Nutrition Counseling and Education Skill Development 4th edition Bauer Solutions Manual

SKU: 9780357367667-SOLUTIONS

CHAPTER 2

Frameworks for Understanding and Attaining Behavior Change

Learning Objectives

2.1 Explain the importance of behavior change models and theories for a nutrition practitioner.
2.2 Describe and apply major concepts of selected behavior change theories and models.
2.3 Describe major components of selected theoretical approaches to counseling.
2.4 Differentiate counseling approaches for various durations of brief interventions.

Chapter Outline

2.1 Introduction
    A. Benefits of Theoretical Behavior Change Theories and Models
2.2 Self-Efficacy
2.3 Health Belief Model
    A. Application of Health Belief Model
        a. Modifying factors, individual beliefs, action
        b. Perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, self-efficacy
    B. Exercise 2.1: Health Belief Model Activity
2.4 The Transtheoretical Model (Stages of Change)
    A. Motivation Stages: Precontemplation, Contemplation, Preparation, Action, Maintenance, Termination
        a. Exercise 2.2: Determine Your Stage Using the Transtheoretical Model
    B. Processes of Change
        a. Cognitive and affective experiential processes: Consciousness raising, Dramatic relief, Environmental reevaluation, Self-reevaluation, Social liberation
        b. Behavioral processes: Self-liberation, Counter conditioning, Helping relationships, Reinforcement management, Stimulus control
    C. Decisional Balance
    D. Self-Efficacy
2.5 Using the Transtheoretical Model for Research and to Measure Outcomes
    A. Application of the Transtheoretical Model
    B. Exercise 2.3: Match Intervention Strategy With Stage of Change
2.6 Theory of Planned Behavior
    A. Attitudes, Subjective Norm, and Perceived Behavioral Control
    B. Application of the Theory of Planned Behavior
        a. Exercise 2.4: Evaluation of a Desired Behavior Change Using the Theory of Planned Behavior
2.7 Social Cognitive Theory

Nutrition Counseling and Education Skill Development 4th edition Bauer Solutions Manual

A. Application of the Social Cognitive Theory (SCT)
    a. Exercise 2.5: Using Social Cognitive Constructs

2.8 Cognitive-Behavioral Therapy
A. Cognitive Therapies
B. Behavioral Therapy
    a. Classical conditioning, Operant conditioning, Modeling
C. Application of Cognitive-Behavior Therapy

2.9 Solution-Focused Therapy
A. Exercise 2.6: Focus on Continuing

2.10 Client-Centered Counseling

2.11 Motivational Interviewing
A. Spirit of Motivational Interviewing
    a. Partnership, Acceptance, Compassion, Evocation
B. Exercise 2.7: Practice Formulating an Affirmation
C. Core Counseling Skills of Motivational Interviewing: OARS
    a. Open-ended questions, Affirmation, Reflective listening, Summaries
D. Processes in Motivational Interviewing
    a. Engaging, Focusing, Evoking, and Planning
    b. Exercise 2.8: Practice Identifying Change Talk and Sustain Talk
E. Evoking Change Talk
    a. Exercise 2.9: Values Clarification Card Sort

2.12 Integrating Motivational Interviewing With Other Behavior Change Approaches

2.13 Brief Encounters Using Motivational Interviewing

2.14 Summary of Behavior Change Attributes
A. Exercise 2.10: Applying Theoretical Approaches for the Helping Relationships Case Study
B. Helping Relationships

Key Terms

Behavior Change: conducting oneself differently in some particular manner.

Behavior Change Models: a conceptual framework for analyzing and explaining behavior change.

Theories: constructs to provide an explanation based on observation and reasoning of why phenomenon occurs.

Concepts: the building blocks or major components of a theory.

Constructs: concepts developed for use in a particular theory.

Models: generalized descriptions used to analyze or explain a phenomenon.

Motivation: a state of readiness to change.

Self-Efficacy: an individual's confidence to perform a specific behavior.

Self-Motivational Statements: arguments for making a behavior change made by the client.

Nutrition Counseling and Education Skill Development 4th edition Bauer Solutions Manual

Nutrition Counseling and Education Skill Development 4th edition Bauer Solutions Manual

Answer Key: Review Questions

1. What are the benefits of using theoretical behavior change theories and models?

Presents a road map for understanding health behaviors. Highlight variables (for example, knowledge, skills) to target in an intervention. Supplies rationale for designing nutrition interventions that will influence knowledge, attitudes, and behavior. Guides the process for eliciting behavior change. Provides the tools and strategies to facilitate behavior change. Provides the outcome measures to assess effectiveness of interventions.

2. Why does a high level of self-efficacy correlate positively with health behavior changes?

Self-perception of efficacy affects individual choices, the amount of effort put into a task, views of barriers, and willingness to pursue goals when faced with obstacles results in the confidence in the ability to accomplish behavior change.

3. Identify and explain the six constructs of the Health Belief Model.

Perceived susceptibility and severity: Personal risk was addressed by emphasizing increased risk for heart disease, cancer, type 2 diabetes, and constipation.

Perceived benefits: To encourage beliefs regarding benefits, lessons highlighted nutritional superiority of whole grains over refined grains.

Perceived barriers: To overcome obstacles, lessons provided taste tests and education regarding labeling of whole grains.

Self-efficacy: To increase confidence, lessons included demonstrations and opportunities to practice reading labels.

Cues to action: Participants were given recipes, tips sheets, and education materials to foster cues to action at home.

4. Identify and explain the five stages of change in the Transtheoretical Model.

Precontemplation: The person has no intention of changing within the next six months and in fact resists any effort to modify the problem behavior.

Contemplation: Person recognizes a need to change but is in a state of ambivalence, alternating between reasons to change and reasons not to change.

Preparation: Preparers have identified a strong motivator, believe the advantages outweigh the disadvantages of changing, and are committed to take action in the near future (within the next thirty days).

Action: Clients are considered to be in this stage if they have altered the target behavior to an acceptable degree for one day or up to six months and continue to work at it. Although changes have been continuous in this stage, they know behaviors should not be viewed as permanent.

Maintenance: Client has been engaging in the new behavior for more than six months and is consolidating the gains attained during previous stages.

Termination: Individuals in this stage are not tempted to relapse and are 100 percent confident that the behavior will continue.

5. According to the Theory of Planned Behavior, three factors that affect behavioral intention are attitude, subjective norm, and perceived behavioral control. Explain these factors.

Attitude: favorable or unfavorable evaluations about a given behavior. They are strongly influenced by our beliefs about the outcomes of our actions (outcome beliefs) and how important these outcomes are to the client (evaluation of outcomes).

Subjective norm: perceived social pressure reflects beliefs about whether significant others approve or disapprove of the behavior. Determined by two factors: normative beliefs and motivation to comply.

Perceived behavioral control: overall measure of an individual's perceived control over the behavior.

6. Explain reciprocal determinism, a main principle of Social Cognitive Theory.

There is a dynamic interaction of personal factors, behavior, and the environment with a change in one capable of influencing the others.

7. Explain why unconditional positive regard is essential for client-centered counseling.

Clients actively participate in clarifying needs and exploring potential solutions. They realize their potential for growth in an environment of unconditional positive self-regard. Counselors help develop this environment by totally accepting clients without passing judgments on their thoughts, behaviors, or physique.

8. Which type of therapy works at changing harmful thinking?

Cognitive therapies. Clients learn to distinguish between thoughts and feelings, become aware of ways in which their thoughts influence feelings, critically analyze the validity of their thoughts, and develop skills to interrupt and change harmful thinking.

9. Which type of therapy focuses on changing the environment?

Stimulus control (manage your environment). Change the environment to alter the prompts that encourage the unhealthy behavior and add reminders to engage in healthy behaviors.

10. Which type of therapy does not focus on problem solving but encourages clients to elaborate on when the client was able to successfully cope?

Solution-focused therapy. Focus of sessions is not on discovering and solving problems but may well be an exception to the normal course of action—that is, the one time the client was able to positively cope.

11. How does a Motivational Interviewing counselor encourage a client to engage in change talk?

Open-ended questions. Used to explore and gather information from the client's perspective, usually begin with the words *what, how,* or *tell me* and tend to elicit change talk.

Nutrition Counseling and Education Skill Development 4th edition Bauer Solutions Manual

Group Activity and Project Ideas

Group Activity 1: Health Belief Constructs

In groups, role-play as client and counselor using the health belief construct. The client will make a statement and the counselor should provide sample intervention statements. Refer to Table 2.2 for examples related to hypertension.

Health Belief Construct	Sample Client Statements	Intervention Possibilities
Perceived susceptibility	"I worry about my chances of developing diabetes."	
Perceived severity	"My doctor said that I have prediabetes, but I feel fine!"	
Perceived benefits	"I don't eat as much at dinner time if I have an afternoon snack."	
Perceived barriers	"It costs too much money to eat healthy."	
Cues to action	"The vending machine is right next to the water cooler."	
Self-efficacy	"I am confident that I can pack my lunch instead of fast food during the week."	

Limit each interaction to 5 minutes. Reflect on statements that worked well in response to the client and those that were not as well-received. Add the statements that worked well to your personal toolkit and review often.

Video and Discussion: Application of Behavior Theories

Video 1: https://www.youtube.com/watch?v=bTRRNWrwRCo

Video 2: https://www.youtube.com/watch?v=dm-rJJPCuTE

Use one (or both) videos demonstrating a counselor working with a client. You'll watch the video several times, each time looking for elements of the various frameworks for attaining behavior change. You might be able to find examples of statements that fit into more than one category. If there is limited time, divide the class into groups, each focusing on a separate theory. After the group discusses examples that they have identified, bring the class together and play the video again. As the video plays, identify examples discussed in the groups as a class.

Video and Discussion: Health Belief Constructs

Identify examples of client statements in the various constructs of the Health Belief Model. What was the counselor's response? What would you have said differently? Were there missed opportunities? Reflect on statements that worked

well in response to the client and those that were not as well-received. Add the statements that worked well to your personal toolkit and review often.

Video and Discussion: Theory of Planned Behavior

Identify examples of counselor response statements founded on Theory of Planned Behavior. What would you have said differently? Were there missed opportunities? Reflect on statements that worked well in response to the client and those that were not as well-received. Add the statements that worked well to your personal toolkit and review often.

Video and Discussion: Social Cognitive Theory

Identify examples of counselor response statements founded on Social Cognitive Theory. Were there missed opportunities? Reflect on statements that worked well in response to the client and those that were not as well-received. Add the statements that worked well to your personal toolkit and review often.

Video and Discussion: Cognitive-Behavior Therapy

Identify examples of counselor response statements founded on Social Cognitive Theory. What would you have said differently? Were there missed opportunities? Reflect on statements that worked well in response to the client and those that were not as well-received. Add the statements that worked well to your personal toolkit and review often.

Video and Discussion: Motivational Interviewing and Client-Centered Counseling

Identify examples of counselor response statements founded on MI. What would you have said differently? Were there missed opportunities? Reflect on statements that worked well in response to the client and those that were not as well-received. Add the statements that worked well to your personal toolkit and review often.

Video and Discussion: Stages of Change

https://www.youtube.com/watch?v=Twlow2pXsv0

Watch the video explaining the Stages of Change Theory using “Isabella” who is a busy businesswoman. Identify examples of statements you could make or questions that you could ask to help Isabella transition the next stage. Reflect on statements that worked well in response to the client and those that may not be as well-received. Add the statements that worked well to your personal toolkit and review often.

Additional Resources

1. Self-efficacy: https://www.youtube.com/watch?v=VW5v6PQ5PEc
2. Health Belief Model (example): https://www.youtube.com/watch?v=c0-wVqTG2no
3. Transtheoretical Model (example): https://www.youtube.com/watch?v=IwxyyE--AjU
4. Theory of Planned Behavior (example): https://www.youtube.com/watch?v=DFn-IOcpd8A&t=5s
5. Social Cognitive Theory and Reciprocal Determinism: https://www.youtube.com/watch?v=HUAKnOSIrVE
6. Cognitive-Behavioral Therapy (CBT) full session example: https://www.youtube.com/watch?v=8-2WQF3SWwo
7. Solution-Focused Therapy example: https://www.youtube.com/watch?v=3rB4zDVGgQM
8. Client-centered theory: https://www.youtube.com/watch?v=nctHGyr23oE
9. Motivational Interviewing: https://www.youtube.com/watch?v=s3MCJZ7OGRk
10. Motivational Interviewing: https://www.youtube.com/watch?v=-zEpwxJlRQI
11. Hollis, J. L., et al. Does Motivational Interviewing Align With International Scope of Practice, Professional Competency Standards, and Best Practice Guidelines in Dietetics Practice*?* *Journal of the Academy of Nutrition and Dietetics*, 2013; 114(5):687–686 DOI:https://doi.org/10.1016/j.jand.2013.12.023
12. Smart, H., et al. Nutrition Students Gain Skills From Motivational Interviewing Curriculum**.** *Journal of the Academy of Nutrition and Dietetics*, 2014;114(11):1712–1713. DOI:https://doi.org/10.1016/j.jand.2014.04.012
13. Cunningham, E. What Strategies Do Registered Dietitian Nutritionists Use to Assess a Patient's/Client's Weight Loss Readiness? *Journal of the Academy of Nutrition and Dietetics,* 2016; 116(12):2036. DOI:https://doi.org/10.1016/j.jand.2016.09.035