

## Use of Self-Management Strategies in a 2-Year Cognitive-Behavioral Intervention to Promote Physical Activity

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Training in the use of self-management strategies (e.g., self-monitoring, positive self-talk) is common in behavioral and cognitive interventions, and participants' strategy use is a hypothesized mechanism for behavior change. However, reports of strategy use and the relation between strategy use and outcomes are rare. The use of cognitive and behavior strategies pertinent to increasing physical activity was assessed via survey at post-course, 1-year, and 2-year follow-up among 256 university seniors randomly assigned to either an intervention that promoted strategy use or to a non-behavioral health course (control). Strategy use was higher among intervention relative to control women only at post-course, but was significantly related to women's leisure-time physical activity at post-course, 1-year, and 2-year follow-up after controlling for prior physical activity and condition. Men's strategy use did not differ by condition at any time point, but was associated with men's physical activity at 2-year follow-up. Strategy use was also assessed among intervention participants during ongoing phone contact. Participants' frequency of goal setting accounted for an additional 5.1% of women's physical activity variance at the 2-year assessment, but strategy use assessed on this ongoing basis was not related to men's physical activity. Examining proposed intervention mechanisms of change and the relation between these mechanisms and outcomes is paramount to improving cognitive-behavioral interventions.

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Many health behavior-change programs are based on social cognitive theory (Bandura, 1986) and self-regulation models of behavior change (Kanfer & Gaelick, 1986). Cognitive-behavioral interventions have been developed and applied to many different health behaviors (Kaplan, Sallis, & Patterson, 1993). Such interventions commonly teach participants self-management strategies, including strategies such as self-monitoring, self-reward, and positive self-talk. Strategy use is presumed to be a primary mechanism for behavior change by participants who receive this instruction and apply strategies consistently.

Despite the universality and centrality to interventions of strategy training, few reports document participants' rate of strategy use. It is unclear whether such omissions reflect the lack of strategy-use measurement, the lack of significant differences between intervention and comparison groups on strategy use, the lack of significant associations between strategy use and outcome, or other factors. Regardless, strategy-use assessment has the potential to substantially improve interpretation of results and could lead to improved interventions (Weisz & Hawley, 1998).

Without systematic measurement of strategy use, attribution regarding the mechanism for intervention efficacy or lack thereof remains unclear. For instance, if an intervention that teaches strategies did not improve targeted behaviors, it could be that these strategies were not efficacious for changing those behaviors. Alternatively, it could be that the intervention participants did not use taught strategies, did not use correctly the strategies that were taught, or used alternative strategies not targeted within the intervention. Intervention researchers run the risk of declaring intervention failure or success without considering whether participants were actually using the strategies that were proposed to be instrumental for behavior change (Kazdin & Kendall, 1998). Inconsistent evaluation of strategy use also prevents investigation of factors (e.g., individual differences such as gender) that may predict strategy use, reducing the likelihood that future programs can more appropriately tailor interventions and teaching of specific strategies. In their consideration of empirically supported interventions for youth, Weisz and Hawley (1998) note that identifying intervention mediators of change could help reduce the inclusion of ineffective intervention components and strengthen remaining components, thus increasing overall intervention efficacy.

Health behavior-change research also has often failed to evaluate whether strategy use is associated with outcomes. This represents a failure to assess the construct validity of interventions (Baranowski, Anderson, & Carmack, 1998). Though it is beneficial to know whether participants are or are not using strategies taught, this evidence is not meaningful without examining whether strategy use is related to the behavioral outcomes. For instance, Durlak, Fuhrman, and Lampman (1991) report in their meta-analysis of cognitive-behavior therapy that changes in cognitions, a primary proposed mechanism of change, had minimal association with outcome. Information about the relation between strategy use and outcomes can be used to examine

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