

A Problem Solving Approach to Nutrition Education and Counseling

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ABSTRACT

This report applies problem-solving principles to the design and implementation of nutrition education and counseling programs. A framework is proposed that builds on an extensive body of research in mental health and health education that has demonstrated the efficacy of a problem-solving approach to helping people cope with stressful life events. Our framework uses problem-solving principles in helping participants in nutrition education or counseling programs to overcome obstacles they experience in changing their nutrition behaviors. Both research and clinical experience suggest that incorporating problem-solving techniques in nutrition education and counseling will increase long term change in nutrition behaviors.

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INTRODUCTION

One of the most important and, at the same time, difficult goals of nutrition education and counseling is helping clients change their eating behaviors. Participants in nutrition programs may understand what behaviors need to be changed, why it is important to change, and they may want to change, but they may still have problems actually changing and sustaining new nutrition behaviors. Problems may include the cost of new foods, poor cooking skills, lack of social support, and changing eating patterns learned in childhood. There is an extensive research literature showing that problem solving education and training can help clients overcome barriers when coping with life problems.¹ These same principles can be incorporated into nutrition education and counseling to help clients overcome barriers to changing their nutrition behaviors.

The potential of problem solving training for nutrition education became clear to us as we observed how different women responded to a Healthy Living Through Education (HTLE) program that was intended to increase fruit and vegetable consumption among black women (ages 20-50) living in public housing in the District of Columbia.² We observed that women who were successful in changing their nutrition behaviors used problem solving principles to overcome barriers, whereas those who were unsuccessful did

not. The HTLE program explained the health value of increasing fruit and vegetable consumption and showed participants how to incorporate fruits and vegetables in meal planning and preparation. The program also included “hands on” exercises in preparing dishes with fruits and vegetables as well as in shopping in a supermarket. Most participants responded positively to the program, as evidenced by their paying attention to the instructor and participating actively and enthusiastically in discussions and cooking exercises. They wanted to learn new information and skills, but many had difficulty overcoming obstacles to applying what they had learned in their daily lives.

Following is a description of two participants in the HTLE program that illustrates the importance of problem solving. Sandy is a woman in her early 30s who was very enthusiastic about using the nutrition ideas she learned in the fruit and vegetable program—both to improve her family’s health and to help her lose weight. As a result, she made a major effort to shop for fruits and vegetables and to incorporate them into her family’s diet. However, there were numerous obstacles preventing her from implementing what she learned in class. These obstacles included her family’s resistance to eating new foods, distance to a supermarket, limited funds for food, and many other demands on her budget. In dealing with these obstacles, Sandy preferred to be “spontaneous” and did not like to plan in advance. As a result, she did not prepare the family to expect new foods or explain, in advance, the value of the new foods. Each time she tried to change her family’s diet, there was resistance, the foods she bought were not eaten, and she felt she had failed. Finally, after the 5th class, she dropped out of the program.

Clare is a woman also in her 30s with many characteristics in common with Sandy. She had a low income, lived

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in public housing, was overweight, and was also enthusiastic about using nutrition information from the class. But, in contrast to Sandy, she planned how to deal with her family's resistance. She prepared her family in advance for food changes and planned when and how she would introduce new foods. Clare succeeded in changing her family's diet and was able to reduce her weight, as well. Clare and Sandy had the same enthusiasm and commitment, and they faced many of the same obstacles. An important difference was in their problem solving skills.

Our experiences in the HTLE program, plus the research literature on problem solving training (discussed below), led us to conclude that incorporating problem solving skills training into nutrition education programs has the potential to improve the effectiveness in changing participants' nutrition behaviors.

RESEARCH ON PROBLEM SOLVING IN HEALTH CARE

There is an extensive body of research on using problem solving training or therapy to help people deal with their emotional and physical health problems.¹ Problem solving therapy has been used extensively to help patients deal with emotional problems by guiding them in developing and carrying out plans to address problems in their lives that are causing stress. Studies have included depressed patients, suicidal patients, schizophrenic patients, cancer patients, distressed couples, and family caregivers of cancer patients and patients recovering from stroke. Almost all studies show reduction of emotional stress among people who received problem solving therapy compared to control groups who did not.¹ Two findings of particular relevance to nutrition counselors and educators are as follows. First, Nezu et al³ reported that women with breast cancer who received problem solving therapy with a significant other (compared to women who received therapy alone) showed greater long-term positive effects of the therapy. This finding suggests that support from significant others is important for long-term effects of problem solving therapy. Second, Allen et al⁴ evaluated a brief problem solving education program for newly diagnosed breast cancer patients in their homes followed by follow-up telephone support; the investigators found that women who initially had good problem solving skills benefited from the program, whereas women with low skills did not. The authors interpreted these findings to suggest that brief problem solving education programs help people with problem solving skills, but that people without those skills may need more intense programs and support. This interpretation is supported by Elliot, Grant, and Miller's review of research on social problem solving and behavioral health.⁵ They cite several studies suggesting that people with poor problem solving skills may respond differently to problem solving training than people with good skills.

A health problem of special interest to nutrition educators and counselors is obesity. Byrne, in her review of research on psychological aspects of weight management and relapse, concluded that poor problem solving skills in combination with low self-efficacy play an important role in both weight maintenance and relapse.⁶ She cites Kayman's research comparing women who maintained lost weight with those who regained weight.⁷ Kayman found that the maintainers were patient, set small goals that they could meet, stuck to their plans, and persisted until new eating patterns were established. These problem solving behaviors were not characteristic of those who regained weight. Byrne also suggests that problem solving can affect weight maintenance by reducing stress from daily problems, which is a common cause of overeating. The same point is made by Senekal et al, in their prescription for a multidimensional weight management program for women.⁸ The authors encourage problem solving training as a way to help women cope with life's problems and thereby decrease stress that can interfere with effective weight management. Foster, Makris, and Bailer's summary of behavioral treatments for obesity also emphasizes the importance of problem solving techniques in overcoming obstacles to achieving weight loss.⁹ In addition, they point out how a problem solving perspective helps clients to see their problems objectively: "In this view, successful weight management is based on skills that can be learned and practiced, in the same manner that an individual can learn to play the piano through frequent practice. Skill power, not will power, is the key to success."

Research on the management of diabetes is also of special interest to nutrition educators and counselors, because managing nutrition behaviors is an important part of diabetes management. Hill-Briggs reviewed research on problem solving and self-management in diabetes and concluded that "a majority of cross-sectional and prospective studies found that better problem solving was associated with better diabetes self-care behaviors."¹⁰ Of the 3 experimental studies of problem solving interventions in diabetes she reviewed, 2 showed improved problem solving and improved self care after problem solving training, whereas 1 showed only improved problem solving. However, none of the studies showed changes in biological measures of diabetes control. Hill-Briggs pointed to the wide variety of circumstances and measures used in the studies she reviewed as contributing to the lack of consistency in the reported results. Nonetheless, the trends in the findings are positive, suggesting that problem solving training has the potential for influencing diabetes self-care and, possibly, biological measures of health, as well. Whittemore et al's recommendations to nurses for management of type II diabetes also emphasize the importance of supporting patients as problem-solvers.¹¹

In summary, research on problem solving therapy and training consistently shows positive effects in helping people cope with stress and illness. It can help people to view their behavioral problems objectively and to see that prob-

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