

Change & the Change Process



SELF-STUDY MODULE FOR WIC CPAs

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ORIENTATION/RATIONALE

This module is designed to provide information on the processes available for changing behavior in both formal and informal situations, and to prepare the healthcare provider to be an agent of change as well as to cope effectively when a target of change. The material will also examine a model for change.

OBJECTIVES

Upon completion of this module, the learner will be able to:

- 1.** Identify three actions of the CPA that may facilitate behavioral change.
- 2.** Recreate the Roethlisberger X-Chart, and explain the role of the client's attitude in the change process.
- 3.** List the three steps of Lewin's Stages of Change.
- 4.** Identify three steps that may assist in overcoming resistance to change.
- 5.** List the five stages of the Transtheoretical Model of Behavioral Change, and explain the CPA's role for each stage.



PRE-ASSESSMENT

This pre-assessment is designed to help you determine your level of competence in the subject matter covered in this module. Complete the pre-assessment and then refer to the Pre-Assessment Answer Key.

Directions: Provide the appropriate responses to the following items.

1. T___ F___ There is little correlation between learning and behavioral change.
 - a. _____
 - b. _____
 - c. _____
2. List three common functions of the role of the change agent.
 - a. _____
 - b. _____
 - c. _____
3. T___ F___ One fairly safe assumption concerning the WIC client is that they are dealing with some kind of change.
4. T___ F___ Roethlisberger's X-Chart is a commonly accepted model for managing childhood nutrition.
5. List the three steps of Lewin's Stages of Change.
 - a. _____
 - b. _____
 - c. _____
6. List the three ways to look at overcoming resistance to change as proposed by the Alcoholics Anonymous program.
7. T___ F___ Managing change involves understanding how people adjust to change and knowing how to negotiate the change process successfully.
8. List three suggested steps in overcoming resistance to change.
 - a. _____
 - b. _____
 - c. _____
9. List the five stages of the Transtheoretical Model of Behavioral Change.
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
10. T___ F___ The client may be more willing to change if she understands the purpose of the change.

LEARNING ACTIVITIES

“Only I can change my life. No one can do it for me” — Carol Burnett



Introduction

Why spend time and effort in preparing the healthcare provider to function as a change agent?

One fairly safe assumption concerning the WIC client is that she is dealing with some kind of change.

Numerous research studies have addressed this topic. Time and again it has been found that most adults, regardless of socioeconomic status, because of the nature of our society are faced with some change that is occurring, has occurred, or is being anticipated.

To deal with change is not a new experience as all of us have had to deal with change. The difference seems to be that change is occurring more rapidly than ever before, and the number of changes that we are required to deal with is increasing.

One major purpose for working with the WIC client is to facilitate learning. Learning involves change (behavioral). There are various definitions of learning but one commonality in almost all definitions is the inclusion of the word “change”. This supports the contention

that unless some behavioral change occurs in the learner, learning has not occurred.

This module will be more meaningful if as you progress through the material you are able to relate to a real life situation with which you are familiar. For this purpose, complete the following Activity.

ACTIVITY

Briefly describe a change that you have dealt with or that you are currently dealing with that involves one of your clients or the program in which you work.

As a WIC CPA, one area of change that you are faced with is addressing the increasing rate of childhood obesity. As stated in Module 1: An Epidemic. Childhood Obesity:

“Childhood obesity is a serious and complex issue with many health and social consequences that often continue into adulthood. The rate at which obesity in children has risen is at epidemic proportions. If the rate of overweight continues to climb, our society will face many health, financial, and social challenges. Since there is no proven or easy way to treat obesity, prevention is crucial. WIC clinics are important places to

help families develop and maintain healthy growth” (Norton, 2005).

To address this situation, will require behavioral change.

Facilitating Change

In order to facilitate change in the client, the healthcare provider must have certain overall goals in mind. The WIC Video Teleconference to Address Childhood Overweight indicated three specific actions that can be taken by the CPA: (1) change actions not knowledge; (2) change actions of WIC staff with clients; and (3) change actions of WIC parents with kids.



It is suggested that the core message should include: (1) changing behavior is more about influencing than educating; (2) principles of persuasion can help WIC be more effective; and (3) effective use of persuasion takes practice (WIC Sharing Center).

http://www.nal.usda.gov/wicworks/Sharing_Center/statedev_ontheroad-excellence.html

Change actions not knowledge.

This does not mean that learning does not or should not occur. What it does mean is that unless there is some exhibited behavioral change, learning has not occurred. We can offer the best information to the client and the client may gain in knowledge of the problem, however unless some behavioral change occurs our work has not been completed.

- Have eating habits changed and improved to include a more nutritious diet with consistent intake at established meal times?
- Are there observable changes to participating in healthy physical activities on a consistent basis?

These are examples of how learning can be documented by change of actions. Knowledge (learning) has been converted to appropriate action.

Change actions of WIC staff with clients.

- Is your counseling and education resulting in better nutrition in clients?
- Does your repertoire include referral services to other medical and social services providers? (see WIC module, Community Service)

- Has there been an increase in clients breastfeeding?

Change actions of WIC parents with kids.

- Do parents realize their vital role as a model for nutritional habits and creating an environment that promotes healthy eating?
- Are parents creating planned physical activities for themselves and their children?
- Are parents monitoring time of inactivity (television, video games, computer)?
- Has the family established achievable goals that will lead to improved nutrition?

ACTIVITY

- On a sheet of paper, write the word “attitude”
- On the same sheet of paper write the word “attitude” with the other hand!

Unless you are ambidextrous, you may have been a bit uncomfortable the second time you wrote the word. The “first time” experience threatens our security. We may feel awkward and incompetent when forcibly removed from our familiar “comfort zone” (Maxwell, 1993).



The CPA becomes the agent of change. A change agent is someone who engages deliberately or whose behavior results in social, cultural or behavioral change (Wikipedia). Rogers states the functions of a change agent are:

- To develop a need for change on the part of the client
- To establish an information-exchange relationship
- To diagnose problems
- To create an intent in the client to change
- To translate an intent to action
- To stabilize adoption and prevent discontinuance
- To achieve a terminal relationship

In essence, the ultimate goal of the change agent is to create trustworthy credibility with the client, to provide them information, and to positively influence the client’s decisions (Rogers, 1995).

ACTIVITY

The following exercise will assist you in determining some of your Beliefs about Change (Craig, 1978).

“BELIEFS ABOUT CHANGE”

Check whether you believe the following statements are true, somewhat true, or false. In the space provided under each statement you may want to expand upon why you responded as you did.

True Sometimes False
 True

- | | | | |
|-----|-----|-----|--|
| ___ | ___ | ___ | 1. People tend to resist change. |
| ___ | ___ | ___ | 2. Only large or momentous changes are worthwhile. |
| ___ | ___ | ___ | 3. Nothing can be changed overnight. |
| ___ | ___ | ___ | 4. Change means improvement. |
| ___ | ___ | ___ | 5. Change brings hardships for some. |
| ___ | ___ | ___ | 6. Change brings reward for the instigators. |
| ___ | ___ | ___ | 7. No change is possible in a bureaucracy. |
| ___ | ___ | ___ | 8. Technological change should be slowed. |
| ___ | ___ | ___ | 9. Change usually comes by chance. |
| ___ | ___ | ___ | 10. People can adapt to any change. |

This exercise will get you to think about how you feel about change and your role in instigating and implementing change. You might discuss your attitudes about change with a co-worker or your supervisor, or you might notice how your approach to planning and implementing strategies is colored by your attitudes toward change.

If you answered "True" to questions 2, 4, 6, and 10, it may indicate a need to be a little more realistic. If you answered "True" to questions 7 and 9, this may indicate a pessimistic attitude that may make it hard for you to work energetically for change. If you answered "True" to questions 1, 3, and 5, it indicates a recognition of the real problems involved in change.

"Things do not change; we change"
 — Henry David Thoreau

Managing Change

As noted in the Desired Outcomes for Module I. "An Epidemic: Childhood Obesity," the healthcare providers in the Local Health units will make the most impact if "they are able to assess and prioritize the clients health issues which need to be addressed" (Norton, 2005).

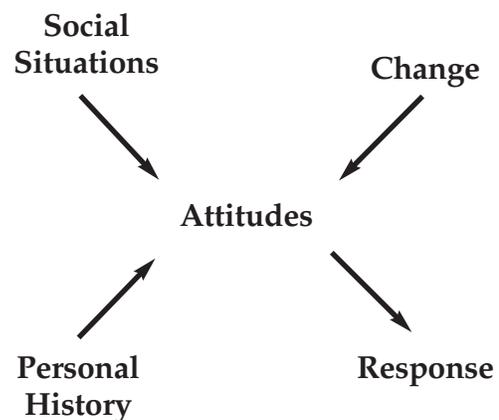
Addressing these needs may require some behavioral, social, and/or cultural change. The healthcare provider then, will need to be able to introduce (facilitate) and manage the change, and assist WIC clients in understanding and managing these changes.

"Managing change involves understanding how people adjust to change; and knowing how to negotiate the change process successfully" (Optimist International).

The following information is presented to give an orientation to the change process, and provide an awareness of how the process may be facilitated and managed.

Roethlisberger's X-Chart

F. J. Roethlisberger believed that each change situation is interpreted by an individual according to his or her attitudes. He illustrated this with what has become known as the Roethlisberger X-Chart.



According to the chart, attitudes play a central role in determining a person's response to change. People do not resist all changes. When change is suggested and introduced, if the change is psychologically acceptable to the client, change will occur rather readily. Attitudes are formed by the interests, goals and preferences of the individual (personal history, social situations).

Unless an individual is motivated to make some change, unless there is some change from the current condition to an alternate condition, change is difficult to accomplish. The health professional may be the primary facilitator for assisting with positive actions that will bring about healthier practices. Therefore, the perception held by the client toward the CPA will be an important variable in bringing about change. Is the CPA viewed as a creditable source by the client (see Communication Module)? Is the client ready for a change? Will the change be maintained? These are questions that need to be considered by the CPA.



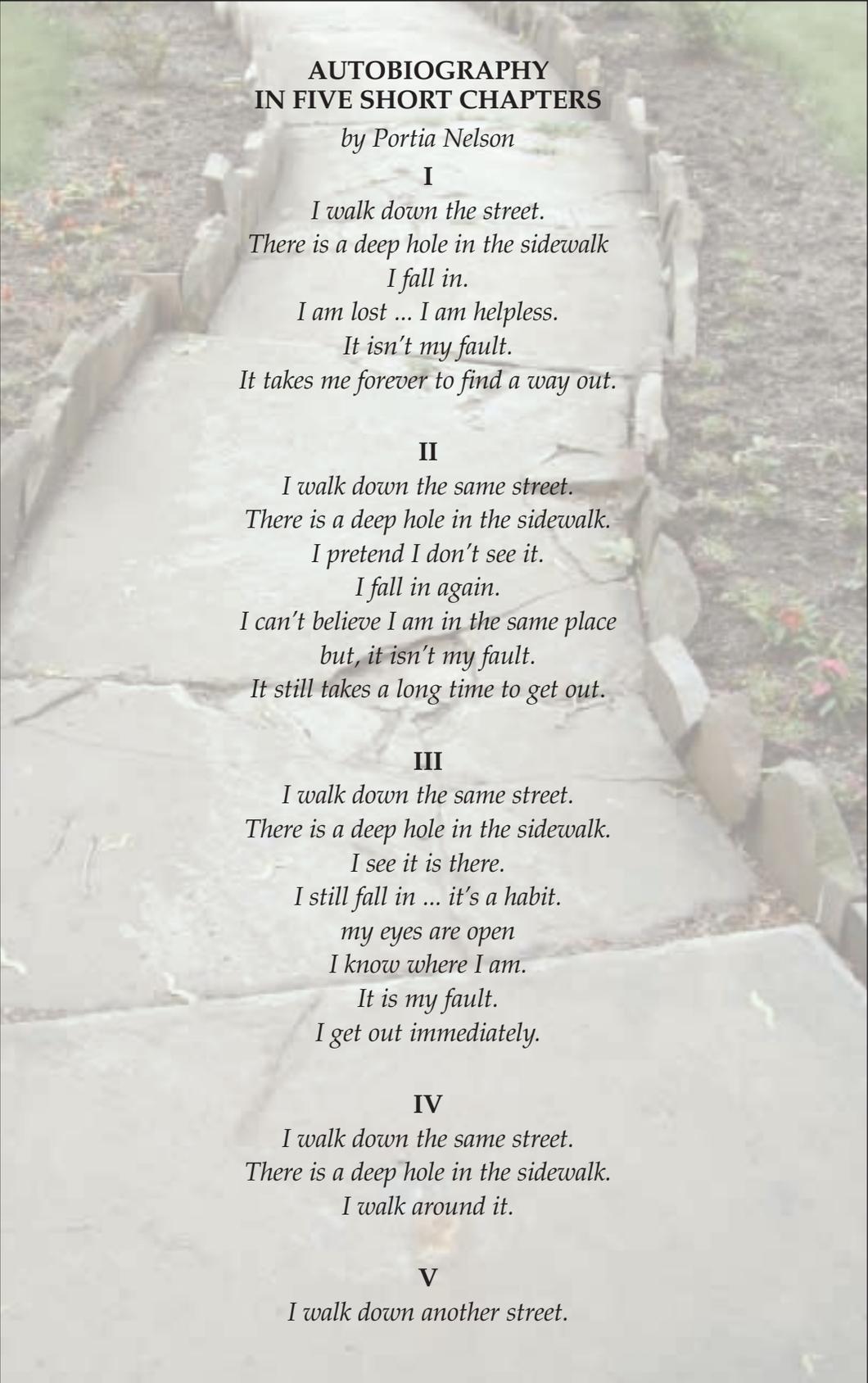
Lewin's Stages of Change

Kurt Lewin, the social psychologist, envisioned the process of change as going from one steady state to another. He warned that change, when imposed too quickly, shatters equilibrium and leads to resistance. He describes the process in three steps:

Unfreeze Introduce Change Refreeze

- **Unfreezing:** The aim of unfreezing is to prepare the individual or group to accept change. One way is to make people aware of ways in which the status quo is unsatisfactory. The CPA's role at this step is one of helping the client explore the current condition.
- **Introducing Change:** Once an individual is open to the need for change, the battle is not over. The changes to be introduced must be understood and accepted. The CPA's role at this step involves the explanation of the proposed change.
- **Refreezing:** The process by which newly acquired behavior becomes regular behavior. This occurs when new behavior has been internalized. The CPA's role in this phase is to create an environment that constantly reinforces the desired change.

As illustrated in the following poem by Portia Nelson, habits and attitudes are not easily changed or modified.



**AUTOBIOGRAPHY
IN FIVE SHORT CHAPTERS**

by Portia Nelson

I

*I walk down the street.
There is a deep hole in the sidewalk
I fall in.
I am lost ... I am helpless.
It isn't my fault.
It takes me forever to find a way out.*

II

*I walk down the same street.
There is a deep hole in the sidewalk.
I pretend I don't see it.
I fall in again.
I can't believe I am in the same place
but, it isn't my fault.
It still takes a long time to get out.*

III

*I walk down the same street.
There is a deep hole in the sidewalk.
I see it is there.
I still fall in ... it's a habit.
my eyes are open
I know where I am.
It is my fault.
I get out immediately.*

IV

*I walk down the same street.
There is a deep hole in the sidewalk.
I walk around it.*

V

I walk down another street.

ACTIVITY

The Problem: In a session with a client, the client makes this statement. *“If I try to take the baby’s (18 month old) bottle away he gets really fussy. My husband can’t stand the fussiness, so I give the baby his bottle.”*

Helpful Hints:

Unfreezing: Lewin developed a technique that aids in evaluating situations. The technique is referred to as Force-Field Analysis and is useful when looking at variables that influence the change process. Lewin assumes that in any situation there are both driving forces and restraining forces that bear on the change.

Driving forces are those forces that affect the change situation in a positive way, aiding in the facilitation of the change (eg. client is motivated to make a change). Restraining forces (eg. client has no support from spouse), on the other hand are forces that tend to restrain or decrease the driving forces. To give some attention to driving forces and restraining forces, may allow the CPA to work more effectively with the introduction of the change.

Introducing Change: Effectively communicate the need for the change. Give reasons why the change is good, and point out why not changing may be bad. This communication may be verbal, through written materials, videos or other visual prompts if available.

Refreezing: The change may not occur through just one meeting. Lines of communication must be kept open. The change needs to be reinforced over time, and success, even in small increments should be celebrated.

Using Lewin’s Stages of Change, and also keeping in mind the Roethlisberger X-Chart, how will you address appropriate change to meet the problem?

Unfreeze:

Introduce Change:

Refreeze:

Example:

The Problem:

Client: *“My kids will not eat what I prepare for supper. They will throw fits until I make them what they want to eat.”*

Unfreeze: By the nature of the statement, the client has indicated a realization that the situation is a problem. With input from the client, explore driving forces: children’s good appetites; mother’s food preparation ability; etc., and the restraining forces: irregular schedule for supper time; lack of spousal support, etc. Determine how driving forces can work for solving the problem, and how restraining forces may be overcome. Actions may include a family meeting to discuss what is expected and listen to the children to determine what they would like for meals.

Introduce Change: Set standard meal times; explore recipes that are both nutritious and that would be appealing to the children. Let children help prepare the meals.

Refreezing: Follow-up with client on progress. Be prepared to modify actions that are not working. The follow-up should be ongoing until the negative actions become somewhat positive.

Resistance to Change

“The most difficult changes are those that cause me to rethink my role” — M. Fullan

It is not always a good idea to make assumptions about anything, however one assumption regarding change is usually pretty safe...there may be resistance to any proposed change. If behavioral change is proposed, it is better to anticipate resistance and to plan for it than to be surprised by unexpected resistance. It then becomes important to understand some of the basic tenets of resistance to change.

(Before continuing, refer back to “functions of the change agent, p.8)

Introducing change may range from a simple inconvenience that will require relatively straightforward action on the part of a single family member, to more complex issues that will require action of the entire family. The client will be more willing to change if she is motivated, if she can see positive results, and if she completely understands the purpose of the change.

Borrowing from the Alcoholics Anonymous 12-step program, a way to look at overcoming resistance is through Awareness, Acceptance, and Action (AAA).

Awareness

Awareness (review Lewin’s Unfreezing) involves recognition by the client of the problem and realizing the implications if a change is not made. If people are to vary their customary behavior, they will need to feel some need that existing actions are not satisfactory.

Acceptance

Acceptance. (review Lewin’s Introducing Change) To facilitate the behavioral change, the CPA will encourage discussion of the proposed changes, even if the discussion may seem negative. Two-way communication (listening/speaking; see Communication Module) is necessary to provide clear reasons for the change and allows the client a role in introducing the change. Changes must be communicated honestly along with a rationale for the change. Listen and provide feedback, clarification of issues, and strive to bring about agreement.

Action

Action (review Lewin’s Refreezing) results in a plan to implement the change. Adopting a change typically does not occur overnight and usually follows a series of stages. Change is more likely to occur if it is introduced in increments. The client will need time to understand the change and make it a part of her actions. A change introduced on a trial

basis may be less threatening than one that is permanent from the beginning. The client must have the skills and appropriate knowledge to implement the change and continuing support if the change is to occur and be sustained.

“Resistance will be prevented to the degree that the changer helps the changees to develop their own understanding of the need for the change, and explicit awareness of how they feel about it, and what can be done about those feelings” (Zander, 1950).

ACTIVITY “Sarah”



Sarah is a 7 year old girl with a BMI of 25 (weight, 90 pounds; height, 50”). Sarah is obese. She has had trouble keeping up in her 2nd grade class with learning and her behavior has been anything but pleasant.

Sarah’s parents began to get concerned about Sarah’s weight when she would come home crying that some of her classmates had called her “fat and lazy”. They had been allowing Sarah to eat anything she wanted anytime she wanted, so they decided to try to limit the amount of food she ate, only to find her sneaking chips out of the pantry during the middle of the night.

Upon a recent visit to the doctor, a referral was made to a sleep disorder clinic where it was discovered that Sarah has sleep apnea that is affecting her behavior as well as her learning.

Her parents are beginning to fear for Sarah’s physical and emotional health. They are ready to help Sarah (Norton, 2005).

How can you help Sarah’s parents as they struggle to bring about behavioral change in Sarah.

1. List one or two suggestions for Awareness (Unfreezing).

2. List one or two suggestions for Acceptance (Introducing Change).

3. List one or two suggestions for Action (Refreezing).



(The following information is reprinted with minor adaptations, with permission from the author, Dr. Madeleine Sigman-Grant; see bibliography for full citation.)

Resistance is a normal, immediate, knee-jerk reaction that most adults experience when someone tells them to make a change. Let's examine why.

Fact: Few adults like to be told what to do. Since adults are the experts of their lives with a host of experiences they quickly realize potential issues with our suggestions.

Fact: Resistance is tension between two adults with differing points of views and different levels of will. This tension results from the lack of collaborative direction towards a mutual goal.

Fact: Resistance to change often stems from the fear of the unknown. Being asked to

change a behavior, habit or pattern is scary. All kinds of things, both good and bad might happen. It is typical for adults to resist putting themselves in uncertain situations until they feel more safe and secure with the change.

Fact: Resistance occurs because adults do not like being reminded when their actions conflict with what they believe is true, with what they aspire to, and what they value most in life.

Fact: Resistance occurs because adults don't like being corrected when they think their practices and actions are correct.

If resistance is normal and natural – why are we so frustrated with our clients attitudes?

Fact: Most of us have been trained to deliver information and expect to be taken seriously, to be listened to, to be believed, and most of all to motivate others to change. We are trained as experts in information. We have resources and the experience of others upon which to base our work.

Fact: Most of us were not trained to deal with resistance, and therefore, view it as negative behavior against us personally. In our training, we may not have received much guidance in working with adult clients. We were not told that resistance is normal and natural and can be used to help adults negotiate through the change process.

Fact: We are adults and tend to resist change ourselves. We have a set of expectations and assumptions about how things should be. We come into the interaction expecting one thing; when our clients do not act as we wish them

to, we become frustrated and discouraged. But these feelings go against our helping nature – the very core quality that brought us to our jobs.

How to Deal with Resistance

- Treat adult clients with the same respect you wish others to treat you. Adults deserve and expect to be valued, listened to, and respected. It does not matter how they got into their current situation, they need to feel a commitment from you to help them achieve their goals. This means that you need to find out what those goals are. Use open-ended questions to prompt the dialogue (see Effective Communications module).
- Acknowledge what is said. Repeat what your client is telling you and ask for further information. Stop and listen, you may find ways to assist your client.
- Initial resistance does not mean permanent resistance. Often people will resist new ideas but become more receptive as time goes on.
- Visual tools are often helpful to move people out of initial resistance. This may be particularly true for those adults who are visual learners.
- Avoid argumentation. Don't play the role of "good expert" vs. "bad client". Once a client believes she can trust you, she becomes more open to sharing, not arguing. Her resistance may be an attempt at asking you to help her through a difficult situation.

A Model for Change

The Transtheoretical Model of Behavioral Change (Prochaska, et al, 1997)

"Habit is habit, and not to be flung out of the window by anyone, but coaxed down-stairs a step at a time" — Mark Twain, 1894

In this module you have explored the process of facilitating and managing change, while also looking at some of the sources of resistance. This section of the module now presents one Model for pulling it all together to bring about change. As you review the model, keep in mind the X-Chart, Lewin's Stages of change, the AAA process, and recognizing and coping with resistance.

This model for change has been used extensively to promote health through behavioral change. The strength of the model is that it promotes behavioral change in a series of changes, as opposed to occurring all at once.

It should be noted that not everyone is equally ready to change. The Model includes 5 specific stages; (1) Precontemplation, (2) Contemplation, (3) Preparation, (4) Action, and (5) Maintenance.

- 1. Precontemplation.** The stage in which the client may not be aware of the problem and may see no need for change, at least not in the near future.

CPA Role at this stage: Discuss with the client the current conditions. Provide information that may make the client aware of the problem.

- 2. Contemplation.** At this stage the client may become more aware of the pros and cons of making a behavioral change. The current situation is becoming more unsatisfactory.

CPA Role at this stage: Point out the benefits of making a change. Aid the client in becoming aware of the positive results of the change, and discuss some negative outcomes if change does not occur.

- 3. Preparation.** The stage in which the client starts to plan for immediate and/or future actions.

CPA Role at this stage: Assist the client in selecting among positive alternatives that will address the problem.

- 4. Action.** This is the stage where specific actions are implemented. Behavior is modified that will begin to address the problem.

CPA Role at this stage: Support the behavior, provide feedback, and assist with action implementation.

- 5. Maintenance:** The stage in which individuals are working to prevent relapse.

CPA Role at this stage: Increase positive feedback, celebrate evidence of improved performance and practices. Modify actions that are not working so well.

“Identifying Stages of Changes For Weaning”
(This example is reprinted with the permission of Dr. Madeleine Sigman-Grant; see Bibliography for complete citation.)

Situation: You are counseling Mrs. Gonzales. Her 18-month old son, Juan has multiple dental cares. His diet record indicates he has not been introduced to a cup and consumes three 4-ounce bottles of juice and three 8-ounce bottles of whole milk daily. He is not overweight. Typically, you would go into action—explaining the risks of prolonged bottle use and giving suggestions on what to do. Instead, you decide to find out Mrs. Gonzales’ readiness to change. From this scenario, you can assume that Mrs. Gonzales is not in either the action or maintenance stages—if she were, she would have reported having used a cup.

Counselor’s charge: Determine if she is in pre-contemplation, contemplation or preparation so you can direct your counseling effort.

Counselor’s Question #1

“Do you know why your son was enrolled in WIC?”



Contemplation or preparation Possible Stage of Change Pre-contemplation or contemplation

Counselor’s Question #2

“Have you ever tried to wean your son?”

“Have you ever thought about weaning your son?”



I. She is in preparation II. She is in contemplation III. She is in contemplation IV. She is in pre-contemplation

CPA’s Next Steps

- 1. Preparation.** Since Mrs. Gonzalez has already tried weaning, it is best for you to probe into her past experience. Listen carefully to her explanation. Suggest that other mothers have had similar experiences. Ask her if you can provide her some of their solutions. If you hear misinformation, ask her if you can provide the latest information so that she can have success.
- 2. Contemplation.** This stage may continue for a long time before the individual actually decides to take action.

- 3. Pre-Contemplation.** This is the most difficult stage for CPA’s to handle—not because of where the client is, but because we cannot immediately provide straightforward action-focused information, which is what we are used to doing.

The Transtheoretical Model of Behavioral Change can be utilized in diverse situations. It should be studied and practiced until you are comfortable with the concept.

POST-ASSESSMENT

The post-assessment questions which follow are intended to assist you in determining whether you have achieved the objectives of this module.

Directions: Respond to the following questions.

- 1.** Explain why behavioral change and learning are so closely linked.
- 2.** How might the CPA become a change agent?
- 3.** Identify and elaborate on Lewin's Stages of Change.
- 4.** List the five stages of the Transtheoretical Model of Behavioral Change.

Note: After completing the Post-assessment do a self-assessment to determine to your satisfaction that you have successfully completed the module.



BIBLIOGRAPHY

The AAA's of FAs. Retrieved July, 2005 from <http://www.come-over.to/FAS/AAAofFAS.htm>.

American Council on Education. (1999). *On change III. Taking charge of change: A primer for colleges and universities*.

Read Change 3: *Resistance to change*. Retrieved August 2005 from http://www.zenska-mreza.hr/prirucnik/en/en_read_change_3.htm

Craig, Dorothy. (1978). *Hip pocket guide to planning and evaluation*. San Diego: University Associates.

Ebert, David L. (n.d.). *Healthy steps training institute: Changing systems, changing practices*. Organizational Dynamics, Inc.

Lyle, B. R. (2005). *Effective communication*. (Self-Study Module For WIC CPA's. Arkansas Department of Health and Human Services.

Maxwell, John C. (1993). *Developing the leader within you*. Thomas Nelson Publishers.

Nelson, Portia. *Autobiography in five short chapters*. Retrieved August, 2005 from <http://www.mhsanctuary.com/Healing/auto.htm>

The Newsletter of the Arkansas Academy for Leadership Training & School-Based Management. (Jan. 1994). Vol.2, No. 4.

Norton, Lea Ann, (2005). *An epidemic. Childhood obesity*. (Self-Study Module For WIC CPA's. Arkansas Department of Health and Human Services.

Optimist International. Retrieved June 2005 from http://www.optimistleaders.org/LeadershipInfo/PersonalDevelopment/WebWorkshopsPersonalDev/Managing_Change-participant.pdf

Rogers, E. M. (1995). In Winnie Tsang-Kosma. *Rogers' Diffusion and Adoption Research: What does it have to do with instructional technology?* Retrieved August, 2005 from <http://www2.gsu.edu/~mstsw/courses/it7000/papers/rogers>

Spicer, Edward H. (ed.). (1952). *Human problems in technological change*. New York: Russell Sage Foundation.

Sigman-Grant, Madeleine, (August 2001). *The Adult Learner: Dealing with resistance*. Continuing on the Road to Excellence Newsletter. University of Nevada Reno, Cooperative Extension. http://www.nal.usda.gov/wicworks/Sharing_Center/statedev_ontheroad-excellence.html

Sigman-Grant, Madeleine, (August 2001). *Readiness to change*. Continuing on the Road to Excellence Newsletter. University of Nevada Reno, Cooperative Extension. http://www.nal.usda.gov/wicworks/Sharing_Center/statedev_ontheroad-excellence.html

Transtheoretical Model of Behavioral Change. Retrieved August, 225. http://www.cba.uri.edu/scholl/Notes/Change_TTM.htm

Weinbach, Robert W. (May-June, 1984). *Implementing change: Insights and strategies for the supervisor*. Social Work (p. 282).

Wikipedia, the free encyclopedia. http://en.wikipedia.org/wiki/Main_Page

Zander, Alvin (January, 1950). *Resistance to change: Its analysis and prevention*. Advanced Management, Vol 15, No.1.

WIC Sharing Center. Retrieved August, 2005. http://www.nal.usda.gov/wicworks/Sharing_Center/statedev_ontheroad-excellence.html

PRE-ASSESSMENT ANSWER KEY

- 1.** T___ F___ There is little correlation between learning and behavioral change.

False. Almost all definitions of learning will include the word "change".

- 2.** List three common functions of the role of the change agent.
- _____
 - _____
 - _____

There are five primary functions according to Rogers. Answers will vary (see page 8). If your three responses are similar to any three of these, give yourself credit.

- 3.** T___ F___ One fairly safe assumption concerning the WIC client is that they are dealing with some kind of change.

True. Research has shown that most of us are dealing with change at some level.

- 4.** T___ F___ Roethlisberger's X-Chart is a commonly accepted model for managing childhood nutrition.

False. The X-Chart attempts to explain the forces that influence the process of change and indicates why there may be resistance.

- 5.** List the three steps of Lewin's Stages of Change.

- _____
- _____
- _____

Unfreeze; Introduce Change; Refreeze

- 6.** List the three ways to look at overcoming resistance to change as proposed by the Alcoholics Anonymous program.

- _____
- _____
- _____

Awareness; Acceptance; Action

- 7.** T___ F___ Managing change involves understanding how people adjust to change and knowing how to negotiate the change process successfully.

True. In essence, the ultimate goal of the CPA is to create trustworthy credibility with the client, to provide them information, and to positively influence the client's decisions.

- 8.** List three suggested steps in overcoming resistance to change.

- _____
- _____
- _____

Answers will vary but should include such actions as identifying the barriers to change and becoming aware of those resources that will aid in facilitating change (force-field analysis).

9. List the five stages of the Transtheoretical Model of Behavioral Change.
- _____
 - _____
 - _____
 - _____
 - _____
- Precontemplation*
 - Contemplation*
 - Preparation*
 - Action*
 - Maintenance*

10. T____ F____ The client may be more willing to change if she understands the purpose of the change.

True. Unless the client understands the rationale for the change, she may not be motivated to work for making the change.

MODULE EVALUATION

Module Evaluation Change and the Change Process Childhood Obesity Self-Study Module

Please take a moment to provide feedback on the training that you received.

Date: _____

Your Position: RN____ LPN____ RD,LD____

How long have you been working with WIC clients?

_____ less than 1 year; _____ 1-3 years;
_____ 3-6 years; _____ more than 6 years.

For the following items, please circle the number that best describes your opinion as a result of completing this module.

5 = Strongly Agree

4 = Somewhat Agree

3 = Somewhat Disagree

2 = Strongly Disagree

1 = NA (not applicable or not able to answer)

1. After completing this module I am now more aware of the processes available for changing behavior in both formal and informal situations.

5 4 3 2 1

2. I found the module section on “Facilitating Change” to be very informative and helpful.

5 4 3 2 1

3. I found the module section on “Managing Change” to be very informative and helpful.

5 4 3 2 1

4. I found the module section on “Resistance to Change” to be very informative and helpful.

5 4 3 2 1

5. I found the module section on “A Model for Change” to be very informative and helpful.

5 4 3 2 1

For the following items, please circle the number that best describes this module:

1. The module was accurate, up-to-date, well organized and easy to follow.

5 4 3 2 1

2. Instructions were easy to follow.

5 4 3 2 1

3. What I learned in this module will be useful.

5 4 3 2 1

4. I would recommend this module to others.

5 4 3 2 1

Any other comments or suggestions:
(May use back if needed.)

REQUEST FOR CONTINUING EDUCATION ACTIVITY CERTIFICATE

Evaluation form of the module you have completed must be included with this form to receive a CEU Certificate.

Please Print or Type:

Name: _____

Title: _____

RD# _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Send the two items listed below to:
WIC Nutrition and Breastfeeding
Slot H-43
Arkansas Department of Health and Human Services
P.O. Box 1437
Little Rock, AR 72203-1437

We will not send a certificate unless we receive both items.

- ✓ Module Evaluation
- ✓ Request Form