

**2010 CA WIC Program  
Best Practices Awards  
Nomination Form**

**Excellence in Learner-Centered Education and Nutrition Services  
(Agency Award)**

<b>Directions:</b>	
<p><b>The best practices awards are for activities during the federal fiscal year 2009 (October 1, 2008-September 30, 2009).</b> Complete all sections of the form. "Agency" awards recognize the best practices of the organization, and "individual" awards recognize the unique contributions of an individual staff member. The information provided in the nomination form may be included in the Best Practices Awards program. Remember to include your name and contact information as we may contact you for additional information. This form is designed for you to enter information within expandable fields after every question.</p>	
<b>Nomination:</b>	
<p><b>Excellence in Learner-Centered Education and Nutrition Services: <b>Community Resource Project, Inc.</b></b> (Agency Name)</p>	
<p>How does the agency apply learner-centered education to the WIC program (e.g. effective participant education, non-threatening learning environment, motivational interviewing)? <b>Recently completed Pearls of Change/Motivational Interviewing project; Healthy Habits Campaign helped reinforce motivational interviewing techniques and provided opportunity to train/retrain on these skills during each healthy habits topic (i.e. circle charts and worksheets for fruit/vegetables; low-fat milk and whole grains).</b> Please explain and give examples.</p>	
<p>How does the agency sustain learner-centered education after initial staff training? <b>CRP attempts to add learner-centered activities into staff meetings to further sustain and enhance learner-centered skills; our monthly group education lesson plans are all developed in the learner-centered style, presented to staff and monitored throughout the months; additional time is set aside during training days to practice learner-centered skills.</b></p>	
<p>What opportunities are available to the agency's staff to reinforce their skills? <b>We offer continuous reminders, refreshers and hands-on experience to reinforce LCE skills. We have opportunities available for staff to attend additional workshops if interested, although most of our reinforcement has happened in-house due to the extent of the healthy habits campaign during the past year.</b></p>	
<p>How does the agency ensure staff is applying learner-centered education techniques consistently? <b>Supervisors review daily charts on a monthly basis, observe counseling sessions and class as needed as part of our quality assurance program; supervisor also have opportunities to meet with staff regularly and mentor them on learner-centered techniques; our monthly staff meetings are designed to facilitate on-going feedback regarding the process, additional training needs, etc.</b></p>	
<p>If you have examples of learner-centered education materials created by the agency, please describe them or submit copies with the nomination. Examples would be photos, pamphlets and lesson plans..</p>	
<p>Did your agency implement all Nutrition Services Plan (NSP) work plan objectives for FFY 2009?</p>	<p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>Did you identify "optional" goals and objectives as part of your NSP work plan?</p>	<p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>

Please submit completed form by **December 11, 2009** to  
 Theresa Searles, Local Agency Support Branch  
 Theresa.Searles@cdph.ca.gov  
 Phone: (916) 928-8766      Fax: (916) 263-3314

**2010 CA WIC Program - Best Practices Awards**

**Directions:**

If yes, please describe these optional goal(s), the objectives for each goal(s), implementation activities, and outcomes.

What activities does your agency support beyond the scope of core WIC services? Please explain and give examples. [Preceptor site for Dietetic Internships and students in the area and distance learning \(i.e. Sacramento State; UC Davis Medical Center; Kaplan College-Licensed Vocational Nursing program\); Collaborative breastfeeding support grant through First 5 with Sacramento County WIC Program and local hospitals; On-going partnership with Child Abuse Prevention Council and Americorps program for additional breastfeeding peer counseling support; Continuous involvement on State WIC Committees \(Training Committee; Food Package; Health Habits Begin at Birth; Education Committee; Task Force\) and California WIC Association Board of Directors in addition to involvement with CWA's Worksite Wellness Task Force; Regional Training Center, offering 8 one-day training sessions to new-to-WIC employees on nutrition and breastfeeding topics as a supplement to the WNA training program; additional funding opportunities including Catholic Healthcare West.](#)

**Contact Person:**

Contact Name: Maureen Clark, MS, RD; WIC Program Director  
Phone Number: 916-326-5840  
Fax Number: 916-444-5494  
Email Address: [maureenc@cresource.org](mailto:maureenc@cresource.org)

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<b>Nomination:</b>	
<p><b>Excellence in Learner-Centered Education and Nutrition Services:</b> <a href="#">Tulare County HHSA</a> (Agency Name)</p>	
<p>How does the agency apply learner-centered education to the WIC program (e.g. effective participant education, non-threatening learning environment, motivational interviewing)? <a href="#">MI is used routinely in both individual counseling sessions and group settings. It is written into the training plan for newly hired Nutrition Assistants. Please explain and give examples. Staff are trained to open and close each session using MI Skills like asking permission, closing on a confident note, and using other skills such as asking OE questions, exploring readiness to change, negotiating the agenda, and reflection throughout their individual counseling sessions.</a></p>	
<p>How does the agency sustain learner-centered education after initial staff training? <a href="#">MI skills are evaluated and reinforced during individual counseling audits and monthly agency inservices. It is also reinforced periodically using ISIS news screens to repeat MI messages. Monthly mini-MI refreshers are done in all clinics to help maintain our MI momentum.</a></p>	
<p>What opportunities are available to the agency's staff to reinforce their skills? <a href="#">Periodic practice sessions are done during trainings such as Breastfeeding (see attached Powerpoint Inservice Training) and other Inservices, and local clinic staff meetings.</a></p>	
<p>How does the agency ensure staff is applying learner-centered education techniques consistently? <a href="#">Counseling audits are done at scheduled intervals and staff are evaluated in part on their MI skills (see attached Individual Education Observation Tool).</a></p>	
<p>If you have examples of learner-centered education materials created by the agency, please describe them or submit copies with the nomination. <a href="#">Our agency designed a Powerpoint MI Training for new employees which was presented January 2009 for employees that did not attend State trainings (see attached), and is subsequently used for other new employees. See attached powerpoint</a> Examples would be photos, pamphlets and lesson plans..</p>	
<p>Did your agency implement all Nutrition Services Plan (NSP) work plan objectives for FFY 2009?</p>	<p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>Did you identify "optional" goals and objectives as part of your NSP work plan?</p>	<p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>
<p>If yes, please describe these optional goal(s), the objectives for each goal(s), implementation activities,</p>	

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## 2010 CA WIC Program - Best Practices Awards

### Directions:

and outcomes.

What activities does your agency support beyond the scope of core WIC services? CVIIS (Immunization Registry), Porterville Developmental Center Dietetic Internship Program, Birth & Beyond Program, Baby Café, Farmer's Market. Please explain and give examples.

Tulare WIC has served as a community nutrition rotation site for the Porterville Dietetic Internship for 32 years. During this time, 195 interns have gone through our rotation.

This year, 65% of our staff have participated in Kaweah Delta Hospital's Birth & Beyond Project. There were sections on latching, positioning, self-attachment/skin to skin, common problems, milk initiation and production, lactation aids and much more. The WIC staff attending really appreciated the opportunity to interact with the hospital nursing staff, and to share their perspective as a WIC counselor vis-à-vis the hospital experience. They have expressed how they have been able to use this practical information in their day to day counseling with WIC clients. It was helpful for hospital staff to view WIC as something other than a "formula" program and to understand that WIC is all about breastfeeding promotion. This was a great opportunity for collaboration!

Baby Café: the Tulare County BF Coalition has a "Baby Café" which is used at public events such as the Tulare County Fair, The Tulare Ag Expo, as a quiet place for nursing and changing babies as well as an avenue to educate the public about breastfeeding and related issues. WIC staff have assisted in manning this booth, supplying information/handouts, etc and will continue to do so.

The WIC BF Coordinator is the co-facilitator/recorder for the Tulare County BF Coalition. As such she is the conduit for information and announcements between coalition members and the greater BF community.

We have also partnered in the Tulare County Nutrition Collaborative and were the lead agency on a Network for A Healthy California for seven years. We provided a 10 week Family Challenge Class which highlights nutrition, physical activity and healthy lifestyles to 11 locations throughout the county.

Our WIC program works in partnership with CHLPP to encourage moms to get Lead screening levels at one and two years. Incentives are provided to participants when they return the referral with a lead level documented. Posters in clinics advertise this incentive program which all clinics participate.

### Contact Person:

Contact Name: Peggy Redfern, WIC Director

Phone Number: 559-684-3479

Fax Number: 559-685-2695

Email Address: predfern@tularehhsa.org

**Tulare County WIC Program  
Individual Education Observation Tool**

**Staff Name:** \_\_\_\_\_ **Family ID#:** \_\_\_\_\_

**Reviewer:** \_\_\_\_\_ **Category:** P N B I C **Date:** \_\_\_\_\_

**Start time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_ **Total time:** \_\_\_\_\_

<b>Establishing Atmosphere:</b>	<b>Rating</b>			<b>Comments</b>
Welcomes ppt & introduces self	Yes	No	N/A	
Explains how time will be spent together	Yes	No	N/A	
Uses active listening skills (eye contact, silence, curiosity, presence, non-judgment, no interruptions, reflection, encouragers)	Yes	No	N/A	

<b>Eligibility:</b>				
Verifies and documents income correctly	Yes	No	N/A	
Asks Migrant questions	Yes	No	N/A	
Verifies and documents address correctly	Yes	No	N/A	
30 day hold placed in family comments when needed for address/income	Yes	No	N/A	
Phone # verified w/ open ended questions	Yes	No	N/A	
Meds Interface completed when has Medi-cal or used "A" code for income	Yes	No	N/A	

<b>Individual Information:</b>				
Race & Ethnicity completed (E only)	Yes	No	N/A	
Identification documents correctly – ISIS comments/written statement as needed	Yes	No	N/A	
Presence requirement: documents correctly - comments placed when needed	Yes	No	N/A	
Completes/Verifies MD information	Yes	No	N/A	

<b>Assessment:</b>				
Ht/Wt taken accurately /when needed	Yes	No	N/A	
Hgb entered when available	Yes	No	N/A	
Hold for Hgb placed when needed	Yes	No	N/A	
Asks/completes all ISIS Health & Supplemental Questions	Yes	No	N/A	
Explains growth accurately & sensitively	Yes	No	N/A	
Explains Hgb/Hct accurately	Yes	No	N/A	
Diet Questionnaire and/or Diet recall assessed	Yes	No	N/A	
For level 3/4: makes appropriate RD referrals	Yes	No	N/A	
Puts approp. risk codes on summary	Yes	No	N/A	

<b>Learner centered Nutrition Education:</b>				
Asks permission	Yes	No	N/A	
Negotiates the agenda by asking open ended questions or offering options	Yes	No	N/A	
Assesses readiness to change/Explores ambivalence	Yes	No	N/A	
Helps with action planning or next steps	Yes	No	N/A	
Asks permission to address other very important health issues & delivers information in a short, positive, non-judgmental way	Yes	No	N/A	
Voices confidence/closes on a positive note	Yes	No	N/A	
<b>Breastfeeding:</b>				
Encourages/supports / open ended ?s	Yes	No	N/A	
Asks and documents BF intent	Yes	No	N/A	

<b>Individual Nutrition Education Plan:</b>				
"Y" on topics discussed	Yes	No	N/A	
Goal entered	Yes	No	N/A	
Other important info noted as needed	Yes	No	N/A	

<b>Referrals:</b>				
How Can We Help? given at all E and SR appts	Yes	No	N/A	
Other referrals made/documented depending ppt's needs	Yes	No	N/A	

<b>Other WIC Requirements:</b>				
IZ: assess, document, place holds & refer when needed	Yes	No	N/A	
Offers Voter Registration (adult applicant/ppt at E, SR, or change address)	Yes	No	N/A	
Completes R&R & offers Consent form	Yes	No	N/A	

<b>Documentation and Next Appt:</b>				
NEP: adjusts correctly	Yes	No	N/A	
Documents current appt correctly	Yes	No	N/A	
Schedules next appt correctly & informs ppt the purpose & what to bring	Yes	No	N/A	
Disqualifies ppts correctly (ISIS/paper)	Yes	No	N/A	
Double/Triple Issues when possible	Yes	No	N/A	

<b>Prepare Packages to Print:</b>				
Asks food pkg questions	Yes	No	N/A	
Prescribes appropriate food pkg	Yes	No	N/A	
Updates alternate & grocer info in ISIS	Yes	No	N/A	

# IBE Challenges Training

June 2009



# Objectives of the IBE Training

- Attendees will have distinguished between perceived and true insufficient milk supply and reviewed responses to mothers with PIMS.
- Attendees will have identified at least 3 effective counseling skills used during interactions with participants.
- Attendees will have categorized at least 4 infant behaviors.
- Attendees will have practiced “testing their theory” in a role play scenario.

## Discuss in Pairs:

- What are the challenges to helping mothers choose IBE?
- What are the challenges to helping mothers continue to stay exclusively BF?



# PART I: Exploring Insufficient Milk Supply

- What is perceived insufficient milk supply? (PIMS)
  - *When a BF mother has sufficient milk but thinks she doesn't*
- What is True Insufficient Milk Supply? (TIMS)
  - When a BF mother truly does not produce enough milk to sustain her baby.*

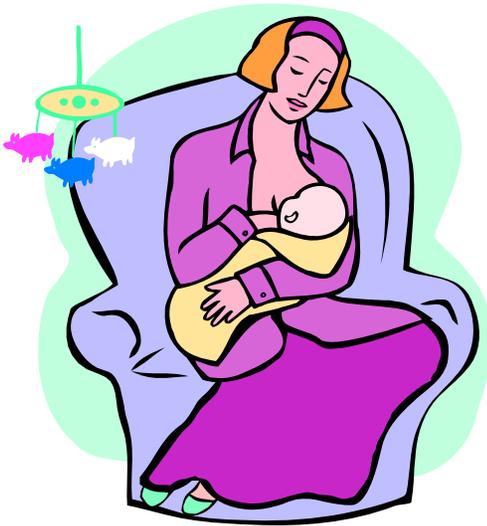
## In the absence of Infant Health Problems Mother Observes: (PIMS)

- Infant wanting to feed frequently
- Infant crying/fussy between feeds
- Breasts are soft or seem “empty”
- Sleeps for relatively short period of time
- Milk appearance is watery or “thin”
- Mother pumps & removes what *she* believes is a small amount of milk

## A BF educator is more concerned:

- Infant has infrequent or inadequate wet and/or dirty diapers when infant is BF at appropriate frequency: 9-12+/24 hr
  - (1-6 + wet diapers) (1-4+ dirty diapers)
- Infant losing weight, not gaining or has slow rate of gain when BF at 9-12 +/24 hr

# PIMS/TIMS Flipchart activity



- Comparison of PIMS and TIMS
- Helping Mothers Cope with the Signs *they* believe indicate insufficient milk

# Infant wanting to feed frequently

- Exclusively BF babies feed 9-12x/24 hr (or more during growth spurts). This is **normal and desirable behavior** that supports and maintains the production of breastmilk. Frequent BF is important since it is the sucking stimulus and, more importantly, **milk removal** that causes the mother's body to make more milk. Frequent feeds are good for the infant as well because the size of the baby's stomach is small. When baby eats small amounts often, the baby is able to decide when he is satisfied better. In addition, breastmilk is easily digested.

# Infant crying/fussy between feeds

- Babies cry for many reasons. Sometimes it is because they are hungry; other times it is due to something else. It is common and OK for babies to want to pacify themselves by nursing. Babies need to be held and cuddled by their mothers, especially in the early weeks. This is how they feel safe. To limit crying and fussiness many mothers may find it helpful to “wear their baby”, such as carrying their babies in a sling. During growth spurts increased fussiness and crying are common **AND TEMPORARY**

# Breasts are soft or seem “empty”

- **How full or soft the breast feels is NOT a good measure of how much milk is being produced.** During the first few weeks (except days 1-3), breasts tend to be fuller and moms can become engorged as the process of making milk develops. When a mother and baby become better at working together to feed effectively and comfortably, breasts get softer after each feeding. At time when babies are eating very frequently (during a growth spurt) mom **is** producing more milk, however, because the baby quickly removes the milk often the breasts seem continually soft. **“How the breasts feel” is not a good measure of a woman’s milk supply.**

## Sleeps for a relatively short period of time between feeds (<2 hrs)

- One of the hardest things for new mothers is getting used to the lack of sleep that caring for a new baby brings. Babies can sleep up to 17 hr/day but **most only sleep for an hour or two** before becoming hungry. **This is completely normal.** Babies have such a short sleep-wake cycle because they need to feed frequently since breastmilk is digested easily. It helps to be aware of baby's feeding cues so that the baby can be fed before she cries, which is a late hunger cue.

# Milk appearance is watery or 'thin'

- The breast only makes high quality milk. The quality of the milk is not dependent on the mother's diet. Many mothers see their breastmilk only when they leak or when they pump. They often are not aware of the normal appearance of breastmilk. Usually milk that leaks or is expressed early on in a feed is thinner or lighter in appearance than milk produced at the end of a feed. As the volume of milk decreases the fat content increases, making milk appear whiter and thicker.

## Mom pumps what she believes is a small amount of milk

- The best way to remove milk from the breast is for baby to nurse. Pumping is NOT as effective. How much milk a mother pumps is affected by when she last breastfed, the type of pump, etc. The amount of milk pumped is NOT a good measure of her overall milk production. Many mothers are not sure how much milk is made during different stages of lactation.

# Probing Questions for PIMS

- Volunteers read aloud.
- Practice using these type of open questions to get more useful information



# PIMS Worksheet Pairs Activity

- A mother doubts her milk supply . . .
- What are first 5 questions to determine if this is PIMS or TIMS?
- What is the likelihood this is PIMS?
- How common is TIMS?

Break time



## PART II

# Steps to Getting the BIG Picture

- **WINNING THE HEART**

When we get the big picture and really listen to the mother's needs, feelings and concerns we can win her heart. When we win her heart, she will know that we are really listening, honestly care about her welfare and that of her baby and we want to address her concerns.

*When you are able to win the heart of a mother you have a better chance of helping her meet her goals, because she will be willing to work with you.*



# Feelings First

- Identifying and affirming a mother's feelings is one of the steps we must take in order to get the big picture.
- It is important to remember that we will need to affirm mom's feelings, not just her situation.
- When we are able to identify a mother's feelings and affirm them, we are usually able to get to her heart.



## Explore More

- Exploring and probing during a counseling session is *essential* in getting all the needed information to help you understand what the mom actually needs help with.
- **When we explore by using open ended questions we are able to get a clear picture of what she is dealing with** and how we can provide the best information and support possible.
- Remember to listen to what the mom has to say and use the information she offers to frame subsequent questions

# Ask Permission

- Asking permission to provide information or education to a mom is very important. We want to make sure that she is open to hearing the information before we offer it. Otherwise we are just dumping the information on her.

# Reflection



- Reflecting is a technique that can help you during your counseling session. Reflecting is used to reflect or repeat back what a mother says to you. It lets her know that you are listening to what is being said and understand.
- Remember when you use this technique you need to be sincere and use it appropriately so you don't just sound like a parrot.

# Inform

- Once you have won the mother's heart, have the big picture, explored, affirmed and asked permission to educate—and she agrees—you may go ahead and educate her!



# Identifying Counseling Skills

- In your packet, answer the questions:
- Most confident?
- Least confident?
- Commit to working on?
  - Write it on a note to put on your terminal



# Analyze the Dialogue: Joyce/Erika

- Listen for MI Techniques
- Consider the **BIG PICTURE**



# PART III: How Old is the Baby?

- **HOW OLD IS THE BABY?**
- The reason this piece of information is critical early on in the breastfeeding contact is because knowledge of the infant's age acts as a point of comparison for all the information you gather while you are probing. You may consider the following:

# Infant Age Affects all:

- Frequency of BF
- Stage of lactation
- Milk supply
- Infant Behavior
- Peeing/pooping
- Other things affecting mother/baby



**Let's Play the Age Game!**



# Test Your Theory: How many questions does it take??

- Testing your theory is a technique to help assure the info you are providing most applies to mom's concern.
- After you **THINK** you have identified the BF problem, continue to ask open questions whose answers will help to prove/disprove your theory.
- Here is an example with "Flora" . . .
- **Now you give it a try!**

# Practice Testing Your Theory

- “I’m breastfeeding my baby, but she falls asleep on the breast and then wakes up right after I finish feeding her. She cries a lot and it seems like she’s still hungry. When I give her a bottle of formula she takes it and then she goes to sleep for a few hours. I think I need some formula because I don’t think I have enough milk for my baby. I am just not satisfying her.”
- Work in your small groups with the additional information from the scenarios on your table.

# How does this info change theory?

- 1) Baby is 2 days old. First feeds from bottle.
- 2) Baby is 3 days old. Mom has nipple pain.
- 3) Baby is 5 days old. Mom's breasts are full and taut.
- 4) Baby is 8 days old. Mom is worried about baby's loose stools.
- 5) Baby is 5 wks old. Mom's breasts are soft.

# Summary:

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- Use your tools/MI skills
- Get the Big Picture
- “Test your theory” with plenty of questions
- Refer when appropriate

# Referrals

- **Resources in your WIC Office**
- La Leche League International- *The Breastfeeding Answer Book*, in English and Spanish
- Breastfeeding: A Guide for the Medical Profession. (4th Ed.) Ruth Lawrence
- WIC Breastfeeding Peer Counselor Training Manual
- Medications and Mother's Milk, 11th Ed. 2004
- **Other Resources**
- See BF Resource List (in page protector)

# Thank you for participating!

- How do you now feel about facing IBE challenges?
- What is one technique you learned today that will help you counsel a BF mother more effectively?



# Motivational Interviewing for WIC



# Introduction - Why MI?



This training is designed to help WIC counselors become better at helping participants make positive changes.

# Agenda (flexible)

- Welcome and Introductions
- What Works and What Doesn't?
- How People Change – Stages of Change
- Counseling Techniques
- Let's Get Started
- Lunch
- Putting It All Together
- Closing and Evaluation



# Welcome and Introductions

## Warm-Up Activity

Select a **color** chip that excites or **MOTIVATES YOU**. Turn to a partner and discuss the color and what motivates you in general.



# Keepers



# Motivational Interviewing

## Steps and Strategies

1. Open the Conversation
2. Explore Readiness to Change
3. Take the Next Step
  - Ask Permission
  - Voice Confidence

## Skills: OARS

- Open-ended questions
  - Affirm
- Reflective Listening
- Summarize

## Style and Spirit: CARE

- Collaborative
- Curious
- Accepting
- Respectful
- Empathetic
- Eliciting



## Change Talk

Participants talk about their motivation for change

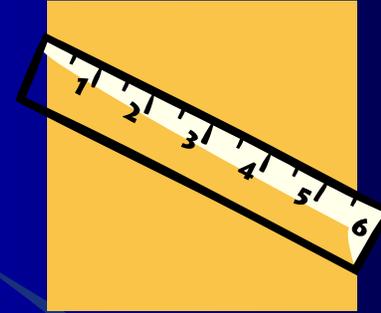
# Style and Spirit

- Warm, friendly, genuine, interested
- Empathic - seeking to understand things from the client's perspective.
- Individualized: tailoring approach to match client's readiness to adhere.
- Collaborative: sharing power and control; working together in partnership; pursuing common goals; dancing rather than wrestling.
- Eliciting: asking simple open-ended questions to encourage clients to speak about concerns, ambivalence, reasons for change/adherence, and ideas and options; encouraging clients to engage in "change talk".

## EVOKING VS. IMPARTING

- Positive: finding regular opportunities to affirm, acknowledge, and reinforce; offering messages of hope and possibility; letting the client know that s/he can do it!
- Non-judgmental! Freedom of choice and self-direction are respected!
- Curious! Inquisitive!

# Rank Yourself



How confident are you that you can inspire and motivate WIC participants?

Please look to the ruler number line. Where do you place yourself on the number line? Please take a sticky and place it on the number line.

# What Works and What Doesn't

Divide up into two's. Discuss the following 2 questions:



1. What do we currently do in WIC that works well when counseling clients?
2. What do we do in WIC that creates resistance during counseling?

Write your responses on stickies and place them on the T-chart on the appropriate side.

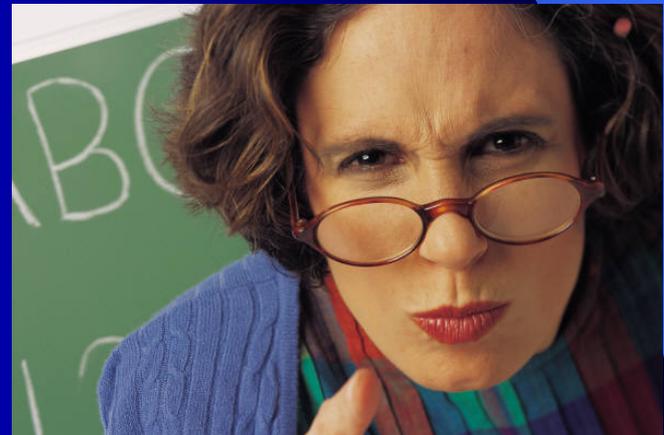
# Let's Watch



While you are watching the dvd, think about how resistance is being created and who is making the decisions. We will hear your thoughts.

# Resistance Producing Styles

- Confronting
- Persuading
- Nagging
- Interrupting
- Ordering
- Judging
- Pressuring
- Criticizing
- Talking Down To
- Shaming
- Scolding



# Pour It Away



Now, think about one habit that you can use in counseling that you think may not really work and may actually create resistance.

- Write that down on the little card, fold it up, and place it in this pitcher to pour it away. How does that feel?

# Let's Go!



Starting right now, we are going to focus on what works!

- We will practice how we can help the participant feel comfortable, safe and respected at WIC.
- We will talk about how that can affect a participant's motivation and readiness for behavior **change**.
- And we will discuss steps, techniques, and tools to help you successfully use MI in your individual education sessions.

# Highlights of MI



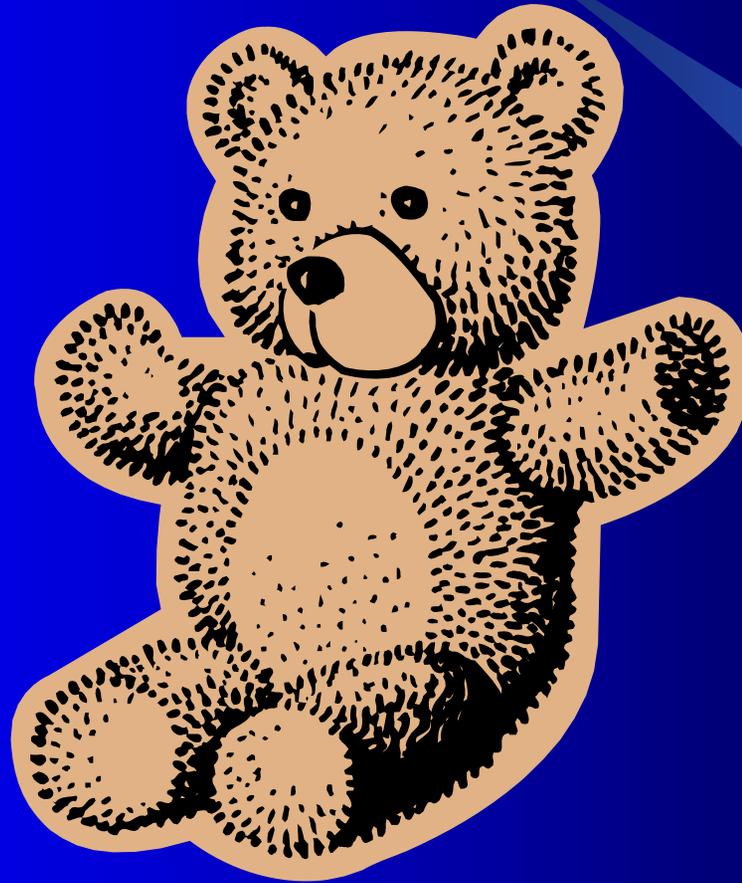
- Counselor does not assume authoritarian role. Avoid attitude “I’m the expert and I’m going to tell you how to run your life.”
- General message: “It is your choice if, when, and how to change, and nobody can make that decision for you.”
- Motivation for change elicited from within the client, rather than imposed from without.
- The participant, rather than the counselor, is the one who presents the reasons for change.
- Counselor uses empathetic style based on warmth, non-judgment, acceptance, and respect.
- Participant-centered counseling yet counselor maintains strong sense of purpose and direction.

# Dancing vs. Wrestling



The fact that one of them is leading is subtle and is not apparent to an observer. Good leading is gentle, responsive and imaginative.

# Where's My Teddy?



“Understanding the process that we all go through when making a change is an essential piece of M.I.”

# How People Change - *Stages of Change*



## Key Points:

- Changes occur over time



- Changes don't occur in stepwise or linear fashion



- The behavior change model “**stages of change**” is an effective and powerful tool

# Are You Ready To Stop Watching T.V.?



# Remember:

- Most people are not ready to **change** – they are in **pre-contemplation** or **contemplation**. They are just thinking about **changing**.
- People can and do move back and forth between stages.
- Not all people go through all the stages for each **change** they make.
- Returning to an old behavior is common and can happen at any stage.
- People are in different stages for each **change** they are trying to make.
- It is hard to **change** a behavior. People often do not realize this and want to give up.
- Most people who make a **change** go through the same stages over and over again. People will be more successful if they learn from their setbacks and don't give up.
- Each person is an individual. A counselor can be the most helpful by approaching each person a little differently, depending on the situation.
- **To be an effective educator, you need to match your education approach to how ready someone is to change their behavior.**

# Recognizing *Change Talk*



“People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others.” 17<sup>th</sup> Century

## *Change Talk:*

- Represents movement towards change!
- Highly influenced by counseling style!
- The primary vehicle for resolving ambivalence and promoting behavior change!

# General Categories of *Change Talk*

- **Desire:** I want to...
- **Ability:** I can...
- **Reasons:** There are good reasons for me to...
- **Need:** I really need to...
- **Steps:** I started...
- **Commitment:** I'm going to...

When you hear *change talk*, don't just stand there!

- Reflect!
- Reinforce!
- Ask for more!



# Motivational Interviewing

## Steps and Strategies

1. Open the Conversation
2. Explore Readiness to Change
3. Take the Next Step
  - Ask Permission
  - Voice Confidence

## Skills: OARS

- Open-ended questions
- Affirm
- Reflective Listening
- Summarize

## Style and Spirit: CARE

- Collaborative
- Curious
- Accepting
- Respectful
- Empathetic
- Eliciting



## Change Talk

Participants talk about their motivation for change

# OARS



- Open-Ended Questions
- Affirmations
- Reflective Listening
- Summaries

# Counseling Techniques



## 2 Methods to encourage “Change Talk”:

1. **Open-Ended Questions** – Does not have a correct answer and can't be answered with “yes” or “no”. Engages participant in dialogue. Helps the counselor to explore what motivates the client.
2. **Reflective Listening** - Counselor tries to filter out and reflect back to the client what she hears that invites change. Either reflect the feeling or validate it.

# Affirmations



An affirmation identifies something positive about a person and gives her credit or acknowledgement. It may be a :

- Quality
- Behavior
- Feeling, or
- Accomplishment from the past or present

# Summaries

Highlights of the conversation including any mixed feelings.



# Motivational Interviewing

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## Change Talk

Participants talk about their motivation for change

# Let's Get Started

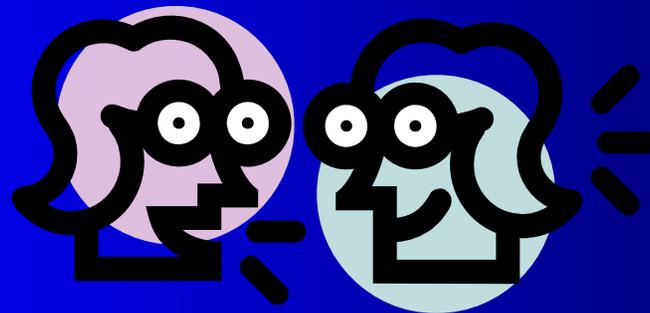


## Motivational Interviewing Steps

1. *Open the conversation* — explain your role, how much time you have, and create a safe environment, and to set the agenda together by selecting a topic to discuss.
2. *Explore Readiness to Change* — assess readiness and discuss mixed feelings about change.
3. *Take the Next Step* — provide education or give suggestion, ask about the next step, and close on good terms – summarizing and expressing confidence.

# Step 1: Open the Conversation

- **Welcome the Participant** — explain your role, tell them who you are, why you are there, and how much time you have to meet.
- **Set the Agenda Together** — ask permission to talk, decide which topics to talk about (circle charts and nutrition questionnaire) and use OE questions and reflective listening to find out more.



# Setting the Agenda Together

Using the NQ and Circle chart together...some simple steps:

- Open the conversation
- Review NQ and circle/highlight your concerns.
- Write those *potential* topics into separate circles. Leave at least one blank.
- Place the circle chart in front of you and the participant.

# What Next?



- An example of something that you can say at this point is....
- *“I’ve identified some areas that we might want to look at to support you as a new mom. Would it be okay if we talked about one of these today?”*
- Then read each circle to her.
- Lastly and importantly, ask her if there are any additional topics that she may want to talk about today. If so, put that in another empty circle.

- The goal of setting the agenda together is for you to work together in deciding what topic area to discuss.
- This allows the participant to have choices and decide what she would like to talk about.
- Once you have mutually agreed upon a topic for discussion, the participant feels more respected and comfortable.



# Let's Practice Step 1

- Complete NQ for PP woman.
- Pair up with someone...one will be the counselor and the other the client.
- Counselor will *Open the Conversation*, review the NQ and use circle chart to *Set the Agenda* together.
- Switch roles.
- Keep your NQ and circle chart.

# After Lunch



We will move on to Step 2...  
*Explore Readiness to Change*



# Watch It Work



We are going to watch another segment of the dvd you saw earlier with a different counselor.

Watch for the following:

- How did the 1<sup>st</sup> session differ from the 2<sup>nd</sup>?
- What MI skills did he use?

# Step 2: Exploring Readiness to Change

- Assess readiness to change – ruler
- Explore mixed feelings about change – pros/cons.

Using the same NQ, practice with a partner using the “change” ruler, then spend some time exploring the pros/cons of changing. Include some *disarming questions* (unexpected questions exposing why they may not be making the change). Use the Pros and Cons chart.

# Step 3: Take the Next Step



We've now reviewed the first 2 steps of our MI counseling steps –

**Step 1** – Open the Conversation

**Step 2** – Explore Readiness to Change

Now we can move on to **Step 3** – Take the Next Step (now is a good time to ask permission to continue)

- Provide education or give suggestions
- Ask about the next step (goals)
- Close on good terms

# Summarize and Express Confidence

## Examples:

- Thanks for talking with me today. I'm confident that if and when you make a firm decision and commitment to \_\_\_\_\_, you'll find a way to do it!
- I know how concerned you are about your child, and can tell that when you are ready to make a change you'll be able to do it.
- I can see you already are a great mom, and when you make up your mind to try something new you will succeed.

# Putting It All Together

## Demonstration and Practice

Previous Style (brain dump)



MI (equal balance)



