

Illinois WIC Program Nutrition Practice Standards (NPS)

Effective Counseling Methods

February 2021

Nutrition Practice Standards are provided to assist staff in translating policy into practice. This guidance is intended to be used in conjunction with the Illinois WIC Policy and Procedure Manual, Nutrition Education, to assist in providing counseling and education which meets program requirements and participants' needs.

There is no one counseling approach that fits the needs of all participants. The methods used must be participant centered, putting the learner at the center of the process by focusing on topics of their interest, concern, and need. Counseling must be interactive and designed to reflect the participant's life and experiences.

Setting the Stage

The first step in effective counseling is properly setting the stage for the WIC experience.

Consider the following when setting the stage:

- Provide courteous and respectful language when answering the telephone.
- Greet and welcome participants to WIC as they enter the clinic.
- Introduce yourself and explain the purpose and agenda for the WIC visit, including expectations such as weights, measures, hemoglobin and nutrition education.
- Communicate effectively with both English and non-English speaking participants.
- Create a welcoming environment by making sure all clinic areas (waiting room, intake, anthropometric, CPA/counseling area) are comfortable, encourage conversation, and provide privacy. Having toys or activities available for children allows the parent/caregiver to be more relaxed, attentive, and engaged.
- Promote nutrition and breastfeeding educational messages via posters, bulletin boards, etc.
- Engage the participant throughout the visit and involve them in setting the flow of the visit, including asking their permission. Uncertainty about what the appointment will entail can cause undue anxiety for participants
- Review participant records and previous case notes before seeing them to demonstrate you are interested in them and their continuity of care.

Establishing Rapport

Establishing rapport with participants creates a safe and welcoming environment to promote sharing and learning.

Consider the following to establish a positive relationship with participants:

- Positive body language: Use a pleasant tone of voice and other appropriate non-verbal communication (eye contact, lean forward, etc.) to indicate the participant has your full attention. Try to face the computer as little as possible.
- Active listening: Give your undivided attention to the participant, conveying warmth and empathy, demonstrating understanding with your supportive responses.
- Acceptance: Accept the participant without conditions or judgment; avoid negative responses verbally (i.e. you shouldn't) or through body language (i.e. shocking or negative facial

expressions). When a person feels accepted for who they are and what they do—no matter how unhealthy or destructive—it allows them the freedom to consider change rather than needing to resist it.

- **Individualize:** Ask the participant if you can call them by their first name. If they agree, refer to them and their children by name during the visit rather than “Mom” or “baby”. Inquire about past experiences (i.e. other children, cultural practices, etc.). Review previous documentation in WIC MIS, as applicable, to convey commitment to continuity of care. Immediately following the nutrition assessment, ask the participant what questions or concerns they have today.

Plain Language

Plain language is communication that your specific audience can understand the first time they read or hear it. It includes the use of the following:

- Short sentences
- Common, everyday words
- Avoidance of medical or technical jargon. Although the terms ‘risk’ or ‘goal’ may be used in a CPA’s documentation, using these terms with participants may cause undue anxiety and/or negative emotion. Instead, discuss risks and goals from an optimistic perspective, focusing on a small, specific action that would improve upon an identified risk factor.

Putting it into Action

For an overweight child who seems to be drinking a lot of sweetened beverages, a CPA could state at the end of the assessment: “Many parents express concern about their children drinking too much sweet tea and kool-aid. How do you feel about (child’s name) in what he asks for and what he typically drinks?” The parent/caregiver’s response will guide the CPA as to whether this is a good educational topic for this situation or not. Topics not covered in the certification visit should be noted so they may be followed up on at subsequent visits, as applicable.

Motivational Interviewing

Motivational Interviewing (MI) is a participant centered counseling method that focuses on enhancing intrinsic motivation for change by exploring and resolving ambivalence, eliciting the importance of change, and increasing confidence to make a change. See the table below for key concepts of MI.

Statements to Express Empathy

- “That sounds like it must have been hard for you.”
- “I’m sorry you had to wait so long.”
- “I understand how you feel right now; I would be too if I were in your situation.”

Questions to Develop Discrepancy

- “You said that you know _____ is the best choice, but that it won’t fit with your lifestyle. Do you want to share some of your concerns about fitting _____ into your lifestyle?”
- “If things worked out exactly as you like, what would be different?”
- “What is it about your _____ that others may see as reasons for concern?”

Statements/Questions to Roll with Resistance

- “It’s okay if you don’t think any of these ideas work for you, perhaps you’ve been thinking about something that might work instead?”
- “I don’t understand everything you are going through, but if you share what you’ve tried, maybe together we can find something that could work for you.”
- “Would you like to talk about some ideas that have worked for other moms and see if any of these ideas may work for you?”

Questions to Support Self-efficacy

- “How important is this to you?”
- “How confident are you that you can make this change?”
- “It sounds like you want to make changes, what strengths do you have to help you succeed? Who could offer you support?”

Highlights of Motivational Interviewing:

- The CPA does not assume an authoritarian role and should instead be a guide who allows the participant to do much of the speaking. Avoid the attitude: “I’m the expert and I’m going to tell you what you need to do and how.”
- The CPA employs an empathetic helping style based on warmth, acceptance, and respect.
- Responsibility for change is left with the participant.
- Motivation for change is elicited from within the participant, rather than imposed upon them. The participant presents their reasons for change.
- A variety of participant-tailored strategies are used to build motivation. The direction pursued by the CPA is based on the participant’s “readiness to change.”
- The interviewing session is participant-centered, yet the CPA maintains a strong sense of purpose and direction.

A variety of counseling skills may be utilized when conducting motivational interviewing, which are described below.

OARS (Open-ended Questions, Affirmations, Reflective Listening, & Summarization)

- **Open-ended Questions:** Encourage information sharing vs. Inviting a one-word response with close-ended questions. Springboard questions can prevent the need to ask several close-ended questions.

- For example, at the beginning of an assessment for a pregnant woman, the CPA could ask: “Tell me about how your doctor’s appointments are going and what you have learned so far.” Doing so could provide much of the information needed in regard to the participant’s health and nutrition status. Probing questions could be added to obtain necessary detail.

Examples:

- Tell me why...
- Tell me about...
- Tell me how you have...
- I am interested in hearing why you...
- I would like to hear your thoughts about...
- Explain what you might do to...
- Give me some examples of...

- **Affirmation:** Support and encourage the participant by focusing on their strengths, abilities or efforts.

Examples:

- Being a good parent is important to you.
- You try to offer healthy foods for your family.
- You have a lot of patience.

- **Reflective listening:** Reflection can be done simply by slightly rewording what the participant has said, or in a more complex manner by trying to move beyond what is being said. Complex reflection aims toward getting more at the meaning of the statement, focusing on emotion, what is not said, or finishing their thought. This is most useful after asking an open-ended question, when you hear “Change Talk”, or when you sense ambivalence, strong feelings, or resistance.
- **Summarization:** A CPA can summarize either a topic discussed in order to move onto another topic and/or to highlight the overall visit. In summarizing at the end of the visit, the CPA can point out key points the participant shared (including Change Talk) and any ideas brainstormed to guide the participant toward their next step/goal setting.

Examples:

- It sounds like you...
- It is difficult/easy for you to...
- You realize that...
- You are having trouble/success with...
- You understand that...
- You feel...
- You do/don't see the need to...

Focus on Strengths

Identify participant strengths, positive practices, and motivations for change as research has demonstrated that focusing on their shortcomings causes people to feel judged and lower their overall confidence. Strengths may include personality characteristics (optimism, creativity), interests, education or knowledge of nutrition, or existing resources (strong support system, access to an exercise facility).

How to assess for strengths

- What part of feeding your child do you feel most comfortable about?
- When you were weaning your last child, what did you find most helpful?
- Tell me about the support you will have at home after baby is born.

Offering a Menu of Options (Circle Charts)

- Offering a menu of options, via a “Circle Chart,” may help participants identify their interests or concerns. Circle Charts are an easy and effective tool to guide the counseling and education offered. The options for discussion topics may be identified on either:
 - 1) Pre-filled Circle Chart: Offering pre-determined topics with pictorial representation, related to each participant category
 - 2) Blank Circle Chart: Allowing the counselor to write in topics of interest, concern, or risk factors from the assessment

Present the menu of options for the participant to choose and explain why these are of concern or interest based on the assessment. Identify which topic she/he would like to further discuss.

How does this work?

- “Here are some things we might talk about today.”
- “Which area you would like to focus on during our time together? Or is there something missing you'd like me to put in this blank circle?”
- “In these circles are topics of interest to others { }, which one do you have the most questions or concerns about?”

For more information on Circle Charts ask your Regional Nutritionist Consultant about the “Circle Chart SSM”. Copies of the Circle Charts can be found on the Community Health Training Center’s website.

- If the nutrition assessment reveals a health concern that needs to be addressed, there are two different approaches that may be taken:

- 1) Address the topic identified by the participant; then ask permission to talk about another topic (health concern), OR
- 2) While addressing his/her concern, tie the health concern into the discussion.

Example:
Participant wishes to talk about her child’s picky eating, but the assessment shows the child drinks a large amount of juice. When discussing ideas to assist with her picky eating, you may mention how some moms find if they offer less juice, their child eats better at meals. A CPA could then ask, “Would you like to hear some ideas other moms have to get their child to drink less juice and eat better?”

Change Talk

- “Change Talk” refers to words or phrases that favor movement toward change. The goal is to encourage change talk and support it. When you hear these phrases, focus on that behavior and help identify barriers, working with the participant to set small achievable steps toward change.
- Determining a participant’s readiness to make change allows you to tailor your messages to be more effective in behavior change.

- “Change Talk” indicates the participant is in either contemplation or preparation stage. Addendum One, “Tailoring Intervention Strategies using the Stages of Change Model” may be used as a guide to determine stages, goals, strategies and possible tools.

Examples:

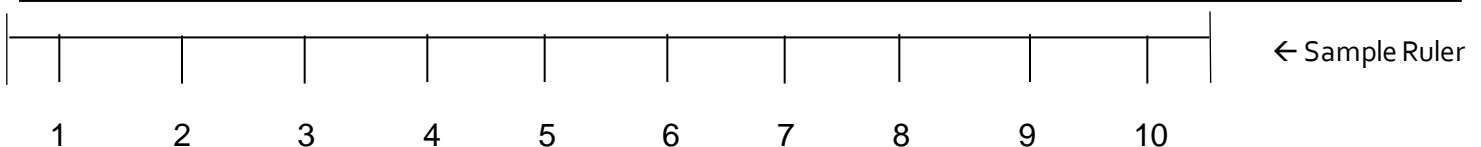
- I wish, I want to, I would like to
- I can, I could, I am able to
- There are good reasons to
- I need to, I can’t keep doing this, I must, It is important
- I am ready to, I am going to, I will
- Naming specific steps toward change

Explore Motivation to Change

Using a “scale/ruler of 1 to 10” is a simple technique that can be used to measure importance, confidence, readiness and commitment to make behavior change.

What does this sound like?

1. “On a scale of 1 to 10 (with 10 being the highest), how important/confident/ready/committed are you to... (desired behavior)”
2. Using the participant’s numeric response, the counselor continues with two more questions:
 - “What prompted you to choose (x) and not a lower number?” (which elicits positive self-motivating statements)
 - “What would you need to move to a higher number (which elicits barriers or cons)?” If barriers are noted, then counselor should encourage the participant to suggest solutions.



Clarify and Synthesize

Synthesis is the critical thinking portion of the assessment, during which the CPA determines whether more information is needed or whether it is time to move forward past the assessment step of nutrition services. Through the use of a variety of counseling techniques (active listening, open-ended questions, etc), CPAs will obtain information and synthesize until a thorough assessment is completed.

If the answer to any of the above questions is 'no', the CPA should return to the assessment and continue asking probing questions until adequate information has been obtained.

Upon moving forward from the assessment, CPA should ensure the following:

- Prioritized counseling – Nutrition messages should be limited so as to not overwhelm the participant.
- Optimal information sharing – Any tips or suggestions shared should be appropriate for the situation & actionable.
- Individualized services – Education, referrals, and food package tailoring are appropriate for the specific participant.
- Efficient use of time – Appointment time is spent on the most important topics.

Guided Goal Setting

WIC staff and participants work together to identify potential areas for improvement through the assessment process and set small action steps toward positive health outcomes. Guided goal setting is based upon the premise that participants who set realistic, achievable goals *for themselves* are more likely to make changes than those who do not set goals or have goals set for them by someone else.

Breaking down goal setting		
1. <u>Nutrition/Health Objective</u> – What CPA would desire	2. <u>Mom's stated goal</u> , obtained via CPA inquiring – "Could you tell me about your plans for feeding your baby?"	3. <u>Potential action steps</u> , provided among a group of options by CPA after gaining information about mom's level of support and current knowledge of breastfeeding, and subsequently chosen by mom.
1. <i>Pregnant woman to breastfeed as long as desired upon baby's arrival</i>	2. <i>"I hope to exclusively breastfeed baby for at least 6 months."</i>	3. <i>Create a plan for breastfeeding support after delivery, or Attend breastfeeding class next month</i>

Remote Counseling

- When scheduling the participant, it should be asked that they be in a private, quiet location for their scheduled appointment time. They should be made aware of the approximate amount of time needed for the appointment.
- The CPA should prepare ahead of time by collecting resources and handouts that may be needed, in addition to reviewing previous goals and referrals.

In order to compensate for lack of body language, CPAs should:

- Smile during the call as doing so carries through in your tone
- Set the agenda for the call at the beginning, letting the participant know what to expect
- Use follow-up questions from their previous visit, reflective listening, and summarization

Tailoring Interventions using the Stages of Change Model

Stage / Goal	Strategies	Possible Tools
<p>Pre-contemplation Unaware; no intention of taking action within the next 6 months</p> <p>Goal:</p> <ul style="list-style-type: none"> ▪ Increase awareness of need for change ▪ Personalize information on risks and benefits ▪ Reduce fears associated with change 	<ul style="list-style-type: none"> ▪ Create supportive climate for change ▪ Discuss personal aspects and health consequences of behavior ▪ Assess knowledge, attitudes and beliefs ▪ Build on existing knowledge ▪ Relate to benefits that loved ones will receive ▪ Give number for participant to call if they decide they want more information 	<ul style="list-style-type: none"> ▪ Awareness posters for the waiting, exam, and education rooms ▪ “Wall of Fame”, for example, breastfeeding pictures ▪ Newsletters with general health information ▪ Role modeling ▪ Ask the following questions: “What do you know about how to lose weight?” “What do you think about that?” / “Do you believe this?” ▪ Agency/provider contact information
<p>Contemplation Starting to think about change; intends to take action within the next 6 months</p> <p>Goal:</p> <ul style="list-style-type: none"> ▪ Increase motivation and confidence to perform the new behavior ▪ Reduce fears associated with change 	<ul style="list-style-type: none"> ▪ Identify problematic behaviors ▪ Prioritize reasons to change ▪ Discuss motivation (e.g., benefits to loved ones) and identify barriers and possible solutions to change ▪ Suggest small, achievable steps to make change ▪ Assess confidence to make change 	<ul style="list-style-type: none"> ▪ Stage-specific handouts, for example, handouts that state reasons to change ▪ Posters that emphasize the importance of change ▪ “Ask us why” messages (buttons/posters) ▪ Use the 0-10 scale of self-efficacy
<p>Preparation Intends to take action within next 30 days</p> <p>Goal:</p> <ul style="list-style-type: none"> ▪ Initiate change 	<ul style="list-style-type: none"> ▪ Assist in developing a concrete action plan ▪ Encourage initial small steps to change ▪ Discuss earlier attempts to change and ways to succeed ▪ Elicit support from family and friends ▪ Assess confidence to make change 	<ul style="list-style-type: none"> ▪ Booklets with more specific information ▪ Action plan: Assist participant with setting goal(s) ▪ Worksheets/handouts designed for personalized change options ▪ Use the 0-10 scale of self-efficacy ▪ Support System (family, friends, colleagues, etc.)
<p>Action Practicing new behavior for less than 6 months; needs skills for long term change</p> <p>Goal:</p> <ul style="list-style-type: none"> ▪ Commit to change 	<ul style="list-style-type: none"> ▪ Continued support of decision ▪ Reinforce self-confidence ▪ Assist with self-monitoring, feedback, problem solving, social support and reinforcement ▪ Discuss relapse and coping strategies 	<ul style="list-style-type: none"> ▪ Continued follow-up visits ▪ Support with positive reinforcement ▪ Review action plan/goals - identify barriers ▪ Modify action plan if necessary ▪ Logs (e.g., food/physical activity diary) ▪ Support groups
<p>Maintenance Continuing new behavior for at least 6 months</p> <p>Goal:</p> <ul style="list-style-type: none"> ▪ Reinforce commitment and continue new behavior(s) 	<ul style="list-style-type: none"> ▪ Plan follow-up to support changes ▪ Help prevent relapse ▪ Assist in coping, reminders, finding alternatives to avoiding slip/relapse ▪ Teach participant to see relapse, not as a failure, but an opportunity to learn and adjust the plan 	<ul style="list-style-type: none"> ▪ Continued follow-up visits ▪ Support with positive reinforcement ▪ Review action plan/goals – discuss possible relapses ▪ Modify action plan if necessary ▪ Continue support groups, logs