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**Introduction and Literature Review**

The client I counseled was a student around her early-twenties attending San Francisco State University. As an East Bay resident, she commutes every-day of the school week from El Sobrante, California which takes over an hour by public transport contributing to a main concern of hers, eating a balanced diet while traveling. In terms of nutrition counseling history, she had some experience with a counselor at Kaiser, yet she remembered little other than the brevity of the conversation.

Although her concern was focused on her commute, while looking through the 24-hour recall with her, I noticed a reoccurring theme of processed meat consumption. Although she did not point out this concern, I found it important as increased consumption of processed meats, as a main source of protein, has been associated with cardiovascular disease, cancer, and other causes of death (Rohrmann, Overvad, Bueno-de-Mesquita, Jakobsen, Egeberg, Tjonneland...University of Groningen, 2013). Additional research has found processed meats, which contain nitrosamine, have been associated with gastric and oesophageal cancer (Jakszyn, Gonzalez, 2006). In order to decrease the chances of cancer in her future, exploring other sources of protein would be helpful.

Although many of the foods she ate were home-cooked, her fruit and vegetable intake within her 24-hour recall was low. Increasing her intake of fruits and vegetables should be encouraged as evidence has found, higher consumption of fruits and vegetables is linked with lower risks of mortality (Wang, Ouyang, Liu, Zhu, Zhao, Bao, and Hu,2014). The increased consumption of certain whole fruits, such as blueberries, grapes, and apples, have been significantly associated with lower risks of type 2 diabetes, whereas greater fruit juice consumption has ben associated with a higher risk of type 2 diabetes (Muraki, Imamura, Manson, Hu, Willett, Van Dam, Sun, 2013). Type 2 Diabetes, prominent within the United States, could be further prevented through the increased consumption of whole fruits and vegetables. For these reasons, helping the client know realize consuming plant foods in their whole form will benefit her health in the long term is important. The final concern is whether she might be able to increase her intake of these foods even with her busy lifestyle.

**Case Report**

Before the consultation began, I set-up the seating and laid out the required materials. Shortly after, the involving phase began when the client arrived. I greeted her verbally addressing her in the way she preferred. We proceeded to sit in an arrangement she was comfortable with, and I briefly discussed what I hoped to do for the next 45 minutes. Learning of her previous history with nutrition counseling, I explained to her that as a student I would only be qualified to go over three different nutrition topics, of which she chose “eating a balanced diet.” After explaining the presence of my observer, that we could stop at any moment, and the confidentiality of the meeting, she signed the Student Nutrition Interview Agreement (See Appendix C).

After her verbal consent, we moved to the exploration-education phase in which I asked her questions regarding her routine and eating habits (See PNAC packet). These questions helped me to assess some of her unique determinants. Secondly, after briefly explaining the 24-hour recall and its’ three phases, we began her first pass, in which she identified the time, ingredients, and proportions of her various meals and beverages. On the second pass, I reviewed with her and we closed the third pass when she said it was more or less a typical weekend day yet not a typical week-day. Having gathered this information, I reconfirmed her chosen topic. Before we began discussing “eating a balanced diet”, I proposed working together to set a SMART goal explaining its’ meaning: “s” for specific, “m” for measurable, “a” for achievable, “r” for realistic, and “t” for timely. To make sure she understood the specificity of a SMART goal I gave her an example: A SMART goal is not saying “I would like to eat more whole-grains”, but more specific such as, “I would like to eat oatmeal for breakfast 3 times this week”. Using the assessment scale, she expressed she was feeling confident for a change. Finding her level of readiness was important to analyzing which stage of change she was and knowing what kind of questions to ask.

We moved to the resolving phase on “Level 3 – *Ready”*. Before going over her selected topic, I used open-ended questions starting with “Why” or “How” to learn more about what she already knew regarding eating a balanced diet. This allowed me to see not only what she knew about the topic but also any perceived barriers or obstacles she had. Using what she knew, we reviewed the “eating a balanced diet” worksheet and compared some of her food choices from her 24-hr recall to what was recommended on the sheet. Through this client-centered practice, she discovered the concern of decreasing her intake of processed meats and increasing her intake of fruits and vegetables. Working together we settled on a SMART goal (See PNAC) and discussed how she might self-monitor or get social support to prevent relapse. The client seemed to have self-efficacy when it came to her smart goal not only verbally but also non-verbally. Having no further questions, we entered the closing phase after reviewing her SMART goal. After thanking the client, she left and I cleaned up the area.

**Counseling Theory Application and Experience**

Hoping to implement more fruits, vegetables, and lean proteins, into my client’s diet while keeping in mind the Health Belief Model, it was important I found any perceived barriers and/or perceived benefits of how she felt about her eating routine. Having researched about her concerns, it would have been helpful to show her the personal risk of continuing her low consumption of fruits and vegetables and high consumption of processed meats. Without using OARS (open-ended questions, affirmation, reflections, and summaries), I would not have found out that part of her issue was commuting and the difficulty that came with packing non-perishable foods. I recognized and affirmed through non-verbal and verbal agreement. Besides providing affirmation, I thought it important to empathize with her struggle of finding healthy food alternatives that would last the school day by saying phrases such as, “I totally understand” or “I relate” especially when it came to how easily healthy pre-made foods smashed while commuting. Being a fellow commuter, I was able to self-disclose some of my own experience. Reflection, affirmation, and empathy helped me to enhance open communication and build trust with the client.

Being in Level 3 of the motivational interviewing phase, the client was in the stage of action (if using the transtheoretical model). To increase the likelihood that the client would feel able to fulfil her SMART goal, I wanted to contribute enhance her self-efficacy. This occurred through the praising of her positive behaviors, such as choosing whole grains over white breads, giving verbal feedback, using questions to see whether she felt the SMART goal we created was achievable, and by discussing any concerns she had. Her self-efficacy gave her the confidence to work with me to finalize her SMART goal: “I will bring one serving of fruit salad in a mason jar to school every day.” Both happy with the goal, I wanted to make sure she had some support or self-monitoring in place so she would continue with this goal. The client expressed she would use her boyfriend (not necessarily measurable but nonetheless at least an attempt). This process gave her the confidence to complete her SMART goal on her own.

When discussing ways to improve with my peer observer, it came up to allow for more silence to give the client time to think and fully answer the posed questions. Although allowing silence can be uncomfortable sometimes, trying not to jump in when the client is trying to answer is important as she was most likely trying to form a well thought out answer. Secondly, I forgot to recommend all the additional resources. Although I gave her one, even more would be helpful if she needed to follow-up or was merely looking for additional counseling.

The final issue I noticed, when watching my video, was the amount of times I said “um” or “uh”. This appears as lacking in confidence which is not beneficial to the client. A client is looking for reliable information in which he/she could change her lifestyle. Therefore, it is important to not only express confidence non-verbally but also verbally.

**Conclusion**

Throughout the Bay Area, a large percentage of those in San Francisco during the average work day are actually commuters from the suburbs. Many either bring their own pre-packed food or choose to buy on-the-go. My client, not only a commuter, but also a student, is similar to those mentioned. Her concern was continuing to eat a variety of fruits, vegetables, and lean proteins even though many can be susceptible to being spoiled or smashed throughout the day’s activities. These concerns were discovered through listening to my client. Listening but also to empathizing helped me to better understand and gain insight into her routine, daily habits, and personal struggles. Although it was a weekend day she provided, through open-ended questions I was able to reveal what her more prominent issues were with eating balanced: not enough fruits and vegetables. Through listening, showing, positive non-verbal behavior, affirming, providing empathy, and more, I found it is possible to go from meeting someone for the first time to building an open relationship where beneficial lifestyle changes can happen.

References

Bauer, K. D., & Liou, D. (2016). *Nutrition counseling and education skill development*. United

States: Cengage Learning.

Jakszyn, P., & Gonzalez, C. (2006). Nitrosamine and related food intake and gastric and

oesophageal cancer risk: A systematic review of the epidemiological evidence. *World*

*Journal Of Gastroenterology,* *12*(27), 4296-4303.

Muraki, I., Imamura, F., Manson, J., Hu, F., Willett, W., Van Dam, R., & Sun, Q. (2013). Fruit

consumption and risk of type 2 diabetes: Results from three prospective longitudinal cohort

studies. *British Medical Journal,347*(7923), 12.

Rohrmann, Sabine, Overvad, Kim, Bueno-de-Mesquita, H. Bas, Jakobsen, Marianne U., Egeberg,

Rikke, Tjonneland, Anne, . . . University of Groningen. (2013). Meat consumption and

mortality - results from the European Prospective Investigation into Cancer and Nutrition. *BMC*

*Medicine,* *11*, Urn:issn:1741-7015.

Wang, X., Ouyang, Y., Liu, J., Zhu, M., Zhao, G., Bao, W., & Hu, F. (2014). Fruit and vegetable

consumption and mortality from all causes, cardiovascular disease, and cancer: Systematic

review and dose-response meta-analysis of prospective cohort studies. *British Medical*

*Journal,* *349*(7969), 9.

Sample Peer Nutrition Assessment Clinic

**Peer Observer: \_\_\_**Ian Frazier**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Peer Educator \_\_**Natalie Brandenburg**\_\_\_\_\_ will complete the following:**

**Involving phase**

**1. What are you most interested in learning about today?**

Eating a balanced diet Reading a nutrition label Eating on a budget

**2. Verbal consent** Yes NO

**Exploration-Education phase**

**3. Grade/Year at SFSU:** \_\_ Freshman \_\_ Sophomore \_\_ Junior \_\_ Senior \_\_ Super Senior \_\_ Grad Student

**4. Housing:** \_\_ ON campus \_\_ OFF campus

**5. Commute:** \_\_ NO \_\_\_ Yes, 30 minutes or less by car \_\_\_ Yes, more then 30 minutes by car

\_\_\_ Yes, 30 minutes or less- public transport \_\_\_ Yes, more then 30 minutes - public transport

**6. How often do you buy meals and snacks out? (campus, restaurant, fast food etc.)**

1. How often do you buy meals out on a typical weekday (M-F)? For example, on campus, at restaurants, fast food?

Never Rarely Sometimes Often Always

1. How often do you buy meals out on a typical weekend (S-Su)? For example, on campus, at restaurants, fast food?

Never Rarely Sometimes Often Always

1. How often do you buy snacks out? For example, on campus, fast food, etc.

Never Rarely Sometimes Often Always

**TOTALS**

Never \_\_\_\_ Rarely\_2\_\_ Sometimes\_1\_\_ Often\_\_\_\_ Always\_\_\_\_

Sample Peer Nutrition Assessment Clinic

**8. 24-Hour Recall**

|  |  |  |  |
| --- | --- | --- | --- |
| **Time** | **Location** | **Food and Beverages Consumed, method of preparation,** | **Amount** |
| **9:30 am** | Home | Orange juice, storebought | 1 cup |
|  |  | breakfast sausage, Jimmy Deans | 2 cubes lengthwise |
|  |  | Pancake, homemade | 1 CD case |
|  |  |  |  |
|  |  |  |  |
| **12:00 pm** | Home | Water | 1 cup |
|  |  | Hummus, storebought | 2 golf balls |
|  |  | Chicken nuggets, organic bite-sized, storebought | 6-7 nuggets |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **4:00-5:00 pm** | Home | Milk, 2% cow’s | 1 cup |
|  |  | Small Chocolate chip cookies, homemade | ½ cup |
|  |  |  |  |
|  |  |  |  |
| **7:00 pm** | Home | Homemade Cheeseburger: |  |
|  |  | * organic ground beef patty, Costco | 1 hockey puck |
|  |  | * pretzel bun, storebought | 2 small CD cases |
|  |  | * cheddar cheese, pre-cut | 1 slice |
|  |  | * fresh cut tomato | 2 slices |
|  |  | * lettuce | 1 leaf |
|  |  | * guacamole, homemade | 1 golf ball |
|  |  | Condiments: |  |
|  |  | * ketchup | 1 gold ball |
|  |  | Side: |  |
|  |  | * French Fries, straight cut, frozen | ¼ cup |
|  |  | * Sweet potato fries, pre-cut frozen | ¼ cup |
|  |  | Water | 1 cup |

9. Usual day \_\_ yes \_\_\_no

Yes/No because it was a usual weekend day but not what she would typically have on a weekday.

Sample Peer Nutrition Assessment Clinic

**10. Scale number**

*How do you feel right now about how important this change is for you?*

Based on her non-verbal and verbal behavior she felt it was important.

*How confident are you that you can make this change? \_\_\_\_*9\_\_\_\_\_\_

*Level followed \_\_\_\_\_*Level 3*\_\_\_\_\_*

**11. Student SMART Goals based on Nutrition Assessment:**

I will bring 1 serving of fruit salad with me to school everyday.

**12. Information Reviewed:**

\_\_\_\_Eating a balanced diet \_\_\_\_Reading a nutrition label \_\_\_\_Eating on a budget

**Recommended Referrals (For RD to complete)**

I recommended eatright.org but accidentally forgot some of these referrals.

|  |  |
| --- | --- |
|  | Cholesterol testing: Go to SHS Lab in Area B for instructions. |
|  | Nutritionist: Go to health.sfsu.edu, login at “MyHealth”, then make an Initial Nutrition Appointment. Complete the Nutrition Questionnaire/ Food Diary. |
|  | SHS Provider: Go to health.sfsu.edu, login at “MyHealth”, then make an appointment with a provider. |
|  | CalFresh: Contact [lmuckley@sfsu.edu](mailto:lmuckley@sfsu.edu) for CalFresh assistance. |
|  | Body Positive: Join the Body Positive discussion group in Spring 2017. Contact (415) 338-2208. |