Counseling Skills and Motivational Interviewing for
Positive Nutrition Change
by Anne Caprio Shovic PhD, RD
August 2014

“Habit is habit, not to be flung out the window, but coaxed downstairs a step at a time.”
Mark Twain
Maslow’s Hierarchy of Needs

- **Physiological**
  - breathing, food, water, sex, sleep, homeostasis, excretion

- **Safety**
  - security of body, of employment, of resources, of morality, of the family, of health, of property

- **Love/Belonging**
  - friendship, family, sexual intimacy

- **Esteem**
  - self-esteem, confidence, achievement, respect of others, respect by others

- **Self-actualization**
  - morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts
Counseling Setting

- Physical environment
- Seating arrangement
- Helpful resources
Typical Counseling Session

• Establish rapport
  – Confidential
  – Non-judgmental
  – Kindergarten skills
Kindergarten Skills

- Treat people the way you want to be treated
- Be kind
- Share, “sharing is caring”, appropriate
- Be courteous
- Show up on time
- Be prepared
- Do what you say you are going to do
- Be fair
- Remember to say “thank you”
Typical Counseling Session

• Establish rapport
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  – Kindergarten skills

• Assessment
  – Physical ABCD
  – Behavioral ABC
  – Stage of change
Physical Assessment- ABCD

- A Anthropometrics
- B Biochemical
- C Clinical
- D Dietary
Behavioral Modification

• Based on idea that behavior is learned and therefore can be “unlearned” or modified.

• Behavior is influenced by reinforcement.
  – Negative
  – Positive

Note: Behavior modification by itself appears ineffective in inducing weight loss.
Assessing Behavior - ABC

• **Antecedent** (stimulant that causes behavior)
  – Seeing cookies on counter

• **Behavior**
  – Eating cookies

• **Consequence**
  – Gaining weight
Behavior Modification - Stimulus Control

- **Antecedent**
  
  X *(Remove cookies from counter)*
  
  So no longer seeing cookies on counter

- **Behavior**

- **Consequence**
HALT

• Hungry
• Angry
• Lonely
• Tired
Stages of Change
Stages of Change

- Pre-contemplation - “never”
- Contemplation - “some day”
- Preparation - “soon”
- Action - “now”
- Maintenance - “forever”
- Relapse - “opps!”
What Stage of Change?

• “My husband wants me to lose weight”.

• “My doctor said I should see the nutritionist because of my high cholesterol”.

• “I need some more ideas to help me stay on my low sodium diet when visiting with my in-laws”.

• “I kept a food diary of my diet based on what we talked about when we last met together”.

• “I lost it at the office party. I dived right into the dessert table and didn’t come up for air until I ate 3 desserts”.

• “I am thinking about cutting out salt in my diet but don’t know what foods are high in salt”.

RD’s Role in Stages of Change

- Pre-contemplation/Contemplation
  - Explore ambivalence, give pros & cons, encourage
- Preparation
  - Provide info, help create realistic plan
- Action
  - Explore “how is this working?”
- Maintenance
  - Provide support, accountability, help create relapse plan
- Relapse
  - Provide support, explore what did and didn’t work
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• ID problem

• Smart goals with client buy-in MI
ID Problem
PESS in Nutrition Care Process

- **P** problem
- **E** etiology
- **SS** signs and symptoms

"Excessive caloric intake (problem) “as related to” frequent consumption of large portions of high fat meals (etiology) “as evidenced by” average daily intake of calories exceeding recommended amount by 500 kcal and 12-pound weight gain during the past 18 months (signs and symptoms)."
SMART Goal

- **Specific**  Who? What? Why? Where? When?
- **Measurable**  How much, how often, how many?
- **Attainable**
- **Relevant**
- **Time Based**
SMART Goals?

- Cut down on milk shakes
- Exercise more
- Reduce cookie intake from 10 to 5/day
- Record food intake on a daily basis
- Buy 2 new low calorie products per week
- Try to walk to work instead of drive
- Learn how to make better salads
- Learn low fat cooking methods
- Drink 2 cups of milk per day
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• Intervention
What works best for dietary change?

Information
Behavior modification

Most importantly …… when the client is ready to change…. **Motivation**
Behavioral Management: Motivational Interviewing (MI)

- Gail C. Frank, DrPH, RD, CHES
- Professor of Nutrition, CA State Univ Long Beach
  - Nutritional Epidemiologist
Goal of MI

The client, rather than RD, delineates reasons for change.

MI uncovers what is most important to client.

MI focuses on behaviors client wishes to change.

This process prevents the RD from having to convince or persuade client- which doesn't work.
MI brings responsibility back to the client.

- **Client**
  - Decides if, and how, change will happen

- **RD is involved as:**
  - Nutrition change agent
  - Is sincere, respectful and empathetic
  - Determines “what’s wrong with this picture”
  - Provides information and feedback
Values – important, desirable

- Health
- Beauty
- Family
- Excel in sports, school…
- Have many friends
- Not be teased or left out
MI Skills

• Establishing rapport with client
• Asking permission
• Open-ended Qs
• Reflective listening (paraphrasing)
• Interactive listening style
• Empathy
• Normalizing and positive reinforcement
• Self-disclosure
• Determining client’s values
• Recognizing stage of change
• Recognizing ambivalence
• Recognizing self-efficacy
Reflection (Paraphrasing)

• If I understand you correctly it sounds like
  – you are feeling…
  – you are not happy with…
  – you are uncomfortable about…
  – you are saying that…
  – you are ready to…
  – its been difficult for you to…
  – you are struggling with…
  – you are not ready to…
  – you are feeling…
MI requires knowledge of:

• How client feels?

• What are their values?

• How willing and confident that the client can make the changes? (Scale helpful here)
  – “How willing are you….?”
  – “How confident are you…?”
What is important to the client? (not RD or MD)

• Possibly create chart and ask client to chose what to address

• Determine stage of change- \textbf{MI} is used in each stage. Use readiness scale for change/ motivation.
  – Scale: 1 to 10
  – Lets explore the number. Tell me “why” you chose…
  – What would it take to get a higher number?
Role of RD in MI

- RD highlights discrepancy between client’s values and current behaviors.

- RD presents the problem (ex. high CHD risk, high fat diet) and asks permission to talk about it.

- Conflict/ resistance may exist so RD “rolls with the flow” instead of attacking.

- RD guides client by suggesting reframing and/or new pattern/dynamics, self monitoring.

- Negotiation occurs between RD and client to allow achievement of a specific goal.
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• Intervention- action plan
  – Education
  – Support

• Activities to reinforce intervention

• Conclusion
  – Homework
  – Summarize
  – Follow-up and evaluation
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Motivational Interviewing

http://www.youtube.com/watch?v=g-6Nxp9DBvo&feature=channel
Activity

- Objective: To practice MI counseling techniques

- Pair off
  - RD
    - Address client’s need
  - Client
    - Pay attention to MI techniques used
Client #1

- 45 yo White female, 5’7” 213 pounds
- Owner, busy home-based business
- Married, 2 children
Client #1

- 45 yo White female, 5’7” 213 pounds
- Owner, busy home-based business
- Married, 2 children
- Tired of feeling tired

Diet
- Irregular breakfast and lunch times at home
- If breakfast = cornflakes or frozen waffles
- If lunch = cold cuts, cheese, crackers, chips
- Prepares supper for family 3x a week = quick meals: tacos, meat sauce/pasta, pizza, salad daily

Exercise - none
Activity Discussion

- RD
  - Rapport established?
  - Assessment take place?
  - Was stage of change determined?
  - Did Client decide what to change?
  - Was a SMART goal determined?

- Client
  - Open-ended Qs?
  - Reflective listening (paraphrasing)?
  - Interactive listening style?
  - Empathy?
  - Normalizing and positive reinforcement?
  - Self-disclosure?
  - Determined client’s values?
Client #2

- 30 yo white female, 5’7”, 135 lbs
- Single
- Wants to prevent osteoporosis but hates milk

Diet

- Eats all meals out
- Following low-carb diet
- 3 sodas a day
- Breakfast: none or fruit, blueberry muffin
- Lunch: big salad with chicken or tuna salad
- Dinner: fish, salad with 6 Tbsp dressing

Exercise- none
Activity Discussion

– RD
  • Rapport established?
  • Assessment take place?
  • Was stage of change determined?
  • Did Client decide what to change?
  • Was a SMART goal determined?

– Client
  • Open-ended Qs?
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