"Always remember that you are absolutely unique. Just like everyone else." – Margaret Mead
Nevada WIC C.A.R.E.S.

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Within the Nevada C.A.R.E.S. model, WIC staff members address the individual needs and interests of each participant. Every conversation is therefore unique and tailored to that person. Because individuals vary in the way they learn and process information, WIC staff members must be flexible, matching their style to the participant’s needs. The C.A.R.E.S. skills are designed to foster a two-way interactive discussion that will help to tailor the WIC session. This section will explore the process of tailoring the conversation to maximize the effectiveness of every WIC encounter.

**Tailoring the conversation**

WIC participants may be different ages, represent different cultures, speak different languages and have different histories and life experiences. They can also vary in:

- Readiness to adopt healthy nutrition-related behaviors
- Levels of education and nutrition knowledge
- Attitudes and beliefs about nutrition and health
- Desire or need for information

Communication and education techniques that are effective with one individual may not fit the needs of another. Nutrition education and counseling skills should be tailored to align with the needs of the individual in order to maximize the impact the WIC experience. By using the C.A.R.E.S. skills, such as open-ended questions and reflective listening, WIC staff can learn more about what motivates each participant and what strategies will empower them to make positive changes in their lives.

**Tailoring to the stage of change**

WIC participants vary greatly in their readiness to change their health and nutrition-related behaviors. A participant’s readiness to change is identified during the WIC nutrition assessment process. Identifying their readiness to change can help you decide how to approach the conversation. For example, participants that display strong signs of readiness to change may be more likely to benefit from concrete goal setting strategies. Signs of readiness to change include:

- Making statements about wanting to change, or citing reasons for the need for change.
- Asking questions about change such as what they could do about a problem or how other people have addressed the issue.
- Talking about how life might be different after the change.
- Experimenting with possible changes.

**Mirroring**

Mirroring a participant’s language style, body language, or tone of voice will often help to build rapport and improve communication. Studies show that mirroring helps the participant subconsciously feel as if you are like them, which helps to build comfort, trust and openness. Some participant characteristics that can be mirrored include:
**Nevada WIC C.A.R.E.S.**

- **Tone of voice.** Example: If the participant is soft spoken, it may help if you use a soft tone as well.
- **Body language.** Example: If a participant is relaxed, and is sitting back in their chair, they may feel more comfortable if you adopt a relaxed demeanor as well.
- **Language style.** Example: Often teenagers may use slang or more casual terms. Using the same words they use may help to build rapport.

  - Note: In some situations it is best not to mirror the participant’s affect. If the participant is angry and upset, adopting an angry demeanor will often cause the participant to continue to be upset. In this situation, maintaining a calm and relaxed manner may motivate the participant to mirror you and become less agitated.

**Cultural differences**

WIC staff members serve participants from multiple cultures and ethnic backgrounds. They may have different knowledge, attitudes, and beliefs. Learning about various cultural customs and values helps us to understand possible issues that may be important to our participants. Although some practices and beliefs may be common in particular cultures, it is important to remember that there is great diversity within each cultural group. One way to avoid assumptions is to ask participants about cultural influences, foods and traditions to allow them to share their own unique story which impacts the way they think and their belief systems around food and health.

**Tailoring for age**

WIC participants represent all age groups, from the pregnant teenager to the grandparent caregiver. How and what you communicate may differ depending on someone’s age. Adolescence, for example, is a turbulent time. Teenagers are often in different stages of development. Teen mothers exhibit higher rates of depression, stress, and lower rates of self-esteem than other mothers. They are often seeking independence from parents, yet are influenced greatly by the beliefs and behaviors of their peers. As with all participants, conversations with teens should be tailored to their lifestyles and be realistic for their situation. For example, if a teen’s goal is to eat better for her baby, helping brainstorm ideas of healthy choices at fast food restaurants may be more helpful than telling her to avoid fast food and prepare her meals at home. Helping the teen to believe in herself and her abilities will build her self-esteem. What motivates teens to adopt healthy behaviors may be different than what motivates the older adult. With teens and with participants of any age, using the C.A.R.E.S. skills will help tailor the WIC session to the motivations and goals that are unique to them.

**Dealing with difficult people**

At WIC, staff members must occasionally deal with participants that can be labeled as ‘difficult.’ Difficult participants may display characteristics as being angry, argumentative, or uninterested in the information shared. Participants have different life experiences and may have different reasons for
their reactions. Sometimes, resistance in the WIC participant may be aggravated by the style of the WIC staff. Resistance may be a sign that the participant feels they are being pushed to make a change when they are not ready. They may feel they have little control, or are being told what to do, or what they are doing is wrong. Signs of resistance can include arguing, blaming, interrupting, making excuses, or inattentiveness. WIC staff members can use C.A.R.E.S. skills that will reduce resistance in the WIC participant. A few of the skills to deal with resistant participants include:

- Acknowledging the resistance:
  o Example: “You’re frustrated because it seems like when you come to WIC, what you need to bring changes. Sometimes we ask you to bring your son and sometimes we don’t.”

- Reflecting the resistance:
  o Example: “Quitting smoking right now is not something that is going to work for you.”

- Change the focus of the conversation:
  o Example: “For you his weight is not a concern and you say the doctor has not mentioned that it is an issue. Perhaps today, we can talk about some of the things you do to encourage him to eat healthy things.”

- Emphasize personal control:
  o Example: “It is completely up to you. Some mothers have found that stopping the bottle all together is the best strategy, where other mothers have found weaning gradually is the best way. What would work best for you, do you think.”

- Empathize with their feelings:
  o Example: “It must be frustrating to have to rearrange your whole schedule to find a time to come to WIC.”

- Apologize:
  o Example: “I am sorry that it was unclear about what you needed to bring for this visit. Would it help if I explained which information we will need each time that you recertify and why we need it.”

**Personalizing the exchange**

Some simple strategies will help to personalize the conversation, helping to build rapport between WIC staff and WIC participants. Two techniques for personalizing the session include:

**Using the participant’s name.** This is a simple and powerful strategy to get their attention and highlight what you are about to say. It will often help to personalize the exchange and enhance the helping relationship.

**Asking questions about participant’s culture, home life and traditions.** Showing interest in another person’s life is a way to establish trust. Being an attentive listener and showing interest will make the participant more likely to trust and open-up.
Activity 1: Tailoring the conversation

Introduction:

- Explain to staff that this exercise is about tailoring the conversation.
- Ask staff to discuss how they might talk to a teenager differently from a grandmother.
  - Ask what are some things that motivate teenagers?
  - Ask: what are some things that motivate grandparents?
- Ask staff to discuss how they might talk to a new mom differently from a mother that has several children.

Activity: Role play – tailoring the conversation

- Ask staff to work in pairs of two.
- Hand out a card to each person containing the type of participant they will role play. Ensure that in the pair groups, staff members do not have the same category of participant.
  - Pregnant teenager
  - First time pregnant mother
  - Pregnant mother with one other child who is now 2 years old
  - Mother who is here as a proxy for her pregnant daughter (grandmother)
- Each person will receive a card and be given a few minutes to make up a character that will match that category. Explain to staff that each person will have a chance to have a 5 minute conversation about breastfeeding with their partner. Ask them to think about:
  - What are this person’s motivations?
  - What are their past experiences?
  - What have they heard or what do they know?
  - What are they unsure about?
- Explain that because they will be creating the situation and motivations for that particular participant, every conversation will be very different. For example, the mother who already has a 2-year old daughter may have breastfed successfully already, may have formula fed, or may have started to breastfeed but stopped because of difficulties.
- How staff members approach the conversation, what questions they ask and what information they share will depend on factors such as participants’ situation, history, knowledge and readiness. The skills used will depend on the situation and may include building importance, brainstorming challenges, enhancing confidence, and reflective listening.
- Have each of the pairs practice a 5 minute role-play about breastfeeding. The first person will tell their partner their category and then act out the participant they created while the other person is the WIC counselor. After 5 minutes, stop the groups and ask the pairs to switch roles as the second person acts out the role of the participant they created.
- Ask staff to share their experiences with the group.
  - Ask: How did your character affect how the counselor approached the situation?
  - Ask: Who had a difficult scenario? Have the group brainstorm possible ways to approach that particular scenario.
  - Ask: What are some of the reasons why it is important to tailor your conversation to meet the needs of the participant.
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Activity 2: Is this person ready for change?

Introduction:

- Explain to staff that this exercise is about identifying clues about someone’s readiness to change.
- Ask: how does someone’s readiness or stage change impact how you tailor the conversation to meet their needs?
- Ask: What are some ways you can tell if someone is ready to make a change?
  - Some possible answers:
    - They may use change talk. (“I wish..., I want to..., I should..., I need to...”)
    - They may ask questions about change. (“How can I...”)
    - They may talk about how life might be different. (“I know I would feel better if...”)
    - They might have started experimenting with change.

Activity: Is this person ready for change?

- Hand out the attached sheet.
- Ask staff to read each of the participant statements and then decide if the statement signals a possible readiness to change. Staff may work in pairs if desired.
- After staff members have completed the exercise, read each statement and ask the group if they think this participant is signaling that they may be ready to make a change.
- Ask for volunteers to explain why they chose the response they did.

Answer guide:

1. It’s gotten ridiculous. Since the baby is born, all I can wear is sweatpants.
   Yes. Participant is voicing unhappiness with the way things are now.

2. I used formula for my two daughters. They are fine and hardly ever sick.
   No. Participant sees no reason to change.

3. It’s so hard. I would really have to be creative to find times for me to exercise.
   Yes. Participant is thinking about what it would take to make the change, especially about the challenges.

4. How do other mothers deal with this?
   Yes. Participant is curious about how other mothers have addressed the issue.

5. I really think everything is fine. The doctor has not mentioned anything about her weight.
   No. Participant feels that everything is fine.
Is this person ready for change?

For each participant statement below, indicate if the client is showing signs of being ready to make a change. Explain why or why not.

1. **Participant Statement:**
   It’s gotten ridiculous. Since the baby is born, all I can wear is sweatpants.

   *Does the statement signal possible readiness for change?*  
   No _____  Yes _____

   *Reason:*
   ________________________________________________________________
   ________________________________________________________________

2. **Participant Statement:**
   I used formula for my two daughters. They are fine and hardly ever sick.

   *Does the statement signal possible readiness for change?*  
   No _____  Yes _____

   *Reason:*
   ________________________________________________________________
   ________________________________________________________________

3. **Participant Statement:**
   It’s so hard. I would really have to be creative to find times for me to exercise.

   *Does the statement signal possible readiness for change?*  
   No _____  Yes _____

   *Reason:*
   ________________________________________________________________
   ________________________________________________________________

4. **Participant Statement:**
   How do other mothers deal with this?

   *Does the statement signal possible readiness for change?*  
   No _____  Yes _____

   *Reason:*
   ________________________________________________________________
   ________________________________________________________________

5. **Participant Statement:**
   I really think everything is fine. The doctor has not mentioned anything about her weight.

   *Does the statement signal possible readiness for change?*  
   No _____  Yes _____

   *Reason:*
   ________________________________________________________________
   ________________________________________________________________

Adapted from David Rosengren
Activity 3: Dealing with difficult participants/situations

- Note: this is a longer activity that may take up to an hour to complete with staff. Ensure adequate time for staff discussion to maximize the benefit of this activity.
- Explain to staff that this exercise is about exploring ways to approach difficult participants and situations.
- A few days before the exercise, ask staff to think about a participant (or situation) that they have struggled with in the past. Tell them that they will be discussing this participant (or situation) with their co-workers to help them brainstorm solutions.
- Ask staff to describe in a few short sentences, the difficult participant and/or situation. Note the topics on a flip chart. (remind staff not to use names of participants)
- Look for any common themes (for example, discussing overweight or participants who are angry about waiting) and note them.
- Ask staff to brainstorm common themes and identify suggestions for how to deal with them.
  - Ask about possible causes of the situation and possible techniques or strategies to try.
- Review some of the strategies for dealing with resistant participants included in the Key Messages section if appropriate.
  - Acknowledging the resistance
  - Reflecting the resistance
  - Change the focus of the conversation
  - Emphasize personal control
  - Empathize with their feelings
  - Apologize
- Ask staff to work in pairs to practice their skills. One person will role play their participant while the other person will role play the WIC staff member. Stop the group after 5 minutes. They will then switch roles.
- Tell staff that when they hear resistance, they should attempt to use the different skills and strategies that have been discussed above.
- Remind staff not to be particularly argumentative. If the staff member begins to reduce your resistance with their skills, show them in your response. Even if their attempt is less than perfect. Remember, this is an exercise.
- After completing the role play, ask staff to share their experience.
  - Did brainstorming with co-workers help them?
  - What did they try that was new to address the situation?
  - Will this be helpful the next time this situation comes up?
Ideas for a facilitated conversation with staff: Tailoring the conversation

- Let staff know this discussion will be about working with different groups of people.
- Write 3 categories of participants on a flip chart: Fathers, Teenagers (mothers or pregnant), and Grandmothers.
- Write 3 the three questions you will discuss for each group on the flip chart:
  - In general, what are some of the things that are important to this group? (What drives their behavior)
  - In general, what are some of the challenges you have when working with these groups?
  - In general, what are some successful strategies you have used when working with these groups?
- Note: Split the staff into three different groups and assign each group a category of participants to discuss. After 5-10 minutes bring the group back together and share insights.
- For each group above, ask staff the staff questions. For example:
  - In general, what are some things that are important to some teenagers? (things that may drive their behaviors)
    - Possible answers: independence, respect, popularity “fitting in”, social acceptability, respect, personal appearance.
  - In general, what are some of the challenges you have when working with teenagers?
  - What are some successful strategies you have found when working with teenagers?
- Explain to staff that discussing various motivations and values is helpful to understand possible issues that may be important to our participants. It is important to remember, however, that there is great diversity within each group and one cannot assume the participant shares the characteristics or motivations common to that group.
  - Ask: What are the dangers of making assumptions like “all teenagers are concerned with personal appearance.”
    - Possible answers: may cause resistance, may miss what is truly important to this particular teenager.
  - Ask: How can we prevent making assumptions or stereotyping our participants?
    - Possible answers: asking questions to determine motivations, listening, treating each new person as unique.
- Summarize the conversation.
The following excerpt is part of a WIC certification.

- Ask staff to play the parts of the CPA or certifier, and the WIC participant. Give them the script ahead of time to read through to prepare. Explain that they do not need to read the words in (italics). Those are notes for the facilitator. Notes for the actors are written in (blue italics).
- Explain to the staff that we will be role-playing the middle of a WIC appointment.
- Ask the group to listen for and write down any:
  - Resistance from the participant. (From what she says, her tone, or body language)
  - C.A.R.E.S. skills the CPA uses.
  - Ways the CPA tailors the conversations to the needs/interests of the teenager.
- Read the scenario and then have the actors act out the sample script.
- After the role play, have staff share their feedback about the interaction:
  - How did the participant show her resistance? What caused it?
  - What did the CPA do to deal with that resistance?
  - How did the CPA tailor the conversation to connect with the teenager?
  - Ask what staff members might have done differently during this visit?

Prenatal Certification – Sample Script

Scenario: The participant is an 18 year-old woman who is 3 months pregnant. This is her first pregnancy. The bloodwork and anthropometric assessment have been completed. Her bloodwork values were within normal limits and her pre-pregnancy weight is within the normal range. The CPA has explained the process of the WIC program and the participant is clearly pre-occupied and seems to be giving short, quick answers to all the questions from the CPA so far. The CPA is looking over the nutrition assessment form and is starting the assessment conversation with the participant.

CPA: Thank you for filling out this form. It helps us to get a feel for your health and about your eating habits. I am going to ask you some additional questions just to learn a little bit about you and any goals you have for the pregnancy. How does that sound? [Asking permission, preparing her for the assessment process]

Ana: Fine. (participant has arms crossed and is tapping her foot)

CPA: You seem a little upset today Ana. [Acknowledging the resistance]

Ana: I am not upset, I am just a little pressed for time. I have to be to work in 40 minutes and it takes about 10 minutes for me to drive to work.

CPA: Today isn’t the best time for a long appointment. [Reflective Listening] Today we can make it a shorter appointment. We can talk through a few things and then I can go through how to use the EBT card at the store. We could have you out in 30 minutes and then we can schedule a better time for you to come in for the next appointment when you have more time. Will that work for you? [Asking permission/respecting her autonomy]

Ana: That will work, thanks.
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**CPA:** What do you do for your job? *[Personalizing, establishing trust]*

**Ana:** I actually work at Albertson’s. It is a pretty good job. I see people getting the WIC foods all the time. *(participant uncrosses her arms and starts to appear a little more relaxed)*

**CPA:** So you should have no problem using your card. So tell me, how are you feeling with this pregnancy? *[Open-ended question]*

**Ana:** I was really sick at the beginning. Nauseous all the time. I didn’t throw up, but I had that feeling, you know. But that all went away and now I have been feeling pretty good, hungry all the time.

**CPA:** You’re appetite is back in full swing. *[Reflective listening]* I see you wrote that you eat about 3 meals a day and a couple of snacks. You circled that you just feel just ‘OK’ about your eating habits. Tell me more about that. *[Open-ended question]*

**Ana:** I have never really been concerned with what I eat. I mean, I do eat, but usually not a ton, just a little here and there. And most of the time I am running around so I eat a lot of fast food or something quick at Albertson’s. I know I should change and eat better for the baby – better stuff and more food – but with working and other stuff, I don’t have time to have those full sit down meals every day. *[Participant expresses an area for potential change]*

**CPA:** You’d like to eat a little healthier for the baby, and you want to do it in a way that works with your busy schedule. *[Reflective listening]* I have a handout on healthier choices you can make at fast food places. Would that be helpful for you? *[Asking permission]*

**Ana:** Definitely.

**CPA:** OK, I will write down ‘fast food’ on my pad here so we can make sure to come back to that after we finish a couple more questions. *[Holding education conversation until finishing the assessment]*

**Ana:** Ok.

**CPA:** I see her you have been to the doctor and have another appointment next month. You said this was your first pregnancy and that you have no health concerns. What did the doctor share with you about how much weight to gain for the pregnancy? *[Finding out what she already knows]*

**Ana:** Well I didn’t see the doctor but I met with a nurse and she took my weight and showed me about how much I need to gain for the pregnancy. I am not a huge eater but now that my sickness has worn off, I am really hungry so eating a little bit more right now should be ok.

**CPA:** You know a lot about this stuff already! *[Affirmation]*. Your weight is in the normal range for this point in your pregnancy, and we will continue to check it when you come to WIC. How do you feel about the weight gain? *[Open-ended question]*

**Ana:** Fine.

**CPA:** My last question is about breastfeeding. I see that you circled a 2 when we asked about your confidence on breastfeeding. Tell me more about your thoughts on breastfeeding. *[Open-ended question]*

**Ana:** Well, I circled a 2 but I think I am going to use formula. I know breastfeeding is good but with my job, it would be tough. I can’t bring the baby to work. My sister tried breastfeeding and it didn’t work for her. She had a lot of pain.

**CPA:** Well it is certainly your decision and WIC will support you whatever you choose. *[Affirming autonomy]* Do you know anyone else who has breastfed?

**Ana:** Well my cousin is pregnant now and she is planning on breastfeeding.

**CPA:** Has she shared with you any of her reasons for choosing breastfeeding? *[Open-ended question]*

**Ana:** She is reading all these books about pregnancy, birth and all that. She said babies get sick less and stuff like that.
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CPA: Right. There is some natural immunity (or substances) in the breastmilk that helps protect the baby. [Sharing some information] You circled a 2. I am curious, what are some of the reasons you didn’t circle a 1 for breastfeeding confidence. [Asking question to elicit change talk]

Ana: Well, I guess I want to keep my options open. I still have awhile to go. My cousin is due next month so I can see how it goes for her. Maybe I might decide to do it for at least a little bit before I go back to work.

CPA: This is not something you need to decide today. [Reflective listening] You’re someone who likes to think things through to decide what’s best. [Affirmation] If you do decide that breastfeeding, even for a little bit, is something you want to try, WIC can offer you some help. We can connect you with a breastfeeding peer counselor for personalized support, and we have breastfeeding classes to teach you how to breastfeed. We also have breast pumps if you want to breastfeed after going back to work and we will provide you with an increased amount of food for you and the baby to support your nutritional needs.

Ana: Thanks, I’ll guess I will think more about it.

CPA: So, I from our talk today, it seems like the main area you are interested in making some changes in is eating a little bit better and making some healthier choices when you eat away from home. Is that right? [Confirming agenda]

Ana: Right.

CPA: What else you would like to ask about?

Ana: Nothing right now.

CPA: OK, so for you, what are some of the best reasons for eating little healthier when you’re away from home? [Asking for reasons to change – building importance]

Ana: Well, the baby of course. And it wouldn’t hurt me either. If I need to gain 25 pounds, I would rather do it eating good stuff instead of junk.

CPA: OK, so what are some ways you think you could eat a little healthier away from home? [Asking for input from the participant]

Ana: I don’t really like salads they have at the fast food places. They taste gross to me. I do love the fruit smoothies though, I usually get one every day.

CPA: Fruit smoothies. [Reflecting] What else?

Ana: I guess cutting out all the fries and junk and maybe going for the chicken instead.

CPA: That sounds like a good plan. [Affirming] Are there any snacks at Albertson’s that would work for you? [Open-ended question]

Ana: Well they have these big bins of nuts, and trail mix and dried fruit and stuff. I could get some of that when I am hungry instead of the chips in the break room.

CPA: Excellent idea. And maybe some of the WIC foods can help you as well. Some women like to bring the cereals in a plastic bag when they go out, or some peanut butter in a tortilla, or a banana. Would any of those snacks work for you do you think? [Sharing information, getting feedback]

Ana: Yes, the baggie of cereal sounds easy.

CPA: Super. I have that handout I was telling you about. It lists some healthy choices for eating out. I am just going to circle the ones we already talked about and then you can read it when you have more time.

Ana: Sounds good.

CPA: So to wrap up this discussion Ana, we said your main goal for right now is to eat a little healthier. [Using her name to personalize and emphasize information] You are going to continue with the fruit smoothies, and maybe make a few different choices and start trying some of the
healthier snacks at Albertsons and maybe bring some cereal from home for a snack. You are also going to see how the breastfeeding goes for your cousin and to think a little about what will work best for you. Did I get it all? [Summarizing]
Ana: Yup. I think that’s everything.
CPA: So we will be certifying you until the baby comes so we can support you in having a healthy pregnancy and then after the baby is born we will recertify you and get your baby on the program as well. Now I am going to put some information into the computer and we will quickly go over the foods in your package and set you up for a next appointment time that works better for your schedule. Sound good?
Ana: Yes.

Stop here and ask the discussion questions above.
Observation Guide: Tailoring the conversation

**Option 1:** Observe staff. Note areas where staff uses the C.A.R.E.S. communication skills to tailor the conversation to the participant and areas for improvement.

**Option 2:** Have staff observe each other and use this form to note areas where they do well. Have them share specific feedback with each other about strengths they saw. Encourage sharing strategies.

<table>
<thead>
<tr>
<th>Qualities</th>
<th>Comments and examples</th>
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<tbody>
<tr>
<td>Using C.A.R.E.S. skills to learn about participants own motivations and ideas (Questions, reflections)</td>
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<tr>
<td>Adapting the conversation style and language to the education and knowledge level of the participant</td>
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<tr>
<td>Mirroring (matching style and body language of participant as appropriate)</td>
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<tr>
<td>Tailoring participants goal setting to their readiness to change</td>
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<tr>
<td>Rolling with resistance (for example, reflecting resistance, or emphasizing personal choice and control)</td>
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Self Observation Guide: Tailoring the conversation

- Each time you use techniques to help tailor the conversation to the needs and interests of that participant, note the strategies you used. Collecting successful strategies will help you use them in the future with other participants.
- Save this sheet to remind you of successful strategies and share them with your co-workers.

<table>
<thead>
<tr>
<th>Successful strategies – give yourself a star!</th>
<th>Write down successful strategies to help guide the participant.</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="icon" alt="Star" /></td>
<td>• <em>A participant came in that had moved here 6 months ago from Ethiopia. I asked her questions about her culture and what foods her family ate. She told me that they used lots of spices and vegetables and we talked about the importance of vegetables in children’s diets. She also said that eating together as a family is very important in her culture and how her goal was to keep this practice going while in the United States. I affirmed how important this was for children’s development and brainstormed some strategies with her.</em></td>
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Signs that the conversation isn’t going so well

1. Recognize resistant behaviors.
   - ARGUING. The client contests the accuracy, expertise, or integrity of counselor.
   - INTERRUPTING. The client breaks in and interrupts in a defensive manner.
   - NEGATING. The client expresses an unwillingness to recognize problems, cooperate, accept responsibility, or take advice.
   - IGNORING. The client shows evidence of not following or of ignoring certifier.
   - BODY LANGUAGE. The person exhibits signs of resistance in body posture (arms crossed, etc) and eye contact (looking around the room, appears disengaged).

2. WIC staff can generate resistance by:
   - Using a judgmental or confrontational approach.
   - Discounting the client’s feelings and thoughts.
   - Telling a client that they need to change.
   - Telling a client what to do.
   - Assuming an ‘expert’ stance.
   - Appearing cold or distant. Lacking empathy.

Other Resistance Producing Behaviors:

- Confronting
- Persuading
- Nagging
- Interrupting
- Ordering
- Judging
- Pressuring
- Criticizing
- Directing
- Talking down to
- Shaming
- Scolding

The “righting reflex”

The need to:
- Fix things
- Set someone right

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### Tailoring Interventions using the Stages of Change Model

<table>
<thead>
<tr>
<th>Stage / Goal</th>
<th>Strategies</th>
<th>Possible Tools</th>
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| **Precontemplation***<br> Unaware, not interested in change, not ready<br> **Goal:**<br> - Increase awareness of need for change<br> - Personalize information on risks and benefits<br> - Reduce fears associated with change | - Create supportive climate for change<br> - Discuss personal aspects and health consequences of behavior<br> - Assess knowledge, attitudes and beliefs<br> - Build on existing knowledge<br> - Relate to benefits that loved ones will receive<br> - Give number for client to call if they decide they want more information | - Awareness posters for the waiting, exam, and education rooms<br> - “Wall of Fame”, for example, breastfeeding pictures<br> - Newsletters with information<br> - Role modeling<br> - Ask the following questions: “What do you know about how to lose weight?” “What do you think about that?” / “Do you believe this?”<br> - Agency/provider contact cards/brochures |}

| **Contemplation**<br> Starting to think about change<br> **Goal:**<br> - Increase motivation and confidence to perform the new behavior<br> - Reduce fears associated with change | - Prioritize reasons to change<br> - Discuss motivation (e.g., benefits to loved ones) and identify barriers and possible solutions to change<br> - Suggest small, achievable steps to make change<br> - Assess confidence to make change | - Stage specific handouts, for example, handouts that state reasons to change<br> - Posters that emphasize the importance of change<br> - “Ask us why” messages (buttons/posters)<br> - Use the 0-10 scale of self efficacy |}

| **Preparation**<br> Planning to start change, within the next 3 months; lacks self-efficacy to make long term change<br> **Goal:**<br> - Initiate change | - Assist in developing a concrete action plan<br> - Encourage initial small steps to change<br> - Discuss earlier attempts to change and ways to succeed<br> - Elicit support from family and friends<br> - Assess confidence to make change | - Booklets with more specific information<br> - Action plan or contract: assist client to pick goal(s)<br> - Worksheets/handouts designed for personalized change options<br> - Use the 0-10 scale of self efficacy<br> - Support System (family, friends, colleagues, etc.) |}

| **Action**<br> Practicing new behavior for less than 6 months; needs skills for long term change<br> **Goal:**<br> - Commit to change | - Continued support of decision<br> - Reinforce self-confidence<br> - Assist with self-monitoring, feedback, problem solving, social support and reinforcement<br> - Discuss relapse and coping strategies | - Follow-up visits //support groups<br> - Support with positive reinforcement<br> - Review action plan/goals – identify barriers<br> - Modify action plan if necessary<br> - Logs (e.g., food/physical activity diary) |}

| **Maintenance**<br> Continuing new behavior for at least 6 months<br> **Goal:**<br> - Reinforce commitment and continue new behavior(s) | - Plan follow-up to support changes<br> - Help prevent relapse<br> - Assist in coping, reminders, finding alternatives to avoiding slips/relapses<br> - Teach client to see relapse, not as a failure, but an opportunity to learn and adjust the plan | - Follow-up visits<br> - Support with positive reinforcement<br> - Review action plan/goals – discuss possible relapses<br> - Modify action plan if necessary<br> - Continue support groups, logs |}

Books


Presentations / Training Manuals

- *Nevada WIC C.A.R.E.S.* Presented by Dana Sturtevant, M.S. R.D. Larson Sturtevant Consulting LLC.

Websites

- Oregon WIC Listens
  www.oregon.gov/DHS/ph/wic/docs/orwl/
- Touching Hearts, Touching Minds Website, Pam McCarthy and Associates
  www.touchingheartstouchingminds.com
  www.epi.umn.edu/let/nutri/pregadol/index.shtm
- WIC Works Resource System
  http://wicworks.nal.usda.gov