

Interviewing, Counseling Skills and Strategies for Behavior Change

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This chapter discusses the use of interviewing and counseling for providing prenatal nutrition services to pregnant adolescents. By taking into account the developmental and cultural aspects of adolescence and the unique concerns of pregnancy, interviewing and counseling techniques can be tailored to most effectively meet the needs of pregnant adolescents.

Health professionals bring to counseling a great variety of skills, including technical expertise and interpersonal skills. However, less obviously, they also bring values and attitudes (shaped by past experiences) and a range of feelings and emotions. All of these attributes become tools for, or perhaps inadvertently, impediments to, successful counseling. A skilled health professional ought to select those attributes that could serve as tools in the establishment of a therapeutic relationship, and be sensitive to the attributes that may become impediments.

Counter-transference occurs when a health professional brings to a counseling situation personal feelings or attitudes that he/she transfers or projects onto the client. Counter-transference can lead to over- or under-identification with a client, and ultimately to inappropriate and unwarranted feelings toward the client or about her “issues.” It interferes with the development of a respectful and therapeutic relationship.

It is crucial to the success of an interview that the interventions made be developmentally-appropriate,

culturally-sensitive and objective (see Table 1). This requires an examination of interviewer biases so that he or she can effectively and accurately understand the communications and motivations of the client.

INTERVIEW AND COUNSELING OBJECTIVES

There are three primary objectives to be accomplished in counseling interviews with adolescents:

- To develop a respectful, therapeutic relationship by providing client dignity.
- To assess the adolescent’s needs and develop a plan for meeting those needs.
- To educate and motivate the adolescent to make behavior changes, including changes that improve dietary intake.

Provide Client Dignity

An individual interview provides a unique opportunity to reach out to the pregnant adolescent and offer her nonjudgmental, supportive concern. It may be the first time she has received individual attention separate from family and friends. The young woman may have ambivalent feelings about this pregnancy and the

TABLE 1
Factors Impacting Attitudes, Beliefs and Behaviors

Family and Social Structures

Family size
 Nuclear vs. extended (intergenerational)
 Patriarchal vs. matriarchal
 Marital structures
 Attitudes toward childbirth outside of marriage
 Gender roles
 Attitudes toward children, adolescents, elderly
 Parent-child relationships
 Community cooperation vs. individual responsibility
 Attitudes about mothering

Religious Beliefs

Influence on lifestyle (e.g., dietary restrictions, use of medications)
 Influence on attitudes about health and illness
 Belief in magic, supernatural, spirits
 Openness regarding religious beliefs/practices

Communication Style

Nonverbal

Attitudes about touching strangers (e.g., shaking hands, touching one's shoulder)—may be gender or age sensitive
 Attitudes about pointing at people or things
 Personal body space (can vary from 6 in to 3 ft)
 Eye contact (length of contact may be dependent on age, gender, and whether one is listening or speaking)
 Silence (length varies considerably)
 Attitudes about emotional expression vs. restraint; formality vs. informality

Verbal

Attitudes about verbal aggressiveness vs. self-depreciation
 Ability to read native and second language

Health Beliefs

Health "consciousness"
 Sense of personal efficacy
 Attitudes about mental health issues, "western" vs. traditional medicine and alternative or traditional "folk" medicine
 Attitudes about pregnancy (and need for health services)
 Beliefs about causes of physical/mental illnesses (stress, diet, personal responsibility)
 Attitudes about seeking professional help

Sexual Attitudes and Practices

Attitudes about adolescent and/or premarital sexual activity
 Attitudes about birth control
 Attitudes about modesty
 Attitudes about sexuality

Perceptions of Time

Past, present, or future time-oriented (influenced by cultural affiliation and level of cognitive development)
 Attitudes about punctuality (time-urgency)

Dietary Practices

Symbolic meanings of foods
 Religious restrictions
 Cultural/personal food preferences
 Attitudes about food cravings (e.g., meanings attributed to craving) and pica
 Attitudes about weight gain
 Attitudes about baby's birth weight
 Attitudes about breast vs. bottle-feeding; introduction of solid foods

interviewer can represent a safe, neutral support for her. It is crucial to communicate interest for her as a person. The most important piece to the success of an interview is to recognize the client's dignity, to give her the respect she deserves, and to foster and support the client's taking responsibility for, and control over, her situation (see Table 2).

TABLE 2
Strategies for Fostering Client Dignity

Address the client's presenting agenda.

Provide information so that a structure can be developed that will encourage and support an honest, mutual interaction.

Assess and respect the client's coping style (e.g., What is her behavior telling you? Is she withdrawn? Talkative? A caretaker? Childlike? Mature beyond her years?).

Allow the client choices whenever possible so that she can feel she is making her own decisions.

Normalize variations in feeling and mood so that the client does not fear or harshly judge the changes in her emotions since pregnancy.

Provide words for feelings.

Provide education about physical and emotional aspects of pregnancy so that the client has a simple base of knowledge from which to participate in her pregnancy.

Reinforce adult (not childlike) behaviors.

Focus on her positive attributes to foster self-esteem and positive coping.

Draw out positive coping by recognizing and complimenting coping behaviors that are obviously functional and healthy.

Focus away from pathology and avoid unhelpful commiseration so that you will represent a person who can remain a neutral mirror for her.

Proceed at a pace that is comfortable for the client.

Collect Information, Assess Needs and Develop a Plan

The second objective of the counseling interview is to gather information so that an assessment can be made

and a plan developed. By allowing the adolescent to have a sense of control and partnership in the interview/counseling process, the interviewer can assure a more accurate assessment and workable plan.

The interviewer should obtain information about the adolescent such as:

- her immediate agenda for the interview
- her emotional, physical and dietary needs
- her level of cognitive development measured by how she responds to inquiries (e.g., concrete vs. abstract, present vs. future time-orientation)
- her coping strategies
- her learning style

The interviewer should utilize interview techniques that facilitate the adolescent's sharing of information and must observe both the content and the verbal and nonverbal affect expressed.

Once the interviewer has arrived at an assessment, it should be shared with the client to allow her to respond, clarify or discount it.

Developing a plan requires the active involvement of the adolescent in deciding and prioritizing what elements of her "environment" (cognitive, social, and physical) she wants to enhance or alter, and strategies to reach her goals.

Educate

The third objective of counseling is to educate. The health professional counseling a pregnant adolescent can teach the young woman about topics that are of interest to her and at the same time provide skills for promoting behavior change. Introductory topics may include: the process of pregnancy, including the developmental changes she and her baby are going through; her special nutritional needs and those of unborn and newborn babies; and parenting skills.

INTERVIEW TECHNIQUES

In order to facilitate the best transfer of information from the client to the interviewer, the interviewer needs to create an atmosphere of support and reassurance. The interviewer should avoid judgmental attitudes and language. During the session the client is the teacher, providing information about her life, her

needs, her motivations, and her ability to achieve a workable plan for a smooth pregnancy. As expressed by the clinical psychologist, Dr. Pascal, “We hear what that patient says, how she says it, and how she behaves when she says it.”¹ Listed below are techniques that can facilitate this process.

Attending

Pay full attention to the client’s communication, both verbal and nonverbal. Behaviors that appear to be contradictory are particularly telling, and need to be explored.

Behavioral vs. Attitudinal Questions

Pascal has developed a helpful interview technique that assists in soliciting pertinent information about the patient in a nonthreatening manner.¹ Ask for behavioral incidents so that enough information is gathered to make an assessment of the client’s situation. Do not settle for the client’s assessment or attitude about a situation or feeling.

The interviewer needs to hear the client’s perception, but also needs to gather enough information to assess the accuracy of that perception. For example: Attitudinal: “How has your best friend responded to you being pregnant?” Behavioral: “When was the last time you saw your best friend? What did you do together? What does she say when she talks to you about your pregnancy?”

With the latter series of questions, the interviewer can gather sufficient information to assess the support offered by the friendship. It is possible that more truthful information can be gathered with focused, behavioral questions than with global, attitudinal questions that encourage socially-appropriate responses.

Open-ended Questions

In order to encourage as much free communication by the client as possible, open-ended rather than close-ended questions should be used. A helpful hint is to begin questions with the words: *What*, *When*, *Where*, *Why* and *How* rather than words such as: *Will*, *Do*, *Does*, *Would*, and *Have*. While the former series encourages elaboration, the latter series elicits yes/no responses.

Encouraging Responses

Interviewers should use subtle indicators to show they are listening and paying attention to encourage the adolescent to continue (e.g., “Oh?”; “Then?”; “Tell me more”; “Uhhuh”; repetition of one or two key words, or a simple restatement of client’s last words; head nods, facial expressions, posturing and gesturing).

Nonverbal Communications

Silence allows the client time to respond emotionally and then verbally. It also provides an opportunity for spontaneous speech by the client that may redirect the interview to topics most germane to the client.

Eye contact can be an effective tool for showing respect and concern for the adolescent and for encouraging further disclosure. Being sensitive to the adolescent’s comfort level and coping style, the interviewer can gauge the appropriate use and length of uninterrupted eye contact.

Normalization

The interviewer should make reassuring and educating statements such as, “Many pregnant women feel less control over their emotions. That can be a normal result of the changes in your body and hormones.”

Balance Statements

Offering the spectrum of emotions or circumstances in a nonjudgmental manner allows the client to select the piece most relevant for her.

For example: “For some women, pregnancy is wonderful and something they were really ready for. For other women, it can understandably be a scary time when they feel very uncertain about the changes they are experiencing. I’m wondering what sounds familiar to you?”

The interviewer, in effect, provides some normalization and education so that the client can identify her internal feelings and match them with the words that have been provided for her. These statements can be very useful to adolescents as they may be less likely to verbalize, and more likely to act out, difficult emotions.

Clarification

Ask the adolescent to clarify a statement or feeling that was unclear to the interviewer (e.g., “So, are you allergic to milk or do you just not like to drink it?”)

Paraphrasing

A restatement or rephrasing of the content of the adolescent’s message in the interviewer’s own words can serve to clarify or convey understanding of what was said (e.g., “It sounds like one of the reasons you are not eating regularly is that you don’t have enough money for food.”)

Providing Words for Feelings

The affective part of the client’s message can be rephrased by the interviewer by giving words to feelings. The intent is to identify and clarify how the adolescent feels, convey empathic understanding, and encourage expression of other feelings. Encourage ventilation of emotion through words rather than behaviors (e.g., Upon observing hostility, “It can make some people really angry to talk to someone about how they eat. I’m wondering how you are feeling.”).

Empathy vs. Sympathy

The distinction between empathy and sympathy is subtle and the feelings are frequently confused.

Sympathy for a client occurs when the health professional over-identifies with the client, “taking on” and feeling what the client feels. It represents an over-involvement in the client’s issues, and consequently, a loss of oneself.

Empathy, on the other hand, represents a healthy involvement with the client, enabling the health professional to “tune into” the adolescent’s experience and state of mind. In doing so, the health professional can appreciate how the client feels without giving up his/her own identity.

Assess Understanding

The interviewer can periodically check the client’s comprehension of information shared with her, and the interviewer can thereby assess the client’s perception of all that has transpired.

Summarization

The purpose of the summary is to recapitulate, to condense, and to clarify the essence of what has been said; a restatement of key points. This might serve as an opportunity to repeat the plan and any recommendations.

THE INTERVIEW

Introduction

The initial stages of the interview are crucial for setting the tone and structure of the therapeutic relationship. It is easy to minimize the importance of the first moments of an interview. Though it is a time of movement and action, valuable information is exchanged between the client and the practitioner. There are some important considerations for the interviewer in establishing a respectful, comfortable interaction with the client.

Dress

How the interviewer dresses communicates to the client how the former feels about the latter. It is important to wear something that conveys respect for oneself as a professional and for the client.

Consultation Room

Adolescents may feel relaxed in a setting that is informal (avoid exam rooms if possible; choose comfortable chairs, colorful walls, posters and plants). It can be difficult to find privacy for interviewing in a busy obstetrical clinic. It can also be difficult for an adolescent client to feel comfortable sitting alone with a stranger for an interview. The goal is to help her feel as at-ease and respected as possible. The identification of a private interviewing room prior to the interview indicates to the client the medical team’s respect for this interview in the provision of her care. Privacy is crucial in that the interviewer is asking for personal information and disclosure from the client. Frequent interruptions convey lack of respect for the client.

Greeting

The manner in which the client is called from the waiting area can set the tone for the session. If her name is

called out by the receptionist, and she is directed to the consultation room by a third party, a tone of formal, institutional interview may be set. If possible, the interviewer should greet the client in the waiting room and invite her to the interviewing room. The interviewer should give his/her name and title upon greeting the client to ensure that the client understands with whom, and where, she is going.

Beginning the Interview

Seating

The client should be allowed to choose a chair instead of being directed to one by the interviewer. This offers the client an opportunity for control and choice, and provides the interviewer with valuable nonverbal information. If the client chooses the chair in the farthest corner of the room, it might indicate a negative response (fear, apprehension, shyness) to a private interview. It is acceptable to verbally acknowledge and normalize the client's discomfort while also asking permission to draw up a chair close to her (e.g., "Some people enjoy having the opportunity to meet individually to talk about their eating, and others can feel uncomfortable or nervous about it. I will try to make this as easy as possible. How would you feel if I draw my chair up a bit closer so that you can hear me when I speak?") Avoid obstructions between the interviewer and client such as a table or a desk.

Introductions

The interviewer should repeat the client's name as previously identified, but also inquire about another name by which she may prefer to be called. The interviewer's name and title should be repeated, and an inquiry made regarding the client's familiarity with the role of the interviewer (as nutritionist, for example). This provides the interviewer an opportunity to assess the client's prior biases, preconceptions and expectations regarding the interview. By describing the nutritionist's role in the clinic, his/her relationship to the team, and the role of nutrition in the care of her and her unborn baby, the client receives significant information for beginning a rapport that is based on accurate information and mutual understanding.

Setting the Rules

Discuss confidentiality: identify with whom the information will be shared, under what circumstances, and why. Establish rules for sharing that information: "I will talk with you first about my decision to share certain information with the people we have identified together." The following issues indicate a reason to break confidentiality: danger to self, danger to others, and child welfare issues.

Visit schedule

If these interviews will occur on a regular basis, discuss this and who might periodically be included (e.g., parents, baby's father, nurses, doctors).

Middle Phase

Now the second stage of the interview has begun. This phase involves assessing the needs of the client, educating the client about the importance of nutrition during pregnancy and motivating the client to make dietary change.

Termination/Closure Ritual

Always give the patient a 10-minute warning before closing the interview. That will allow her the opportunity to provide any other information she feels is necessary prior to closing. It can be disconcerting for the client to have a session end abruptly.

In ending the interview, also leave time to allow the client to tell the interviewer what was helpful and unhelpful in the session and to review the work for next session. If this pattern is followed every session, it can serve as a comforting ritual of "tying up loose ends" or "closure" for the adolescent client. The client can gradually come to anticipate this opportunity for critique and review. It can also be used as a barometer of her involvement in her pregnancy care.

A PROCESS FOR CHANGE

After completing a thorough nutrition assessment and collaborating with other members of the health care team, the health care provider can identify the nutrition

concerns that will be targeted for change. Then strategies for implementing change can begin. There is no single strategy that is guaranteed to be effective and successful. Any strategy should be adapted and individualized

to accommodate the particular needs of a client. A general approach, based on stages of change,^{2,3} is outlined in Table 3.

TABLE 3
Stages of Change: A Model for Nutrition Counseling

Stage	Description	Goal	Strategies
Precontemplation	Is unaware of problem and hasn't thought about change. Has no intention of taking action within the next 6 months.	Increase awareness of need for change. Personalize information on risks and benefits.	Create supportive climate for change. Discuss personal aspects and health consequences of poor eating or sedentary behavior. Assess knowledge, attitudes, and beliefs. Build on existing knowledge.
Contemplation	Intends to take action with the next 6 months.	Increase motivation and confidence to perform the new behavior.	Identify problematic behaviors. Prioritize behaviors to change. Discuss motivation. Identify barriers to change and possible solutions. Suggest small, achievable steps to make a change.
Preparation	Intends to take action within the next 30 days and has taken some behavioral steps in this direction.	Initiate change.	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.
Action	Has changed overt behavior for less than 6 months.	Commit to change.	Reinforce decision. Reinforce self-confidence. Assist with self-monitoring, feedback, problem solving, social support, and reinforcement. Discuss relapse and coping strategies.
Maintenance	Has changed overt behavior for more than 6 months.	Reinforce commitment and continue change/new behaviors.	Plan follow-up to support changes. Help prevent relapse. Assist in coping, reminders, finding alternatives, and avoiding slips/relapses.

Source: Adapted from Story M, Holt K, Sofka D. Eds. Bright Futures in practice: nutrition. Arlington, VA: National Center for Education in Maternal and Child Health, 2000: Appendix F.

These steps are summarized below, with examples provided in Table 4.

- Describe to the adolescent the primary objective for nutrition counseling during her pregnancy, (i.e., to enable her to choose appropriate amounts of good tasting and nutritious foods so that she can be healthy and feel good throughout her pregnancy and so that her baby gets all of the nutrients needed to be healthy).
- Based on the nutrition assessment, identify specific dietary factors and eating behaviors that might be targeted for change. By reviewing with the adolescent her usual food intake and comparing it to the recommended food intake for pregnant adolescents, the client can participate in identifying areas in her diet that need to be changed.
- Prioritize the identified areas according to the relative health risk to the adolescent and her developing baby and select one area or problem as the initial target for change. The adolescent should be encouraged to choose, but should be guided by the counselor to consider both the behavior change that might have the greatest impact on her health or comfort and her chances for successfully changing the behavior. Initially, it is probably more important to maximize her successes. At subsequent prenatal visits, this list should be reevaluated and revised as the adolescent adopts new behaviors and her needs change.
- Explore with the adolescent the circumstances and reasons for having adopted and maintained the target behavior. For example, an adolescent whose energy intake is inadequate may claim to have too little to eat. It is important for the adolescent to understand the precipitating conditions which motivate her so that those conditions can be changed.
- Set goals to serve as stepwise changes toward eliminating the identified problem by altering some of the environmental conditions perpetuating the behavior. Consider several factors when setting goals to make it more likely that the adolescent can achieve and maintain them. Goals should be:
 - *Manageable*. Begin slowly with a small number of short-term goals, perhaps one or two, to be worked on between prenatal visits.
 - *Realistic*. The adolescent should set goals that are attainable. The new behaviors should be ones

which accommodate the adolescent's food preferences, time constraints, and resources. As such, they can be integrated into her lifestyle rather than necessitate major lifestyle changes.

- *Specific and measurable*. When the adolescent leaves the office, she should go away knowing exactly what she is going to try and how many times.
- *Flexible*. When the adolescent is setting goals, caution her against setting goals which are too rigid, extreme, or absolute (e.g., "I plan to not drink any soda pop this week" or "I will exercise every day"). Such goals are likely to lead to failure and disappointment.
 - A goal may turn out to be more difficult or challenging than anticipated. The adolescent should feel comfortable modifying the goal herself, or in asking the health professional for help. It is critical that the adolescent not become too discouraged by her inability to achieve a particular goal.
- *Successively more challenging*. In initial counseling sessions, help the adolescent set goals she is likely to achieve. Having experienced success early, she may be more confident and motivated and better skilled to take on more difficult and complex dietary changes later.
- Once one or two goals have been set, brainstorm. Try to come up with as many ideas as possible for reaching a goal. She needs to see ways around obstacles rather than to continue justifying a behavior because of obstacles.
- Evaluate the plan. Discuss what worked and what didn't. If an idea didn't work, explore the reasons why it didn't. If necessary, continue to brainstorm to find other alternatives she could try. Revise the plan and goal if necessary.
- When the goal is achieved, maintain the behavior. It is important to reinforce the idea that each step or individual goal is intended to move the adolescent closer to the overall objective of developing eating habits which are more healthful. If goals are set by the adolescent, practiced and achieved, the new behaviors might eventually become integrated into her daily routine.
- Begin to work on establishing new goals for changing behaviors.

TABLE 4
Process for Changing Behaviors

Process	Examples
Nutrition assessment	See Chapter 8
Identify and prioritize dietary needs	Inadequate energy and nutrient intake Low intake of calcium-rich foods Excessive intake of caffeine
Select one area and identify behaviors which contribute to the problem	Skipping breakfast (“too little time”) Forgetting prenatal vitamin (“I just never think about it”)
Set one or two goals	Eat breakfast 3 out of 5 school mornings Take prenatal vitamin 4 days this coming week
Brainstorm for ways to accomplish each goal	BREAKFAST Set alarm and get up 15 minutes earlier Get out school clothes the night before Purchase or prepare foods ahead of time that can be eaten while dressing or taken along on the way to school (e.g., fruit, muffins, individual yogurt or juices) PRENATAL VITAMIN Put vitamins in a more visible place (e.g., with keys, toothbrush, or make-up) Write reminders and stick them around the house Ask someone at home (e.g., mother, boyfriend, or roommate) for a reminder
Implement the plan	The adolescent agrees (or perhaps contracts) to try the ideas before the next clinic visit
Evaluate the plan	Discuss what worked and what didn't, and why—if necessary, brainstorm again or revise the plan
Maintain desirable, new behaviors	The adolescent continues “practicing” the acquired behaviors
Set new goals	Eat breakfast (each morning) before school Take prenatal vitamin 7 days this week

FACILITATING BEHAVIOR CHANGE THROUGH TEACHING

The primary objective of nutrition counseling is to enable the adolescent to make the desired dietary and behavior changes for improving her nutrition status and well-being during her pregnancy. This can be accomplished in more than one way. Nutrition counselors can teach nutrition concepts and provide the adolescent with the necessary skills both to identify components in her environment which promote an unhealthy diet, and to change those environmental factors so that they support the desired dietary change.

A General Guide to Teaching

One of the important roles for the health professional responsible for nutrition counseling is teaching and facilitating behavior change. Some of the time will be spent presenting nutrition information; more of the time will be spent teaching the adolescent skills essential for enabling her to change her dietary habits. The approaches are the same and should be considered before counseling begins.

- Consider what the adolescent is ready for and needs to know. The adolescent's nutrition knowledge, skills, and the circumstances influencing her behavior should be apparent from the initial nutrition assessment. Adapt your teaching and counseling strategies accordingly.
- Know well the information and materials to be presented and be sure it is accurate and consistent. It is equally important that the information presented be consistent with what other health care providers on the team are telling the adolescent. Inconsistencies cause confusion and distrust.
- Teach only what is necessary, including what the adolescent needs to know and whatever she may want to know. For an adolescent to increase her consumption of iron, she needs to know what foods are rich in iron and how to incorporate those foods into her diet. She does not need to know about iron absorption. In most cases, it would be sufficient to provide her with a list of foods which are good sources of iron. Some adolescents may be particularly curious or interested and want more information, which should then be provided.
- Be clear and specific when giving instructions, explanations, or stating your expectations. Speak plainly and simply.
- Use concise examples or analogies that are relevant to the adolescent to clarify an idea or concept.
- Occasionally check the adolescent's understanding. You may ask her to summarize what she understands you to have said.
- Encourage questions and answer them as they arise.
- Don't hesitate to say that you don't know the answer to a question. Offer to get the information and then be certain to follow through.
- Involve the adolescent. Counseling should be interactive, not didactic in structure. Encourage active participation and allow her to take the lead when appropriate.
- Be committed to counseling each adolescent you see. Show enthusiasm. Show genuine respect and concern for each client.

Nutrition Education During Counseling Sessions

At the initial visit:

- Explain the importance of her eating habits to her pregnancy (e.g., that healthy eating habits can optimize her chances of having a healthy baby and of her being healthy and comfortable throughout her pregnancy).
- Briefly describe the approach to changing eating patterns and food choices that will be used.
 - Explain that each person's eating habits are complex and that changing any habit takes time, planning, and practice in order for those changes to last.
 - Describe the components of counseling that will be used.
- Make a thorough nutrition assessment comprised of a medical, social, and diet history so as to identify the positive aspects of her current diet and any areas that need improvement.
- Set short-term goals as step-by-step changes toward achieving longer-term established goals.
- Look together at what she eats and what influences her eating behaviors.

- Come up with strategies she can implement to change the environment so that it influences her behaviors in a positive way.
- Discuss means of problem-solving.
- Explain to her what the nutrition counselor's role is:
 - To provide information.
 - To offer support.
 - To facilitate her attempts to change behaviors.
 - To guide her through the problem-solving process.
- Explain to her what is expected from her:
 - That she accept responsibility for her behaviors so that she can begin to believe that she can choose to replace healthy behaviors for less healthy behaviors.
 - That she be an active participant in the counseling process.

Various Techniques for Teaching Nutrition

People learn in different ways. Generally, the more involved and active their participation, the more they will derive from the “lesson.” Furthermore, by using different approaches or techniques to teach a particular concept or skill, you are able to reinforce a point while providing variety and interest.

Table 5 provides a list of ideas that could be used for teaching and counseling adolescents.

MOTIVATING BEHAVIOR CHANGE

One goal of the health professional may be to initiate “trial behavior” in the client; a behavior that is undertaken, perhaps for the first time, as an experiment. It can be thought of as exploratory behavior. If the nutrition counselor can identify the factors or forces to which the adolescent responds, they can use these as contingencies to encourage the adolescent to do something, at least on a trial basis. If the experience is positive enough, it may become self-reinforcing and long-lasting.

To initiate trial behavior:

- Link the behavior with its consequences. Make the consequences apparent: the negative consequence of the unhealthy/undesirable behavior, and the positive consequences of the healthy/desirable behavior.

TABLE 5
Teaching Aids

Pictures/posters in clinic offices or waiting rooms of:

Pregnant adolescents and young mothers with babies

Varieties of nutritious foods and snacks

Foods grouped by major nutrients (e.g., calcium, protein, vitamins A and C, iron, folate) including foods generally liked by teenagers

Public health notices warning against alcohol, tobacco and drug use during pregnancy

Food samples and recipes

If feasible, provide a nutritious snack during prenatal clinic visit

Offer recipe cards for easily prepared, inexpensive, nutritious snacks and foods

Prepare and provide recipes using WIC and commodity foods (check local WIC offices for recipes or cookbooks)

Printed materials

Lists of nutritious snacks

A list of nutritious, energy-rich foods for promoting weight gain

A list of nutritious, low-energy foods for controlling weight gain

Lists of foods rich in iron, calcium, vitamins A or C, or fiber

Information regarding nausea, heartburn and constipation, with dietary treatments

An illustration showing the distribution of weight gain during pregnancy

Weight-gain grids for monitoring each client's weight

Food record forms

Food packaging label-reading

Contracts for behavior change

Other aids

Food models

Anatomical models showing stages of fetal development

Test tubes showing the sugar or fat content (in teaspoons) of various foods (especially fast foods and soft drinks)

Filmstrips, slides, videos, audiotapes, interactive computer games

- Be nonjudgmental, open-minded, and observant. “Listen” carefully to the adolescent to learn what she values, what her concerns are, and what needs she seeks to meet.
- Acknowledge those concerns and frame behavior-change objectives in terms of those concerns and needs.
- Present contingencies that are:
 - Immediate
 - Concrete and tangible
 - Valued by the adolescent

Rewards can be an effective means of motivating behavior change. Assess for each client the potential of rewarding positive behaviors on influencing change. Discuss with the adolescent what tangible rewards would be most meaningful to her.

Suggestions for Maintaining Interest and Commitment

Present information and materials in a variety of ways (see Table 5).

- Utilize educational materials that are appropriate for the age and level of cognitive/emotional development of the teen.

Engage the adolescent in action-oriented exercises:

- Keeping food and activity records
 - Keep them simple and easy to complete.
 - Keep the record-keeping period relatively short (e.g., about three days).
 - Specify which behaviors are to be monitored.
 - Encourage the adolescent to be honest and accurate so that the records can be used effectively for measuring change and identifying problems.
 - Always review the records together to convey the importance of the activity and to use it more effectively.
- Contracts
 - Serve as reminder to the adolescent of her behavior goals or objectives.
 - Instill a sense of responsibility and commitment to trying out new behaviors.

- Reinforce the problem-solving skills learned during the counseling session.
- Make something that may be abstract more concrete.
- Modeling: demonstrating a skill or behavior
 - Provides an opportunity to observe a behavior and its consequences (e.g., ordering skim milk at a fast food restaurant might elicit a response from friends) which may reinforce or discourage the behavior.
 - May reduce the anxiety of the adolescent who intends to try the same skill or behavior outside of counseling.
 - Can be used to demonstrate how to analyze food records, read a package label, or handle uncooperative friends.
- Role-playing
 - Provides an opportunity for the adolescent to practice a behavior or skill in a safe, nonthreatening, supportive setting, and to experience “roles” other than her own (provides an excellent opportunity to practice resisting peer, media, and family pressures)
 - Be sure to explain the rationale for role playing.
 - Specify, in concrete terms, the critical behaviors of the skill.
 - Model the behaviors.
 - Have the adolescent (or individuals in a group) role-play.
 - Discuss the actors’ enactment of the behaviors.
 - Repeat the process, switching roles.
- Experimenting with foods
 - Try new foods (e.g., compare whole, 2%, 1%, and skim milk).
 - Compare two recipes: one prepared traditionally, one prepared with healthy modifications.
 - Provide an opportunity to practice food preparation skills.
 - Examine menus from local restaurants.

Encourage the adolescent to involve her partner, friends, and family in her attempts to change her diet.

- Ask the adolescent to identify who might be most/least supportive.

- Discuss what roles she would like others to play in her attempts to make changes.
- Discuss (and perhaps role-play) how she can request people's support and effectively communicate her specific needs to them.
- Consider including various individuals in some of the counseling sessions (this can be particularly important if she lives at home and her mother buys and prepares most of the food, or if she lives with her partner).
- Review with her the relevant lab results and her current weight. Plot her weight on her weight-gain grid. If necessary, review the expected weight gain during pregnancy keeping in mind her prepregnancy weight (see Chapter 9). A 24-hour food recall may be useful, at this point, as an instructional tool for discussing weight gain which is either inadequate or excessive.
- Review with her the previous session, including any "homework" or goals she was going to work on between visits. Provide feedback to her on what she accomplished and on what she had been unable to accomplish. If warranted, continue problem-solving to come up with alternatives for working toward her goals.

Provide continuity of care

- Stay in contact between sessions (e.g., by phone or mail) to provide continual support when the most difficult part of behavior change is taking place.
- Encourage the adolescent to call you with questions or concerns when they arise rather than requiring her to wait until your next session.
- Be aware of other care the adolescent is receiving. It is critical to collaborate with the other members of her health care team.
- Provide information about other resources in the community that might particularly benefit her (e.g., mental health facilities, public assistance, WIC, commodity food programs, support groups) and link her to those resources.
- Be diligent and conscientious in regard to "follow-up" care. Review progress notes from previous sessions. Find answers to questions not answered previously. Collect any materials she requested or that you anticipate needing.
- Be supportive. It is your support, encouragement, and care that will keep the adolescent coming back.
- When appropriate, work together to establish new goals and a plan for the period between sessions. These behavioral objectives should be written out by the adolescent and a copy made for your records.
- Before ending the session, ask the adolescent if she has any last questions or concerns before leaving. This provides a good opportunity to clarify any confusion or misunderstandings.
- After the counseling session, chart progress notes while the circumstances of the particular case are fresh in your mind.

Occasionally, an adolescent will bring up important concerns or issues which are outside of the "realm" of nutrition counseling (e.g., physical abuse, family psychosocial issues, decisions about parenting). These should not be dismissed or minimized. After acknowledging the importance of her concern, ask if she would like to speak with whomever the appropriate staff member would be. Depending on the urgency, it may be appropriate to terminate the current counseling session and immediately refer her to that staff person. If that is not necessary or possible, contact the appropriate person, convey the adolescent's concerns and set up an appointment for her, being sure to give her the name and phone number of the person with whom she will meet. Depending on the seriousness and, again, the urgency, a follow-up phone call to the adolescent may be warranted between sessions.

Subsequent Counseling Sessions

- Prior to seeing the adolescent, review progress notes from the previous session. If necessary, check any current lab results and her weight.
- Allow for a few minutes of informal conversation at the beginning of follow-up sessions. This brief interaction helps personalize the interview and is a good opportunity to ask if she has had any particular concerns or questions since the last visit.

Alternative Approaches to Individual Counseling

Every approach to counseling has advantages and disadvantages. Using a combination of approaches, enables counselors to increase their effectiveness and efficiency. Two alternatives to individual counseling are mentioned below.

Peer Counseling

Peer education and counseling is a useful technique when working with pregnant adolescents since information is often better received from peers and family than from health providers. Peers may be especially useful with difficult or hard to reach clients who resist suggestions made by health professionals. Peer education is very beneficial for use with socially-isolated pregnant teens. Peer educators can work one-on-one with pregnant teens or in conjunction with a health care provider when providing education and counseling.

Some of the potential benefits of peer education and counseling include:

- Adolescents may be more motivated to adopt behavior change strategies suggested by other adolescents than by health practitioners. They often perceive peer information as more relevant to themselves and their lifestyle than information provided by an older health professional.
- Peer educators easily identify with the concerns and feelings of pregnant adolescents. Because of their unique experiences, they can help the adolescent to find a way to put thoughts and feelings into words.
- The training of peer educators helps to build skills and self-esteem and empowers young mothers.
- Peer education is a relatively low-cost option compared to services provided by a health professional.

On-going training and supervision of peer educators is very important to the success of the peer education and counseling process. Peer educators must be carefully chosen by selecting those individuals who are receptive to learning and providing accurate nutrition information. Training of peer educators should be done frequently to assure that they are up-to-date on current nutrition recommendations. It is imperative that peer educators be well-connected to other health care

providers and they be made aware of when and how to make referrals to other prenatal services when needed.

Groups

While group counseling cannot offer the more directed, intense, individual attention a pregnant adolescent may need, it can be an effective forum for teaching nutrition and behavior change principles, and for providing a “safe” place for adolescents to practice new skills. Furthermore, it is an opportunity for pregnant adolescents to share concerns and experiences, and to be exposed to new perspectives and skills which others may bring to the group.

Groups could be formed by pregnant adolescents attending the same health care clinic or high school, or pregnant adolescents with their partner, a friend, or a relative. Groups can:

- Provide a supportive network of peers and an opportunity to develop friendships. This can be particularly valuable for a pregnant adolescent who is socially isolated.
- Provide an effective forum for modeling behaviors and role-playing.
- Provide a good opportunity for teaching and practicing skills for resisting peer, media, and family pressures, especially through role-playing.
- Provide an opportunity for learning and practicing problem-solving skills. Brainstorming can be especially productive in groups.

Issues to Consider When Offering Group Counseling

- Keep the discussion focused on pre-selected topics. If the group begins discussing ancillary issues there may not be adequate time to cover salient points.
- If the group is larger than 20-25 members it may be better to form smaller groups for some of the discussion or activities to facilitate more interaction among members.
- If the group members are not actively participating in the discussion use probing questions to engage them. Phrases such as “Can you tell me more?” or “Can anyone give an example?” can help to facilitate discussion.

- Ask open-ended questions to encourage participant responses. Provide plenty of silence to allow participants to formulate questions or answers and to provide shy individuals adequate time to gather the courage to speak. When individuals do participate offer positive feedback to reinforce group participation.
- Be aware of cultural values and beliefs of group members. Nonverbal and verbal communication styles differ among cultures. A good facilitator is sensitive to the needs of all participants. A good way to begin a group session consisting of multi-cultural members is to have them begin with “you.” Everyone has their own culture—shaped by ethnic customs, family traditions and personal beliefs. If group members focus on differences between cultures the facilitator should encourage them to look for similarities as well.
- Disagreements are likely to occur among group members. Reassure members that everyone’s opinion is valued equally and that it is not necessary that all participants agree. If members disagree with information that you provide, accept their ambivalence by saying “It’s not my intention to force anyone to agree with everything I say. I am here to provide information to you so that you can choose what will work for you in your own personal situation.”
- Misinformation can be presented by peers during group activities. The facilitator should respond to misinformation by countering with more accurate information, using phrases that do not embarrass the participant. Phrases such as “I’m glad you mentioned that. That was the way infants were fed in the past, but now we recommend this...” or “That’s one approach. However, current experts in the field recommend this method because....”
- Participants who become actively involved in the discussion should be noted and considered as potential peer educators or members of peer panels.

SPECIAL ISSUES

The Difficult or Hard to Reach Adolescent

There are clients who are, for many varied reasons, resistant to meeting and talking with an interviewer or receiving assistance. Spending time discussing favorite hobbies and interests can be helpful in beginning a relationship

with most adolescents. However, this may not be sufficient to reach the resistant client. Allowing the hard-to-reach adolescent to feel control is essential. She is often trying to establish mastery over an anxiety-producing situation and may utilize coping styles that allow her to avoid interactions that are stressful. The interviewer’s clue to the nonverbal client will come from reading the client’s behaviors.

Behaviors you may see:

Aggression, hostility, withdrawal, overly talkative, manipulative, noncompliant, overly agreeable.

Feelings to consider:

She is angry for your intrusion; fearful about meeting alone with you; exhausted by the demands of pregnancy; overwhelmed by the many people she must meet and respond to at the obstetrical clinic; feels ashamed or fearful about the pregnancy; anxious about family or social support issues outside the clinic.

It is possible that the client may not have a handle on her emotions or may feel only confusion or anger. The interviewer can gently comment on the client’s coping style so that she is aware that the interviewer sees, hears and understands her.

Strategies to reduce the level of stress experienced by the hard-to-reach client and to provide effective counseling services are provided in Table 6.

TABLE 6

Strategies for Working With a Hard-to-Reach Adolescent

Read her behavior as her language.

Complete your introductions in a friendly, respectful and open manner.

Respect her coping and provide, gently, words for her behavior so she can link her feelings to the more effective coping mode of verbalizing feelings in a safe environment.

Proceed at a pace that is comfortable for her.

Offer her understanding where she does not understand herself.

Normalize and verbalize feelings by providing balance statements for her to think about.

Recognize her continued resistance and proceed very simply and gently with the information that you feel is essential that she have.

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