

UNIVERSITY OF KWAZULU-NATAL
SCHOOL OF AGRICULTURAL, EARTH & ENVIRONMENTAL SCIENCES
DIETETICS & HUMAN NUTRITION
EXAMINATION: NOVEMBER/DECEMBER 2015
SUBJECT COURSE AND CODE: DIET 351
BEHAVIOURAL SCIENCE FOR DIETETICS P2

DURATION: 2 HOURS

TOTAL MARKS: 100

External Examiner: Vernon Solomon
Internal Examiner: Linda Nel

NOTE: THIS PAPER CONSISTS OF TWO SECTIONS (A & B), AND THREE (3) PAGES, PLEASE SEE THAT YOU HAVE THEM ALL.

SECTION A. ANSWER ALL THE QUESTIONS. 50 MARKS

QUESTION 1.

Empathy is an essential element for effective counselling.

- 1.1. Tabulate the differences between empathy and sympathy. (10)
- 1.2. Describe the six (6) steps to empathy, according to Ciaramicoli and Ketcham. (12)
- 1.3. Provide an example of an empathetic response to the following statement:
“I can’t make up my mind about whether to pursue this Banting diet. I don’t feel confident about it, but my husband is pressurizing me to lose the weight I have gained.” (3)

QUESTION 2.

Sne Ngubane is a newly qualified Dietician. She is planning a series of supportive meetings for her clients, who are parents of children with Type 1 diabetes mellitus. Sne wants to plan for optimum group participation at the first session, which will be an hour long. She also wants to meet the needs of the group so that they will return for future sessions.

- 2.1. What suggestions would you give Sne for the first meeting of her group? (10)
- 2.2. According to Yalom there are certain curative factors that act as “primary agents of change” in a supportive group setting. List ten (10) factors? (10)

QUESTION 3.

Resistance can best be understood as the client’s struggle against change. When things become too uncomfortable to talk about they may resort to certain types of behaviours. Provide examples of five (5) types of behaviours which may indicate resistance. (5)

SECTION B.**50 MARKS****ANSWER QUESTION 4. THEN ANSWER QUESTION 5 OR 6.****QUESTION 4.**

Read the following case study.

Michael, 17, is admitted to hospital with a suspected heart attack after collapsing on the sports field at school. He looks fragile and emaciated. The physician refers him to you 'to address his dietary issues'. Michael has always been a fanatical sportsman. When he was 14 he experienced quite a growth spurt and his muscles quickly became clearly defined. His friends praised him about his physique, and even his mother would repeatedly tell him about what fine shape he was in. He excelled in cricket and soccer, and said he intended to stay 'at the top of his game'. Each day he found that he wanted to exercise a little more and he started to eat less and less. He lost a significant amount of weight, and when he reached 45kg his mother became worried and took him to see a doctor. The doctor told his mother 'not to fuss'. Michael's behaviour started to change as well. He became distant from his friends, and got angry and aggressive if anyone challenged him about his weight or his diet. In recent months he has lost a quarter of his body weight, falling from 42kg to just 31.5kg.

- 4.1. List the DSM 5 criteria for diagnosing Michael's illness. (10)
- 4.2. Briefly discuss the common psychological features one could expect to find in a person at risk of developing such an eating disorder. (10)
- 4.3. Explain how you could build rapport with Michael in order to gain his trust. (10)

QUESTION 5.

Read the following case study.

Thandeka is an obese, 45 year old, who comes to see you on the recommendation of her doctor. She recently had a medical examination and confessed to her doctor that she binge eats at a frequency of 2 to 3 times a week. She has been on various diets previously, but after an initial loss of about 5kg she 'hits a wall' and discontinues her dieting. Thandeka reports to you that she has not engaged in any formal dieting in the past 18 months, although she frequently skips meals in an effort to reduce her weight. She feels discouraged by her previous failed attempts at dieting, but realises that her eating habits are creating health problems. Her mother was diabetic, and Thandeka says she does not 'want to end up with the same disease that caused her mother to die at the age of 54'.

- 5.1. Recurrent binge eating episodes are characterised by eating large amounts of food in a short space of time, as well as a sense of a lack of control over eating during that episode. Mention six (6) other characteristics a client might report about their behaviours and feelings associated with a binge eating episode. (6)
- 5.2. Identify the stage of change you think Thandeka is in. Motivate your answer. (2)
- 5.3. Goal setting would be a crucial part of helping Thandeka. Discuss the four (4) essential steps of effective goal setting. Supply relevant examples. (12)

OR

QUESTION 6.

Read the following case study.

David, 32, is HIV positive and clinically depressed. His partner, Sabelo, has brought him to see you because of his poor state of nutrition. They are both on ARV's and have always kept themselves healthy through being compliant with their medication, eating a well-balanced diet and engaging in moderate, daily exercise. David was always very close to his mother and she succumbed to cancer 9 months ago. David has struggled to come to terms with her death and Sabelo realised after the fourth month that David was willing himself to die. He stopped eating, and gave up on his exercise routine. He only carried on with the ARV's due to Sabelo's insistence. David was also finally persuaded to seek help for his depression. It has been three weeks since he started on an antidepressant and he is finally starting to feel as if he can cope a bit better. He has lost a lot of weight and still feels physically quite weak.

- 6.1. List the symptoms of major depression. (10)
 - 6.2. Feeling depressed is a normal part of grieving. What important information in David's story tells you that his grief has turned into major depression? (2)
 - 6.3. Briefly explain the other four (4) stages of grief or dying. (8)
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