

**NUTR 211 - Theories of Behavior Change
and Their Application
in Nutrition and Public Health Interventions**

FALL 2022

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I. Class Information

Details about Class and Teaching Team:

Class Meetings: Monday 9 AM – 12 PM Jaharis 118

Instructor:

Sara C. Folta, Ph.D.

sara.folta@tufts.edu; except in unforeseen circumstances, I will respond to email within 24 hours

617-636-3423 (office) – leave a message and I will respond within 24 hours

Office hours¹: By appointment

Co-Instructor:

Ana Maafs

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Teaching Assistant:

Dolapo Anyanwu

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Office hours¹: By appointment

Semester Hour Units: 3.0

Prerequisites: Graduate standing or instructor consent.

Course Description:

Welcome to this class exploring theories of behavior change. This course will be conducted in a workshop format rather than a lecture format because theories are best learned by discussion and experience. We will generally be covering [one theory per class session](#). The theories we will be covering are some of the most widely used in public health. Each week, you will read about the theory and write a memo with your thoughts about the theory as it applies to a research, program intervention, or clinical situation (you will choose this situation during the first week of classes). Examples of professional situations are available on the Canvas site. For some weeks, you may also apply the theory to a personal situation – a behavior you are trying to change yourself that ideally is NOT related to nutrition or physical activity. We will go over and start to consider personal situations in the first class session.

¹Office hours are times outside of class that you can meet with any of us on the teaching team. In this course, we don't have set blocks of time for office hours. Instead, you can schedule a time that works best for both you and the teaching team member. Office hours can be by zoom or in-person. You can use office hours to get extra help, clarification on the course content or materials, follow-up on anything in the course, or anything else that may be helpful to you.

Class sessions will generally include a small-group discussion based on the memos and other thoughts and questions about the theory, including strengths and limitations of each theory. We will also engage in activities, either as small groups or as a class, that are related to the theory. An example of these activities is creating public service announcements or other messaging based on the theory. The second to last class will include a discussion of the ethics of behavior change, and the final class will consist of student presentations based on a short paper describing your application of a theory or theories to a research project, program intervention, or clinical case, and how these theories might inform the design of your project.

In the fields of nutrition, food intake, and physical activity behavior, any attempts to design interventions aimed at changing individuals' behavior are best when based on theory. Without a theory framework, any changes in behavior of individuals or populations will be difficult to explain, and therefore will not be easily generalized to other individuals and populations. In fact, in the research community, most granting agencies will not fund studies unless they are theory-driven. To design sound program interventions and behavioral research, students need to discover what behavior theories are available, what aspects of behavior each theory attempts to explain, and how to apply theory to inform their research and intervention designs. There are larger forces at play that influence behavior, and social determinants of health are critical to keep in mind. However, this course focuses mainly on theories that explain individual behavior from a psychological perspective. The interaction between individual psychology and these larger forces may most fully explain behavior.

Course Goals:

By the end of the course, students will be able to:

- Know the fundamental features of the major theories related to health behavior change
- Understand how to apply health-related behavior theory to the student's own research, clinical cases, or evaluation-based program intervention of interest
- Know how to challenge theories and describe their strengths and limitations in relation to particular research, organizational, and clinical contexts
- Understand the ethical implications of using theory to change human behavior
- Understand the origins of the theories and their potential limitations with respect to diverse populations
- Learn how to learn new theories
- Continually question, in work and in general life, what drives people to do what they do

Texts and Materials:

Required - Glanz, Rimer and Viswanath (2015). *Health Behavior: Theory, Research and Practice, 5th Edition*. This text is available electronically through the Tufts library, at no cost: https://tufts-primo.hosted.exlibrisgroup.com/permalink/f/14dinuo/01TUN_ALMA51125045730003851

The course website, on Canvas (<https://canvas.tufts.edu>) lists all other course materials.

Academic Conduct:

Each student is responsible for upholding the highest standards of academic integrity, as specified in the Friedman School's Policies and Procedures manual (<https://nutrition.tufts.edu/documents-and-forms/2022-2023-policies-and-procedures-handbook-students-degree-programs>) and Tufts University policies (<https://students.tufts.edu/student-affairs/student-code-conduct/academic-integrity-resources>). It is the responsibility of each student to understand and comply with these standards, as violations will be sanctioned by penalties ranging from failure on an assignment and the course to dismissal from the school.

Classroom Conduct:

Attendance Policy

A major part of your learning will take place within the classroom, and this is why we expect you to attend every class, to the best of your ability barring unanticipated circumstances. If you do need to miss a class, you can still get credit for attendance if you schedule a tutorial session with Ana or Dolapo. Please note, though, that if you know ahead of time that you will likely need to miss more than two class sessions, you should strongly consider taking the course at another time. Of course, we will work with you if any unanticipated circumstances do arise during the semester.

Please contact us if you need time extensions or need to do make-up work. These will be granted for personal situations that have impacted your ability to do your work as usual. These will not be granted because you have a lot of work in other classes and haven't planned your time well. Requests for an Incomplete in the course must be made in advance, in writing, to the Academic Dean and must have prior approval, in writing, of the academic advisor and the instructor.

II. Assessment and Grading

Component	Grade percentage
A) <u>10 weekly memos</u> Short reflection papers to describe how each week's theories applies to your professional (or personal) situation	50%
B) <u>Participation in discussions</u> Contribution to on-going dialogue and collective learning (for example by thoughtful comments, active listening, asking follow-up questions)	35%
C) <u>Final paper (no more than 4 pages) and presentation</u> A formal final memo describing the theory(ies) that you consider best apply to your professional situation. In the last class, you will have 3-5 minutes to present their memos for the class.	15%

A) Class memos (weeks 2 to 12):

We believe that learning is best undertaken as a continuous dialogue, not as a one-way flow of information. To begin that dialogue, **you will be required to write a short reflection paper, or memo, that helps you explore how the ideas covered in the readings influence your thinking about your own specific research project, program intervention, organization's, or clinical situation.** (You do not need to have a behavior or situation ready for the first class; we will discuss this further then).

Another purpose of the weekly memos is to address the course objective of helping you to learn how to learn theory. With the reading/memo structure, you will be teaching yourself theory with “training wheels.” That is, we have cultivated the reading list and will provide plenty of feedback. By the end of the semester, you will have a good sense of where to start with the literature if you need to teach yourself a new theory, and you will have the skills to navigate that literature. The objective is that, as you go forth with your careers, you will never meet a theory that you can't figure out for yourself!

The reflection paper or memo can be short— around one to three pages is appropriate. It should be informal but thoughtful. These will be the primary writing assignments you will have for the entire course; there will be no lengthy papers and no exam. However, because of that, these weekly writings will be very important.

In the memos, please describe how you would apply the week's theory to your professional situation. You can assume that you have already done some background work and have a good sense of the thoughts and beliefs of your target audience, whether that is an individual or a group. **Walk through the theory's constructs:**

- What does your case or group think or believe for each of the constructs? For groups, you can assume that there are some general common beliefs.
- Based on this analysis, does the theory *explain* what they are currently doing?
- How would you *intervene* to change the constructs and therefore the behavior?
- Finally, what do *you* think about this theory? You might consider the following prompts:
 - What struck me the most about the theory as I was doing the readings was...
 - The part of this theory that made the most sense to me was...
 - The part of this theory that was most confusing was..
 - The part of this theory that I most take issue with is...

As you apply and discuss the theory, you should demonstrate that you have done the readings – the main readings and the selected reading. This means that in your memo, you demonstrated how different sections of the readings might have influenced the ideas that you shared. Please note, though, that you do NOT have to formally cite any of the readings in your memos. You can informally refer to them (“...it made the point in the Glanz chapter...”).

For up to four memos, you may apply the theory to your personal situation instead of your professional situation. You may feel that the theory is more relevant to your personal situation,

or you may just need a change of pace from your professional situation. **Your final memo will be based on your professional situation, however.**

Pass week

For Week 2 through Week 12, you will submit the memo by the Saturday prior to class at 5 PM. Memos may be submitted any time prior to this deadline. This would make 11 memos total.

After Memo #3 on Self-Efficacy, you may choose any week as a “pass” week. During the pass week, you may forego submitting a memo.² You must let the instructors know prior to the deadline that you are using your pass week. If you choose to complete all 11 memos, you will receive extra credit.

Grading criteria for memos:

Components	Expected Level of Competence (“check-plus”)	Moving Towards Expected Level of Competence (“check”)	Below Expected Level of Competence (“check-minus”)
Style guidelines	Writing is clear and succinct. Demonstrates care in writing, which may be informal, but thoughtful. The memo has a smooth flow of ideas and is well organized and logical.	Writing lacks clarity in some places. Flow of ideas could use some improvement.	Writing lacks clarity throughout. Flow of ideas is rough. Memo is disorganized.
Demonstrates careful reading & inquiry into subject	Demonstrates serious contemplation of the readings and provides evidence of having completed <i>all</i> the readings (required and selected). Uses ideas from the readings (for example, from the methodology, discussion or results) to reflect on the theory’s application to professional (or personal) situation. Shows original thought that goes beyond the obvious.	Demonstrates reading was completed but relies primarily on summary rather than integration of information. Ideas and application rely on main text (i.e., Glanz), and other readings not appropriately or insufficiently incorporated.	Reading assignment scanned, but not read carefully or gives little indication that readings were completed.
Application of theory to professional (or personal) situation	Articulates strengths and limitations of theory’s application to professional (or personal) context. Elaborates statements with accurate explanations, reasons, or evidence.	Provides general discussion of theory’s application but with little evidence or explanation. Examples to support points are not well integrated or not effective.	Missing or limited theory application. Little evidence used to support points or evidence is out of context.

²Other than not needing to submit a memo, pass week is whatever you want to make of it. You will still be expected to attend class, but you will not be expected to contribute to the discussion. Some students may choose to take it as a full pass week and won’t look at the material at all. Other students may do all the readings, they just won’t submit a memo. You could also choose to do anything in between, for example just watching the mini-lecture on Canvas, skimming the readings but not reading them carefully, or just reading the Glanz chapter, for example. It is up to you as to how you want to use your pass week.

B) Class attendance and participation in discussions:

The class will be in a workshop format, with an emphasis on discussion and experiential learning activities. Because of this, a significant portion of your grade will be based on participation.

Why is there so much emphasis on discussion and participation in this course?

- The discussion and activities are designed to help you gain a better understanding of the theories – we want you to come away with a living, breathing appreciation for them.
- You all engage in health behaviors (or sometimes don't!), and have all experienced the joys and frustrations of others' behavioral decisions, either professionally and/or with family and friends. Therefore you are all experts on behavior and have a tremendous amount to learn from each other. Within the class there will be both commonalities and diverse perspectives – these will enrich your learning and understanding of behavioral theory. In interacting with others, you will learn to identify and confront your own assumptions.
- Many of the professional situations that you will encounter in your future work will not offer easy solutions. The class will afford you practice in exploring ambiguity and complexity in a “safe” situation, as you discuss your hypothetical professional situations.
- It helps you further develop your communications skills.

This may be worrying for some of you. However, we want to stress how important it is to have your voice (and all voices) in the discussion. It doesn't matter if you don't have much professional experience, because you bring a lifetime of experience. It doesn't matter if you are not entirely facile with English, because the insights you bring about these theories and culture is critical. If you are an introvert and need to take time to think through your response, you can and should take it. Each of you has something critical to offer in our collective learning. The goal of learning behavioral theory is for you to become change agents in public health, whether you are working at the individual, group, or population level. So our goal is for you to have your voice, learn what you most need to learn, and learn in a way that will change and challenge how you think. That will not happen if we are a merely depositors of knowledge.

Grading criteria for participation:

The class will be divided into smaller discussion groups, and you will meet with your group on the first day of class. Together you will develop the criteria for participation (with some guidance and input from the instructors). Some suggestions:

- Contributed to discussion at least once per class
- Listened actively to others
- If disagreed, did so respectfully
- Did not dominate the discussion
- Asked all genuine questions, even if they seemed simple or obvious

C) Final Paper and Presentation:

For the last day of the class, a final memo (no more than 4 pages) is due, describing the theory or theories that you are considering applying to your research project, program intervention, or clinical case, and how these theories might inform the design of your project or case (complete with citations and references). This is due at 5 PM on the Sunday before the final class (so **Sunday 11 December at 5 PM**). In addition, during the last class each of you will spend 3-5 minutes summarizing the memo for the class.

Grading criteria for final memo and presentation:

Components	Expected Level of Competence (14-15 points)	Moving Towards Expected Level of Competence (12-13 points)	Below Expected Level of Competence (12 points or less)
Final Memo			
Style guidelines: formally written and with citations/references	Writing is clear and succinct. The memo has a smooth flow of ideas and is well organized and logical. The final memo is formally written with appropriate use of references and citations.	Writing lacks clarity in some places. Flow of ideas could use some improvement. Language is partially informal. References are included but no citations.	Writing lacks clarity throughout. Flow of ideas is rough. Memo is not well organized. Language is informal, references and citations are missing. Cites class videos and not readings/references.
Relevant background information	Provides appropriate background to the behavioral issue, including some (brief) statistics to contextualize it.	Provides insufficient or irrelevant background information about the professional situation.	Does not include background information to provide context for the behavioral situation.
Rationale for choice of theory(ies)	Provides a clear and compelling rationale for choice of theory(ies). Uses parsimony when choosing multiple theories.	Rationale for choice of theory is unclear or incomplete. Uses multiple theories when one or two would have sufficed.	Besides mentioning the theory(ies) chosen, there is no mention of why it/they was/were chosen. Chooses more theories than necessary; does not integrate them well.
Plan: Description of feasible strategies	Provides examples of specific and appropriate strategies for intervention or treatment plan based on theories chosen, and is able to synthesize what was learned over the semester into an integrated plan. Demonstrates considerations related to how realistic the intervention is, as well as some brief thoughts about resources needed to implement and evaluate it.	The description of strategies for intervention or treatment plan is very general and/or it is unclear how it relates to the chosen theory(ies). Considerations about how realistic the intervention is could improve or fail to acknowledge key elements or resources that might affect feasibility, implementation and/or evaluation.	Does not provide examples of specific strategies that are part of the intervention or plan; or there is a mismatch between those strategies and the theory(ies) chosen. There is no mention of considerations about how feasible and realistic the intervention might be, nor how it could be evaluated.
Final presentation			
Recap and background of professional situation	Includes a very brief mention of background information and description of the professional situation.	Background information and description of professional situation is inadequate, either because it was insufficient or there might have been too many details.	There is no mention of background information in relation to the professional situation.

Components	Expected Level of Competence (14-15 points)	Moving Towards Expected Level of Competence (12-13 points)	Below Expected Level of Competence (12 points or less)
Chosen theory(ies) and rationale	Mention of theory(ies) chosen for intervention and plan, with a clear, compelling and concise rationale about why the theory(ies) was/were chosen.	The chosen theory(ies) is/are mentioned, but the rationale for choosing it/them is unclear, incomplete or fails to explain why it/they is/are a good fit for the professional situation and intervention.	The theory(ies) chosen are mentioned, but there is no rationale about why it/they was/were chosen.
Brief description of plan or intervention	Briefly describes the main elements of the plan or intervention. The description is appropriate and reflective of the chosen theory(ies).	Describes the main elements of the plan or intervention in an unclear manner. It is not clear how the chosen theory(ies) influenced the plan or intervention.	There is a brief mention of the plan or intervention, but with no mention or reference to the chosen theory(ies).
Timing and preparation	The time requirement is met/ Shows clear preparation, organization, and flow of information.	The presentation is slightly shorter or longer than the required time. There are areas of opportunity to improve in terms of preparation, organization and flow of information; for example, some sections were clearly practiced, but other felt rushed or required too much time.	The presentation is considerably shorter or longer than the required time. It seems there was no preparation for the presentation. Content seems disorganized and flow of information is not easy to follow.

This year, as an experiment, we are offering an **alternative assignment to the final memo**. You would choose a theory that we did not cover in class and identify readings about the theory. In the memo, you would briefly summarize the theory and then apply it to your professional situation similarly to the regular weekly memos. Instructions for this alternative assignment are available on Canvas.

Instruction for Submission of Assignments:

Please see the Course Schedule below and the course website for a list of assignments and due dates. Students who are unable to complete a memo on time should notify the teaching team by email prior to the deadline. If the memo is submitted past the deadline, the teaching team may not be able to read it and provide feedback prior to class.

III. Additional Information

Diversity Statements:

Instruction Team

We believe that the diversity of student experiences and perspectives is essential to the deepening of knowledge in this course. We consider it part of our responsibility as instructors to address the learning needs of all of the students in this course. We will present materials that are respectful of diversity: race, color, ethnicity, gender, age, disability, religious beliefs, political preference,

sexual orientation, gender identity, socioeconomic status, citizenship, language, or national origin among other personal characteristics.

Assignments are due weekly. If this will present a conflict with your religious observances at any point, please let us know as soon as possible so that we can work together to make arrangements.

We welcome any suggestions that you have about other ways to include the value of diversity in NUTR 211.

Sara

Diversity, inclusion, and equity are values that I deeply hold. In my role as Associate Dean for Diversity and Inclusion at Friedman, I have heard feedback from students about upsetting experiences in the classroom. Hearing these always makes me realize how difficult it is to live up to these ideals, even when one is philosophically on board. I want to assure students that I *am* philosophically on board, but I am also human and come with my own set of experiences, beliefs, and prejudices. I work hard to challenge these within myself, but like any human being I am a work in progress, and it is often only through being challenged from the outside that meaningful change can happen within. I strongly adhere to the "growth mindset" and hope that all of us, myself included, will take opportunities to learn from our mistakes. It is my hope that unsettling comments that may be insensitive to differences and lived experiences will be openly addressed in my classroom, without labelling, which takes an absolute, "fixed" stance. I hope that everyone in the classroom, myself most notably included given my leadership position, will be open to learning and change through honest dialogue and deep respect for the experiences of others.

Ana

For me, respect for diversity and inclusion mean acknowledging and embracing the different backgrounds and experiences of others. While this is very important to me, it continues to be a learning process, in which I question my own biases, experiences and actions. As a graduate international student in the US my experiences in the classroom have been very different from what I was used to in my home country. This has made me increasingly aware of the different roles that an individual has, depending on the setting or place in which we are, as those roles are not absolute. I am committed to continuously work on questioning myself, reflecting on the roles I play and how my actions impact those around me. In particular, for this class, I hope to actively listen to others, embrace the richness that comes from diversity, and actively promote inclusion and equity, so that everyone's needs are met.

Dolapo

We tend to assume that the burdens of social justice, inclusion and diversity are one directional. However, in my experience as a member of the minority group, I realize that we all have a role to play. Everyone, irrespective of race, class, religion, or philosophical persuasion, needs to have their inner searchlight on at all times to identify ways that they have or might have made others around them to feel under-valued and excluded. I commit to keeping this searchlight on in myself and I invite you to do so as well.

Accommodation of Disabilities:

Tufts University is committed to providing equal access and support to all students through the provision of reasonable accommodations so that each student may access their curricula and achieve their personal and academic potential. If you have a disability that requires reasonable accommodations, please contact the Friedman School Assistant Dean of Student Affairs at 617-636-6719 to make arrangements for determination of appropriate accommodations. Please be aware that accommodations cannot be enacted retroactively, making timeliness a critical aspect for their provision.

Mental Health Resources for Students:

We recognize that we are still in stressful times. We want all students to be well and whole. If you are experiencing any mental health issues, the following resources are available to you at Tufts:

TalkOne2One: 1-800-756-3124 (you can also find this number on the back of your Tufts ID)

Wellness Advising: Email [Sharon Snaggs](#) or call 617-636-2700

Tufts University Chaplaincy: 617-627-3427

Online Contingency:

This course will be delivered in the classroom. To participate remotely on a regular basis, you must have approval of the Assistant Dean for Student Affairs. If you are ill, please do NOT come to campus – contact someone on the teaching team and let us know you would like to participate by Zoom. If you need to participate remotely for a particular class session, please let us know in advance.

Class may be offered by Zoom on days when the Boston campus is closed due to weather, a surge in infectious disease, or other issues. Students should expect to be notified by email in the event that class is cancelled and will be provided with the Zoom link for any remote class sessions. Also, any relevant course slides or materials will be made available on Canvas.

IV. Course & Assignment Schedule

This schedule is subject to modification at the instructor's discretion. Please refer to the Canvas site for the very latest information on readings and assignments.

Date	Topic and Class Notes	Assignments Due
September 12, 2022	<u>What is "Theory"? Why do we need it? Usefulness of Theory</u>	Define professional and personal situations
September 19, 2022	<u>Health Belief Model</u>	Memo #1 due by Saturday 9/17 at 5pm EST
September 26, 2022	<u>Theory of Reasoned Action/Theory of Planned Behavior</u>	Memo #2 due by Saturday 9/24 at 5pm EST
October 3, 2022	<u>Self-efficacy</u>	Memo #3 due by Saturday 10/1 at 5pm EST
October 10, 2022	NO CLASS – Indigenous People's Day	
October 17, 2022	<u>Trans-Theoretical Model/Stages of Change</u>	Memo #4 due by Saturday 10/15 at 5pm EST
October 24, 2022	<u>Self Determination Theory and Motivational Interviewing</u>	Memo #5 due by Saturday 10/22 at 5pm EST
October 31 st , 2022	<u>Social Cognitive Theory</u>	Memo #6 due by Saturday 10/29 at 5pm EST
November 7, 2022	<u>Social Support/Social Networks, Diffusion of Innovations</u>	Memo #7 due by Saturday 11/5 5pm EST
November 14, 2022	<u>Dual-Process Models</u>	Memo #8 due by Saturday 11/12 at 5pm EST
November 21, 2022	<u>Behavioral Economics</u>	Memo #9 due by Saturday 11/19 at 5pm EST
November 28, 2022	<u>Eco-Social Models</u>	Memo #10 due by Saturday 11/26 at 5pm EST
December 5, 2022	<u>Ethics of Behavior Change</u>	Memo #11 due by Saturday 12/03 at 5pm EST
December 12, 2022	<u>Student Presentations</u>	Final paper due by Sunday 12/11 at 5pm EST

V. Weekly Readings and Learning Objectives

Week 1: What is “Theory”? Why do we need it?

September 12th, 2022

Learning Objectives: Upon completion of this class, students will be able to:

- Explain the concept of a behavioral theory and how theory can inform research and practice
- Explain what a construct is
- Discuss some limitations of behavioral theory in terms of race, class, culture, and ethics

Required Readings:

Dweck CS (2007). *Mindset: The New Psychology of Success*. New York, NY: Ballantine Books. Chapter 2: Inside the Mindsets.

Glanz K, Rimer BK and Viswanath K (2015). *Health Behavior: Theory, Research and Practice* (5th edition). San Francisco: Jossey-Bass. Chapter 2.

ten Have M, van der Heide A, Mackenback JP, de Beaufort ID (2013). An ethical framework for the prevention of overweight and obesity: A tool for thinking through a programme’s ethical aspects. *Eur J Publ Health* 23(2):299-305.

Airhihenbuwa CO, Ford CL, and Iwelunmor JI. (2014) Why culture matters in health interventions: Lessons from HIV/AIDS stigma and NCDs. *Health Education & Behavior* 41(1) 78–84.

Week 2: Health Belief Model

September 19th, 2022

Learning Objectives: Upon completion of this class, students will be able to:

- Explain the concepts of perceived severity, perceived susceptibility, barriers, benefits
- List examples of cues to action
- Discuss the strengths and weaknesses of the HBM
- Describe key concepts related to construct measurement and validation

Required Readings (all students must read these):

Glanz K, Rimer BK and Viswanath K, editors (2015). Health Behavior: Theory, Research and Practice (5th edition). San Francisco: Jossey-Bass. Chapter 5: The Health Belief Model.

Champion VL (1984). Instrument development for health belief model constructs. *Adv Nurs Sci* 6(3):73-85.

Selected Readings (choose one of the following):

Ekundayò O, Kosoko-Lasaki O, Smith JM, Hayashi GI, Sanders R, Issaka A and Stone JR. (2020) Neighborhood characteristics and effects on physical activity in an urban minority community – application of Health Belief Model to findings from Creighton University Center for Promoting Health and Health Equity (CPHHE-REACH) initiative, *International Journal of Health Promotion and Education* 58:4, 199-222.

Jeong JY, Ham S. (2018) Application of the Health Belief Model to customers' use of menu labels in restaurants. *Appetite* Apr 1;123:208-215.

Keshani P, Kaveh MH, Faghih S, Salehi M. (2019) Improving diet quality among adolescents, using Health Belief Model in a collaborative learning context: A randomized field trial study. *Health Education Research* 34(3):279–288.

McArthur LH, Riggs A, Uribe, Spaulding TJ. (2018) Health Belief Model offers opportunities for designing weight management interventions for college students. *Nutr Educ Behav* 50:485–493.

Sharifikia I, Rohani C, Estebsari F, Matbouei M, Salmani F and Hossein-Nejad A. (2019) Health Belief Model-based Intervention on Women's Knowledge and Perceived Beliefs about Warning Signs of Cancer, *Asia Pac J Oncol Nurs* 6:431-439.

Assignments for this week:

Memo #1, due Saturday September 17th, 2022 at 5:00 pm EST ([Grading criteria for memo](#))

Week 3: Theory of Reasoned Action/Theory of Planned Behavior

September 26th, 2022

Learning Objectives:

- Understand what expectancy-value theory is
- Understand the TRA/TPB constructs and the relationships among them
- Understand how to apply TRA/TPB to clinical and research situations
- Discuss the limitations of the TRA/TPB
- Compare and contrast the TRA/TPB with the HBM

Required Reading (all students must read these):

Glanz K, Rimer BK and Viswanath K (2015). Health Behavior: Theory, Research and Practice (5th edition). San Francisco: Jossey-Bass. Chapter 6: The Theory of Reasoned Action, Theory of Planned Behavior, and the Integrated Behavioral Model.

Branscum P and Fairchild G (2019). Differences in determinants of aerobic and muscle strengthening physical activity among college students: a reasoned action approach. *Journal of Sports Sciences*, 37(1):90-99.

Selected Readings (choose one of the following):

Canova L, Bobbio A, Manganelli AM. (2020) Predicting fruit consumption: A multi-group application of the Theory of Planned Behavior. *Appetite*, 145:DOI: [10.1016/j.appet.2019.104490](https://doi.org/10.1016/j.appet.2019.104490)

Emerson JA, Dunsiger S, Lee HH, Kahler CW, Bock B, Williams DM. (2022) Daily instrumental and affective attitudes about exercise: An ecological momentary assessment study. *Ann Behav Med* 2022 Jul 12;56(7):726-736.

Harrington MR, Ickes M, Bradley K, Noland M. (2020) The Theory of Planned Behavior and the USDA Summer Food Service Program. *J Nutr Educ Behav* 52(10):944-951.

Jung SE, Shin YH, Kim S, Hermann J, Crystal Bice C. (2017). Identifying underlying beliefs about fruit and vegetable consumption among low-income older adults: An elicitation study based on the Theory of Planned Behavior. *Nutr Educ Behav* 49:717-723.

Lorenzo-Blanco EI, Schwartz SJ, Unger JB, Zamboanga BL, Des Rosiers SE, Baezconde-Garbanati L, Huang S, Villamar JA, Soto D and Pattarroyo M. (2016) Alcohol Use among Recent Immigrant Latino/a Youth: Acculturation, Gender, and the Theory of Reasoned Action, *Ethn Health* 21(6): 609–627.

Rahimdel T, Morowatisharifabad MA, Salehi-Abargouei A, Mirzaei M, Fallahzadeh H. (2019). Evaluation of an education program based on the Theory of Planned Behavior for salt intake in individuals at risk of hypertension. *Health Education Research* 34(3):268-278.

Assignments for this week:

Memo #2, due Saturday September 24th, 2022 at 5:00 pm EST ([Grading criteria for memo](#))

Week 4: Self-Efficacy

October 3rd, 2022

Learning Objectives: Upon completion of this class, students will be able to:

- Describe different methods of increasing self-efficacy
- Distinguish self-efficacy from self esteem or self confidence
- Examine the confluence of outcome expectations and self-efficacy in predicting behavior

Required Readings (all students must read these):

Strecher VJ, DeVellis B, Becker MH, Rosenstock IM (1986). The role of self-efficacy in achieving health behavior change. *Health Education Quarterly*, 13(1):73-91.

Bandura A. (1992). Exercise of personal agency through the self-efficacy mechanism. In: Schwarzer R (ed). *Self-Efficacy: Thought Control of Action*. Washington, Hemisphere, pp 3-38.

Selected Readings (choose one of the following):

Anderson ES, Winett RA and Wojcik JR (2000). Social-cognitive determinants of nutrition behavior among supermarket food shoppers: a structural equation analysis. *Health Psychology*, 19(5):479-86.

Burke NJ, Bird JA, PhD, Clark MA, Rakowski W, Guerra C, Barker JC, and Pasick RJ. (2009) Social and Cultural Meanings of Self-Efficacy. *Health Educ Behav*. 36(5 Suppl): 111S–128S.

Hernández R, Ruggiero L, Prohaska TR, Chávez N, Boughton SW, Peacock N, Zhao W and Nouwen A. (2016) A Cross-sectional Study of Depressive Symptoms and Diabetes Self-Care in African Americans and Hispanics/Latinos with Diabetes: The Role of Self-efficacy, *Diabetes Educ*. 42(4): 452–461.

Lu J, Zeng X, Liao J, Zhang Y, Yang L, Li Y and Lv J. (2017) Effectiveness of an Intervention to Promote Self-Efficacy on Quality of Life of Patients with Nasopharyngeal Carcinoma of the Zhuang Tribe Minority in Guangxi, China: A Prospective Study, *Med Sci Monit*, 23: 4077-4086.

Wang Y and Willis E (2018). Supporting self-efficacy through interactive discussion in online communities of weight loss. *Journal of Health Psychology*, 23(10) 1309–1320.

Warner LM, Wolff JK, Spuling SM and Wurm S. (2019) Perceived somatic and affective barriers for self-efficacy and physical activity. *Journal of Health Psychology* 24(13) 1850–1862.

Assignments for this week:

Memo #3, due Saturday October 1st, 2022 at 5:00 pm EST ([Grading criteria for memo](#))

Week 5: Transtheoretical Model/Stages of Change

October 17th, 2022

Learning Objectives: Upon completion of this class, students will be able to:

- Describe the different stages of change
- Describe the processes of change
- Describe how identifying stages can be used for intervention targeting
- Explain the non-linear nature of progression through the stages

Required Readings (all students must read these):

Glanz K, Rimer BK and Viswanath K, editors. (2015) *Health Behavior: Theory, Research and Practice* (5th edition). San Francisco: Jossey-Bass. Chapter 7: The Transtheoretical Model and Stages of Change.

Kristal AR, Glanz K, Curry SJ, Patterson RE. (1999) How can stages of change be best used in dietary interventions? *J Am Diet Assoc* 99(6):679-684.

Selected Readings (choose one of the following):

Carvalho MCR, Menezes MC, Toral N, Lopes ACS. (2021) Effect of a Transtheoretical Model-based intervention on fruit and vegetable intake according to perception of intake adequacy: A randomized controlled community trial. *Appetite*.161:105159.

Chen H, Wang Y, Liu C, Lu H, Liu N, Yu F, Wan Q, Chen J, Shang S. (2020) Benefits of a transtheoretical model-based program on exercise adherence in older adults with knee osteoarthritis: A cluster randomized controlled trial. *J Adv Nurs*;76:1765–1779.

Di Noia J, Contento IR, Prochaska JO. (2008). Computer-Mediated Intervention Tailored on Transtheoretical Model Stages and Processes of Change Increases Fruit and Vegetable Consumption Among Urban African-American Adolescents. *Am J Health Promot*, 22(5): 336–341.

Lee D, Young SJ. (2018) Investigating the effects of behavioral change, social support, and self-efficacy in physical activity in a collectivistic culture: Application of Stages of Motivational Readiness for Change in Korean young adults. *Preventive Medicine Reports*, 10:204–209.

Nigg CR, Geller KS, Motl RW, Horwath CC, Wertin KK, Dishman RK (2011). A research agenda to examine the efficacy and relevance of the Transtheoretical Model for physical activity behavior. *Psychol Sport Exerc*, 12:7-12.

Assignments for this week:

Memo #4, due Saturday October 15th, 2022 at 5:00 pm EST ([Grading criteria for memo](#))

Week 6: Self Determination Theory and Motivational Interviewing

October 24th, 2022

Learning Objectives: Upon completion of this class, students will be able to:

- Understand different levels of internalization of motivation and the influence of external rewards on behavior
- Understand the basic principles of motivational interviewing
- Describe the relationship between the SDT and MI

Required Readings (all students must read these):

Ryan RM and Deci EL (2000). Self-Determination Theory and the facilitation of intrinsic motivation, social development, and well-being. *Am Psychologist* 55(1):68-78.

Miller WR and Rollnick S (2013). *Motivational Interviewing*. New York: Guildford Press. Chapters 1-3.

Vansteenkiste M and Shelton KM (2006). There's nothing more practical than a good theory: Integrating motivational interviewing and SDT. *Br J Clin Psychol* 45:63-82.

Selected Readings (choose one of the following):

Bernhart JA, Wilcox S, Decker L, Ehlers DK, McKeever BW, O'Neill JR. (2020) "It's having something that you've done it for": Applying Self-Determination Theory to participants' motivations in a for-cause physical activity event. *J Health Psychol*
<https://doi.org/10.1177/1359105320947811>

Cormack J, Rowell K, Postavaru G-I. (2020) Self-Determination Theory as a theoretical framework for a responsive approach to child feeding. *J Nutr Educ Behav* 52(6):646–651.

Gorin A, Powers TA, Gettens K, Cornelius T, Koestner R, Mobley A, Pescatello L, Huedo-Medina TB. (2020) A randomized controlled trial of a theory-based weight-loss program for couples. *Healthy Psychology* 39(2), 137–146.

Guertin C, Barbeau K, Pelletier L. (2020) Examining fat talk and self-compassion as distinct motivational processes in women's eating regulation: A self-determination theory perspective. *J Health Psychol* 25(12):1965-1977.

Gust, C. J., & Bryan, A. D. (2021). Impact of videos targeting intrinsic versus extrinsic motivation on exercise experience and effort. *International Journal of Sport and Exercise Psychology*. <https://doi.org/10.1080/1612197X.2021.2003419>

Kerner C and Goodyear VA. (2017). The motivational impact of wearable healthy lifestyle technologies: A self-determination perspective on Fitbits with adolescents. *American Journal of Health Education* DOI: 10.1080/19325037.2017.1343161

Miller LS, Gramzow RH. (2016). A self-determination theory and motivational interviewing intervention to decrease racial/ethnic disparities in physical activity: rationale and design, *BMC Public Health*, 16:768.

Rodrigues F, Macedo R. (2021) Exercise Promotion: Reviewing the Importance of Health Professionals' Interpersonal Behaviors on Exercisers' Basic Psychological Needs. *Percept Mot Skills* 128(2):800-812.

Smith M, Reifsteck E and Gill D. Moving into an active future: Supporting lifetime physical activity for student-athletes. *ACSM's Health and Fitness Journal* July/August 2018.

Assignments for this week:

Memo #5, due Saturday October 22nd, 2022 at 5:00 pm EST ([Grading criteria for memo](#))

Week 7: Social Cognitive Theory

October 31st, 2022

Learning Objectives: Upon completion of this class, students will be able to:

- Understand the basics of inter-personal behavioral theory and the influence of the immediate environment on behavior
- Apply the concepts of observational learning *and* reciprocal determinism
- Describe the place of self-efficacy in the SCT

Required Readings (all students must read this):

Glanz K, Rimer BK and Viswanath K, editors (2015). *Health Behavior: Theory, Research and Practice* (5th edition). San Francisco: Jossey-Bass. Chapter 9: How Individuals, Environments, and Health Behaviors Interact: Social Cognitive Theory.

Selected Readings (choose one of the following):

Anton S, Das SK, McLaren C, Roberts SB. (2021) Application of social cognitive theory in weight management: Time for a biological component? *Obesity* 29(12):1982-1986.

Bandura A (1986). *Social Foundations of Thought and Action*. Englewood Cliffs, NJ: Prentice Hall. Chapters 1 (Human nature and causality, pp. 1-46) & 7 (Vicarious motivators, pp. 283-334).

Estradé M, Trude ACB, Pardilla M, Jock BWI, Swartz J, Gittelsohn J. (2021) Sociodemographic and Psychosocial Factors Associated With Diet Quality in 6 Rural Native American Communities. *J Nutr Educ Behav* 53(1):10-19. doi: 10.1016/j.jneb.2020.05.001.

Joseph RP, Pekmezi DW, Lewis T, Dutton G, Turner LW, Durant NH. (2013). Physical Activity and Social Cognitive Theory Outcomes of an Internet-Enhanced Physical Activity Intervention for African American Female College Students, *J Health Dispar Res Pract*; 6(2): 1–18.

Larsen B, Dunsiger SI, Pekmezi D, Linke S, Hartman SJ, Marcus, BH. (2021). Psychosocial mediators of physical activity change in a web-based intervention for Latinas. *Health Psychology* 40(1), 21–29. <https://doi.org/10.1037/hea0001041>

Linnell JD, Zidenberg-Cherr S, Briggs M, Scherr RE, Brian KM, Hillhouse C, Smith MH. (2016) Using a systematic approach and theoretical framework to design a curriculum for the Shaping Healthy Choices Program. *J Nutr Educ Behav* 48(1):60-69.

Morgan PJ, Scott HA, Young MD, Plotnikoff RC, Collins CE, Callister R. (2014) Associations between program outcomes and adherence to social cognitive theory tasks: process evaluation of the SHED-IT community weight loss trial for men. *Int J Behav Nutr Phys Act* 11(1):89.

Silveira SL, Richardson EV, Motl RW. (2020) Social cognitive theory as a guide for exercise engagement in persons with multiple sclerosis who use wheelchairs for mobility. *Health Education Research* 35(4):270-282.

Assignments for this week:

Memo #6, due Saturday October 29th, 2022 at 5:00 pm EST ([Grading criteria for memo](#))

Week 8: Social Support/Social Networks, Diffusion of Innovations

November 7th, 2022

Learning Objectives: Upon completion of this class, students will be able to:

- Enumerate the attributes of an innovation that make it more likely to diffuse
- Explain the mechanisms through which social support may influence individual behavior
- Introduce the role of social network characteristics in determining social support, diffusion of behaviors and norms, and social capital

Required Readings (all students must read these):

Glanz K, Rimer BK and Viswanath K, editors. (2015) *Health Behavior: Theory, Research and Practice* (5th edition). San Francisco: Jossey-Bass. Chapter 10: Social Support and Health; and Chapter 11: Social Networks and Health Behavior.

Rogers EM (2003). *Diffusion of Innovations*, 5th ed. New York: The Free Press. Chapter 1.

Selected Readings (choose one of the following):

Craddock JB, Rice E, Rhoades H, Winetrobe H. (2016) Are Parental Relationships Always Protective? A Social Network Analysis of Black, Latino, and White Homeless Youth and Sexual Risk-Taking Behaviors, *Prev Sci*; 17:914–924.

Gladwell, M (2002) *The Tipping Point*. New York: Little, Brown & Company. Chapter 6.

Kelsey K, Earp JL, Kirkley BG. (1997) Is social support beneficial for dietary change? A review of the literature. *Fam Community Health* 20(3):70-82.

Lehnerd ME, Goldberg JP, Folta SC, Cash SB, Griffin TS, Lucas R, Scheck JM. (2020) Qualitative Exploration of Farm to School Program Adoption and Expansion in Massachusetts Schools, *Journal of Hunger & Environmental Nutrition*, 15:2, 230-250.

Nguyen PH, Frongillo EA, Kim SS, Zongrone AA, Jilani A, Tran LM, Sanghvi T, Menon P. (2019) Information diffusion and social norms are associated with infant and young child feeding practices in Bangladesh. *J Nutr* 149:2034–2045.

Simpson SA, Matthews L, Pugmire J, McConnachie A, McIntosh E, Coulman E, Hughes K, Kelson M, Morgan-Trimmer S, Murphy S, Utkina-Macaskill O, Moore LAR. (2020) An app-, web- and social support-based weight loss intervention for adults with obesity: the 'HelpMeDoIt!' feasibility randomised controlled trial. *Pilot Feasibility Stud* 19;6:133.

Assignments for this week:

Memo #7, due Saturday November 5th, 2022 at 5:00 pm EST ([Grading criteria for memo](#))

Week 9: Dual-Process Models

November 14th, 2022

Learning Objectives: Upon completion of this class, students will be able to:

- Explore the role of emotions and the unconscious, automatic mental processes in determining behavior
- Discuss the strength of habit in determining behavior and the benefits and drawbacks of habit replacement

Required Readings (all students must read these):

Heath C and Heath D (2010). *Switch: How to change things when change is hard*. New York: Broadway Books. Chapter 1: Three surprises about change.

Friese M, Hofmann W and Wiers RW (2011). On taming horses and strengthening riders: Recent developments in research on interventions to improve self-control in health behaviors. *Self and Identity* 10(3):336-351.

Rothman AJ, Sheeran P, Wood W (2009). Reflective and automatic processing in the initiation and maintenance of dietary change. *Ann Behav Med* 38:S4-S17.

Selected Readings (choose one of the following):

Aulbach MB, Knittle K, van Beurden SB, Haukkala A, Lawrence NS. (2021) App-based food Go/No-Go training: User engagement and dietary intake in an opportunistic observational study. *Appetite* 165:105315.

Cohen DA, Babey SH (2012). Contextual influences on eating behaviors: Heuristic processing and dietary choices. *Obes Rev* 13(9):766–779.

Dunton GF, Rothman AJ, Leventhal AM, Intille SS. (2021) How intensive longitudinal data can stimulate advances in health behavior maintenance theories and interventions. *Transl Behav Med*. 11(1):281-286.

Gerrard M, Gibbons FX, Brody GH, McBride Murry V, Cleveland MJ, Wills TA. (2006). A theory-based dual-focus alcohol intervention for preadolescents: The Strong African American Families program. *Psychology of Addictive Behaviors*, 20(2), 185–195.

Larsen JK, Hermans RCJ, Sleddens EFC, Vink JM, Kremers SPJ, Ruiters ELM, Fisher JO. (2018) How to bridge the intention-behavior gap in food parenting: Automatic constructs and underlying techniques. *Appetite* 123:191-200.

Mattavelli S, Avishai A, Perugini M, Richetin J, Paschal Sheeran P. (2017) How can implicit and explicit attitudes both be changed? Testing two interventions to promote consumption of green vegetables. *Annals of Behavioral Medicine* 51:511–518.

van't Riet J, Sijtsma SJ, Dagevos H, De Bruijn GJ (2011). The importance of habits in eating behavior. An overview and recommendations for future research. *Appetite* 57(3):585-596.

Highly Recommended Reading for Nail Biters:

Duhigg C (2012). *The Power of Habit*. New York: Random House. Chapter 3: The Golden Rule of Habit Change, pp 74-77.

Assignments for this week:

Memo #8, due Saturday November 12th, 2022 at 5:00 pm EST ([Grading criteria for memo](#))

Week 10: Behavioral Economics

November 21st, 2022

Learning Objectives: Upon completion of this class, students will be able to:

- Understand basic tenets of behavioral economics
- Apply concepts within appropriate individual and group interventions
- Compare and contrast behavioral economics principles with concepts from other theories

Required Readings (all students must read these):

McGonigal K (2012). *The Willpower Instinct*. New York: Penguin Group (USA). Chapter Seven: Putting the Future on Sale: The Economics of Instant Gratification.

Lowenstein G, Brennan T, Volpp K. (2007) Asymmetric paternalism to improve health behaviors. *JAMA* 298(20):2415-2417.

Selected Readings (choose one of the following):

Anderson E, Wei R, Liu B, Plummer R, Kelahan H, Tamez M, Marrero A, Bhupathiraju S, Mattei J. (2021) Improving healthy food choices in low-income settings in the United States using behavioral economic-based adaptations to choice architecture. *Front Nutr* 8:734991.

Bryan, C. J., Mazar, N., Jamison, J., Braithwaite, J., Dechausay, N., Fishbane, A., . . . Vakis, R. (2017). Overcoming behavioral obstacles to escaping poverty. *Behavioral Science & Policy* 3(1), 81–91.

Hubbard KL, Bandini LG, Folta SC, Wansink B,³ Eliasziw M, Must A. (2015) Impact of a smarter lunchroom intervention on food selection and consumption among adolescents and young adults with intellectual and developmental disabilities in a residential school setting. *Public Health Nutrition* 18(2):261-371.

Linnemayr S, Stecher C, Mukasa B. (2017). Behavioral economic incentives to improve adherence to antiretroviral medication, *AIDS*; 31(5): 719–726.

Marcano-Olivier MI, Horne PJ, Viktor S, Erjavec M. (2020) Using nudges to promote healthy food choices in the school dining room: A systematic review of previous investigations. *J Sch Health* 90:143-157.⁴

Strohacker K, Galarraga O, Williams DM (2014). The impact of incentives on exercise behavior: A systematic review of randomized controlled trials. *Ann Behav Med* 48:92-99.

Assignments for this week:

Memo #9, due Saturday November 19th, 2022 at 5:00 pm EST ([Grading criteria for memo](#))

³Brian Wansink's work has been largely discredited. As a co-author, I (Sara) can vouch for the integrity of this study, however. If you are interested in the story behind this collaboration, feel free to ask.

⁴This paper finds generally positive effects but notes methodological shortcomings in the studies reviewed. For a very negative view that nudges have no effect after adjusting for publication bias, see <https://pubmed.ncbi.nlm.nih.gov/35858389/>; also see [this article](#) for a more balanced take on the debate.

Week 11: Eco-Social Models

November 28th, 2022

Learning Objectives: Upon completion of this class, students will be able to:

- Distinguish between different levels of influence on individual behaviors
- Give examples of ways the community, political, social, and built environment can influence individual behavior
- Discuss potential methods of intervening at each of these levels to change health behavior

Required Readings (all students must read these):

Glanz K, Rimer BK and Viswanath K. (2015) Health Behavior: Theory, Research, and Practice. San Francisco: Jossey-Bass. Chapter 3: Ecological Models of Health Behavior.

Selected Readings (choose one of the following):

Kumanyika SK. (2019) A framework for increasing equity impact in obesity prevention. *Am J Public Health* 109:1350–1357.

Robinson T. (2008). Applying the Socio-ecological Model to Improving Fruit and Vegetable Intake Among Low-Income African Americans, *J Community Health*; 33:395–406.

Smith MH (1998). Community-based epidemiology: community involvement in defining social risk. *J Health Soc Policy*, 9(4):51-65.

Story M, Kaphingst KM, Robinson-O'Brien R and Glanz K. (2008) Creating healthy food and eating environments: Policy and environmental approaches. *Annual Review of Public Health* 29:253-272.

Tagtow A, Herman D, Cunningham-Sabo L. (2021) Next-Generation Solutions to Address Adaptive Challenges in Dietetics Practice: The I+PSE Conceptual Framework for Action. *J Acad Nutr Diet* Mar 11:S2212-2672(21)00065-4.

Assignments for this week:

Memo #10, due Saturday 26th, 2022 at 5:00 pm EST ([Grading criteria for memo](#))

Week 12: Ethics of Behavior Change

December 5th, 2022

Learning Objectives:

- Consider the ethical implications of behavior change in a wide range of settings

Required Readings (all students must read this):

Buchanan DR (2000). *An Ethic for Health Promotion: Rethinking the Sources of Human Well-Being*. New York: Oxford University Press. Chapters 1, 6 and 8 (page 148 to end of chapter).

Optional Readings:

Blumenthal-Barby JS, Burroughs H (2012). Seeking better health care outcomes: The ethics of using the “nudge”. *Am J Bioeth* 12(2):1-10.

Guttman N, Ressler WH (2001). On being responsible: Ethical issues in appeals to personal responsibility in health campaigns. *J Health Communication* 6:117-136.

Kniess J (2015). Obesity, paternalism and fairness. *J Med Ethics* 41:889–892.

Assignments for this week:

Memo #11, due Saturday December 3rd, 2022 at 5:00 pm EST ([Grading criteria for memo](#))

*****Please note, the instructions for your memo are different this week. Please see the instructions on Canvas (under the Assignment for the week).**

Week 13: Student Presentations

December 12th, 2022

Learning Objectives:

- Synthesize what has been learned and choose the most applicable behavioral theory/ies for a particular public health intervention or research question, and describe how the concepts might be applied; OR
- (If you choose the alternative assignment) Demonstrate the ability to learn and apply a new theory independently

Required Readings:

NO READINGS REQUIRED.

Optional Readings:

Hagger, M., & Hamilton, K. (2020). Changing Behavior Using Integrated Theories. In M. Hagger, L. Cameron, K. Hamilton, N. Hankonen, & T. Lintunen (Eds.), *The Handbook of Behavior Change* (Cambridge Handbooks in Psychology, pp. 208-224). Cambridge: Cambridge University Press.

Authors describe several approaches to theory integration, some of the integrated theories that are in use, and some of the considerations when integrating theories.

Hamilton K, Gibbs I, Keech JJ, Hagger MS. (2020) Reasoned and implicit processes in heavy episodic drinking: An integrated dual-process model. *Br J Health Psychol* 25(1):189-209.

In this paper, the authors propose an integrated theory (with some rationale) and test it.

Pasi H, Lintunen T, Leskinen E, Hagger MS. (2021) Predicting school students' physical activity intentions in leisure-time and school recess contexts: Testing an integrated model based on self-determination theory and theory of planned behavior. *PLoS One* 16(3):e0249019.

Similar to the Hamilton paper, the authors propose an integrated theory (with a rationale) and test it.

Assignments for this week:

- Final Memo, due **Sunday December 11th, 2022 at 5:00 pm EST**
- Presentation ([Grading criteria for final memo and presentation](#))