual:
1. Recognize that there are biological processes that lead to behavioral habits.
2. Change values, whether through education or environmental cues.
3. Consciously prepare to eliminate the unwanted habit.
4. Repeat the new behavior under similar circumstances.
5. Prepare a response when stress triggers old bad habits.

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IV. BARRIERS TO CHANGE
- A. The most common reasons people make unhealthy choices are:
  1. Lack of core values
     a. Most people are unwilling or unable to trade convenience for health or other benefits.
     b. Tip: Educate yourself regarding the benefits of a healthy lifestyle and subscribe to several reputable health, fitness, and wellness newsletters.
  2. Procrastination
     a. "Tomorrow or sometime later will be a better time to change."
     b. Tip: Ask, "Why not change today?" and find the motivation to do so.
  3. Preconditioned cultural beliefs
     a. "I cannot change because I am merely a product of my environment."
     b. Tip: Find a like-minded partner. Finding people who are willing to "sail" with you will help overcome this barrier.
  4. Gratification
     a. "Benefits later are not worth the discomfort now. Instant good feelings outweigh any long-term satisfaction."
     b. Tip: Ask, "What happened last time when I didn't consider the consequences? Is the immediate good feeling really worth it later? Is the long-term satisfaction worth suffering discomfort for a while?"
  5. Risk complacency
     a. "If I get heart disease, I'll deal with it then. For now, let me eat, drink, and be merry."
     b. Tip: Ask, "How well do I want to live my last decades of life?"
  6. Complexity
     a. "The world is too complicated, with too much to think about. There are so many things to do to be healthy. I just can't do them all."
     b. Tip: Ask, "Can't I take them one at a time?"
  7. Indifference and helplessness
     a. "No matter what I do, my genetics will work against me."
     b. Tip: Ask, "Didn't I just read that 83 percent of the risk for disease is based on everyday decisions?"
  8. Rationalization
     a. "I'm not as bad as Joe or Sally."
     b. Tip: Ask, "Do Joe's and Sally's problems improve mine?"
  9. Illusions of invincibility
     a. "It might be a bad choice but I can handle anything that comes my way."
     b. Tip: Ask, "Will I be able to handle anything when I am older? Might it be better to maintain good health throughout life?"
- B. The sooner we implement a healthy lifestyle program, the greater will be the health benefits and quality of life that lie ahead.

V. SELF-EFFICACY
- A. The belief in one's own ability to perform a given task
  1. It exerts a powerful influence on people's behaviors and touches virtually every aspect of their lives.
  2. The knowledge and skills you possess and further develop determine your goals and what you do and choose not to do.
- B. Sources of self-efficacy
  1. Mastery experiences, or personal experiences that one has had with successes and failures, are the best contributors of self-efficacy.
  2. Vicarious experiences provided by role models or those one admires also influence personal efficacy.

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3. Verbal persuasion of one's capabilities to perform a task also contributes to self-efficacy.
4. Physiological cues that people experience when facing a challenge are the least significant source of self-efficacy.

VI. MOTIVATION AND LOCUS OF CONTROL
- A. Motivation is often the explanation given for why some people succeed and others do not.
- B. Locus of control is the extent to which individuals believe they can influence the external environment.
  1. Internal locus of control results when individuals believe they have control over events in life. These people are usually:
     a. Healthier
     b. More successful in adhering to exercise
  2. External locus of control results when individuals do not believe their behavior will alter events in life; rather, events happen by chance or for some other external reason. These people:
     a. Usually feel powerless and vulnerable
     b. Are at greater risk for illness and slower recovery from illness
  3. Few people have completely external or internal locus of control.
     a. People can develop a more internal locus of control.
     b. Understanding that genetics and environment usually control a low percentage of the potential outcome can help motivate change through a new perception of locus of control.
- C. Three major impediments to improving internal locus of control
  1. Problems with competence
     a. Lacking the skills to get a given task done leads to reduced competence.
     b. Solutions
        i. Identify and work to master the skills needed.
        ii. Select environments and activities in which skill already exists.
  2. Problems with confidence
     a. Arise when you have the skill but don't believe you can get it done and/or when the task seems insurmountable.
     b. Solutions
        i. Give the situation a fair try; put forth honest effort.
        ii. Visualize success.
        iii. Divide large or complex tasks into easier to attain subunits.
  3. Problems with motivation
     a. Individuals have both the competence and the confidence, but are unwilling to change because the reasons to change are not important to them.
     b. Solutions
        i. Gain knowledge about why a change should be contemplated.
        ii. Set goals after realizing what direction to take.
- D. When it comes to a healthy lifestyle, there may not be a second chance.
  1. A stroke, a heart attack, or cancer can have irreparable or fatal consequences.
  2. Feelings of fitness, self-esteem, confidence, health, and better quality of life are difficult to explain unless you have experienced it yourself.

VII. CHANGING BEHAVIOR
- A. The first step in addressing behavioral change is to recognize that you indeed have a problem.
  1. Five general categories of behaviors addressed in the process of willful change:
     a. Stopping a negative behavior
     b. Preventing relapse of a negative behavior
     c. Developing a positive behavior

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d. Strengthening a positive behavior
e. Maintaining a positive behavior

2. The process of change moves along a continuum from not willing to change, to recognizing the need for change, and taking action and implementing change.
3. The "do it or don't do it" approach seldom works when attempting to implement lifestyle changes.

B. Behavior change theories
1. Learning theories
   a. Most behaviors are learned and maintained under complex schedules of reinforcement and anticipated outcomes.
   b. The process involved in learning a new behavior requires modifying many small behaviors that shape the new pattern behavior.
2. Problem-solving model
   a. Many behaviors are the result of making decisions as we seek to solve the problem behavior.
   b. The process of change requires conscious attention, setting goals, and designing a specific plan of action.
3. Social cognitive theory
   a. Behavior change is influenced by the environment, self-efficacy, and characteristics of the behavior itself.
   b. Self-efficacy — believing that you can do the task
      i. Educating self about the behavior
      ii. Developing the skills to master the behavior
      iii. Performing smaller mastery experiences successfully
      iv. Receiving verbal reinforcement
      v. Observing others perform the behavior
4. Relapse prevention model
   a. People are taught to anticipate high-risk situations and develop action plans to prevent lapses and relapses.
   b. High-risk situations
      i. Negative physiological or psychological states (stress, illness)
      ii. Social pressure
      iii. Lack of support
      iv. Limited coping skills
      v. Change in work conditions
      vi. Lack of motivation, etc.
5. Humanistic theory of change
   a. People are unique in the development of goals.
   b. The present is more important than the past or future.
   c. People are motivated by basic needs (in order):
      i. Approval (acceptance)
      ii. Independence
      iii. Recognition
      iv. Achievement
      v. Fulfillment of potential
   d. The previous need must be achieved before the next is realized.
   e. Basic needs must be identified before “healthy” behaviors are considered, such as:
      i. Exercise
      ii. Stress management
      iii. Altruism

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6. Transtheoretical model
    a. The transtheoretical model illustrates six stages of change that usually occur in a successfully willed process of behavior change (Figure 2.3).
    b. Applying specific behavioral-change processes (Table 2.1) during each stage of the model increases the success rate for change.
    c. Stage 1: precontemplation
        i. Defined: the status of not considering or being unwilling to change
        ii. Deny having a problem.
            (a) People can be unaware or underaware of the problem.
            (b) The most difficult people to inspire toward behavioral change
        iii. Continued peer and environmental support are helpful.
        iv. One must address the specific objectives (supportive behaviors) required to reach the goal.
    d. Stage 2: contemplation
        i. Defined: acknowledgment that a behavior change is needed in the next six months
        ii. The pros and cons are weighed (Lab 2B).
        iii. Education and peer support are influential.
    e. Stage 3: preparation
        i. Defined: seriously considering and planning behavior change in the next month
        ii. Initial steps are taken, such as goal setting and trying the new behavior (see Figure 2.4).
        iii. Continued education and peer support are effective.
    f. Stage 4: action
        i. Defined: following the specific guidelines set forth for that behavior and requiring the greatest commitment of time and energy
        ii. Relapse is common, and may regress to a previous stage.
            (a) Reevaluating the readiness to change and identifying barriers to change and specific strategies to support behaviors are useful during relapse.
        iii. The stage is considered fully developed in six months.
    g. Stage 5: maintenance
        i. Defined: the behavior change is continued for up to five years
        ii. Reinforce the gains and strive to prevent lapses and relapse.
    h. Stage 6: termination/adoption
        i. Defined: maintaining the change for more than five years
        ii. The change is part of the individual's lifestyle.
        iii. Past obstacles do not pose a substantial relapse threat.
        iv. Ultimate goal for all people searching for a healthier lifestyle
        v. By nature, some behavior changes do not allow termination/adoption, such as alcoholism, and possibly exercise and weight control.
    i. Relapse
        i. Defined: to slip into unhealthy behavior or to regress in the stages of the transtheoretical model (Figure 2.5)
        ii. May occur at any level after the precontemplation stage

C. The process of change—applying appropriate processes at each stage of change enhances the likelihood of changing behavior permanently (Table 2.1).
    1. Consciousness-raising
        a. Defined: obtaining information to make a better decision
        b. The individual may be unaware that a behavior is a problem.
        c. May continue from the precontemplation stage through the preparation stage

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2. Social liberation
    a. Defined: stresses external alternatives that make you aware of problem behaviors and contemplate change
    b. Examples: pedestrian walks for safety, no-smoking areas, civic organizations, and self-help groups
    c. Provides opportunities to get involved, stir up emotions, and enhance self-esteem
3. Self-analysis
    a. Defined: a decisive desire to change an identified behavior
    b. Results from a pro-con listing showing benefits outweigh barriers
4. Emotional arousal
    a. Defined: experiencing and expressing feelings about the problem
    b. Results from outcome dramatizations or real-life observations of other people in similar circumstances
5. Positive outlook
    a. Defined: taking an optimistic approach to change by believing in self
    b. Results from personal experience and focusing on benefits of change
6. Commitment
    a. Defined: accepting the responsibility to change
    b. Goals and plans of action are identified.
    c. Accountability is established to reinforce the change.
7. Behavior analysis
    a. Defined: determining the frequency, circumstances, and consequences of the behavior to be altered or implemented
    b. Examples: finding out what foods consumed are high fat, logging the day to determine when uncontrolled eating occurs
8. Mindfulness
    a. Defined: being aware of thoughts and choices
    b. "Urge surfing" directs the person to notice the urge, pay attention to the way the urge feels as it builds, and then simply continue noticing it as the urge subsides.
    c. Some kind of preemptive strategy for coping with urges greatly improves an individual's chance of success for overcoming and choosing the desired behavior.
9. Goals
    a. Defined: verbalizing specific outcomes and action plans
    b. Goals motivate change in behavior.
    c. For a goal to be effective, it must be written down.
    d. Accountability to another person makes success more likely.
10. Self-reevaluation
    a. Defined: analyzing the feelings about a problem behavior
    b. Pros and cons are rewritten and feelings are analyzed.
11. Countering
    a. Defined: substituting healthy behaviors for a problem behavior
    b. Examples: Exercise instead of sedentary living, smoking, stress, or overeating
12. Monitoring
    a. Defined: record-keeping or other observation discipline to increase awareness of progress
    b. Example: counting servings from each food group increases practice to behave according to plans
    c. Studies show 2-3 times greater success when incorporating written methods.

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13. Environmental control
    a. Defined: restructuring the physical surroundings to avoid problem behavior and decrease temptations
    b. Examples: buying healthier foods, not going to tempting locations, laying out exercise clothes, setting a timer on the television
14. Helping relationships
    a. Defined: Surrounding oneself with people who encourage the change
    b. Example: joining a support group of those who care about each other and are making (or have made) the same change
15. Rewards
    a. Defined: use of positive reinforcement when goals are achieved
    b. Reward objects can be gifts or experiences.

D. Techniques of change
1. Apply any number of techniques of change within each process to help go through that specific process.
2. Table 2.2 gives selected techniques for the processes.

E. Stage of change identification
1. Lab 2B helps identify and process 2 problem behaviors in life.
2. Figure 2.6 serves as a template for identifying the stage of change for a given behavior.
3. Table 2.3 provides the coding and classification for stage of change.

F. Goal setting and evaluation
1. You cannot achieve a goal without changing behavior; behavior either facilitates or interferes with the ability to accomplish a goal.
2. SMART (Specific, Measurable, Acceptable, Realistic, and Time-specific) Goals:
    a. Specific
        i. State exactly what you would like to accomplish and write it down because an unwritten goal is simply a wish.
        ii. Example: to reduce body fat from 27 to 20 percent in 12 weeks.
        iii. Write the specific objectives that will help you help reach that goal: limit fat intake to <25 percent of total daily caloric intake.
    b. Measurable
        i. Goals and objectives should be measurable.
        ii. Example: to reduce body fat to 20 percent
    c. Acceptable
        i. Goals that you set for yourself are more motivational than goals that someone else sets for you.
        ii. Your goals should be consistent with other goals that you have and be compatible with those of the other people involved.
    d. Realistic
        i. Goals should be within reach.
        ii. Unattainable goals only set you up for failure, discouragement, and loss of interest.
        iii. Write short-term and long-term goals.
        iv. Anticipate potential difficulties and plan for ways to deal with them.
    e. Time-specific
        i. The goal should have a deadline.
        ii. Allow yourself enough time to achieve the goal, but not too much time, as this could affect your performance.
3. Goal Evaluation
    a. Periodic evaluations will allow for adjustments of the goals.
    b. Regular evaluation gives ability to modify techniques of change.

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Laboratories

Lab 2A: Exercising Control over Your Physical Activity and Nutrition Environment
Lab 2B: Behavior Modification Plan
Lab 2C: Setting SMART Goals

Student Activities

1. Transtheoretical Model Web Activity

- Assign a search for the transtheoretical model of change.
- Have the students report on what aspects of the model have been found to be successful or effective for change.
- Summarize by discussing the factors and issues that appear to determine change.

2. The Transtheoretical Model Example

- Show the Stages (Figure 2.2), Processes of Change (Table 2.1), and Sample Techniques for Use with Processes of Change (Table 2.2) simultaneously on PowerPoint.
- Give an operating example. This can be described or a "guest" can pantomime it.
- Ask the students to determine how particular processes play out within the stages.

3. College Lifestyle Change

- Ask the students how college life is different from high school life.
- What lifestyle choices are they now making differently?
- Were the changes due to contemplated decisions or otherwise?

4. Make the Goal

- Ask the students to plan change of one life aspect.
- Encourage them to write down the SMART goal.
- Have them read the goal aloud. The other students are to ask questions regarding an aspect of the goal that is not clear, deadline and measurement oriented, or realistic.

5. Make the Reward

- Ask why rewards are helpful and many times needed. Write the reasons on the board.
- Ask the students to write down activities and purchases that would qualify as rewards.
- Have them match these rewards to goals they have already set.
- Ask them whether they are now more motivated to reach for the goals.

6. Countering the Habit

- Ask each student to identify a problem habit that needs to be removed.
- Have the students brainstorm ideas of substitute healthy behaviors.
- Rather than brainstorming, skits or posters can be assigned to illustrate these responses to change.

7. Where Am I Now? (Figure 2.4)

- Ask the students to think about a lifestyle-related issue or introduce one to which they will all respond.
- In what stage and what processes of the transtheoretical model are they now engaged for this issue?
- What would move them into another stage or process?

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8. What Is the Barrier?

- Ask the students to write down something they have desired to change.
- What has been the reason for not making the change? Do the barriers relate to finances, attitudes, discipline, time, priorities, addictions, etc.?
- After identifying the barrier, what would make it feasible to attempt a change?
- Allow individuals to share their work.

9. Prioritize Time to Say "Goodbye" to Old Behavior

- The most important aspect of behavior change is to replace old behavior with the desired change, not to speed up the day to include more.
- Prioritize the next 24 or 48 hours:
  a. Prioritize the uses of your time from the most important down to the least important.
  b. Be honest and make sure eating or sleeping are not in the bottom position.
- The best chance to begin and maintain a change is to acknowledge that:
  a. The time for new behavior is more important than the time for the old behavior in the 24th or 48th hours, and
  b. You will need to say "goodbye" to the time for the old behavior.
- Is television at the bottom of your prioritized time, and is the new behavior?
  a. Then stop watching earlier in the evening, go to bed earlier, and exercise in the morning, or
  b. Arrange to do something from another part of the day during TV time so exercise can happen in that part of the day.
- If the 24th- or 48th-hour activity is less important than beginning and maintaining exercise, say "goodbye" to the old behavior.

10. Precontemplative to Contemplative

- Think of two personal life changes not previously considered.
- Ask why they have remained precontemplative. (Responses vary from obviously not feasible to “I don’t know.”)
- Some individuals will identify behavior changes that deserve further investigation.
- If so, what next step(s) should be taken to make the change?

Teaching Strategies

1. Behavior Change Cartoons

- Use popular cartoons to illustrate behavior modification.

2. Behavior Modification Progress Reports

- Give simple prospective and retrospective quizzes about behavior modification to keep the students reading and thinking.
- Put multiple choice, true-false, or short answer questions on a half-sheet of paper.
- This requires students to make a commitment to some controversial choices.
- Use the questions as an outline for topics of the day.

3. Behavior Change Audio-Visuals

- Using an interactive map program on the Internet, investigate the feasibility of walking to a community destination instead of driving there. Discuss route, safety, and time management.
- Show the locations of community parks, and exercise facilities on a PowerPoint or Internet map.
- Explore aspects of lifestyle using a questioning checklist that is accompanied by photographs.

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4. Behavior Modification Internet Searches

- Assign specific behavior change topics for students to gather internet information.
- Possible topics include: environmental influences, motivation, locus of control, barriers to change, and self-efficacy.
- Possible behavior change hypotheses include: learning theory, the Problem-Solving model, the Social Cognitive model, the Relapse Prevention model, the Humanistic Theory of Change, and the Transtheoretical model.
- Can be used for group work before or in lieu of whole class discussion.
- Respond or anticipate with questions to guide reporting of information and ensuring discussion.
- Discuss the variable value of sources when "experts" disagree with each other or with an individual's personal experience.

5. Behavior Modification Case Studies & Scenarios

- Assign behavior change case studies or scenarios to individuals, groups, or as homework to the class as a whole.
- Typical issues include: the effects of the environment on behavior, motivation, locus of control, stages of change, processes of change, process change techniques, SMART goals, and objectives for change.
- Have them follow a series of questions that guide discussion.
- With the whole class, develop the issues of the topic using threads of group discussion or individual responses.
- Investigate whether the issues "hit home" as personal problems.
- Conclude with what individuals can do now and in the future regarding the topic issues.

6. Behavior Change Guest Speaker

- Invite a motivational speaker, coach, psychiatrist, psychologist, physician, or fitness professional to address the factors of behavior change.

7. Ready-to-Print Assignment Worksheet

- Stages of Change Exercise

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Name: _____ Date: _____

Stages of Change Exercises

Step 1. For each of the following exercises, check ONE box that best describes your current situation.

#1. Five Servings of Vegetables a Day
Behavior: *Eating at least five servings of fruits and vegetables per day.*

1. No, and I do not intend to eat five servings of fruits and vegetables every day.	❑
2. No, but I intend to eat five servings of fruits and vegetables every day during the next 6 months.	❑
3. No, but I intend to eat five servings of fruits and vegetables every day during the next 30 days.	❑
4. Yes, and I have eaten five servings of fruits and vegetables every day in the past 6 months.	❑
5. Yes, and I have eaten five servings of fruits and vegetables every day for more than 6 months.	❑
6. Yes, I have always eaten five servings of fruits and vegetables every day.	❑

Stage: _____ (use the scoring scale below to determine your stage)

#2. Good Study Habits
Behavior: *Attending every class and spending an average of 6 hours per course per week outside of the class studying for each class to get a satisfactory grade.*

1. I don't intend to attend every class and spend an average of 6 hours per course per week outside of the class studying for each class to get a satisfactory grade.	❑
2. I am thinking about attending every class and spending an average of 6 hours per course per week outside of the class studying for each class to get a satisfactory grade in the next 6 months.	❑
3. I am going to buy the textbooks, prioritize my tasks so that I can attend every class, and spend an average of 6 hours per course per week outside of the class studying for each class to get a satisfactory grade in the next month.	❑
4. I have attended every class and spent an average of 6 hours per course per week outside of the class studying for each class to get a satisfactory grade in the last 6 months.	❑
5. I have attended every class and spent an average of 6 hours per course per week outside of the class studying for each class to get a satisfactory grade for more than 6 months.	❑
6. I have attended every class and spent an average of 6 hours per course per week outside of the class studying for each class to get a satisfactory grade for more than five years.	❑

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Name: _____ Date: _____

Stage: _____ (use the scoring scale below to determine your stage)

Scoring

1 = Precontemplation
2 = Contemplation
3 = Preparation
4 = Action
5 = Maintenance
6 = Termination

Step 2. Identify the characteristics of the stage from Step 1.

#1. *Five Servings of Vegetables a Day*: _____

_____

_____

_____

#2. *Good Study Habits*: _____

_____

_____

_____

Step 3. Identify the process(es) of change that may help you move to the next stage (Table 2.1).

#1. *Five Servings of Vegetables a Day*: Current Stage _____

#2. *Good Study Habits*: Current Stage _____

Step 4. Identify the strategies for change (Table 2.2).

#1. *Five Servings of Vegetables a Day*: Current Stage _____

#2. *Good Study Habits*: Current Stage _____

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Key Terms

Action stage Stage of change in the transtheoretical model in which the individual is actively changing a negative behavior or adopting a new, healthy behavior.

Behavior modification The process of permanently changing negative behaviors to positive behaviors that will lead to better health and well-being.

Contemplation stage Stage of change in the transtheoretical model in which the individual is considering changing behavior within the next six months

Goals The ultimate aims toward which effort is directed.

Lapse (v.) To slip or fall back temporarily into unhealthy behavior(s); (n.) short-term failure to maintain healthy behaviors.

Learning theories Behavioral modification perspective stating that most behaviors are learned and maintained under complex schedules of reinforcement and anticipated outcomes.

Locus of control A concept examining the extent to which a person believes he or she can influence the external environment.

Maintenance stage Stage of change in the transtheoretical model in which the individual maintains behavioral change for up to five years

Motivation The desire and will to do something.

Objectives Steps required to reach a goal.

Preparation stage Stage of change in the transtheoretical model in which the individual is getting ready to make a change within the next month.

Precontemplation stage Stage of change in the transtheoretical model in which an individual is unwilling to change behavior.

Problem solving model Behavioral modification model proposing that many behaviors are the result of making decisions as the individual seeks to solve the problem behavior.

Processes of change Actions that help you achieve change in behavior.

Relapse (v.) To slip or fall back into un-healthy behavior(s) over a longer time; (n.) longer-term failure to maintain healthy behaviors.

Relapse prevention model Behavioral modification model based on the principle that high-risk situations can be anticipated through the development of strategies to prevent lapses and relapses

Self-efficacy One's belief in the ability to perform a given task

SMART (goals) An acronym used in reference to specific, measurable, attainable, realistic, and time-specific goals.

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Social cognitive theory Behavioral modification model holding that behavior change is influenced by the environment, self-efficacy, and characteristics of the behavior itself.
Techniques of change Methods or procedures used during each process of change.

Termination/adoption stage Stage of change in the transtheoretical model in which the individual has eliminated an un-desirable behavior or maintained a positive behavior for more than five years.

Transtheoretical model Behavioral modification model proposing that change is accomplished through a series of progressive stages in keeping with a person's readiness to change.

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