As You Come In...

Take some sticky notes and a marker

Write 1-3 things (each on a separate sticky note) that you believe about the 6 statements around the room and place each note on the designated sign
UTILIZING THE THEORY OF PLANNED BEHAVIOR IN STRESS REDUCTION AND OTHER HEALTH PROMOTION INTERVENTIONS

May 30, 2013

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West Virginia University
TODAY’S LEARNING OBJECTIVES

By the end of the session, attendees should be able to:

1. Explain the value of theory-based programs.

2. Describe the Theory of Planned Behavior constructs.

3. Describe how the Theory of Planned Behavior can be applied to health promotion programs.

4. Apply the Theory of Planned Behavior to their own work.
SESSION OVERVIEW

• Introduction to theory
• TPB Description
• Research-driven TPB for intervention design
• Practice-based TPB for intervention design
• TPB Activity
WHAT IS THEORY?

• Official Definition
  A set of interrelated concepts, definitions, and propositions that presents a systematic view of events or situations by specifying relations among variables in order to explain and predict the events or situations. (McKenzie, Neiger, Thackeray, 2011)

• How to conceptualize theory
  A lens for thinking about why people do the things they do
WHY USE THEORY?

To understand and explain behavior (*research*)

To develop interventions and programs to change health behavior and improve health (*practice*)
HEALTH AS A CAUSAL CHAIN

College Students (possibly specific sub-population or setting)

- Macro Determinants (environmental factors)
- Micro Determinants (individual factors)
- Behavior
- Health Status

Theory helps us to identify types of determinants to consider!
SUPPORT FOR THEORY-DRIVEN PRACTICE

• “Theory-Based Practice” is Standard 5 of the Standards of Practice for Health Promotion in Higher Education.
  – 5.2: “Design and implement health promotion initiatives that are guided by accepted theoretical frameworks and planning models”

• Using theory is a best practice for public health intervention design (Glanz et al., 2008; Bartholomew et al., 2011)

• In the absence of literature for “evidence-based practice” theory should guide our work
We’re all theorists!
Theory of Reasoned Action (TRA)

↓

Theory of Planned Behavior (TPB)
THEORY OF REASONED ACTION

- Behavioral Beliefs
- Evaluation of Behavioral Outcomes
- Normative Beliefs
- Motivation to Comply

Attitude toward the Act

Intention

Behavior
CONSTRUCTS

- **Intention**
  Likelihood or belief that I will perform the behavior

- **Attitude towards the act**
  Overall feeling of if doing the behavior is good or bad

- **Subjective norm**
  Belief if others important to me think I should do the behavior
THEORY OF REASONED ACTION

Behavioral Beliefs

Evaluation of Behavioral Outcomes

Normative Beliefs

Motivation to Comply

Attitude toward the Act

Intention

Behavior

Subjective Norm

Evaluation of Behavioral Outcomes

Motivation to Comply

Normative Beliefs

Behavioral Beliefs

Attitude toward the Act

Intention

Behavior
• Determining “Attitude toward the Act”
  – Figure out **behavioral beliefs** about consequences
    o The expectations/perceptions of the consequences that will happen if I perform the behavior
    o Typically if more positive, a more positive attitude; if more negative, a more negative attitude
    o Must also consider importance of these beliefs
• Determining “Subjective Norm”
  – Figure out **normative beliefs**
    o Who would approve/disapprove of performing the behavior
    o Typically if more people approve, more positive subjective norm; if less people approve, more negative subjective norm
    o Must also consider importance placed on these individuals
THEORY OF REASONED ACTION

- Behavioral Beliefs
- Evaluation of Behavioral Outcomes
- Normative Beliefs
- Motivation to Comply
- Attitude toward the Act
- Subjective Norm
- Intention
- Behavior
THEORY OF PLANNED BEHAVIOR

(_CREATED FROM TRA_)

• What to do when behavior is NOT completely under the individual’s control

• Added perceived behavioral control
  – Belief about the degree that the behavior is under my control

• Determined by **control beliefs**
  – Circumstances that make it easy/hard to perform behavior
THEORY OF PLANNED BEHAVIOR (TPB)

BLUE=TRA; PURPLE=TPB

- Behavioral Beliefs
- Evaluation of Behavioral Outcomes
- Normative Beliefs
- Motivation to Comply
- Control Beliefs
- Perceived Power

- Attitude toward the Act
- Subjective Norm
- Intention
- Behavior

- Perceived Behavioral Control
APPLYING THEORY IN INTERVENTION DEVELOPMENT

• Once you figure out how each TPB construct relates to the behavior and which constructs are most important to your priority population, you can develop an intervention based on this information.

• For theory to really be effective, the priority population must be the source of information for each construct.
Using the Theory of Planned Behavior for Stress Reduction Interventions
WHY STRESS REDUCTION?

• Stress has been found to lead to a multitude of physical and mental health concerns

• In the ACHA-NCHA II, 53.1% of college students reported that they had an above average level of stress over the last 12 months

• College students consistently rank stress as their #1 impediment to academic success
Using the TPB to Determine Beliefs About Meditation Among Indiana University Students, Faculty, and Staff
WHY MEDITATION?

• Meditation has been attributed to numerous positive physical and mental health outcomes

• But few people engage in meditation practice

• If we want people to meditate, we need to understand their underlying beliefs about meditation
  – How?
  – TPB → Salient Belief Elicitation
SALIENT BELIEF ELICITATION

Behavioral Beliefs

Normative Beliefs

Control Beliefs

Attitude toward the Act

Subjective Norm

Intention

Behavior

Perceived Behavioral Control
METHODOLOGY

• Behavior: “meditating at least once per week for the next 3 months”
• Priority population: IU students, faculty, and staff
• Web-based survey (Qualtrix) in summer 2012
  – Convenience sample
  – Intentionally reached out to meditators
  – Instrument
    • Open-ended salient belief elicitation questions
    • Closed-ended TPB questions
    • Meditation questions
    • Demographics
SALIENT BELIEF ELICITATION

• Salient Belief Elicitation consisted of 6 open-ended questions. 2 re: top-of-the-mind
  – Consequences
  – Referents
  – Circumstances

• Analysis
  – Content analysis for themes; coded for categories within 6 areas
  – Inter-rater reliability for coding (k=.91)
  – Frequency analyses
## DEMOGRAPHICS

(N=96)

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>44.3%</td>
</tr>
<tr>
<td>Graduate</td>
<td>30.6%</td>
</tr>
<tr>
<td>Faculty</td>
<td>9.8%</td>
</tr>
<tr>
<td>Staff</td>
<td>15.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>71.3%</td>
</tr>
<tr>
<td>Male</td>
<td>28.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>84.0%</td>
</tr>
<tr>
<td>Non-White</td>
<td>16.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meditation Experience</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever tried</td>
<td>85.4%</td>
</tr>
<tr>
<td>In last 7 days</td>
<td>35.4%</td>
</tr>
</tbody>
</table>
SALIENT CONSEQUENCES

Meditating at least once per week for the next 3 months…

<table>
<thead>
<tr>
<th>Advantage</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Will make me less stressed</td>
<td>59.4%</td>
</tr>
<tr>
<td>Will make me calmer</td>
<td>50.0%</td>
</tr>
<tr>
<td>Will make me more focused</td>
<td>39.6%</td>
</tr>
<tr>
<td>Will make me more self-aware</td>
<td>30.2%</td>
</tr>
<tr>
<td>Will improve my health</td>
<td>27.1%</td>
</tr>
<tr>
<td>Will make me happier</td>
<td>15.6%</td>
</tr>
<tr>
<td>Will give me balance</td>
<td>13.5%</td>
</tr>
<tr>
<td>Will give me more patience</td>
<td>11.5%</td>
</tr>
<tr>
<td>Will change the type of person I am</td>
<td>7.3%</td>
</tr>
<tr>
<td>Will make me think about things</td>
<td>7.3%</td>
</tr>
<tr>
<td>Will not work</td>
<td>31.3%</td>
</tr>
<tr>
<td>Will get too into it</td>
<td>10.4%</td>
</tr>
<tr>
<td>Will get made fun of</td>
<td>9.4%</td>
</tr>
<tr>
<td>Will take time</td>
<td>53.1%</td>
</tr>
<tr>
<td>None</td>
<td>30.2%</td>
</tr>
</tbody>
</table>
### Facilitators … makes it easier for me to mediate

<table>
<thead>
<tr>
<th>Facilitator</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having more time</td>
<td>50.0%</td>
</tr>
<tr>
<td>Having a quiet place</td>
<td>38.5%</td>
</tr>
<tr>
<td>Making it part of my schedule</td>
<td>34.4%</td>
</tr>
<tr>
<td>Having guidance</td>
<td>27.1%</td>
</tr>
<tr>
<td>Having people to do it with</td>
<td>19.8%</td>
</tr>
<tr>
<td>Practicing a specific technique</td>
<td>11.5%</td>
</tr>
<tr>
<td>Feeling supported</td>
<td>9.4%</td>
</tr>
<tr>
<td>Making a commitment</td>
<td>8.3%</td>
</tr>
<tr>
<td>Having patience</td>
<td>7.3%</td>
</tr>
<tr>
<td>Seeing the benefits</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

### Barriers … makes it harder for me to mediate

<table>
<thead>
<tr>
<th>Barrier</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having other things to do</td>
<td>83.3%</td>
</tr>
<tr>
<td>Not having a quiet place</td>
<td>34.4%</td>
</tr>
<tr>
<td>Having an irregular schedule</td>
<td>9.4%</td>
</tr>
<tr>
<td>Not knowing how</td>
<td>9.4%</td>
</tr>
<tr>
<td>Not feeling supported</td>
<td>10.4%</td>
</tr>
<tr>
<td>Not being motivated</td>
<td>11.5%</td>
</tr>
<tr>
<td>Not being able to relax</td>
<td>16.7%</td>
</tr>
<tr>
<td>Thinking it won’t work</td>
<td>5.2%</td>
</tr>
<tr>
<td>Having health problems</td>
<td>8.3%</td>
</tr>
</tbody>
</table>
## SALIENT REFERENTS

### Approving Referents

<table>
<thead>
<tr>
<th>Referent</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>51.0%</td>
</tr>
<tr>
<td>Family</td>
<td>33.3%</td>
</tr>
<tr>
<td>Sibling</td>
<td>2.1%</td>
</tr>
<tr>
<td>Parents</td>
<td>22.5%</td>
</tr>
<tr>
<td>Child</td>
<td>4.2%</td>
</tr>
<tr>
<td>Friends</td>
<td>52.1%</td>
</tr>
<tr>
<td>Significant Other</td>
<td>19.8%</td>
</tr>
<tr>
<td>Co-workers</td>
<td>15.6%</td>
</tr>
<tr>
<td>People at Institutions</td>
<td>41.7%</td>
</tr>
<tr>
<td>Healthcare</td>
<td>16.7%</td>
</tr>
<tr>
<td>Religion</td>
<td>16.7%</td>
</tr>
<tr>
<td>University</td>
<td>9.4%</td>
</tr>
<tr>
<td>Yoga</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

### Disapproving Referents

<table>
<thead>
<tr>
<th>Referent</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>13.5%</td>
</tr>
<tr>
<td>Family</td>
<td>7.0%</td>
</tr>
<tr>
<td>Parents</td>
<td>3.1%</td>
</tr>
<tr>
<td>Child</td>
<td>4.2%</td>
</tr>
<tr>
<td>Friends</td>
<td>6.3%</td>
</tr>
<tr>
<td>Significant Other</td>
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<tr>
<td>Healthcare</td>
<td>2.1%</td>
</tr>
<tr>
<td>Religion</td>
<td>10.4%</td>
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<tr>
<td>University</td>
<td>1.0%</td>
</tr>
<tr>
<td>None</td>
<td>59.4%</td>
</tr>
</tbody>
</table>
RECOMMENDATIONS FOR MEDITATION INTERVENTIONS

• Deal with barrier of time
  – Highlight stress reduction & increased productivity
  – Strategize about scheduling and incorporate into planned activities

• Technology for self-practice & building self-efficacy

• Provide a forum & supportive environment for collective practice

• Change social norms
LIMITATIONS & FUTURE RESEARCH

• Limitations
  – While acceptable for a SBE, a small sample size
  – Generalizability

• Future Research
  – Comparisons between students/faculty/staff
  – Prioritizing determinants with a larger quantitative study
WELLNESS PROGRAMMING AT WVU

• What are the most pressing wellness issues facing college students? 2008

• Thematic Analysis
  – Focus Groups conducted by team of Public Health graduation students*, N= 27,

*Traci Jarrett, Lauren Penwell, Stephanie Frost, John Blosnich, Jill Nolan, Nnenna Minimah (12 moderators, independently coded results with 2 raters)
MENTAL HEALTH ISSUES
Mental Health
Mental Health

Stress
“I pull at least one, maybe two all nighters a week. So, being up for 48 hours continuously cannot be a good thing for your health.”
“[I am] up everyday at 5AM. Had to drop out of my major.”
“Kind of continuing what he said, I feel like as college students schedules and class hours that are like pretty demanding.”
“Kind of continuing what he said, I feel like as college students schedules and class hours that are like pretty demanding. On top of that, we’re supposed to get involved in stuff outside of that…. I feel like the amount of pressure and load on college students makes it hard for us to get out and do things to improve our health and wellness.”
“Freshmen year, I mean, you just kind of learn time management on your own. Like, you get thrown into a whole new lifestyle – like living on your own – you know, the schedule thing and figuring out campus. It’s one of those things, like, I barely studied in high school – just got by – but once you get here, you realize you can’t just get by.”
In regards to sleep, what makes it difficult?

“roommates”

“there is a lot of noise at night”
“I commute. I don’t live downtown; traffic is stressful – parking can be really horrible. Adds stress to time management. I hate the PRT. [It] breaks down-waiting on it- you never know when it is going to come.”
“Time – most teams workout in morning. In between practice you have to do work but you’re tired. Time’s the biggest thing.”
"You find a lot of kids – maybe freshmen too – um, like they deal with, like, depression and stuff and moving away from home and stuff like that. Change of atmosphere – like fitting in, and all that."
Financial Health
[Time]…"my friend and I are putting ourselves through school."
“Your parents pay for it [school] you have to make good grades, or they won’t pay for it.”
“Prices for dorm plans are outrageous. The Beanery is less than the dorm $7-8 lunch $9-10 dinner, you could eat at Panera every day for those prices.”
PHYSICAL ACTIVITY
Physical Activity
“I think that’s a personal prerogative [someone agrees and says ‘yeah] of what you want to fit in your schedule, like, choose to fit in your schedule. Cause really, like today, I could have gone to the gym for a couple hours, but I’d rather sit down and watch TV cause I’m not having to be in the library.”
Stress

Physical Activity

Motivation
“when you are stressed, it affects everything you do. You don’t have time to go to the gym or eat healthy.”
“...and lifestyle changes, you know, I study a lot and it is hard for me to work in physical activity,, and you chose not to,
“...and lifestyle changes, you know, I study a lot and it is hard for me to work in physical activity, and you chose not to, you are eating bad dorm food.”
“...and lifestyle changes, you know, I study a lot and it is hard for me to work in physical activity, and you chose not to, you are eating bad dorm food, you are up studying.”
“…and lifestyle changes, you know, I study a lot and it is hard for me to work in physical activity, and you chose not to, you are eating bad dorm food, you are up studying, or drinking all the time.”
“...and lifestyle changes, you know, I study a lot and it is hard for me to work in physical activity, and you chose not to, you are eating bad dorm food, you are up studying, or drinking all the time, you just don’t work out.”
“I think that a lot of college students find it very easy not to do any physical activity other than walking class to class. Especially when you get to, like, a habit if your having classes certain times of day [?] work and friends and other stuff – it’s kind of schedule a good time to exercise.”
“The parking is terrible. Especially like now, like the [?] are running a little late, like around this time, I feel like it’s like prime time there’s this many people here [at six o’clock?]”

“the PRT needs to run later, the rec is open until 12, the PRT should run that late”
SUBSTANCE USE
“I don’t think some of the younger students think….they can drink every night of the week a case of beer, and if they are not drinking before 8 o’clock, or they are not drinking alone….they don’t think they have a problem.”
“I mean, WVU is like a party school so anywhere you go you know that alcohol is going to be a problem.”

“Especially cause we are a number one party school.”
“I think alcohol is more of an issue than drugs. You know like football games. There are...it is a lot more noticeable.”
“If you are drinking a lot, you don’t want to stop. You are afraid of what would happen if you do stop.”
“You can be sitting in class and hear people talk about, not illegal drugs, but more Adderall and stuff like that they take it to stay awake and get what they need to do…”
"No, I just think that, like, people who have prescription drugs are always gonna get em whether it’s here or whether it’s at home. They’re gonna sell em, people are gonna buy em.”
“Like if you get done with a big exam, you get to drink... that is like their reward to themselves”
Mental Health

Time

Athletics

Course-work

Sleep

Prescription Drug Abuse

Paintball

Illegal Drugs

Violence

There was a shooting about drugs not more than a month ago on Walnut Street.
“Most people like who aren’t in good sexual health, they make bad sexual decisions. I mean, it usually goes back to drugs and alcohol.”
NUTRITION
“They have a Healthy U program now, but it’s still – selection of stuff is limited.”
The dining facilities close early and then there are only fast food options - no choices."

“The Mountainlair has all fast food options.”
“Always being on the go, never having time to sit down and make a decent meal. Myself, today at least ate fast food twice, a cup of noodles and zapped in the microwave. Not exactly the picture perfect diet. But, always having something to do.”
“I didn’t get home from class until after 7, they only had fried foods left.”
“I didn’t get home from class until after 7, they only had fried foods left, so I would end up spending more money on take out.”
“Throw drinking and partying on top of that (no sleep), fast food all the time does not bode well for student health.”
ILLNESS
Moderator: “What do you think when you get sick?”

Participant: “I don’t have time for this…”
Moderator: “So, time is a really big deal when you are sick?”

Participant: “Yeah, because you’ve got to be in class. I mean, in like two of my classes, if I am not there, I lose information.”
“Say I called today and they said come at 2 tomorrow, then you’re feeling better, a little bit better, so it’s not worth you tripping all the way over there. Especially if you don’t have a car.”

“If you get sick on a Friday evening, have to wait until Monday, and you have to take the PRT or walk if you are sick.”
AND HOW DOES IT ALL FIT TOGETHER?
FOCUS GROUP TAKE AWAYS

• Primary determinants affecting well-being are time and stress

• Multiple lifestyle factors contribute to stress

• Can we create tools that help students with time and stress?
WHAT THEORIES APPLY?

• Experiential Foundation
• Brain Based Learning Theory
• Gaming Theory
• Theory of Planned Behavior
EXPERIENTIAL FOUNDATION

• liveWELL rules
  – Programming Based on Experiential Model

• Dewey – People learn the most when they are actively involved in learning

• Learners need to reflect on experiences so they relate, connect and transfer to real life
BRAIN BASED LEARNING THEORY

• The brain works best when the body is active
• Physical, emotional and social involvement in learning increases engagement and retention.
BRAIN BASED LEARNING THEORY

- Willis, 2007 ‘RAD’
  - Novelty promotes information transmission through the Reticular activating system
  - Stress-free environments propel data through the Amygdala’s affective filter
  - Pleasurable associations linked with learning more likely to release Dopamine
GAMING THEORY

• Reality is Broken*: Gaming can be used to fix social problems
• Why gaming as an educational tool is a good strategy for population
  – Reach
  – How student’s learn – 60% play games
  – Engagement

From Interactive Games to Outcomes

Game playing → Improved mediating factors → Improved outcomes

Click Health games
- Challenge
- Motivation
- Role models
- Simulations
- Repetition
- Feedback

Self-concepts

Self-efficacy

Knowledge & skills

Communication & social support

Better health behaviors
- Prevention
- Selfcare
- Adherence
- Appropriate utilization

Better health & Lower healthcare costs

Journal of Ambulatory Care Management, January 2001
THEORY OF PLANNED BEHAVIOR (TPB)

BLUE=TRA; PURPLE=TPB

**Behavioral Beliefs**

**Evaluation of Behavioral Outcomes**

**Normative Beliefs**

**Motivation to Comply**

**Control Beliefs**

**Perceived Power**

**Attitude toward the Act**

**Subjective Norm**

**Intention**

**Behavior**

**Perceived Behavioral Control**
WELLGO OBJECTIVES

• Experiential model for lifestyle management
• Provide students with tools for transforming stress
• Educate students on relationship between lifestyle and performance
• Utilize TPB to help students develop a plan for success
WELLGO DEVELOPMENT

• Goal: Broaden reach via creation of online tool
• Computer Gaming Class Spring 2012
• Game completion Fall 2012
Welcome to wellGO Calendar, a tool that helps you manage time and stress. Build your general weekly schedule and we'll analyze it for you!

Hover your mouse over the headers to copy & paste days.

Select an activity and drag the blocks onto the board.

Click "Analyze" when you're done and we'll analyze your scheduling habits.

Drag blocks to the trash to them.
Thanks! Now read our analysis carefully and adjust your schedule to get rid of those Health Risks. Be sure to move low-priority blocks before moving the high-priority ones. You can click "analyze" as many times as you need. Once you’ve perfected your schedule, you can download it in Excel and export it your Google Calendar.

**Schedule Analysis:**

**Health risk: poor sleep schedule**

Good quality, regular sleep is more important than you might think. Changing sleep patterns on a regular basis alters your body’s biorhythms and makes it harder for you to optimally function. A good rule of thumb to keep in mind is: Same Time, Same Place. 8.0. Try and go to bed at the same time, in the same place for the same amount of time (roughly 8 hours) every night to develop good sleeping habits. Make sure that your room is dark, cool and quiet for the best quality sleep. For more tips on how to sleepWELL visit our website at [https://well.wvu.edu/lifestyle_fitness](https://well.wvu.edu/lifestyle_fitness).

**Health risk: no spiritual time**

Consider setting aside time to connect. Spirituality is important for many people and is very individualized. For some it means time in nature for others it means being in a place of worship. Think about what you need to renew. For more information on religious organizations on campus visit [http://www.campusfaith.org/wvu/](http://www.campusfaith.org/wvu/).

**Health risk: not enough sleep**

Like many college students, you’re not getting enough sleep. This can impair your alertness, which affects the way your brain functions, your reaction time, and your mood. Remember to keep getting at least 7 to 8 hours of sleep a night. If needed, use ear plugs, eye masks, and fans to achieve even better quality sleep. For more tips on how to sleepWELL visit our website at [http://well.wvu.edu/lifestyle_fitness](http://well.wvu.edu/lifestyle_fitness).

**Health risk: not eating 3 times a day**

Reconsider your eating habits. Shoot for eating at least 3 times a day. Snacking between meals is fine, as long as you consider your snacks a part of your overall healthy intake. Make fruits, vegetables, and whole grains a primary focus of your daily intake. Shoot for at least 5 servings of fruits and vegetables each day and make at least half of your grains whole grains. For more information on how to eatWELL visit our website at [http://well.wvu.edu/nutrition](http://well.wvu.edu/nutrition).

**Health risk: not enough studying**

It doesn’t look like you study very much. For each one credit hour in a class it is recommended that you study at least 2 (ideally 3) hours per week outside of class. That means if you are registered for 3 3-credit classes you should devote at least 18 hours weekly to homework and studying. SETTING aside this time for your studies can reduce the need for cramming and increase your ability to concentrate and retain information. A good study plan will help improve your grade point average and decrease your stress level. For more resources on studying and time management, check out our website: [http://well.wvu.edu/stress_management](http://well.wvu.edu/stress_management).

**Health risk: drinking**

In case of the protective statistics he called him. Think about the frequency and quantity of drinking you’re consuming and.
Health risk: drinking
If you choose to drink alcohol, be sure to use the protective strategies bulleted below. Think about the frequency and quantity of alcohol you’re consuming and honestly consider its impact on your quality of life. Alcohol misuse is highly correlated with lower grades, increased stress, and impaired sleep. If you or someone you know needs help with alcohol misuse, be sure to use the resources available at http://well.wvu.edu/alcohol_drug_ed, or contact WELLWVU Student Assistance Program at 304-293-WELL (9355).
- Avoid drinking games
- Alternate non-alcoholic with alcoholic drinks
- Choose not to drink alcohol
- Eat before and/or during drinking
- Determine in advance not to exceed a set number of drinks
- Stick with only one kind of alcohol when drinking
- Know your limit
- Use a designated driver
- Stay with the same group of friends the entire time drinking
- Pace drinks to one or fewer an hour
- Keep track of how many drinks you have consumed
- Have a friend let you know when you have had enough to drink

Health risk: no work or community service
The college experience is more than just your time to learn and grow but it’s your chance to give back. WVU has many opportunities for you to volunteer for community service or get involved in a student organization that is aimed at giving back to the community or helping students on campus. There are also a number of on-campus jobs that may lead to career building opportunities. For more information on student organizations on campus visit http://serve.wvu.edu/custom/1330/. For a listing of job openings on campus visit http://studentemployment.hr.wvu.edu/.

Health risk: no breakfast
Make sure you eat breakfast every morning. Breakfast is the most important meal of the day. It helps regulate your metabolism and recharges your brain and body after your slumber. Eating breakfast and eating regular meals, helps you maintain optimal energy levels throughout the day and a healthy body weight. For more information on how to eatWELL visit our website at http://well.wvu.edu/nutrition.

Health Risk: not enough exercise
It doesn’t look like you exercise very often. Exercise recommendations for college students and young adults are to exercise at least 30 minutes most days of the week (at least 5). Exercise is a great stress reducer and energy booster, and can help you maintain a healthy body weight. People who are physically active reduce their risk of developing major chronic diseases, such as coronary heart disease, stroke and type II diabetes, by up to 50%. For ways to stay active or get fit visit the WELLWVU website at http://well.wvu.edu/fitness.

Good job for being social!
It’s good that you find time to socialize. College is a great time to meet new people and discover new aspects of yourself. For more information on activities on...
APPLYING THE THEORY OF PLANNED BEHAVIOR ACTIVITY

• 10-15 people per group

• Select a health behavior you want to address

• Consider how each TPB construct relates to the behavior

• Select 1+ constructs relevant to a particular campus

• Consider programmatic applications; write 3 ideas
THEORY RESOURCES


Questions & Answers
FEEL FREE TO CONTACT US!

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ACKNOWLEDGEMENTS

• AML wishes to acknowledge Susan E. Middlestadt, PhD, for her expert teaching of the TPB and guidance on the meditation study described.

• CH wishes to acknowledge Traci Jarrett, Jeffrey Byrd, Prithish Banerjee and all of the students who have contributed to these projects through WELLWVU OWHP.