

Counseling in Practice:  
Eating a Balanced Diet

Sandra D. Chavez  
DFM 655  
November 7, 2016

Peer Observer: Julie Shimko  
Session Date: October 26, 2016

### **Introduction & Literature Review**

The typical college years for a freshly-minted adult are usually wrought with growth and a fear of having to make important decisions for oneself. While living the typical college life, food choices can often be made with more focus on taste than overall nutrition and health. New relationships with friends and roommates can be either helpful or detrimental when a student is working on improving his or her overall health. At San Francisco State University, there is a light at the end of the tunnel, with a variety options and nutrition information available, students need only ask when searching for a healthy selection. During my session of the at the Student Health Center I was able to meet a student who was in search of information on making decisions to help her reach a more balanced diet. Through some conversation and the 24-hour recall, I was able to understand the concerns she was actively acknowledging and observe other barriers she of which may not otherwise have been aware. Her concern was a lack of fruits and vegetables in her diet, although she was well informed on the basics of fruits and vegetables she appeared to lack the tools on how to make the choices leading to a more balanced lifestyle. In addition to her desire to eat a more balanced diet, I noted a lack of social support which would foster a positive dietary change, and a high number of meals purchased on campus.

The student and I spoke about the issue of having someone who would support her at home and she mentioned roommates who encouraged poor nutrition choices. This is unfortunately not something which would be conducive to cooking at home in addition to a busy school schedule. Negativity from people who surround the daily lives of those attempting to follow a healthier path, can be discouraging. A study of the effects of other's behaviors on individual food and exercise decisions found 58.6% of the 1270 participants experienced some sort of undermining from their family, friends, significant others, or coworkers. (Mackert, Stanforth, & Garcia, 2011). Additionally, Mackert, Stanforth, and Garcia (2011) noted "while many undermining comments might have been perceived as routine or relatively innocent, there may be a cumulative effect from consistent undermining pressure that would make it challenging for people to maintain healthy eating or activity behaviors." Given the sensitive nature of discussing such interpersonal issues, I felt this could take us beyond the scope of the meeting so, I shifted the focus to providing her with some tools to make better choices with the foods available at school. By shifting into the handout and this issue we were also able to address her desire to consume more fruits and vegetables.

Education can sometimes not be enough when it comes to building and maintaining good habits. A pilot study of the use of text messaging reminders to encourage students to follow the principles of the USDA's MyPlate, was ultimately found to be an "effective way to increase nutrition knowledge and promote positive diet-related behaviors in college students." (Brown, O'Connor, & Savaiano, 2014). Having some form of communication encouraging oneself to continue on a healthy path was shown to have a positive effect on their lives. During my session I encouraged the student to follow up with the Lauren Muckley, RD to continue her planning for a healthy lifestyle. This communication with a trained dietitian, if continued, would likely result in positive decisions regarding her nutrition and health.

## **Case Report**

### **Involving Phase**

The purpose of the involving phase is not only to introduce the counselor to the client, but to make the client feel comfortable enough to share details with the counselor. Additionally, the involving phase gives the counselor an opportunity to understand the constructs making up the individual's concerns and understanding the barriers which might prevent a person from achieving their goals. In this particular session I made a concerted effort to set a warm and welcoming environment. I greeted her in the lobby of the Student Health Center and walked her into the office where our session would take place. She stated that she had been referred to the counseling session as a part of her DFM 253 course. This student had not been to see a counselor, but she was enthusiastic about receiving new information and learning how to make healthier decisions. I obtained verbal consent to continue through the counseling session and reassured her of the confidentiality pertaining to the session. I presented her with the three topics we had available to discuss and I asked her about what she hoped to achieve in the session. She was pleased to realize that she would be selecting the topic we would discuss. The student enthusiastically selected the topic of eating a balanced diet. I talked her through the agenda for the session and explained the reasons for collecting the information. Later, while debriefing with my partner, it was noted that I should have clarified better the reasons for collecting the 24-hour recall since the true intent is to collect information about eating habits and not specifically calories.

### **Education-Exploration Phase**

I began with the questionnaires concerning beverages and meal purchasing habits. Overall this student did well with avoiding sugar sweetened beverages and alcohol. When we reached the survey regarding food purchasing, I noticed but did not express, the high frequency of buying meals and snacks. Without prompting she noted that with an unstructured school schedule, it was difficult for her to plan on bringing items from home. I told her I understood the difficulties in planning with a busy school schedule and let her know that we could work together to help her towards her goal of achieving a more balanced diet. With the surveys complete, I moved on to the 24-hour recall. I explained the 3-pass method and checked in to make sure she was ready to move into this phase. We began the 24-hour recall; it was at this point I noticed she didn't consume many fruits or vegetables but, refrained from commenting so as not to influence her answers in the second or third passes. Again, after the debrief with my partner it was noted that I should have been more concerned with the details in the second and third passes. While I had been prepared for this prior to the session, once I got into the situation it did get a little tangled. This did not appear to detract from the student sharing all of the information with me. Her meals seemed spaced out and with few vegetables and she shared with me her personal normative belief that she should be eating more vegetables and fruits throughout the day. Within the Theory of Planned Behavior, this would make my objective to move her thought from "I should" to "I

will.” The student noted that this was a fairly typical day since her schedule was so varied throughout the week. Using LMF form 4.1 (Likert scale), I checked to see how ready she was to make a positive change; she stated that she was at a 10, and I followed up with asking about her self-efficacy. She stated her confidence level was at a 9 so, I followed up by asking “why a 9 and not a 10?” She said she felt the desire to make a positive change, but she wasn’t sure of how to actually do it. Using this degree of confidence, and desire to change I moved into the resolving phase at Level 3.

### **Resolving Phase**

Since she had a high level of confidence and felt exceedingly ready to make a change, we started talking about her selected topic. I asked before going through the handout if she was interested in learning more and if I could talk more about her topic of choice; she agreed and we proceeded through more education on eating a balanced diet. I guided her through each section stopping to check if she had any questions about the section when we finished them. The student brought up a question about protein requirements, since this was beyond what we were able to do I suggested she make an appointment with the dietitian and they could talk more in detail about this question. This was a helpful moment for her since she was completely unaware of the service offered by SFSU and that it was covered by tuition. I feel this only added to her enthusiasm. As we went through the list I encouraged choosing more items with vegetables, fruits, and some lean proteins to keep her satiated throughout the day. At this point, I asked if she would be interested in setting a goal to help her achieve a more balanced diet. She agreed and we proceeded to work on finding a small goal she felt would be achievable. I asked about having anyone around her who might be supportive and she noted her living situation as not ideal for eating healthy; living with roommates, she didn’t feel supported by them. Additionally, she mentioned her family was far away from her so it was difficult to find a specific person to support her. At this point, I should have continued talking about support and perhaps redirected her back to meeting with the dietitian, but in the moment it did not come to me. Prior to moving on to goal setting, I asked her to think of a time she had felt successful or achieved a goal. This student told me about a time her swim team had worked hard to qualify for a state championship and how ecstatic she felt when they made it. I said this is the way I hoped she could feel by setting and achieving a goal focused on eating better. Although she was excited about making a positive change, she seemed as if she was having trouble coming up with something specific, I suggested taking a piece of fruit with her to school for a snack instead of buying one out; she agreed to this. When I asked about how long she felt she wanted to try this, she said it was a long-term goal. I suggested a shorter period of time and we came together on a one-month trial. She decided to start in November which would enable her to have a solid month from start to finish. She had noted earlier her school schedule was unstructured therefore, she decided to keep this goal to 3 days per week and one whole fruit for the day. I reminded her that there were a few holidays in November and if she found herself not meeting her goal on a few days, to not get discouraged or stuck on the days she may not have stuck to the plan. I

encouraged her to try to keep up with the goal on the other days even if they weren't all perfect. Additionally, we decided at the end of November she would check in with herself to see how many days she followed her plan.

### **Closing Phase**

By the end of the session, the student appeared to be more prepared to make a small change in her diet. I praised her enthusiasm for making a positive and healthful decision to add more fruits to her diet. I thanked her for coming in and sent her on her way with both a handout and a referral card to return and speak to Lauren.

### **Discussion of Counseling Theory Application and Experience**

The theories we have learned throughout our course have been helpful to making the experience work for both myself and the student. In this particular session, the Social Cognitive Theory played out for this student with some overlap into Motivational Interviewing. Her outcome expectations included the feeling of better overall health-wise if she made a positive change, as well as feeling accomplished by achieving her goal. One major perceived barrier was the lack of social support; in fact, this may have been what kept her from taking action in the first place. Her living situation with roommates who had little to no interest in eating a healthier diet was not always conducive to her bringing home bags full of healthy food or even being able to cook them without some criticism. In regards to the construct of behavioral capabilities, this student showed good knowledge of generally healthy fruits and vegetables, but needed additional help with taking action to make a change. In addition to this, she needed some counseling through MyPlate and the individual handout from the Student Health Center. While working to construct a goal in our counseling session, she showed a great deal of self-efficacy in taking action – although the goal-setting was driven more by myself as the counselor, she believed in herself and felt that she could self-monitor. Although, her social environment was not ideal, it was something beyond her control; the focus of the goals and self-monitoring was really more of how she would feel by making a change both physically and emotionally.

Through some self-reflection and with the help of my peer observer, I was able to review my experience and note the constructs of Motivational Interviewing as they pertained to my experience. Although, I practiced beforehand, the reflection enabled me to see that I did follow the principles of MI, with a small exception during the goal setting phase. However, I suggested the goal and continued with the education after asking if she wanted to learn more. Again, looking back on my experience and with the help of my peer's feedback there are some items I believe could use some work. While providing education on the handout, I checked in after each section to not only ensure understanding but to make sure she was still interested in continuing with the rest of the handout. She did show some cognitive dissonance by sharing a fair knowledge of nutrition practices, but her 24-hour recall showed a diet lacking in fresh fruits and vegetables and higher in carbohydrates. I believe this counseling session made her more aware of this and helped move her into a state where she was ready to take action. The progression is

evidenced by her setting a manageable goal and committing to checking in with herself at the end of the time period she set. A particular challenge for me was how to approach social support systems in a positive manner – in this case I was not confident enough to offer any constructive thoughts on improving this outcome. With some reflection, this particular instance may not have been appropriate for suggestions rather the referral to Lauren was more likely to yield a positive result. In order to improve my counseling skills, I believe more practice is needed; showing more confidence and being able to thoroughly explore the barriers my client is facing may help the client open up more and make a positive change.

### **Conclusion**

Working with students in the health center was both intimidating and a fantastic experience which only further excites me to continue my path into nutrition counseling and education. Counseling college students shows unique challenges and promise. Many students are away from home for the very first time and they are feeling the excitement and intimidation of making adult decisions on a daily basis. Eating a balanced diet is a particularly challenging aspect of these decisions. There are barriers everywhere with new friends and social influences to worry about health another time. In addition to these barriers marketing from companies selling less than optimally healthy items can be overwhelming and lead a young adult onto a path of poor choices. Having a balanced discussion with a client in a counseling setting, such as the one we have experienced, is imperative to increase self-efficacy and truly facilitate a positive change.

**References**

- Mackert, M., Stanforth, D., Garcia, A. 2011. Undermining of nutrition and exercise decisions: Experiencing negative social influence. *Public Health Nursing*, 28(5), pp 402-410.  
doi:10.1111/j.1525-1446.2011.00940.x
- Brown, O., O'Connor, L., Savaiano, D. 2014. Mobile MyPlate: A pilot study using text messaging to provide nutrition education and promote better dietary choices in college students. *Journal of American College Health*, 62(5), pp 320-327.  
doi:10.1080/07448481.2014.899233