

# EVALUATION

## *Loving Support*<sup>®</sup> Training

### For WIC Managers and Coordinators

Agency \_\_\_\_\_

Date of Training \_\_\_\_\_

<i>Please rate your thoughts about the following:</i>	4 Excellent	3 Good	2 Fair	1 Poor	NA
Overall training experience					
Effectiveness of the speakers					
1.					
2.					
3.					
4.					
Your comfort with the training room					

<b>Objectives</b>	4 Excellent	3 Good	2 Fair	1 Poor	NA
<b>Section 1:</b> Describe the requirements of the Food and Nutrition Service <i>Loving Support</i> <sup>®</sup> Model for managing a breastfeeding peer counseling in the WIC Program.					
<b>Section 2:</b> Describe at least two ways peer counseling programs can influence breastfeeding initiation, exclusivity, and duration rates in the WIC population.					
<b>Section 3:</b> (a) Identify at least three factors integral to the success of implementing and sustaining a breastfeeding peer counseling program in WIC. (b) Identify considerations in expanding existing peer counseling programs.					
<b>Section 4:</b> (a) Identify at least three factors integral to the development of a breastfeeding peer counseling program in WIC. (b) State local level policies that can support peer counselors in their job.					
<b>Section 5:</b> List the three qualifications of peer counselors as identified in the FNS <i>Loving Support</i> <sup>®</sup> Model.					
<b>Section 6:</b> Identify the general scope of practice for a peer counselor.					
<b>Section 7:</b> Identify at least two strategies for using peer counselors effectively in settings beyond the WIC clinic.					
<b>Section 8:</b> Identify at least two strategies for training effective peer counselors in WIC.					
<b>Section 9:</b> Name two ways peer counselors can be supported in their job.					
<b>Section 10:</b> Identify at least three strategies for retaining peer counselors.					

What worked especially WELL today for you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What recommendations do you have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I was happy to know:

I am still uncertain about:

Other comments:

**Your Position (*Please check all that apply*)**

- State WIC Director
- State WIC Nutrition Coordinator
- State WIC Breastfeeding Coordinator
- State WIC Peer Counselor Coordinator
- Local Agency WIC Program Manager
- Local Agency Peer Counseling Coordinator
- Local Agency Breastfeeding Coordinator
- Local Agency Peer Counselor Supervisor
- IBCLC contractor for WIC
- WIC peer counseling program trainer
- Other position \_\_\_\_\_

*Thank you for taking time to complete the evaluation!*

## Pretest

### FNS *Loving Support*® Training for WIC Managers and Coordinators

1. The primary purpose of the WIC breastfeeding peer counseling program is to:
  - A. Provide a stand-alone program of mother-to-mother breastfeeding support among low-income women
  - B. Help low-income women combine breastfeeding with formula provided by WIC
  - C. Provide mother-to-mother support to improve breastfeeding initiation and duration among low-income women
  - D. Provide jobs for WIC participants
  
2. The Food and Nutrition Service (FNS):
  - A. Requires that all State and local agencies provide peer counseling services for WIC clients
  - B. Promotes an evidence-based approach for managing and sustaining peer counseling programs in WIC
  - C. Encourages use of the *Loving Support*® Model to require that all WIC clients initiate breastfeeding
  - D. Allows WIC agencies to develop their own standards and policies for peer counseling programs as long as they result in increased breastfeeding rates
  
3. Peer counselors are mothers who:
  - A. Have personal experience with overcoming breastfeeding problems
  - B. Share the language, ethnicity, and socioeconomic characteristics of women in their community
  - C. Breastfed their own children exclusively for six months
  - D. Provide highly specialized care that enables them to address breastfeeding challenges
  
4. Peer counseling is central to enhancing breastfeeding self-efficacy because it:
  - A. Provides positive role models to promote breastfeeding with new mothers
  - B. Demonstrates to new mothers that they should breastfeed exclusively to promote the health of their families
  - C. Helps mothers recognize that peer support is more trustworthy than online social breastfeeding networks
  - D. Replaces the need for costly professional health care provider assistance

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### FNS *Loving Support*® Training for WIC Managers and Coordinators

5. A planning strategy that could compromise successful implementation of a breastfeeding peer counseling program is:
  - A. Conducting a needs assessment to identify gaps in services
  - B. Building buy-in from WIC staff, administrators and local agencies
  - C. Appointing a staff person to be in charge of the program along with their other full-time duties
  - D. Establishing and sustaining a management model
  
6. According to the *FNS Nutrition Service Standards*, a local agency peer counseling program coordinator does all of the following EXCEPT:
  - A. Serves in a dual role as a peer counselor when funds are limited
  - B. Conducts a needs assessment to identify breastfeeding support gaps
  - C. Provides training for peer counselors
  - D. Supervises peer counselors
  
7. Peer counselor program costs do not include:
  - A. Wages for peer counselors, program coordinators, supervisors, and trainers
  - B. Child care services for peer counselors who work in the WIC clinic
  - C. Educational resources for peer counselors, staff, and managers
  - D. Program materials and documentation forms
  
8. Peer counseling programs can be expanded effectively by:
  - A. Enlisting the help of peer counselors in non-breastfeeding related activities
  - B. Enabling aspiring lactation professionals to acquire clinical skills in WIC clinics
  - C. Viewing peer counseling programs as part of comprehensive breastfeeding support within the agency
  - D. Extending support services throughout all economic levels within communities
  
9. Development of a peer counseling program in WIC may be compromised by:
  - A. Allocating dedicated coordinator/supervisor time for an International Board Certified Lactation Consultant (IBCLC) to manage the program
  - B. Involving local agency and clinic leadership and staff in planning and executing the program
  - C. Orientating clinic staff in the importance of peer counseling and their role in supporting the program
  - D. Having only peer counselors provide breastfeeding support so mothers know who to go to for help

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### FNS *Loving Support*® Training for WIC Managers and Coordinators

10. A local agency peer counseling policy that fails to align with the *Loving Support*® Model allows peer counselors to:
  - A. Use a documentation system they find works best for them in recording the majority of contacts with moms
  - B. Work at least a portion of their allotted hours beyond the WIC clinic setting
  - C. Make hospital visits to help moms initiate breastfeeding
  - D. Make home visits to mothers who are unable to come to the WIC clinic
  
11. Which of the following characteristics fails to meet the *Loving Support*® Model qualification for a peer counselor:
  - A. From among WIC-eligible women
  - B. Between 20 and 40 years of age
  - C. Representing the same racial/ethnic background as the mothers they support
  - D. Previous experience with breastfeeding
  
12. Which of these does not describe the role of a peer counselor:
  - A. Provides basic information to new moms to support normal breastfeeding
  - B. Manages problems when a Designated Breastfeeding Expert is not available
  - C. Connects WIC mothers to other health programs and services
  - D. Prepares mothers for what to expect in the early days of breastfeeding
  
13. Referral to the WIC Designated Breastfeeding Expert is necessary for:
  - A. Uncomfortable positioning of the baby
  - B. Inadequate infant weight gain
  - C. Difficulty latching the baby
  - D. Perceived low milk supply
  
14. Referral to the WIC Designated Breastfeeding Expert is not necessary for:
  - A. Mothers in the hospital with sore nipples
  - B. Infants recently discharged from the NICU
  - C. Babies who refuse to breastfeed
  - D. Infants transitioning from formula to full breastfeeding

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15. The least effective strategy for peer counselor contacts is:
  - A. Increased frequency as the due date approaches
  - B. Initiated before the first trimester of pregnancy
  - C. Weekly when mothers experience difficulty with breastfeeding
  - D. A day or two after the mother plans to return to work or school
  
16. When advancing a peer counselor to a senior position, job duties may include all of the following EXCEPT:
  - A. Assisting with training and mentoring new peer counselors
  - B. Teaching classes and support group meetings with WIC mothers
  - C. Providing hospital visits with new mothers
  - D. Substituting periodically for the Designated Breastfeeding Expert
  
17. An ineffective communication strategy for peer counselors is to:
  - A. Call mothers frequently in the early days
  - B. Rely on mothers to call them when they have questions or concerns
  - C. Inform mothers of the best times to receive calls
  - D. Use text messaging for quick check-ins with mothers
  
18. The least important factor in guidance for social media use by peer counselors is:
  - A. Frequency of contacts
  - B. How to handle inappropriate posts
  - C. Copyright issues
  - D. Confidentiality
  
19. The FNS *Loving Support*® peer counseling curriculum avoids the use of:
  - A. Picture stories
  - B. Digital storytelling
  - C. Extensive bulleted text
  - D. Animations
  
20. It is unlikely that a trainer of peer counselors would be a:
  - A. WIC Designated Breastfeeding Expert
  - B. WIC clinic intake staff
  - C. Breastfeeding coordinator
  - D. Peer counselor supervisor

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21. Initial peer counselor training is most effective with:
  - A. Large-group, interactive approaches
  - B. Practicing skills with one another
  - C. Reading a textbook on breastfeeding
  - D. Reviewing breastfeeding websites
  
22. Ongoing learning for peer counselors includes:
  - A. Shadowing an experienced breastfeeding expert
  - B. Attending a class using the *Loving Support*® peer counseling curriculum
  - C. Assisting the Designated Breastfeeding Expert with monitoring the weight of a baby who is failing to thrive
  - D. Reviewing the WIC Nutrition Service Standards
  
23. A supervisor would overstep her role in supporting peer counselors if she:
  - A. Provides shadowing opportunities with other peer counselors and lactation experts
  - B. Expands the scope of practice for peer counselors who excel at their job
  - C. Debriefs peer counselors after their contacts with mothers
  - D. Explores the peer counselor's feelings about the job
  
24. An important role in mentoring a peer counselor is to:
  - A. Allow the peer counselor to work independently until she feels comfortable sharing how things are going
  - B. Encourage the peer counselor to problem solve
  - C. Complete all required paperwork for the peer counselor after a client contact
  - D. Recognize when the peer counselor can step in for the Designated Breastfeeding Expert
  
25. Monitoring peer counselors after the mentoring stage may include:
  - A. Listening in during contacts with mothers
  - B. Observing interactions with mothers
  - C. Random review of client contact form
  - D. Weekly contacts by phone or clinic visits

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### FNS *Loving Support*® Training for WIC Managers and Coordinators

26. Peer counselors are unlikely to be encouraged to remain in their job when their role includes:
- A. Attending regular WIC staff meetings
  - B. Participating in clinic activities and events
  - C. Presenting breastfeeding information at staff meetings
  - D. A lack of personal connections with clinic staff
27. Practical peer counselor retention efforts include all EXCEPT:
- A. Providing child care during regular contacts with mothers
  - B. Opportunity to work a flexible schedule
  - C. Offering a career ladder program for advancement
  - D. Providing adequate compensation and reimbursement

## Pretest Answers

### FNS *Loving Support*® Training for WIC Managers and Coordinators

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  - A. Provide a stand-alone program of mother-to-mother breastfeeding support among low-income women
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  - A. Conducting a needs assessment to identify gaps in services
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  - C. Appointing a staff person to be in charge of the program along with their other full-time duties
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  - B. Help low-income women combine breastfeeding with formula provided by WIC
  - C. Provide mother-to-mother support to improve breastfeeding initiation and duration among low-income women
  - D. Provide jobs for WIC participants
  
2. The Food and Nutrition Service (FNS):
  - A. Requires that all State and local agencies provide peer counseling services for WIC clients
  - B. Promotes an evidence-based approach for managing and sustaining peer counseling programs in WIC
  - C. Encourages use of the *Loving Support*® Model to require that all WIC clients initiate breastfeeding
  - D. Allows WIC agencies to develop their own standards and policies for peer counseling programs as long as they result in increased breastfeeding rates
  
3. Peer counselors are mothers who:
  - A. Have personal experience with overcoming breastfeeding problems
  - B. Share the language, ethnicity, and socioeconomic characteristics of women in their community
  - C. Breastfed their own children exclusively for six months
  - D. Provide highly specialized care that enables them to address breastfeeding challenges
  
4. Peer counseling is central to enhancing breastfeeding self-efficacy because it:
  - A. Provides positive role models to promote breastfeeding with new mothers
  - B. Demonstrates to new mothers that they should breastfeed exclusively to promote the health of their families
  - C. Helps mothers recognize that peer support is more trustworthy than online social breastfeeding networks
  - D. Replaces the need for costly professional health care provider assistance

## Posttest Answers

### FNS *Loving Support*® Training for WIC Managers and Coordinators

5. A planning strategy that could compromise successful implementation of a breastfeeding peer counseling program is:
  - A. Conducting a needs assessment to identify gaps in services
  - B. Building buy-in from WIC staff, administrators and local agencies
  - C. Appointing a staff person to be in charge of the program along with their other full-time duties
  - D. Establishing and sustaining a management model
  
6. According to the *FNS Nutrition Service Standards*, a local agency peer counseling program coordinator does all of the following EXCEPT:
  - A. Serves in a dual role as a peer counselor when funds are limited
  - B. Conducts a needs assessment to identify breastfeeding support gaps
  - C. Provides training for peer counselors
  - D. Supervises peer counselors
  
7. Peer counselor program costs do not include:
  - A. Wages for peer counselors, program coordinators, supervisors, and trainers
  - B. Child care services for peer counselors who work in the WIC clinic
  - C. Educational resources for peer counselors, staff, and managers
  - D. Program materials and documentation forms
  
8. Peer counseling programs can be expanded effectively by:
  - A. Enlisting the help of peer counselors in non-breastfeeding related activities
  - B. Enabling aspiring lactation professionals to acquire clinical skills in WIC clinics
  - C. Viewing peer counseling programs as part of comprehensive breastfeeding support within the agency
  - D. Extending support services throughout all economic levels within communities
  
9. Development of a peer counseling program in WIC may be compromised by:
  - A. Allocating dedicated coordinator/supervisor time for an International Board Certified Lactation Consultant (IBCLC) to manage the program
  - B. Involving local agency and clinic leadership and staff in planning and executing the program
  - C. Orientating clinic staff in the importance of peer counseling and their role in supporting the program
  - D. Having only peer counselors provide breastfeeding support so mothers know who to go to for help

## Posttest Answers

### FNS *Loving Support*® Training for WIC Managers and Coordinators

10. A local agency peer counseling policy that fails to align with the *Loving Support*® Model allows peer counselors to:
- A. Use a documentation system they find works best for them in recording the majority of contacts with moms
  - B. Work at least a portion of their allotted hours beyond the WIC clinic setting
  - C. Make hospital visits to help moms initiate breastfeeding
  - D. Make home visits to mothers who are unable to come to the WIC clinic
11. Which of the following characteristics fails to meet the *Loving Support*® Model qualification for a peer counselor:
- A. From among WIC-eligible women
  - B. Between 20 and 40 years of age
  - C. Representing the same racial/ethnic background as the mothers they support
  - D. Previous experience with breastfeeding
12. Which of these does not describe the role of a peer counselor:
- A. Provides basic information to new moms to support normal breastfeeding
  - B. Manages problems when a Designated Breastfeeding Expert is not available
  - C. Connects WIC mothers to other health programs and services
  - D. Prepares mothers for what to expect in the early days of breastfeeding
13. Referral to the WIC Designated Breastfeeding Expert is necessary for:
- A. Uncomfortable positioning of the baby
  - B. Inadequate infant weight gain
  - C. Difficulty latching the baby
  - D. Perceived low milk supply
14. Referral to the WIC Designated Breastfeeding Expert is not necessary for:
- A. Mothers in the hospital with sore nipples
  - B. Infants recently discharged from the NICU
  - C. Babies who refuse to breastfeed
  - D. Infants transitioning from formula to full breastfeeding

## Posttest Answers

### FNS *Loving Support*® Training for WIC Managers and Coordinators

15. The least effective strategy for peer counselor contacts is:
  - A. Increased frequency as the due date approaches
  - B. Initiated before the first trimester of pregnancy
  - C. Weekly when mothers experience difficulty with breastfeeding
  - D. A day or two after the mother plans to return to work or school
  
16. When advancing a peer counselor to a senior position, job duties may include all of the following EXCEPT:
  - A. Assisting with training and mentoring new peer counselors
  - B. Teaching classes and support group meetings with WIC mothers
  - C. Providing hospital visits with new mothers
  - D. Substituting periodically for the Designated Breastfeeding Expert
  
17. An ineffective communication strategy for peer counselors is to:
  - A. Call mothers frequently in the early days
  - B. Rely on mothers to call them when they have questions or concerns
  - C. Inform mothers of the best times to receive calls
  - D. Use text messaging for quick check-ins with mothers
  
18. The least important factor in guidance for social media use by peer counselors is:
  - A. Frequency of contacts
  - B. How to handle inappropriate posts
  - C. Copyright issues
  - D. Confidentiality
  
19. The FNS *Loving Support*® peer counseling curriculum avoids the use of:
  - A. Picture stories
  - B. Digital storytelling
  - C. Extensive bulleted text
  - D. Animations
  
20. It is unlikely that a trainer of peer counselors would be a:
  - A. WIC Designated Breastfeeding Expert
  - B. WIC clinic intake staff
  - C. Breastfeeding coordinator
  - D. Peer counselor supervisor

## Posttest Answers

### FNS *Loving Support*® Training for WIC Managers and Coordinators

21. Initial peer counselor training is most effective with:
- A. Large-group, interactive approaches
  - B. Practicing skills with one another**
  - C. Reading a textbook on breastfeeding
  - D. Reviewing breastfeeding websites
22. Ongoing learning for peer counselors includes:
- A. Shadowing an experienced breastfeeding expert**
  - B. Attending a class using the *Loving Support*® peer counseling curriculum
  - C. Assisting the Designated Breastfeeding Expert with monitoring the weight of a baby who is failing to thrive
  - D. Reviewing the WIC Nutrition Service Standards
23. A supervisor would overstep her role in supporting peer counselors if she:
- A. Provides shadowing opportunities with other peer counselors and lactation experts
  - B. Expands the scope of practice for peer counselors who excel at their job**
  - C. Debriefs peer counselors after their contacts with mothers
  - D. Explores the peer counselor's feelings about the job
24. An important role in mentoring a peer counselor is to:
- A. Allow the peer counselor to work independently until she feels comfortable sharing how things are going
  - B. Encourage the peer counselor to problem solve**
  - C. Complete all required paperwork for the peer counselor after a client contact
  - D. Recognize when the peer counselor can step in for the Designated Breastfeeding Expert
25. Monitoring peer counselors after the mentoring stage may include:
- A. Listening in during contacts with mothers
  - B. Observing interactions with mothers
  - C. Random review of client contact form**
  - D. Weekly contacts by phone or clinic visits

## Posttest Answers

### FNS *Loving Support*® Training for WIC Managers and Coordinators

26. Peer counselors are unlikely to be encouraged to remain in their job when their role includes:
- A. Attending regular WIC staff meetings
  - B. Participating in clinic activities and events
  - C. Presenting breastfeeding information at staff meetings
  - D. A lack of personal connections with clinic staff
27. Practical peer counselor retention efforts include all EXCEPT:
- A. Providing child care during regular contacts with mothers
  - B. Opportunity to work a flexible schedule
  - C. Offering a career ladder program for advancement
  - D. Providing adequate compensation and reimbursement

# Certificate of Attendance

Every Mother, Inc. for USDA Food and Nutrition Service

*Loving Support*® Through Peer Counseling:  
**A JOURNEY TOGETHER**  
for WIC Managers

*Awarded to*

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- Chicago, IL – July 13, 2016     San Francisco, CA – July 26, 2016     Denver, Co – August 10, 2016  
 Boston, MA – August 16, 2016     Atlanta, GA – August 18, 2016  
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Approved by the International Board of Lactation Consultant Examiners® for 4 L CERPs and 2 R CERPs – Approval Number C1661135.  
Approved for 6 CPEs through the Commission on Dietetic Registration – Activity Number 126540;  
Learning need codes 1070, 4020; CPE Level 2. Attendee CPE Registration Number \_\_\_\_\_.

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