

SECTION 1

COUNSELING



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1.0 COUNSELING

1.0.1 Introduction

Every participant comes with an established set of beliefs and behaviors. Participants are motivated to change through their ability to self-manage behaviors. Nutrition counseling provides the environment to prepare the participant to handle social and personal behavioral change.

Traditionally, many counselors assess the participant's nutritional problems and educate them based on that assessment. Often participants receive education through preplanned classes that address a subject that may or may not be of interest to them or pertained to their needs. VENA or Value Enhanced Nutrition Assessment demands that the participant be a part of the process. The counselor helps the participant identify and prioritize the participant's concerns. Behavior changes can only occur when the participant can see that the change is valuable to them.

In this module you will learn to use an individual participant's expectations, beliefs, self-perception and goals to shape the counseling session.

Section 1 is divided into five segments:

- The 3-Step Counseling Strategy
- Critical Thinking
- Stages of Change
- Rapport Building
- Motivational Interviewing

1.0.2 Purpose

The purpose of the Counseling Section is to outline the techniques for becoming an effective nutrition counselor. More training on counseling and VENA is presented in the VENA training modules.

1.0.3 Objectives

Upon completion of Section 1, you will be able to:

- Explain the meaning and importance of "participant centered" education.
- Use open-ended questions to obtain information.
- Identify and apply critical thinking steps to organize, synthesize and evaluate information received and develop a nutrition intervention plan.
- Identify the Stages of Change and assess a participant's motivation to change.
- Provide "participant centered" education.

1.1 3-STEP COUNSELING STRATEGY

1.1.1 Open-ended Questions

Participant centered education addresses the participant's nutritional concerns. The counselor uses open-ended questions to obtain information regarding the participant's concerns and their willingness



to make changes to address those concerns. The participant is able to express what is most important to them. This approach provides the opportunity for dialogue between the participant and the counselor, personalizing the relationship and creating a positive approach to assessment. The counselor must listen carefully to what the participant is saying and avoid the temptation to intervene with his or her own thoughts and interests. More information about the 3-Step Counseling Strategy is available in the VENA training modules.

Start an open-ended question with:

- Who
- When
- Why
- Help me understand...
- What
- Where
- Tell me about...
- How, How much, or How often

Examples: What kind of foods does your baby eat?
Tell me more about your situation.

1.1.2 Affirming

After you feel you understand the participant's concerns, the second step is to affirm her feelings. This is a very important step in the process. Until the participant feels affirmed and acknowledged, they may find it hard to accept any information or guidance the counselor has to offer.

Affirming will:

- Let the participant know you have heard them.
- Assure the participant that their feelings are normal.
- Help the participant feel more comfortable.
- Help the participant to be more receptive to information offered.
- Build the participant's self-confidence.
- Establish rapport, build trust and increase openness between the counselor and the participant.

It conveys that the counselor understands the participant's difficulty and that what the participant is feeling is normal. The counselor needs to respond to the feelings behind the comments being made and learn to accept and respect the participant's feelings without agreeing with their point of view. Affirmations should be simple phrases that acknowledge and appropriately affirm the participant's efforts and strengths.

Examples: It sounds like you have a good sense of what your baby is ready to eat. Congratulations on successfully changing your family to whole wheat bread.

Seek every opportunity to affirm, compliment and reinforce participants. Affirm participants when they express:

- Honesty and participation
- Past successes, future hopes
- Struggles and desires
- Current or past efforts to improve things

1.1.3 Education

Education is the last step in the 3-Step counseling strategy. Resist the urge to begin educating too soon. It is crucial to first determine what matters most to the participant and base education on what is important to the participant. In other words, provide participant-centered education. This technique works because:



- It never assumes what is important to the participant. (Counselors often think they know what is important to the participant but we really do not know unless we ask them.)
- It focuses on what is real, right now for the participant.
- It does not waste time on topics the participant is not interested in. Counselors may not realize what a participant already does or does not know and may end up talking about something that s/he finds boring or cannot understand.
- It does not tell participants what to do. (You may feel it would be quicker or easier to tell a participant what s/he should know or do. This usually does NOT help the participant because most participants do NOT like to be told what to do!)

A participant-centered education session should include the following steps:

- Welcome the participant and make introductions.
- Establish rapport with participant.
 - Ask permission to discuss specific topics with the participant. For example:
 - *My name is _____. I am a _____. We have about _____ minutes to complete the enrollment process, and during this time I'll be asking questions and gathering information from you. How does that sound?*
 - Gather information using open ended questions and probing questions to encourage elaboration when needed.
- Complete the assessment.
- Conduct focused discussion on participant's topic.
 - Ask permission to discuss their topic!
- Provide information identified as important to participant's identified behavior change.
 - Ask what the client knows or would like to know.
 - *What are some things you already know about exercising and pregnancy?*
 - *What have you heard about breastfeeding?*
 - Offer information in a neutral, nonjudgmental manner.
 - *The WIC program suggests...*
 - *Other parents have found...*
- Assess readiness to change and discuss goals.
- Close the session.
 - Show appreciation: *Thank you for your willingness to talk with me about...*

- Respect decisions: *You're the best judge of what's best for you and your life.*
- Voice confidence: *I'm confident that if and when you make a decision to make a change you will find a way to do it.*

1.2 CRITICAL THINKING

Critical thinking as applied to the WIC encounter is a disciplined process applied to interactions with participants with the end result of completing a superior quality nutritional assessment for participants. Critical thinking is a form of judgment, specifically purposeful and reflective judgment. It goes beyond the acquisition and retention of information. The critical thinking process involves evaluating acquired information to reach a well-justified conclusion or answer. Counselors often have to rely on what they see and hear to assist them in learning about the participant and their nutritional needs. Critical thinkers gather information from all senses; verbal, nonverbal, and written expression, reflection, observation, experience and reasoning. They are both willing and able to think and use critical thinking skills to solve problems and form good judgments without bias.

Using critical thinking involves the following steps:

- Collecting all relevant information.
- Asking additional questions to clarify information.
- Recognizing factors that contribute to the identified problems.
- Recognizing and discarding superfluous information.
- Considering the participant's point of view.
- Identifying relationships between behaviors and practices.
- Communicating effectively with the participant to come to a conclusion.
- Assisting the participant to set priorities and goals.

Figure 1. Process of Critical Thinking



Source: VENA

1.2.1 Critical Thinking Applied to a Nutrition Counseling Situation

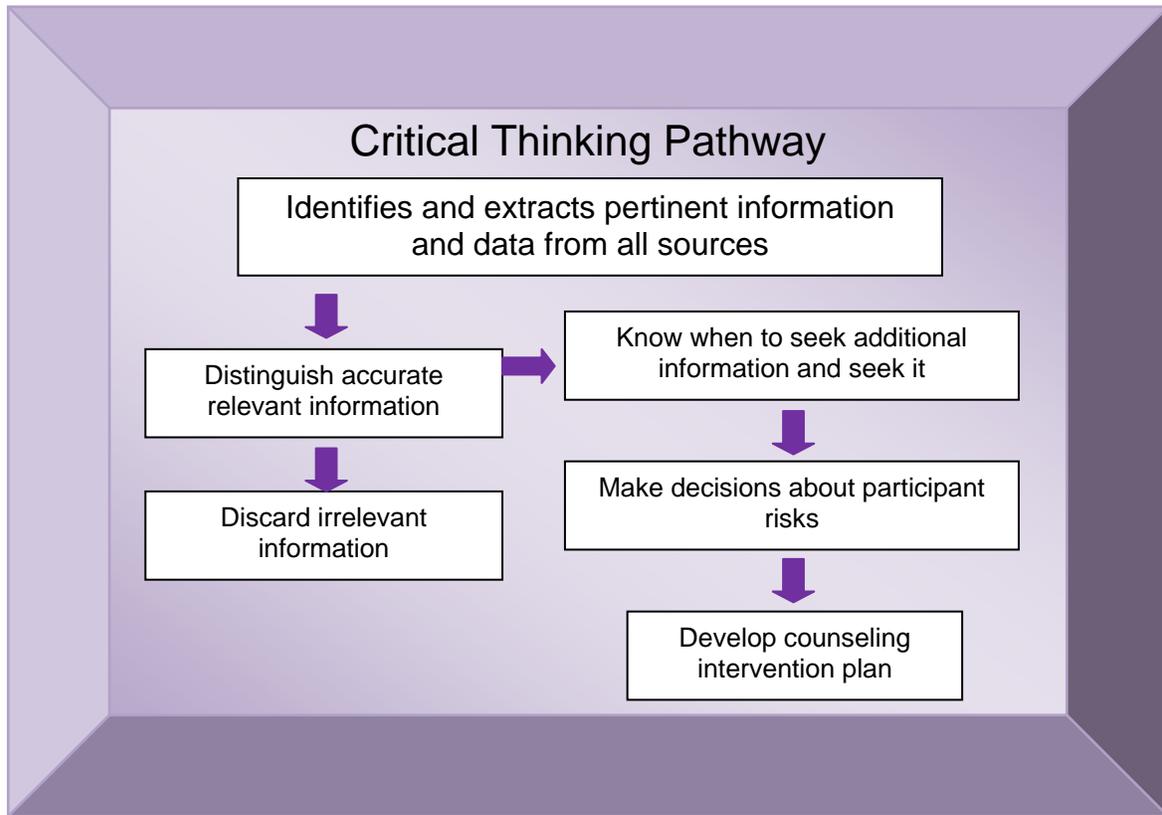
The following is a list of questions to consider when applying critical thinking in a nutrition counseling situation.

1. What is the purpose of meeting with this participant?
2. What data or information do I need?
 - a. Evaluate what you know about the participant.
 - b. Review past history and paper work completed.
 - c. What data have you gained from observation?
3. How am I going to get the needed information?
 - a. Create questions.

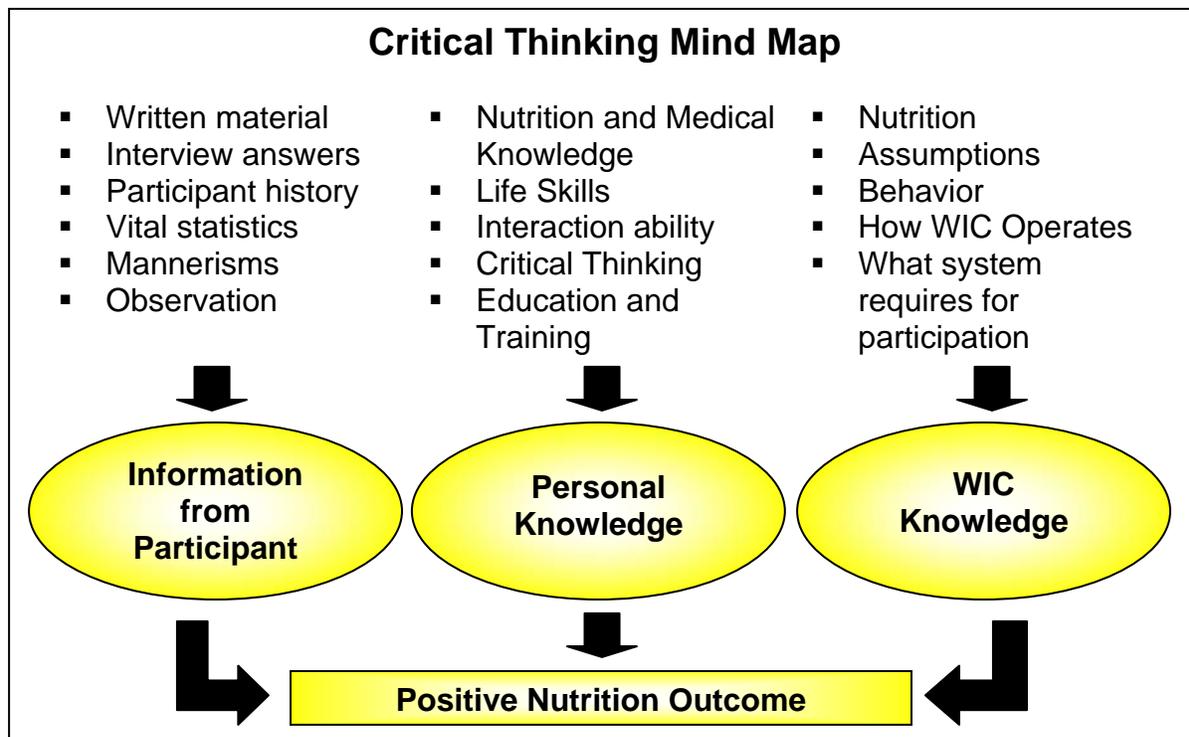
Once you have determined the purpose of the nutrition counseling session and what it is you need to know apply these steps:

1. Ask and explore with the participant.
2. Organize what you have learned.
3. Consider again your main purpose.
4. Ask additional questions to clarify and get more detail.
5. Evaluate the information and identify appropriate conclusions.
6. Prioritize nutrition problems to be addressed.

Figure 2. Critical Thinking Pathway



Source: VENA



Source: VENA

1.3 STAGES OF CHANGE

Changing behavior is hard to do. Participants will change at different rates and go through different stages when changing a behavior. The Stages of Change Model is a way of thinking about how people make personal behavior changes. There are five stages people go through when changing a behavior or habit. Participants may fluctuate between stages as behavior change is not always a linear process. When assisting participants with behavior change, the goal is to recognize which stage of change the participant is on and focus on moving them forward.

These five stages of change are:

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance

The **pre-contemplation** stage is the “not ever thinking about it” stage. People in this stage have no plans to change their behavior. They may or may not be aware of how risky their behavior is. They may not see their behavior as a problem.

The **contemplation** stage is the “thinking about it” stage. People in this stage often say they would like to change but do not know how they will make the change. They may be thinking about the “pros” and “cons” of change.

The **preparation** stage is the “ready for action” stage. People in this stage have plans to change their behavior in the near future. They may already have taken some actions.

The **action** stage is the “doing it” stage. People in this stage have successfully changed their behavior for a short period of time.

The **maintenance** stage is the “sticking to it” or “living it” stage. People in this stage have successfully maintained the new behavior for six months or longer. For many people this is the hardest stage. People sometimes slip back into old habits

When using the Stages of Change Model remember:

- People may move back and forth between stages.
- Not all people go through all the stages for each change they make.
- Returning to an old behavior is common and may happen at any stage.

Many people often do not realize how difficult it is to change behavior and may want to give up. People often slip back into “old” and “unwanted” habits. Returning to a previous unwanted behavior or habit is called relapse. A participant may be more successful in future behavior change attempts if s/he learns from her/his setbacks and does not give up. Most people trying to make a change go through some stages multiple times, even finding themselves back at the contemplation or preparation stage.

You may wish to use the Stages of Change Chart to help you remember the five stages.

Table 1. Stages of Change

Stage	Phrase	What’s going on for the participant?	Example
Pre-Contemplation	“Not thinking about it”	She is not thinking about changing her behavior; there is no plan to change	Participant is 10 weeks pregnant and is eating an unhealthy diet
Contemplation	“Thinking about it”	She is thinking about changing her behavior	Participant is thinking about eating healthier
Preparation	“Getting ready for action”	She is getting ready to change her behavior	Participant asks for a list of healthy breakfast foods
Action	“Doing it”	She is starting to change her behavior	Participant now eats a healthy breakfast
Maintenance	“Living it” or “Sticking to it”	She has successfully maintained her behavior change for over 6 months	Participant has been eating healthier for 7 months
Relapse	“Going back to old habits”	She goes back to old habits	Participant is eating unhealthy breakfast foods

Table 2. Stages of Change Opportunities for Intervention

Stage: Precontemplation

Goal: *participant will begin thinking about change*

Counseling Strategies:

- Use relationship-building skills
- Personalize risk factors
- Give data about the participant's eating patterns/intake, lab results, etc. as compared with the norm (Dietary Guidelines, WIC parameters)
- Rather than using scare tactics, express your caring concern
- Use teachable moments (the symptom as a message)
- Allow participant to express emotions about the need to make dietary changes

Recommended questions:

- “How would you know if ... was a problem for you?”
- “What would have to happen for you to know that this is a problem?”
- “What warning signs would let you know that this is a problem?”
- “Have you tried to change in the past?”
- “If you were to decide to change, what do you imagine might be some advantages?”

Stage: Contemplation

Goal: *participant will examine benefits and barriers to change*

Counseling Strategies:

- Elicit from the participant reasons to change and the consequences of not changing
- Explore ambivalence, praise the participant for considering the difficulties of change
- Restate both sides of ambivalence
- Question possible solutions for one barrier at a time
- Pose advice gently as “a solution that has been effective for some participants and might be adaptable to you” to avoid participant's natural resistance

Recommended questions:

- “Why do you want to change at this time?”
- “What would keep you from changing at this time?”
- “What are the barriers today that keep you from change?”
- “What might help you with that aspect?”
- “What things (people, programs and behaviors) have helped in the past?”
- “What would help you at this time?”
- “What do you think you need to learn about changing?”

Stage: Preparation

Goal: *participant will discover elements necessary for decisive action*

Counseling Strategies:

- Reinforce small changes participant may already have made
- Encourage the participant to set specific, achievable goals; ask for a change date
- Ask which strategies the participant has decided on for risk situations

Stage: Action

Goal: *participant will take decisive action*

Counseling Strategies:

- Reinforce the decision
- Delight in even small successes
- View problems as helpful information
- Ask what else is needed for success

Stage: Maintenance

Goal: participant will incorporate change into daily lifestyle

Counseling Strategies:

- Continue reinforcement
- Ask what strategies have been helpful and what situations problematic

Source: Adapted from Miller WR, Rollnick S. *Motivational interviewing. Preparing people to change addictive behavior.* New York: Guilford, 1991 191-202.

1.4 RAPPORT BUILDING

Rapport building starts when the participant makes the first contact with the WIC clinic. Therefore, the entire WIC clinic staff is important in setting the stage for the final health outcome. Building a personal relationship with the participant is effective in overcoming barriers to effective communication. Common barriers to effective communication include language, cultural beliefs, environment, literacy level, learning ability, personal prejudice, etc. When taken into consideration, these barriers can be addressed and overcome to allow for building positive rapport with each participant. For example, an interpreter or an interpretative service is helpful if the participant does not speak the same language as the counselor.

Nutrition counseling is dependent on sensitive communication strategies. Some issues to consider when communicating with participants include:

- Understanding cultural norms regarding indirect or direct questioning; formality or informality; eye contact; individual space; and touching is important to build effective communication between the participant and the counselor.
- Scientific terms may be lost on the WIC participant. The counselor needs to be able to talk with the participant on their educational level using language the participant can understand.
- The environment should be conducive to privacy and there should be a plan for reduction of interruptions. The counselor should be seated to reflect interest in the client.
- Communication skills and body language are also important. Nonverbal communication can convey interest, respect and a willingness to listen or it can give the impression that the counselor is too busy or has a personal bias against the participant.



1.5 MOTIVATIONAL INTERVIEWING

Motivational interviewing helps the participant recognize and do something about his or her concerns. The participant is ultimately responsible for making changes. The goal is to increase the client's intrinsic motivation so that he or she can express the rationale for the change. Persuasion and support are important in this style of counseling. The nutrition intervention, including both the content and the nutritionist's style, is a powerful determinant of motivation or resistance for the person who wants to make changes. The spirit of the method, however, is more enduring and can be characterized in a few key points.

1. *Motivation to change is elicited from the client, and not imposed.* Other motivational approaches have emphasized coercion, persuasion, constructive confrontation, and the use of external contingencies (e.g., the threatened loss of job or family). Such strategies may have their place in evoking change, but they are quite different in spirit from motivational interviewing which relies upon identifying and mobilizing the client's intrinsic values and goals to stimulate behavior change.
2. *It is the client's task, not the counselor's, to articulate and resolve his or her ambivalence.* Ambivalence takes the form of a conflict between two courses of action (e.g., indulgence versus restraint), each of which has perceived benefits and costs associated with it. Many clients have never had the opportunity of expressing the often confusing, contradictory and uniquely personal elements of this conflict, for example, "If I stop smoking I will feel better about myself, but I may also put on weight, which will make me feel unhappy and unattractive." The counselor's task is to facilitate expression of both sides of the ambivalence impasse, and guide the client toward an acceptable resolution that triggers change.
3. *Direct persuasion is not an effective method for resolving ambivalence.* It is tempting to try to be "helpful" by persuading the client of the urgency of the problem about the benefits of change. These tactics generally increase client resistance and diminish the probability of change (Miller, Benefield and Tonigan, 1993, Miller and Rollnick, 1991).
4. *The counseling style is generally a quiet and eliciting one.* Direct persuasion, aggressive confrontation, and argumentation are the conceptual opposite of motivational interviewing. To a counselor accustomed to confronting and giving advice, motivational interviewing can appear to be a hopelessly slow and passive process. The proof is in the outcome. More aggressive strategies, sometimes guided by a desire to "confront client denial," easily slip into pushing clients to make changes for which they are not ready.
5. *The counselor is directive in helping the client to examine and resolve ambivalence.* Motivational interviewing involves no training of clients in behavioral coping skills, although the two approaches are not incompatible. The operational assumption in motivational interviewing is that ambivalence or lack of resolve is the principal obstacle to be overcome in triggering change. Once that has been accomplished, there may or may not be a need for further intervention such as skill training. The specific strategies of motivational interviewing are designed to elicit, clarify and resolve ambivalence in a client-centered and respectful counseling atmosphere.
6. *Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction.* The therapist is therefore highly attentive and responsive to the client's motivational signs. Client resistance is often a signal that the counselor is assuming greater readiness to change than is the case, and it is a cue that the counselor needs to modify motivational strategies.

7. *The therapeutic relationship is more like a partnership or companionship than expert/recipient roles.* The counselor respects the client's autonomy and freedom of choice (and consequences) regarding his or her own behavior.

Viewed in this way, it is inappropriate to think of motivational interviewing as a technique or set of techniques that are applied to or "used on" people. Rather, it is an interpersonal style, not at all restricted to formal counseling settings. It is a subtle balance of directive and client-centered components shaped by a guiding philosophy and understanding of what triggers change. If it becomes a trick or a manipulative technique, its essence has been lost (Miller, 1994).

There are, nevertheless, specific and trainable counselor behaviors that are characteristic of a motivational interviewing style.

Foremost among these are:

- Seeking to understand the person's frame of reference, particularly via reflective listening.
- Expressing acceptance and affirmation.
- Eliciting and selectively reinforcing the client's own self motivational statements, expressions of problem recognition, concerns, desire and intention to change, and ability to change.
- Monitoring the client's degree of readiness to change, and ensuring that resistance is not generated by jumping ahead of the client.
- Affirming the client's freedom of choice and self-direction.

The following chart provides a guideline for using motivational interviewing during a participant's session.

Technique	Steps
Establish Rapport	<ul style="list-style-type: none"> ▪ Greet the participant and family members by name ▪ Introduce yourself ▪ Explain purpose of visit ▪ Use body language that encourages the participant to open up ▪ Maintain eye contact <ul style="list-style-type: none"> ▪ Eye contact should be appropriate for the participant's cultural background and comfort ▪ Show concern for the participant's feelings ▪ Use active listening skills
Assess Current Behavior	Use open-ended, directive and closed-ended questions as appropriate
Assessment	Find out the participant's: <ul style="list-style-type: none"> ▪ Concerns ▪ Questions ▪ Current knowledge and level of understanding ▪ Stage of change

Focus on Participant's Topic	<ul style="list-style-type: none"> ▪ Support the participant in deciding what topic to discuss
Tailor Intervention Approach	<ul style="list-style-type: none"> ▪ Speak directly to the participant in a friendly manner ▪ Speak according to the participant's education, culture, interest, language, learning ability and stage of change ▪ Provide nonjudgmental responses ▪ Connect participant's current health status and food habits with health issues ▪ Provide accurate and up-to-date information ▪ Cover the topic's main points ▪ Correct misinformation gracefully ▪ Check participant's understanding ▪ Use visual aids that fit participant's education, culture and interest ▪ Encourage questions
Support	<ul style="list-style-type: none"> ▪ Make positive comments about what participant is doing correctly ▪ Discuss what participant can do to change habit
Closing of Session	<ul style="list-style-type: none"> ▪ Summarize the session ▪ Review any plans that were made ▪ Ask participant if s/he has any questions ▪ Make referrals when needed

Source: <http://motivationalinterview.org/clinical/whatismi.html>

1.6 SELF-TEST QUESTIONS – COUNSELING:

1. VENA is a model where nutrition assessment and education is:
 - a. A pre-planned canned education series that is very effective.
 - b. Participant centered and addresses the concerns of the participant.
 - c. A web-based series of lessons that the WIC participants can fill out.

2. Which are the following are open-ended questions?
 - a. Is your baby eating baby food?
 - b. What fruits and vegetables do you eat on a regular basis?
 - c. How are you mixing your baby's formula?

3. Affirmation agrees with the participant no matter what the participant believes?
 - a. True
 - b. False

4. Participant centered education
 - a. Focuses on what is real now for the participant.
 - b. Assumes what is important to the participant.
 - c. Does not waste time on topics the participant is interested in but gives the participant what is important.
 - d. Tells the participant what they need to do to have a more nutritious diet.
5. Critical thinking involves gathering information, evaluating all the information in an unbiased way and drawing a well-justified conclusion.
 - a. True
 - b. False
6. At which stage of change is the participant based on the following statements
 - a. "I have made some changes in my food choices within the past six months"

 - b. "I am intending to change the foods I eat next month"

 - c. "I don't eat high-fat foods anymore"
7. A participant advances through the stages of change at a predictable rate.
 - a. True
 - b. False
8. A counselor builds rapport with a participant by:
 - a. Having a quiet environment
 - b. Greeting the participant by name
 - c. Showing concern for the participant's feelings
 - d. Speaking according to the participant's education, culture, interest, language, learning ability
9. Communication barriers include which of the following:
 - a. Language
 - b. Learning ability
 - c. Stage of change
 - d. Who won the last World Series?
10. Motivational interviewing helps the participant recognize and do something about his or her concerns.
 - a. True
 - b. False

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Scriven, Michael and Paul, Richard. Foundation for Critical Thinking (2008). Defining Critical Thinking. Retrieved July 30, 2008 from <http://www.criticalthinking.org/aboutCT/definingCT.cfm>

1.8 RESOURCES:

American Dietetic Association
<http://www.eatright.org>

WIC Works Topics A to Z
http://www.nal.usda.gov/wicworks/Learning_Center/Assessment_VENA.html

WIC Works Topics A to Z
http://www.nal.usda.gov/wicworks/Learning_Center/Education_Counseling_methods.html