

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

A MANUAL FOR COUNSELORS IN A UNIVERSITY

PEER NUTRITION COUNSELING PROGRAM

A thesis submitted in partial satisfaction of the
requirements for the degree of Master of Science in

Home Economics

by

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Dedication

To my boys, all three, whose patience
was greatly appreciated.

I love you.

Acknowledgement

Thank you to my advisors for their assistance in completing this project.

My special thanks is extended to Dr. Robert Taylor, Director of the Student Health Center, and Jan Marquard, Health Educator, for their support and encouragement in the development of the Peer Nutritional Counseling Program and the PNC manual.

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Abstract

A Manual for Counselors in a University
Peer Nutrition Counseling Program

by

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Master of Science in Home Economics

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The purpose of this project was to provide a manual which will more accurately and specifically define the duties of a Peer Nutrition Counseling Program participant, develop standards for peer counseling, establish a means of evaluation, and act as a manual for the students and advisors of the Peer Nutrition Counseling Program at California State University, Northridge.

The method employed in this project was to complete a literature search on nutrition counseling specifically relating to weight regulation, vegetarianism, nutrition during pregnancy, and general eating habits.

Once a manual was compiled, various professionals and nutrition students were asked to evaluate the manual on the need, thoroughness, current information, readability, organization, sources, and explanation of duties. In all of these categories the manual was rated from excellent to very good.

CHAPTER 1

Introduction

A Peer Nutrition Counseling (PNC) Program was implemented at the California State University, Northridge Student Health Center in Spring 1985 and has since become a permanent service of the clinic. This project consisted of preparation of a manual for that Peer Nutrition Counseling Program.

This program was patterned after an existing Health Center peer counseling group of reproductive health counselors. As the program grew, advisors were recruited (e.g., academic advisor, medical advisor, and dietitian) and other student positions were added, such as those of Nutrition Aide and Coordinator. The following aspects of the PNC Program were developed by the Coordinator and Advisors:

- recruiting
- objectives
- training
- budget
- guidelines and responsibilities
- procedures and standards
- counseling and nutrition education materials

The students counseling in the PNC Program are senior or graduate students in nutrition/dietetics from the Home Economics Department who advise other students on:

healthful eating habits

weight regulation

vegetarianism

proper nutrition during pregnancy

Nutrition Aides are selected from junior or senior students in nutrition/dietetics and they perform tasks in nutrition education and computer diet analysis. A student assistant at the Student Health Center (graduate student in dietetics) coordinates the program and receives advisement from two registered dietitians, a staff physician, and a health educator.

These students work in the PNC Program on a semester basis which allows minimal time for formal training. The majority of training for counselors and aides is done on-the-job. Because of this situation, these students expressed a need for written guidelines or an information booklet which would contain information regarding specific duties and responsibilities along with procedures to be followed by the PNC, standards for counseling, and methods of evaluation.

Statement of the Problem

The ongoing Peer Nutrition Counseling Program at the Student Health Center needed an information handbook for each of the new program participants. This manual would provide a written set of guidelines defining responsibilities of counselors, aides, and advisors. The purpose of this project was to provide a manual which

would more accurately and specifically define the duties of a Peer Nutrition Counseling Program participant, develop standards for Peer Counseling, establish a means for evaluating the counselors, and act as a manual for the students and advisors of the program.

Justification

Once the Peer Nutrition Counseling Program had adequate structure, a written manual for new peer counselors was found to be needed.

Guidelines needed to be established and made easily accessible to participants of the PNC program. This may be particularly useful to younger college students since many may have had limited experience of their own to draw upon for direction. It is important for each person to understand what is expected of him/her and what he/she can expect of others in the program. How to accomplish the necessary tasks should be outlined and how evaluation would be done should be explained. An overall picture of the PNC's position in the organization of the Student Health Center is helpful for the student to establish his/her place in the clinic.

This necessitates the issuance of an "information booklet" setting forth to the provider policies and practices. Such booklets are usually designed to give each participant of a program an understanding of the rules and regulations (Watkins, 1951). In regard to content of an employee handbook Watkins states:

They should include a preface or foreword in which their general purpose is suggested and should contain such information as program history, (provider) policies, remuneration, working conditions and regulations . . . , training, (confidentiality), . . . , and general instructions.

The results of this study should be of interest to professional health educators, registered dietitians, and others involved in Peer Nutrition Counseling Programs. The manual should also be an important contribution to the current literature in this field.

Objectives

The following objectives were investigated:

1. To provide each counselor, aide, or any other subsequent member of the nutrition program with access to a manual which provides the user with guidelines and operational definitions to expedite productivity in their new role.

2. To provide the coordinator and program advisors with a tangible basis for evaluation of the Peer Nutrition Counselors and Aides by setting standards for performance and methods for evaluating the participant's compliance.

CHAPTER 2

Review of Literature

The purpose of this project was to develop a manual which will accurately and specifically define the duties of the CSUN Student Health Center Peer Nutrition Counseling Program participant. The manual presents to the reader the background and inter-relationship of the Student Health Center and the PNC Program; defines responsibilities; lists guidelines and procedures; and states standards along with methods of evaluation for counselors and aides.

Counselors and aides in the PNC Program usually change every 6 to 12 months, since students work on a semester basis. Due to this time restriction, formal training was minimal, thus additional methods of conveying direction and relaying policy were necessary. The manual was intended to bridge the gap between training and on-the-job experience. It is important to produce a manual which will allow the user to be and to feel productive immediately.

Availability of Literature on Peer Nutrition

Counseling Programs

Current printed information detailing the operation of a peer nutrition counseling program similar to the one

at the CSUN Student Health Center was not located in the current literature. This project was based, primarily, upon a reproductive health education peer counseling program operating in the Student Health Center; current SHC patient/provider protocol; and objectives, duties, and responsibilities established by the PNC advisors. Methods of evaluating student performance and counseling as a peer counselor or aide were patterned after examples given by Linda G. Snetselaar (1983) along with the evaluation currently being used for the reproductive health counselors.

Nutrition counseling topics, outlines, and handouts were extrapolated from current written works such as journals, books, information pamphlets (from government, industry, and service organizations), college textbooks, manuals of nutrition-fitness programs, counsel of program advisors and dietitians from the Dairy Council of California for incorporation into the manual.

As a foundation for the nutrition counseling section of the manual, the following topics were reviewed: characteristics of the population served by the PNC; client compliance; goals and guidelines of a nutrition program, and major elements in nutrition counseling.

The Population Served by the Peer

Nutrition Counseling Program

College students represent an important segment of the United States population and, as a group, are inclined

to develop poor eating habits (Khan, 1983). Factors affecting the dietary patterns of this group include: 1) lack of time due to involvement in many activities, 2) priority of peer activities over eating, 3) lack of guidance in selection of meals away from home, 4) eating of most foods outside the home, 5) concern that certain foods cause or aggravate acne, 6) fear of obesity, 7) fear of underweight, 8) exclusion of certain foods from the diet on a regular basis, 9) skipping of meals, and 10) lack of knowledge regarding nutritional needs (Alford and Bogle, 1982).

Marrale, et al. (1986) found that: ". . . even though sound dietary habits may have been established during childhood, much may be lost when an individual is left on his/her own."

Rejection of authority and assumption of independence may be exhibited as a teenager progresses into adulthood. Peer acceptance becomes important. Establishment of an identity and self image is occurring at this phase. Young adults are concerned about physical changes and want to achieve appropriate height and weight for their age. This age group is particularly vulnerable to fads and peer pressure, as it relates to dietary habits. In general, the adolescent's pattern is one of skipping regular meals and eating snacks (Marrale, et al., 1986).

College students need guidance in making appropriate food choices. The need for nutritional counseling

services and weight control programs on college campuses seems apparent. If appropriate dietary patterns have been established during the adolescent years, there is usually no need to change the type or quality of food in adulthood (Marrale, et al., 1986).

Client Compliance

Voluntary cooperation of the client in following health care professionals' recommendations is difficult to assess (Glanz, 1979). For example, a client may lose weight while gorging one day and starving for the next week. Although the client may weigh less at the end of the week, the health outcome doesn't accurately reflect the extent to which they adopted the health counselor's recommendations.

The magnitude of non-compliance with medical advice has been well documented (Sackett and Haynes, 1976; Podell, 1975; Hayes-Bautista, 1976). Podell (1975) estimated that one-third of all clients do not follow medical recommendations at all, while another third comply with only part of the prescribed regime.

Marrale, et al. (1986) implied that the dietary changes required of healthy college students tend to be less restrictive and require less change in life-style behaviors than those of clients with medical problems, such as renal disease. The incentives to change may be limited to evaluations of an appearance or performance nature rather than to health or disease prevention. The

nutrition counselor needs to recognize the motivation factors for each client in the counseling session and assess these areas to achieve maximum compliance.

Two methods of measuring the client's degree of adherence to a diet program are client interviews and daily records (Snetselaar, 1983). These can be addressed during the peer nutrition counseling sessions. (See Appendix A - "Peer Nutrition Counseling" section.)

Goals and Guidelines

We must acknowledge and recognize that the public is confused about what to eat to maximize health. If we, as a government, want to reduce health costs and maximize the quality of life for all Americans, we have an obligation to provide practical guides to the individual consumer as well as set national dietary goals for the country as a whole (Select Committee on Nutrition and Human Needs, United States Senate, 1977).

This statement by Senator George McGovern, Chairman of the Senate's Select Committee on Nutrition and Human Needs is the foreword to the 1977 report, "Dietary Goals for the United States."

Hamilton, et al (1985) compared the current American diet:

fat 42%

protein 12%

complex carbohydrates 22%

sugar 24%

of total

dietary calories

to the recommended diet according to the Dietary Goals:

fat 30%
protein 12% of total
complex carbohydrates 48% dietary calories
sugar 10%

The most dramatic change recommended in the Dietary Goals was an increase in consumption of complex carbohydrates and a reduction of fats and simple sugars.

More recently, a second set of recommendations was prepared by two government agencies, the U.S. Department of Agriculture and the Department of Health and Human Services. These guidelines not only recommended what we should eat but what we should avoid. Also, reference is made to weight control and exercise (U.S. Department of Agriculture and the Department of Health and Human Services, 1980).

Dietary advice should also incorporate means for disease prevention. Historically, improved nutrition has been perhaps the most important contributor to disease prevention (McGennis, 1980).

In December, 1986, the American Heart Association (AHA) published "Dietary Guidelines for Healthy Adult Americans" which also suggested a reduction in saturated fat and cholesterol along with total fat. The percent of total calories from protein and carbohydrates was specified along with recommended sodium intakes. Dietary intake of a variety of foods was suggested and the 1959 Metropolitan Table of Height and Weight, Table of

Desirable Weights for Men and Women was recommended as a guide to ideal body weight (American Heart Association, 1986). These AHA guidelines can be used by a healthy person to maintain or promote health.

Major Elements in Nutrition Counseling

It is important that a client take responsibility for his/her own efforts to change (Mahoney and Cagguila, 1978). The counselor's technical knowledge can act as a basis to establish a "helper" relationship with the client. Input from the client in deciding the appropriateness of the dietary changes can be achieved through goal setting.

A second important feature of nutrition counseling is the identification of long and short term goals. This should be done during the planning stage of the counseling session. Recommendations and assignments should be specific and realistic. Knowing the client's current lifestyle is necessary in order to make adjustments for acceptable alternative choices to problem foods. The Dairy Council of California suggests identifying the client's "core" foods which are then compared to the Basic Four Food Groups. Problem foods or omissions are then discussed with the client and acceptable alternatives, based on personal situation and preference, are transferred to the daily food pattern. Next, the client is assisted in prioritizing these changes and reviewing

these changes by reviewing his/her plan or goal.

(Shortridge, 1985).

Follow-up is a necessary in counseling. Goals can be evaluated and reinforced or revised (American Dietetics Association, 1975).

CHAPTER 3

Methodology

The purpose of this project was to develop a manual for the Peer Nutrition Counseling Program. This manual was to describe duties and responsibilities of participants and to provide guidelines on nutrition counseling related to specific topics. The literature search consisted of current written works such as journals, books, information pamphlets (from government, industry, and service organizations), college textbooks, manuals of nutrition-fitness programs, oral communication with advisors and dietitians from the Dairy Council of California.

The working procedures of the University clinic, and specifically those of a para-professional counseling group (the reproductive health counselors), in the Student Health Center, were examined. These, together with the experience of the researcher in an actual working relationship with the Peer Nutrition Counseling Program, and counsel of the PNC Advisors were used to develop a descriptive manual for use by members of a Peer Nutrition Counseling Program working in the clinical setting at the CSUN Student Health Center. The manual itself will constitute the result of the project.

Evaluation

A short opinionnaire was developed in order to evaluate this project, "A Manual for Counselors in a University Peer Nutrition Counseling Program." The opinionnaire was designed to determine whether the manual would be useful as a guide for students working as Peer Nutrition Counselors and Aides; whether the information was current and well-organized; and whether the manual contained material which would be needed by participants in the PNC Program.

The opinionnaire was given to selected persons who could have a need for such a manual or who could evaluate its adequacy. All were familiar with the Peer Nutrition Counseling Program at the Student Health Center. Three of the people rendering opinions were actually involved with the Student Health Center's Peer Nutrition Counseling Program in Spring, 1987. One was the Health Educator supervising the program who wrote the guidelines for the reproductive health peer counseling program. The two others were a current and a former Peer Nutrition Counselor, one of whom has continued to do peer counseling in the program, the other having become a Registered Dietitian. The two other professionals, a Health Educator (and former reproductive health counselor) and a Registered Dietitian were asked to review the manual to obtain opinions from a source not intimately involved with the PNC Program. Five out of seven opinionnaires were

returned to the author. One dietitian and one Peer Nutrition Counselor did not return the opinonnaire. The data were then tabulated and summarized.

CHAPTER 4

Results and Discussion

The section "Peer Nutrition Counseling Manual" was developed to fulfill a need expressed by participants of the PNC Program to have an information manual which could assist them in determining their role and responsibilities in the PNC Program. The completed manual was then presented to five professionals and two students in the area of dietetics or health education to be read and evaluated. Four of the five professionals and one student returned the opinionnaire and responded to all questions.

The results and comments for each question are included below. The author then tallied and evaluated the results of the opinionnaires to determine if the original objectives were met.

The Need for a Peer Nutrition Counseling Manual

Question #1 asked if there was a perceived need for a Peer Nutrition Counseling Manual. All five responded "yes" to this question; all perceived a need for this project. One dietitian who had herself been a Peer Nutrition Counselor commented that "there is a tremendous amount of information to learn in just a few weeks--you may know it all, but cannot recall--the (information)

booklet will make an excellent resource." Another dietitian stated that the information booklet "would be extremely useful in reassuring the new counselor/aide of exactly what is required."

Thoroughness of the Peer Nutrition

Counseling Manual

Question #2 asked the evaluator to draw conclusions about the thoroughness of the manual and to evaluate if it contained sufficient information for use by participants of the Peer Nutrition Counseling Program. All five agreed that PNC Manual was complete. One Health Educator commented that it may be too complete and that an easier format may allow participants to find information more readily. In response to this comment, a table of contents was added to the manual which specifically listed each topic and its location.

Current Information

Question #3 asked the evaluators whether the information included within the project was current and up to date. All five answered "yes" to this question.

Manual Rating

The manual was rated in all categories by each evaluator as being very good to excellent. Organization of the manual was rated excellent by four evaluators (one student and three professionals) and between excellent and very good by one Health Educator. The sources cited in the project were rated very good to excellent and the

majority of the respondents considered the nutrition information to be excellent.

All evaluators agreed that the manual was easy to read and that the description of the PNC Program participant duties was explained well. Both of these categories were appraised as excellent.

The appropriateness of the nutrition information in the PNC manual to this population was rated excellent by all but one dietitian. This dietitian had not been involved with the PNC Program but has done extensive individual counseling in private practice and in a medical setting. Her rating of very good rather than excellent was due to the general and theoretical guidelines used in the manual instead of specific and individual suggestions which she finds more valuable to the client.

Based on the above results regarding the evaluation of this project, this author believes that the manual is acceptable. In addition, the preparation of the manual appeared to be justified since the Director of the Student Health Center has requested that it be adopted for use in their current PNC Program.

CHAPTER 5

Summary, Conclusions, and Recommendations

College students are inclined to develop poor eating habits. This age group is particularly vulnerable to fads and peer pressure, as it relates to dietary habits. These young adults need guidance in making appropriate food choices. The provision of nutritional counseling services and weight control programs on college campuses could guide students in making better nutritional choices.

Voluntary cooperation of the patient in following health care professionals' recommendations has been documented to show a high degree of non-compliance. The incentives for a healthy college student to make dietary changes may be limited to change in appearance or performance rather than to disease prevention. The nutrition counselor needs to recognize the motivating factors of each client in order to induce change.

A nutrition program should be established using accepted goals and guidelines established by reputable agencies (such as the American Dietetic Association and the American Heart Association).

The purpose of this project was to develop a manual which would accurately and specifically define the duties of Peer Nutrition Counselors, aides, and advisors. The

manual details requirements of the Program and evaluation mechanisms to be used by the Coordinator and/or advisor for determination of performance. It also offers outlines on specific topics for nutrition counseling and provides a history of the Peer Nutrition Counseling Program and its interrelationship with the Student Health Center.

An opinionnaire was developed so that an evaluation of the project could be made. This opinionnaire was used to determine whether the manual could be considered useful to participants of a Peer Nutrition Counseling Program in the judgment of these professionals. Four professionals and one student familiar with the Peer Nutrition Counseling Program responded to the opinionnaire. All indicated that the manual should be very useful for individuals in the PNC Program.

The Peer Nutrition Counseling Manual appears in Appendix A. It is recommended that continuous updating and revision of this manual be included among the duties of the Peer Nutrition Coordinator. As the PNC Program evolves and the Health Promotion Area changes, creditability of the PNC Manual can only be maintained if it accurately any changes made.

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Appendix A

PEER NUTRITION COUNSELING

MANUAL

Student Health Center

California State University, Northridge

By Susie Dettmers-Smith

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INTRODUCTION

Welcome

Welcome to the Peer Nutrition Counseling (PNC) Program sponsored by the Student Health Center at CSUN. We are happy to have you join our group and hope our program will act as a stimulating environment for your academic interests in nutrition and offer you experience in a health care setting.

Nutritionists/dietitians are playing an active role in the health and well-being of our growing population. By creating an awareness in the campus community regarding our value as dietary experts and the value of diet as a tool in preventive medicine, we may substantiate a place in their futures as they exercise their choices as health consumers.

This manual has been compiled to acquaint you with the PNC Program and the Student Health Center. The major goal of this manual is to bridge the gap between the PNC training and actual participation in the program. This manual will define the program, identify objectives, list available resources, and lay the foundation, along with the parameters, for the PNC Program. The flexibility in the format will give you, the student, an opportunity to exercise your problem-solving techniques and experience

the satisfaction acquired by envisioning a project, developing it, and reviewing the outcome.

The objectives of this manual are to provide each Counselor and Aide of the PNC Program with guidelines and operational definitions to expedite productivity in their new role, set standards for performance, and methods for evaluating the participant's compliance.

The experience you gain from participating in the Peer Nutrition Counseling Program will be helpful throughout your dietetics career and also will be valuable on your personal resume.

Please read the manual before the first week of school so you will be aware of the policies governing the PNC Program. Weekly meetings will provide you with updates and information. A mailbox is provided in the Coordinator's office for individual correspondence. An information board, article in-basket, and binders containing client work sheets and handouts are also located in the "mail-box area."

Keep this manual handy so you may refer to it if questions arise. If you have any questions relative to its contents, please contact the PNC Coordinator for clarification.

History of the Student Health Center

The Addie L. Klotz Student Health Center (SHC) was opened in 1976. It is located in the southeast section of the California State University, Northridge (CSUN) campus

and serves as the students' primary health care location on campus. All currently enrolled students are eligible to use the services. The SHC operates as a prepaid health plan since the health services fee is automatically included in student fees collected at the beginning of each semester. Most health services are considered "basic" (e.g., provider visits, nutrition counseling, birth control sessions) and there is no charge for these services. Students may be charged a minimal fee for elective services, such as laboratory analysis, pharmacy, an employment physical, or immunizations for travel.

Current Student Health Center Information

As a representative of the Student Health Center, it is important for the Peer Nutrition Counseling Program participant to become familiar with:

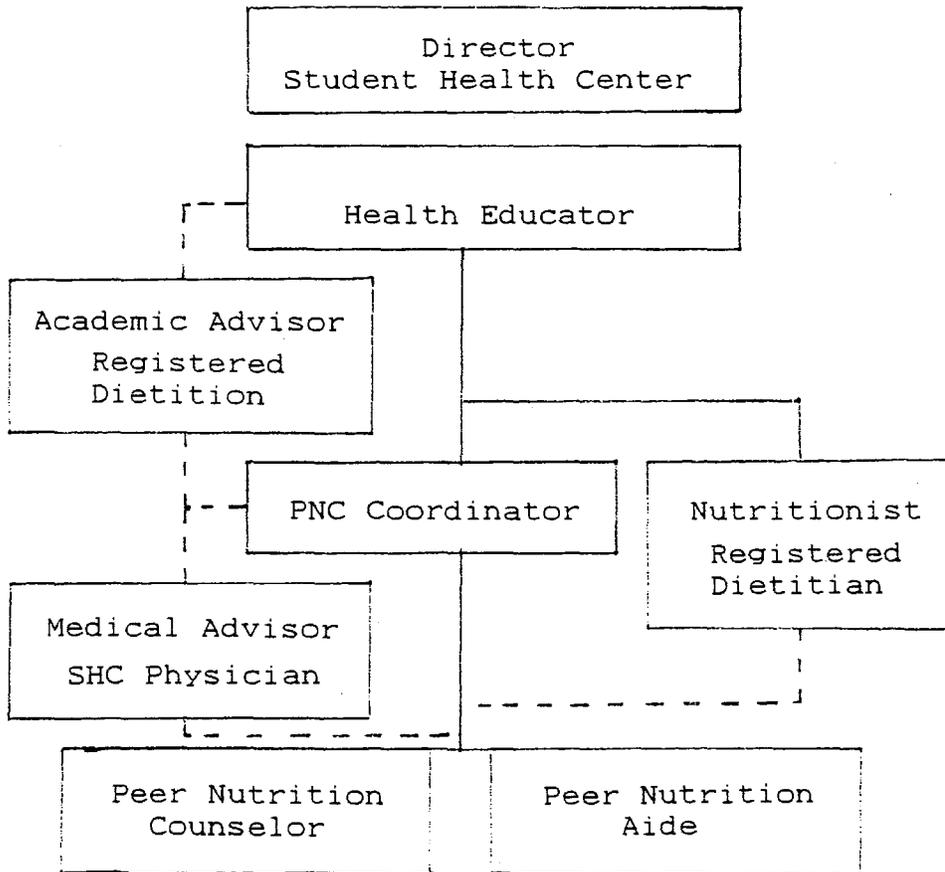
1. The services offered at the clinic

- Dermatology
- Emergency care
- General medicine
- Gynecology
- Immunizations
- Laboratory
- Minor surgery
- Nutrition counseling
- Orthopedics
- Pharmacy
- Physical therapy

- Podiatry
- Psychiatry
- Reproductive health counseling
- Sports Medicine
- TB screening
- Urology
- X-Ray

2. The structure of the Peer Nutrition Counseling Program's position within the operation of the Student Health Center.

PEER NUTRITION COUNSELING ORGANIZATION CHART



3. How CSUN students may avail themselves of these services

- The student calls for an appointment (885-3666) or walks in and waits for an available provider. Nutrition Counselors are seen by appointment only.
- The client fills out a SHC Utilization Coding Sheet and presents it to the receptionist at the front desk, along with his/her picture I.D. and permit to register.
- The receptionist will direct the client to the appropriate waiting area.

4. Student Health Center Hours

- Monday, Thursday, and Friday 8:30 to 4:30
- Tuesday and Wednesday 8:30 to 5:30

History of the Peer Nutrition Counseling Program

The PNC Program is included in the Department of Health Promotion. The SHC Health Educator implemented a nutrition program due to the popularity of the services of a part-time dietitian in the program. The dietitian was unable to accommodate the numerous appointment requests, which indicated the students' desire for nutrition information and a need for additional nutritional counseling.

To meet this need, students in Nutrition from the Home Economics Department were solicited. Thus emerged

the Peer Nutrition Counseling Program. Initially, the PNC Program:

- 1) Provided individual nutrition counseling
- 2) Initiated a weight loss group
- 3) Developed nutrition information materials.

The PNC Program began in Spring, 1985, with the Health Educator supervising two nutrition graduate students. In Fall, 1985, an additional Counselor was added. By Spring of the following year (1986), a paid Nutrition Coordinator position was initiated. Nutrition Aide positions were also added at that time. Since then, the number of Counselor and Aide positions has fluctuated between four and seven, depending upon the number of qualified applicants per semester.

Current PNC Objectives

The Peer Nutrition Counseling Program itself has grown. The current objectives have been expanded from the original objectives to include the following:

1. Individual Peer Nutrition Counseling

Objective:

- To provide individual counseling to students including: Information on the Basic Four Food Groups, the Exchange Lists, the Dietary Guidelines and Goals as a guide to developing positive eating habits and weight maintenance (if necessary).

Strategies:

- To train and supervise four to six Peer Nutrition Counselors who will educate, counsel, and develop materials for clients.
- To train and supervise five to seven Nutrition Aides who will support and develop materials for PNC.
- To evaluate the program by monitoring counseling sessions, requesting feedback from clients, and using work sheet review by Registered Dietitians.

2. Group Counseling (Ship-Shape--weight loss group)

Objectives:

- To provide students with a small (10 or less) support/discussion group on weight control.

Strategies:

- To provide a ten-minute lecture on a specific topic and facilitate a discussion at weekly meetings.

3. National Nutrition Month

Objectives:

- To provide students, faculty, and staff with nutrition education and awareness.

Strategies:

- To coordinate activities with the Student Dietetics Association, the Wellness Counselors

from the Counseling Center, and the Food Service Areas on campus.

- To utilize the Sierra Showcase to display nutrition education materials.
- To post flyers and posters, distribute hand-outs, and use props to educate the University population on nutrition using the ADA annual theme.

4. Sports Team Advisement

Objectives:

- To provide selected varsity teams with current information in sports nutrition applicable to their sport and assist them in modification of their diet, if needed.

Strategies:

- To develop a training module in the PNC Area of Responsibility
- To design a program to evaluate and suggest alterations (if necessary) to the athletes' dietary habits.

5. Computer Diet Analysis

Objectives:

- To provide a means to evaluate dietary habits of a client.

Strategies:

- To train Counselors and Aides to effectively complete the accumulation, processing, and

presentation of the diet analysis.

6. Develop new programs

Objectives:

- To remain sensitive to student needs in the area of nutrition and wellness.

Strategies:

- To encourage input from Counselors and Aides in development of new areas of interest.
- To allow flexibility in the structure of the PNC Program to promote creative thinking by participants.
- To solicit suggestions and comments from clients through an evaluation of PNC services and a SHC suggestion box.

7. Role in Health Promotion Area

Objectives:

- To assist in Health Promotion projects where needed.

Strategies:

- To allow flexibility in PNC hours to encourage participation in Health Promotion projects.
- To encourage participation of PNC members in other health-related areas.

8. Provide outreach programs

Objectives:

- To provide nutrition lectures to classes, organizations, and clubs on campus.

Strategies:

- To develop a format for popular topics in nutrition.
- To maintain current nutrition handouts to provide information to hosting groups.
- To notify various departments and clubs of the availability of speakers through the Student Health Center's PNC Program.

Conclusion

The remainder of this manual will provide the PNC participant with information on expectations along with tools to accomplish the tasks set forth. This will be an opportunity to transform the theoretical information they have learned into practical advice for the clients. Remember: you're not alone. We are here to help. If you are not sure or are uneasy about something, please allow the Coordinator or any one of the Advisors to assist you in finding a solution to your problem. We would like this to be a pleasant and fruitful endeavor in your quest for practical experience in the field of nutrition.

CHAPTER 1

General Guidelines

Abstract

This section defines the responsibilities and duties of all members (students and advisors) of the PNC Program. Examples of required written assignments and time commitments are illustrated. If after reading this section you are still not sure what is expected of you in this program, please see the Coordinator.

Duties

The students participating in the PNC Program will be classified as: Coordinator, Peer Nutrition Counselor, or Nutrition Aide. The faculty or staff advisors consist of a Health Educator, an Academic Advisor, a Registered Dietitian, and a Medical Advisor. Their duties are as follows:

Health Educator

- Makes final decision in selection of Peer Nutrition participants.
- Reviews PNC evaluations and recommended grades submitted by the Coordinator, then submits final recommendation of grade to Academic Advisor.
- Meets periodically with advisors to evaluate the program.

- Supervises and evaluates Peer Nutrition Counselors.
- Gives final approval of all nutrition education and promotion projects developed by Peer Nutrition Counselors and Aides.
- Has ultimate responsibility for the PNC Program.

Registered Dietitian

- Attends weekly PNC meetings when possible or necessary.
- Consults with Counselors as needed.
- Reviews weekly work sheets and makes comments as appropriate.
- Reviews nutrition information as necessary.

Academic Advisor

- Meets weekly with PNC participants to discuss PNC business.
- Assigns a grade to Counselors and Aides each semester, considering recommendations of Health Educator and/or Coordinator.
- Consults with the Health Educator regarding counseling and education projects.
- Reviews counseling work sheets weekly and gives appropriate feedback.
- Reviews nutrition information as necessary.
- Reviews all nutrition education and promotion projects developed by Peer Nutrition Counselors and Aides.

Medical Advisor

- Consults with Peer Nutrition Counselors and advisors on medical questions.
- Shares new medical/nutrition information with PNC participants.
- Acts as referral physician at the SHC for any suspected medical problems of PNC clients.

Peer Nutrition Coordinator

- Coordinates the activities of Counselors and Aides.
- Prepares a budget for the PNC Program.
- Evaluates the performance of the student participants and submits recommendations for grades to the Academic Advisor (via the Health Educator).
- Keeps a library of approved nutritional materials.
- Reports PNC statistics at the end of each semester.
- Conducts all PNC weekly meetings or selects a designee.
- Develops counseling guidelines for the PNC Program.
- Responsible for recruiting, hiring, and training of Nutrition Counselors and Aides.
- Meets weekly with the Health Education Department.
- Acts as a Peer Nutrition Counselor.
- Under direction of the PNC Advisors.

Peer Nutrition Counselor

- Counsels students individually or in groups on approved topics.

- Maintains work sheets and histories on all clients and submits copies for review of advisors (as noted on the bottom of each work sheet copy).
- Attends weekly PNC meetings at the Student Health Center.
- Maintains clients' medical records and confidentiality thereof.
- Provides a program of nutrition education which will be deemed their "Area of Responsibility." (See Chapter 2.)
- Works within the guidelines of the PNC Manual.
- Provides guidance for assigned Nutrition Aide.
- Keeps a time log of daily activities related to the PNC Program.

Nutrition Aide

- Provides a program of nutrition education which will be deemed their "Area of Responsibility." (See Chapter 2.)
- Completes computer diet analysis for assigned Counselor.
- Provides clerical support for assigned Counselor.
- Keeps a time log of daily activities related to the PNC Program.
- Attends weekly PNC meetings at the Student Health Center.
- Works within the guidelines of the PNC Manual.

Academic Accountability

Academic credit is given to Counselors and Aides for participation in the PNC Program. The Home Economics Department provides units of credit as Independent Study 499 (for Juniors and Seniors) and Independent Study 599 (for Graduate students). Counselors may take this class for 2 or 3 units and Aides are offered 1 or 2 units. For each unit of credit, a minimum of 45 hours of work is required.

Periodic evaluations will be completed by the Coordinator for each participant of the PNC Program. Evaluations for PNC and Aides are based on appropriate areas as follows:

- professionalism
- number of hours put into program
- following PNC guidelines
- responsibility
- dependability
- counseling abilities
- publicity

Informal evaluations will be made every month to allow the participant an opportunity for any desired improvements in performance before the final grade is assigned (see Form 1).

Counselors will be evaluated by clients after each session (see Form 2) and at least monthly by the Coordinator who observes the counseling session (see Form 3).

Form 1

California State University, Northridge

Student Health Center

PEER NUTRITION COUNSELOR EVALUATION

(Coordinator)

Name of Intern _____

Semester: _____ 19____ Position: _____

Area of Responsibility: _____

Supervisor: _____ Title: _____

A=Excellent B=Good C=Average D=Weak
F=Failing N/A=Not Applicable

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. Is able to convey information to client clearly and accurately. | A | B | C | D | F | N/A |
| 2. Has success in carrying out publicity and promotion. | A | B | C | D | F | N/A |
| 3. Accepts responsibility for difficult assignments. | A | B | C | D | F | N/A |
| 4. Time student puts into program and willingness to go beyond the minimum required. | A | B | C | D | F | N/A |
| 5. Shows dependability and reliability. | A | B | C | D | F | N/A |
| 6. Follows format of PNC manual and guidelines put forth. | A | B | C | D | F | N/A |
| 7. Has a professional attitude. | A | B | C | D | F | N/A |

Additional Comments:

Final Grade _____

Signature of Supervisor: _____ Date: _____

Form 2

California State University, Northridge
Student Health Center

PEER NUTRITION COUNSELOR EVALUATION FORM

(Client)

Please take a few minutes to fill out this form concerning your counseling session with the Peer Nutrition Counselor. Your honest answers and any suggestions would be appreciated.

Did you see the Counselor at the appointed time? Yes No
(If No, please state why on back).

Was the Counselor a good listener? Yes No

Was the Counselor able to assist you with your nutritional questions? Yes No
(Comments on back)

Do you feel the Counselor was knowledgeable in the field of nutrition and current issues thereof? Yes No
(Comments on back)

Comments are helpful and we would appreciate any suggestions on ways in which the counseling service can be improved. THANK YOU!

(Form 3)

Evaluation of Counseling Session

Counselor: _____ Date: _____
Evaluator: _____ Position: _____

1. Preparation
(excellent) 1 2 3 4 5 (needs improvement)
Comments:
2. Interviewing skills (listening, verbal communication & non-verbal communication)
1 2 3 4 5
Comments:
3. Conversational Style
1 2 3 4 5
Comments:
4. Interest of patient in material presented
1 2 3 4 5
Comments:
5. Accurate information
1 2 3 4 5
Comments:
6. Budgeting time
(excellent) 1 2 3 4 5 (needs improvement)
Comments:
7. Use of visual aids & handouts
1 2 3 4 5
Comments:
8. Assessment of the problem
1 2 3 4 5
Comments:
9. Identifying goals
1 2 3 4 5
Comments:

Time Management

Participants will officially commit to a desired number of hours (45, 90, or 135) by completing an Independent Study form designating 1, 2, or 3 units.

The specific time of day he/she wishes to work is flexible to accommodate participant's schedule. The exception is the weekly meeting. The meeting time and day will be set in advance of student registration and should be noted when choosing classes. One hour and thirty minutes will be allowed for each weekly meeting.

Counselors will divide hours between individual counseling, their Area of Responsibility, training, weekly meetings, participation in SHC Health Education programs (e.g., Wellness Decathlon), or approved outside seminars. The Nutrition Aides will do the same, except instead of individual counseling, they will have office hours which will include computer diet analysis, support work for their Counselors and Areas of Responsibilities.

At the onset of the PNC Program, the PNC members will provide the Coordinator with their counseling session or office hours, and the projected hours according to the format in Form 4.

These projected hours are an estimate on what the participant's actual hours will be. The easiest way to do this is by listing the events that are required (e.g., office or counseling hours, weekly meetings, training)

Form 4

SAMPLE

PROJECTED HOURS

FOR

Peer Nutrition Counseling Program

Semester, _____

_____ units _____ minimum hours required

Date	Event	Hours
7-15, 17, 22, 24	Training (4 hrs ea)	16
8-25	Training	3
<u>SEPTEMBER</u>		
9-9, 11, 16, 18, 23, 25, 30	Counseling (2 hrs ea)	14
9-3, 10, 17, 24	Meetings (1.5 hrs ea)	6
	Area of Responsibility (News- letter and Journals)	17
9-30	Evaluations (0.5 hr ea)	0.5
<u>TOTAL HOURS FOR SEPTEMBER AND TRAINING</u>		56.5
<u>OCTOBER</u>		
10-7, 9, 14, 16, 21, 23, 28, 30	Counseling (2 hrs ea)	16
10-1, 8, 15, 22, 29	Meetings (1.5 hrs ea)	7.5
	Area of Responsibility (News- letter, Lectures, and Journals)	13
10-7, 8, 9, 10	Wellness Decathlon	8
10-28	Evaluations (0.5 hr ea)	0.5
<u>TOTAL HOURS FOR OCTOBER</u>		45.0
<u>NOVEMBER</u>		
11-4, 6, 11, 13, 18, 25, 30	Counseling (2 hrs ea)	14
11-5, 12, 19, 26	Meetings (1.5 hrs ea)	6
	Area of Responsibility (News- letter, Lectures, and Journals)	13
11-25	Evaluations (0.5 hr ea)	0.5
<u>TOTAL HOURS FOR NOVEMBER</u>		33.5
<u>DECEMBER</u>		
12-2, 4	Counseling (2 hrs ea)	4
12-3, 10	Meetings (1.5 hrs ea)	3
	Area of Responsibility (News- letter and Journals)	3
12-22	Evaluations (0.5 hr ea)	0.5
<u>TOTAL HOURS FOR DECEMBER</u>		10.5
<u>TOTAL HOURS FOR FALL 1987</u>		145.5

first, then subtracting the hours needed for these items from the total semester hours committed to the PNC Program and dividing the remaining hours among the number of Area of Responsibility projects which you have accepted.

Actual hours will be logged in a journal. A 4" x 5½" "Blue Book," available in the Student Bookstore, should be used for this purpose. Log entries should consist of the date, activity, and number of hours (see Form 5). A monthly total of hours should be compared to the projected hours to determine if the participant is obtaining the desired number of hours per month. Schedule corrections should be made if necessary. This journal will be reviewed monthly by the Coordinator and submitted at the end of semester to the Coordinator as a record of time put into the PNC Program.

Written Assignments

Three written assignments will be required from each participant:

- 1) A written "plan of action," including personal objectives for the PNC Program (see Form 6), will be due the first week of school, which includes the "projected hours" (see Form 4).

These two items will serve as written goals for you to review periodically throughout the semester as a check of your progress. They also will be helpful at the end of

Form 5

California State University, Northridge

Student Health Center

SAMPLE

PNC JOURNAL ENTRY

Date	Activity	Hours
9/1/87	Individual Counseling	3:00
9/8/87	Meeting	1:30
9/12/87	Individual Counseling	3:00
9/15/87	Meeting	1:30
9/18/87	Development of lecture materials	2:00
9/20/87	Lecture Aerobics class	1:30
9/22/87	Wellness Decathlon	3:00
9/23/87	Meeting	1:30
9/30/87	Meeting	1:30
	Assisting with Monthly Theme	2:00
TOTAL FOR SEPT.		20:30

Form 6

SAMPLE

California State University, Northridge
Student Health Center

Objectives and Plan of Action

for

The Peer Nutrition Counseling Program

by

Caren Counselor

My objectives for the Peer Nutrition Counseling Program are as follows:

- To obtain practical experience in working with individuals and groups in nutrition counseling.
- To help decide whether my future in nutrition will be focused on private consulting or as a dietitian in a hospital.
- To LEARN to assimilate and disseminate information concerning nutrition in a manner helpful to the client.
- To gain nutrition knowledge through interaction with colleagues in the field of dietetics and medicine.

My Area of Responsibility is the monthly newsletter.

My plan of action regarding this area is:

- To review literature for current information on monthly theme topic.

- To compile and consolidate information (first draft).
- To enter first draft on word processor.
- To send first draft to consultants Academic Advisor and Director of the Student Health Center, for review.
- To revise first draft on word processor, per suggestions from consultants.
- To obtain approval from Academic Advisor on final draft.
- To enter final copy on word processor.
- To submit to reproduction for duplication.
- To distribute copies to designated areas on campus.
- To initiate first step for next month's newsletter.

=====

the semester when writing your general report to determine if your goals were realized.

2) A PNC General Report will be due at the end of the semester. The exact date will be announced at a PNC weekly meeting. This account will include the participants' evaluation of the PNC Program as it relates to his/her objectives set forth at the beginning of the semester. The individual should note positive aspects or any problems, and may offer suggestions for improving any of the following areas:

- recruiting
- training
- area of responsibility
- resources and materials
- time involved
- benefit to client and counselor
- weekly meetings
- evaluations
- outreach
- supervision
- benefit to the University (CSUN) and the Student Health Center

This should be typewritten, double-spaced, and approximately 2 pages in length. This may be written briefly in outline form.

3) A descriptive narrative on the Area of Responsibility, written to assist a successor, is required. A separate report is needed for each area. For this paper, the following guidelines will apply:

Areas of Responsibilities previously established:

- Topic
- Objectives

- Procedures

- General overview, emphasizing changes you have made (if any) in the original plan and the results thereof.
- Tips or suggestions for future work in the area.

"New" Areas of Responsibilities:

- Topic
- Objectives
- Procedures
 - Clearly state what, when, why, where, and how.
 - Name specific people to contact (address and telephone number, or account numbers).
 - Include a flow or step chart, including specific deadlines.

This paper should be typewritten, double-spaced, and be approximately 2 pages in length. It may also be done in an outline form, if desired (see Form 7).

Materials can be purchased at the Bookstore or South Library; however, there is a minimum purchase at the Bookstore of \$5.00. Both locations require an authorized person from the Student Health Center to sign for the purchase.

A food-picture file has been started in the Coordinator's office. You might find some useful things in there. They add a lot of color and make your work easier--especially if you are not artistic.

Form 7

SAMPLE

California State University, Northridge

Student Health Center

Area of Responsibility

Monthly Theme

Four bulletin boards were prepared this semester on the topics of fat, sodium, vitamins, and minerals. The bulletin boards are to be put up on the first school day of each month. Begin work on the following month's projects as soon as you have put up the ones for the current month. For example:

- The bulletin board for February should be put up on Monday, February 2nd.
- First week in February:
 - Decide theme for March with Newsletter editor
 - Research topic
- Second week in February:
 - Sketch bulletin board
- Third week in February:
 - Get approvals from Academic Advisor and Health Educator
 - There may be changes required, as each person who approves your work interprets words differently

- Fourth week in February:
 - Prepare bulletin board
- Monday, March 2nd
 - Put up new bulletin board
 - Photograph the bulletin board as a record

CHAPTER 2

Areas of Responsibility

Abstract

In addition to offering individual counseling, there are other means of providing students with nutrition information. Since it would be difficult for all the participants to partake of each of these educational areas, we have asked that individuals choose only one or two areas in which they would be interested in order to focus their energies.

Descriptions of Areas of Responsibility

Below are short descriptions of topics which have previously been investigated. A report has been written by the Peer Nutrition Counselor/Aide involved in each of the following areas which gives specific information pertinent to that project. These reports are located in the Coordinator's files.

1. Weight loss group (Ship-Shape)

- A Counselor will act as a facilitator, assisted by a Nutrition Aide.
- Nine week workshop.
- One hour per week.
- Discussion format
- weigh in

- 10 minute topic lecture
- discussion; questions and answers

2. Sports Team Nutritional Intervention

- One or two Counselors
- Advise selected varsity teams on effects of nutrition on performance by individual or group activities
- Concentration in sports nutrition
 - Diet consists of high complex carbohydrate and low fat
 - Hydration importance
 - Pre-game meals
- Teams previously advised are:
 - Women's volleyball and softball
 - Swim team

3. Nutrition Newsletter

- One Counselor
- Monthly (coordinated with Monthly Theme)
- General subject matter
- Circulated campus-wide at 10 designated distribution areas.

4. Nutrition assistance for disabled students

- One Counselor
- Write a nutrition article for their bi-yearly newsletter
- Group lectures or individual counseling
- Investigate an individual assistant program

5. Monthly Theme

- One or two Nutrition Aides
- Monthly (coordinate with Nutrition Newsletter)
- Design SHC second-floor bulletin board
- Accumulate and post materials

6. Food Service

- One or two Nutrition Aides
- Labeling information for foods in vending machines
- Posters listing nutritional comparisons of foods offered at the eating establishments on campus
- Develop discount coupons for food service areas

7. Exercise physiology

- One Counselor
- Work with the Department of Exercise Physiology to offer clients an exercise prescription for PNC clients
- Initiate a walking program and other exercise plans

Other topics are open for development. If individuals are interested in a specific area of nutrition, please discuss it with the Coordinator and start the creative ideas flowing!

CHAPTER 3

Record Keeping and Monitoring Devices

Abstract

All patients of the Student Health Center have official medical records. These records are confidential and are monitored by trained clerical workers or maintained in a locked area. Each counseling visit or "no show" will be noted in the client's medical record.

Along with the Student Health Center's records, the Peer Nutrition Counseling group keeps information on clients in the form of work sheets and client histories. These are helpful to the Counselor for reviewing information acquired during the counseling session. The work sheet will be examined by the Academic Advisor and SHC Registered Dietitian for content and accuracy.

Diet diaries are monitoring devices used in various counseling sessions which are helpful in establishing the client's current eating habits.

Maintaining records on clients is standard practice throughout the medical community. It will be beneficial for Counselors to be proficient in this area so that this task becomes "second nature." In that way, concentrated efforts may be spent interpreting the client's problems and assisting with possible solutions.

Statistics and Coding

Each client must have checked in at the front reception desk and obtained a (blue) SHC Utilization Coding Sheet stamped with a date before a counseling session may begin. If this has not been done, the Counselor should escort the student downstairs to expedite the check-in process.

After the counseling session, complete the coding section of the form (see Form 8). A charting note should also be completed (see Form 9). These forms are found in the desk drawer in the PNC Office.

If the client is deemed a "no show" (does not keep appointment), a charting note should be made, checking the "Other" box and writing "no show." If a client misses three SHC appointments, he/she is sent a letter alerting him/her to the possibility of losing SHC privileges if any more appointments are missed.

Both the Utilization Coding Sheet and the white copy of the charting note should be secured together with a paper clip and deposited in the PNC basket on the top of the last desk at the rear of medical records.

PNC Client History

On the initial visit to the SHC a student is required to complete a medical history. This medical history is for the student's permanent SHC medical record and is processed by the clerical staff. In addition to this history, at the onset of Peer Nutritional Counseling, a

"SHC UTILITATION CODING SHEET"

SAMPLE (Form 4)

ALL INFORMATION ON THIS SHEET IS CONFIDENTIAL AND WILL BE USED FOR STATISTICAL PURPOSES AND TO AID THE STUDENT HEALTH CENTER IN PROVIDING YOU WITH BETTER HEALTH CARE.

NAME Smith, Tobias I.D. # 801-2661 DATE 10/27/87 TIME 10:00
Last First

ADDRESS 3341 Horace St Granada Hills 91344
(Local) Number Street City Zip

PHONE 841-2641 / RESIDENT IN CAMPUS HOUSING? Yes No
Home Work

REASON FOR VISIT Nutrition Counseling APPT. WITH Ricki TIME 10:15

IS THIS YOUR FIRST VISIT TO THE STUDENT HEALTH CENTER THIS SEMSTER?
 YES NO IF YES, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Date of Birth 8/29/68 Sex: M F Marital Status: Single Married

PLEASE CHECK:

Day Student <input checked="" type="checkbox"/>	Faculty/Staff <u> </u>	Fr <input checked="" type="checkbox"/>	Caucasian <input checked="" type="checkbox"/>	SOURCE OF
Evening Student <u> </u>	Visitor <u> </u>	So <u> </u>	Black <u> </u>	REFERRAL
Day and Evening <u> </u>	Summer prog. <u> </u>	Jr <u> </u>	Asian <u> </u>	Fac/Staff <u> </u>
Summer Session <u> </u>	Other <u> </u>	Sr <u> </u>	Hispanic <u> </u>	Fliers <u> </u>
		Gr <u> </u>	Amer. Ind. <u> </u>	Friend <input checked="" type="checkbox"/>
			Other <u> </u>	Prev. use <u> </u>
				Sundial <u> </u>

PLEASE DO NOT WRITE BELOW THIS LINE

CSUN STUDENT HEALTH CENTER UTILITATION CODING SHEET		Provider	Clinic Code
#1	A B C D E F G H I J K L M N O P Q R S T U V W (X) Y Z 1 2 3 4 5 6 7 8 9 10 11 12 13 14 (15) 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 (I) R	407	
#2	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 I R		
#3	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 I R		
#4	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 I R		
#5	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 I R		
#6	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 I R		

COMMENTS: _____

"CHARTING NOTE"

SAMPLE

(Form 9)

Student Health Center, Northridge

NAME Tobias Smith ID# 801-2661

Service provided PNC Provider Ricki

Weight loss/gain

Medical referral _____

General Information

Other / _____

Ricki Borstein Date 10/27/87
Signature/Initial

NUTRITION COUNSEL

1 (R)

PNC client history is completed by the Counselor for each client. The history will contain the following information:

- medical disorders
- genetics
- daily schedule
- activity
- food choices
- where the client heard about the PNC Program
- specific client questions (see Form 10)

If, in your opinion, a client history isn't appropriate during the first session (i.e., client is late, client only wants to ask a couple of simple questions), please note "NO HISTORY" on the work sheet. Also note where the client heard about the PNC Program for our statistical information. The PNC Client History Form is filed along with the initial work sheet.

Work Sheets

It is important to keep simple but accurate notes on each client. This serves as a refresher to the Counselor on return visits; provides a means of monitoring the outflow of information dispensed by the Peer Nutrition Counselors; and aids in evaluations. The progress notes should be written in a structured format using the standard SOAP form. To review the acronym SOAP:

CLIENT HISTORY (cont'd)

FOOD CHOICES

May include several typical choices
for each meal

Sample Menu

Breakfast:

Time _____

Snack:

Time _____

Lunch:

Time _____

Snack:

Time _____

Dinner:

Time _____

Dessert:

Time _____

Snack:

Time _____

Subjective--any new information gained from talking with the client (client's statements, descriptions, and reports).

Objective--any specific new data obtained from laboratory, performance measures, diet analysis, observations of behavior, and physical findings.

Assessment--interpretation or significance of these new data toward understanding of the problem as defined.

Plan--any continuing or new diagnostic, therapeutic, or client education activities to be carried out in relation to data and assessment (see Form 11).

The work sheet has an original and three copies. These should be distributed in the following manner:

1. Original--To be reviewed by SHC Registered Dietitian (deposit in her mailbox).
2. Yellow--Client's copy to remind them what was discussed.
3. Blue--To be reviewed by the Academic Advisor (deposit in her mailbox).
4. Pink--Office copy, place in 3-ring binder.

There should be a work sheet for every client and "no show." After the original is reviewed by the Dietitian, it is initialed and returned to the Coordinator, and the Coordinator will discuss with the Counselor any comments made by the Dietitian. The original is then placed in the office binder and the pink copy is discarded. In that

PEER NUTRITION COUNSELING WORKSHEET
(Form 11)

Date _____

Name _____

I.D.# _____

Reason for Visit		Current Weight	Desired Weight	Height
Age	Sex	Counselor		Next Visit

SUBJECTIVE

OBJECTIVE

ASSESSMENT

HANDOUTS

PLAN

Reviewed By: _____

Form #01 (White) perm. File (Yellow) client's copy (Blue) advisor's copy (Pink) copy

way, proof of Dietitian monitoring is available in the PNC office at all times.

For "no shows," fill in the name, student I.D. number, date, Counselor, and write "N.S." across the front. Discard all copies and place the original in the office copy binder.

Diet Diary

A food diary is used when a computer diet analysis has been prescribed. Usually three days is an adequate amount of time to have recorded. One day should be a weekend; days need not be consecutive and should be typical days.

The Counselor should review the technique for recording the food consumed with the client:

- The client should record what he/she is eating. Each meal or snack should be recorded or record at least 3 times daily.
- Discuss accuracy. Review portion size by using food models. Suggest that when the client is at home he/she should use a measuring cup one time only to see what the quantity of food looks like on or in his/her own dishes. As a last resort, the client can actually draw the exact size (noting thickness) on a piece of paper and have the Counselor determine the portion size.

- Emphasize honesty. Typically, clients underestimate food items with negative connotations and overestimate foods seen as "good."
- Review with the client the example on the front page of the food diary form to confirm the need to list time, how the food was cooked, need to break down combined items such as sandwiches and salads, where a variety of foods could be used in numerous proportions (see Form 12).
- The client should return the completed form to the Counselor in the next session. The Counselor should scan the food diary charts with the client to check for completeness (see Form 13). The food items are coded for the computer program or the computer codebook is checked to determine if all foods in the diary are listed in the food bank. Compensate where necessary by using a similar food, and note the changes on the food diary.
- The Counselor will put the completed diet diary in their Nutrition Aide's mailbox. The Aide will return the diary to the Counselor's mailbox upon completion. One week should be allowed for this process.

Client Reminders

Cards are available to:

- Notify clients of a missed appointment.
- Remind clients of a group or individual counseling session, when necessary.

All cards should be sealed in an envelope before posting
to assure confidentiality.

FOOD DIARY FOR FITNESS
(Form 12)

For use by the Peer Nutrition Counselors

CSUN - Student Health Center
18111 Nordhoff Street
Northridge, CA 91330
885-3693/3666

Name _____
Address _____
City/State/Zip _____
Phone _____

Ht. _____ Wt. _____ Sex _____ Age _____
Females: Are you pregnant? _____ Are you breastfeeding? _____

DIRECTIONS

1. List representative days of your diet.
2. Keep your food diary current. List at least three times daily. Record time of day. Be sure to include all snacks.
3. Record only one food item per line.
4. Report the food portion that was actually eaten. For example: Broiled T-bone steak, 6 oz.
5. Include method of preparation: fresh, frozen, canned in heavy syrup, canned in water, fired, baked, etc.
6. Record amounts in household measures. For example: ounces, teaspoon, tablespoon, cup, medium slice, etc.

SAMPLE

TIME	ITEM#	FOOD ITEM/DESCRIPTION	QUANTITY	OFFICE USE (PORTION)
7:15		Orange juice from conc.	1/2 Cup	
7:15	LEAVE	Egg poached	1	LEAVE
7:15		Whole wheat toast	2 slices	
7:15	BLANK	Margarine	1 Tbs.	BLANK
7:15		Coffee instant	1 Cup	
7:15		Sugar	2 tsp.	

Counselor _____ Date Submitted _____ Date Due _____

FOOD DIARY FOR FITNESS (CON.)

(Form 13)

DAY _____

TIME	ITEM#	FOOD ITEM/DESCRIPTION	QUANTITY	OFFICE USE (PORTION)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

CHAPTER 4

Professionalism

Abstract

While you are working as participants of the PNC Program, providing nutrition outreach, or contacting individuals as part of the PNC duties, each participant is ultimately representing the Student Health Center. A positive professional image should be maintained during those occasions.

Dress

Business attire (no shorts or blue jeans) should be worn during Peer Nutrition Counseling sessions. A lab coat will be provided for Counselors to be worn while counseling or conducting group sessions. A blue and white Student Health Center name badge should be worn any time a participant is in the Student Health Center or representing the Student Health Center.

Punctuality/Illness

Participants will be expected to be on time for appointments and weekly meetings. If you are going to be unavoidably late, please let the Coordinator know in advance, if possible. If ill, notify the Coordinator at 885-3693 or leave a message at the main desk, 885-3666.

Ethics and Confidentiality

Peer Nutrition Counselors and Nutrition Aides are considered para-professionals of the Student Health Center. Like all professionals, they should abide by a code of ethics. Elements of the Code include expectations and common beliefs of the profession, and statements to prevent an abuse of power.

When Peer Counselors have information about those they counsel, they have power. Periodic debriefing during the weekly PNC meetings, or individually with the Coordinator, will allow the PNC an opportunity to air sensitive issues.

When difficult questions concerning the handling of confidential information arise, the Peer Counselor should discuss them with the Coordinator, particularly if the health of another person may be affected.

The PNC Coordinator will have the Peer Nutrition Counselors and Nutrition Aides sign a Confidentiality form before the beginning of the semester. This is done to emphasize a sense of professionalism and ethical responsibility (see Form 14).

Use of Equipment or Services of the Student Health Center

All equipment and services at the Student Health Center are for business use only. If you wish to borrow any materials from the clinic for your own personal use,

(Form 14)



California State University, Northridge
Northridge, California 91330

Student Health Center
(818) 885-3666

C O N F I D E N T I A L I T Y

Confidentiality is one of the most important issues to the staff of the Health Center. We are bound by medical ethics as well as by law to preserve our patients' rights of privacy and confidentiality. This means we do not discuss a patient unless it is necessary for the patient's care; we do not discuss who was in for what; and never discuss one patient in front of another. We expect professional behavior and attitudes from all our staff members, student interns, assistants, aides and volunteers. Whatever happens to a student once he or she requests treatment, counseling or other care from us is strictly between the student and the staff member involved. Those who come in contact with the chart or any reports are bound by the contract of confidentiality with the patient not to discuss any information.

Signed _____ Date _____

Please Print:

Name _____

Address _____

Phone _____

I. D.# _____

Drivers Licence # _____

Supervisor's Signature _____

10/85



The California State University

there is a procedure for checking out certain items, such as posters and books. See the Coordinator for assistance.

Telephone use:

- Answer calls with the name of the department, "Health Promotion" or "Peer Nutrition Counseling" (if you are in the counseling office) and your name.

Personal telephone calls:

- State telephones are provided for the conduct of State business
- A pay telephone is located outside the front door of the SHC for personal calls
- Personal calls of an emergency nature may be made from the Counseling Office only with the permission of the Coordinator
- Do not accept any collect calls
- All long distance calls should be approved by the Coordinator.

Outgoing calls:

- On campus: listen for dial tone, then dial the four-digit extension (one of the three line buttons must be pushed down)
- Off campus: (818 area code) listen for dial tone, dial 9, and the seven-digit number.

Transferring calls:

- Get the caller's name and tell them what you are attempting to do, and give them the

extension number of the person they wish to speak with in case they are disconnected

- When transferring a call, tell the person who is receiving the call who it is, push the receiver button down twice and tell the caller they have been connected. Stay on the line until you are sure the connection has been made
- Communication line (where applicable)
 - Push red hold button
 - Push com-link button
 - Dial two-digit code
- Regular telephone (for persons calling from off-campus only)
 - Push receiver button down twice
 - Listen for 2 beeps
 - Dial four-digit extension.

Use of multi-line telephones:

- Line button must be pushed down to talk on that line
- Line is in use when the button light is on
- Caller on hold is indicated by flashing light on line button.

Personal Computer and typewriters

- Primarily for business use but may be used for personal use with permission of the Coordinator

Postage via U.S. Mail

- For official PNC use only (no postage is necessary). Personal mail needs to have correct postage. All outgoing mail is put in a tray behind the front reception desk. The inbound mail is picked up behind the reception desk in the PNC box.

CHAPTER 5

Peer Nutrition Counseling

Abstract

In the counseling section of this manual, the student will be introduced to the preferred nutrition philosophies and ideologies of the Student Health Center. These ideals are consistent with the general nutrition guidelines sanctioned by such groups as the American Heart Association, the American Cancer Society, the American Dietetic Association, the Senate Select Committee on Nutrition, and the National Dairy Council.

This basic philosophy focuses on moderation and variety in dietary selections, a reduction in fats and an increase in complex carbohydrates, and in keeping abreast of current scientifically based information. Details are expanded upon in the following sections.

Peer Nutrition Counseling Topics

There are five areas in which a Peer Counselor may give nutritional advice:

1. General
2. Weight gain
3. Weight loss
4. Maternal nutrition
5. Vegetarianism

The Counselor may feel qualified to answer nutrition related questions in other areas, but he/she is requested to refer clients to the appropriate professional on these topics. Peer Nutrition Counselors are only sanctioned to work with healthy clients.

PNC as Nutrition Quality Control Agents

Nutrition is an ever-changing field. New theories and innovative research are being reported daily. It is crucial to remain abreast of current issues.

This atmosphere of change is conducive to fads and fallacies from the eager profiteer. For over ten years the New York Times Top Ten Best Seller Book list has had at least one book on nutrition. As a legitimate nutritionist/dietitian, you must be able to scrutinize this barrage of material and data and extract legitimate claims from fads and fiction.

In essence, the nutritionist must act as a quality control agent for the clients he/she counsels. Scientifically sound information, combined with common sense from a background in the sciences should assist the Counselor in disseminating current nutrition claims.

When analyzing new material, the following questions should be asked:

1. Date of study
2. Author's or researcher's credentials or reputation
3. Methodology used in forming conclusion
4. Logic used in forming conclusion

Referrals

If, while counseling a client, the Counselor feels there is a medical or psychological problem beyond what they have been authorized to address, they should explain to the client availability of medical professionals on campus.

This should be done in a tactful and sensitive manner, which expresses concern for the client's best interests. The Counselor may assist the client in securing an appointment with the professional in the following manner:

1. Dietitian - escorts the client to the appointment desk where he/she can make an appointment
2. Medical advisor - attempts to contact the physician by telephone and to immediately confront the problem, or to assist the client in making an appointment at the appointment desk
3. Psychological - calls the Counseling Center for the client and sets up an appointment with a Counselor.

Follow-through is necessary to obtain feedback on the client. All feedback should be noted on the client work sheet.

See the referral sheet for specific names and telephone numbers.

Referral Sheet

Registered Dietitian	Betty Reisgen (SHC)	Ext. 3682
Medical Advisor	Dr. Anscombe (SHC)	Ext. 3680
Eating Disorders	Dr. Klein (SHC)	Ext. 3663
	Dr. Ortego (SHC)	Ext. 3655
	Dr. Mike Doyle (Adm 124)	Ext. 2366
Psychological	Dr. Mike Doyle (Adm 124)	Ext. 2366
	Corrine Wilburne	Ext. 2366

Procedures for Client Visits

1. Calls for an appointment (Appt. desk 885-3666).
2. Upon arrival at the SHC, signs in at circular desk.
3. Checks in at reception desk (must have picture I.D. and permit to register).
4. Goes upstairs with blue slip and present to the reception person or put in the nutrition basket.
5. Waits for Counselor in the lobby area.
6. Counselor meets the client and accompanies same to office.
7. When appointment is completed, Counselor will walk client to stairs or appointment desk.

Peer Nutrition Counselor Procedures

- Compile client history and complete work sheet for each new client.
- Fill out a work sheet for each returning client for each counseling session.
- Distribute work sheet copies to appropriate persons (as indicated on bottom of each sheet).
- Complete charting note and blue statistical coding sheet and transmit to medical records upon completion of counseling session.
- Only when absolutely necessary, view a client's medical charts in the Coordinator's office.

- Indicate on appointment sheet whether client kept their appointment (check mark), was a "no show" (NS), or cancelled (C).
- Straighten up work area and close office door.

Using the Peer Nutrition Counseling

Outlines

Each topic is divided into several sections employing the following basic format:

- I. Number of Sessions - when a client calls for an appointment with a PNC, the receptionist will automatically make the number of appointments specified for the counseling topic. Example: a client needing to lose weight would be set up for three separate counseling appointments approximately one week apart.
- II. Objectives - general areas to be discussed in each session.
- III. Counselor's Review - a brief outline of the subject matter listing points to be discussed, including charts or handout material.
- IV. Outline - important points or questions to be covered in the counseling session correlating each point within specific area of the SOAP work sheet format.
- V. Definition of Terms - defining terms used in the Counselor's review which may be unfamiliar or ambiguous.

VI. Available Handouts - handouts currently used and available to the PNC.

VII. Additional Sources - materials available for further review on the topic.

General Nutrition

I. Number of Sessions: 1

II. Objectives:

- to maintain desirable weight
- to educate the client in food variety and moderation
- to review the guidelines and goals of the American Heart Association, American Cancer Society, and the Senate Select Committee on Nutrition

III. Counselor's Review

- National Dairy Council's Guide to good eating
- Senate Select Committee's seven dietary guidelines
- Dietary Goals for Americans
- Low fat, high complex carbohydrate diet
- Physical activity - Target heart rate
- Review SOAP form and client history

IV. Outline:

- Subjective Information 1. Foods the client includes in his/her diet
- Four basic food groups
2. Client's class and work schedule
3. Where the client eats
4. How foods are prepared
5. How much is eaten and when
6. Any nutrition supplements used by the client

- | | |
|-------------|--|
| | 7. Physical activity |
| Objective | 8. Lab work (if any) |
| Information | 9. Computer diet analysis (if available) |
| Assessment | 10. Percent of fat, protein, and carbohydrate calories in diet |
| | 11. Total calories |
| Plan | 12. Suggestions for possible solutions to problem areas |
| | - Client decides on his/her own solutions |
| | - Meal planning |
| | - Exercise plan (if any) |

V. Define Terms

None

VI. Available Handouts

1. Basic Four Food Groups
2. Dietary Guidelines for Americans
3. Recommended Diet for Americans (Dietary Goals)

VII. Additional Sources

1. Bogert, L. Jean; Briggs, George M.; Calloway, Doris. Nutrition and Physical Fitness. Philadelphia: W. B. Saunders Company, 1973.
2. Guthrie, Helen. Introductory Nutrition. St. Louis: C. V. Mosby Company, 1975.
3. Vickery, Donald; Fries, James. Take Care of Yourself. Menlo Park, California, 1986.
4. Brody, Jane E. Jane Brody's Nutrition Book. New York: Bantam Books, 1981.

5. Hamilton, Eva; Whitney, Eleanor; Sizer, Frances.
Nutrition Concepts and Controversies. New York:
West Publishing Co., 1985.

Handout 1

General Nutrition

Basic Four Food Groups

Food Group	Servings Per Day (Adult)	Sample Foods and Servings Sizes	Main Nutrient Contributions
Milk and milk products	2	1 c (8 oz) milk; 1 c yogurt; 1½ cup cottage cheese 2 c ice cream; 1 c milk pudding; 1-2 oz cheese	Calcium, protein, riboflavin, zinc, vitamin B12
Fruits and vegetables	4	½ c fruit, vegetable, or juice; 1 medium apple, orange, banana, or peach	Vitamin A, vitamin C, folacin
Grains (whole-grain and enriched bread and cereal products)	4	1 slice bread; ½ c cooked cereal or 1 c (1 oz) ready-to-eat cereal; 1/2 hamburger bun or hot dog bun or English muffin; ½ c cooked rice, grits, macaroni, or spaghetti; 2 tbsp flour; 6 saltines; 1 6-inch tortilla	Additional amounts of niacin, iron, thiamin; in whole grains, fiber, zinc
Meat and meat alternates	2	2-3 oz cooked meat, fish, or chicken; ½ c tuna; 2 eggs; 4 tbsp peanut butter; 1 c cooked legumes; ½ c nuts	Protein, iron, riboflavin, niacin, zinc, vitamin B12, thiamin

Source: Nutrition: Concepts and Controversies
Hamilton, et al 1985

Handout 2 General Nutrition
DIETARY GUIDELINES FOR AMERICANS

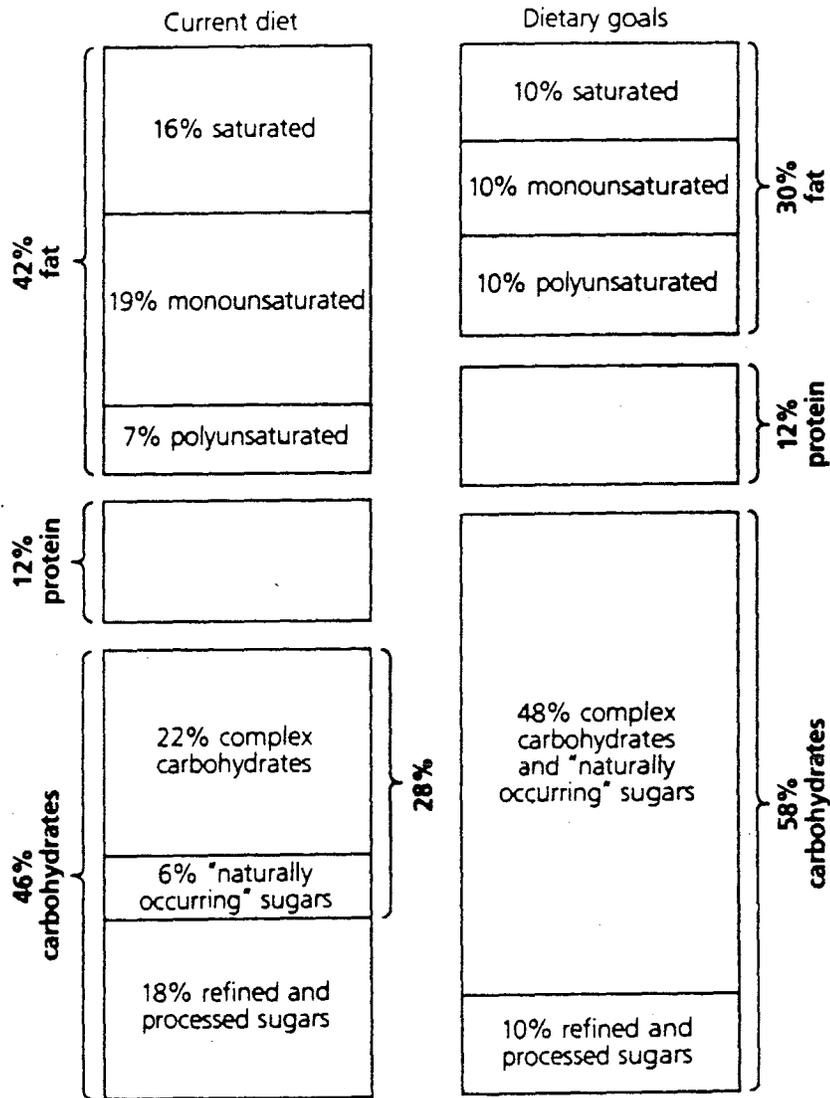
1. *Eat a variety of foods daily.*
 - Include these foods every day:
 - fruits and vegetables
 - whole grain and enriched breads and cereals
 - milk and milk products
 - meats, fish, poultry, and eggs
 - dried peas and beans.
2. *Maintain ideal weight.*
 - Increase physical activity
 - Reduce calories by eating fewer fatty foods and sweets
 - Avoid too much alcohol
 - Lose weight gradually
3. *Avoid too much fat, saturated fat, and cholesterol.*
 - Choose low-fat protein sources such as lean meats, fish, poultry, dry peas and beans
 - Use eggs and organ meats in moderation
 - Limit intake of fats on the foods
 - Trim fats from meats
 - Broil, bake, or boil--don't fry
 - Read food labels for fat contents
4. *Eat foods with adequate starch and fiber.*
 - Substitute starches for fats and sugars
 - Select whole-grain breads and cereal, fruits and vegetables, dried beans and peas, and nuts to increase fiber and starch intake
5. *Avoid too much sugar.*
 - Use less sugar, syrup, and honey
 - Reduce concentrated sweets like candy, soft drinks, cookies, etc.
 - Read labels--sucrose, glucose, dextrose, maltose, lactose, fructose, syrup, and honey are all sugars
 - Eat sugar less often to reduce dental caries
6. *Avoid too much sodium.*
 - Reduce salt in cooking
 - Add little or no salt at the table
 - Limit salty foods like potato chips, pretzels, salted nuts, popcorn, condiments, cheese, pickled foods, and cured meats
 - Read labels for sodium or salt contents, especially in processed and snack foods.
7. *If you drink alcohol, do so in moderation.*
 - For individuals who drink -- limit all alcoholic beverages (including wine, beer, liquors, etc.) to one or two drinks per day.
 - Note: Use of alcoholic beverages during pregnancy can result in the development of birth defects and mental retardation called Fetal Alcohol Syndrome.

Source: U.S. Dept. of Agriculture & U.S. Dept. of Human Services Bulletin # 232, 1980.

Handout 3
General Nutrition

DIETARY GOALS

Percent of Calories from Different Nutrients



Source: Dietary Goals for the United States, 1977; prepared by the Senate Select Committee on Nutrition and Human Needs.

Weight Loss

I. Number of Sessions: 3

II. Objectives:

- to control caloric intake by providing means of identifying low fat, low calorie foods
- to assist the student in modifying behaviors that contribute to overeating
- to aid the client in developing a life-long plan for physical activity.

III. Counselor's Review:

- Minimum of 1200 calories for women and 1500 for men
- Determine calorie needs by multiplying current weight by 11 or 12 for women and 12 or 13 for men. Subtract 500 calories per day to lose 1 pound per week or 1000 calories to lose 2 pounds per week (realistic goals)
- Change slowly (one thing at a time)
- Keep records of calorie intake and exercise expended
- Plan meals, shopping, and times of over-eating
- Make goals and get a commitment
- Review Exchange Lists Handout and Meal Plan Handout

- Dieting decreases metabolic rate, amount of muscle, vitality and mood and increases appetite, fat storage and fatigue
- Exercise increases, metabolic rate, amount of muscle, activity level, vitality, and mood; and decreases appetite, fat storage, and fatigue
- Modify behavior to handle the problem-eating areas and times; avoid boredom by keeping active; be fair to yourself and allow for unsuccessful periods in the diet; avoid temptation by not having high calorie snacks around; eat more slowly and smaller portions
- Encourage low fat, high complex carbohydrate diets emphasizing the use of vegetables and legumes

IV. Outline

Session I

- | | |
|-------------|--|
| Subjective | 1. What foods client consumes and how much |
| Information | 2. How often client eats |
| | 3. What are the client's academic and social schedules |
| Objective | 4. Height and weight |
| Information | |
| Assessment | 5. Establish desired weight |
| | 6. Determine caloric need |
| Plan | 7. Develop exercise routine |
| | 8. Choose one specific dietary change |
| | 9. Computer diet analysis |

10. Contract or commitment

Session II

- Subjective 1. Discuss exercise plan
Information 2. Discuss dietary changes
Objective 3. Weight
Information
Assessment 4. Review computer diet analysis
Plan 5. Exchange list/sample menus
6. Revise goals

Session III

- Subject 1. Discuss problems with exchange list
Information 2. Discuss problems with exercise
Objective
Information 3. Weight
Assessment 4. Determine deficit calories (calories
needed--calories consumed--exercise
calories)
Plan 5. Techniques for changing behavior
6. Follow up plans

V. Define Terms

Exchange list - Foods grouped together on a list according to similarities in food values. Measured amounts of foods within the group may be used as "trade-offs" in planning meals. A single exchange contains equal amounts of calories, carbohydrates, proteins, fats, minerals and vitamins.

VI. Available Handouts

1. Exercise/Activity Log
2. Weight Loss Record
3. Exchange List
4. Meal Plan
5. Calorie-Wise Choices

VII. Additional Sources

1. Schwartz, Bob. Diets Don't Work. Texas: Breakthru Publishing, 1983.
2. Brody, Jane E. Jane Brody's Nutrition Book. New York: Bantam Books, 1981.
3. Gurin, J., and Bennett, W. The Dieter's Dilemma. New York: Basic Books, Inc., 1982.
4. Nash, J. D., and Ormiston, L. H. Taking Charge of Your Weight and Well-Being. Palo Alto, California: Bull Publishing Company, 1978.
5. Stuart, R. B. and Davis, B. Slim Chance in a Fat World Condensed Edition. Illinois: Research Press Company, 1980.
6. Hamilton, Eva; Whitney, Eleanor; Sizer, Frances. Nutrition Concepts and Controversies. New York: West Publishing Co., 1985.

Handout 3 Weight Loss

EXCHANGE LISTS FOR MEAL PLANNING

(The American Diabetic Association, Inc.
& The American Dietetic Association, 1986)

Bread LIST

CEREALS/GRAINS/PASTA

- ☞ Bran cereals, concentrated 1/3 cup
- ☞ Bran cereals, flaked 1/2 cup
(such as Bran Buds,®
All Bran®)
- Bulgur (cooked) 1/2 cup
- Cooked cereals 1/2 cup
- Cornmeal (dry) 2 1/2 Tbsp.
- Grapenuts 3 Tbsp.
- Grits (cooked) 1/2 cup
- Other ready-to-eat
unsweetened cereals 3/4 cup
- Pasta (cooked) 1/2 cup
- Puffed cereal 1 1/2 cup
- Rice, white or brown
(cooked) 1/3 cup
- Shredded wheat 1/2 cup
- ☞ Wheat germ 3 Tbsp.

DRIED BEANS/PEAS/LENTILS

- ☞ Beans and peas (cooked) 1/3 cup
(such as kidney, white,
split, blackeye)
- ☞ Lentils (cooked) 1/3 cup
- ☞ Baked beans 1/4 cup

STARCHY VEGETABLES

- ☞ Corn 1/2 cup
- ☞ Corn on cob, 6 in. long 1
- ☞ Lima beans 1/2 cup

CRACKERS/SNACKS

- Animal crackers 8
- Graham crackers, 2 1/2 in. square 3
- Matzoth 3/4 oz.
- Melba toast 5 slices
- Oyster crackers 24
- Popcorn (popped, no fat added) 3 cups
- Pretzels 3/4 oz.
- Rye crisp, 2 in. x 3 1/2 in. 4
- Saltine-type crackers 6
- Whole wheat crackers, no fat added (crisp breads, such as Finn®, Kavli®, Wasa®) 2-4 slices (3/4 oz.)

- ☞ Peas, green (canned or frozen) 1/2 cup
- ☞ Plantain 1/2 cup
- Potato, baked 1 small (3 oz.)
- Potato, mashed 1/2 cup
- Squash, winter (acorn, butternut) 3/4 cup
- Yam, sweet potato, plain 1/3 cup

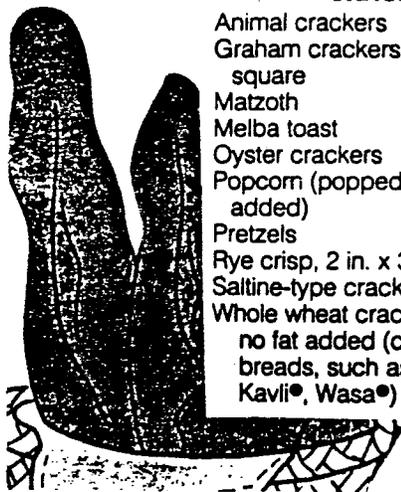
BREAD

- Bagel 1/2 (1 oz.)
- Bread sticks, crisp, 4 in. long x 1/2 in. 2 (2/3 oz.)
- Croutons, low fat 1 cup
- English muffin 1/2
- Frankfurter or hamburger bun 1/2 (1 oz.)
- Pita, 6 in. across 1/2
- Plain roll, small 1 (1 oz.)
- Raisin, unfrosted 1 slice (1 oz.)
- ☞ Rye, pumpernickel 1 slice (1 oz.)
- Tortilla, 6 in. across 1
- White (including French, Italian) 1 slice (1 oz.)
- Whole wheat 1 slice (1 oz.)

STARCH FOODS PREPARED WITH FAT

(Count as 1 starch/bread serving,
plus 1 fat serving.)

- Biscuit, 2 1/2 in. across 1
- Chow mein noodles 1/2 cup
- Corn bread, 2 in. cube 1 (2 oz.)
- Cracker, round butter type 6
- French fried potatoes, 2 in. to 3 1/2 in. long 10 (1 1/2 oz.)
- Muffin, plain, small 1
- Pancake, 4 in. across 2
- Stuffing, bread (prepared) 1/4 cup
- Taco shell, 6 in. across 2
- Waffle, 4 1/2 in. square 1
- Whole wheat crackers, fat added (such as Triscuits®) 4-6 (1 oz.)



Milk LIST

SKIM AND VERY LOWFAT MILK

skim milk	1 cup
1/2% milk	1 cup
1% milk	1 cup
lowfat buttermilk	1 cup
evaporated skim milk	1/2 cup
dry nonfat milk	1/3 cup
plain nonfat yogurt	8 oz.

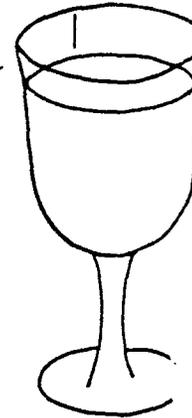
LOWFAT MILK

2% milk	1 cup fluid
plain lowfat yogurt (with added nonfat milk solids)	8 oz.

WHOLE MILK

The whole milk group has much more fat per serving than the skim and lowfat groups. Whole milk has more than 3 1/4% butterfat. Try to limit your choices from the whole milk group as much as possible.

whole milk	1 cup
evaporated whole milk	1/2 cup
whole plain yogurt	8 oz.

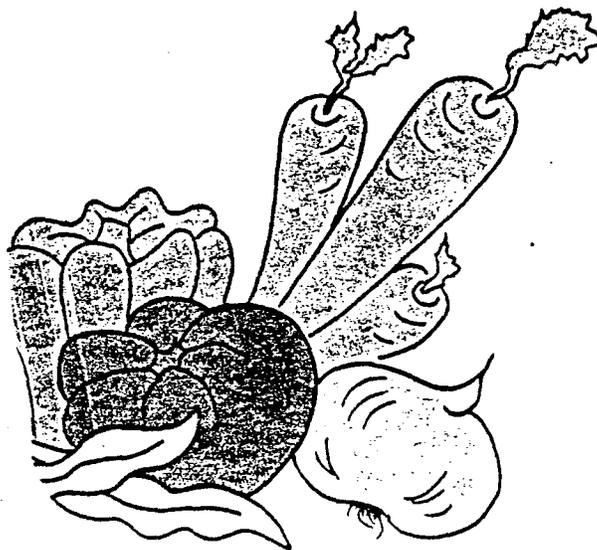


Vegetable LIST

Unless otherwise noted, the serving size for vegetables (one vegetable exchange) is:

- 1/2 cup of cooked vegetables or vegetable juice
- 1 cup of raw vegetables

Artichoke (1/2 medium)	Mushrooms, cooked
Asparagus	Okra
Beans (green, wax, Italian)	Onions
Bean sprouts	Pea pods
Beets	Peppers (green)
Broccoli	Rutabaga
Brussels sprouts	Sauerkraut
Cabbage, cooked	Spinach, cooked
Carrots	Summer squash (crookneck)
Cauliflower	Tomato (one large)
Eggplant	Tomato/vegetable juice
Greens (collard, mustard, turnip)	Turnips
Kohlrabi	Water chestnuts
Leeks	Zucchini, cooked



Fruit LIST

FRESH, FROZEN, AND UNSWEETENED CANNED FRUIT

Apple (raw, 2 in. across)	1 apple
Applesauce (unsweetened)	1/2 cup
Apricots (medium, raw) or	4 apricots
Apricots (canned)	1/2 cup, or 4 halves
Banana (9 in. long)	1/2 banana
Blackberries (raw)	3/4 cup
Blueberries (raw)	3/4 cup
Cantaloupe (5 in. across)	1/3 melon
(cubes)	1 cup
Cherries (large, raw)	12 cherries
Cherries (canned)	1/2 cup
Figs (raw, 2 in. across)	2 figs
Fruit cocktail (canned)	1/2 cup
Grapefruit (medium)	1/2 grapefruit
Grapefruit (segments)	3/4 cup
Grapes (small)	15 grapes
Honeydew melon (medium)	1/8 melon
(cubes)	1 cup
Kiwi (large)	1 kiwi
Mandarin oranges	3/4 cup
Mango (small)	1/2 mango
Nectarine (1 1/2 in. across)	1 nectarine
Orange (2 1/2 in. across)	1 orange
Papaya	1 cup
Peach (2 3/4 in. across)	1 peach, or 3/4 cup
Peaches (canned)	1/2 cup, or 2 halves
Pear	1/2 large, or 1 small

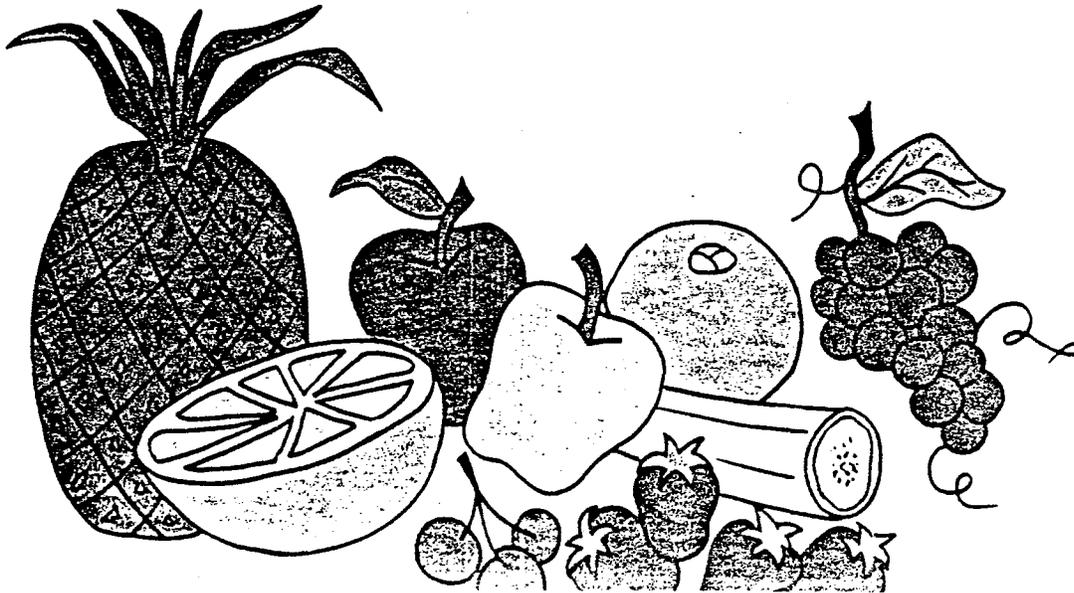
Pears (canned)	1/2 cup or 2 halves
Persimmon (medium, native)	2 persimmons
Pineapple (raw)	3/4 cup
Pineapple (canned)	1/3 cup
Plum (raw, 2 in. across)	2 plums
Pomegranate	1/2 pomegranate
Raspberries (raw)	1 cup
Strawberries (raw, whole)	1 1/4 cup
Tangerine (2 1/2 in. across)	2 tangerines
Watermelon (cubes)	1 1/4 cup

DRIED FRUIT

Apples	4 rings
Apricots	7 halves
Dates	2 1/2 medium
Figs	1 1/2
Prunes	3 medium
Raisins	2 Tbsp.

FRUIT JUICE

Apple juice/cider	1/2 cup
Cranberry juice cocktail	1/3 cup
Grapefruit juice	1/2 cup
Grape juice	1/3 cup
Orange juice	1/2 cup
Pineapple juice	1/2 cup
Prune juice	1/3 cup



Meat LIST

LEAN MEAT AND SUBSTITUTES

(One exchange is equal to any one of the following items.)

Beef:	USDA Good or Choice grades of lean beef, such as round, sirloin, 1 oz. and flank steak; tenderloin; and chipped beef	
Pork:	Lean pork, such as fresh ham; canned, cured or boiled ham; Canadian bacon, tenderloin.	
Veal:	All cuts are lean except for veal cutlets (ground or cubed). Examples of lean veal are chops and roasts.	1 oz.
Poultry:	Chicken, turkey, Cornish hen (without skin)	1 oz.
Fish:	All fresh and frozen fish	1 oz.
	Crab, lobster, scallops, shrimp, clams (fresh or canned in water)	2 oz.
	Oysters	6 medium
	Tuna (canned in water)	1/4 cup
	Herring (uncreamed or smoked)	1 oz.
	Sardines (canned)	2 medium
Wild Game:	Venison, rabbit, squirrel	1 oz.
	Pheasant, duck, goose (without skin)	1 oz.
Cheese:	Any cottage cheese	1/4 cup
	Grated parmesan	2 Tbsp.
	Diet cheeses (with less than 55 calories per ounce)	1 oz.
Other:	95% fat-free luncheon meat	1 oz.
	Egg whites	3 whites
	Egg substitutes with less than 55 calories per 1/4 cup	1/4 cup

MEDIUM-FAT MEAT AND SUBSTITUTES

(One exchange is equal to any one of the following items.)

Beef:	Most beef products fall into this category. Examples are: all ground beef, roast (rib, chuck, rump), steak (cubed, Porterhouse, T-bone), and meatloaf.	1 oz.
Pork:	Most pork products fall into this category. Examples are: chops, loin roast, Boston butt, cutlets.	1 oz.
Lamb:	Most lamb products fall into this category. Examples are: chops, leg, and roast.	1 oz.
Veal:	Cutlet (ground or cubed, unbreaded)	1 oz.
Poultry:	Chicken (with skin), domestic duck or goose (well-drained of fat), ground turkey	1 oz.
Fish:	Tuna (canned in oil and drained)	1/4 cup
	Salmon (canned)	1/4 cup
Cheese:	Skim or part-skim milk cheeses, such as:	
	Ricotta	1/4 cup
	Mozzarella	1 oz.
	Diet cheeses (with 56-80 calories per ounce)	1 oz.
Other:	86% fat-free luncheon meat	1 oz.
	Egg (high in cholesterol, limit to 3 per week)	1
	Egg substitutes with 56-80 calories per 1/4 cup	1/4 cup
	Tofu (2 1/2 in. x 2 3/4 in. x 1 in.)	4 oz.
	Liver, heart, kidney, sweetbreads (high in cholesterol)	1 oz.

HIGH-FAT MEAT AND SUBSTITUTES

Remember, these items are high in saturated fat, cholesterol, and calories, and should be used only three (3) times per week.
(One exchange is equal to any one of the following items.)

Beef:	Most USDA Prime cuts of beef, such as ribs, corned beef	1 oz.
Pork:	Spareribs, ground pork, pork sausage (patty or link)	1 oz.
Lamb:	Patties (ground lamb)	1 oz.
Fish:	Any fried fish product	1 oz.
Cheese:	All regular cheeses, such as American, Blue, Cheddar, Monterey, Swiss	1 oz.
Other:	Luncheon meat, such as bologna, salami, pimento loaf	1 oz.
	Sausage, such as Polish, Italian	1 oz.
	Knockwurst, smoked	1 oz.
	Bratwurst	1 oz.
	Frankfurter (turkey or chicken)	1 frank (10/lb.)
	Peanut butter (contains unsaturated fat)	1 Tbsp.

Count as one high-fat meat plus one fat exchange:

Frankfurter (beef, pork, or combination)	1 frank (10/lb.)
--	------------------

Fat LIST

UNSATURATED FATS

Avocado	1/8 medium
Margarine	1 tsp.
Margarine, diet	1 Tbsp.
Mayonnaise	1 tsp.
Mayonnaise, reduced-calorie	1 Tbsp.
Nuts and Seeds:	
Almonds, dry roasted	6 whole
Cashews, dry roasted	1 Tbsp.
Pecans	2 whole
Peanuts	20 small or 10 large
Walnuts	2 whole
Other nuts	1 Tbsp.
Seeds, pine nuts, sunflower (without shells)	1 Tbsp.
Pumpkin seeds	2 tsp.
Salad dressing, reduced-calorie	2 Tbsp.

Oil (corn, cottonseed, safflower, soybean, sunflower, olive, peanut)	1 tsp.
Olives	10 small or 5 large
Salad dressing, mayonnaise-type	2 tsp.
Salad dressing, mayonnaise-type, reduced-calorie	1 Tbsp.
Salad dressing (all varieties)	1 Tbsp.

SATURATED FATS

Butter	1 tsp.
Bacon	1 slice
Chitterlings	1/2 ounce
Coconut, shredded	2 Tbsp.
Coffee whitener, liquid	2 Tbsp.
Coffee whitener, powder	4 tsp.
Cream (light, coffee, table)	2 Tbsp.
Cream, sour	2 Tbsp.
Cream (heavy, whipping)	1 Tbsp.
Cream cheese	1 Tbsp.



FREE FOODS

A free food is any food or drink that contains less than 20 calories per serving. You can eat as much as you want of those items that have no serving size specified. You may eat two or three servings per day of those items that have a specific serving size. Be sure to spread them out through the day.

Drinks:

Bouillon  or broth without fat
 Bouillon, low-sodium
 Carbonated drinks, sugar-free
 Carbonated water
 Club soda
 Cocoa powder, unsweetened (1 Tbsp.)
 Coffee / Tea
 Drink mixes, sugar-free
 Tonic water, sugar-free

Nonstick pan spray

Fruit:

Cranberries, unsweetened (1/2 cup)
 Rhubarb, unsweetened (1/2 cup)

Vegetables:

(raw, 1 cup)
 Cabbage
 Celery
 Chinese cabbage 
 Cucumber
 Green onion
 Hot peppers
 Mushrooms
 Radishes
 Zucchini 

Salad greens:

Endive
 Escarole
 Lettuce
 Romaine
 Spinach

Sweet Substitutes:

Candy, hard, sugar-free
 Gelatin, sugar-free
 Gum, sugar-free
 Jam / Jelly, sugar-free (2 tsp.)
 Pancake syrup, sugar-free (1-2 Tbsp.)

Sugar substitutes

(saccharin, aspartame)
 Whipped topping (2 Tbsp.)

Condiments:

Catsup (1 Tbsp.)
 Horseradish
 Mustard
 Pickles , dill, unsweetened
 Salad dressing, low-calorie (2 Tbsp.)
 Taco sauce (1 Tbsp.)
 Vinegar

Seasonings can be very helpful in making food taste better. Be careful of how much sodium you use. Read the label, and choose those seasonings that do not contain sodium or salt.

Basil (fresh)
 Celery seeds
 Cinnamon
 Chili powder
 Chives
 Curry
 Dill

Flavoring extracts (vanilla, almond, walnut, peppermint, butter, lemon, etc.)
 Garlic
 Garlic powder
 Herbs
 Hot pepper sauce
 Lemon

Lemon juice
 Lemon pepper
 Lime
 Lime juice
 Mint
 Onion powder
 Oregano
 Paprika
 Pepper

Pimento
 Spices
 Soy sauce 
 Soy sauce, low sodium ("lite")
 Wine, used in cooking (1/4 cup)
 Worcestershire sauce

COMBINATION FOODS

Amount

Exchanges

Casseroles, homemade	1 cup (8 oz.)	2 starch, 2 medium-fat meat, 1 fat
Cheese pizza  , thin crust	1/4 of 15 oz. or 1/4 of 10"	2 starch, 1 medium-fat meat, 1 fat
Chili with beans  ,  (commercial)	1 cup (8 oz.)	2 starch, 2 medium-fat meat, 2 fat
Chow mein  ,  (without noodles or rice)	2 cups (16 oz.)	1 starch, 2 vegetable, 2 lean meat
Macaroni and cheese 	1 cup (8 oz.)	2 starch, 1 medium-fat meat, 2 fat
Soup:		
Bean  , 	1 cup (8 oz.)	1 starch, 1 vegetable, 1 lean meat
Chunky, all varieties 	10-3/4 oz. can	1 starch, 1 vegetable, 1 medium-fat meat
Cream  (made with water)	1 cup (8 oz.)	1 starch, 1 fat
Vegetable  or broth 	1 cup (8 oz.)	1 starch
Spaghetti and meatballs  (canned)	1 cup (8 oz.)	2 starch, 1 medium-fat meat, 1 fat
Sugar-free pudding	1/2 cup	1 starch

Handout 4
Weight Loss

MEAL PLAN

Name _____ Counselor _____

Number of Exchanges

milk _____ bread _____
Vegetables _____ meat _____
fruit _____ fats _____

_____ Calories

Meal Plan

Exchanges

Sample Menu

Breakfast:

Snack:

Lunch:

Snack:

Dinner:

Snack:

Source: CSUN Peer Nutrition Counselor, 1983.

Handout 5
Weight Loss

CALORIE-WISE MENU CHOICES

Soups and Appetizers

1. consomme or clear broth
2. vegetable soup
3. gazpacho
4. vegetable or fruit juice
5. fruit compote

Salads

1. tossed greens
2. tomato aspic
3. cole slaw
4. carrot raisin salad
5. three bean salad
6. fresh fruit cup

Salad Bar: Make a meal of it, but limit the dressing and always include a protein source, such as cottage cheese, kidney beans, or garbanzo beans. For more information on combining proteins, check with your dietitian.

Salad Dressing:

1. Thin dressings are the best choice since a small amount covers more salad.
2. Ask if a low calorie dressing is available.
3. If not, select oil and vinegar, Italian, French or lemon juice.
4. If you do order a thicker, creamier dressing, specify that it be served on the side, so you can control how much you add.

Entrees:

1. Select meat portions no larger than 6-8 oz. raw (not including the bone or fat).
2. Trim meat well before eating.
3. Remove poultry skin.
4. Do not order breaded, fried, or heavily sauced entrees.

Instead, select broiled, baked, charcoaled, roasted, or boiled foods. Stir-fried dishes are also good choices.

BEEF & VEAL

Flank steak

Shish-kabob

Filet mignon

bacon

(without bacon)

Broiled sirloin or

other loin cuts

Broiled veal chop

Broiled chopped

sirloin

POULTRY & GAME

Roasted, baked,

smoked turkey or chicken

Marinated chicken breast

Cornish game hen

Pheasant

Quail

Frog legs

PORK

Broiled pork

Loin chops

Canadian

Baked ham

FISH

Broiled or baked fish--any kind

Boiled, broiled or baked oysters,

shrimp, scallops, clams, crab

or lobster

LAMB

Broiled lamb chops

Roasted leg of lamb

Vegetables:

1. Select boiled, steamed, stir-fried, baked, or raw vegetables
2. Avoid vegetables prepared with rich sauces, meat fat, or butter
3. Avoid fried vegetables

Potatoes, Bread, and Other Starches:

1. Select baked or boiled potatoes.
2. Rice, macaroni, or spaghetti are not off-limits unless heavily sauced with butter, cream, or cheese. Choose plain boiled rice or pasta with tomato sauce.
3. Hard rolls, breadstick, steamed tortillas, plain breads and muffins, and crackers are good selections. Just remember to be moderate in the amounts you eat and the butter, margarine, or jam you add.

Desserts:

1. Fresh fruit or a mixed fruit compote are the best choices.
2. If you can afford some extra calories, make a 100 calorie selection from the "Extra Food" list in your food guide.
3. Ask yourself whether you're really still hungry!

Sandwiches:

Sliced turkey or chicken

Lean roast beef or ham

Broiled hamburger

Tuna

Breakfast:

Fruits:

fresh fruit
fruit compote
fruit juice
tomato juice or V8 juice

Cereals:

oatmeal
cream of wheat
grits
dry cereals (avoid the
frosted, very sweet
varieties)

Beverages:

skim or low fat milk
buttermilk
tea or coffee

Breads:

toast
English muffin
small plain muffin
hard roll

Entrees:

poached or soft
boiled egg
Canadian bacon
lean ham
cottage cheese

Source: CSUN Student Health Center,
Department of Health Education

Weight Gain

I. Number of Sessions: 1

II. Objectives:

- to obtain a desirable weight
- to provide dietary plans for adequate quantities of nutrients with concentration on sufficient calorie intake
- to educate the client in food variety, moderation and dietary goals of Americans

III. Counselor's Review

- Increase calorie intake (500 cal/day) without increasing % of dietary fat calories over 40% of total calories
- Eat between meal snacks
- Eat higher calorie foods (Handout)
- Don't drink water, tea, coffee or other low calorie drinks before or during meals
- If the client "forgets to eat" have them eat by the clock
- Six small meals are suggested for clients that don't eat a lot at one sitting
- Exercise on a regular basis is important to tone muscles
- The client needs to get adequate rest
- Once the goal weight is reached, cut back on excess fat (if applicable)

IV. Outline

- | | |
|-------------|--|
| | 1. What foods client consumes and how much |
| Subjective | 2. How often client eats |
| Information | 3. What are the client's academic and social schedules |
| Objective | 4. Lab tests (if available) |
| Information | 5. Height and Weight |
| Assessment | 6. Determine client's daily calorie needs |
| | 7. Determine caloric intake (computer diet analysis) |
| Plan | 8. Add 500 calories to gain 1 lb./wk. and 1000 calories to gain 2 lbs./wk. |
| | 9. Trade lower calorie foods for higher calorie foods: |
| | - grape juice for orange juice |
| | - granola for raisin bran |
| | 10. Offer suggestions for possible solutions to problem areas |
| | - client decides on their own solutions |
| | - meal planning and selections |

V. Definition of Terms

None

VI. Available Handouts

- Boosting Calories

VII. Additional Sources

1. Brody, Jane E. Jane Brody's Nutrition Book. New York: Bantam Books, 1981.

2. Hamilton, Eva; Whitney, Eleanor; Sizer, Frances.
Nutrition Concepts and Controversies. New York:
West Publishing Co., 1985.
3. Clark, Nancy. The Athlete's Kitchen. New York:
Bantam Books, 1986.

Handout 1

Weight Gain

BOOSTING CALORIES

	Usual Choices	Calories	High Calorie Choices	Calories
Breakfast	8 oz orange juice	100	8 oz cranberry juice	170
	1½ c. bran flakes	200	1½ c. granola	780
	8 oz low fat milk	125	8 oz whole milk	160
	1 slice toast	80	1 slice toast	80
	1 pat margarine	50	1 pat margarine	50
	½ tbsp jelly	30	2 tbsp peanut butter	190
	1 c. coffee	0	1 c. hot cocoa	225
Lunch	¼ lb. hamburger	420	¼ lb. cheeseburger	550
	1 g. fries	215	1 g. fries	215
	1 g. cola	160	chocolate shake	360
Snack	1 g. apple	130	1 g. banana	170
Dinner	1 c. veg. soup	80	1 c. split pea soup	130
	7 oz chicken, baked	330	7 oz chicken, baked	330
	1 c. mashed potatoes	150	1 c. noodles	200
	1 pat margarine	50	2 pats margarine	100
			2 tbsp Parmesan cheese	110
	1 c. green beans	40	1 c. corn	140
	½ pat margarine	25	1 pat margarine	50
	½ c. Jello	70	1 c. pudding	200
	8 oz low fat milk	125	8 oz whole milk + ¼ c. dried milk	220
	Snack	8 oz tomato juice	40	8 oz pineapple juice
	1 English muffin	130	1 English muffin	130
	1 pat margarine	50	2 pats margarine	100
	1 tbsp honey	60	2 oz cheese	200
TOTAL CALORIES		2670	5040	

Source: The Athlete's Kitchen, Clark, 1986

Vegetarianism

I. Number of Sessions: 1

II. Objectives:

- to maintain desirable weight
- to provide dietary plans for adequate quantities of complete protein
- to educate the client in food variety and moderation as it pertains to the vegetarian diet

III. Counselor's Review:

- never discourage a client from choosing one diet over another (unless health risks are involved)
- review the positive and negative factors of the vegetarian diet (see Figure 1)
- vegetable protein combining for complete protein is necessary primarily for vegans (see Handout)
- review the four food group plan for vegetarians handout

IV. Outline:

- Subjective Information
1. What foods the clients include in their diet
 - food groups
 - which nutrients may be low
 2. Problems they may now have or project having with this diet
 3. When do they eat and what foods

Figure 1

The Vegetarian Diet Compared to the
Average American Diet

Positive factors	- high fiber
	- high in certain vitamins and minerals
	- low fat
	- no cholesterol (strict vegan)
	- low calories
Negative factors	- low in iron, zinc and calcium
	- no vitamin B12
	- low in vitamin D (strict vegan)
	- minimum variety in convenience and fast foods
	- requires meal planning
	- additional time required for meal preparation

Objective 4. Lab results (if any)

Information

Assessment 5. Identify their vegetarian type

- vegan
- lactovegetarian
- ovolactovegetarian
- ovovegetarian

6. Calorie intake

7. Help identify specific nutrient deficiencies

- computer diet analysis may be used

Plan 8. Offer suggestions for possible solutions to problem areas

- clients decide on their own solutions
- meal planning
- recipes

V. Definition of Terms:

Strict vegetarians or "vegan" - No animal foods of any kind are eaten. All protein is derived entirely from plant source.

Lactovegetarians - Animal protein in the form of milk, cheese and other dairy products is included but no meat, fish, poultry, or eggs are eaten.

Ovolactovegetarians - Animal protein in the form of eggs and dairy products is eaten, but no meat, fish, or poultry.

Ovovegetarians - Animal protein in the form of eggs is eaten, but no meat, fish, or poultry.

Protein combining - Simultaneous combination of foods whose amino acid compositions provide all the essential amino acids.

Computer Diet Analysis - Analysis of the client's nutrient intake (for 1 to 7 days) as compared to the RDA.

VI. Available Handouts

- Combining Vegetable Proteins
- Four Food Group Plan for the Vegetarian
- Vegetarian Recipes

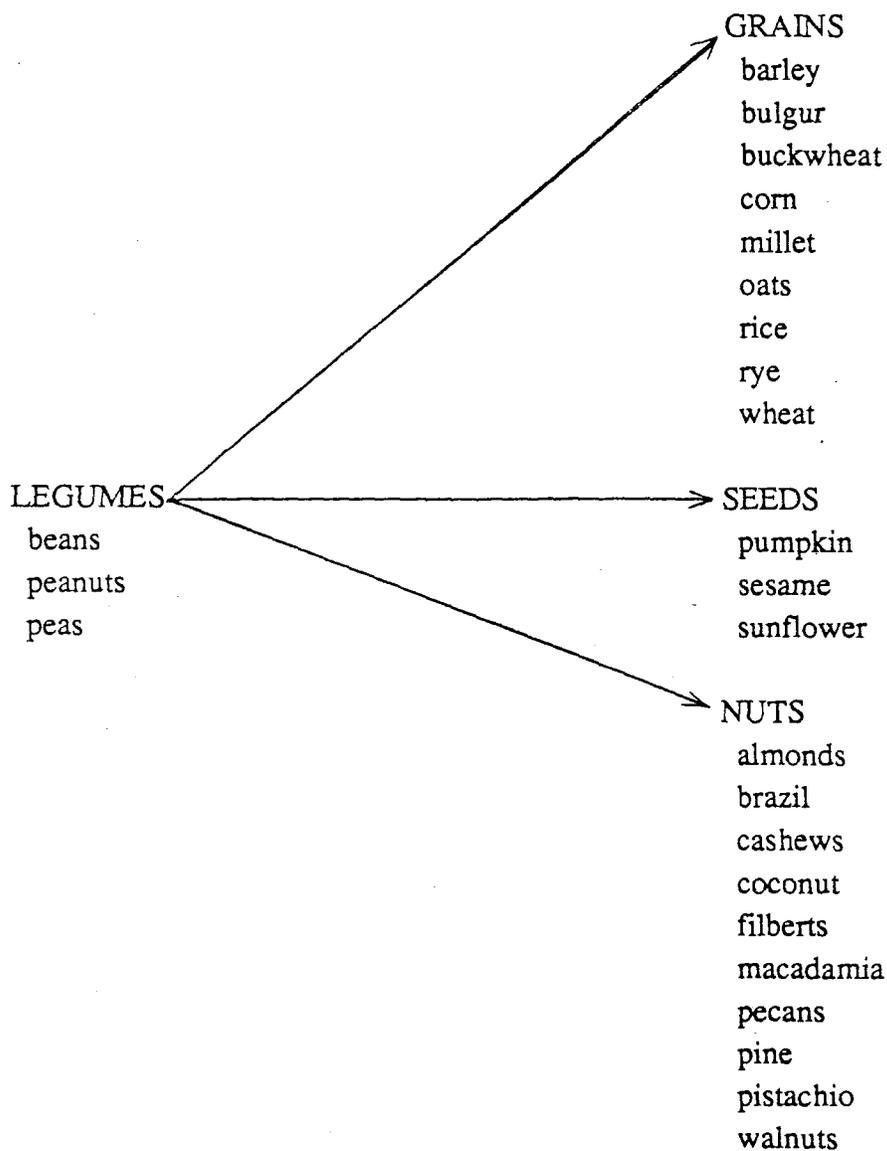
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2. Robertson, Laurel; Flinders, Carol; Godfrey, Brownen. Laurel's Kitchen. New York: Bantam Books, 1982.
3. Lappe, Frances Moore. Diet for a Small Planet. New York: Ballantine Books, 1973.
4. Ewald, Ellen Buchman. Recipes for a Small Planet. New York: Ballantine Books, 1975.
5. Hamilton, Eva; Whitney, Eleanor; Sizer, Frances. Nutrition Concepts and Controversies. New York: West Publishing Co., 1985.
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7. Hooker, Allen. Vegetarian Gourmet Cookery. San Francisco: 101 Productions, 1971.
8. Becker, Nancy; et al. The Best from the Family Heart Kitchens. A Guide to the Alternative Diet Low Fat, Low Salt Cookery. Portland, Oregon: William E. Connor, 1983.
9. The American Heart Association. The American Heart Association Cookbook. New York: David McKay Co., Inc., 1979.

Handout 1
Vegetarianism

Combining Vegetable Proteins to make a
Complete Protein



Source: Jane Brody's Nutrition Book, Brody, 1985.

Handout 2

Vegetarianism

Four Food Group Plan for the Vegetarian

- 2+ servings milk or milk products (or soy milk fortified with vitamin B₁₂)
- 2+ servings protein-rich foods (include 2 cups legumes daily to help meet iron requirements for women; count 4 tablespoons peanut butter as 1 serving)
- 6+ servings whole-grain and enriched breads and cereals (one serving combining specific grains so that the amino acid strengths of one compensates for the weakness of the other)
- 4+ servings fruits and vegetables (include 1 cup dark greens to help meet iron requirements for women)

Source: Laurel's Kitchen, Robertson, et al, 1982

Handout 3
Vegetarianism

Vegetarian Recipes

Potato Kugel

6 medium raw potatoes	2 teaspoons salt
2-3 raw carrots	$\frac{1}{4}$ cup whole-grain bread crumbs
1 large onion	
1 clove garlic, minced	$\frac{3}{4}$ cup dry skim milk powder
2 eggs, beaten	$\frac{1}{2}$ cup grated low fat cheese

Grate the potatoes, carrots, and onion into a large bowl. Drain off the accumulated liquid. Stir in the remaining ingredients, adding the powdered milk slowly to avoid lumps. Spread mixture in an oiled 7 x 7 inch pan and bake at 350 degrees for 45 minutes to 1 hour. The Kugel is done when the edges are brown and a knife inserted in the center of the Kugel comes out dry. Add the grated cheese on top of the Kugel and leave in the oven 5 minutes longer. Yield: 8 servings.

Barely Florentine

3 cups vegetable broth	$\frac{1}{4}$ teaspoon dry mustard
$\frac{1}{2}$ cup barley	1 egg, beaten
1 tablespoon butter	1 10 oz. pkg. frozen spinach, thawed and drained
$\frac{1}{4}$ cup chopped onion	
$\frac{1}{4}$ cup chopped celery	$\frac{3}{4}$ cup low fat Cheddar cheese, shredded
1 clove garlic, minced	

Bring water to a boil and add barley. Cover and simmer for 60 minutes, drain. Melt butter in frying pan and saute chopped onion, celery, and garlic for about 5 minutes. Combine all ingredients except $\frac{1}{4}$ cup of shredded cheese. Spread into an 8" square pan. Sprinkle remaining cheese on top and bake at 350 for 30 minutes. Yield: 4 servings.

Company Rice With Beans

1 cup brown rice	2 cups water
1 tablespoon oil	1 medium onion, coarsely chopped (2/3 cup)
2 cloves garlic, crushed	1 medium zucchini (about 1/2 pound), coarsely chopped
2 medium tomatoes, finely diced	1 cup shredded low fat Cheddar cheese
1/2 teaspoon oregano	
1 16 oz. can black beans	

In a medium saucepan, combine the rice and water, bring the mixture to a boil, reduce the heat, cover the pan, and simmer the mixture for 35 minutes. Keep the pan covered until the vegetable mixture is done.

Meanwhile, heat the oil in a large skillet, add the onion and garlic, saute them until they are soft. Add the tomatoes, zucchini, and oregano. Cover the skillet, and simmer the mixture for about 5 minutes or until the vegetables are tender-crisp.

Add the beans, and simmer the mixture, stirring it occasionally, until it is heated through. Season with salt and pepper if desired. To serve, spoon the vegetable-bean mixture over the hot rice, and sprinkle the cheese on top. Yield: 4 servings.

Vegetables Oriental

2 tablespoons olive oil	1 large onion, sliced
1 clove garlic, minced	1 bunch green onions, 2-inch slices
1/2 pound bean sprouts	1/2 pound oriental pea pods
1 pound broccoli, coarsely chopped	3-4 medium tomatoes, cut in eighths
1/2 pound sliced mushrooms	
1/2 cup chopped almonds	

Saute large onion and garlic in olive oil until transparent. Add green onions, broccoli, pea pods, mushrooms, and tomatoes. Cook for 5 minutes, tossing occasionally. Add almonds in the last minute. Serve with white rice. Yield: 6 servings.

Mexican Enchiladas

1 tablespoon salad oil	12 flour tortillas
2 cups shredded, low fat, mild Cheddar cheese (8 oz)	1 onion, finely chopped Enchilada sauce (below)

Heat oven to 375 degrees. Prepare Enchilada sauce. Heat oil in skillet; dip each tortilla into hot oil, then into Enchilada sauce. Mix cheese and onion. Place large spoonfuls of cheese mixture on each tortilla; roll up.

Place in ungreased baking dish, $13\frac{1}{2}$ x $7\frac{1}{2}$ inches. Pour remaining Enchilada sauce over tortillas; sprinkle with remaining cheese mixture. Bake until heated through, 20 to 30 minutes. Yield: 4 servings.

Enchilada Sauce

2 tablespoons butter	2 tablespoons onion, finely chopped
1 tablespoon flour	2 teaspoons chili powder
1 clove garlic, finely chopped	1 16 oz. can tomatoes
$\frac{1}{4}$ teaspoon red pepper sauce	

Melt butter in skillet. Add onion; cook and stir until tender. Stir in flour, garlic, and chili powder. Cook, stirring constantly, until bubbly. Remove from heat; stir in tomatoes and pepper sauce. Heat to boiling, stirring constantly. Boil and stir 1 minute.

Cheese Limas

2 tablespoons butter	$\frac{1}{2}$ cup onion, chopped
1 cup celery, chopped	2 cups tomatoes, chopped
$\frac{1}{8}$ teaspoon pepper	2 teaspoons Worcestershire sauce
2 cups lima beans, cooked and drained	$1\frac{1}{2}$ cup grated low fat cheese

Brown onions and celery lightly in butter and combine tomatoes, seasonings, and lima beans. Cook slowly for 20 minutes, stirring occasionally. Alternate layers of lima mixture and cheese in a buttered casserole, ending with cheese. Bake at 350 degrees for 30 minutes. Yield: 6 servings.

Gelson's Vegetable Chili

$\frac{1}{2}$ cup dry kidney beans	$\frac{1}{4}$ cup bulgur
$\frac{1}{2}$ cup olive oil	1 small red onion, cubed
1 small sweet white onion, cubed	$1\frac{1}{2}$ tablespoons minced garlic
$\frac{1}{2}$ cup cubed celery	$\frac{1}{2}$ cup cubed carrots
2 tablespoons chili powder	2 tablespoons cumin
$\frac{1}{2}$ teaspoon cayenne pepper	4 teaspoons chopped fresh basil
1 tablespoon chopped fresh oregano	1 yellow squash, cubed
1 zucchini, cubed	1 green pepper, cubed
1 cup tomato paste	1 cup mushrooms
1 red pepper, cubed	$\frac{1}{2}$ cup cubed tomatoes
$\frac{3}{4}$ cup white wine	salt and pepper to taste

Soak beans in cold water overnight, cover. Drain off water. Add 3 cups fresh water to beans and cook over medium heat until tender, about 45 minutes. Drain beans, reserving cooking liquid.

Bring $\frac{1}{2}$ cup water to boil. Pour over bulgur in bowl. Let stand 30 minutes to soften wheat (water will be absorbed).

Heat olive oil in large saucepan. Add red and sweet onions. Saute until tender. Add garlic, celery, and carrots. Saute until glazed. Add chili powder, cumin, cayenne, basil, and oregano. Cook over low heat until carrots are almost tender. Add squash, zucchini, green and red peppers, mushrooms and tomatoes. Cook 30 minutes. Add bulgar, tomato paste, and wine and heat 10 minutes longer. Yield: 5 servings.

Pinto Bean Casserole

2 cups dried pinto beans	5 cups water
$\frac{1}{4}$ teaspoon soda	2 tablespoons oil
1 1 lb. can tomatoes	1 cup chopped onion
$\frac{1}{4}$ cup chopped green pepper	1 large clove garlic, minced
$\frac{1}{2}$ teaspoon crushed rosemary	$\frac{1}{4}$ teaspoon crushed oregano

Soak beans overnight in water. Add soda and oil. Bring beans to boil, then reduce heat and simmer, covered, about 2 hours, or until beans are tender. Add tomatoes, onion, green pepper, garlic, rosemary, and oregano and bake at 325 degrees for 1 hour.

Vegetable Stew

2 tablespoons butter	1 15 oz. can northern beans
1 medium onion, chopped	1 15 oz. can garbanzo beans
2 cloves garlic, minced	2 teaspoons chili powder
2 stalks celery, sliced	$1\frac{1}{2}$ teaspoons basil
2 medium green peppers, chopped	$\frac{1}{4}$ teaspoons pepper
1 medium zucchini, sliced	1 bay leaf
2 16 oz. cans tomatoes, cut up	$\frac{1}{2}$ cup water
	1 cup unsalted peanuts
	1 $15\frac{1}{2}$ oz. can kidney beans

In a 4-quart Dutch oven, melt butter and saute onion, garlic, celery, green pepper, and zucchini. Add undrained

tomatoes, undrained beans, chili powder, basil, pepper, bay leaf, and water. Bring to a boil, reduce heat, cover and simmer about one hour. Add nuts and heat thoroughly. Yield: 10 eight-ounce servings.

Stuffed Baked Potatoes

4 large baked potatoes	$\frac{1}{2}$ cup low-fat or skim milk,
1 cup part-skim ricotta cheese crushed	warmed
2 cups chopped, cooked broccoli or spinach	3 small cloves garlic,
	$\frac{1}{8}$ teaspoon black pepper
	$\frac{1}{4}$ cup grated Parmesan cheese, divided

Take thin slices off the potatoes lengthwise. With a small sharp spoon, carefully scoop out the flesh without tearing the skin. Reserve the skins (but not the slices). In a medium bowl, mash the potato skins, piling it high. Sprinkle the stuffed potatoes with the remaining cheese. Place the potatoes in a pan and bake them in a preheated 350 degree oven for 20 minutes.

Sources: Laurel's Kitchen, Robertson et al, 1982

Jane Brody's Good Food Book, Brody, 1985

Recipes for a Small Planet, Ewald, 1972

Nutrition During Pregnancy

I. Number of Sessions: 1

II. Objectives:

- to maintain desired weight for gestation period
- to provide a dietary plan for adequate quantities of protein, calcium, and iron in particular, and generally, all needed nutrients
- to provide information and referrals (when necessary) for ailments possibly relating to food consumption (for example, diarrhea, constipation and indigestion)

III. Counselor's Review:

- note additional nutrients needed (see Handout)
- energy requirements increase by 15% (300 kcal)
- greater need for energy in last trimester
- weight gain: $1\frac{1}{2}$ - 3 pounds first trimester
3/4 pounds per week last 2 trimesters
total weight gain 24-30 pounds
- protein requirement increased by 2/3
- iron increased to 30-60 mg daily
- no sodium restrictions
- review daily food guide (see Handout)
- moderate exercise is usually beneficial
- G.I. upset: smaller meals
cut back on fluids
antacids (with doctor's approval only)

- never recommend any medications--client should consult their physician.

IV. Outline:

- | | |
|------------------------|---|
| Subjective Information | 1. What foods the client includes in their diet <ul style="list-style-type: none">- food groups |
| | 2. When does the client eat and what foods at each time |
| | 3. Any ailments possibly related to dietary intake <ul style="list-style-type: none">- constipation, anemia, nausea |
| | 4. Note any nutritional supplements by physician or client themselves |
| Objective Information | 5. Lab work (if any) |
| | 6. Correlate client's weight gain with her doctor's recommendation |
| Assessment | 7. Identify nutrient deficiencies if any |
| | 8. Determine calorie intake |
| Plan | 9. Offer suggestions for possible solutions to problem areas <ul style="list-style-type: none">- client decides on their own solution- meal planning- exercise plan |

V. Definition of Terms

1. Moderate exercise - Non-strenuous movement of the large muscles such as walking, swimming, bicycling, and exercycling.

2. Trimester - The nine month pregnancy is usually broken up into three-month periods as a means of designating the fetal developmental stages and maternal progress.

VI. Available Handouts

- Recommended Daily Allowances for Pregnant Women
- Daily Food Guide for Pregnant Women

VII. Additional Sources

1. Story, Mary and Alton, Irene. "Nutrition Issues and Adolescent Pregnancy," Contemporary Nutrition Vol. 12, Number 1. General Mills Nutrition Department, 1987.
2. March of Dimes. "Recipe for Healthy Babies." 9-87.
3. Williams, Sue Rodwell. Nutrition and Diet Therapy. St. Louis: C.V. Mosby, 1981.
4. Brody, Jane. Jane Brody's Nutrition Book. New York: W. W. Norton and Co., 1981.
5. Hamilton, Eva; Whitney, Eleanor; Sizer, Frances. Nutrition Concepts and Controversies. New York: West Publishing Co., 1985.

Handout 1
Nutrition During Pregnancy

Recommended Daily Allowance for Pregnant Women

	<u>Nonpregnant</u> <u>Women</u>	<u>Pregnant</u> <u>Women</u>
Calories	2,000	2,300
Protein (g)	44	74
Calcium (g)	.8	1.2
Iron (mg)	18	18+ (30-60 rec.)
Vit. A (RE)	800	1,000
Vit. B ₁ (mg)	1	1.4
Vit. B ₂ (mg)	1.2	1.5
Ascorbic acid (mg)	60	80
Niacin (mg)	13	15
Vit. D (g)	5 - 7.5	10 - 12.5
Vit. E (mg)	8	10
Vit. B ₆ (mg)	2	2.6
Folacin (g)	400	800
Vit. B ₁₂ (g)	3	4
Phosphorus (mg)	300	1200
Magnesium (mg)	300	450
Zinc (mg)	15	20
Iodine (g)	150	175

Source: Nutrition Concepts & Controversies, Hamilton,
et al, 1985

Handout 2

Nutrition During Pregnancy

Daily Food Plan for Pregnancy and Lactation

Food	Nonpregnant Women	Pregnancy	Lactation
Milk, cheese, ice cream, skimmed or buttermilk (food made with milk can supply part of requirement)	2 cups	3-4 cups	4-5 cups
Meat (lean meat, fish, poultry, cheese, occasional dried beans or peas)	1 serving (3-4 oz)	2 servings (6-8 oz); include liver frequently	2½ servings (8 oz)
Eggs	1	1-2	1-2
Vegetable* (dark green or deep yellow)	1 serving	1 serving	1-2 servings
Vitamin C-rich food* Good source-citrus fruit, berries, cantaloupe Fair source-tomatoes, cabbage, greens, potatoes in skin	1 good source or 2 fair sources	1 good source and 1 fair source or 2 good sources	1 good source and 1 fair source or 2 good sources
Other vegetables and fruits	1 serving	2 servings	2 servings
Bread** and cereals (enriched or whole grain)	3 servings	4-5 servings	5 servings
Butter or fortified margarine	As desired or needed for calories	As desired or needed for calories	As desired or needed for calories

*Use some raw daily

**One slice of bread equals 1 serving

Source: Recipe for Healthy Babies, March of Dimes, 1982

Appendix B



California State University, Northridge
Northridge, California 91330

Student Health Center
(818) 885-3666

To: (Name)

From: Susie Dettmers-Smith

Subject: Peer Nutrition Counseling Program Manual and
Opinionnaire

I am currently enrolled in the Master's degree program at California State University, Northridge. I have developed a program for dietetics majors in which they provide individual counseling and nutrition education for the student population through the Student Health Center. Your help in evaluating the Manual for this program is requested.

Please read the Manual in its entirety, and answer the questions on the short opinionnaire. Comments or suggestions are solicited. Please return the completed opinionnaire before (Date), in the envelope provided.

Thank you for your time!



OPINIONNAIRE FOR PEER NUTRITION

COUNSELING MANUAL

1. Do you feel that it would be useful to provide participants of a Peer Nutrition Counseling Program with an "information booklet" pertaining to the program for which they are involved?

Yes _____

No _____

Comments:

2. After reading the Peer Nutrition Counseling Program Manual, do you feel it was:

Complete _____

Incomplete _____

Comments:

3. Are the nutrition guidelines current and up to date?

Yes _____

No _____

Comments:

4. Please rate the following areas either (E) Excellent, (V) Very Good, (S) Satisfactory, or (N) Needs Improvement.

Organization _____

Ease of Reading _____

Appropriateness to

Sources _____

Population _____

Nutrition Information _____

Duties _____