

#### **IV. COGNITIVE-BEHAVIORAL APPROACHES TO BEHAVIOR CHANGE**

CB Models of health behaviors focus on changing the target behaviors and cognitions directly. These models emphasize the role of environmental reinforcement contingencies and cues involved in the acquisition and maintenance of health behaviors.

Health habits are diff to establish and change, this approach is effective in helping develop needed skills to modify behavior and maintain change. Based on the principles of learning: changing maladaptive behaviors by extinction, or by learning a competing response. Also, modify external stimuli and cognitions/emotions that provide internal stimuli controlling behavior, e.g., of a cognition...alter self-talk "I can't .... I've tried, etc.

A. Self-Monitoring & Self-Observation - assess the frequency of target behaviors, # of cigs, subjective urge to smoke, record & chart behavior - graph it, diary

B. Classical Conditioning -Pavlov, CS, US, CR, UR, Antabuse, conditioned aversions  
Systematic Desensitization

Relaxation Training - PRT, hierarchy of anxiety situations

Counter conditioning - relaxation = antagonistic response to anxiety/sympathetic activation, reciprocal inhibition through parasympathetic activation  
e.g., needle phobia, chemotherapy

C. Operant Conditioning - Thorndike, Skinner

Reinforcement - positive, negative, schedules of reinforcement

Shaping - reinforcing successive approximations towards the target behavior, e.g., gradually increase exercise from walking to running  
gradually increase the behavioral criterion over time for reward

Modeling - guided participant modeling, e.g., video of model coping with pain

Stimulus Control - Discriminative stimulus, bar cues ---> drinking, smoking

D. Broad spectrum CBT

Self-control of Behavior

Contingency Contracting

Covert Self-Control

Cognitive restructuring

Self-talk

Behavioral Assignments

E. Skills Training

Relapse Prevention (Marlatt & Gordon, 1985) high risk situations, negative emotional states, coping responses, social support, self-efficacy, expectancies, abstinence violation effect, lifestyle rebalancing.

Social and assertiveness skills

#### **V. STAGES OF HEALTH BEHAVIOR CHANGE**

Prochaska, DiClemente, & Nocross (1992) Precontemplation, Comtemplation, Preparation, Action, Maintenance. Implications for treatment matching.