

Comparing theory-based interventions, theories, or behavior change methods?

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The need for the recently published study comparing theory-based condom interventions is indisputable as there are “very few studies that have directly compared different theories as the basis for the design of behavior change interventions” (Montanaro & Bryan, e-pub ahead of print). The overarching goal of the authors was “to determine which components of the Health Belief Model (HBM) and the Theory of Planned Behavior (TPB) were most successful at explaining behavior *and*¹ eliciting behavior change.” I would like to argue, however, that the authors cannot draw strong conclusions regarding the latter.

The authors suggest that reconsideration of theories may be necessary, based on the observation that certain constructs were associated with behavior, while they did not contribute to behavior change. I agree with this, *if* interventions are successful in changing constructs in the first place. For example, the authors found a moderate association between subjective norms and risky sex ($r = -.329$), but the interventions did not affect subjective norms. In my opinion, these findings primarily tell us something about the effect of the behavior change methods used within the intervention and *not* per se about the usefulness of certain theories in terms of eliciting behavior change. Participants were given personalized feedback, prototype feedback and information about peer norms. These behavior change methods were not successful in changing subjective norms. If subjective norms were successfully changed, but did not result in behavior change, then this might tell us something about the usefulness of theories that include subjective norms.

Another example concerns perceived behavioral control (PBC) and self-efficacy. The authors found a moderate association between PBC and risky sex ($r = -.349$) and a trivial association between self-efficacy and risky sex ($r = -.078$). The same video was used to change PBC and self-efficacy, but while self-efficacy did change, PBC did not. In my opinion, this is more informative regarding the behavior change methods that can be used to target PBC instead of the usefulness of PBC when trying to elicit behavior change.

¹ I have added this emphasis.

References

Montanaro, E. A., & Bryan, A. D. (e-pub ahead of print). Comparing theory-based condom interventions: Health Belief Model versus Theory of Planned Behavior. *Health Psychology*, doi: 10.1037/a0033969.