

# RENEW *Workbook*

Regional Training September-October 2018

## Table of Contents

<b>Goal</b> .....	3
Objectives .....	3
Agenda.....	3
Framework for Nutrition-focused Counseling .....	4
<b>Activity 1: Connecting RENEW Concepts</b> .....	6
<b>Your notes on brain science</b> .....	6
<b>Activity 2.1: Catalyst Events</b> .....	8
<b>Activity 2.2: Your Triggers and Catalysts (we all have them!)</b> .....	8
<b>Activity 2.3: Are you a fighter, flee-er or freezer?</b> .....	9
<b>Strategies that help us self-regulate</b> .....	10
<b>Self-regulation</b> .....	10
<b>Self-check</b> .....	10
<b>Practice awareness</b> .....	10
<b>Let go and refocus</b> .....	10
<b>Activity 3: Oxygen Mask</b> .....	10
<b>Strategies that DON'T work</b> .....	11
<b>Sympathy (versus empathy)</b> .....	11
<b>Righting reflex</b> .....	11
<b>Jumping to problem solving</b> .....	11
<b>Telling your story</b> .....	11
<b>Defending WIC</b> .....	11
<b>Persuasion</b> .....	11
<b>Activity 4: Table group discussions on strategies that DON'T work in counseling</b> .....	11
<b>Strategies to use while counseling</b> .....	12

<b>Connect with emotions</b> .....	12
<b>Name it to tame it</b> .....	12
<b>Engage, don't enrage</b> .....	12
<b>Remember to remember</b> .....	12
<b>Backwards planning</b> .....	12
<b>Teach back</b> .....	12
<b>Activity 5: Case study discussion</b> .....	13
Case study A: Gatorade in the bottle.....	13
Case Study B: Certifying with Grandpa.....	13
<b>Rolling with Resistance</b> .....	14
<b>How do we roll with resistance?</b> .....	15
<b>Activity 6: Rolling with resistance pair share</b> .....	16
Case study C: Nervous about breastfeeding again.....	16
Case study D: Role playing in pairs .....	16
<b>Strategies for the WIC Team</b> .....	17
<b>Activity 7: Team reflective practice</b> .....	17
Case study E: Mom with TWISTy Twins.....	17
<b>Activity 8: Your reflective practice</b> .....	18

# RENEW

## Fall 2018 Face-to-Face Training Agenda

Renew counseling: Skilled staff; Nutrition-focused

### Goal

WIC certifiers will navigate difficult counseling situations and enhance participant interactions.

### Objectives

After attending this training, staff will:

- Identify personal barriers, biases, and experiences that influence interactions with participants;
- Recognize signs of activation and resistance in themselves and others;
- Analyze trauma and resilience informed strategies that can be used to navigate difficult counseling situations;
- Demonstrate the use of plain language in counseling;
- Describe the teach back and backwards planning strategies to check for understanding.

### Agenda

9:00 Welcome and introductions

Bridging RENEW

Foundational knowledge: The human brain and WIC counseling

Applying brain science to interactions with WIC participants

Strategies that help us self-regulate

12:00 Lunch (on your own)

Highlighting the skills needed to navigate difficult counseling in WIC

Strategies that don't work in counseling

Strategies to use while counseling

Putting skills to work to navigate difficult conversations, recognizing resistance

4:00 Adjourn



We will have a break mid-morning and mid-afternoon.

# Framework for Nutrition-Focused Counseling (NFC)

## Content Areas

### Nutrition & Breastfeeding

- Promotion and support of breastfeeding
- Breastfeeding topics (e.g. prenatal preparation, milk production, latch, managing challenges, use of breast pump)
- Breastfeeding support services
- General food and nutrition topics (e.g. introduction to solids, adding textures, weaning, healthy food choices)
- Common nutrition concerns of participants by category, age
- Child development and growth related to nutrition
- Impact of nutrition over the life-course (epigenetics)
- Oral health
- RD's: special needs impacting nutrition (e.g. medical formulas, special dietary concerns)

### Feeding/Eating Environment

- Parent-child feeding relationship
- Infant cues/baby behaviors; soothing
- Age-appropriate eating behaviors and concerns (e.g. picky eating)
- Teaching children about food; role modeling; family meals
- Shopping; meal preparation; food safety

### Physical Activity, Play & Rest

- Importance of infant tummy time, play for children
- Age appropriate activity ideas for families
- Identify safe areas for physical activity
- Appropriate screen use/time
- Importance of sleep

### Parenting

- Parenting styles related to feeding
- Attachment; Parent-child interaction; Serve and return
- Brain development
- Positive conflict resolution; stress response (fight, flight, freeze)
- Developmental feeding
- Social support
- Social and emotional competence
- Setting limits

### Family Environment / Social Determinants of Health

- Food insecurity
- Income
- Housing
- Behavioral health (depression, addictions)
- Safety or trauma (domestic violence)
- Health care
- Educational level (literacy)
- Class (generational or situational poverty)
- Historical trauma (race, culture)

### Foundational capabilities:

Evidence-based content knowledge, critical thinking, assessment and participant centered counseling skills, cultural humility, health literacy, trauma and resilience informed practices

## Required Actions

- Complete a thorough assessment using critical thinking skills
- Provide nutrition-focused counseling
  - Discuss a topic identified during assessment -or-
  - Provide anticipatory guidance based on what to expect in the future
- Make appropriate and effective referrals
- Schedule appropriate follow-up or quarterly nutrition education (includes the mid-certification health assessment and counseling).
- Document each action in TWIST.

**Desired outcomes and Resources-** Examples of evidence-based, commonly accepted nutrition-focused outcomes for each content area and supporting resources are listed below. This list is not exhaustive.

### Nutrition & Breastfeeding

- Participants meet their breastfeeding goals; there is an increase in breastfeeding exclusivity and duration
- Infants and children grow and develop at an appropriate rate
- Families practice principles of nutrition and achieve/maintain good health

### Feeding/Eating Environment

- WIC families provide a pleasant eating environment for their children; Dads and other caregivers are integrated
- WIC staff are perceived as the nutrition and feeding experts; role of WIC is expanded in the community

### Physical Activity, Play & Rest

- Children engage in active play daily; Parents are active and are good role models for their children
- Parents ensure that children develop appropriate sleeping habits

### Parenting

- Parents interact with their children well and provide the support needed for healthy development
- Parents develop skills for managing conflict and setting appropriate limits with their children

### Family Environment / Social Determinants of Health

- Participants develop a healthy lifestyle, and seek help when problems occur
- Identify any impact on family nutrition for nutrition-focused counseling; Screen and refer as appropriate

### Resources

- Bright Futures in Practice: Nutrition: <https://www.brightfutures.org/nutrition/index.html>
- Bright Futures in Practice: Physical Activity: <https://www.brightfutures.org/physicalactivity/>
- Healthy Eating Guidelines for Infants and Toddlers: <http://healthyeatingresearch.org/research/feeding-guidelines-for-infants-and-young-toddlers-a-responsive-parenting-approach/>
- Surgeon General's Call to Action: <https://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>
- WHO and HP 2020 goals: <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>

# RENEW



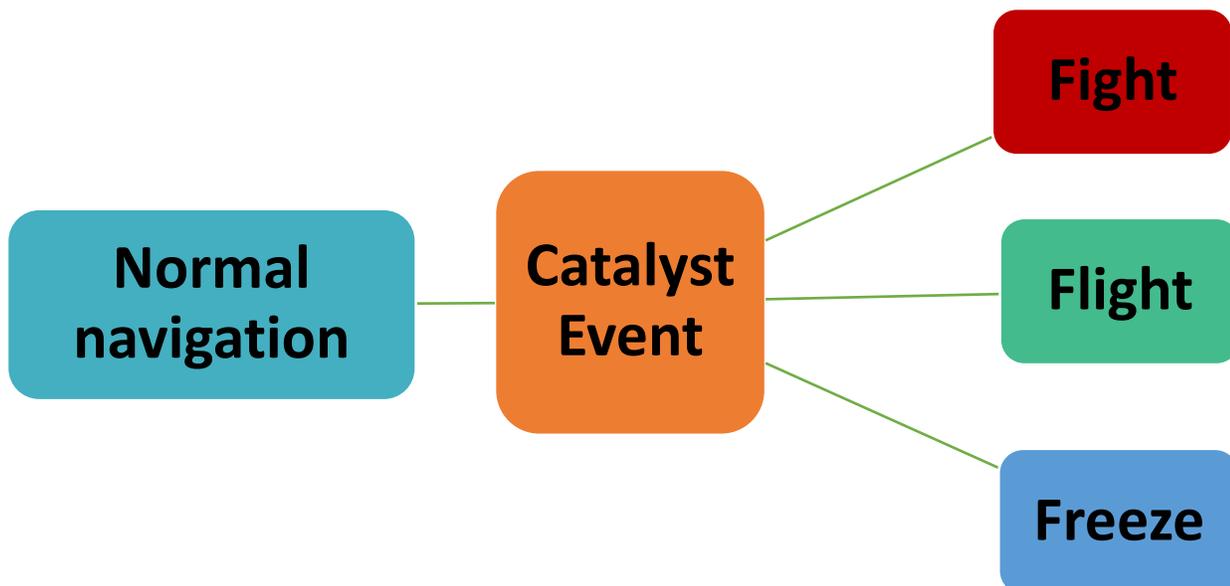
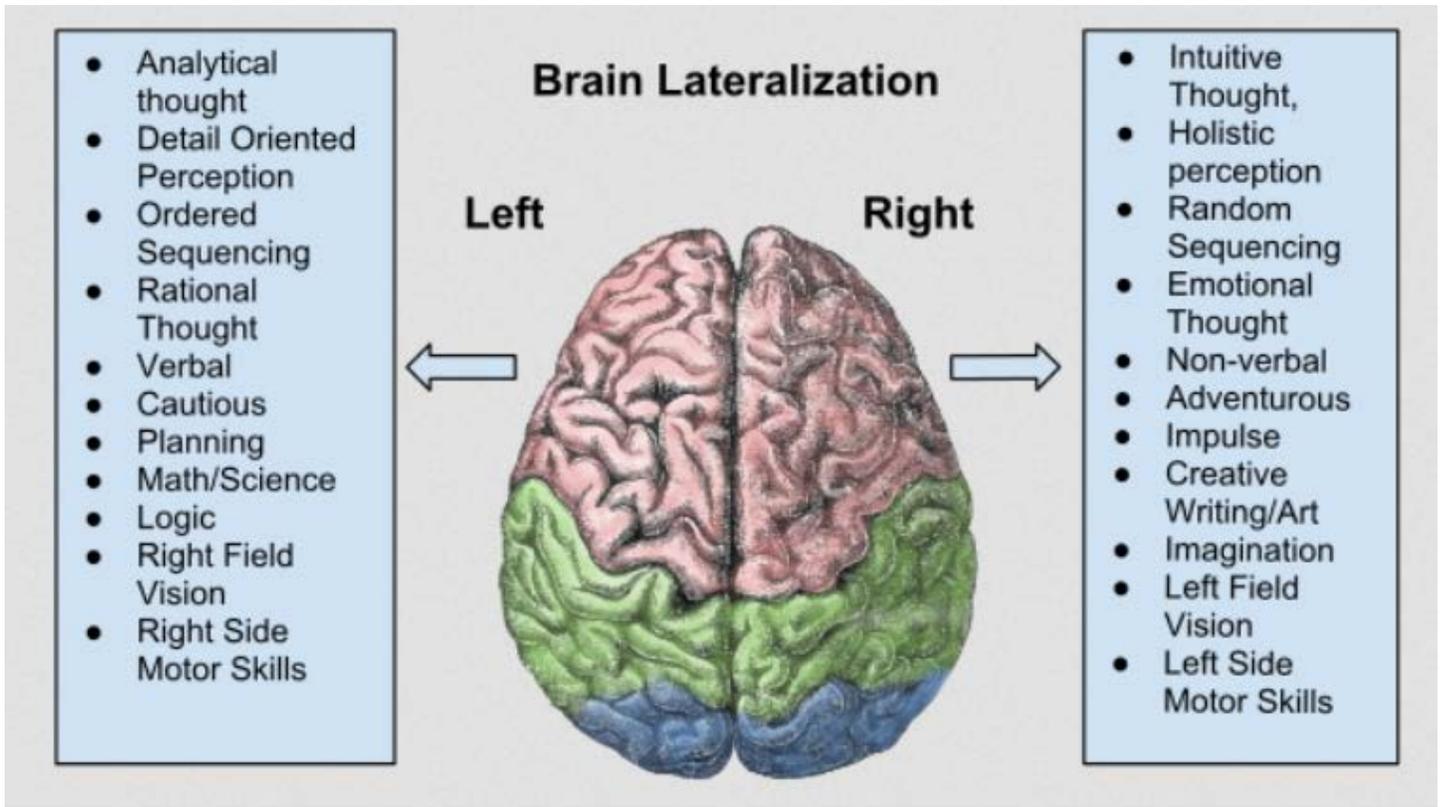
## Activity 1: Connecting RENEW Concepts

When you think about RENEW and all that you have learned, what idea, concept, or skill stands out? How does it connect to counseling? How does that idea relate or connect with other RENEW concepts?

Your notes on brain science

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## Activity 2.1: Catalyst Events

We have identified three categories of catalyst events. Each one might need a different strategy to return to normal navigation:

1. **Situations:** Something happens or happened outside your control.
2. **Relationships:** Tension between people, between you and a participant or a participant and another person.
3. **Issues:** Topic that we discuss in WIC that can be triggering

What might be an example of a catalyst event you have noticed in your work? At your table, talk about examples from each category and write them here:

Situations

Relationships

Issues



## Activity 2.2: Your Triggers and Catalysts (we all have them!)

In my work at WIC, here are some catalysts for me:



### Activity 2.3: Are you more likely to fight, flee or freeze?

When you encounter a stressful situation, how do you react? What is your default pattern?

A) Do you have a tendency to **fight**? Maybe you:

- Get defensive and try to prove your case? (even if you know you're wrong)
- Raise your voice?
- Become a bit of a bully? Become a bit scary?

B) Do you have a tendency to **flee**? Maybe you:

- Ignore the situation and pretend it didn't happen?
- Leave the room and do your best to avoid confrontation?
- Get busy with something that's completely unrelated to the situation hoping that it'll go away on its own?

C) Do you have a tendency to **freeze**? Maybe you:

- Go completely blank and find it hard to express ANYTHING?
- Disengage, get quiet and hope the issue will just go away on its own?
- Completely forget that the stressful situation even happened and when someone asks you about it say, "what are you talking about?".

D) All of the above. Maybe you:

- Want to fight in some situations?
- Find yourself wanting to flee in others?
- Go completely blank and shutdown in others?

## Strategies that help us self-regulate

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### Self-regulation

- Be a role model, remaining calm in a stressful situation helps others to calm down
- Create a script or plan for navigating work situations that are difficult for you

### Self-check

- Breathing
- Feelings
- Tone of voice/facial expression

### Practice awareness

- Notice signs of resistance in others
- Consider what's happening in the room
- What's been said? What hasn't been said?

### Let go and refocus

- Turn away from computer
- Focus attention on the participant



### Activity 3: Your self-regulation plan

When triggered how does my body usually react? Voice? Face?	
How would I rather react?	
What coping strategies can I use in the moment to help me calm down?	
What words or phrase could I use to give myself a moment?	
Who can I talk to about how this went?	

## Strategies that DON'T work

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### Sympathy (versus empathy)

- Sympathy is the feeling of pity or sorrow for someone else's misfortune.
- Providing unsolicited advice, opinions or platitudes rarely makes things better
- Sympathetic responses lead to *disconnection*.

### Righting reflex

- This is the desire to correct or change a participant's situation or behavior, to fix something to make it better or "right".
- We don't recognize that change must come from the participant's own motivation.

### Jumping to problem solving

- Providing solutions before the participant asks for one or without asking permission.

### Telling your story

- Although you may have experienced something similar to what a participant has shared, this is not the time to tell *your* story. The intent of the interaction is to learn about the participant's story, not to get side-tracked with yours.

### Defending WIC

- Telling participants how the program works or why it works a certain way.
- Blaming the participant for not following or remembering WIC rules.

### Persuasion

- Trying to convince the participant that your way will work.
- Repeating yourself or feeling like you are doing a hard sell.



## Activity 4: Table group discussions on strategies that DON'T work in counseling

Think about a situation when you used one of the strategies that don't work. In your table group discuss these questions:

- Describe the situation.
- What worked? What didn't work?
- What was the result?
- If you were the participant, what might you have felt?
- What did you take away from the experience?

## Strategies to use while counseling

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### Connect with emotions

- Acknowledge the feelings of the other person.
- Use empathy first, then logic. Listen to the concern, without judgment ... then explore further.
- **Why it works:** You are connecting with the person by recognizing their reaction, which is calming. This brings the brain into balance so they can be open to logic, information.

### Name it to tame it

- Reflect the emotion
- Ask them to tell you their story – “Tell me more.”
- **Why it works:** Brings the right and left brain together to make sense of the experience.

### Engage, don't enrage

- Appeal to thought processes to reduce emotional response.
- Ask open ended questions, ask permission, request alternatives, practice negotiation.
- **Why it works:** Engages the upstairs and logical side of the brain for planning, decision making.

### Remember to remember

- Ask about previous experiences or what they've heard.
- Ask to recall past successes and how that success felt.
- **Why it works:** Putting emotions into words supports concrete thinking and allows them to come up with their own new plan.

### Backwards planning

- Ask what they'd like to see happen in the future. This provides an opportunity for them to share their ideas, hopes and goals.
- Identify concrete steps or actions needed to meet the goal.
- Work backward from there to develop a plan of action.
- **Why it works:** Uses logic and memory to build on prior successes. Encourages participants to believe in themselves.

### Teach back

- Ask the participant to repeat what they have heard in their own words. This provides an opportunity to check for understanding, especially when multiple steps are involved in a plan and helps to see if communication was clear.
- **Why it works:** Engages logic, planning and memory to focus on a specific task.



## Activity 5: Case study discussion

Read the case studies below and then answer the following questions for each situation.

1. What do you think was the catalyst event in this situation?
2. What was the participants response to the catalyst? Was it fight, flight, or freeze?
3. What would be your first internal response in that situation? (Not what you actually did, but your instant response.)
4. What strategy would you use to self-regulate?
5. What counseling strategy do you think would work?
6. What questions would you ask? What reflections would you use?

### Case study A: Gatorade in the bottle

You're talking to a mom of a 2-year-old who you've seen a couple of times. Her child is slightly underweight and mom is concerned about the growth chart. You remember getting along with her in the past and see from your notes that you've talked with her a couple times about how she's putting Gatorade into her child's bottle. You ask her about how that's going and BOOM she explodes. She yells that she doesn't want to dehydrate her baby.

### Case Study B: Certifying with Grandpa

It's Friday at 4:23pm and a grandpa comes in with his grandchild who is 4 months old and new to WIC. The staff are tired and someone said something about a new cert. The grandpa cuts in with, "WHAT? WHAT DO YOU MEAN YOU HAVE TO INSPECT MY CHILD?!" You hastily reply that what we were trying to say was certification. This doesn't help. His face is red and he demands to talk to your manager because his grandchild isn't cattle and will not be certified to receive government assistance. He yells that he pays taxes and deserves some help with this baby.

### What is resistance?

- Resistance is what happens when we expect or push for change when the participant is not ready.
- Can happen when information conflicts with what the participant knows to be true. This knowing could be based in fact, feelings or experience, and is powerful for them.

### Why does resistance occur?

- It arises as a normal, expected part of interacting with others, including our work in WIC.
- Resistance is an expected part of counseling as we explore ambivalence.

### Resistance versus activation

- Resistance and activation can look the same, but that isn't always true. Someone can be resistant but not activated or activated but not necessarily resistant.

### How do we know when the participant is being resistant?

- Participant's face, body language, words and tone indicate something is up.
- Participant stops talking or provides minimal responses only.
- Participant interrupts you.
- Participant gives lots of reasons why they don't want to change

### What are some of the types of resistance we encounter?

- **A situation causes resistance**
  - Occurs due to an activity, event or situation largely out of your control that causes a stress reaction in the participant.
  - Often not obvious to others and may be related to past trauma.
  - Examples include reacting to a door slamming, a negative comment from a staff member (real or perceived), or a delayed appointment.
- **Resistance in the relationship**
  - Tension in the *relationship* between individuals. This could be between you and a participant, or between the participant and another person.
  - You can tell there is discord in the interaction by such comments as:
    - *You don't understand.*
    - *You can't help me.*
    - *I don't like that person.*
- **Resistance from an issue**
  - Related to a *specific issue*, such as establishing regular meal times, weight, making a dietary change, weaning a child off the bottle, smoking cessation, etc.

## Change talk and resistance

- Most people are ambivalent about making a change, so we focus on the change talk.
- When someone becomes more than ambivalent and is resistant, we need to change our approach.
- We have to try to decrease their resistance and reestablish the relationship, before we can move forward with change talk.

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***How we respond to resistance is a big determining factor in the outcome of our interaction with that participant, and the ability to help the participant move toward behavior change.***

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### How do we roll with resistance?

- **Practice awareness**
- **Self-check: What am I feeling and why?**
  - Become aware of your *own* response to resistance, so the situation does not escalate.
  - Pause/breathe ...
- **Let go of what you're doing and refocus**
- **Consider what could be causing the resistance**
  - Is the participant reacting to an issue? A situation? Could it be a relationship?
  - Try to figure out any barriers the participant may be facing, or where the communication is breaking down.
  - Separate the behavior from the person.
- **React with curiosity**
  - Authentic and active listening
  - Let go of what you "know" (wanting to be the expert) and thinking we know what is best for the participant
  - Focus on understanding and connecting
- **Change course**
  - Use reflections to shift the focus and show you understand
  - Switch to reflecting sustain talk, rather than change talk
  - Acknowledge that they are in charge
  - Make repairs to your relationship with the participant if necessary



## Activity 6: Rolling with resistance pair share

In pairs, discuss what rolling with resistance strategies to use.

### Case study C: Nervous about breastfeeding again

Mom comes in 16 weeks pregnant. She has a 2-year-old who was breastfed for 2 weeks as a newborn. She tells you she is not sure she wants to breastfeed this time. She says, “Things didn’t go so well last time. For one thing, it was very embarrassing breastfeeding in the hospital with all the nurses and everyone from my family coming in and out of my room all the time.” She tells you about when she got home from the hospital, Jose didn’t latch on very well. She got really sore, and she got engorged when her milk came in. She says, “This time around, I think it would be better to just start off with bottles and avoid the whole pain of breastfeeding.” Her jaw is set.

- What do you think is the cause of her resistance?
- What would you do to decrease her resistance?
- What questions or reflections would you try?

### Case study D: Role playing in pairs

Choose who will be the certifier and who will be the participant. Read the information for your role, then practice how the interaction might go.

#### **Certifier**

A pregnant woman comes into your office for her enrollment appointment. She was late, but your team was able to fit her in. This is the third appointment she has scheduled to be enrolled in WIC. Your team was never able to get ahold of her on the phone. She answers questions quietly and seems reserved. She keeps looking at her phone but you can tell she’s not really reading anything.

#### **Participant**

You are 5 months pregnant and the father of your baby left you when he found out you were pregnant. You moved to Oregon to be with the dad. Now you are away from your family. You don’t have a job and you have no other means of support, emotionally or financially. You don’t know how you are going to keep food on the table, because food stamps just don’t go that far. You are very worried about what will happen next but are resigned to just dealing with it each day. You feel dumb for getting yourself into this situation and are embarrassed. That makes you quiet. You distract yourself by looking at your phone, even though you aren’t really reading anything.

## Strategies for the WIC Team

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- Reflective practice
- Let the clouds of emotion roll by
- Enjoy each other
- Connect through conflict
- Attitude of gratitude



### Activity 7: Team reflective practice

We learn best by reflecting with colleagues on situations we encounter. Practice team reflective practice at your table by having someone read the case study as if they had experienced the situation. Then practice reflecting on their experience.

- What questions would you ask? What reflections would you make?

#### Case study E: Mom with TWISTy Twins

“I had a pregnant mom come in this afternoon with her two-year-old twin boys. The kiddos are both healthy and growing well. Of course, they weren’t happy about getting their hemoglobin done. They had rubber legs and didn’t want to walk into the back. Mom started with promises and resorted to threats to put boys in time out if they didn’t behave. They are normal kids and they were all over my office exploring everything. At one point they opened my desk drawer and started messing around with my stuff. Then they started fighting over a toy from the box in my office. Mom was really distracted trying to deal with the kids. She kept telling them to stop, and then she would just ignore them when they were being crazy. I could tell she was getting more and more frustrated. That was when TWIST crashed. I was so frustrated! I really just wanted to get the whole thing done and get them out of my office! I don’t know. I probably could have handled it better.”



## Activity 8: Your reflective practice

- How do you connect to your colleagues for reflective practice?
- What works well for you? How can you improve your reflective practice?
- Where do you want to go from here?

