Social Learning and Coping Models: Part 2

Professor David Clark continues his look at the social learning model of substance use and misuse.

In my last Briefing, I introduced Social Learning Theory (SLT), which describes the effect of cognitive processes on goal-directed behaviour. SLT considers the human capacity for learning within a social environment through observation and communication.

I described the role of reinforcement, cognitive expectancies and modelling in influencing substance use and misuse, and pointed out that SLT forms the basis for therapeutic interventions such as coping skills training and cue exposure treatment. I also briefly looked at the role of stress, and a coping model of substance use and misuse.

In this Briefing, I will look at self-efficacy, another key element of SLT. Self-efficacy is the level of an individual's confidence in their ability to organise and complete actions that lead to particular goals.

 Robert West (2006) points out that self-efficacy affects the goals that people pursue, the level of effort used to achieve those goals, as well as how long people will persevere in pursuit of their goals when encountering barriers. Self-efficacy affects the likelihood of the goal being achieved.

Self-efficacy can be influenced by the success or failure that an individual has previously experienced on the particular task, although there a variety of other influences (*eg* views of other people) that can play a role.

It can be related to a specific task (giving up drinking alcohol) or be more general in nature. Self-efficacy is not just related to behaviour, but also to an individual's 'level of perceived control with regard to his or her thoughts, feelings and environment'.

A person's self-efficacy for alternative behaviours can play an important role in influencing whether they drink in a specific situation. Their confidence that they can cope in a specific situation, and their estimation of the chances of succeeding, will determine the selection and implementation of coping behaviours. One of these coping strategies in stressful situations can be the consumption of alcohol.

The self-efficacy of a person who has developed problematic drinking following long-term use of alcohol to cope with life's stressors is likely to have been badly affected by the excessive drinking, so they are even less likely to feel confident of using alternative coping strategies when faced with stressful situations.

Let us consider the various principles of SLT in a hypothetical situation, taken in part from the excellent book by Peter Monti and colleagues (see below).

Paul is in a high state of distress because of a recent marriage break-up and work pressure. He
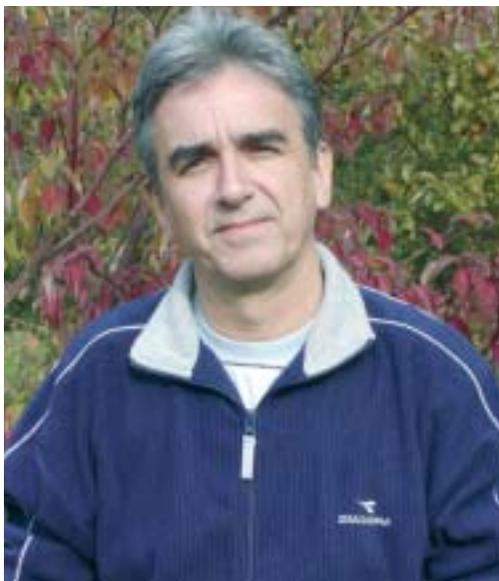
> **'The self-efficacy of a person who has developed problematic drinking is likely to have been badly affected by the excessive drinking, so they are even less likely to feel confident about using alternative coping strategies when faced with stressful situations.'**

attends a party, where he expects to relax and have fun. His friends are already drinking and having a good time (modelling influences). His coping will be determined by his general and alcohol-specific coping skills, cue reactivity (reactivity to cues previously associated with drinking), and self-efficacy.

Paul's self-efficacy percepts will be influenced by his current stress level and history of coping in similar situations.

His expectations about the short and long-term effects of drinking on behaviour will also be important. He focuses on the immediate positive reinforcing effects of alcohol (*eg* relaxation, euphoria), while

ignoring the longer-term negative consequences (*eg* hangover, heightened anxiety, car accident).

Paul has low self-efficacy about relaxing and socialising without a drink. When drinking is initiated, various reinforcing effects of alcohol come into play. His expectations of alcohol reducing his stress and allowing him to enjoy the evening more, will likely be confirmed.

Mary is abstaining from alcohol because of previous problematic drinking. She has discussed with her counsellor the factors that they believe have contributed to her problematic drinking.

Mary has talked through and then rehearsed various coping strategies and alternative behaviours that could be used in difficult situations. The role of conditioned cues and their ability to produce cognitive and physiological reactions that can interfere with her ability to use alternative coping strategies have been discussed.

Her counsellor has gradually exposed Mary to more and more difficult situations, and as she has coped and avoided drinking in these situations, her self-efficacy has increased.

Mary attends the party with the belief that she will not drink alcohol. She is armed with information and techniques that will help her achieve her aim. She will want to relax and have fun at the party, but she will have learnt to do this without the aid of alcohol.

I will look at these therapeutic strategies in more detail in later Briefings.

Peter M. Monti, Ronald M. Kadden, Damaris J. Rosenhow, Ned L. Cooney and David B. Abrams (2002) Treating Alcohol Dependence: A Coping Skills Training Guide. The Guilford Press. Robert West (2006) Theory of Addiction. Blackwell Publishing. (Available at discounted rate from the DDN bookshop at www.drinkanddrugs.net)

David Clark has recently taken early retirement from the Department of Psychology, University of Wales Swansea, to concentrate on running WIRED on a full-time basis. He is now an Emeritus Professor at the same University. David wishes all his readers a Merry Christmas and Happy New Year. He is very grateful for the kind comments he has received about the Background Briefings over the past year.

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