

## **Self Efficacy Theory and Stages of Change Theory**

### **Case Studies**

The following case studies were used to apply the information presented in the module: Self Efficacy Theory and Stages of Change Theory.

Two or more case studies were used for the four-hour training program. Groups of four(4) or more participants were asked to provide a plan to help the individual described in the case study make a positive and long term change. One person from each group was asked to take notes and report for the group.

If two or more groups work on the same case study at the same time they can often learn from each other.

Most participants found the case studies very helpful in learning how to apply the theory.

## Case Study 1: Nutrition-Physical Activity

James has been gaining weight over the last five years in his group home and his doctor has said that he needs to exercise more or he will become obese. James is 62, a large man weighing around 200 pounds, who really doesn't want to be told that he needs to exercise for his health.

When James first came to the group home he was much more active than currently. He would go for walks in Sunrise Park by himself when the weather was good and he seemed to enjoy that. He also bowled every week with the other men in the group home and was very good at it. A year later James climbed Mt. Clemons with one of the staff. Unfortunately, the staff person left his job at the group home about three months later and no one else was interested in taking him hiking. He worked out at the YMCA for a period of time but he didn't find other people to workout with him and he quit. We think that James started eating more food within the next year as he started to gain weight.

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What are the behaviors that need to be changed?

What health promotion actions would help?

Think about the above issues and Prepare A Plan using the attached materials.

## Case Study 2: Nutrition

Ms. Mellon is a 43-year-old woman who has lived in a Residential Habilitation Center from age 11 to 40. For the last three years she has been in a Tenant Support Program. This past year staff noticed that she had begun to lose weight. This became a concern because she had always been rather slender. Staff had encouraged her to eat more and had routinely prepared the foods she liked the most. Still, she was losing weight and was about 15 pounds below her ideal weight.

At a staff meeting to discuss Ms. Mellon's food consumption, it was discovered that she was generally eating breakfast but not lunch or dinner. While lunches and dinners were always made and served to her, she often dumped the food in the garbage when staff members were not present. She also was not drinking much water and staff wondered if this was part of the problem. Because Ms. Mellon did not talk, staff could not find out why she wasn't eating more than breakfast.

Staff decided to use the "Determine Your Nutritional Health Checklist" to see if she was at nutritional risk and Ms. Mellon had a total score of 11 points (high nutritional risk). It also was becoming clear that Ms. Mellon was more lethargic and was sometimes disoriented to time and place.

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What are the behaviors that need to be changed?

What health promotion actions would help?

Think about the above issues and Prepare A Plan using the attached materials.

### Case Study 3: Nutrition-Physical Activity

Carlton is 55 years old and about 30 pounds over weight. As a younger man he hiked with his father and brother, which he enjoyed very much. Unfortunately his father died several years ago and his brother moved away after he married. Carlton was able to move into half of a two-bedroom apartment. He generally liked people and was always talking about wanting to go hiking again. When a new support person started working, Carlton started telling him how much he wanted to go on some hikes. Rob, the new support person, agreed to take him on a hike but only if Carlton could get into better shape. He also told him that it might take a few months, even if Carlton was really excited. Rob knew that he had to get into shape also.

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What are the behaviors that need to be changed?

What health promotion actions would help?

Think about the above issues and Prepare A Plan using the attached materials.

#### Case Study 4: Nutrition-Vision-Hearing

Irene is a 45-year-old Caucasian female with Down syndrome. She has resided in an adult family home for the past six years. Prior to that time, she lived with her aging parents. The adult family home is located on the third floor of an apartment building located in the suburb of a large city. Three other women with developmental disabilities live with her along with a resident counselor. Although most of the facility is communal with a shared living room, dining room, kitchen and bathroom, Irene has her own bedroom which, according to her counselor, she keeps "clean and neat" most of the time. Her counselor also reports that Irene has always taken very good care of her personal possessions which include a collection of rock and country music tapes, mementos from trips she has taken with family, and pictures of her friends and family,

For the past year Irene has worked part-time, 20 hours/week, at a local fast food restaurant. Her job consists of bussing tables and helping with general restaurant cleanup tasks. When the restaurant is not busy, Irene likes to sit and drink free sodas.

Irene is independent. She walks slowly and carefully and uses public transportation to get back and forth from her job at the restaurant. Her apartment is on a bus route; the bus stops 1/2 block from her home and immediately in front of the restaurant. Her favorite activities include watching television and listening to her rock/country tapes and local outings. When she first moved in, she used to dance around the room while listening to music. She was encouraged to stop when her housemates complained she was too noisy. While she lived with her parents, she went bowling twice a month with family and friends. She enjoyed that activity but they moved her to an adult family home that didn't have bowling near them. About a year ago she stopped talking about bowling.

Although Irene has been overweight since childhood, her counselor reports that in the past six months, Irene has gained 15 pounds. Recently, her interest in helping with household tasks such as vacuuming and dusting or going on short walks and outings has decreased. She says she would rather stay home and listen to her tapes or watch television. Her counselor became concerned about these changes and set up an appointment with Irene's physician. The results of Irene's medical work-up included normal thyroid function, mild visual and auditory losses, mildly elevated cholesterol levels and no clinically detectable coronary artery disease.

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What are the behaviors that need to be changed?

What health promotion actions would help?

Think about the above issues and Prepare A Plan using the attached materials.

## Case Study 5: Creating Friends and Supports

Robert is a 45-year-old Caucasian male with developmental disabilities of unknown origin. He is moderately mentally retarded and has been treated with Dilantin since childhood for a seizure disorder. Robert's seizures have been controlled for the past several years. Prior to that time, Robert had a history of falls with minor injuries, mostly bruises. He did lose consciousness once due to a head injury during a seizure. He has good self-help and self-care skills but very limited verbal skills. Robert is very slender: he is 68" tall and weighs 130 lbs.

Robert lives at home with his 70-year-old mother who is in good health. She drives her own car, manages the family finances and prepares meals. Robert helps with household chores, especially the heavy work (vacuuming, carrying in groceries, cleaning the gutters, etc.). When he was younger he participated in Special Olympics programs, particularly enjoying swimming and bowling. Robert's father was an "outdoors-man" and Robert often accompanied him on short fishing, camping and hiking adventures. For the past three years Robert has worked three days a week in a sheltered workshop that manufactures wooden-bead jump ropes. His mother drives him to his job but he commutes home using public transportation. The bus he takes stops 1/4 mile from his house where his mother picks him up by car. Usually they do their errands and then drive home.

Since his father's death 5 years ago, Robert and his mother's social network and contacts have gradually decreased. Although they attend Sunday church services on a fairly regular basis, Robert has not made any friends through the church. Once a month his mother attends a weekday church social group while Robert is working at the sheltered workshop. A case manager from the Division of Developmental Disabilities checks in with the family every few months to see how Robert and his mother are getting along.

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What are the behaviors that need to be changed?

What health promotion actions would help?

Think about the above issues and Prepare A Plan using the attached materials.

## Case Study 6: Nutrition- Physical Activity

Linda is a 60year old woman with moderate mental retardation who has recently been diagnosed with congestive heart failure. Her doctor has recommended that Linda lose weight, get regular exercise, and eat a low sodium, low cholesterol diet. She lives in an intensive tenant support arrangement.

Linda works at a sheltered workshop. She is required to bring lunch to the workshop every day and she always brings a bologna and cheese sandwich, a bag of pretzels and a chocolate chip cookie. During her morning break she always gets a Coke and a bag of potato chips from the vending machine for a snack. Linda has eaten this same diet every day for at least 25 years and is very resistant to the idea of changing what she eats for lunch every day.

After work Linda has staff that supports her in cooking dinner and she has tried a variety of foods. On the weekends her favorite thing to do is to go to Burger King for a Whopper with cheese and a large French fries. Linda has support with going grocery shopping. She is willing to pick out a variety of foods, but she always insists on buying pretzels and potato chips. She becomes very angry when staff suggest that she leave the store without the two items.

Linda had had no trouble taking medication as she has staff who remind her in the morning and at night that she needs to do this. She also has support with monitoring her weight every day She must monitor her weight to assure that she is not retaining water.

Linda does not get any regular exercise. She has trouble climbing the set of stairs to her second floor apartment. A couple weeks ago one of the staff that supports her tried taking her for an hour walk in a near-by park. She had to turn around after 15 minutes because she was exhausted, and declared that she would never go walking again.

Linda is fascinated by machines. One of the staff on weekends noted that she watched several infomercials about tread mills, rowing machines and other types of exercise equipment.

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What are the behaviors that need to be changed?

What health promotion actions would help?

Think about the above issues and Prepare A Plan using the attached materials,

## Case Study 7: Diabetes-Nutrition-Physical Activity

Julie is a 55-year-old woman with mild mental retardation. She lives in an independent support living arrangement and she works at a bakery in a supported employment arrangement. She weighs 205 pounds and was recently diagnosed with diabetes. Her doctor recommended that she reduce the amount of sugar in her diet, lose weight and monitor her blood sugar five times a day.

Julie attended a six-week course recommended by her doctor on diabetes in which she was instructed on how to monitor her blood sugar. Julie's goal is to monitor her own blood sugar twice a day and report it on a chart that is monitored by her residential staff. However, when the staff go to visit her, they usually find that there is nothing on the chart. Her staff usually responds by going over the steps for checking her blood sugar with her. They then have her check it and record it while they are there. Several times, Julie has become angry and thrown the glucometer across the room. On some of these occasions her staff has had to leave without her blood sugar being checked. Frequently, Julie's blood sugar is too high when she checks it with her staff present.

In the six-week course, Julie also learned how to administer her own insulin shots. At first Julie did not like the idea of giving herself shots, but she has learned how to it. Occasionally, Julie forgets to take her insulin when she needs it. She is supposed to take an insulin shot before every meal.

Julie's favorite food is chocolate. She likes to buy a chocolate donut or an éclair during her work break. After work, she likes to walk down the street to the convenience store and buy a Coke. On the weekends she likes McDonald's for a Chicken McNuggets meal deal. Julie has always picked out her own food at the grocery store. She really likes potato chips and ice cream. She buys these items every week.

Julie's doctor has recommended that she lose weight. If she did lose weight, she might have better control over her diabetes. Julie says that she is interested in losing weight, but has not yet made any efforts to change her diet. Her support staff thinks that she may not know what foods contribute to maintaining her high weight and what type of changes would help her reduce her weight.

Julie has never been involved in regular exercise. Her only regular exercise is her walk down the street to the convenience store and her two-block walk from the bus stop to the bakery where she works. One of the activities she does like is going to parks. Anything that involves being outside seems to be fun for her.

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What are the behaviors that you want changed?

What health promotion actions would help?

Think about the above issues and Prepare A Plan using the attached materials.

## Case Study 8: Osteoporosis

Gerald is a 45-year-old man with severe mental retardation from unknown causes. He has a mild spastic paraplegia but is fully ambulatory and, in fact, is very physically active. His body weight is in the normal range even though he has "lousy" eating habits according to his staff. Because of his level of retardation, Gerald has little insight into the consequences of certain behaviors and as a result, he has been the victim of repeated injuries from falls and a car-pedestrian accident. He has broken numerous bones over the years. Gerald also suffers from a seizure disorder for which he takes anticonvulsants (Dilantin and phenobarbital). His anticonvulsant levels need monitoring frequently because of the high levels which must be maintained to control the seizures.

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What are the behaviors that need to be changed?

What health promotion actions would help?

Think about the above issues and Prepare A Plan using the attached materials.

## Case Study 9: Nutrition-Osteoporosis

Susan is a very slight 60year old woman of Japanese heritage with Down syndrome. She is post-menopausal and never has been very active as she uses a power wheelchair because of her foot problems which include bunions, uncut toe nails and uneven foot pads. She does not enjoy eating and it is always a struggle to get her to eat. Although she can feed herself, she will rarely finish a meal unless encouraged. Her favorite position to eat is lying on her bed watching television.

After several bone fractures that resulted when she was transferred from a chair to bed, a bone-density test was done. It was discovered that she had significant bone loss in her hips and was given a diagnosis of osteoporosis. Her physician prescribed Tums™ and Fosamax™ to see whether it will prevent further bone loss and to perhaps rebuild some of the calcium lost. The oral medicine must be given on a daily basis in the morning, before any food is ingested and the individual must remain vertical until the liquid has had time to completely clear the esophagus or ulceration can occur. The MD also requested that her diet should include a greater amount of calcium rich foods including particular milk products.

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What are the behaviors that need to be changed?

What health promotion actions would help?

Think about the above issues and Prepare A Plan using the attached materials.

## Case Study 10: Smoking

Jack has been smoking for 30 years (since he was a teenager) and for 25 of those years he has smoked a pack a day of Camel unfiltered cigarettes. He lived with his parents who also have heavy cigarette habits until a few months ago when he moved into a group home. In addition to the cigarettes in his parent's house, when Jack started his first job, his parents rewarded him with a cigarette. This began his habit and gradually the number of daily cigarettes increased. Cigarettes for Jack are a calming, pleasure experience and the act of smoking was always reinforced by his parents and is still allowed during breaks in the mailroom where he works. He also enjoys his pool and spends a lot of his free time at the neighborhood bar, playing pool and smoking. He is the only resident of the group home who smokes and although he knows he supposed to smoke outside, this is a difficult habit for him to develop as he has always smoked in his parents house.

At his last medical check-up, the new MD was concerned about Jack's smoking (actually the whole family's smoking habit) and both talked with Jack about the need to stop and stressed the importance of stopping to his parents. His parents, now in their 80's have no intention of stopping smoking and are not particularly concerned about Jack's habit. His mother said that he doesn't have many pleasures, so why take that away from him?

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What are the behaviors that need to be changed?

What health promotions actions would help?

Think about the above issues and Prepare A Plan using the attached materials.

## Case Study 11: Sleep Problems

Luis is old but he doesn't know how old. He was born in Mexico and thinks that he came to America sometime in the thirties or forties. He has worked very hard traveling up and down the western coast picking fruit and vegetables as they ripen. Luis has never married but he says that he likes his work. He also has a mild disability that doesn't seem to slow him down. Luis now has been working for six years at the same farm and continues to like it.

What does bother Luis is that he has a hard time sleeping. He often gets up and walks around outside in the dark. He also gets up at night to drink coffee and has tried sleeping pills, but to no help. Because of his getting up at night he sometimes falls asleep during the day. The farmer is going to keep Luis on the farm because he likes the man, but it would be helpful if his sleep was more regular.

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What are the behaviors that need to be changed?

What health promotion actions would help?

Think about the above issues and Prepare A Plan using the attached materials.

## Case Study 12: Hearing

Eddi is a self-advocate who is known to most Senators and Representatives in Olympia. For 40 years she has followed all the disability issues and done an excellent job.

Unfortunately, she is slowly losing her hearing. Eddi doesn't want to talk about it but even she is aware that she has a very hard time when more people are around her. She just can't hear much and it scares her that she might not hear at all.

Recently, Eddi has become irritated and slightly worried about how she can keep up with the pace of the Legislature. At one point she really "lost it" and every one was very surprised that she had been holding so much inside. Eddi had even thought about giving up on carrying the legislation during the next session.

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What are the behaviors that need to be changed?

What health promotion actions would help?

Think about the above issues and Prepare A Plan using the attached materials.