

Key Theories, Applications, and Planning Processes Related to Training WIC Staff

Western Region Training Consortium – Training Standards Subcommittee

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9/22/2011	Minor changes to “6 Points of Influence” on p. 19

Introduction

The chart that follows describes some of the key theories, applications, or planning processes relevant to staff training. It was designed as a tool for WIC staff to better understand health behavior, adult learning, and program planning. This document does not judge which theory, application or process is the best or identify any one that should be used above the others. Rather, it is a menu of options for WIC staff to consider when planning or implementing any training strategy.

There is a section for theories, applications, and planning processes. Within each section, topics are listed in the chart alphabetically. The table for each theory, application or planning process consists of three parts:

1. **Theory/Application/Process** This section gives the name of the theory, application, or planning process and is followed by the name of the main contributor(s)/author(s) and where applicable some suggested resources are provided if you would like to find out more.
2. **Description** This section gives a brief description of the key concepts of the theory, application, or planning process.
3. **Application** This section gives some possible suggestions for applying the theory, application, or planning process, as well as limitations for use and previous areas of application.

NOTES: The term “learner” is used throughout. This term refers to the WIC staff being trained or attempting to learn a new idea, process, or behavior.

For more information on many of these theories, you may wish to consult:

Health Behavior and Health Education: Theory, Research and Practice, 4th edition, 2008, Edited by Karen Glanz, Barbara K. Rimer, K. Viswanath, Jossey-Bass ISBN: 978-0-7879-9614-7

Theory at a Glance, National Cancer Institute, <http://www.cancer.gov/cancertopics/cancerlibrary/theory.pdf>

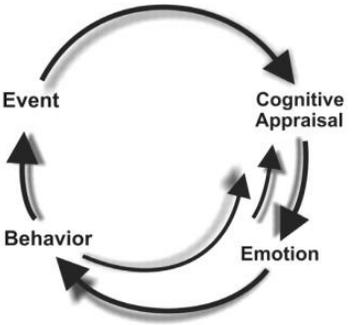
Theories

This section contains theories related to adult learning and behavior change. These theories can be considered when planning training to help ensure training is effective and results in the desired behavior or competence.

Adult Learning Theory

Theory/Model/Process- Major Contributor(s)	Description- Brief description defining concepts	Application- Previous use or possible use
<p>Adult Learning Theory -M. Knowles & J. Vella</p> <p>Learning to Listen, Learning to Teach: The Power of Dialogue in Educating Adults, 1994, by Jane Vella.</p> <p>The Making of an Adult Educator, 1989, by Malcolm Knowles.</p> <p>For more information: http://www.fsu.edu/~adult-ed/jenny/learning.html http://en.wikipedia.org/wiki/Andragogy</p> <p>Key word search: Knowles Vella Adult learning Andragogy vs. Pedagogy Dialogue education</p>	<p>Adult learning theory (Andragogy) is a set of ideas about how adults learn new skills or information. The emphasis is more on process than content.</p> <p>Adults learn best when they talk to others about their life experiences (dialogue) and relate these experiences to the learning process.</p> <p>Adult learning theory stresses:</p> <ul style="list-style-type: none"> • Respect: Being nonjudgmental, showing politeness, listening without interruption • Safety: Creating trust in the learning environment: teacher, class design, objectives • Immediacy: Providing a learning experience that is of immediate usefulness to the earners • Relevance: Designing the learning to be of importance to and applicable to all learners • Engagement: Getting learners involved in their learning 	<p>Conduct a learning needs and resources assessment (LNRA) before designing the lesson/training.</p> <p>Identify the learning styles of the learners (auditory, visual, kinesthetic....).</p> <p>Set objectives that focus on what the learners will do with the content in order to learn it.</p> <p>Design the learning so that learners are involved in various interactive activities.</p> <p>Establish a learning environment that is emotionally and physically comfortable for all learners.</p>

Cognitive Behavioral Theory

Theory/Model/Process- Major Contributor(s)	Description-Brief description defining concepts	Application-Previous use or possible use
<p>Cognitive Behavioral Theory – A. Skinner, A. Beck, A. Ellis</p> <p>For more information: “An Appraisal of Cognitive Therapy.” By: Clive J. Robins and Adele M. Hayes</p> <p>“Are All Cognitive Therapies Alike? A Comparison of Cognitive and Noncognitive Therapy Process and Implications for the Application of Empirically Supported Treatments.” By: Mart L. Malik, Lassy E. Beutler, Shabia Alimohamed, Dolores Gallagher-Thompson, and Larry Thompson.</p> <p>http://www.bing.com/health/article/mayo-127157/Cognitive-behavioral-therapy?q=cognitive+behavioral+therapy</p>	<p>The Cognitive Behavioral Theory (CBT) is the idea that a person’s thoughts and feelings cause their behaviors instead of external influences such as people and situations. CBT therefore suggests an individual can control or change their behavior(s) by simply changing the way they think or feel, regardless of external influences.</p> <p><small>Figure 1. Basic Cognitive Behavior Model</small></p>  <p><small>Source: From Wright JH, Basco MR, Thase ME: Learning Cognitive-Behavior Therapy: An Illustrated Guide. Washington, DC, American Psychiatric Publishing, 2006, p 5</small></p> <p>Major Concepts: Cognition and behavioral influences.</p> <p>Assumes emotions and behavioral reactions are learned through time and relearning and reinforcing positive thoughts and experiences will promote a change in a person’s coping ability.</p>	<p>CBT’s role for the educator: Listen, teach, and encourage</p> <p>CBT’s role for the learner: Express thoughts and feelings, learn, and implement learning.</p> <p>Training would focus on both the cognitive and behavioral aspects.</p> <p>CBT helps learners explore their thinking, problems and goals. The trainer supports the learner with developing skills or using tools to achieve the goals.</p> <p>Homework and/or activities which allow the learner to practice new techniques are encouraged.</p> <p>CBT is widely used in psychotherapy for mental health conditions.</p>

Diffusion of Innovations

Theory/Model/Process- Major Contributor(s)	Description-Brief description defining concepts	Application-Previous use or possible use
<p>Diffusion of Innovations - E.M. Rogers, G. Zaltman, & R. Duncan</p> <p>For more information: http://www.enablingchange.com.au/Summary_Diffusion_Theory.pdf http://www.maurice-anemaat.nl/uni/Scriptie/ARTIKEL_ROGERS_DIFFUSIONINNOVATIONS.pdf http://www.ihepsa.com/files/HB%20&%20HE-%20Glanz%20Book.pdf#page=351 book available to purchase at Amazon</p> <p>Key word search: Diffusion of innovations Everett M. Rogers</p>	<p>Innovations are defined as new ideas, products or social practices. New ideas, products, and practices spread based on:</p> <ol style="list-style-type: none"> 1. Relative Advantage: Improvement over what it replaces 2. Compatibility: Consistency with the values, habits, experiences, and needs of the potential users 3. Complexity: Difficulty to use 4. Trialability: Degree to which it can be experimented with before a commitment to adopt it is required 5. Observability: Extent to which it provides results 6. Impact on Social Relations: Effect on social environment 7. Reversibility: Ability to be reversed or discontinued 8. Communicability: Ease of being understood 9. Time Required: Time needed to adopt innovation 10. Risk and Uncertainty Level: Risk and uncertainty involved 11. Commitment: Effectiveness with modest commitment 12. Modifiability: Ability to be updated and modified over time 	<p>Training is about getting staff to accept a new idea or practice, so considering how new ideas or practices spread can make the training process more smooth and result in a faster change to the new behavior. Use the list of qualities to develop training.</p> <p>Point out the innovation's benefits (monetary value, convenience, time saving).</p> <p>Make sure the innovation is easy to understand or use, by breaking down the new idea or practice into simple steps or small chunks.</p> <p>Provide plenty of opportunity for "trying out" the innovation (practice sessions, discussions, or hands-on activities).</p> <p>Share the experiences of others that have successfully used the innovation. Peer-to-peer conversations influence staff readiness to try a new behavior.</p>

Experiential Learning

Theory/Model/Process- Major Contributor(s)	Description-Brief description defining concepts	Application-Previous use or possible use
<p>Experiential Learning – David A. Kolb</p> <p>Kolb, David A. 1984. <i>Experiential Learning: Experience as the Source of Learning and Development</i>. Prentice-Hall, Inc.. Englewood Cliffs, N.J.</p> <p>For more information: http://learningfromexperience.com/ http://en.wikipedia.org/wiki/Experiential_learning</p> <p>Key word search: David A. Kolb Experiential learning</p>	<p>A four stage cyclical theory of learning, Kolb’s experiential learning theory is a holistic perspective that combines experience, perception, cognition, and behavior. Focus is on the learning process for the individual. Based on the idea that learning is the process whereby knowledge is created through the transformation of experience. The cyclical model of learning consists of the 4 stages listed below. A learner may begin at any stage, but must follow each other in the sequence.</p> <p>Concrete experience (or “Do”): The learner actively experiences a new activity such as a computer practice or hands on activity such as a role play.</p> <p>Reflective observation (or “Observe”): The learner consciously reflects back on what they just experienced.</p> <p>Abstract conceptualization (or “Think”): The learner tries to conceptualize how what is observed impacts them.</p> <p>Active experimentation (or “Plan”): The learner tries to plan how to use what they have learned.</p> <p>Experience is translated through reflection into concepts, which in turn are used as guides for active experimentation and the choice of new experiences.</p>	<p>In training, provide hands-on opportunities to practice the new behavior.</p> <p>Provide opportunities for WIC staff to think and talk about what they are attempting to learn. “What stood out for you about that activity?”</p> <p>Ask “How would you use this in your work?” “How does this impact your job?”</p> <p>Encourage staff to identify a next step. “What will you do to try this when you get back to the clinic?”</p>

Health Belief Model (HBM)

Theory/Model/Process- Major Contributor(s)	Description- Brief description defining concepts	Application- Previous use or possible use
<p>Health Belief Model (HBM) -G. Hochbaum</p> <p>For more information: http://www.etr.org/recapp/index.cfm?fuseaction=pages.TopicsInBriefDetail&PageID=51 http://currentnursing.com/nursing_theory/health_belief_model.html http://faculty.mercer.edu/thomas_bm/classes/641/Health%20Belief%20Model.pdf</p> <p>Key word search: Health Belief Model Health Belief Model Concepts</p>	<p>The HBM suggests that a person's readiness to change a specific health behavior is dependent on:</p> <ol style="list-style-type: none"> 1. Perceived Susceptibility: Individual's view of the likelihood of developing the condition or disease 2. Perceived Severity: Individual's view of how serious the condition and its consequences are 3. Perceived Benefits: Individual's view of what will be gained by changing the specific behavior 4. Perceived Barriers: Factors such as cost, inconvenience, time, that make it difficult for the individual to change the behavior 5. Cues to Action: Events that "trigger" the individual to take action 6. Self Efficacy: Individual's confidence in ability to take action 	<p>Much of what WIC staff are trained on is related to health beliefs. Understanding this model and how it relates to behavior change may influence how training is provided.</p> <p><i>Model does NOT incorporate the influence of social norms or peer influences.</i></p> <p>Identify risks and consequences related to the behavior.</p> <p>Identify benefits of the desired behavior.</p> <p>Provide training and guidance in how to perform the desired behavior.</p> <p>Have learner brainstorm how barriers can be reduced or eliminated.</p> <p>Have learner set goals or next steps.</p> <p>This model has been applied to study such areas as exercising and compliance with diabetic and weight loss regimens.</p>

Multiple Intelligence Theory

Theory/Model/Process- Major Contributor(s)	Description- Brief description defining concepts	Application- Previous use or possible use
<p>Multiple Intelligence Theory -H. Gardner</p> <p>Multiple Intelligences: The Theory in Practice, 1993, by Howard Gardner.</p> <p>For more information: http://www.tecweb.org/styles/gardner.html http://www.thomasarmstrong.com/multiple_intelligences.php http://www.springhurst.org/articles/MItheory.htm</p> <p>Key word search: Multiple intelligences</p>	<p>There are 8 distinct forms of intelligence:</p> <ol style="list-style-type: none"> 1. Verbal-Linguistic: Ability to use words in thought, language or writing 2. Logical-Mathematical: Ability to recognize and solve problems, think logically, calculate, find patterns, determine relationships, work with abstract symbols, hypothesize 3. Musical-Rhythmic: Ability to use such musical elements as pitch, rhythm, and timbre 4. Visual-Spatial: Ability to recreate visual experiences, orient in the world 5. Interpersonal: Ability to communicate and relate to others 6. Intrapersonal: Ability to look within oneself, aware of thoughts and feelings 7. Kinesthetic: Ability to coordinate the body and mind in an agile fashion 8. Naturalist: Ability to make distinctions in the physical world and relate to nature 	<p>While this theory is most often used when discussing children, understanding that individuals can learn or be “smart” in different ways can help trainers design learning activities that appeal to a variety of people.</p> <p>Give learners the opportunity to learn in their preferred intelligence(s).</p> <p>Design learning activities that appeal to different forms of intelligence.</p> <p>Assess learning by using measuring instruments that include multiple forms of intelligence.</p>

Social Cognitive Theory

Theory/Model/Process- Major Contributor(s)	Description-Brief description defining concepts	Application-Previous use or possible use
<p>Social Cognitive Theory -A. Bandura</p> <p>Social Foundations of Thought and Action: A Social Cognitive Theory, 1986, Albert Bandura.</p> <p>For more information: http://www.utwente.nl/cw/theorieenoverzicht/Theory%20clusters/Health%20Communication/Social_cognitive_theory.doc/</p> <p>“Predicting Health Behavior: Research and Practice with Social Cognition Models” By: Mark Conner and Paul Norman http://www.ihepsa.com/files/predicting%20Health%20behavior.pdf#page=144</p> <p>“Social Cognitive Theory, A Synthesis: By: John Inman http://www.wetherhaven.com/Documents/socialcognitivetheory.pdf</p>	<p>Concepts in Social Learning Theory include:</p> <ul style="list-style-type: none"> • Environment: Factors that are external to the person • Situation: Person’s perception of the environment • Behavioral Capability: Skill to perform behavior • Expectations: Anticipatory outcomes of a behavior • Expectancies: Values placed on a given outcome • Self-Control: Personal regulation of goal-directed behavior • Observational Learning: Learning by watching others • Reinforcements: Responses to a person’s behaviors that increase or decrease the likelihood of recurrence • Self-Efficacy: Confidence in performing a behavior • Emotional Coping Response: Strategies or tactics that are used by a person to deal with emotional stimuli • Reciprocal Determinism: Dynamic interaction of person, behavior and environment in which behavior is performed 	<p>Consider the environment in which the desired behavior will take place, and design the training to mimic the environment or change the environment if it plays an important part in the behavior.</p> <p>Provide training on how to change the behavior.</p> <p>Provide information about benefits of the desired behavior.</p> <p>Approach behavior change in small steps.</p> <p>Provide opportunity for staff person to engage in self-monitoring.</p> <p>Identify role models to follow.</p> <p>Have WIC staff share experiences.</p> <p>Provide incentives, rewards, and praise.</p> <p>This model has been used with the “Gimme 5” school nutrition curriculum.</p>

Theory of Reasoned Action and Theory of Planned Behavior

Theory/Model/Process- Major Contributor(s)	Description-Brief description defining concepts	Application-Previous use or possible use
<p>Theory of Reasoned Action -M. Fishbein & I. Ajzen</p>	<p>Theory specifies that the most important determinant of behavior is Intention which is dependent on:</p> <ul style="list-style-type: none"> • Attitude: Positive or negative beliefs and expected values toward performing a behavior • Subjective Norm: Beliefs that others expect one to perform or not perform the behavior and the motivation to comply with these expectations 	<p>Theory applies only to behaviors that are under the individual's control and assumes that people are always rational and make systematic decisions.</p>
<p>Theory of Planned Behavior (Updated version of the Theory of Reasoned Action) -I. Ajzen</p> <p>For more information: http://people.umass.edu/aizen/ https://www.hse.ru/data/816/479/1225/Oct%2019%20Cited%20%231%20Ma%20nage%20THE%20THEORY%20OF%20PLANNED%20BEHAVIOR.pdf</p> <p>Key word search: Theory of Planned Behavior; Icel Ajzen</p>	<p>Theory specifies that the most important determinant of behavior is intention which is dependent on:</p> <ul style="list-style-type: none"> • Attitude: Positive or negative beliefs and expected values toward performing a behavior • Subjective Norm: Beliefs that others expect one to perform or not perform the behavior and the motivation to comply with these expectations • Perceived Behavioral Control: Belief concerning how easy or difficult performing the behavior will be 	<p>Identify attitudes of staff and factors that influence attitudes. Address issues prior to or during training.</p> <p>Communicate clear expectations. As employees, staff understand subjective norms for behavior.</p>

Transtheoretical Model (Stages of Change)

Theory/Model/Process- Major Contributor(s)	Description-Brief description defining concepts	Application-Previous use or possible use
<p>Transtheoretical Model (Stages of Change) -J. Prochaska & C. DiClemente</p> <p>Changing for Good, 1994, by James Prochaska, J.C. Norcross, and Carlo DiClemente</p> <p>For more information: http://www.positiveworkplace.com/files/Abstract%20Change%20Prochaska.pdf</p> <p>Example: Several states utilize the “wichealth.org” website which houses online client education modules. The online module utilizes the concept of the Transtheoretical Model (TTM) by assessing a client’s readiness to change and providing feedback depending on how they answer questions throughout the module. See: http://learning.mihealth.org/mediasite/wichealth_resources/Resources.pdf</p>	<p>The model suggests that behavior change is a process, NOT an event. People vary in how “ready” they are to change. Behavior change occurs in 5 stages:</p> <ol style="list-style-type: none"> 1. Pre-Contemplation: Person is not usually aware of the problem and has not thought about a change 2. Contemplation: Person realizes she/he has a problem and begins to think about changing behavior, person has mixed feelings about change 3. Preparation: Person is ready to change and makes a plan to change behavior 4. Action: Person takes specific steps to change 5. Maintenance: Person has changed behavior and maintained new behavior for 6 months or more <p>Interventions and training methods are tailored to the stage of change of the individual which change as a person moves through the various stages.</p>	<p>Model focuses mainly on individual change. When training groups, either assess readiness to change, or assume that the group includes staff in all stages.</p> <p>Identify which stage the learner is in and tailor the training accordingly.</p> <p>For pre-contemplation stage, provide information to increase awareness and consciousness. Encourage self exploration.</p> <p>For contemplation stage, provide opportunity to discuss benefits and barriers and hear from role models.</p> <p>For preparation stage, provide guidance in developing a realistic plan that incorporates social support, rewards, and incentives.</p> <p>For action and maintenance stage, discuss self-monitoring techniques and relapse prevention strategies.</p> <p>When implementing a training strategy, consider planning for additional reinforcement after initial training.</p>

Applications

This section includes illustrations of how the theories listed in Section 1 can be applied to make training effective.

Dale's Cone of Experience

Theory/Model/Process- Major Contributor(s)	Description- Brief description defining concepts	Application- Previous use or possible use
<p>Dale's Cone of Experience -E. Dale</p> <p>Dale, E. (1969) Audiovisual methods in teaching, third edition. New York: The Dryden Press; Holt, Rinehart and Winston.</p> <p>For more information: "Information Section on Creating, Evaluating, and Selecting Instructional Resources" By: Alabama Professional Development Module http://web.utk.edu/~mccay/apdm/selusing/selusing_b.htm</p> <p>"Dale's Cone of Experience Visual Aid" http://successcenter.truman.edu/userfiles//ConeOfLearning-Flyer.pdf</p>	<p>Dale's Cone begins with experiences for the learner that are the most passive, where the learner is the least involved and moves toward experiences where the learner is more actively involved.</p> <p>Passive (Hearing or Seeing) ↓ Verbal receiving – reading, hearing words ↓ Visual receiving – looking at pictures, ↓ Visual and verbal - watching a movie or demonstration, looking at an exhibit</p> <p>Active (doing) ↓ What they say - Participating in a discussion ↓ What they say and do – Do a dramatic presentation, pretending to do the real experience, doing the real thing</p> <p>The theory is that learners need to find learning relevant to them and they rely heavily on experiential learning. People more often remember what they learn when they practice or use their learning rather than when they only read or hear information. So people will learn more as you move lower in the cone.</p>	<p>Design training that includes activities from the lower part (the "doing" part) of the "cone".</p> <p>Use demonstrations or have WIC staff observe others.</p> <p>Use a facilitated group discussion about a topic WIC staff have experience with.</p> <p>Have WIC staff do a role play to practice what they would do.</p> <p>Observe WIC staff as they try out the new skill in clinic.</p>

FISH! Philosophy

Theory/Model/Process- Major Contributor(s)	Description- Brief description defining concepts	Application- Previous use or possible use
<p>Fish! Philosophy -ChartHouse Learning</p> <p>Fish!, 2000, by Stephen C. Lundin, Ph.D., Harry Paul, and John Christensen.</p> <p>For more information: Fish! Philosphy website: http://www.charthouse.com/content.aspx?nodeid=1066</p> <p>Fish! Philosophy activities: http://www.citehr.com/62878-fish-philosophy-activities.html</p>	<p>The Fish! philosophy is a customer service model in which staff create a more satisfying and productive work environment. It is based on the following concepts:</p> <ol style="list-style-type: none"> 1. Play: Find ways to have fun with co-workers and WIC families. 2. Make Their Day: Focus on people’s needs - Each day provide a helping hand, a word of support, or a listening ear... 3. Be There: Stay focused in order to be present with WIC families and co-workers. 4. Choose Your Attitude: Make a choice of how you want to appear to others. 	<p>Use this philosophy to boost morale and improve results within the work environment.</p> <p>Design trainings that are fun for WIC staff.</p> <p>Address WIC staff needs.</p> <p>Stay focused on what is happening in the moment.</p> <p>Be respectful to WIC staff regardless of their position.</p> <p>Show a positive attitude.</p>

Motivational Interviewing

Theory/Model/Process- Major Contributor(s)	Description- Brief description defining concepts	Application- Previous use or possible use
<p>Motivational Interviewing – W. Miller, S. Rollnick</p> <p>Miller WR, Rollnick S. <i>Motivational Interviewing: Preparing People for Change</i>. 2nd ed. New York: Guilford Press; 2002</p> <p>For more information:</p> <p>“Motivational Interviewing.” By: Iowa Practice Improvement Collaborative http://www.uiowa.edu/~iowapic/files/Newsletter%20-%20Motivational%20Interviewing.pdf</p>	<p>A client centered, counselor directed approach to helping clients explore and resolve ambivalence. While not a theory, it is based on behavior change theories such as the transtheoretical model. Numerous studies have documented the effectiveness of MI</p> <p>Counseling is a collaboration between the client and counselor, where the client is considered the expert on themselves and decides on goals with the guidance of the counselor. No lecturing or coercion is involved. Counselors exhibit the Spirit of MI – they are empathetic and nonjudgmental.</p> <p>Central Principles:</p> <ol style="list-style-type: none"> 1. Expressing empathy 2. Supporting self-efficacy 3. Rolling with resistance 4. Developing discrepancy between where a person is and where they want to be. <p>Important tools - OARS:</p> <p>O – <i>Open ended questions</i> – questions that require more than a short or yes/no answer. They create the opportunity for the client to share more details about their experience. The client talks more, the counselor talks less.</p> <p>A – <i>Affirmations</i> – Positive statements that affirm what the client said and validate their thoughts, feelings and concerns.</p> <p>R – <i>Reflections</i> – Reflecting back what the client has said and truly trying to understand. Repeating or paraphrasing what they said or the emotion behind the words allows the counselor to check for understanding and lets the client hear their own thoughts.</p> <p>S – <i>Summaries</i> – Involves summarizing what the client has said, including both the negative and positive.</p>	<p>The same principles and tools that are used to motivate change in participants can be used when motivating change in staff.</p> <p><i>First used to address alcohol or other substance abuse problems. Effective for issues such as diet, exercise, HIV risk behavior, and eating disorders. Also used in family counseling and criminal justice.</i></p> <p>Application Example:</p> <p>“Motivational Interviewing Strategies and Techniques: Rationales and Examples” By: Sobell and Sobell http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf</p>

Six Principles (Points) of Influence

Theory/Model/Process- Major Contributor(s)	Description-Brief description defining concepts	Application-Previous use or possible use
<p>Six Principles (Points) of Influence – Pam McCarthy</p> <p>For more information: Influence: The Psychology of Persuasion, Robert Cialdini, Phd, 2006</p>	<p>Tapping into the six principles of influence can be effective in moving people to desired change. Explore which factors cause a person to say “yes”. It is about “transforming”, not just informing.</p> <ol style="list-style-type: none"> Reciprocity: People feel obligated to give back what is being given to them Examples: full attention, respect, empathy, genuine interest, recognition, understanding, etc. Commitment: If people commit either verbally or in writing, they are more likely to honor that commitment. People feel interpersonal pressure once they have made a choice or taken a stand. Example: have client fill out pledge card or volunteers to be on “BF Wall of Fame”. Consensus: If people see others doing something, they assume that it must be okay to do it and therefore, they will be happier about doing it themselves. Examples: encourage breastfeeding in clinic, staff “walk the talk”, Likability: People respond much more readily to people that they like. They feel comfortable if they see similarity or like the things that you’re associated with. Examples: be fully present and caring, speak from the heart, show genuine interest, recognize similarities. Authority (credibility): People invariably act more positively if they have respect for the authority of the person who is giving them information. People trust those who acknowledge weakness in their argument. People look to superiors/persons of authority for wisdom and guidance. Example: consider title, how you dress, show certificates/show you do know, etc. Scarcity: People get much more interested in something if they feel that it’s about to run out. Perceived scarcity will generate interest and demand. Counseling includes framing the loss. Highlight what they will miss by not doing something. Example: saying “for a limited time only” encourages interest. 	<p>These principles easily fit for training. Trainers utilize these principles to influence staff’s beliefs, behaviors, and attitudes.</p> <p>Be fully present and attentive.</p> <p>Show genuine interest, empathy and understanding.</p> <p>Have trainees commit either verbally or in writing to a cause or goal.</p> <p>Engage trainees in learning so they hear from one another. Learning from peers is much more powerful.</p> <p>Connect with people at an emotional level. Tap into what is truly important to each individual.</p> <p>Speak from the heart and be compassionate.</p> <p>Show that you know your stuff. Be knowledgeable about topic.</p> <p>Generate interest in training and learning activities by creating demand.</p>

Planning Processes

There are many ways to approach the planning process for training. Some planning processes that are used in other public health or instructional arenas may be of interest when beginning the planning stage of any training effort. A select few of these planning processes are included here.

ADDIE Instructional Design

Theory/Model/Process- Major Contributor(s)	Description- Brief description defining concepts	Application- Previous use or possible use
<p>ADDIE Instructional Design – Department of Defense</p> <p>For more information: www.instructionaldesigncentral.com/html/IDC_instructionaldesignmodels.htm http://ed.isu.edu/addie/ http://carbon.ucdenver.edu/~mryder/itc/idmodels.html http://fog.ccsf.cc.ca.us/~mmalacho/Online/ADDIE.html http://www.about-elearning.com/addie-instructional-design-model.html http://www.nwlink.com/~donclark/hrd/sat.html http://www.springerlink.com/content/978-0-387-09505-9#section=263150&page=7&locus=25</p> <p>Key word search: ADDIE Instruction Design Model</p>	<p>This is a generic process traditionally used by instructional designers and training developers and includes five phases.</p> <ol style="list-style-type: none"> 1. Analysis: During this phase the instructional goal and objectives are established, knowledge and needs assessments are completed, and logistical considerations are gathered. This information is analyzed and decisions made. 2. Design: During this phase the instructional designer identifies and develops a set of planned strategies targeted for attaining the goals and objectives of the training. 3. Development: In this phase the training content and materials are created, assembled, and tested. 4. Implementation: During this phase facilitators are trained on the course curriculum, methods, etc. Also, the training is provided to the target audience. 5. Evaluation: This phase consists of both formative and summative evaluation. Formative evaluation occurs during each stage of the design process. Summative evaluation consists of getting feedback from the learner and testing for their competence. 	<p>This process can be used when developing staff training.</p>

ARCS Model of Instructional Design (Keller)

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<p>ARCS Model of Instructional Design – John Keller</p> <p>Keller, John M. 2009. <i>Motivational Design for Learning and Performance: The ARCS Model Approach</i>. New York: Springer Publishing</p> <p>For more information:</p> <p>http://arcsmodel.com/Mot%20dsgn%20A%20model.htm</p> <p>http://www.learning-theories.com/kellers-arcs-model-of-motivational-design.html</p>	<p>The ARCS model is a problem solving approach to designing the motivational aspects of learning environments to stimulate and sustain learners' motivation to learn. There are four steps to promoting and sustaining motivation in the learning process.</p> <ol style="list-style-type: none"> 1. Attention: The most important aspect is gaining and keeping the learner's attention. Strategies include sensory stimuli, thought provoking questions, and using a variety of training methods. 2. Relevance: The learner must believe the training is relevant and should answer the question "What's in it for me?" Benefits should be clearly stated. 3. Confidence: Learners must feel that they should put good faith effort into the training and that they are capable of achieving the objectives, and it is worth their time. 4. Satisfaction: Learners must gain some type of satisfaction or reward from the training. 	<p>Use a variety of different activities and materials in training.</p> <p>Tell the learner how this training is going to help them in their work or make their job better.</p> <p>Give the estimated time it will take to complete the training.</p> <p>Allow for small steps of growth during the training.</p> <p>Provide feedback and reinforcement.</p> <p>Provide a completion certificate when the learner earns a passing score.</p> <p><i>This model has been used successfully when designing online training.</i></p>

Community Organizing Models

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<p>Community Organizing Models</p> <p>For more information: http://www.ihepsa.com/files/HB%20&%20HE-%20Glanz%20Book.pdf#page=325</p>	<p>Although no single model of community organization exists, there are 5 key concepts central to this approach:</p> <ol style="list-style-type: none"> 1. Participation and Relevance: Involvement of the community in the change process, “Starting Where the People Are” 2. Empowerment: Process by which communities, organizations, and individuals gain mastery over their lives 3. Critical Consciousness: Developing an understanding of the root causes of a problem 4. Community Competence: Community’s problem-solving ability 5. Issue Selection: Identifying a problem that the community feels strongly about and focusing on a simple, specific, and attainable goal 	<p>While this model is not specific to training, the concepts can be useful when implementing initiatives which require significant training, or when planning training for a cohesive group of WIC staff, such as WIC certifiers or RD’s. Think of the target audience as your “community.”</p> <p>Have the WIC staff who will be trained identify their own training goal, objectives, or agenda.</p> <p>Have WIC staff identify their problems to solve and develop action plans.</p> <p>Have WIC staff engage in dialogue to look at root causes of the problem.</p> <p>Begin implementation by focusing on what staff feel most strongly about.</p>

Seven Steps of Design

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<p>Seven Steps of Planning</p> <p>Jane Vella Learning to Listen, Learning to Teach: The Power of Dialogue in Educating Adults (Revised Edition), 2002 www.globalearning.com</p> <p>Joye Norris Telling to Teaching, 2003 www.learningbydialogue.com</p> <p>Madeleine Sigman-Grant University of Nevada Cooperative Extension Facilitated Dialogue Basics: a Self-Study Guide for Nutrition Educators--<i>Let's Dance</i> 2004</p>	<p>The Seven Steps of Planning provides a framework that helps in the design of training and nutrition education sessions. The Seven Steps of Planning guides the trainer/educator in the design of a class or training from the learners' perspective. It supports the adult learning (dialogue-based) principles and is a design strategy that helps identify what the learner wants and needs in order to learn a subject/topic. The Seven Steps include:</p> <ol style="list-style-type: none"> 1. Who: The audience 2. When: Time, date, duration 3. Where: Location, room arrangement, equipment 4. Why: The reason for the training (include what the learners "need and want" to learn) 5. What: The content, skills, knowledge that will be covered in the session. Arrange the sequence of content from simple to complex. Include ways to evaluate the learners' understanding. 6. What For: Achievement Based Objectives (from the learners' perspective and using action verbs). What will the learners do with the content? Create objectives that help learners increase their knowledge, change their attitudes and practice new skills. 7. How: Choose learning tasks and materials that reinforce the learning. List the content (skills, knowledge, and attitudes) that will be covered in the session. Describe the learning tasks for the session. Use a variety of activities for different learning styles (visual, auditory and kinesthetic). Create activities that develop knowledge, attitudes and skills and that encourage practice. 	<p>Following the planning process helps the trainer, educator or facilitator create meaningful and relevant classes, workshops or meetings that support the Adult Learning Theory. The process helps to design a learning environment that is emotionally and physically comfortable for all learners.</p> <p>The Seven Steps of Planning can be used in developing:</p> <ul style="list-style-type: none"> • Staff training • Workshops • Meetings • Conferences • Participant group education sessions

Social Marketing Process

Theory/Model/Process- Major Contributor(s)	Description- Brief description defining concepts	Application- Previous use or possible use
<p>Social Marketing Process</p> <p>For more information: Promoting Nutrition and Physical Activity Through Social Marketing: Current Practices and Recommendations, 2000, by the Center for Advanced Studies in Nutrition and Social Marketing, University of California, Davis.</p> <p>National WIC Breastfeeding Promotion Project cited as success story: http://www.social-marketing.org/success/cs-nationalwic.html</p>	<p>A process that uses commercial marketing techniques and theory to develop behavior change programs. Steps include:</p> <ol style="list-style-type: none"> 1. Planning and strategy development 2. Selecting communication channels and materials 3. Developing materials and pre-testing 4. Program implementation 5. Program evaluation 6. Refine/restructure program <p>Social marketing uses the principle of voluntary exchange(people have resources such as time, money, effort, which they are willing to trade for a perceived benefit).</p> <p>Social marketing is founded on the 5 “P’s”:</p> <ol style="list-style-type: none"> 1. Product: Behavior or health product the program planners want the target audience to adopt 2. Price: Cost of obtaining the product, such as psychological stress, money, time, physical discomfort 3. Place: Channels used to make the product available 4. Promotion: Efforts to make the audience aware of the product 5. Positioning: Placing products so that they maximize benefits and minimize costs 	<p>Use focus groups of WIC staff to develop the program.</p> <p>Research current staff behaviors.</p> <p>Set objectives.</p> <p>Identify special target groups that share similar qualities, e.g. certifiers, language or cultural groups, computer experts.</p> <p>Identify message concepts and communication channels.</p> <p>Pre-test materials.</p> <p>Continuously refine and restructure training based on feedback results.</p>

Spectrum of Prevention

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<p>Spectrum of Prevention -L. Cohen</p> <p>For more information: http://www.kidsplates.org/admin/upload/en/Spectrum_of_Prevention_Explained.pdf</p>	<p>This model provides a framework for public health planning. It outlines six (6) levels of intervention:</p> <ol style="list-style-type: none"> 1. Strengthening individual knowledge and skill 2. Promoting community education 3. Educating providers 4. Fostering coalitions and networks 5. Changing organizational practices 6. Influencing policy and legislation 	<p>While this model is not specific to training, the concepts can be useful when implementing initiatives which require significant training or impact the way WIC provides services.</p> <p>Focus on the learner’s knowledge and skills that relate to the specific behavior to be changed.</p> <p>Provide information and resources to the organizations that will be impacted by new initiatives.</p> <p>Educate community service providers on new processes that impact them.</p> <p>Bring together groups and individuals to form a work group or task force that will focus on the specific problem or issue to be addressed.</p> <p>Adopt agency regulations and policies that may change norms to support new behaviors.</p> <p>Work with administrators, coordinators and policy-makers to change policies and processes to support the new behavior.</p>