# **Guided Counseling Experience Final Project**

My client Linda is a 53 year old female former coworker of mine. She is a single mom, working two fairly sedentary jobs, and is approximately 40-50lbs overweight. Linda is a breast cancer survivor, cancer free for 13 years, and has trouble with weight-related osteoarthritis of the knees. Otherwise, she is in good health.

Her reasons for volunteering for the counseling sessions are that she was tired of being tired, that she felt “old”, and at 53, she didn’t want to feel that way. She also wants to reduce the recurrence of breast cancer, and begin exercising. Linda’s youngest daughter just graduated high school and she feels it’s now time to start focusing on herself.

**Part I: Anthropometric Assessments**

BMI:

Weight: 180lbs (81.648 kg)

Height: 63” (1.6 m)

Linda’s BMI is 31.9. This puts her in the obese range. A healthy BMI should be between 19 and 25. At the very highest, Linda should be at 141 lbs to meet the upper end of the target BMI.

Waist Circumference:

Linda’s waist circumference is 38 inches. This puts her in the high risk category since her waist is larger than 35 inches for women. She has an increased risk for cardiovascular and heart disease, diabetes, cancer and obesity.

Waist-to-hip ratio:

Linda’s waist is 38 inches, and her hip circumference is 46.5. This puts her waist-to-hip ratio at .81. This is better than I thought. If she can reduce just her waist size to the acceptable waist circumference measure at 35 inches, it would lower her waist to hip ratio to .75.

Hamwi method:

According to the Hamwi method, Linda should be between 103.5 lbs and 126.5 lbs, with a midpoint of 115. While it does take into account bone structure, I am not very fond of this method because it seems like the numbers are too low. It leaves no room for weight fluctuation. My client is post-menopausal, which lends to muscle changing to fat.

**Part II: Energy Determination**

I determined Linda’s REE using the Harris-Benedict formula for basal metabolic rate. Below are my calculations:

REE = 655 + [9.56 x (180/2.2)] + [1.85 x (2.54 x 63)] – (4.68 x 53)

REE = 655 + (9.56 x 81.8) + (1.85 x 160) – (4.68 x 53)

REE = 655 + 782 + 296 – 248

REE = 1485 kcal per day

I determined Linda’s TEE by multiplying her REE by her physical activity level (PAL). Linda has two fairly sedentary jobs, but she does walk quite a bit for both of them. I used both 1.6 and 1.7 to give her a range of acceptable calorie levels. Below are my calculations:

TEE = REE x PAL

TEE = 1485 x 1.6 = 2376 kcal/day

Or

TEE = 1485 x 1.7 = 2525 kcal/day

Because Linda wants to lose weight, I subtracted 500 calories per day from both the high and low numbers in her range. My calculations are below:

2376 – 500 = 1876 kcal/day

2525 – 500 = 2025 kcal/day

Linda should be eating between 1876-2025 kcal per day to lose weight at her current weight and activity level.

**Part III: Dietary Assessment**

Step 1: Food intake data collection

Linda has been filling out a food record (Lifestyle Management Form 4.2) regularly and her days have been very similar across the board.

Step 2: Data Analysis

For the data analysis, I chose to take a typical day for Linda and translate it to the Food Frequency Questionnaire (Lifestyle Management Form 4.4). I used the servings per day column. I reviewed this with Linda and she agreed that the amounts seemed normal to her.

Step 3: Interpretation of Analysis

Since Linda and I have been working with the MyPyramid, I chose to continue measuring Linda’s food intake against it. According to MyPyramid, Linda should be eating 1600 calories, which is a little less than what her calculated REE is. This is how she measures up:

|  |  |  |
| --- | --- | --- |
| **Food Type** | **MyPyramid Food Guide** | **Linda** |
| Grains | 5 ounces | 5 ounces (1 oz whole) |
| Vegetables | 2 cups | 3 cups |
| Fruits | 1.5 cups | 0 cups |
| Milk | 3 cups | 2 cups |
| Meat & Beans | 5 ounces | 6 ounces |
| Oils & Discretionary Calories | 5 tsp oils130 calories | 8 tsp oils300 calories |

Linda does well with vegetables as she enjoys them, but seems to have a hard time incorporating fruits into her diet. This is why one of her goals was to add one piece of fruit to her breakfast every morning. She does eat cheese, and uses skim milk on her breakfast cereal. The meat and beans category is all meats, mostly lean. Linda eats exactly the right amount of grains, but needs to incorporate more whole grains since most of what she eats is refined. Linda’s oils and discretionary calories are well above where she needs to be. She does eat mainly healthy fats like olive oil, but she eats sweets. Reducing the intake of unhealthy fats should be a long-term goal.

**Part IV: Assessment Ruler**

Using the Assessment Ruler, I asked Linda a series of questions about the importance of certain issues and her confidence in her ability to make changes. Linda’s responses were mainly in the range of 8-12, but then I threw in the wrinkle of her 70-hour work schedule and asked her again. Some of the confidence answers dropped to 6-7’s.

Some of the questions I asked and her scores were the importance of losing weight (12), physical activity (9), freedom to choose foods (12), and cancer prevention (12). Her confidence numbers weren’t as high, but she was still in the 8-10 range. I also asked her about a 10,000 steps a day program, which she felt was “doable” (confidence of 10) since her day job has a walking team 4 days a week, and her night job offers a free gym membership.

Because Linda mentioned that she does well with a program until she meets her goal and then seems to fall off the wagon, we also discussed her ability to stick to a diet and exercise program once she meets her goals if she considered it a diet and if she considered it a lifestyle change. Confidence in both until the goal was met was a 10, and after the goal was met was an 8. This clued me in to helping Linda make slow progression to change habits versus giving her a program.

Based on my conversation with Linda, I believe she falls mainly in the “ready” or “preparation” stage. She is enthusiastic about making small changes and understands the importance of changing habits. I check in with Linda every 2-3 days, and she is working on her diet/activity logs, and called me excitedly when she hit 11,000 steps one day. In our next session, we will be discussing portion size, and Linda has expressed interest in a supermarket tour and learning how to read labels.

# **Part V: Counseling Agreement**

Linda filled out a Counseling Agreement before we had our first session. As stated by Linda, her plan is to improve her overall appearance and health by losing between 20-40 lbs by 12/31/2010. She will accomplish this by developing better eating habits via healthy meals, exercise and one-on-one meetings with her counselor. Her reward will be a week’s vacation in the early part of 2011 (preferably a cruise) where she will “enjoy the new me”.

During our third session, we discussed the Counseling Agreement and how the plan has evolved. Linda’s plan now is to eat more healthfully, exercise more and lose between 20-40 lbs by 12/31/10. She will accomplish this by eating more fruit, eating less sweets and fats, walking between 6,000-10,000 steps per day and meeting and corresponding with me for guidance and support. Her reward remains the same.

# **Part VI: Interview Checklist**

Interviewer: \_Jennifer Lorenzo\_\_\_\_\_\_\_\_ Observer: \_\_\_Jennifer Lorenzo\_\_\_ Date: 8/3/10

Goal of the interview: To help client learn healthy eating habits while losing weight

I. FLOW OF THE INITIAL INTERVIEW:

####  A. Involving Phase

1. Greeting Yes \_x\_ No \_\_\_

a. Verbal greeting Yes \_x\_ No \_\_\_

b. Shakes hands Yes \_x\_ No \_\_\_

2. Introduction of self Yes \_\_ No \_x\_\_

3. Attention to self-comfort—other obligations finished or planned

 for a later time, attention focused (self-evaluation only) Yes \_x\_ No \_\_\_

4. Attention to client’s comfort—physical comfort, noise and

 visual distractions minimized Yes \_x\_ No \_\_\_

5. Small talk, if appropriate Yes \_x\_ No \_\_\_

6. Establishes counseling objectives Yes \_x\_ No \_\_\_

a. Opening question—*What brings you here today?* Yes \_x\_ No \_\_\_

b. Establishes client’s long-term objectives Yes \_x\_ No \_\_\_

c. Explains counseling process Yes \_x\_ No \_\_\_

d. Discusses weight monitoring, if appropriate Yes \_x\_ No \_\_\_

7. Establishes agenda Yes \_x\_ No \_\_\_

8. Transition statement—*Now that we have gone over the basics*

 *of the program, we can explore your needs in greater detail.* Yes \_x\_ No \_\_\_

##### B. Exploration-Education Phase

1. Reviews completed assessment forms Yes \_x\_ No \_\_\_

2. Compares assessment to a standard, point by point,

 nonjudgmental Yes \_x\_ No \_\_\_

3. Asks client thoughts about comparison Yes \_x\_ No \_\_\_

4. Segment summary—identifies problems, reiterates

 self-motivational statement, checks accuracy Yes \_x\_ No \_\_\_

5. Asks client whether he or she would like to make changes Yes \_x\_ No \_\_\_

6. Assesses motivation—use a ruler to determine readiness

 to change Yes \_x\_ No \_\_\_

7. Tailors educational experiences to client needs Yes \_x\_ No \_\_\_

##### C. Resolving Phase

Level 1 (0-4 on ruler)

1. Raises awareness—discusses benefits of change Yes \_x\_ No \_\_\_

2. Raises awareness—personalizes benefits Yes \_x\_ No \_\_\_

3. Asks key open-ended questions regarding importance

 of change Yes \_x\_ No \_\_\_

4. Segment summary Yes \_\_ No \_x\_\_

5. Offers advice, if appropriate Yes \_\_ No \_x\_\_

6. Expresses support Yes \_\_ No \_x\_\_

Level 2 (4–8 on ruler)

1. Raises awareness—discusses benefits of change

 and diet options Yes \_x\_ No \_\_\_

2. Asks key open-ended questions regarding confidence in

 ability to change Yes \_x\_ No \_\_\_

3. Asks key open-ended questions to identify barriers Yes \_x\_ No \_\_\_

4. Examines pros and cons Yes \_x\_ No \_\_\_

5. Imagines the future Yes \_x\_ No \_\_\_

6. Explores past successes Yes \_x\_ No \_\_\_

7. Explores support networks Yes \_x\_ No \_\_\_

8. Summarizes ambivalence Yes \_x\_ No \_\_\_

Level 3 (8–12 on ruler)

1. Praises positive behaviors Yes \_x\_ No \_\_\_

2. Explores change options Yes \_x\_ No \_\_\_

a. Asks client’s ideas for change Yes \_x\_ No \_\_\_

b. Uses an options tool, if appropriate Yes \_x\_ No \_\_\_

c. Explores concerns regarding selected option Yes \_x\_ No \_\_\_

3. Explains goal setting process Yes \_x\_ No \_\_\_

4. Identifies a specific goal from a broad goal—

 uses small talk, explores past experiences, builds on past Yes \_x\_ No \_\_\_

5. Goal is achievable, measurable, under client control,

 stated positively Yes \_x\_ No \_\_\_

6. Designs a plan of action Yes \_x\_ No \_\_\_

a. Investigates physical environment Yes \_x\_ No \_\_\_

b. Examines social support Yes \_x\_ No \_\_\_

c. Examines cognitive environment; explains coping

 talk, if needed Yes \_x\_ No \_\_\_

d. Defines a tracking technique Yes \_x\_ No \_\_\_

e. Client verbalizes goal Yes \_x\_ No \_\_\_

7. Writes down goal Yes \_x\_ No \_\_\_

##### D. Closing Phase

1. Supports self-efficacy Yes \_x\_ No \_\_\_

2. Reviews issues and strengths Yes \_x\_ No \_\_\_

3. Uses relationship-building response—respect Yes \_x\_ No \_\_\_

4. Restates food goal Yes \_x\_ No \_\_\_

5. Reviews next meeting time Yes \_x\_ No \_\_\_

6. Shakes hands Yes \_x\_ No \_\_\_

7. Expresses appreciation for participation Yes \_x\_ No \_\_\_

8. Uses relationship-building responses—support and partnership Yes \_x\_ No \_\_\_

II. INTERPERSONAL SKILLS

##### A. Facilitation (Attending) Skills

1. Eye contact—appropriate length to enhance client comfort Yes \_x\_ No \_\_\_

2. Uses silences to facilitate client’s expression of thoughts

 and feelings Yes \_x\_ No \_\_\_

3. Open posture—arms uncrossed, facing client F \_x\_ P \_\_\_ No \_\_\_

4. Head nod, “Mm-hm,” repeats client’s last statement F \_x\_ P \_\_\_ No \_\_\_

F = Frequently; P = Partially

**B. Relationship Skills (Conveying Empathy)**

1. Reflection—restates the client’s expressed emotion or inquires

 about emotions F \_\_\_ P \_x\_ No \_\_\_

2. Legitimation—expresses understandability of client’s emotions Yes \_x\_ No \_\_\_

3. Respect—expresses respect for the client’s coping efforts or

 makes a statement of praise Yes \_x\_ No \_\_\_

4. Support—expresses willingness to be helpful to client

 addressing his or her concerns Yes \_x\_ No \_\_\_

5. Partnership—expresses willingness to work together with client Yes \_x\_ No \_\_\_

F = Frequently; P = Partially

III. PATIENT RESPONSES **OFTEN SOMETIMES SELDOM**

A. Client freely discusses his or her concerns. ❘\_\_\_x\_\_\_\_\_\_\_\_\_❘\_\_\_\_\_\_\_\_\_\_\_❘

B. Client appears comfortable and relaxed. ❘\_x\_\_\_\_\_\_\_\_\_\_\_❘\_\_\_\_\_\_\_\_\_\_\_❘

C. Client appears engaged in the counseling session. ❘\_\_\_\_\_\_x\_\_\_\_\_\_❘\_\_\_\_\_\_\_\_\_\_\_❘

D. Client freely offers information about his or her ❘\_x\_\_\_\_\_\_\_\_\_\_\_❘\_\_\_\_\_\_\_\_\_\_\_❘

 condition and life context.

IV.GENERAL COMMENTS

1. I checked “No” under “introduction of self” because I had already known Linda.

2. In the Resolving Phase, I used all three levels because Linda was unsure about benefits of some changes, ambivalent about her ability to make some changes, and was already making other changes.

3. Under Reflection, I checked “partially” because I only restated Linda emotions or inquiries about emotions once or twice when I needed clarification. Linda was pretty open about her feelings.

4. Under Patient Responses, initially, Linda was a little tepid about asking and answering emotion-based questions. However, she was very honest in the following sessions. Also, Linda occasionally seemed to “zone out” when I was talking to her. It’s possible I was giving too much information for her to handle.

**Part VII: Written Report**

Session One:

Prior to my first session with Linda, she filled out a food log for a week. During our first session, we talked mainly about what she wanted to accomplish with the sessions and what her goals were. Linda wanted to revamp everything – diet, exercise, lifestyle – all in one fell swoop. I explained that while that is something that we would be definitely working towards, we needed to break it into “bite-sized” chunks to tackle.

We also discussed her food logs. I gave her copies of two personalized MyPyramid Plans that I had printed from the USDA site. One showed her the plan for staying at her current weight and one moving to a healthier weight. I gave her some printouts from the CDC’s Fruits and Veggies More Matters Campaign that gave examples of what a typical one cup serving of different fruits and vegetables look like. Lastly, I gave her a list of typical objects with which she could compare serving sizes.

Before leaving, I took her anthropometric measurements. We left the table with a goal of Linda eating one piece of fruit every day with breakfast and continuing her food logs. I assured her I would have her energy requirements for our next session.

Session Two:

During our first session, Linda expressed interest in a walking program. So, for our second session, I put together a basic walking program that took advantage of the new pedometer Linda received as a gift for Mother’s Day. Linda had already programmed her pedometer and was averaging about 2500-4000 steps per day. I suggested that she try for at least 6000 steps per day for three weeks. Once she achieved that goal, the plan was to add an additional 1000 steps per day for three weeks until she reached her 10,000 steps per day.

We discussed her food logs from the previous week. I congratulated her for adding the fruit four times that week and encouraged her to try for five the following week. Linda said she had a rough week because her youngest daughter was graduating from high school that week, that she was very busy, and didn’t eat well. She felt guilty because she had gained two pounds since we last met. I explained that there are no good or bad foods and that she should just put it behind her and just get back on track. I took this time to review with Linda some tactics to be prepared for situations like she experienced. I asked her to tell me some of the situations she ran into and then asked her what she thought she could have done in order to change the way she ate.

Session Three:

Session three started out again talking about the few weeks that had passed since our last meeting. Linda said she had been paying attention to when she was eating and noticed that she ate while she was bored or while watching TV. She wanted to know how she could stop. I complimented her on recognizing her trigger and we discussed having nutritious “poppable” foods in the house, like grapes, strawberries, and popcorn that she could eat that would help round out her daily food groups and that were low in calories. I suggested that she measure out exactly one serving and then put the food away, instead of eating directly from the bag. My last suggestion was to do some physical activity while she was watching TV. Walking in place and jumping jacks could help boost her daily step count, or utilizing resistance bands or light weights to help tone and build muscle.

During this session we also discussed the original counseling agreement and made some minor adjustments to fit her new plan a little better. Linda’s original plan was very broad and nonspecific. The new plan was SMART (specific, measurable, attainable, realistic, and timely). We broke the original plan into manageable goals that would boost Linda’s confidence and motivation.

Session Four:

Session four was the most fun of all the sessions. Linda and I met at the supermarket where she shops and we did a tour. I asked her to show me how she purchases. Along the way, I complimented her on shopping the perimeter of the market and offered suggestions for products in the inner aisles. We discussed food labels, fats, trans fats, fresh versus frozen foods, sodium content, fiber, and different, healthier cooking methods like grilling, baking and broiling.

Linda talked about how she felt like she was back on track and that she had been walking over 5000 steps per day for a few weeks, and was following the MyPyramid Plan. She said she was going to continue filling out her food logs. I told her I had given her the tools she needed to make reach her goal and thanked her for her participation. I told her that I was available to her if she still wanted to meet, had questions, needed support, or wanted to talk about accomplishments.

My observations:

My volunteer gave me a well-rounded experience. When I started this class, I believed that clients would follow a counselor’s advice, even just once or twice to see if it worked, but that was not always the case with Linda. All throughout our sessions, Linda told me that she was following my advice, and she was always excited and eager to learn, however, her results didn’t seem to match what she was telling me. I noticed that sometimes during our sessions she acted defeated, and I occasionally found it difficult to not get wrapped up in her attitude. Linda is a smart woman, and she understood what I was telling her, but I think she is still looking for that magic pill that will miraculously shed the weight she has accumulated throughout the years. She wanted immediate results without the hard work.

I don’t think I would change much about the process. It was very effective in helping to gauge the readiness of a client, as long as the client answers the question truthfully and realistically. I would have used the adherence ruler more often with Linda. It also would be helpful for the student who doesn’t have experience with clients to have a set of questions or topics that he or she could use as guidance for the assessment ruler, more than what was in Chapter 9. That was the most difficult part of the interviews for me.

As for the client’s role, I think it needs to be stated to the client over and over again that the counselor cannot make changes for them, that only the client can choose to make the changes. I would also suggest making the Eating Behavior Journal (Form 5.1) mandatory for all volunteers instead of the Food Record. Looking back, I believe I could have had better discussions with Linda about the issues behind her eating habits if I’d have used that form.

This class gave keen insight into the process of working with clients and will no doubt prove useful in my future career in nutrition. I will also utilize these processes with my personal training clients.