**Transforming Lives to Whole Personhood**

*An integrative Health Promotive Approach to Quality Living*

**

Volume I

INTRODUCTION

Achieving better health is more than turning one’s self around or dropping one lifestyle practice considered to be deleterious and picking up better one. It requires more effort subjectively than lapsing into an altered state and awakening to loss of desire at a suggestion. Humans are wired to effect change systematically, in whatever style fits the personality and evolvement of character. How we, as health professionals, assist an individual in positive change determines their success to a large proportion. We have the knowledge to impart that effects attitude, practice, and self-efficacy.

*Attitude* toward making a life change in that how one perceives the message and the messenger’s intent gives credibility to the anticipated opportunity and method toward the expected goal.

*Practice* toward making a life change in that those methodical techniques and the rationale supporting them must be believable, must enhance one’s integrity, must be practical, and must be worthy of perpetuating for the remainder of life.

*Self-efficacy* toward making a life change in that the demeanor of the teacher must communicate a sure power that elicits a self-portrait of belief in envisioned success and self-esteem.

In this 21st century, the maturational and cultural mix has become complex. Research subjects in behavior change studies are no longer just Caucasian and Black, youth versus adult, male vs. female. A young multitasking, broadly ethnically-diverse, technology-based, well-traveled and communicative, and psychologically inured generation has emerged. Older adults are now children of the 60s with a skeptical orientation toward lifestyle behavior and results of decades of harmful health practices. Improving their health looms as a formidable option and, in many, futility overwhelms the spirit. Youth and young adults who should have the edge on positive lifestyles assume risk behaviors against their better judgment, influenced by the stresses of society, the political uncertainties, and sometimes the spiritual hopelessness about the future.

While some health behavior theoretical models remain validated and useful, such as Ajzen’s Theory of Reasoned Action and Rosenstock’s Health Belief Model (Glanz, Lewis, & Tripp-Rimer, 1997, p 41-59), it is advantageous for a health professional coach to adopt a more systematic approach in the form of a composite concept of learning: (1) learning about the behavior itself, (2) learning about oneself in relationship to it, (3) learning about the science of the intervention, about learning strategies themselves, and (4) learning about the evolvement of a successful practitioner of new and positive behavior. Here the psychological strategies known to aid in laying down new neural pathways in the brain and altering desire are still employed, but with intentional knowledge-building and increased understanding of the importance of the role of the learner, the subject of behavior change. This is not a process of a “quick fix”; but a system of the best of instructional and behavioral theory design.

It is on that premise that I have written this series, which will illustrate for the reader the usefulness of the following learning concepts:

* Marzano’s New Education Taxonomy and Dimensions of Learning,
* Objectives of Learning by Krathwohl and associates,
* Kolb’s Experiential Learning,
* Gardner’s Multiple Intelligences,
* Goleman’s Emotional Intelligence Development,
* Martin and Reigeluth’s Conceptual Model of the Affective Domain,
* Gagne’s Instructional Design Principles,
* And the behavioral models of Azjen and Azjen (Theory of Reasoned Action) and Dreyfus and Benner (Novice to Expert)

When integrated, these can enrich and operationalize health promotion programs focused on behavior change. The subjects of (1) tobacco cessation and (2) food security and nutrition management offer advantageous opportunity to include the development of a stewardship attitude about society and the environment leading to unconditional benevolence.

Instruction is designed in such a way that the reader will not only learn about the structure of a scientific approach to coaching individuals in healthy new behaviors, but through the experience, will learn how to apply newly-emergent teaching/learning strategies applicable to the health professions. Volume I of the series, “Frameworks”, discusses teaching, learning, and behavioral theories and their potential for an integrative application to promoting optimized lifestyle improvement. Volumes II and III focus on case studies of someone’s struggle with a particular health-robbing lifestyle practice mediated by employing coaching objectives anchored in combinations of intervention frameworks learned in Volume I. The health professional reader will also use the conceptual and theoretical structures of all volumes to create the elements of a lifestyle behavior change intervention of an imaginary or real patient/client.

An ebook, written for lay persons who desire instruction and motivation strategies for optimal health, accompanies this series. It is entitled “What It Really Means to be Healthy!” It is a ready tool for you, the health professional, to use in your helping relationship with clients or patients. In it are explained basic behavioral theories. Self-assessments provide data to the reader about needed change and guidance is offered in lifestyle improvements for stress-coping, getting adequate sleep naturally, recognizing depression, and managing pain. Health as a state of being is defined; whole person health is characterized. Decision-making regarding complimentary and alternative healing modalities is discussed. Each chapter engages the reader in examining reputable internet sources, self-reflection, and other motivating activities.

It is my hope that this series will serve a wide audience of readers in the helping professions and become a practical toolkit.

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SECTION ONE

This and the following sections will introduce you to the conceptual intervention models for assisting individuals in changing health behaviors or altering their lifestyle.

**Philosophical Underpinning**

Because of the nature of my personal Christian belief system, my futuristic world view, and my sensitivity to the needs of the vulnerable, my philosophy of health promotion is rooted in contemporary realities. At the same time I seek progressive methods which are synchronized with a changing society dynamic. I also wish to borrow from post-modernists the concept that we do not observe knowledge, but we participate in making it (Ornstein, p. 213). I perceive myself as an agent of change and reform and I posture the role of planner, director, and facilitator to the student. My personal mission, or ethos, is to assist the student in recognizing the problems, threats, and strengths of society and to mentor the student in acquiring problem-solving and collaborative tools for the function of intervention. Three beliefs undergird my philosophy of teaching: 1) respect for the whole person, 2) a wholistic approach to healing, and 3) equity that allows personal freedom in the context of justice, individual expression, and equal chance for success.

**Educational Intent**

The following models and theories attempt to explain and to frame the learner’s experience. Through them you, the health professional reader, are invited to form your method of intervention to effect health behavior change in those you serve.

The Hunter Model (Ornstein & Hunkins, 1998, p. 108) serves as an excellent behaviorist example for guided instruction under the Gestalt Theory. In it the teacher:

* uses review of previous learning to build current assumptions,
* builds anticipation for learning new knowledge through stated objectives,
* assesses new knowledge need,
* models learning,
* monitors for understanding,
* guides student practice, and
* promotes independent practice.

I invite you to consider creating learning opportunities that will (1) promote problem-solving and the use of reflective thinking on an individual and aggregate level, (2) promote mastery of psychomotor and cognitive tasks, and (3) increase critical thinking skills in the context of global health. Those skills in stepwise fashion are:

* Interpretation—categorizing, decoding sentences, clarifying meaning
* Analysis—examining ideas, identifying arguments
* Evaluation—assessing claims and arguments
* Inference—querying evidence, conjecturing alternatives, drawing conclusions
* Explanation—stating results, justifying procedures, presenting arguments, and
* Self-regulation—examining self, correcting self in accordance with the above.

THEORIES

The following theories, model, and operational definitions introduce to you a rich repository of practical tools for further understanding of behavior. In turn, you will then, as a health professional, possess a menu of framework options upon which to build your approach to health teaching and effective coaching. I will lead off with a nursing theory focused on Mastery, Patricia Benner’s Novice-to-Expert.

Benner’s Novice to Expert

Benner based her theory on the Dreyfus Model on performance in the business world. There are 5 levels of a progressive nature and 3 stages of performance fulfillment. Inherent in these components is an expected fluidity forward and backward as new challenges are encountered following the mastery of a previous skill. The three stages are: (1) reliance on abstract principles or theories from past experience as a launchpad for practice, (2) change in one’s perception of the demand of the new situation as being pieces of a puzzle that are coming together into a whole, (3) advancing from a detached observer to an involved performer, or engagement. The five levels are novice, advanced beginner, limited competent performer, proficient performer, and expert (Saver, 2009).

Howard Gardner’s Multiple Intelligences

Understanding is an organic process of operationalizing specific knowledge, of being able to apply an idea. In spite of 21st century sophisticated educational systems in the U.S., many individuals have not reached an understanding about the science and rationale of the objects of their learning. Gardner believes it is because instructional design often is limited to the deductive approach of the Industrial Age. Humans are endowed with “eight relatively discrete information-processing mechanisms,” which are not equally strong in everyone, but are demonstrated by the preference we have for learning and the choices we make for life work. They are:

* linguistic, demonstrated by the poet or writer and the public speaker
* logical-mathematical (the scientist or inquiring mind)
* musical
* spatial (i.e., sailor, mountain climber, sculptor)
* naturalist (i.e., hunter, botanist)
* bodily-kinesthetic ( i.e., athlete, dancer)
* intrapersonal, one who keenly understands self
* interpersonal (likes and gets along well with people); and possibly a ninth:
* existential, one who recognizes the enigmas of life, death, destiny, the cosmos

When the instructional approach is broad enough to utilize all these avenues in order to reach all students through their abilities, then it is possible that understanding will be evoked to the point of carrying out analysis, interpretation, comparison, and critique of concepts important to life skills. You will experience this phenomenon in the structure of intervention case studies in this series through these entry point (attention-getting and maintaining) strategies: (1) a life story; (2) statistical facts to illustrate the importance of the behavior and consequences of it; (3) broad philosophical inquiry into the effect of deleterious behavior on the physical world, biological world, world of human relationships, and the self world; (4) aesthetic application through visual art and music; (5) experiments in physical manipulation strategies; (6) social collaborative learning arrangements. (Gardner, in Reigeluth, 1997, pp 69-89)

Gardner opened the door to accepting emotional response to knowledge and experience by proposing the 7th and 8th elements, compromising personal/social intelligence. A Yale psychologist, Salovey, expanded on that by dividing that into 5 domains: 1) self-awareness, 2) managing emotions, 3) motivating oneself, 4) recognizing emotions in others, and 5) handling relationships (Ornstein, 1998, p. 115). These skills are essential in building community relationships and effecting change in populations and society. Gardner’s Multiple Intelligences theory for learning serves as a reliable and wholistic framework upon which to build the intent of a health behavior intervention. When viewed through Marzano’s New Taxonomy (described below), the concept has broad application to fulfillment in the whole person.

Taxonomy of Learning Objectives of Marzano

The preferred taxonomy of learning objectives is that of Robert Marzano (2001). He has taken Bloom’s taxonomy beyond the two dimensional and linear framework of learning objectives to a non-linear, intricately-woven phenomenon of a model of systems called: 1) Self-system, 2) Metacognition system, and 3) Cognitive system. Knowledge is introduced to these systems as information, mental procedures, and psychomotor procedures. Any of the three systems will respond to the knowledge uniquely and they can be ordered by hierarchy. They then form 6 levels listed below. I have interposed simple encapsulating statements to interpret each.

1. Retrieval of previous knowledge (Memory) (Cognitive system) “I am soaking it up.”
2. Comprehension of new and compounded knowledge—synthesis into a representational macrostructure (Cognitive system) “I get it!”
3. Analysis of knowledge—through 5 processes: matching, classification, error analysis, generalization, and specification (Cognitive system) “I can explain it!
4. Knowledge utilization for decision making, problem solving, experiential inquiry, and investigation (Cognitive system) “I can put it all together.”
5. Metacognition for goal specification, process monitoring, monitoring clarity, and monitoring accuracy
6. Self-system thinking—interrelated system of attitudes, beliefs, and emotions. Functions are: examining importance of knowledge, examining efficacy of self to act on knowledge, examining emotional response, and examining overall motivation.

Gagne’s Levels of Complexities in Human Skills

In 1988 Robert Gagné with two colleagues, Wagner and Briggs, published *Principles of Instructional Design,* in which he classified learning objectives into 6 capacities: (1) discrimination--one’s ability to recognize differences in stimuli; (2) concrete concept--the ability to place like or common stimuli into particular classes or categories; (3) defined concept--a step beyond identification and memorization to demonstrating understanding by showing relationships; (4) rule--recognizing the application of a rule in one or more concrete concept events; (5) higher-order rule--problem solving by combining two or more rules to solve a problem and applying that rule to a new situation (transfer of learning); (6) cognitive strategies--using internal processes to choose ways to focus attention, learn, remember, and/or think (pp 12, 57-68)

Krathwohl’s Taxonomy of Affective Objectives (from his *Taxonomy of Educational Objectives*, Book II, 1964, pp 176-185, in which Bloom and Masia collaborated)

These objectives speak to one’s attitude, or state of mind, before learning is engaged. They are: (1) attending and awareness; (2) willingness to receive stimulus; (3) controlled or selected attention; (4) acquiescence, willingness, and satisfaction in responding; (5) acceptance and preference of a value followed by commitment to the learning proposal; (6)organization toward forming judgments about the valued proposal of learning by categorizing and ordering a system of values that leads to a broad world view.

Kohlberg’s Stages of Moral Development

Ornstein and Hunkins (1998, p. 110, 111) describe Lawrence Kohlberg’s contribution to learning theory in the early 1970s, in which he expanded on the childhood developmental theories of the Swiss psychologist Jean Piaget and the American philosopher John Dewey by demonstrating in his research that people progress in their moral reasoning. Their developmental maturing stages respond correspondingly. Because this approach respects the cognitive and affective development of an individual with respect to nurturing and environmental influences, the subjective focus on virtues with or without moral values is not considered. Instead, one progresses through six stages over three levels. Those levels are:

Level 1: Preconventional level, where the social orientation is first of obedience on threat of punishment (Stage 1) and then Individualism, Instrumentalism, and Exchange with expectation of reward so that behavior is guided by one’s own self interests (Stage 2)

Level 2: Conventional level, where social orientation is influenced by the obligation to be good vs. bad to gain approval from others (Stage 3) or compliant to law and order as an obligation of duty (Stage 4)

Level 3: Post-conventional level, where social orientation is the demonstration of a social contract because of internal understanding of social mutuality and genuine interest in the welfare of others (Stage 5) and principled conscience upon which choices and actions are initiated in respect and trust based on mutual justice (Stage 6).

Kohlberg received criticism from another psychologist, Carol Gilligan, for bias against women because they demonstrate moral judgment through caring rather than pragmatism. Another school of thought led by Elliot Turiel in the 1980s is that one learns to make a distinction between morality (one should not hurt another) and convention (the act is not wrong because there is no rule against it). That consideration must be given to the effects of an action on the well-being of others. This was termed Domain Theory. (“Studies in Moral Development”, online lecture)

Goleman’s Emotional Intelligence (1995*)*

This theory is based on research that revealed from parents and teachers a trend among children of increasing worry and anxiety, aggression, anger and unruliness, and loneliness as a result of our stressful society and dissolving family relationships, Goleman called for a curriculum in which children learn how to manage their emotions according to their development in an open environment. He believes this *self-science* will aid in the sculpting of the brain’s neural pathways through the enhancement of the cognitive and affective domains and that it is just as important as academic intelligence. Key to the success of this approach is the partnership of parents and teachers. As in planting a garden, these partners facilitate learning while being sensitive and responsive to social and emotional needs. In a climate of trust and deep respect, 10 major goals help students work toward skillful teamwork in the context of the desires and needs of others in the group and subsequently learning more about self-esteem, responsibility, handling worries and anxieties, recognizing one’s behavioral patterning and learning style, and experimenting with alternative patterns. The final goal concludes with learning how to choose optimism and hope. This is a positive method of nurturing the young to make wise choices.

Martin and Reigeluth’s Affective Domain Model (1999)

In this model there are six dimensions cross-linking 3 major components of instructional value (Reigeluth, p. 493). The developmental dimensions are: emotional, moral, social, spiritual, aesthetic, and motivational. All evoke knowledge, skills, and attitudes. The reader may wish to add others to this list. The authors define the dimensions as:

*Emotional development*: Understanding your own and other’s feelings and affective evaluations, learning to manage those feelings, and wanting to do so.

*Moral development*: Building codes of behavior and rationales for following them, including developing prosocial attitudes, often in relations to caring, justice, equality, etc.

*Social development*: Building skills and attitudes for initiating and establishing interactions and maintaining relationships with others, including peers, family, coworkers, and those different from ourselves.

*Spiritual development*: Cultivating an awareness and appreciation of one’s soul and its connection with others’ souls, with God, and with all His creation.

*Aesthetic development*: Acquiring an appreciation for beauty and style, including the ability to recognize and create it; commonly linked to art and music, but also includes the aesthetics of ideas.

*Motivational development*: Cultivating interests and the desire to cultivate interests, based on the joy or utility they provide, including both vocational and avocational pursuits.

Azjen and Fishbein’s Theory of Reasoned Action/Planned Behavior

Godin and Kok (1996) examined 56 health-related studies that used the Theory of Planned Behavior in which it is known that the adoption of a new behavior is contingent on the perception of behavioral control the individual possesses. If one has complete control over the new behavior or adopting the new behavior, there are no practical constraints.

But if it is perceived that the behavior will require opportunities, resources, or skills that are currently lacking, the individual believes he has no control and does not intend to make the change. It is the cognitive operation that reflects beliefs related to difficulty and can be influenced by information, known abilities or skills, time, and social support. “People’s beliefs in their efficiency affect the choices they make, how much effort they invest in their activities, how long they persevere in the face of difficulties, their vulnerability to stress and depression, and their resiliency after setbacks” (p 88).

Biblical Principles of Learning

For further study, you will find various methods used by God to instruct His people in Scripture. Among them are:

Modeling

Didactic instruction

Symbolism

Historical context; future reward/punishment

Appeal to sense of responsibility and accountability

**Instructional Techniques Unique to Behavior Change**

*Scaffolding*

This is a technique common to open learning environments and equally useful in coaching toward change. It is characterized by deliberate support tailored to the needs of the student in a stepwise fashion so that information/guidance is delivered at the early encounter of a new skill challenge and withdrawn as competency increases until the next opportunity for learning an advancement on that skill or a new skill is approached. There are four types of scaffolding: (1) conceptual, in which the learner is guided in identifying a subject or how to consider all the angles of a problem (assessment tools may be provided); (2) metacognitive, in which the coach guides in how to think during the learning period; (3) procedural, in which the coach may demonstrate or give ongoing help or advice in performing a task; (4) strategic, in which the coach assists in the higher order thinking of reflection such as analysis, synthesis, evaluation, future steps. (Reigeluth, 1999, p 131-34)

*Problem-based Learning (PBL)*

Certainly, a deleterious health practice is a problem for the individual, those emotionally and physically close, and ultimately society. The major functions of PBL are memorization of information retrieved about the problem and possible improvement, acquisition of an attitude about the problem domain (acceptance, denial, anxiety, etc.), higher order thinking development (solutions, intervention), metacognition (thinking about how one responds to the problem), and reflection on the outcome of intervention or lack of it. In the coach-learner relationship an effective approach to solving a problem is collaborative style, in which the learner is supported through the stages that lead to change by the following mechanisms (Reigeluth, 1999, p. 244-67):

* Optimizing the learning environment to situate the learner as the focus, without distractions or detractors
* Honoring the significance of the learning experience and relevance to the needs of the learner
* Expecting engagement of the learner
* Fostering development of critical thinking and problem-solving skills
* Encouraging self-exploration and analysis of the subject matter as it applies to the self using multiple perspectives
* Encouraging rich social contexts (i.e. relationships, influence on others)
* Cultivating supportive and respectful relationship between coach and learner
* Developing/Enhancing a desire for life-long learning strategies

SECTION TWO

**An Integration Approach to Learning**

We then consider a basic learning framework to use in behavior change intervention structure.

Initially, an assessment is made by the coach regarding the readiness of the individual(s) and current conditions. Based on the age or maturity level and readiness of the individual(s), the context of the environment and society, and resources at hand, the health professional selects the theoretical base. From there the degree of control in learning is determined from the spectrum of teacher to participant. The presentation of focus is identified according to the characteristics of the learner(s) and the method of teaching is determined from the spectrum of isolated learner to a medium-size group. Creative methods of interaction are then mutually accepted. Further development of the integrated theoretical approach is determined by comparing the models and concepts previously described in this chapter and subsequently selecting an appropriate framework.

The two tables below illustrate integration possibilities utilizing more than one theorist’s model in developing an approach to an effective health behavior change intervention.

Table 2: Comparing the Learning Achievement Levels Based on 3 Scientists

|  |  |  |
| --- | --- | --- |
| **Marzano’s levels** | **Benner’s Stages** | **Gagne’s Complexity Skills Levels** |
| 1-Knowledge Retrieval (Cognitive) | Novice |  |
| 2-Comprehension  (Cognitive)  Synthesis & Representation | Novice | Discrimination  --Concrete concept  --Defined concept |
| 3-Analysis  (Cognitive) | Advanced Beginner |  |
| 4-Knowledge Utilization  (Cognitive) | Advanced Beginner | Rule-applying  Higher-order rule-making |
| 5-Metacognition | Entering limited competency | Cognitive strategies |
| 6- Self-system Thinking | Competency to Proficiency—When self-satisfied & aiding others=Expert |  |

Table 3: A Comparison of Affective or Emotional Aspects of Intelligence in the Learner

|  |  |  |
| --- | --- | --- |
| **Krathwohl’s Affective Objectives** (Based on Intentional Operations) | **Gardner’s Multiple Intelligences** | **Goleman’s Emotional Intelligence** |
| *Receiving* (attending to)-awareness, willingness, control or select  *Responding*-acquiescence, willingness, satisfaction  *Valuing*-acceptance, preferencing, commitment  *Organizing*-conceptualization, bring into a system  *Characterizing* a value or complex value set-building internal consistency | linguistic  logical-mathematical  musical  spatial  bodily-kinesthetic  naturalist  intrapersonal  interpersonal  and perhaps a ninth one: existential | The development of emotional intelligence should begin in early childhood with the ability to model from exemplar older humans. It should be strengthened by maturity and influence decision making and relationships with other humans |

**Integration Logic Model Approach**

Ideas are framed on three key elements of the logic model: (1) Recognition of existing internal factors through assessment or appraisal, (2) Identification of output potentials—assets perceived by the coach, and (3) Hoped-for outcome or impact on the life of the changing individual. A brief description here will help to clarify the concept.

The coach’s early encounter with an individual seeking help in lifestyle improvement should be focused on assessment while building a collaborative relationship based on the assumption that the client desires change. Physical, social, psychological, and spiritual factors that may support deleterious behavior are noted. Motivation and beliefs are tested. Priorities of the client’s personal condition both objectively and subjectively are assessed, and, by extension, factors that may/do impact on others are weighed.

While the collaborative relationship is growing the coach identifies the *output potentials* through a mental screening of Kratwhohl’s progressive characteristics of attitude, Gardner’s operative intelligences, and the client’s maturity level of emotional intelligence. During this time the outcome is in sight. The coach understands that each step is an effort in mastery from novice to expert in a life change, that in some tasks there will be regression and re-learning, that each new challenge may begin on a previous lower level of progress until mastery is achieved.

SECTION THREE

**Countering Ambivalence or Resistance to Change**

*With theoretical foundations laid for understanding how individuals engaged in behaviors deleterious to health may change to a positive lifestyle, you may be asking, “How then can I be persuasive enough or convincing in my approach to effect change?”*

In the 1980s and 90s researchers recognized that the old adage “You can take a horse to water but you can’t make him drink” applied to humans as well. Even if they expressed desire to stop smoking or drinking or gambling, their abstinence (if once obtained) had a short life and they returned to the former behaviors. While biophysiochemical scientists and neurologists studied the rudiments of brain science and progressed in building a wonderful body of knowledge, psychologists Rollnick, Miller, and Benefield and their associates focused on the interactions between those addicted and those wishing to help. They were trying to understand why we do what we know we should not do (a question as old as time). They posited that interventionists, counselors, coaches, and health professionals failed to listen enough to the client, supposedly for lack of skill in the interview. When the “lecture” approach in educating about consequences, admonishing, and laying out steps to change failed to elicit motivation that brings long-term results, they assumed clients (1) Didn’t get it, (2) Didn’t know the critical information, (3) Didn’t know how, or (4) Didn’t care. The true perspective emerged in an understanding that clients or patients entertained both sides of the equation: They wanted to change for a variety of reasons, but they also didn’t want to change for a variety of reasons—ambivalence. The psychologists realized that “I am more likely to believe and be persuaded by the words that come out of my mouth than yours.” So Motivational Interviewing technique was born.

View the “**Motivational Interviewing”** presentation which accompanies this book for further reinforcement.

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