



# Empowering Behavior Change using Nutrition Personas as your Guide

PRESENTED BY

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# Nina Crowley

PhD, RDN

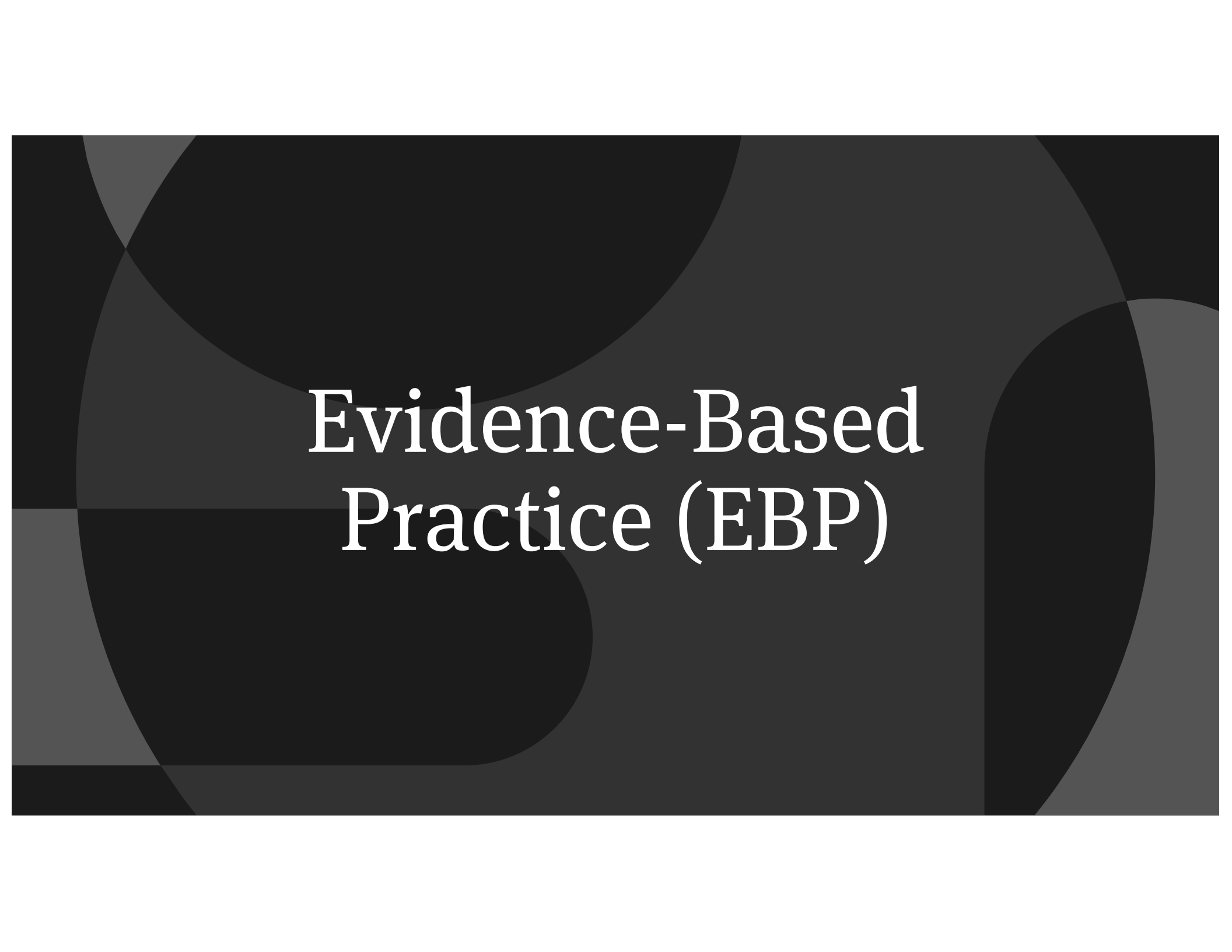
PsychoDietitian committed to patient centered approach for people with obesity

Advocate for effective communication and people-first language

100% extroverted, ENFJ, Enneagram 7, Questioner, Oldest Child

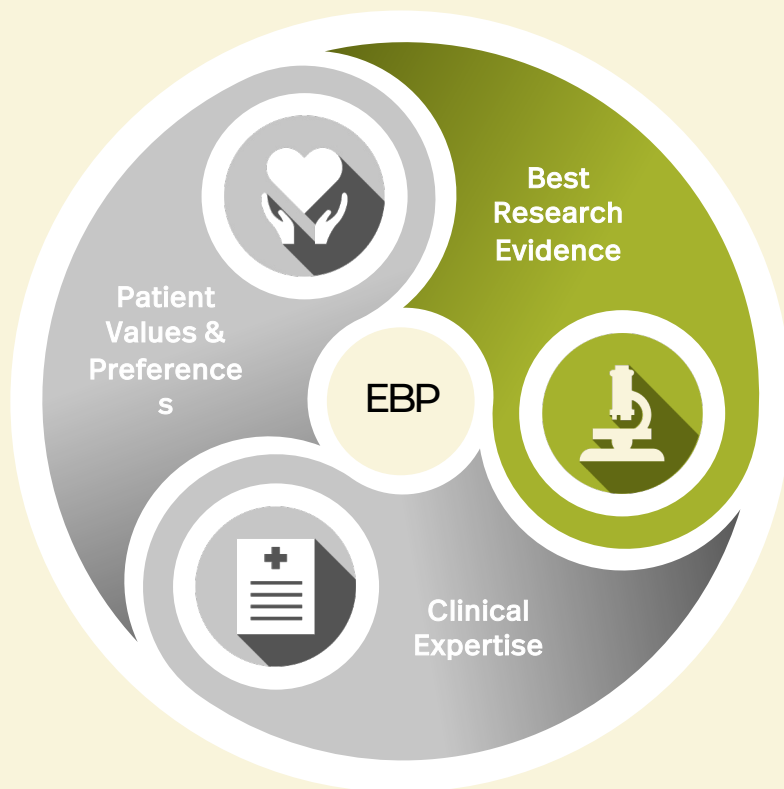
Professional Affiliations & Education  
Manager for seca medical body composition





# Evidence-Based Practice (EBP)

# Framing Our Evidence-Based Practice:



## Best-Available Research Evidence



Our practice is based on what the research says

Our role is to translate science to individuals

Science is always evolving

# Framing Our Evidence-Based Practice:



## Provider Experience



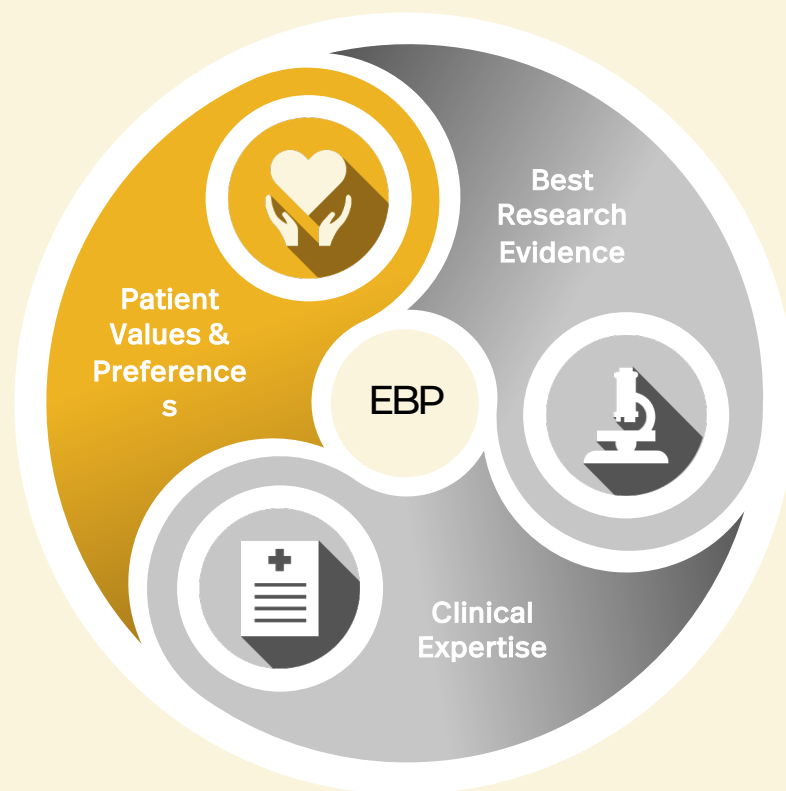
Formal, informal, practical education

Trust your intuition based in your experience

Simple solutions don't often work long term

The space between what people say they want and what you know they need

# Framing Our Evidence-Based Practice:



## Patient Values & Preferences



No matter what you believe is “right” or “true” or “best for them”...

Your job is to meet them wherever they are

Consider values, preferences and culture

People come looking for advice; they don’t trust themselves

Be empathetic, supportive, and flexible

# If Focus Is 'Best Available Evidence'...

then this should work...

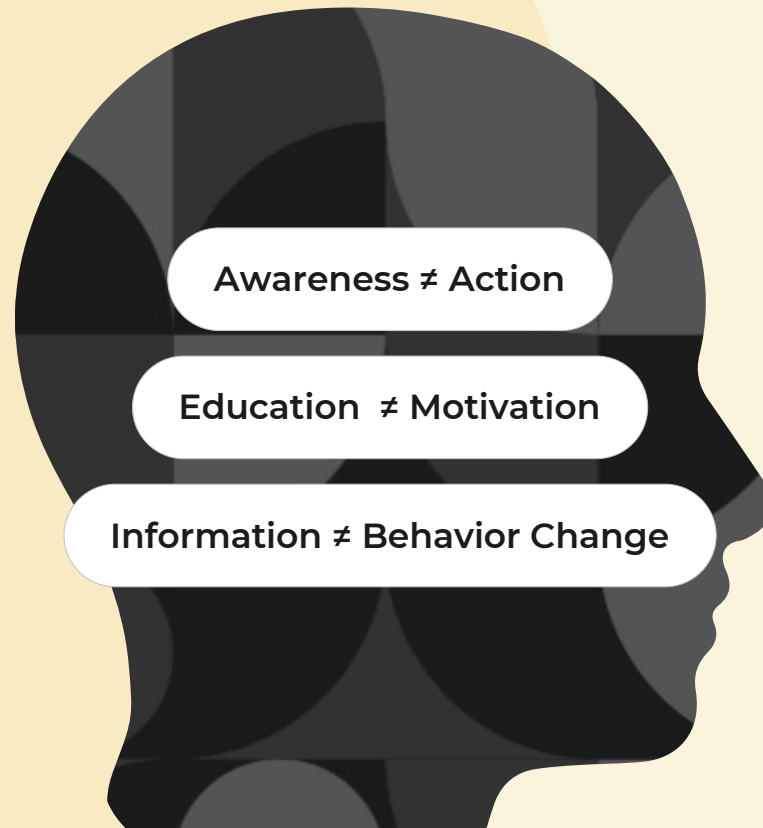
Education

Awareness

Role modeling

Inspiration

Advice



Awareness  $\neq$  Action

Education  $\neq$  Motivation

Information  $\neq$  Behavior Change

...but humans are complicated

Personalization

Individualization

Customization

Realistic/balanced approach

Transparency

# The Dark Side of 'Evidence-Based'

Humans don't react predictably

Individual results fall on a bell curve

Can easily slide into telling people what to do

May turn into a 'one-size fits all' approach

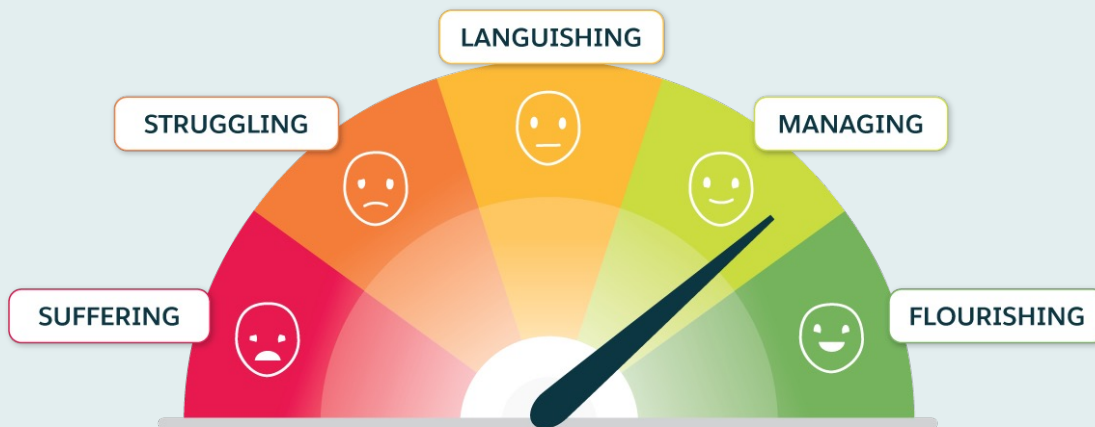
Being too focused on 'right' or 'best' can lead to perfection-seeking

Ignores social, behavioral, economic, cultural, personal relationships with food





# The Dietitian's Dilemma




**You have the skills to help people change from your platform!**


Health communication is intended to foster behavior change and move closer to optimal health on a continuum

Remember that people have deep-rooted habits, fears, and emotional attachment to current behavior

Simple advice-giving, oversimplification, and 'easy fixes' are not helping people adopt healthier lifestyles



# Psychological Concepts in Behavior Change



# Behavior change *isn't easy*

Changing behavior is complicated,  
nuanced, and personal

Understanding how we make decisions, and  
change behavior can help your audience change  
behavior and move closer to optimal health

# Dichotomous Thinking

Thinking in black-and-white terms

Viewing situations, people, or experiences as either good or bad with no middle ground

Inability to bring positive and negative perceptions into whole view

Extreme outcomes can seem the only possible scenario leading to unpredictability and stress



Dichotomous thinking leads to rigid beliefs and hinders problem-solving.

Thinking you've failed even when you've made a good effort can feel like self-punishment, and lead to giving up without trying.

# Cognitive Dissonance

## Internal Consistency

People seek internal consistency to form a stable identity and understand the world around us

## Cognitive Dissonance

An internal conflict when holding two conflicting beliefs

## Disconnect Between Attitudes & Actions

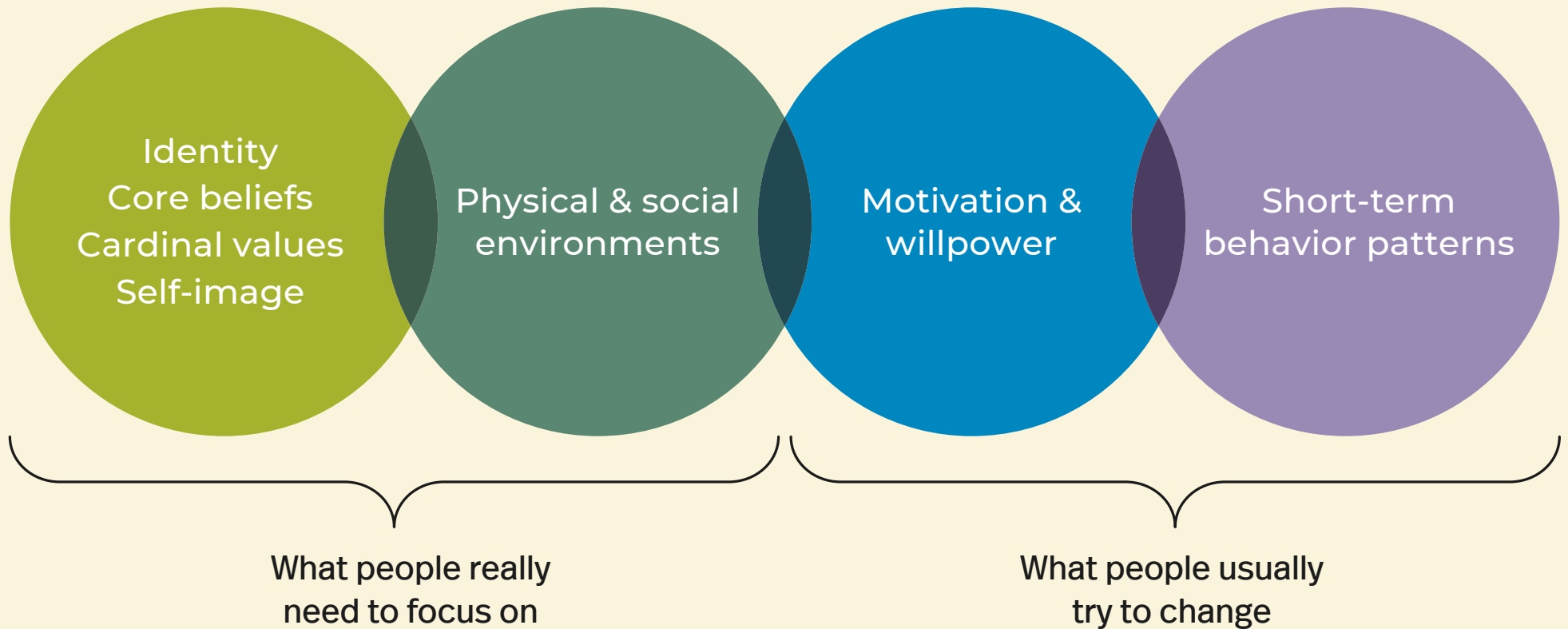
If our attitudes do not align with our actions it makes us feel uncomfortable

Hey, i'm not a hypocrite! It's called cognitive dissonance!



someecards  
user card

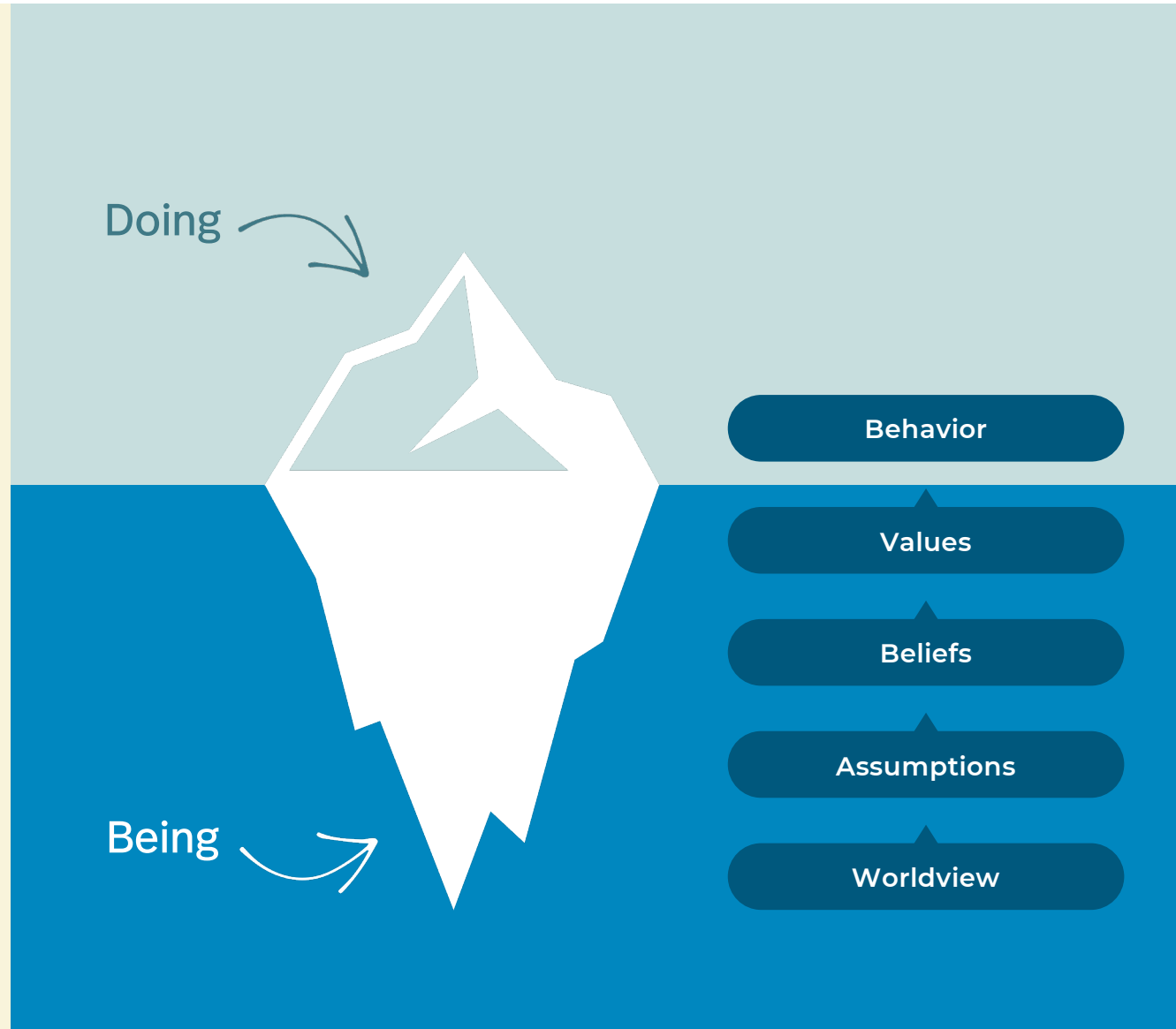
# Target of Change



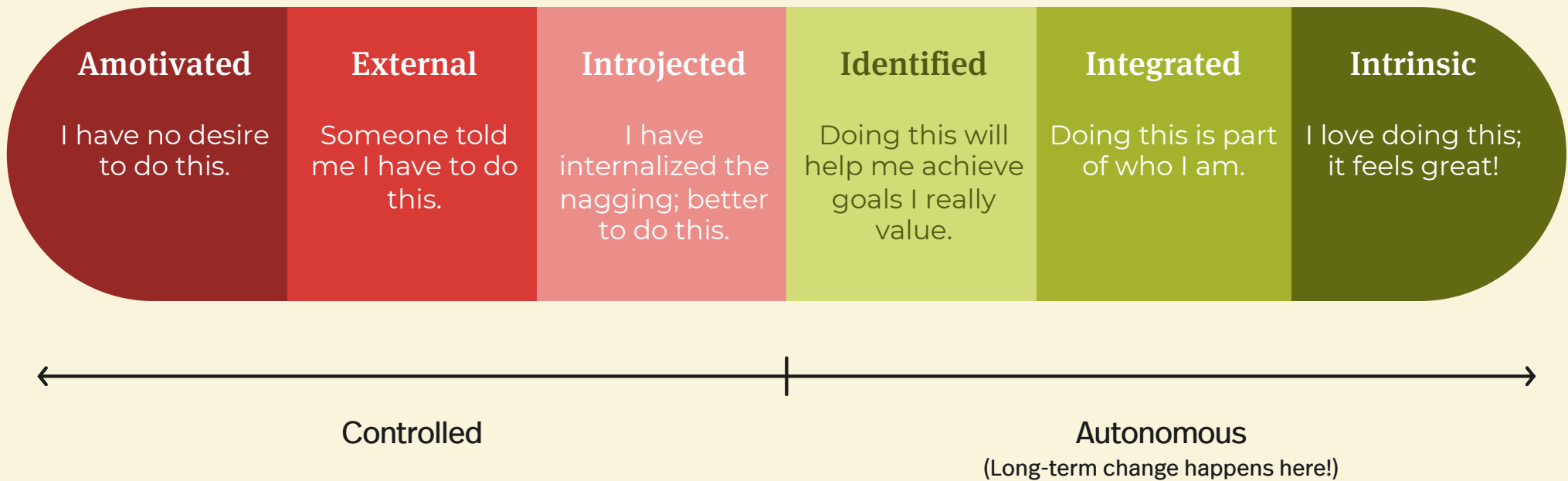
# It's more than on the surface

Behavior change aligns with what is personally meaningful to us

Outcome goals focusing on results and not what is meaningful are not often met or translated into permanent behavior



# Self Determination Theory





# Fulfillment of Psychological Needs

Become self-determined when needs are fulfilled:

Autonomy

Competence

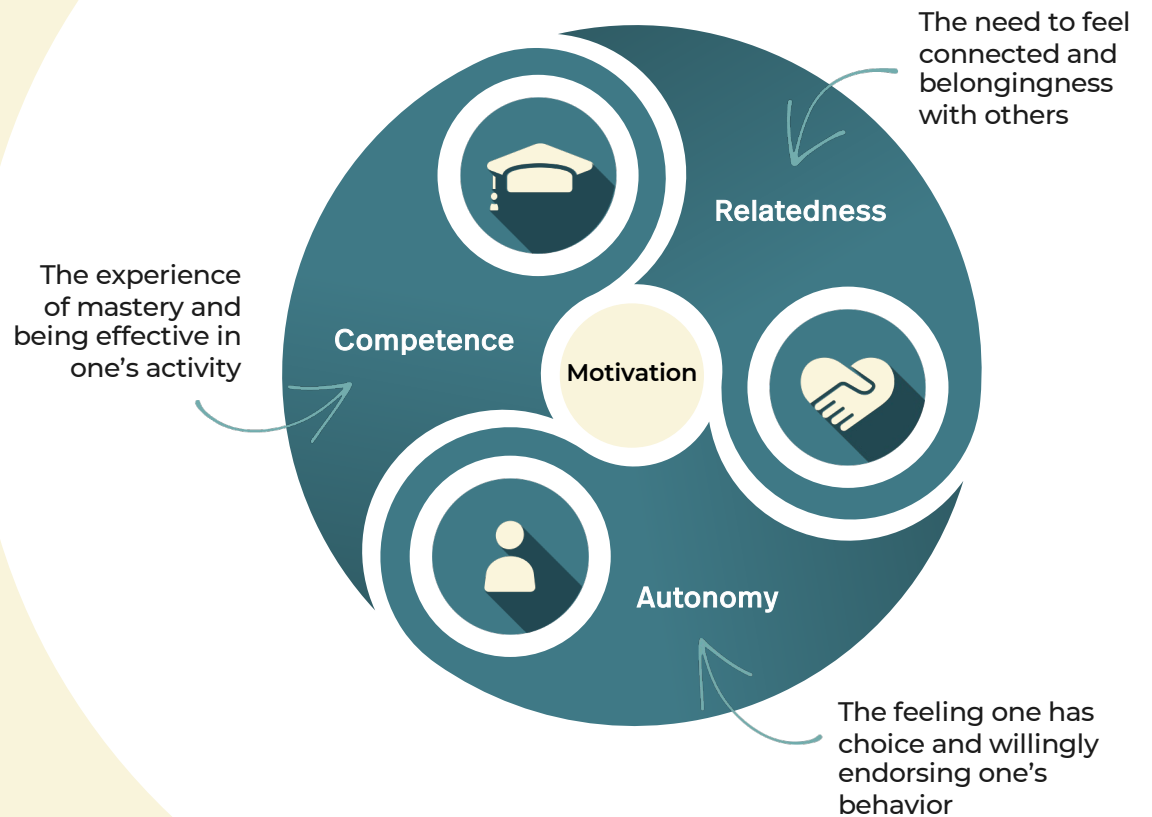
Relatedness

Move to more intrinsic motivation

Satisfaction

Creativity

Long-term engagement



# Motivational Interviewing

A person-centered counseling style to address ambivalence about change by giving particular attention to the language of change and increase intrinsic motivation.

Uncomfortable state of wanting two incompatible things at the same time

Ambivalence → Anxiety → Don't like fear/negative stress → Procrastinate (looks like resistance)

MI starts by normalizing the normal and common human experience of ambivalence about change



# Nutrition Personas









# “Nutrition Personas”

‘Personas’ can facilitate effective connection with diverse audiences

Psychographic profiling to group audience based on psychological tendencies

Using behavioral skills in communication approaches can help people move through barriers for change

Resist your righting reflex to fix “bad behavior” and meet them where they are

	EASY PLEASY 	SEEKING PERFECT 	OVER IT 	STUCK STRUGGLER 
Dichotomous Thinking				
Disconnected from Values				
Extrinsically Motivated				
Change Ambivalent				

Source: Nina Crowley, PhD, RDN

Easy Pleasy



	HOW FILTERS IMPACT BEHAVIOR	WHAT IT LOOKS LIKE
DICHOTOMOUS THINKING (Primary Filter)	Strong black and white thinking, trust you as expert but lack self-efficacy	“I need a list of good and bad foods to eat”
DISCONNECTED FROM VALUES	Believe they are a “failure” and don’t trust instincts; Disconnected from own preferences (don’t trust self anymore)	“What I am doing must be wrong. Tell me what to eat; I don’t trust myself”
EXTRINSICALLY MOTIVATED	Rely on experts versus doing what they really like or what	“I’ve failed so many times, I just need someone to tell me what to eat”
CHANGE AMBIVALENT	Present as being open to change based on whatever you tell them is best	“I’ll do whatever you tell me”

Source: Nina Crowley, PhD, RDN



# Communication Strategies for “Easy Pleasy”

**01**

Promote autonomy –  
reminder that your role  
is not to judge  
(or praise)

**02**

Build skills and  
competence through  
self-monitoring and  
break down into  
realistic steps

**03**

Focus on Intrinsic  
Motivation – identify  
their own reasons  
for changing

**04**

Provide a menu of  
choices to emphasize  
choice, autonomy, and  
decision making

**05**

Myth-bust black  
and white thought  
patterns and  
promote grey/  
colorful range of  
options



	HOW FILTERS IMPACT BEHAVIOR	WHAT IT LOOKS LIKE
DICHOTOMOUS THINKING	Perfectionism for self and evaluate things as good/bad, right/wrong, healthy/unhealthy	“I’m following this because I heard it’s the best way to lose weight”
DISCONNECTED FROM VALUES (Primary Filter)	Control and discipline make anxiety feel better temporarily, but miss out on enjoyment of food and eating experiences, socializing, pleasure	“I can only have that on a cheat day”
EXTRINSICALLY MOTIVATED	Rigid rules and restrictions rather than knowing what they inherently like or want	“I don’t eat carbs because they are bad for you”
CHANGE AMBIVALENT	Present as ready to do whatever is “Best” or “right”	“What is the best way to eat for my condition?”



# Communication Strategies for “Seeking Perfect”

**01**

Explore nuances and grey area/colorful spectrum to counteract perfectionist thinking

**02**

Use role models to share narrative/story of their values exploration through experiences, challenges and successes, and expression of gratitude

**03**

Promote relatedness by building and fostering a peer support platform/network

**04**

Find their deeper connection to their values with activities and posts that dig deeper to their core beliefs and values

**05**

Use interactive polls, surveys, Q&A sessions or lives to showcase values work



Over It



	HOW FILTERS IMPACT BEHAVIOR	WHAT IT LOOKS LIKE
DICHOTOMOUS THINKING	Catastrophic thinking impacts their belief that they can make small changes, think it has to be bigger than they have capacity to make	"I wish I had no appetite then I wouldn't make the wrong choices all the time"
DISCONNECTED FROM VALUES	Experience internalized bias; Limited connection between hunger/satiety cues	"I could eat what I am supposed to if I could just stop thinking of food constantly"
EXTRINSICALLY MOTIVATED (Primary Filter)	Want something to take away food noise and hunger	"I need that medication so that I don't have to worry about food anymore"
CHANGE AMBIVALENT	Don't feel like their changes matter, and they need something external that is stronger or more "right" or powerful to "do the work"	"I'm hungry all the time and I just need to take something to make that go away" "There is just so much info out there, I will never get it right"

Source: Nina Crowley, PhD, RDN

Over It



# Communication Strategies for “Over It”

**01**

Empathize with experience and encourage sharing from others with similar thoughts

**02**

Provide neutral education on biological hunger, satiety, and fullness cues

**03**

Challenge all or nothing language by showing evidence of grey area, balanced eating is possible and may take additional resources

**04**

Promote self-reflection and value inventory to find out the “what” that drives them to connect with behaviors in future state

**05**

Emphasize choice and decision-making for autonomy

*Source: Nina Crowley, PhD, RDN*

Stuck Struggler



	HOW FILTERS IMPACT BEHAVIOR	WHAT IT LOOKS LIKE
<b>DICHOTOMOUS THINKING</b>	More ambivalent than black and white thinking	
<b>DISCONNECTED FROM VALUES</b>	They don't know what they want or like; Have knowledge about healthy behaviors but don't see themselves as someone who does them	"I love to look at recipes and healthy food ideas... but I never cook/prep my meals"
<b>EXTRINSICALLY MOTIVATED</b>	Motivated by external things and not yet enough by internal factors to change, follow plans for short periods of time	"I know what to do but I struggle to do it all the time" "I can follow a plan really well at first but then it fizzles"
<b>CHANGE AMBIVALENT (Primary Filter)</b>	Costs outweigh the pros for changing behavior right now; They are stuck between wanting to change to get healthier but not knowing why their current behavior prevails	"I've lost the same 20 pounds 100 times" "I could write the book or teach the class on healthy eating"

Source: Nina Crowley, PhD, RDN



# Communication Strategies for “Stuck Struggler”

01

Offer constructive positive feedback on progress and past positive experiences to increase competence

02

Explore ambivalence and highlight discrepancy between beliefs and actions and evoke more change talk when you hear it!

03

Provide safe, supportive environment to admit current behavior and ambivalence about making changes

04

Share personal narratives and stories of how a decisional balance works to explore pros/cons for change/staying the same

05

Focus on troubleshooting setbacks from past negative experiences to strengthen commitment

# Know your Role



Easy Pleasy



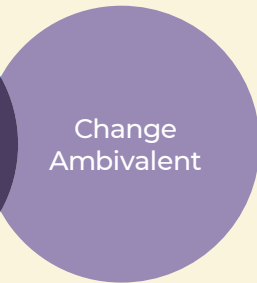
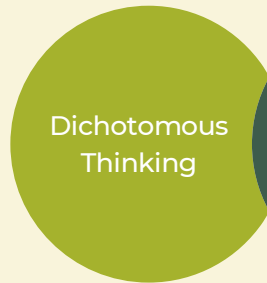
Seeking Perfect



Over It



Stuck Struggler



Source: Nina Crowley, PhD, RDN

# Conclusions



Seek to understand (not fix) your heterogenous population

Meet people where they are (don't give blanket advice)

Focus on support and skill building (not telling them what to do)

Highlight individuality/nuance/flexibility  
(not rules/one way or black and white, right/wrong)

Create cognitive dissonance between  
staying the same and making change

Strengthen motivation to improve their own  
relationship with food (connect with personal values)

Take a curiosity approach – what do they like, want, desire to eat?

# Stay in Touch!

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