

Food and Nutrition Service

Using VENA to Guide WIC Services

## Activity Workbook



# VENA

Value Enhanced Nutrition Assessment in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

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## Prework Activities

**Activity 1A: Focus on Strengths, Not Deficiencies**

**Instructions:** Compare the two scenarios below and answer the three questions for each.

**Scenario 1:** A visit to a health care provider who uses a strength-focused approach to assessment

**Scenario 2:** A visit to a health care provider who uses a deficiency-focused approach to assessment

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| **Prompts for discussion:** | **Strength-Focused Approach** | **Deficiency-Focused Approach** |
| **What type of language or words would the provider use?** |  |  |
| **How would you feel during the interaction?** |  |  |
| **What would be a likely outcome****of the interaction?** |  |  |

**Activity 2B: Probing for Further Information**

**Instructions:** Read the springboard question and participant response. Craft one or two probing questions and reflections that CPAs could use to collect more information, as shown in the example below.

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| **Example:****Johanna** | **Participant response:** *I never paid any attention to what I ate during my first pregnancy. She was healthy, but I gained 50 pounds. I still have not lost the weight from that* *pregnancy.***Potential probing questions:*** What has your health care provider said about your weight gain so far?
* What changes do you want to make to your eating for this pregnancy?

**Potential reflections:*** You don’t want to gain as much weight this time around.
* Paying a little more attention to what you eat during this pregnancy is important to you.
 |
| **Springboard question:** |
| *Tell me, Johanna, how do you feel about your weight gain during this pregnancy?* |
| **1. Springboard question:** | **Participant response:** *Well, there are a few things that she likes a lot, like cereal, eggs, and watermelon, so she eats those a lot. But with most things, she is so picky. She either refuses to eat something or will eat only one bite and no more.***Potential probing questions:****Potential reflections:** |
| *What makes you most happy about your child’s eating?* |

**Activity 3A: Crafting Strong Affirmations**

**Instructions:** For each scenario described below, write down the strengths or qualities you observe in the participant and then form one or two affirmations based on those strengths.

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| **Scenario 1** *(complete together as a group)* | Johanna explains that she likes to exercise, but she reports that she is busy and has not made exercise a regular part of her routine. She can’t seem to bring herself to do it on her own. She thinks incorporating even a little movement into her routine will help prevent her from gaining as much weight as last time. She also wants to be a role model for her child but feels discouraged that she has not made it happen yet. She used to take an exercise class at the YMCA. She saw something online for a prenatal exercise class they are offering at the health center and plans to call to find out more about it.**Strengths:****Affirmations:** |

**Activity 4A: Avoiding the Expert Trap**

**Instructions:** Read the exchange below between the CPA and Johanna. With a partner, answer the questions below.

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| --- | --- |
| **Scenario** | **CPA:** Are you taking a prenatal vitamin?**Johanna:** *Sometimes. I don’t always remember.***CPA:** A prenatal vitamin is important for your baby’s health, and yours as well. You should take it every day.**Johanna:** *With my older daughter, I forgot sometimes. She’s healthy. I do take them at least half the time.***CPA:** It’s better not to risk it. You could put it in a place where you see it every day.**Johanna:** *It is already on the counter.***CPA:** You could put a reminder on your phone. Will you be willing to do that?**Johanna:** *I guess.* |
| **Question 1** | **Is the CPA in the expert trap?** *[Provide reasons for your answer.]* |
| **Question 2** | **Do you feel Johanna is likely to change her behavior?** *[Provide reasons for your answer.]* |
| **Question 3** | **What would you do differently?** *[Provide specific examples of approaches, questions, or reflections you may use to avoid the expert trap.]* |

**Activity 5A: Asking About Sensitive Topics**

**Instructions:** For each sensitive topic below, craft one or two potential assessment questions to collect relevant information from the participant using one or more of these strategies: transparency, normalizing, providing a range, asking permission.

|  |  |
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| **Example:****Postpartum depression** | * “After birth, with the changes in hormones, some women experience emotional shifts. Some women might be a little emotional, while other women experience stronger emotions of depression and hopelessness. How has your mood been since the birth?” **[providing a range]**
* “At WIC, we assess for nutrition and breastfeeding status, strengths, and needs such as signs of postpartum depression, because many women experience this after birth with the changes in hormones, and we want to ensure that women have people to talk with and resources and information they need to help them during this time. How have you been feeling since the baby was born?” **[transparency, normalizing]**
* “After birth, many women experience strong emotions and often depression. Have you experienced any feelings of depression?” **[normalizing]**
 |
| **Alcohol/ tobacco/ substance use***(do together as a group)* | **Note:** *Examples of assessment questions may address these topics either together or individually.* |
| **An overweight child** |  |
| **Domestic violence** |  |

**Activity 6A: Connecting the Dots**

**Instructions:** After reviewing the example, read the scenarios below that include findings from the assessment, such as risk factors, identified motivations, and other findings. Craft a response that explains how certain factors may be related and asks for input from the participant.

Skills to to use when crafting a response:

* **Use tentative language** (“I wonder…,” “Sometimes it’s possible that…”)
* **Normalizing** (“Some parents find that…,” “It’s common at this age to…”)
* **Emphasize autonomy** (“You know your child best.,” “You know what is right for you/your family.”)
* **Ask for input** (“What do you think?,” “For you, what might be some options for…”)

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| **Example Scenario** | **Assessment findings (Johanna):*** Identified nutritional risks: overweight, high maternal weight gain
 |
| (Making potential connections between food choices and hunger) | * Motivation(s) identified: She does not want to gain as much weight as she gained during her last pregnancy.
* Other relevant findings from health determinant category: Dietary Intake/Nutrition Practices:

» Johanna has been trying to eat more fruits and vegetables and cutting out certain protein foods such as high fat meats. From the description of her typical meals, you assess that the meals are frequently high in carbohydrates and low in protein and fat. |
|  | » Johanna gets very hungry at night and often overeats a large amount of less nutritious snack foods. |
|  | » Johanna sometimes forgets to take prenatal vitamins. |
|  |
| **How would you share a potential connection?***Sometimes our food choices during the day can affect our hunger levels at night. Fruits and vegetables are high in nutrients and so important for our health, but most vegetables and fruits are not high in protein. Some people find that having mixed meals with foods from the different categories keeps them from being as hungry between meals. Since you are cutting back on the high fat meats, which is also a healthy choice, I wonder if adding some lean protein options to meals or snacks during the day or at night would help with your goal to not overeat at night. You know your body best. What do you think might help?* |
| **Scenario:** (Making potential connectionsbetween feeding choices and low  hematocrit) | **Assessment findings (14-month-old child):*** Identified nutritional risks: routinely using nursing bottles, routinely using feeding practices that disregard the developmental needs or stage of a child, low hematocrit.
* Motivation(s) identified: Dad wants his daughter to be healthy and develop strong bones.
* Other relevant findings from health determinant category: Dietary Intake/Nutrition Practices:

» Dad only offers milk in the bottle. All other liquids are in the cup.» He knows calcium is important and wants to make sure his daughter gets enough milk, about four bottles of milk per day.» She is a little fussy about trying new foods and there are only a few things she likes, so he serves those quite often. Her favorites are apples, bananas, noodles with butter, cheese, and yogurt. |
| **Activity 6A: Connecting the Dots** *(continued)* |
| **How would you share a potential connection?** |

**Activity 7A: Family-Based Springboard Questions**

**Instructions:** You are conducting a family assessment for a family that has a pregnant woman, a 2-year-old, and a 4-year-old all being certified in the WIC clinic today. Create one or two potential springboard questions that the CPA could use during a family assessment.

**Tip:** Some questions may pertain to the family as a whole, and others may pertain to the two children.

|  |  |
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| **Topic 1:****Dietary Intake/ Nutrition Practices** | **Example:** What, if any, concerns do you have about your family’s eating habits? |
| **Topic 2:****Health/Medical Issues**(e.g., nutrition- related medical conditions/concerns, medical or dental home, immunizations) | **Example:** Has anyone in the family been diagnosed with any medical conditions? |
| **Topic 3:** **Growth****/Development**(e.g., developmental milestones, growth) |  |
| **Topic 4:****Environment and Family Supports**(e.g., safety, resources, community supports, physical activity) |  |

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## Live Training Activities

**Activity 1B: Setting the Agenda**

**Instructions:** Choose a participant category below. Craft an example of setting the agenda with a

**new** participant.

For your reference, the desired health outcomes for each participant category are as follows:

* **Pregnant woman**—Delivers a healthy, full-term infant while maintaining optimal health status.
* **Postpartum woman** (breastfeeding and non-breastfeeding)—Achieves optimal health during the childbearing years and reduces the risk of chronic disease.
* **Infant**—Achieves optimal growth and development in a nurturing environment and develops a foundation for healthy eating practices.
* **Child**—Achieves optimal growth and development in a nurturing environment and begins to acquire dietary and lifestyle habits associated with a lifetime of good health.

|  |  |
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| **Example:****Johanna— A Pregnant Woman** | Hello, Johanna. My name is [name] and I am a [your role: dietitian/nutritionist/nurse, etc.]. Every time you come to a WIC appointment, you will get to meet with me or another one of our nutrition or breastfeeding experts either individually or in a class. We are here to support you with information, resources, and tailored food benefits to support your goal of a healthy pregnancy. We will look at your weight and bloodwork values, and I will ask you some questions about your diet and health. This will help us determine how WIC can best support you with information or resources that will meet your needs. I want to assure you that all your information will be kept confidential. Isit all right if I get started with some questions? |
| **A Postpartum Woman and an Infant***[Choose breastfeeding or non-breastfeeding]* |  |
| **A Child** |  |

**Activity 2C: Do I Have Enough Information to Answer?**

**Instructions:** Read each scenario below. Decide whether you have enough information to answer the participant’s question. Explain why you chose that answer and, if appropriate, how you would respond to the participant.

|  |  |
| --- | --- |
| **Example:** | * **Yes** ■ **No**  **It depends**
 |
| You are weighing Johanna before completing a full assessment.**She says** *“I’ve gained too much weight, haven’t I? I’ve been so hungry and eating a lot.”* | **Reasons:**I have not yet plotted her weight gain.**What I would say now?**I’ll enter your weight when we get back to my desk, and we can look at your weight chart together and see where you stand. We can look at your diet and the types of foods you have been eating and any changes you’d like to make. Does that sound okay?**What further information or topic areas would you like to explore with Johanna?** |
|  | What was her pre-pregnancy weight? Is this a singleton or multiple pregnancy? What foods does she typically eat when she is hungry? How many times a day does she eat? What, if any, changes would she like to make to her eating? |
| **Scenario 1** | * **Yes**  **No**  **It depends**
 |
| Early in the assessment process for a1-year-old child, the mother shares that she is serving her child the same foods as the family during mealtimes and asks, “Is that okay?” | **Reasons:****What I would say now?****What further information or topic areas would you like to explore?** |
| **Scenario 2** | * **Yes**  **No**  **It depends**
 |
| A woman new to WIC reportsthat she is adding infant cereal to her 4-month-old baby’s bottle tothicken it and asks, “Is that okay?”You have not yet completed the health and nutrition assessment. | **Reasons:****What I would say now?****What further information or topic areas would you like to explore?** |

**Activity 3B: Evoking Protective Factors**

**Instructions:** Brainstorm probing questions CPAs could ask participants that would evoke participant strengths and positive behaviors to affirm and encourage. When crafting these questions, think about the different categories of health and nutrition information we ask about during the assessment process.

|  |  |
| --- | --- |
| **Assessment categories:**A: Anthropometrics B: BiochemicalB: Breastfeeding | **Questions to Evoke Protective Factors:****Examples:*** What are you most proud of in terms of your family’s eating habits?
* What is the best thing about breastfeeding so far?
 |
| C: Clinical |  |
| D: Dietary |  |
| E: Environmental |  |

**Activity 4B: Getting Curious**

Instructions:

**Step 1:** Read each participant statement below. For each statement, work within your breakout session to answer the questions to consider.

**Step 2:** We will work through Scenario 1 together and then you will work on Scenario 2 in your small groups. Conduct a short role-play, with each partner taking a turn to role-play the part of the CPA. The partner playing the participant will begin by reading the statement. The CPA will then continue the assessment using probing questions, reflective listening, and affirmations as appropriate to collect further information. After you feel you have collected enough information around the topic, offer a short summary of what you have heard from the participant about their motivations and information needs before switching roles.

**Tip:** After asking an open-ended question and listening to the participant’s response, practice offering a reflection to encourage the participant to continue to share further information.

**Tip:** Those playing the part of the participant can feel free to add their own ideas about potential feelings, underlying motivations, and potential challenges the participant might be feeling to add context to the role-play.

**Tip:** CPAs may offer to share information later in the session, but refrain from sharing it at this point unless it is necessary to continue the assessment. Instead, try to use probing questions and reflections to target what information may be shared later.

|  |  |
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| **Scenario 1** *(Do together— statement from**Johanna)* | I definitely don’t want to gain as much weight this time, but it is tough because I am hungry a lot of the time. I know the expression “eating for two,” so I am trying to eat more but changing the types of foods I eat. I am trying to eat more fruits and vegetables, but late at night, my hunger gets the better of me, and I end up eating a whole bag of cookies or a bag of chips. *[Identified nutrition risks: overweight; high maternal weight gain]* |
|  | **Questions to consider:** |
|  | **What motivation language is present in the statement?** |
|  | **What has she identified as her main challenge(s)?** |
|  | **What information do you still need to know?** |
|  | **At this point, what types of nutrition education/action steps might potentially be helpful?** |

**Activity 4B: Getting Curious** *(continued)*

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| **Scenario 2***(Infant—11 months)* | I want to offer table foods. I know it would be easier for me, but I can’t bring myself to do it. I am nervous about her choking. The two times I tried, she gagged, and the food came right back up, so I stopped trying. I don’t think she is quite ready. I also want to make sure she is getting enough and, with the baby food, it is easy to monitor how much she is eating. I have been trying more of the stage 2 baby foods instead of just the stage 1. *[Identified nutrition risks: routinely using feeding practices that disregard the developmental needs or stage of the infant]***Questions to consider:****What motivation language is present in the statement?****What has she identified as her main challenge(s)?****What information do you still need to know?****At this point, what types of nutrition education/action steps might potentially be helpful?** |

**Activity 5B: Responding to Sensitive Information**

**Instructions:** Read each scenario below. We will work through Scenario 1 as a group. For Scenario 2, you will work with your breakout session to discuss each scenario and potential responses using one or more of the skills below. Then choose one scenario to briefly role-play with your partner.

**Skills to practice:** Empathetic responses, reflective listening, appreciation, affirmation, offering support

/education

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| **Scenario 1:****Use of bottle past 14 months of age***(do together as a group)* | When asked about her child’s bottle use, a participant reports that she knows she should have transitioned her 15-month-old child off the bottle already, but she has too much going on at home, and it’s a very turbulent time. *[Nutrition risk: inappropriate use of nursing bottles, cups, or pacifiers]***Potential responses:** |
| **Scenario 2:****Drug and** **alcohol use**  | *A pregnant woman reports that she has been smoking a little weed and having a beer with friends every now and then. She reports that she knows it is not good to do, but it helps her relax and sleep better. [Nutrition risk: alcohol and substance use]* **Potential responses:** |

**Activity 6B-2: Assessing Motivation—Real-play**

Instructions:

**Step 1:** Think about an area in your health or nutrition practices where you would like to make improvements or a behavior you would like to start, stop, or reduce. Write it down below in the area “My change is.”

**Step 2:** Work with a partner. You may have to take turns if you have three in your group. One partner will start by sharing their change goal. Their partner will then ask questions to evoke importance and then ask questions around confidence or things that would help to make the change. After the brief conversation, the questioner will offer a summary of the discussion before the partners switch roles. The third person, if present, will provide feedback to the CPA.

**Tip:** This activity is focused on assessing someone’s motivation related to a behavior change and encouraging them to discuss their importance and confidence out loud. If possible, refrain from offering ideas or suggestions to your partner.

**Tip:** Some examples of questions to explore importance and confidence are listed below. You can use these examples, or you can think of different questions. They are suggestions only.

|  |  |
| --- | --- |
| **My change is:** |  |
| **Sample Questions to Explore Importance** | * What got you thinking about the change?
* From your point of view, what are some of the best reasons for doing it?
* How will life be different when you achieve it?
 |
| **Sample Questions to Explore Confidence** | * If you did decide to do it, what things would help?
* What strengths do you have that will help you achieve it?
* What are some first steps that could make it happen?
 |

**Activity 7B: Targeting Family-Based Nutrition Services**

**Instructions:** Read the stories of WIC families provided below. Working in your breakout groups, answer the four questions provided for Scenario 1.

|  |  |
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| **Example:****Postpartum woman is here with her****4-year-old child** | A postpartum mom, Cleo, is here with her 4-year-old son, Marcus. Mom gave birth six months ago and reports that breastfeeding is going well, although she is frequently tired during the day. Mom’s goal is to lose some weight. She has been trying to makehealthier choices like oatmeal with blueberries in the morning and making sure they have vegetables with dinner most nights, but she feels she is not getting enough activity during the day. Mom reports that her older child is generally healthy but has been watching more TV than she would like.**What are some identified barriers for the family?*** Mom is overweight.
* Mom reports being tired a lot.
* Marcus watches TV frequently.

**What are some protective factors?*** Mom has been trying to make healthier food choices for the family.
* Mom has motivation to lose weight.
* Mom is breastfeeding, and it is going well.

**What might you say to mom to engage her in a discussion of family-based goals?*** I hear that you are focused on losing some weight and often feel tired during the day. You also are concerned that Marcus is watching too much TV. Could we brainstorm some ideas that might help with both of those concerns?

**At this point, what ideas do you have for potential nutrition services that may be helpful in this situation?*** Guided goal setting. Depending on Mom’s response to the question above, one idea may be goal setting around increasing family activities that would help her child reduce his screen time.
* Resources for local options for activity that the family can do together.
* Healthy meal ideas.
* Ideas for keeping kids active indoors.
 |

**Activity 7B: Targeting Family-Based Nutrition Services** *(continued)*

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| **Scenario 1:****Postpartum woman is here with her 4- and 2-year-old children** | A mother, Sophia, has two children, 2-year-old Anna and 4-year-old Enrico. The younger child is overweight, and the older child, who goes to preschool, is at risk for overweight. In general, the mom is happy about the children’s growth and appetite and does not report any health concerns other than worrying that they are spending too much time in front of screens and not getting enough physical activity. She loves to walk, but it’s hard to find a time when the whole family can go together. She says the older child likes to help her in the kitchen sometimes and is learning about foods in preschool and trying new fruits and vegetables. When asked whether there is anything she feels would improve their diet, she reports that she wishes they would eat more vegetables, but they are very expensive andoften she cannot afford them. Also, they are picky, and she does not want to waste food by making things they won’t eat. |
|  | **What are some identified barriers for the family?** |
|  | **What are some protective factors?** |
|  | **What might you say to mom to engage her in a discussion of family-based goals?** |
|  | **What ideas do you have for potential nutrition services that may be helpful in this situation?** |

#### Activity 8A: Transitioning From Assessment to Nutrition Services

**Instructions:** With a partner, complete a role-play of a summary and transition, using Johanna as an example. One partner will play the role of Johanna, while the other plays the part of the CPA conducting the assessment. If there is a third person, they will take notes on the counseling skills they heard.

Below are some ideas about Johanna’s potential motivations and identified risk factors. Those playing the part of Johanna can feel free to add their own ideas about potential feelings, underlying motivations, and potential challenges the participant might be feeling to add context to the role-play.

Johanna has several issues, so this activity will involve first seeking Johanna’s input about which topic(s) may be most valuable to discuss at this visit.

**Tip:** Suggestions for the summary: significant items from the assessment, including the participant’s goals and motivations, barriers, and information needs; an affirmation of the prioritized topic from Johanna; and a transitional question to begin the nutrition services discussion.

**Tip:** After the role-play, discuss the experience with your partner, including those skills that worked well when making the transition and things you may try differently next time.

Some information we know:

* Johanna is a pregnant woman. She has a 3-year-old daughter. Johanna is here today to complete her prenatal certification.
* Johanna reports that she gained more than the recommended amount of weight during her last pregnancy and has not returned to her pre-pregnancy weight. She is motivated not to gain as much weight for this pregnancy.
* Johanna has made some changes in her diet. She has added fruits and vegetables and cut down on “fatty meats,” but she is struggling with hunger and eating junk food late in the evening.
* Although she wants to exercise, Johanna is having difficulty starting a new behavior on her own and thinks joining a group class might be a good possibility for her.
* Johanna forgets to take her prenatal vitamin sometimes.
* Johanna breastfed her first child for only three months and wants to breastfeed longer this time.

|  |  |
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| **Identified risk factors** | Overweight, high maternal weight gain |
| **Sample flow for roleplay** | 1. Prioritize topic(s).
2. Summarize the assessment.
3. Transition into nutrition services with a transitional question.
4. END.
 |

####

#### Activity 8A: Transitioning From Assessment to Nutrition Services *(continued)*

Notes

**Glossary of Terms**

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| --- | --- |
| **Affirmation** | A statement that acknowledges an individual’s positive qualities (strengths, efforts, or personal characteristics) and encourages continued application of those qualities. Affirmations strengthen relationships, encourage positive behaviors, and build confidence in one’s ability to change. |
| **Ambivalence** | The state of having mixed feelings or conflicting motivations. |
| **Autonomy** | An individual’s ability and right to make decisions concerning their lives. Although the WIC staff supports behavior change, ultimately, it is up to the individual to decide whether to change. Recognizing and respecting a participant’s autonomy supportsbehavior change by empowering participants and reducing the chance of resistance. |
| **Critical thinking** | The disciplined process of organizing and blending information to evaluate and prioritize it effectively. Critical thinking involves integrating facts, informed opinions, active listening, and observations. |
| **Empathy** | The ability to understand the participant’s situation and feelings from their point of view |
| **Expert Trap** | The tendency to try to persuade a participant to change or offer advice in an effort to be helpful, without first assessing the participant’s own motivations and goals around positive behavior change. This strategy is unlikely to result in lasting change and may build resistance. |
| **Guided goal setting** | The process of helping participants set goals. The WIC staff and the participant work together to identify potential goals through the assessment process and develop small progressive action steps toward positive health outcomes. Guided goal setting is based on the premise that participants who set realistic, achievable goals for themselves are more likely to make changes than those who do not set goals. |
| **Health determinants** | A range of behavioral, biological, socioeconomic, and environmental factors whose interactions affect people’s health status. Health determinants that promote a positive health outcome may be viewed as protective factors, while determinants that may hinder positive outcomes (e.g., WIC nutrition risks) can be considered potential barriers. |
| **Health outcome– based approach** | An approach to the WIC nutrition assessment where a desirable health outcome (e.g., delivery of a healthy full-term baby) serves as a focal point to collect relevant information. The elements of this approach include a desired health outcome, nutrition/health objectives (e.g., consume a healthy diet), and health determinants (see definition). This approach also allows participants to gain a greater appreciation of how to attain good health and recognize their own need(s) and/or the needs of an infant/child for health improvement. |

**Glossary of Terms** *(continued)*

|  |  |
| --- | --- |
| **Motivation** | A person’s reason(s) for acting or behaving in a particular way or the general desire to do something. |
| **Motivation language** | When a participant shares their internal motivations to change. Motivation language may come in many forms, such as stating a desire (“I want to breastfeed my baby for as long as I am able”), emphasizing something the participant values (“Having family meals together is important to us”), or expressing dissatisfaction (“I hate that she is so picky”). CPAs can have a significant influence on positive behaviors by encouraging, listening for, and responding to motivation language. |
| **Motivational interviewing** | An approach to assessment and counseling designed to explore and enhance an individual’s internal motivation to change by resolving ambivalence, eliciting the importance for change, and increasing confidence to make a change. |
| **Nutrition risk** | Attributes that hinder positive health outcomes, including detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements; other documented nutritionally related medical conditions; dietary deficiencies that impair or endanger health; conditions that directly affect the nutritional health of a person, including alcoholism or drug abuse; or conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions, including but not limited to homelessness and migrancy. |
| **Nutrition services** | A comprehensive term for activities that result from the assessment process. WIC nutrition services encompass customized nutrition counseling, referrals for additional programs or services, assignment of a tailored food package, and breastfeeding promotion and support. Customized nutrition counseling could include nutrition education, guided goal setting, sharing relevant information, and/or reinforcing positive behaviors. |
| **Open-ended questions** | Questions that require more than a simple one-word answer, often used to gain a broader situational understanding. In contrast, closed-ended questions can beanswered simply (e.g., yes or no) and are often used to gather specific information. |
| **Participant- centered approach** | A systems approach designed to focus on topics and issues that are relevant to the participant. This approach puts the participant’s needs and the goal of healthy behaviors at the core of WIC service delivery and focuses on a person’s capacities, strengths, and developmental needs, not solely on the problems, risk, or negative behaviors. In contrast to the traditional didactic WIC assessment and education model, participant-centered services encourage staff to engage the participant/ caretaker in dialogue, information exchange, listening, and feedback, in order to translate the assessment into action and customize the nutrition services provided. |
| **Probing questions** | Probing questions follow the broad open-ended springboard questions that start the conversation during a WIC nutrition assessment. They are more specific and are based on the answers to the springboard questions. Probing questions go deeper and engage a participant in a conversation to explore health determinants that may affect their ability to achieve their desired health outcome. |
| **Protective factors** | Health determinants that will increase the likelihood of achieving the desired health outcome. Examples of protective factors could be exercising regularly or eating the recommended amount of fruits and vegetables each day. |

**Glossary of Terms** *(continued)*

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| **Reflective listening** | A statement that conveys understanding. This can include paraphrasing someone’s statement to confirm its meaning or reflecting more than what was said directly, such as emotions or intent. Reflective listening is effective in a variety of scenarios and helps clarify understanding, encourages greater exploration, and builds relationships. |
| **Resistance** | A process of avoiding or diminishing sharing about oneself because the individual feels uncomfortable or anxious. |
| **Resistance talk** | Evidence of a person’s defense against change, often in the form of arguments against change. The more a participant argues against change, the less likely it is that they will change their behavior. |
| **Self-confidence** | A feeling of trust in one’s abilities, qualities, and judgment. |
| **Self-efficacy** | A person’s beliefs about their ability to succeed in reaching specific goals. Efforts to support a participant’s beliefs about their own strengths and abilities will affect how likely they are to achieve goals. |
| **Springboard questions** | Broad open-ended questions to assess for health determinants in a particular area. |
| **WIC nutrition assessment** | The process of collecting and synthesizing relevant information in order to assess an applicant’s nutrition status, risks, capacities, strengths, needs, and/or concerns; identify and assign WIC nutrition risk criteria; customize counseling strategies (e.g., nutrition/breastfeeding education, guided goal setting, affirmations) that address aparticipant’s needs and concerns; tailor the food package to address nutrition needs and breastfeeding status and preferences, including those based on the participant’s culture; and make appropriate referrals. |

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