

Task IV: Individual Education/Counseling



- Basic Counseling Skills
- Participant Centered Counseling
- Nutrition Questionnaire
- Individual Nutrition Education Plan (INEP)
- Holds

List of Competency Evaluations for *Task IV: Individual Education/Counseling*

Candidate's Name: _____

<u>Competency</u>	<u>Participant Category</u>	<u>Page</u>	Reviewer's Initials	Date Review Completed
Candidate Assessment:	 All Categories	1	_____	_____
Interview	 All Categories	4	_____	_____
	 Pregnant.....	7	_____	_____
	 Postpartum (Breastfeeding & Non-Breastfeeding)	9	_____	_____
	 Infants	11	_____	_____
	 Children	13	_____	_____
Observation:	 All Categories	15	_____	_____

Name & Title of Reviewer(s):

(Please Print)



(Email (as scanned document) or mail this completed page to the State WIC Program)

Task IV: Individual Education/Counseling

CANDIDATE ASSESSMENT: All Categories	Outcome/Notes
<p>1. The “Stages of Change” are five phase people may go through when they change their habits or behavior. Write a number next to each phase listed below to show which phase usually happens first, second, etc.</p> <p>___ They collect the information/tools/support they need to start the new habit. (Preparation)</p> <p>___ They don’t think about changing a habit. (Precontemplation)</p> <p>___ They have changed a habit for at least six months. (Maintenance)</p> <p>___ They think about changing a habit. (Contemplation)</p> <p>___ They start the new habit. (Action)</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Incomplete <input type="checkbox"/> Complete </div>
<p>2. List three non-verbal cues a participant may show when he/she is willing to consider changing their habits.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Incomplete <input type="checkbox"/> Complete </div>

Task IV: Individual Education/Counseling

CANDIDATE ASSESSMENT: All Categories	Outcome/Notes
<p>3. List three non-verbal cues participants may show when they are <u>not</u> interested in changing their habits or behaviors.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Incomplete <input type="checkbox"/> Complete </div>
<p>4. "OARS" is comprised of these four listening skills.</p> <p>O = _____</p> <p>A = _____</p> <p>R = _____</p> <p>S = _____</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Incomplete <input type="checkbox"/> Complete </div>

Task IV: Individual Education/Counseling

CANDIDATE ASSESSMENT: All Categories	Outcome/Notes
5. Change these “closed questions” into “open-ended” questions.	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
a. Does your child eat fruits and vegetables?	
b. Has your child been to the dentist?	
c. Are you going to breastfeed?	
6. How might you close a session with a participant?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
CANDIDATE ASSESSMENT: All Categories COMPLETED	Date

Task IV: Individual Education/Counseling

INTERVIEW: All Categories <i>(Reviewer asks the candidate)</i>	Outcome/Notes
1. What does “participant-centered” education (PCE) mean?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
2. What is the 50/50 rule of PCE?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
3. What would you do in the following situations?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
a. A participant does not seem interested in the conversation.	
b. A participant's child is drawing on your desk and the parent does nothing.	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete

Task IV: Individual Education/Counseling

INTERVIEW: All Categories <i>(Reviewer asks the candidate)</i>	Outcome/Notes
4. The nutrition contact requires you to address specific information. How might you discuss this topic with the participant, but still set the agenda together?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
5. What are some other options and/or tools you might use with a participant to choose the discussion topic for the counseling session (set the agenda)?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete

Task IV: Individual Education/Counseling

INTERVIEW: All Categories <i>(Reviewer asks the candidate)</i>	Outcome/Notes
<p>6. What are some statements you might say before and after offering the participant any nutrition education or advice?</p> <p>Before: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>After: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Incomplete <input type="checkbox"/> Complete</p>
<p>7. What are some statements you might say before and after offering the participant any nutrition education or advice?</p>	<p><input type="checkbox"/> Incomplete <input type="checkbox"/> Complete</p>
<p>INTERVIEW: All Categories COMPLETED</p>	<p>Date</p>

Task IV: Individual Education/Counseling

INTERVIEW: Pregnant Women <i>(Reviewer asks the candidate)</i>	Outcome/Notes
<p>1. Case study:</p> <p>➤ Pamela is a pregnant 17 year old. She has gained only 2 pounds in 5 months of pregnancy.</p>	
<p>a. After reviewing all of the WIC MIS data and her answers on the completed questionnaire, highlight those items and concerns you may want to present to her for discussion.</p>	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
<p>b. What are some additional questions you might ask her to get more information about these items?</p>	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
<p>c. What risk codes would you identify for her?</p>	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
<p>d. Select one of the issues you highlighted on the questionnaire.</p> <p>What education or suggestions would you offer the participant to assist her in choosing something she might change in her life</p> <p><i>(Assuming you have opened the conversation, set the agenda, explored the participant's feelings about change, and asked her permission to offer information or suggestions).</i></p>	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
<p>e. What open questions might you ask the participant to determine her plan of action?</p>	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
INTERVIEW: Pregnant Women COMPLETED	Date

Pregnant Woman Nutrition Questionnaire

Name: Pamela Age: 17 Due Date: January 1st

Please circle or write your answers to the following questions:

1. What is something that you do to be healthy? Swim
2. What would you like to talk about today? Breastfeeding

Your Eating Habits

3. How do you feel about how you are eating now? Good OK Not so good Other _____
4. How many meals do you eat each day? 2-3 How many snacks? 1-2
5. How many times a week do you eat out or eat take-out food? 0 1 2 3 4 5 6 7 more

Drinks and Foods

6. What do you drink on most days? Water Milk Juice Soda Coffee Tea Flavored water
 Fruit drinks Kool-Aid or Punch Diet drinks Energy drinks/Sports drinks Soy milk
 Wine Beer Alcohol Other
7. What do you eat on most days? Whole wheat bread Corn tortillas Whole wheat tortillas Brown rice
Cold or hot cereal White bread Flour tortillas White rice Pasta/Noodles Crackers
 Vegetables (which?) Broccoli, Spinach, Sweet potatoes How many each day? Varies
 Fruits (which?) Oranges, Bananas, Berries (season) How many each day? Varies
 Beef Pork Chicken Turkey Fish Eggs Beans Peanut butter Nuts Tofu
Nonfat milk Lowfat milk Whole milk Flavored milk Cheese Yogurt Cottage cheese
French fries Chips Hot dogs Deli meats Nuggets Desserts/sweets Other _____
8. Are you on a special diet? No Yes (please explain) _____
9. Are there any foods that you limit or avoid? No Yes (please explain) _____
10. Do you crave or eat non-food items like dirt, clay, ice, laundry starch, paint chips? No Yes

Additional Questions

11. What concerns does your doctor have about your pregnancy? Weight gain Weight loss What you eat
Diabetes (high blood sugar) High blood pressure Anemia (low iron in blood) Other None
12. What questions do you have about your weight gain during pregnancy? Balancing hunger and food
13. Do you often have: Nausea Vomiting Heartburn Constipation Diarrhea Leg cramps Swelling
 Allergies to None Other _____ None
14. Which of these do you take? Prenatal vitamins Other vitamins/minerals Iron pills Laxatives Herbs
Over the counter medicines Prescription medicines Home remedies Other None
15. How have you been feeling? Not interested in doing things Sad Depressed Hopeless No energy
Happy Lonely Overwhelmed Stressed Anxious Angry Other _____ How often? 3-4 x/wk
16. What kinds of physical activities do you do? Swim How often? 3-4 x/wk
17. Have you ever breastfed? No Yes (for how long?) _____
18. What do you think about breastfeeding your new baby?
I'm not interested I'm thinking about it I want to I will definitely Other _____ I want to learn more
19. What questions or concerns do you have about breastfeeding? _____ Last dentist appointment? _____
20. When is your next doctor's appointment? _____ 3 weeks
21. Do you ever run out of food? No Yes (what do you do?) _____
22. What questions or concerns do you have about shopping for WIC foods? _____ None

STAFF USE ONLY Date: _____ Staff Name: _____ Height: _____ Weight: _____
 WIC ID#: _____

Task IV: Individual Education/Counseling

INTERVIEW: Postpartum Women <i>(Breastfeeding/Non-Breastfeeding)</i> <i>(Reviewer asks the candidate)</i>	Outcome/Notes
<p>2. Case study:</p> <p>➤ Latisha is 36 years old, the mother of 3, and has not lost any of the weight (60 pounds) she gained during her last pregnancy. This is her 6 week visit.</p>	
a. After reviewing all of the WIC MIS data and her answers on the completed questionnaire, highlight those items and concerns you may want to present to her for discussion.	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
b. What are some additional questions you might ask her to get more information about these items?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
c. What risk codes would you identify for her?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
<p>d. Select one of the issues you highlighted on the questionnaire.</p> <p>What education or suggestions would you offer the participant to assist her in choosing something she might change in her life?</p> <p><i>(Assuming you have opened the conversation, set the agenda, explored the participant's feelings about change, and asked her permission to offer information or suggestions).</i></p>	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
e. What open questions might you ask the participant to determine her plan of action?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
INTERVIEW: Postpartum Women <i>(Breastfeeding/Non-Breastfeeding)</i> COMPLETED	Date

Postpartum Woman Nutrition Questionnaire

Name: Latisha

Age: 36

Please circle or write your answers to the following questions:

- What is something that you do to be healthy? Yoga
- What would you like to talk about today? Is my baby gaining enough weight?

Your Eating Habits

- How do you feel about how you are eating now? Good OK Not so good Other _____
- How many meals do you eat each day? 2-3 How many snacks? 1-3
- How many times a week do you eat out or eat take-out food? 0 1 2 3 4 5 6 7 more

Drinks and Foods

- What do you drink on most days? Water Milk Juice Soda Coffee Tea Flavored water
 Fruit drinks Kool-Aid or Punch Diet drinks Energy drinks Sports drinks Soy milk
 Wine Beer Alcohol Other
- What do you eat on most days? Whole wheat bread Corn tortillas Whole wheat tortillas Brown rice
Cold or hot cereal White bread Flour tortillas White rice Pasta/Noodles Crackers
 Vegetables (which?) Zucchini, Carrots, Spinach How many each day? 2-3
 Fruits (which?) Papaya, Strawberries, Mangoes How many each day? 3-4
 Beef Pork Chicken Turkey Fish Eggs Beans Peanut butter Nuts Tofu
 Nonfat milk Lowfat milk Whole milk Flavored milk Cheese Yogurt Cottage cheese
 French fries Chips Hot dogs Deli meats Nuggets Desserts/sweets Other _____
- Are you on a special diet? No Yes (please explain) _____
- Are there any foods that you limit or avoid? No Yes (please explain) _____

Additional Questions

- Do you have: Diabetes (high blood sugar) High blood pressure Anemia (low iron in blood) None
 Mental health issues Depression Other _____
- How do you feel about your weight? Want to lose weight OK Want to gain weight
- Which of these do you take? Prenatal vitamins Multivitamins with folic acid Other vitamins/minerals
 Iron pills Laxatives Herbs Over the counter medicines Prescription medicines
 Home remedies Other _____ None
- How have you been feeling? Not interested in doing things Sad Depressed Hopeless No energy
 Happy OK Lonely Overwhelmed Stressed Anxious Angry Other Sometimes stressed
- What kinds of physical activities do you do? _____ Walk, Yoga How often? 2-3 times a week
- If breastfeeding, how is it going for you? Good
- What support will you need to keep breastfeeding if you return to work or school? Pump Other _____
- Do you plan to have more children? No Not sure Yes (when?) _____
- What plans do you have for birth control? Checking options
- When is your next doctor's appointment? 6 weeks Last dentist appointment? 8 months ago
- Do you ever run out of food? No Yes (what do you do?) _____
- What questions or concerns do you have about shopping for WIC foods? About the fruit & vegetable check

**STAFF
USE ONLY**

Date: _____ Staff Name: _____
 WIC ID#: _____ Height: _____ Weight: _____

Task IV: Individual Education/Counseling

INTERVIEW: Infants <i>(Reviewer asks the candidate)</i>	Outcome/Notes	
3. Case Study: ➤ Joseph is a 3 month old baby and breastfeeding.		
a. After reviewing all of the WIC MIS data and her answers on the completed nutrition questionnaire, highlight those items and concerns you may want to present to the participant's parent for discussion.	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
b. What are some additional questions you might ask her to get more information about these items?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
c. What risk codes would you identify for him?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
d. Select one of the issues you highlighted on the questionnaire. What education or suggestions would you offer to the participant to take the next step? <i>(Assuming you have opened the conversation, set the agenda, explored the participant's feelings about change, and asked her permission to offer information or suggestions).</i>	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
e. What open questions might you ask the participant to determine her plan of action?	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
INTERVIEW: Infants COMPLETED	Date	

Infant Nutrition Questionnaire (Birth through 3 Months)

Baby's Name: Joseph

Baby's Age: 3 Months

Please circle or write your answers to the following questions:

1. What would you like to talk about today? _____ Is he gaining enough weight _____

Your Baby's Sleep

2. In 24 hours, what is the longest stretch of time that your baby sleeps? 3-4 hours
3. What questions do you have about your baby's sleep? _____ Is this normal _____

Your Baby's Cues

4. How does your baby show you he or she is hungry? Moves mouth or puts fist in mouth
5. How does your baby show you he or she is full? Pulls away from my breast
6. Does it seem like your baby is crying too much? No Yes
7. Is it ever hard to figure out what your baby needs? No Yes (Sometimes)

Feeding Your Baby

8. How is feeding going? Not good Pretty good Great Other _____
9. What else does your baby drink besides breastmilk? Nothing else Formula Juice Cereal in bottle Water
Sugar water *Tea* *Other* _____
10. How many times in 24 hours (day and night) does your baby breastfeed? 4-5
11. What questions do you have about feeding your baby? Sometimes he eats fast and spits up

If Feeding Your Baby Formula

12. When was the last time you breastfed this baby? N/A
13. What is the name of the formula you give your baby? N/A Powder Concentrate
14. How many ounces of formula does your baby drink at a feeding? 0
15. How many times in 24 hours (day and night) do you feed formula? 0
16. Explain how you mix the formula: 0 ounces water with 0 scoops/ounces formula
Which do you put in the bottle first? Formula Water
17. Where does your baby drink from the bottle?
Crib *Stroller* *Car seat* *Held by someone* Other N/A

Additional Questions

18. In the last 24 hours (day and night) how many wet or poopy diapers did your baby have? 6-8 wet 1-2 poopy
19. Describe your baby's poop.
Color: Black & Sticky Brownish to Greenish Yellowish & Seedy Other _____
Texture: Firm Hard & Pebbly Soft Watery Other _____
20. Do you give your baby: Vitamin drops Iron drops Fluoride Iron drops Medicine
 Other None
21. Does your baby often have: Wheezing Rash Constipation Diarrhea Colic
 Allergies to No Other _____
22. When is your baby's next doctor's appointment? 3-4 weeks
23. Do you ever run out of food? No Yes (What do you do?) _____
24. What questions or concerns do you have about shopping for WIC foods? None

**STAFF
USE ONLY**

Date: _____ Staff Name: _____

WIC ID#: _____

Length: _____ Weight: _____

Task IV: Individual Education/Counseling

INTERVIEW: Children <i>(Reviewer asks the candidate)</i>	Outcome/Notes
<p>4. Case study:</p> <p>➤ Marta is 3 years old, slightly overweight, with a hemoglobin of 10.5.</p>	
a. After reviewing all of the WIC MIS data and her answers on the completed nutrition questionnaire, highlight those items and concerns you may want to present to the participant's parent for discussion.	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
b. What are some additional questions you might ask her to get more information about these items?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
c. What risk codes would you identify for her?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
<p>d. Select one of the issues you highlighted on the questionnaire.</p> <p>What education or suggestions would you offer to the participant to take the next step?</p> <p><i>(Assuming you have opened the conversation, set the agenda, explored the participant's feelings about change, and asked her permission to offer information or suggestions).</i></p>	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
e. What open questions might you ask the participant to determine her plan of action?	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete
INTERVIEW: Children COMPLETED	Date

Child Nutrition Questionnaire (1 through 4 Years)

Child's Name: Marta

Child's Age: 3

Please circle or write your answers to the following questions:

1. What is something your family does to be healthy? Go to the park
2. What would you like to talk about today? Amount of food for her

Your Child's Eating

- (Sometimes)
3. How would you describe your child's eating? OK Picky Eats too much Doesn't eat enough Other _____
 4. How many meals does your child eat per day? 3 How many snacks? 1-3
 5. How often do you eat together as a family? Every day Sometimes Rarely
 6. How would you describe mealtimes? Enjoyable Rushed Stressful WewatchTV We talk together
Child eats alone Other Sometimes
 7. How many times a **week** does your family eat out or eat take-out food? 4-6

Drinks and Foods

8. Does your child use: Bottle Sippy Cup Cup His/her fingers Spoon Fork
9. What does your child drink on **most days**? Breastmilk Milk Juice Water Soy milk Formula
Fruit Drinks Kool-Aid/or Punch Soda Energy drinks Sports drinks Diet drinks Tea Pediasure
Nido Other _____
10. What does your child eat on **most days**? Whole wheat bread Corn tortillas Whole wheat tortillas
Brown rice Cold or hot cereal White bread Flour tortillas White rice Pasta/noodles Crackers
Vegetables (which?) Raw Carrots, Zucchini, Broccoli
Fruits (which?) Mango, Peaches, Oranges
Beef Pork Chicken Turkey Fish Eggs Beans Peanut butter Tofu
 Whole milk Lowfat milk Nonfat milk Flavored milk Cheese Yogurt Cottage cheese
 French fries Chips Hot dogs Nuggets Desserts/sweets Popcorn Raisins Nuts
Baby foods Other _____
11. Are there any foods that your child does not eat? No Yes (which?) Meat, Chicken, Tortillas
12. Does your child eat non-food items like dirt, sand or paint chips? No Yes (which?) _____
13. What questions do you have about feeding your child? Nothing else

Additional Questions

14. Do you give your child: Vitamins/minerals Fluoride Iron Medicine Other Sometimes if being picky
15. Does your child often have? Wheezing Rash Constipation Diarrhea
Allergies to No Other _____
16. Has your child ever had a blood lead test? Yes if yes, when? At 1 year
17. What do you think about your child's size? Too small OK Other _____
18. What kinds of active play does your child do? Plays with ball, hopscotch
19. How many hours a day does your child watch TV, play video or computer games, etc.? 4-6 hours
20. When is your child's next doctor's appointment? 3 months Dentist? Next month
21. Do you ever run out of food? No Yes (what do you do?) _____
22. What questions or concerns do you have about shopping for WIC foods? How to get her to eat healthier foods?

STAFF USE ONLY	Date: _____	Staff Name: _____	Length/Height: _____	Weight: _____
	WIC ID#: _____			

Task IV: Individual Education/Counseling

2 OBSERVATIONS	<i>Type of participant (if appropriate)</i>	<i>Type of participant (if appropriate)</i>	NOTES
For each observation, designate <i>Outcome</i> : <div style="float: right; text-align: right;"> ✓=complete 0=incomplete </div>	_____	_____	
All Categories (<i>Reviewer observes the candidate</i>):			
1. Reviews WIC MIS comments and INEP notes, reviews food & health information on nutrition questionnaire highlighting areas of concern.			
2. Opens the conversation: sets the stage by: <ul style="list-style-type: none"> • Welcoming • Introduces self • Explaining their role, purpose of the visit, appointment time • Creates a safe environment 			
3. Asks permission to conduct session.			
4. Negotiates the agenda: <ul style="list-style-type: none"> • Works with the participant to decide what topic area to focus on • Honors the participant's right to choose 			
5. Demonstrates a working ability to assess the participant's readiness to change.			
6. Demonstrates the ability to take the next step: <ul style="list-style-type: none"> • Asks permission to provide appropriate education or suggestions and tailors the education • Asks about the next step • Closes on good terms-summarizing, expressing confidence, and thanking the participant 			
7. Uses open questions effectively.			
8. Affirms the participant.			

