Nutrition Counseling

Outline

Counseling

Goals

Theories

Active listening

A session

Goals of Counseling

Increase self-awareness & decrease denial that a nutrition problem exists

Become aware of inner strengths so the person can:

function independently

challenge old beliefs about how to eat or how much to weigh

Increase feeling responsible for his/her feelings, thoughts, behaviors and relationships instead of staying in the victim role.

Goals of Counseling, cont.

Learn to take risks like being more flexible and more tolerant of incongruities.

Trust more and give new behaviors and thoughts a chance before discounting them.

Become more conscious of alternative choices when responding to stress and other stimuli & choosing foods based on new criteria.

Have a lifestyle where one’s values and behaviors are consistent.

Having a healthy level of self-acceptance.

Do what one believes he/she should be doing and feeling good about it.

Treatment Philosophy & Approaches

Evidence-based treatment

Based on models and definitions

Medical monitoring and treatment

Psychodynamic Therapy

Cognitive Behavioral Therapy

Interpersonal Therapy

Dialectical Behavioral Therapy

Acceptance and Commitment Therapy

Transtheoretical Model

Behavior Modification

Psychodynamic Therapy

Goal: help client understand the connections between past, personality & personal relationships and how they relate to their ED.

Emphasis: Behavior caused by internal conflict and unconscious forces

Symptoms are seen as expressions of a struggling inner self that uses the ED behaviors as a way of expressing underlying issues.

If underlying causes of ED behaviors are not addressed & resolved, behaviors will always resurface

Full recovery involves understanding and treating the cause, adaptive function and purpose of the ED.

Cognitive Behavioral Therapy (CBT)

Most well-known and studied

Best approach for BN and BED. Research lacking for AN.

Originally designed to treat depression

Essence: behaviors are created by cognitions ->

Help clients learn to recognize cognitive distortions

Choose not to act

Or to replace thoughts and behaviors with more realistic and positive ways of thinking and behaving

Use journals, homework and monitoring.

Includes education about dieting, purging, medical complications

CBT - cognitive distortions

Common cognitive distortions:

disturbed body image

unrealistic concern about food being fattening

binges based on belief that one cookie has already destroyed a “perfect” day of dieting

They have replaced Reality with a system that supports their behaviors

Distortion helps provide an explanation or justification of behaviors to others

Cognitive Distortions Your job

Need to challenge their distortions w/ empathy and education

Need to know behaviors are their own choice but they are making choices based on false, incorrect and misleading info

Interpersonal Therapy

Focuses on the links between ED behaviors and underlying relationship issues

Although etiology is multifactorial in nature, most have many interpersonal problems that play a role in onset & continuation of disorder

 Target:

Role disputes

Role transition

Grief

Interpersonal deficits in intimate relationships

No discussion of food, wt or shape

Dialectical Behavioral Therapy

Combination of cognitive behavioral techniques and interpersonal therapy

Originally designed to treat those w/ poor interpersonal skills who also exhibit extreme mood fluctuations, poor impulse control & self-destructive behaviors

Address harmful & acting out behaviors through skill building and goal setting

Then focus on interpersonal skills

Mindfulness

Distress tolerance

Interpersonal effectiveness

Emotional regulation

Acceptance and Commitment Therapy (ACT)

Goal: “…to live a rich, full and meaningful life, while accepting the pain that life inevitably brings” (Harris, 2009)

Dif: experience thoughts and feelings rather than attempting to alter or stop them

Accept what is out of one’s personal control and commit to taking action that enriches one’s life

ACT

Accept what you cannot control

Thoughts, memories, bodily sensations

Control what you can control

Your behaviors

The focus of your attention

Learn to discriminate between the two

Not focused on symptom reduction

Quality of life is primarily dependent on mindful, values-guided action.

“Have a lifestyle where one’s values and behaviors are consistent.” (goal of counseling)

Stages of Behavior Change Prochaska's Transtheoretical Model of Change

A process w/ identifiable stages

Pre-contemplative

Contemplative

Preparation

Action

Maintenance

Relapse

Active Listening Skills

Attempt to see the world through their eyes, try to understand how the person must have felt under the circumstances:

Good eye contact

Sit one arm’s length away, slightly forward

Speech should include variations (fluctuations)

Open-ended questions

Use encouragers (“uh huh”, “so…”, “tell me more”)

Use restatements, paraphrasing, reflective statements

Active Listening: how to

Openers: brief comment/question to elicit further info. May appear very passive.

“Oh?”, “Wow!”, “Tell me what happened?” “What do you feel ready to work on?” “What would need to be different to make a change in your eating?”

Nonjudgmental questions:

“What do you think made you do that?”, “What was going through your mind at the time?”

Reflecting feelings

“I haven’t seen you this upset for a while.” “That must have been fun.” “You really sound sad about this.”

Perception checks: check to see that you are really getting an understanding of how s/he is feeling

“Sounds like you think it was the worst day of your life.” “So you thought it was very unfair that your boss spoke to you that way.”

Nonverbal Cues

**Tone of voice**

Soft, soothing, fluctuations vs. callous, reserved, abrupt

**Facial expressions**

Smiling, interested vs. poker-faced, frowning

**Posture**

Relaxed, leaning forward vs. tense, leaning away

**Eye contact**

Looking into other person’s eyes intermittently vs. avoiding eye contact

**Touching**

Touching the other softly or discreetly vs. avoiding all touching

**Gestures**

Open, welcoming vs. closed, guarded

**Physical proximity**

Arms length vs. distant

Be Active and Direct

Active versus passive

“How can I help you reach your goals?”

“What do you need help with?”

If asked a question, be honest and direct

Self-disclosure - it depends

If asked advice, try to keep them involved

“What do you think would help?”

“What have you tried in the past?”

Establish Rapport

Show genuine interest

Use the person’s syntax and language

Legitimize his/her feelings

Let him/her know his/her experiences are taken seriously and the viewpoints “make sense”

Session Structure - ideal

Greet & ask how s/he is doing

Take weight (?)

Review any homework

Written

Agreements to try a new behavior/monitor a behavior

Food planning & problem solving

ID behaviors which interfere w/ progress

Discuss any apprehension - Tx, body weight, food planning, physical complaints

End w/ articulation of Tx plan & homework assignment

Food or behavior agreement

Instructions for self-monitoring behaviors

Assigning Homework

Homework is typically needed for progress

Assures they are actively engaged in treatment

If not “90% sure” they can be successful, downgrade the change into smaller increments until “90% sure”

Specificity helps

“Can you add one slice bread to lunch on Tuesday?”

“Can you eliminate evening exercise on just Tues & Thurs?”

This is time to use food records, behavior records, and other self-monitoring records

Be sure to review homework at subsequent session

Topics that come up in a session

**Appropriate**

Issues of self-esteem

Lack of motivation

Pessimism

Body image

**Psychological Issues**

Relationships

Fantasies

Flashbacks of childhood physical or sexual abuse

Memories

Hearing dangerous voices

Suicidality

Self-disclosure

Any information shared about yourself

Brief disclosure may benefit the relationship

Reassure pts you understand

Easier to make their own disclosures

Helps by use of examples

Should always be for the pt’s benefit

Avoid too much disclosure

May appear as lack of discretion

“I used to eat whether I was hungry or not. Now I eat according to my appetite, and you can, too.”

Even hostile clients respond to warmth if you offer it first

Summary

Counseling takes practice & training

Listen, listen, listen

Help pt provide direction of care

Involve family/support network