Alfred Bandura’s Social Learning Theory and Its Implications for Substance Use Disorder Treatment

In the contemporary therapeutic approaches to substance use treatment, specialists and scholars vastly generate and apply multiple psychological theories that inform evidence-based decisions for beneficial patient outcomes. Commonly, substance abuse has been viewed as a behavioral disorder attributed to the development of addiction to a substance through repetitive actions. However, Albert Bandura's theory of social learning has introduced a new perspective on this issue, claiming that addiction, like any other behavior, results from social influence on an individual. In other words, people acquire particular behavioral patterns and response mechanisms by observing others in their environment. Such a process is defined as a reciprocal determinism where interrelated and interdependent personal characteristics, environment, and behavior are interrelated and interdependent.

Given a high level of social involvement of addicted individuals, the social learning theory explains the causes of substance abuse and finds effective treatment solutions. Thus, this paper aims to outline the premises of the social learning theory proposed by Alfred Bandura, overview its explanation of addiction, and explore treatment options using the concepts of the theory.

Premises of the Social Learning Theory

The introduction of the social learning theory to psychology was a pivotal point in transitioning from behavioral psychology to the cognitive approach to human development inquiry. Developed by Alfred Bandura in the 1970-s, the social learning theory suggested that people learn their behavior not only from direct experiences but also from observing other people's behavior that serves as modeling (Bandura & Walters, 1977). An important role in the process of behavioral pattern acquisitions is played by stimuli and the mode of perception of the stimuli, and the observation of the antecedents of one's responses to the stimuli.
As articulated by Bandura and Walters (1977), the theory assumes that “modeling influences produce learning principally through their informative functions and that observers acquire mainly symbolic representations of modeled activities rather than specific stimulus-response associations” (p. 6). The social learning model starts with an anticipated stimulus, which is followed by attention, and a modeling stimulus, which ultimately leads to symbolic coding, cognitive organization, and rehearsal to finally form a behavioral response (Bandura & Walters, 1977). The model is demonstrated in Figure 1 and implies a close dependence between observation and ultimate response in the form of behavior (see Figure 1).

Figure 1.

Social Learning Theory

![Social Learning Theory diagram]

Source: Bandura and Walters, 1977, p. 9.

According to the social learning theory, the new behavior is acquired through the perspective of reciprocal determinism, where different factors are interrelated and interdependent. In particular, Bandura’s theory holds that “behavior, the environment, and personal factors internal to the individual have reciprocal influences on one another – events that impact one of these components will also impact the others” (Smith, 2020, p. 14). Thus, these concepts play an integral role in forming behavior in individuals in a social environment.

Social Learning and Addiction

The premises of the social learning theory apply to the explanation of addiction as manifested through substance use disorder. The concept of modeling plays a particularly crucial role here since the abuse of such substances as drugs, tobacco, and alcohol is
commonly associated with individuals' observation of others' intake and the following positive effects. Indeed, a child who continuously observes a parent drinking for relaxation and better mood associates drinking with the positive outcome and acquires the same behavioral pattern. According to Smith (2020), substance use is “considered the critical behavior of interest” where “both personal factors internal to the individual and environmental factors external to the individual directly impact the likelihood of using drugs” (p. 15). Thus, when feeling tense or stressed, a person who has continuously observed drinking as a solution is likely to drink and develop an addiction.

Thus, the interrelation of the three core elements of the social learning theory, namely behavior, environment, and personal factors, are key in addiction development. In the same manner, the concept of reciprocal determinism, where behavior depends on the environment, unfolds in an individual's acquisition of addictive behaviors under the influence of peers (Barton & Henderson, 2016). Moreover, such personal factors as stress, difficulty socializing, and the lack of confidence also reinforce the acquisition of addictive behaviors from the environment that models substance abuse. Given the conceptual explanation of addiction enabled by the social learning theory, this approach might contribute significantly to the options of substance use treatment.

**Application of the Social Learning Theory to Substance Use Disorder Treatment**

Having the theoretical and conceptual basis of the social learning theory at their disposal, therapists and counselors are equipped with an abundance of methodologies and techniques to help their clients struggling with substance use disorder. Since alcoholism, drug addiction, or excessive tobacco use are learned behaviors, it is only natural that these negative behavioral patterns can be erased or substituted by different positive learned behaviors. As defined by Smith (2020), “addiction is a chronically evolving disorder, in which the probability of drug use is constantly increasing or decreasing based on multiple internal and
external determinants” (p. 18). The core of social learning-based therapy, therefore, should be based on the alterations in the environment and personal factors so that the adverse behavior can ultimately be changed. For that matter, two essential blocks of therapeutic interventions are suggested to demonstrate how the social learning theory can be helpful in treating substance use disorders.

**Healthy Socialization through Peer Support Groups**

As stated before, addictive behaviors commonly result from a negative environment, which is comprised of people who use substances and influence an individual to acquire the same behavior. In this regard, the external environment plays a decisive role for an addict reinforcing harmful behaviors (Smith, 2020). Indeed, drug addicts commonly socialize for the purposes of obtaining drugs and taking them, as well as share their experiences related to drugs. This vicious circle prevents the addicted individuals from being influenced by positive stimuli and modeling, which deteriorates their healing perspective. However, since addiction is an evolving disorder, the integration of positive influence and a radical change of the external environment will have the same magnitude of influence inducing non-addictive behaviors (Barton & Henderson, 2016; Smith, 2020). Therefore, a critically important element of an effective substance use disorder treatment program should be the change of the external environment.

One of such methods is participation in group sessions and peer support groups. Within the context of the social learning theory, the integration of a new but healthy environment into the life of an addicted individual will result in positive outcomes in terms of acquiring new behavioral patterns. There is substantial research evidence supporting these assumptions and illustrating the observed benefits of peer support for individuals struggling with substance abuse. Indeed, according to Barton and Henderson (2016), peer support might be manifested through individual mentorship or group sessions, or communities. As stated by
Barton and Henderson (2016), peer support is a structured a recovered volunteer who “assists other people with mental health problems to identify and achieve life goals” (p. 2). On the other hand, the attendance of such communities for support as Permanent Supportive Housing (PSH) and Alcoholics Anonymous (AA) might also allow for creating a positive external environment.

The process through which the peer support interventions are expected to function and have a positive impact on the patients is through the modeling. Indeed, as stated by Barton and Henderson (2016), social learning theory establishes a “live model, in which an observed person demonstrates the desired behavior and produces visible consequences for their actions” (p. 4). An individual seeking recovery and anticipating the stimulus will direct his or her attention to the newly introduced behavior and its incentives, which will encourage him or her to change the behavior. In particular, health benefits, positive socialization outcomes, the lack of risk factors and threats are likely to induce a positive shift in response to behavioral stimuli (Barton & Henderson, 2016). As a result of multiple studies, individuals exposed to peer support have shown better recovery results (Barton & Henderson, 2016). Thus, it is imperative to integrate peer support interventions into the treatment program for substance use disorder.

**Acquisition of Coping Skills**

Regardless of the positive effects of peer support as an integration of an individual into a non-addictive external environment, it is difficult to isolate an addict from the previous environment where unhealthy behaviors are exhibited. Therefore, it is important not only to display new behavioral patterns but also to teach the patients how to cope with peer pressure and relapse once in an addiction-reinforcing environment. The acquisition of coping mechanisms and communicational skills for refusal will be essential in this regard (Barton & Henderson, 2016; Smith, 2020). Indeed, when interacting with friends or family members
who are abusing substances, a person should know techniques that would allow for maintaining the achieved treatment results and withstand the pressure from peers. These skills might be learned through modeling, observation, cognitive organization, and rehearsal in the context of the social learning theory (Bandura & Walters, 1977). Moreover, another essential concept on the theory, namely personal factors, might also be integrated when using social learning for substance abuse treatment. In particular, to cope with stress and resist the temptation to drink, smoke, or take drugs, a person should be taught a set of individual behavior techniques to manage unhealthy inclinations.

**Conclusion**

In summation, as the overview of the social learning theory's concepts and the overall framework showed, this approach to developmental studies provides a comprehensive and reliable set of ideas for behavior acquisition interpretation. The theory holds that a person learns behavior through the observation of others’ behaviors. In more scholarly terms, this process involves reciprocal determinism, where three dimensions, namely external environment, personal factors, and behavior, impact each other and contribute to behavior development. Since addiction is a learned behavior manifested in an evolving substance use disorder, the environment, personal factors, and behaviors might be altered to induce long-term healthy behavioral patterns. In terms of treatment, these goals might be achieved through individual peer support, mentorship, group or community support, and coping skills learning.
References

