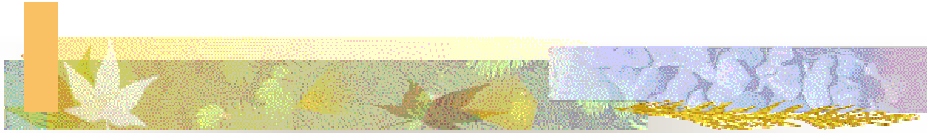


Section Three



Working toward Behavior Change



Section Contents

- **Acquiring information**
- **Delivering nutrition education**
- **Motivational Interviewing**
- **Facilitated Discussion Groups**

Food, physical activity and health behaviors during pregnancy demands immediate attention. Unlike the slower pace required for addressing chronic diseases, time is a critical barrier during pregnancy.

The section demonstrates strategies and techniques for use by counselors to help the pregnant adolescent make immediate and relevant behavior changes.



Acquiring Information

- **In a group setting.**
- **In an individual setting.**

Pregnant teens often have the opportunity to gather information both formally and informally. Formal ways include participation in classes and other group settings. Individual formal nutrition counseling often occurs in the health care arena (particularly in WIC). Informally, teens are presented with information and misinformation from friends, family and the media. These environmental influences may be very potent and have more power than a counselor's words.

Therefore, it is imperative for counselors to remember that although a teen mother may hear something from you, she may not implement the information. Indeed, the pressures under which she lives may prevent her from making personal changes.



Applying Information

- **Critical Thinking**
- **Questioning**

For teens to navigate through their environment, they need to make one decision after another. Some make spontaneous decisions while others carefully deliberate their choices. Some people base decisions solely on knowledge (the lowest level of thinking). Others thoroughly evaluate information. To assist learning and self motivation, consider the progression of learning which begins with simple knowledge and comprehension, followed by application, analysis, synthesis and evaluation. For details of these stages and key words to use to navigate through them, refer to the handout, *Critical Thinking and Questions*.

Cognitive Changes

Pregnant teens

- **Learn appropriate health and nutrition choices but may not make them**
- **Recognize the conflict between knowledge and behavior**
- **Often receive conflicting knowledge and accept erroneous information.**

In relation to health and nutrition, the teen should be able to understand basic information, such as how nutrients function within the body. But as previously stated, this knowledge does not necessarily result in appropriate behavior. The adolescent's need for separation, accompanied by hormonal and brain activities makes her actions run counter to knowledge. Interestingly, the adolescent is able to recognize their conflicts surrounding health and food choices, however this recognition may not alter behavior.

Furthermore, as they are bombarded with suggestions from many different sources, teen mothers may interpret and apply misinformation. Helping teens to correct misinformation should be done with care and concern. A good strategy is to first ask for permission to share another viewpoint. If the teen refuses to listen, simply back off. If the teen appears interested, begin your discussion with the following approach: "Thank you for letting me share some information that many of my colleagues and other teens believe to be true." This approach helps diffuse the information and makes the teen aware that others share your view.

The Dance -- Who Leads?



The client is the expert in their behavior and lives

The counselor is the expert in information and the experiences of others


Nutrition education can be thought of as a dance where each partner has a role. Traditionally the nutrition counselor was trained to assume the lead role. Furthermore, the counselor was taught to deliver all possible information that the client needed to have. This approach ignored the expertise which the client holds – the reality of her life. As explained in Part One, most pregnant teens live tumultuous lives, have enormous responsibilities and little control. If the counselor doesn't allow the teen to contribute her own expertise, the counselor does not have a complete picture of the choices available to the teen.



Nutrition Education Strategies

- **Traditional approach: top down, expert driven, information overload**
- **Newer techniques: client assumes active role, client drives the situation, client selects what information is appropriate and needed at that time**

Many nutrition education sessions with teens end up in frustration for both partners (the teen and the counselor). If successful, the top-down approach only results in knowledge change, but hardly ever does behavior change. In order to make counseling sessions more successful in terms of behavior change, nutrition educators have been exploring new strategies. From the fields of education and psychology, several new approaches were identified as having potential. Common among these strategies is the need for the **counselor** to change from the traditional medical approach where the health professional is the expert to a partnership where the client plays an active role.




To facilitate changing behaviors, nutrition counselors have better results when they integrate knowledge of the enormous challenges affecting the pregnant adolescent with a nutrition counseling style that accepts the mother where she is in her life.

This style is called: motivational negotiation.

We have selected *Motivational Negotiation* (MN), an adaptation of Motivational Interviewing (Miller and Rolnick, 2002), as having the most potential for both individual and group contacts with teens. In Motivation Interviewing there is intense and continuous contact between the counselor and the client. This contact is less likely to happen in most nutrition education situations. Hence, the adaptation to MN.



What is Motivational Negotiation?

- **Term used for brief encounters with clients in an effort to promote behavior change**
 - **A client-centered approach to promoting positive changes in behavior based on the person's own motivation to change**
- 

Comparing Motivational Negotiation with traditional nutrition education techniques

Traditional

Counselor does all the work

- **Counselor is expert, period!**
- **Counselor determines changes and how they should be made**
- **Counselor jumps to action while client is still thinking**
- **Counselor presents only positives of change to try to persuade client to do "right" thing**

Motivational Negotiation

Counselor and client are a team

- **Client is expert of own life; counselor is expert of facts and experiences of others**
- **Counselor provides information only when asked to or with permission of client**
- **Client and counselor explore both the positive as well as the negative side of change**

A brief comparison of traditional education and MN reveals the dramatic differences in the roles of the counselor and the client. Traditionally, the counselor assumes the role of expert and dictates to the client. In MN, the client and the counselor are seen as experts in their own areas. It is also important for the client to lead the discussion, rather than follow what the counselor sees as expedient. Ideas for change are initiated by the client, not the educator, when she is ready to change.

Another key difference between traditional nutrition education and MN is that in MN information is only presented when the client is ready for it. The counselor will know when this happens by one or more of the following events:

- Client asks questions about change methods
- Client expresses optimism about change
- Client asks what the next step should be
- Client experiments with change methods



Motivational Negotiation

- **Variety of strategies that elicit “change talk” from the client and enhance motivation to change behavior**
- **Draws on values and goals of participants**
- **Discrepancy between behavior and values is acknowledged as “normal” and is used to explore strategies for change**

Motivational negotiation uses a variety of strategies that stimulate the client to think about change which in turn enhances self motivation to change behaviors. Drawing on the teen’s values and goals, MN helps to link current, past and future behavior to concerns most relevant to the individual. This strategy helps to highlight the discrepancy between behavior and values, a normal human phenomenon. Discrepancy (referred to by some as ambivalence) is used as an opportunity to explore ways to change,

Essential Principles

1. **Express empathy**
2. **Avoid argumentation**
3. **Roll with resistance**
4. **Support self-efficacy**
5. **Develop discrepancy**

There are five essential principles involved in MN. These principles actually fit into the teen's tasks of questioning and pushing against authority and the awareness of the discrepancy between behavior and practice. The curiosity and openness seen in teens fit well into the MN framework.

1. Empathy is not sympathy. Counselors should reflect a level a understanding regarding the challenges faced by the pregnant adolescent. They should not feel sorry for the teen nor her situation.
2. Arguing is destructive to the counseling environment and will force the teen to shut down.
3. Resistance is a natural consequence of a turn in the conversation caused by something the counselor said. The counselor must stop immediately and redirect her responses.
4. Helping the teen to believe in herself and her abilities to cope with her situation is a significant role of the counselor. It is more important than giving information about diet and exercise.
5. Teens know that behaviors and beliefs are often at odds. They question this in adults; guiding teens to recognize they are responsible for the same patterns will facilitate change.

Reflective Listening

- **THE fundamental skill required of educators**
- **Relies on open-ended questions**
- **Counselor reflects back what the client says**

Reflective listening is done with a statement, not a question. The simplest way to restate what the teens said is to repeat her exact words. As the counselor becomes more comfortable with the technique, the reflective listening responses can incorporate deeper reflections. This is done by trying to draw out emotions or direct the teen toward positive change statements. A video clip (to be seen later on) will illustrate this point as well as other MN strategies.

In addition, reflective listening:

- makes no assumptions about what the teen means. The counselor only reflects back what is heard in order to elicit more input from the teen.
- encourages the teen to make a personal exploration
- conveys empathy to the teen and builds rapport



Phrases for Open-Ended Questions

- **Tell me why...**
- **What other things...**
- **How often do you...**
- **Why do you think...**
- **Let me see if I understand correctly...**
- **Give me some examples of...**
- **Tell me about...**
- **What is a typical day like for you?**

Phrases such as these help to initiate the counseling session. Note that these can be phrased as questions or as statements, but none of these can be answered with a “yes” or “no” response.

In practice, you can use a “cheat sheet” until you become more familiar with a few phrases. At first, many counselors rely solely on one or two questions for every client.

Once the conversation is started, the counselor may ask direct questions. In fact, no more than 3-4 open-ended questions in a row should be asked. Allow adequate silence for response from the teen. Often waiting 10-15 seconds is adequate *silence* time for the teen to feel uncomfortable enough so she will respond. Teens can become quite uncommunicative. If this happens, then the counselor must resort to using close-ended questions to keep the conversation going.



Reflective Listening Phrases

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

Once the teens responds to the open-ended question, the counselor reflects back what was said. These phrases can be used to begin the reflection.

Reflective Listening Responses

- **Content**

“You know that you need to gain weight during pregnancy to have a healthy baby.”

- **Perceived feelings**

“You are worried that if you gain too much weight you will not be able to lose it after the pregnancy.”

- **Perceived meanings**

“Being thin after your pregnancy is more important to you than the risk of preterm delivery.”

Here are some statements that illustrate the types of reflecting statements. When first meeting a client, it is “safer” and more productive to use the content statement.

The perceived feeling reflection also can work in the beginning sessions.

Perceived meanings reflections are probably better used after the counselor has had more contact with the teen, or becomes very familiar with using MN.

Reflective Listening Practice

- **“I know that I need to drink more milk. But it’s hard when all my friends are drinking soda. I feel out of place.”**

- **Content**
- **Feelings**
- **Meaning**

In order to determine your understanding of the three types of reflective listening statements, complete this activity.

The scenario:

You are working with Susan, a 14 year old teen expecting her first baby in 4 months. After the two of you have talked, Susan makes the statement above. It is obvious she knows she needs to consume more milk, but is expressing a specific barrier to achieving the goal. Her words describes her life her expertise) as well as reflect her innermost feelings. She appears to be self-motivated but choosing the healthy behavior is being blocked by the value she places on being accepted as a peer.

Create three responses to this statement:

1. a **content** statement
2. a **feeling** statement
3. a **meanings** statement that demonstrates that you are listening and responding in a reflective manner.

Some examples are provided in the accompanying instructions.



Reflective Listening Practice

- **Content:** You realize that milk is an important part of being a healthy mom and having a healthy baby.
- **Feelings:** You are worried about fitting in with your friends if you are the only person drinking milk.
- **Meaning:** It is very important to you to be accepted by your friends, perhaps more important than your health and that of your baby.

These are our responses. *Your must be different if you wish to receive continuing education credit.*



Resistance

- **Tension between educator and client**
- **Two people with two different points of view and wills**
- **Absence of collaborative direction towards goal**

During many counseling sessions a moment occurs where the teen may resist what the counselor is saying. The counselor begins to get frustrated and the teen becomes belligerent. While counselors perceive resistance as a negative, *Motivational Negotiation* purports that resistance is a cue to counselors that they need to stop what they are doing and start listening.

Choice of Words

- **Sensitive to teens – problem, concerns, issues**
- **More responsive with teens – choices, behaviors, and sometimes, risk**

In addition to trying new strategies, counselors should become aware of the words and terms which teens find offensive or those which ignite resistance. For example, teens respond better when given a choice than when told there is only one way to do something.

This reaction is seen in many adults also!

Signs of Resistance

- **Challenges or discounts counselor's advice**
- **Interrupts or cuts off counselor's advice**
- **Minimizes need to change, making excuses, blaming others, or pessimism (yes, but...)**
- **Inattentiveness or nonresponsiveness**

Although not mentioned before, MN acknowledges that clients need to go through certain stages in order to change. These stages are equivalent to those developed by Prochaska and associates' Stages of Change model: Precontemplation; Contemplation; Preparation; Action; and Maintenance.

From a knowledge perspective, the teen may be aware of her situation and what needs to be done. However, from the feeling, value and belief perspective, it is likely that the teen may be in Precontemplation and Contemplation.

Resistance occurs when the counselor is moving beyond the teen's stage of change. Resistance is occurring when any of the listed signs appear during the session.



Dealing with Resistance

- **Acknowledge it exists**
- **Reflect discrepancy**
- **Change the focus or the subject**
- **Change meaning**
- **Emphasize personal control**
- **Allow teen to leave with pride**

The six points above illustrate how the counselor can handle the resistant teen.

Remember that resistance reflects the teen's real and/or perceived barriers to change. The counselor can use a variety of techniques to determine these barriers. Once they are determined, the counselor then can help the teen recognize and prioritize barriers in order to overcome them.



Determining Motivations and Barriers to Behavior Change

Basic question:
“On a scale of 0-10,
with 0 being not at all behavior of interest*,
and 10 being extremely behavior of interest,
how would you rate your behavior of interest?”

*e.g. interest, important, willing, confident, etc.

The best technique to use to determine **both** motivators and barriers to change is to use the 0-10 scale. This strategy can be used to determine level of interest in a behavior, willingness to do a behavior, relative importance of the behavior to the teen, or confidence in the ability to do a behavior. There are several steps to be followed to make certain the counselor learns as much from the client as possible.

To determine what you specifically what to know (e.g., interest in, importance of, etc.), ask the basic question above, inserting the appropriate phrase.



Determining Motivations and Barriers to Change when working with Individuals

Follow-up Questions

To determine barriers:

**“You could have chosen 9 or 10 but you chose 5.
Tell me why you didn’t choose 9 or 10.”**

To determine motivators and knowledge:

**“You could have chosen 0 or 1 but you chose 5.
Tell me why you didn’t choose 0 or 1.”**

Once the teen has selected a number, have her share that number with you. Many counselors stop at this point but they are missing a grand opportunity to learn more from the client, in a relatively short amount of time.

At this point, counselors can learn the teen’s level of knowledge, the extent of barriers, and the values held.

Determining Motivations and Barriers to Behavior Change

Basic question: “On a scale of 0-10, with 0 being not at all confident, and 10 being extremely confident, how confident do you feel that you will be able to breastfeed your baby?”

- **“You could have chosen 9 or 10 but you chose 5. Tell me why you didn’t choose 9 or 10.”**
- **“You could have chosen 0 or 1 but you chose 5. Tell me why you didn’t choose 0 or 1.”**

This example illustrates the how to use the 0-10 scale technique to determine **both** motivators and barriers to change. There are several steps to be followed to make certain the counselor learns as much from the teen as possible.

1. Ask the basic question.
2. Once the response is given, then ask why a higher number wasn’t chosen. This will provide the teen the opportunity to tell you her concerns, her barriers, her reluctance.
3. After hearing her response, ask why she she didn’t choose a lower number. In contrast to learning about her barriers, the teen can now share her motivation, her knowledge, and her support for the behavior in question.
4. Take a moment to process what has been said. Then proceed to ask the teen what she thinks could be done about her situation so she could make the number higher. Sometimes this is best asked by saying the following: If your friend was in your situation, what would you tell her to do?



Determining Motivations and Barriers to Change when working with Groups

Follow-up Questions

To determine barriers:

“Suppose someone who could have chosen 9 or 10 chose a 5. Why would she not choose 9 or 10?”

To determine motivators and knowledge:

“She could have chosen 0 or 1 but she chose 5. Tell me why you think she didn’t choose 0 or 1.”

It may be very uncomfortable for individual teens to identify their thoughts and feelings to the group as a whole. Counselors can diffuse reluctance by suggesting a number that an anonymous teen might have said.

By exploring the possible responses of a *pretend* teen, the counselor opens the door for hearing the experiences, knowledge, beliefs, etc. of those teens within the group. Often the teens will give their own responses once the conversation is opened.

The process for using this technique is similar to use with an individual.

Values and Discrepancy

The counselor's role is to help teen moms discover the link between their eating and physical activity behaviors and what is most important to them.

- **“How does your lack of exercise affect your ability to go to school, work and feel good?”**
- **“What do you think the relationship is between gaining weight and how confident a pregnant teens feels?”**

Relate your questions to their roles as parent, student, child, etc. Often these roles are conflicting and may be the underlying reason for the discrepancy. For example, being a child as well as an expectant mother puts the adolescent in a situation where she needs to be dependent when she is seeking independence. Many teens need to be valued for reasons that adults may not think are valid. If the counselor assumes such an attitude, the counselor will not be able to help the teen.

Areas that teens value are:

Confidence, independence, respect

Physical appearance, strength, energy

Popularity, “fitting in”, autonomy, socially acceptability



Values and Discrepancy

When teens have difficulty seeing relationship between values and behaviors, try to use extreme consequence situations.

“Let’s suppose that you don’t change your diet and that your blood sugar levels continue to be as high as they are now. Based on what we have discussed, what would you expect the effect on your baby to be?”

Using the extreme consequence situation, such as this example, can be useful with some teens. But this technique is risky. Do not use this strategy to manipulate the teen into doing what you want them to do. Use it only if you are sincerely concerned about an **eminent** danger, e.g. toxemia.



The Final Negotiation

Use a double-sided reflection to summarize the session and ask about next step.

- **“You have mentioned some reasons why you don’t want to change your eating habits, such as _____. On the other hand, you have also talked about how your current habits might be a problem for your unborn child. Does that sound about right?”**
- **“In thinking about these choices, is there anything that I can do to help you?” Or, “ What do you think is the next step?”**

End the session by prompting the teen to develop a plan or to put closure to the topic discussed.

What about TIME?



At first glance, motivational negotiation appears to be more time-consuming than traditional nutrition education strategies. However, it can be just the opposite. The techniques discussed allows the counselor to quickly learn the teen's knowledge base, her attitudes and beliefs, her life goals and values. This allows the counselor to guide the teen towards selecting behavior changes to work towards.

Of course, eliminating resistance with the appropriate approach will allow more time for constructive counseling. However, if time is truly limited, than developing discrepancy may need to be omitted. In addition, ask fewer open-ended questions and more closed-ended ones moves the session forward more quickly.

CAVEAT: Do not omit understanding the teen's views and feelings about the why, how and when of behavior change.



Behavior Change Counseling

- **Takes about 5-30 minutes**
- **Requires a listening environment**
- **Allow teen to tell you why and how she might change**
- **Don't jump ahead**

Behavior change counseling takes about the same amount of time as do most regular counseling sessions. However, the environment must be conducive to listening. In other words, low noise, comfortable chair, no interruptions. Using the techniques discussed provides the teen mother with the opportunity to talk. It also prevents the counselor from getting too far ahead of where the teen is in the change sequence.

In addition to selecting from the strategies presented, and being philosophically committed to allowing the teen to make her own decisions, the counselor must use the time available for the session wisely.




Behavior Change Counseling Tasks

- **Communicate risk**
- **Provide information**
- **Initiate a behavior change sequence**
- **Identify client's goals and readiness**
- **Present a menu of choices**

The following video clip shows a counseling session that both contrasts two different approaches to nutrition education sessions and reflects the strategies presented in this section. This clip requires two viewings in order for you to assimilate, contrast and consider the ideas presented.



Videotape: The Situation

- **17 yr old**
 - **3 months pregnant**
 - **senior in high school**
 - **still nauseated**
 - **boyfriend distant but involved**
 - **parents ambivalent to her situation**
- 

The Situation

- **MD concerned about rapid weight gain**
- **Gained 3 pounds since last visit**
- **During diet recall, high fat intake noted**
- **She really wants healthy baby**

During the first viewing:

1. Set a timer and record the time it takes for each session.
2. Carefully watch the teen. Record her body language, her facial expressions, her interest.
3. Record her resistance phrases.

During the second viewing:

1. Focus on the counselor during each session.
2. Note the counselor's body language, facial expressions, etc.
3. Record the counselor's responses to the teen's resistance.



View Video

- **Follow the directions given**
- **Replay the video, again following the instructions**

Group-Based Counseling

Pros

- Powerful resource system
- Reassurance that person not alone
- Reduction in individual resistance
- Group pressure might pull in less-interested

Cons

- Group interactions are complex
- Non-participation
- Group resistance
- Collective augmentation

Many counselors use classes as a teaching strategy. Groups provide a different forum and challenges the counselor to adapt the techniques used for individual counseling. Use of case studies and stories is an effective way to find out the knowledge, feeling and attitudes of group members in a safe way.

However, to be effective the group size must not exceed 8 persons. Larger groups are more difficult to handle, encourages over-participation by a few and under-involvement by the many, and decreases empathy.

Facilitated Discussions

- **Clients freely discuss their own approaches to behaviors brought up in the group**
- **Counselors are facilitators who create comfortable atmospheres; encourage participation; interject only to correct misinformation and to manage group dynamics**

Unlike lecture style group classes, facilitated discussions bring together small groups (6 to 10 persons) where the group determines the discussion topics and work together to motivate and encourage each other to find solutions to problems. The idea that the group determines the session topic is often uncomfortable for counselors to embrace. This is reasonable if the counselor's approach is to determine what the client's problem is and how to solve it – the traditional medical model.

One way to diminish a counselor's discomfort is for the counselor to select and prepare 3-4 topics for discussion. This will allow the teens a sense of control over the session, important in their involvement. The topics are presented to the group and the members select the topic they want to talk about for that session. In this manner, the counselor can feel prepared and maintain a sense of order and organization and the group members feel engaged and respected.

Indeed, counselors who adopt the principles presented and create a climate for the facilitated discussions to be held, are rewarded by the increased level of interest among clients and the enhanced self-motivation and commitment to change taken by the clients.

Nutritionists should always be available to answer difficult questions or handle problem situations, but need not lead discussions. However, every counselor who does lead the group should undergo training in the techniques of initiating, maintaining, reflecting and summarizing the discussion in order to maintain the group and keep within the allotted time. And, naturally, they must be trained in the discussion content as well.

Facilitated Discussions Options

- Clients can determine a topic for the day **OR** can choose a topic from a menu presented by the counselor
- During the discussion, the counselor asks permission to correct errors in understanding and information
- At the conclusion, group summarizes learning and intentions

Facilitative discussion is an interactive education technique that can be used in **any** counseling situation. In WIC, for example, facilitated discussions have been shown to decrease no-show rates.

As stated previously, prior to the discussion, each teen can be given a list of discussion topics to consider or a menu can be presented at the beginning of the session. By making the sessions relevant and allowing them to choose their topic, teens share their opinions that lead to an increase self-confidence to address their situations and seek positive solutions. The group structure helps them to improve their thinking and communication skills as well as reinforces their sense of belonging.

It is helpful for a facilitators' guide to be developed for potential topics of interest to the pregnant teens. This guide provides substantive information to correct any misunderstanding. Each topic has a curriculum outline and sample discussion questions to aid in stimulating and continuing discussion.

NOTE: Lecture-style lesson plans can be converted into facilitated discussion format.

For more information refer to: *How to make nutrition education more meaningful through facilitated group discussion*. R Abusabha, K Peacock and C. Achterberg. J Am Diet Assoc 1999;99:72-76. Also check the WIC Works website.



View Videotape

Let's view a group of adolescents exchanging nutrition information. Note how the counselor questions the group and listen to the responses. You should be able to detect discrepancy, misinformation, and practical advice spoken by the teens. Note how the counselor gets the teens to reveal information sources as well as solicits their own ideas.



Caveats of Motivational Negotiation and Facilitated Discussions

- **Techniques are not a panacea**
- **Client, not counselor, is responsible for choosing to make specific changes**

While the newer approaches to counseling may be more effective for many teens and counselors, it is not THE answer for all. Some counselors can not master the new techniques and their attempts may hinder their effectiveness. Some teens may not be ready or want to share and discuss, rather they want the more traditional encounter.

Change can only occur when a teen recognizes that what they are doing currently will not help them reach their intended goals or go directly against what they value the most. For the youngest pregnant teens, this may be difficult as their values and beliefs are part childlike and part adult. In addition, they are more dependent on the adults in their lives for their basic necessities. It is easier for the older pregnant teens, those who are mastering the abstractions of life, to work at changing their behaviors.

The counselor can not make the changes for the teen (or the teen's family) nor should the counselor be made responsible to do so. But, ultimately, it is the teen (and/or the teen's support) who must make the changes.