

Applying social cognitive theory in a naturopathy healthcare educational program for parents and families.

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Abstract

Social Cognitive Theory can address appropriate health and wellness change initiatives via the education of groups. Individualized and group action plans can be created and developed to address the overall health and wellness needs of families. This model and theory can assist in the education of preventing disease through health promotion and education and from a naturopathy perspective. In addition, this model can assist in the development of health educational programs to understand and explain health behaviors and choices families make. The model can guide useful strategies and educational tools with in-person or online instructional modules.

Keywords: Social cognitive theory, Health behaviors, Information technology.

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Introduction

The basic assumptions/principles of the Health Belief model can be relevant when working with diverse adults or youth while incorporating strategies, techniques, and methods rooted in specific learning theories and behavior modification concepts. Health educators can apply proven best practices used in the classroom to educate individuals about health, wellness, disease, and self-directed action that can improve lives. Moreover, with the use of technology integration, online instructional modules, and social media, a global audience can be reached and informed as well [1].

Behavioral change models, Social Cognitive Theory, and the Health Belief model help health educators inform and educate individuals how to be more proactive in their own lives. This can be achieved by addressing the myths and misinformation individuals may believe about themselves and about health topics and/or remedies available.

Interpersonal theory-social cognitive theory

There are three variables that interrelate in Social Cognitive Theory. Those variables can cause learning to happen and include (1) the individual's personal experiences, (2) behavioral determinants, and (3) environmental factors. Positive learning can be the affect along with changed negative patterns and a new way of thinking and behaving can develop.

The basic concepts of Social Cognitive Theory include: (1) observational learning, (2) self-regulatory capability, (3) reproduction, (4) self-efficacy, and (5) emotional coping. The concept of emotional coping explains how better coping mechanisms can be cultivated to address stressful environments and negative behaviors. Fostering and developing this skill can lead to compelling and powerful learning in youth and adults. Self-efficacy is the process and ability of improving on newly learned information, knowledge, and practiced behaviors.

Cognitive Learning Theory has two specific branches called Social Cognitive Theory (SCT) and Cognitive Behavioral Theory

(CBT) [2,3]. Social Cognitive Theory basic concepts include emotional coping, self-efficacy, self-regulatory capability, reproduction, and observational learning. Emotional coping is the notion that good coping mechanisms can be developed to address negative behaviors and stressful environments [1,3]. Developing and fostering this skill can lead to powerful and compelling learning in youth and adults. The process of self-efficacy is the ability to improve upon newly learned knowledge, information, and behavior with practice.

Self-regulatory capability is the ability to control one's behavior in challenging, difficult, stressful environments. Reproduction is a process educators can use to place individuals in a safe, learning environment where materials and information can be viewed, heard, touched, experienced, and processed to help retain knowledge, learned behaviors, and practice changes. Observational learning is the notion that individuals learn by observing as a means of attaining knowledge, information, and changing behavior. Based on the Social Cognitive Theory suggestions for influencing behavioral change would be to educate families, parents, and youth about the toxic poisons in fast foods, snacks, brand products, and pre-packaged, boxed foods from the grocery store.

Some of the ways one can educate others is by creating health and wellness interactive, intuitive lesson plans, writing peer-reviewed articles, writing health books, developing a database of resources, sharing educational resources and instructional tools on websites, creating educational technology tools, and delivering real facts, real news, and real science to others. Below is an example of how I use an instructional technology avatar that I created about the toxic, poisoned food at McDonald's.

Ten horrifying ingredients that prove McDonald's is not fit for consumption <http://www.voki.com/presenter/playPresentation.php?id=cef37d99da6eac37866c2e15c46c39cf>

Applying social cognitive theory

Social Cognitive Theory constructs can be applied to health behaviors by addressing health needs of families and parents in

any group and in any region or country. The instructional tools can be created in any language once the basics of the curriculum have been written. The program can be taught in person via workshops, in clinics, or can be accessed online globally. The curriculum can be taught individually or in groups as well. Individualized learning styles, culture, and environment on the target population can be addressed using adult learning theories, scaffolding instructional techniques, differentiated instructional strategies, and technology integration to meet the needs of parents and families where they are at cognitively. These methods can assist in raising parent’s and family’s awareness in an interactive, intuitive manner regarding health and wellness education [4-7].

A holistic, qualitative approach can be used to address specific needs, ailments, health challenges, cultural background, and ability levels of groups and families. In addition, cognitive dissonance theory must be taken into account when developing this type of health and wellness program to address misinformation the public has been indoctrinated with over many years. The key is to address families and parents

with a holistic, individualized, naturopathy perspective over a Big Pharma, prescription-driven, one-size-fits-all system emblematic of allopathic practitioners [5-7]. The goal is to self-empower, educate, change negative habits, and assist in the development of lifelong healthy habits. Furthermore, the plan can address the value of whole body healing from a naturopathy medicinal perspective. A compare and contrast of allopathic *versus* naturopathic practices can be examined and built into the curriculum.

Social cognitive theory mapping template

This example involves a group of parents. The parents have children of all ages and they tend to take family members to allopathic doctors mainly when someone is sick for vaccines, pharmaceutical drugs, antibiotics, and surgery. The goal is to educate parents and family members about (1) preventative healthcare / self-care in the home, (2) natural remedies found in nature, (3) natural nonGMO, Paleolithic diet or Paleo diet, and (4) using naturopathy doctors, providers, and services rather than allopathic and pharmaceutical services for healthcare needs.

Construct	Definition	Scenario	Health Educator’s Next Action
Reciprocal Determinism	People Influence ↔ Environment Influence	Parent’s surroundings are dominated by a busy schedule not allowing them time to do research on allopathic <i>versus</i> naturopathic medicine, natural healthcare remedies <i>versus</i> pharmaceutical drugs, vaccines, surgery and the damaging effects of allopathic treatments. (Environment influencing the parent’s health behaviors) The parents can have the desire and ability to change their environment to increase their knowledge and awareness in these areas. (People influencing the environment for a change in health behavior).	Present to parents how they can change their environment to allow participation in healthcare education, awareness, and trustworthy news.
Outcome Expectancy	Beliefs about the likelihood and value of the consequences of behavioral choices	Address parent’s belief in their desire and ability to make changes to environment to enhance healthcare education, raising awareness, and trustworthy news.	Examine if the parents believe it might be possible to make changes in their environment to educate themselves about healthcare best practices and trustworthy news. Assess whether parents might value health consequences associated with making behavioral changes.
Self-Efficacy	Beliefs about the ability to perform behaviors that bring desired outcomes	Parents perceive they can make change happen.	Examine whether parents are assertive about making changes in schedules to engage in healthcare education, raising their awareness, and learning where to find trustworthy news.
Collective Efficacy	Beliefs about the ability of a group to perform concerted actions that bring desired outcomes	Parents in the group, neighborhoods, area, schools, churches, communities, etc. can form the social network. In addition, social networks can also be formed via the Internet, social media sites, and websites to connect globally as well.	Investigate parent’s social network and determine who might be supportive of new behavioral changes. Buddy systems can be beneficial to assist in holding groups of parents and families accountable to each other. In addition, new learning and sharing can assist in behavioral changes as well.
Observational Learning	Learning to perform new behaviors by exposure to interpersonal, or media displays of them, particularly through peer modeling	Parents can learn how to make achievable targets, establish sensible outcomes, and promote techniques to defeat a lack of healthcare education, awareness, and barriers in accessing trustworthy news.	Design in-person and online workshops, instructional modules to assist parents in the development of realistic goals, decide on achievable outcomes, and tailor techniques to overcome lack of healthcare education, awareness, and barriers in accessing trustworthy news.
Incentive Motivation	The use and misuse of rewards and punishments to modify behavior	Assess how to motivate parents to engage with self-educational activities. Assess what might be barriers to motivation, engagement, and participation in self-educational activities.	Distinguish motivating and de-motivating elements

Facilitation	Providing tools, resources, or environmental changes that make new behaviors easier to perform	Some brief examples might include: journaling, scheduling, calendar to plan week to engage in self-education activities. Promote examples of peer, group, parent, and family successes.	Provide the parents with tools and resources to better equip themselves for participation in healthcare education, awareness, and trustworthy news.
Self-Regulation	Controlling oneself through self-monitoring, goal-setting, feedback, self-reward, self-instruction, and enlistment of social support	Parents will self-monitor own time to schedule self-educational activities. Parents can set own time management for self-educational activities, self-monitor, and meet achievable goals. In addition, instructional modules can build-in time management tools, monitors, and assessment systems.	Explain how mechanisms built into the program might assist parents in achieving self-awareness and self-education. Instructional modules can be created that are intuitive, easy-to-use, track performance, track participation, track additional educational needs.
Moral Disengagement	Ways of thinking about harmful behaviors and the people who are harmed that make infliction of suffering acceptable	By non-engagement in self-educational activities, unhealthy life choices and misinformation from the wrong sources can have damaging effects on the family. Misinformation about healthcare is damaging and harmful to the family and also encourages same negative behaviors and choices made by children. The inability to self-educate can, in turn, be harmful to the children.	Assess what can assist in limiting harm of being unknowledgeable, uninformed, and uneducated. Promote healthcare education, awareness and trustworthy news for the whole family. Explain methods parents can use to educate others in their sphere of influence as well.

This plan addresses the existing health behaviors to help parents and families make a behavioral change by (1) educating them with appropriate tools according to their needs, (2) informing them with current news (3) supporting them with multiple resources, services, providers, and alternatives, (5) providing support group access, and 4) providing follow-up, check-in or touch-base services, and on-going educational tools. This Social Cognitive Theory Mapping template is merely the vision or mapping out of overall goals and objectives. The specifics and details are created in a health and wellness educational plan and change initiative. Within a health and wellness educational plan, theories, principals, goals, objectives, strategies, techniques, instructional modules, workshops, services, providers, and program development tools are explained in further detail and depth.

PRECEDE-PROCEED Implementation Model

PRECEDE-PROCEED Implementation Model is applied in the example Social Cognitive Theory Mapping involving a group of parents [8]. The example is provided for parents with children of all ages who tend to take family members to allopathic doctors most often for vaccines, pharmaceutical drugs, antibiotics, and surgery. The goal of this PRECEDE-PROCEED model is to educate and inform parents and family members about (1) preventative healthcare/self-care in the home, (2) natural remedies found in nature, (3) natural nonGMO, Paleolithic diet or Paleo diet, and (4) using naturopathy doctors, providers, and services rather than allopathic and corporate pharmaceutical services for healthcare needs.

PRECEDE-PROCEED Implementation Model

PRECEDE has four phases

Phase 1: The program’s desired result is to educate parents and families about naturopathy doctors, services, providers, and healing remedies *versus* allopathic and Big Pharma services. The main goals of this PRECEDE-PROCEED Implementation Model are to (1) educate and inform with specific tools, resources, curriculum, and real news/studies, (2) change health behaviors, (3) change how individuals view allopathic *versus* naturopathy medicine, doctors, services, and providers, (4) offer

new healthcare alternatives, choices, services, and resources, and (5) help parents and families spread newly learned knowledge to others within the target population’s sphere of influence [9,10]. Changed negative behaviors into positive health choices are expected as well as newly gained information about how to be more proactive in healthcare education for the whole family using naturopathy services rather than allopathic, corporate pharmaceuticals.

Phase 2: The following priorities for the health behavior issue include:

- The environmental and behavioral determinants impeding the actualization of the desired results are fake news, fake studies written by agenda-driven, big money agencies, false indoctrination, media brainwashing on television, magazines, radio, Internet, billboards (basically all media in Western nations), false medical information disseminated to the public via allopathic medical system and pharmaceutical companies.
- The conditions that need to be addressed to achieve the desired results include: (1) an openness and wiliness on the part or families and parents to learn new healthcare information, (2) time in busy lifestyles, (3) space such as in-person and/or online assessment, curriculum modules, resources, and (4) access to service providers willing to participate and educate in the change agenda.
- The environmental factors, lifestyles, and/or behaviors that influence the conditions or issues include messaging from all Western culture systems that bombard the target population with incorrect information about healthcare, healthcare choices, and the real causes of illness and disease. In addition, busy lifestyles do not help parents and families understand (or even know the importance of) how to filter out inaccurate information they are bombarded with daily and where to seek accurate healthcare information. Finally, unhealthy behaviors regarding diet and eating habits are reinforced in Western nations and the target population does not have the full awareness about their poor choices.

Phase 3: Predisposing circumstances affecting environmental, attitudes, and behavioral factors having influence in Phase 2 include false indoctrination within the culture about healthcare education, healthcare/self-care, and naturopathy medical services *versus* allopathic, corporate pharmaceutical indoctrination.

- Enabling circumstances affecting environmental, attitudes, and behavioral factors having influence in Phase 2 include easy access to toxic prescription pharmaceutical drugs, toxic over-the-counter drugs, vaccines, surgery, fast food restaurants, and unhealthy pre-made brand grocery store foods rather than choosing natural foods that can take more time to prepare. Other enabling factors include all Western media avenues that bombard families with false information daily.
- Reinforcing circumstances affecting environmental, attitudes, and behavioral factors having influence in Phase 2 include everyone in the target population's lifestyle and sphere of influence are mostly likely indoctrinated with false information as well. All corporate big media avenues and the allopathic, pharmaceutical medical system serve as reinforcing agents disseminating false healthcare information and enabling dependency rather than fostering self-advocacy, self-efficacy, and the ability to self-educate or self-inform.

Phase 4: The policy and administrative factors influencing what can be implemented include building a coalition of naturopathy doctors, clinics, services providers, and educators. In addition, building a database of resources, tools, services, and curriculum modules must be provided to the target population. Finally, training needs to be provided to the target population on how to use and access the tools [9,10].

PROCEED has four phases

Phase 5: The implementation design

Social Cognitive Theory constructs will be applied to health behaviors of the target population. The design involves "creating in-person and online workshops and instructional modules to assist parents in the development of realistic goals, decide on achievable outcomes, and tailor techniques to overcome lack of healthcare education, awareness, and barriers in accessing trustworthy news". The intervention will be conducted by addressing the healthcare needs of parents and families in a comprehensive naturopathy manner with before, during, and after medical and curriculum assessment.

Phase 6: The process evaluation

Medical and curriculum assessment will be on-going, tracked, monitored, and reported at the beginning, during, and end of the change initiative. Data will be compiled to address gaps, changes, revisions, alterations, individualized, and personalized needs of the target population. This will be done by on-going surveys, interviews, testing, and tracking of involvement in the curriculum.

Phase 7: The impact evaluation

The impact evaluation involves the monitoring and reporting

aspects of (1) how well the target population learned the new information, (2) how much time was spent involved in the learning activities, and (3) whether the new information was actually applied in the daily choices, behaviors, and actions taken by the target population. The desired impact of this intervention on the target population will be real and evident behavioral changes in the lives of parents, families, children, and individuals in their sphere of influence by way of improved health, less illness and ability to overcome illness faster, elevated self-efficacy levels, changes made in healthcare advisors and service providers (i.e. switch from allopathic to naturopathy), and changes made in diet [9,10]. The impact evaluative process will include direct observations, surveys, interviews, curriculum assessments, and before, during, and after medical assessments. All of the reporting and monitoring aspects listed can be done in a variety of ways such as in-person, telephone, email, online, and via curriculum module completion (1) testing, and (2) tracking.

Phase 8: The outcome evaluation

The outcome evaluative process will be the same as the impact evaluation process which includes direct observations, surveys, interviews, curriculum assessments, and before, during, and after medical assessments. All of the reporting and monitoring aspects listed can be done in a variety of ways such as in-person, telephone, email, online, and via curriculum module completion (1) testing, and (2) tracking. Both quantitative and qualitative measures will be used throughout the program to assess, measure, track, and report findings [11].

Reflection

The most beneficial aspects of this material includes the ability to learn new ways of thinking, applying theory in one's best practices when educating others about healthcare, and interlinking theory with practical application. Practitioners, health educators, students, researchers, and community members should feel more prepared and confident choosing applicable models of evaluation as they study, practice, and apply various theoretical concepts when incorporated into their own program's evaluation needs and complexity [12]. The materials presented here can help health educators: (1) understand frameworks for building capacity, (2) understand the role of health programs and policies, (3) understand the role of evaluation and assessment, and (4) apply theory-based health practices to any community health education program or agenda [12-14].

The skills and knowledge learned can be applied in both personal and professional life using theory, strategies, and intervention models to educate self, family, friends, neighbors, community, and professional associations. In addition, one can educate others in a professional capacity by understanding positive and negative influencing factors in the lives of others. Theory can be applied in personal, individualized, meaningful ways to capture the attention of others and help raise self-advocacy and self-efficacy levels for better health conditions and better health choices [15-18].

As a result of the materials presented here, one can feel confident in his or her abilities to effectively teach others how to improve

health circumstances in a professional, theory-based manner. The tools presented in this paper can help health educators, practitioners, students, researchers, and community members feel more confident in having the ability to reach individuals and groups where they are at cognitively and work toward raising those abilities to higher levels of thinking, awareness, and proactive self-care/healthcare [19-21]. Important goals to consider are to: (1) learn new ways of thinking, researching, and healing, (2) teach others, and (3) pass the knowledge on within spheres of influence.

Conclusion

In closing, this healthcare educational program seeks to instruct parents and families about the choices they have in seeking out and providing naturopathy healthcare to their family and children. The program uses a Social Cognitive Theory Mapping template which maps out the overall objectives and goals of the program. In addition, the PRECEDE-PROCEED Implementation Model explains how the program will be most effective when mapped out by the expected end results anticipated by the program's goals. Finally, information technology will be used when interpreting educational interventions from theory into practice by mapping out the PRECEDE/PROCEED model to analyze expected outcomes of the program with quantitative and qualitative measures [11].

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