

NUTRITION CARE PROCESS

- The NCP itself consists of four interrelated steps:
- Nutrition Assessment
- Nutrition Diagnosis
- Nutrition Intervention
- Nutrition Monitoring and Evaluation

CHARACTERISTICS UNIQUE TO RD

- Critical thinking
- Collaboration
- Communication
- Evidence-based practice • Code of ethics
- Dietetics knowledge
- Skills and competencies

Definition of Categories of Nutrition Diagnoses*

Category	Definition
Intake	Too much or too little of a food or nutrient compared to actual or estimated needs
Clinical	Nutrition problems that relate to medical or physical conditions
Behavioral – Environmental	Knowledge, attitudes, beliefs, physical environment, access to food, or food safety

*American Dietetic Association. International Dietetics and Nutrition Terminology (IDNT) Reference Manual, 2nd ed. Chicago: ADA; 2009

NUTRITION INTERVENTION

- Purposely planned actions intended to positively change a nutrition-related behavior, environmental condition or aspect of health for an individual (and his/her family or caregivers), target group or the community at large" (ADA, 2009)
- Interventions depend on the skill, knowledge and expertise of the RD as well as facility policy regarding credentialing and privileging.
- If more than one nutrition diagnosis is present, the RD must prioritize the diagnoses based on severity, patient/client wishes, or collaboration with other health care professionals

IDNT TO DOCUMENT NUTRITION INTERVENTIONS

- Four Domains
 1. Food and/or Nutrient Delivery
 2. Nutrition Education
 3. Nutrition Counseling
 4. Coordination of Nutrition Care

EDUCATION VS COUNSELING

- RDs must understand the difference between nutrition education and nutrition counseling.
- Nutrition education is defined in the IDNT as "a formal process to instruct or train a patient/client in a skill or to impart knowledge..." (ADA, 2009)
- Nutrition counseling, which is defined as "a supportive process characterized by a collaborative counselor-patient/client relationship" (ADA, 2009).

ROLE OF PARTICIPANT

- Client may not understand role of helping profession
- Discrepancies in expectations may impair progress
 - Produce dissatisfaction and dropout rates
- Determine client's expectations-- better to weave into conversation
- "when you decided to come here today, what were you hoping I could do" expectations may become apparent over time




BASIC COUNSELING SKILLS

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• Type of therapy is not always as important to outcomes as specific counselor behaviors


1. Enthusiasm
2. Confidence
3. Belief in client's ability to change



SKILLSET

• **Attending:** orienting oneself physically to the client

• **Listening/observing** capturing and understanding the verbal and nonverbal information



LISTENING

TWO PRIMARY SOURCES INFO

CONTENT - what is specifically said. Listen carefully for, not only what a person says, but also the words, expressions and patterns the person is using, which may give you a deeper insight. Counselors should develop their ability to remember what was said, as well as to clarify what was said or finding out what was not said.

PROCESS - all nonverbal phenomena, including how content is conveyed, themes, body language, interactions, etc. Smiling

EMPATHY

- The ability to perceive another's experience
- Communicate that perception back to the individual
- clarify and amplify their own experiencing and meaning
- NOT identifying with the pt or sharing similar experiences-- NOT "I know how you feel"!
- Communication of empathy: verbal and nonverbal attending, paraphrasing content of client communications, reflecting patient feelings and implicit messages

ATTENDING "SOLER"

- S: Sit square and face the person
- O: Open posture
- L: Leaning forward
- E: Eye contact
- R: Remained relaxed




Position in room
Distance
Ask permission


PARAPHRASING

- Selective focusing on the cognitive part of the message – with the client's key words and ideas being communicated
- **Rephrased and shortened** Four steps in effective paraphrasing:
 1. Listen and recall (do not omit significant parts)
 2. Identify the content part of the message by deciding what event, situation, idea, or person the client is talking about.
 3. Rephrase in concise manner (fresh, different perspective)
 4. Perception check- Allows client to disagree, "sounds like"

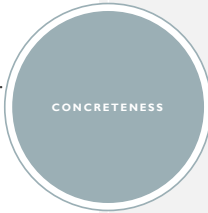
- Affective reflection in an open-ended, respectful manner of what the client is communicating verbally and nonverbally
- Verbal and nonverbal
- Reasonable inferences about what the client might be experiencing emotionally
- Skill— using words to accurately convey what client meant

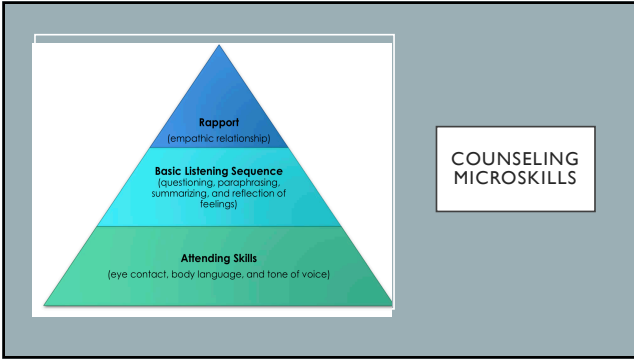


- Ability of counselor to be freely themselves.
- Includes congruence between out words/behaviors and inner feelings
- Counselor may say he or she is comfortable discussing something; however, becomes nervous and visibly uncomfortable when doing so

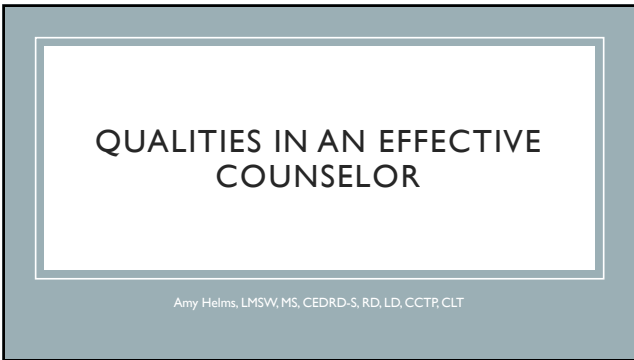


- Assisting client: identify & work on specific problem
- Reminding the client of the task and re-describing intent and structure of the session.
- Using questions and suggestions to help the client clarify facts, terms, feelings, and goals.
- Use a here-and-now focus to emphasize process and content occurring in current session









SKILLS EVERY COUNSELOR NEEDS

Everything you've ever wanted is on the other side of fear
George Addair

Core Conditions

- Empathy: Understanding what the client feels and not just what you would feel if you were the client.
- Genuineness: Being who you are without pretense or hiding behind the "therapist" role.
- Unconditional Positive Regard: Accepting the person for who he or she may be without putting conditions on it.

COMMUNICATION

- We will spend an entire lesson on communication
- Communication skills can be developed and refined
 - Some communication skills are needed before incorporating counseling in your practice
- Natural ability to listen and clearly explain ideas and thoughts

ACCEPTANCE

- Nonjudgmental and accepting
- Meet client "where they are at"
 - Term used to describe the ability to relate with an open, nonjudgmental attitude
- Accept client— current situation and convey acceptance

PRACTICE MANAGEMENT

- Organizational skills
- Time-management
- Setting priorities
- Schedule, monitoring time
- Knowing limits to schedule
 - ROLE MODELING THESE BEHAVIORS

EMPATHY

- Ability to feel what another person is feeling.
- Truly able to imagine what it's like to stand in someone else's shoes.
- Compassion and empathy help your clients feel understood and heard.

RAPPORT BUILDING SKILLS

- Identify your role
- Undivided attention to client (Avoid distractions)
- Balance openness and structure
- Willingness to share you do not know something or you are consulting
- Leave personal life or personal distractions outside
- Consider this when creating scheduling

SET OF INTERPERSONAL SKILLS

- Able to express yourself
- Sense what other people are thinking and feeling
- Warmth, acceptance, empathy, and focus on others
- Build rapport easily
- How do we talk to (COMMUNICATE WITH) clients?

TRUST

- Trust is earned early
- Therapist communicates BOTH verbally and nonverbally that he or she can be trusted
- Undivided attention to clients and be able to cultivate trust.
- Enable client to "say anything"

ALLIANCE

- Therapeutic alliance as predictor of outcome
- Able to collaborate in goal-setting
- Graduate student with rapport vs. therapist with 40 yrs experience
- “Feeling that clients are in a partnership with the therapist”
- Two way street (picture)

PROBLEM SOLVING SKILLS

- We do not solve problems
- Effective counselors have problem solving skills
 - Enables counselor to help client identify and make changes
- Identify patterns

ABILITY TO EXPLAIN

- Provide explanation client can understand– even if he/she has heard before
- Explanation should rarely be scientific
- Willing to be flexible if circumstances change or new information is obtained
- Keep client informed

COMMITMENT WITH CONSISTENT AND ACCEPTABLE TREATMENT PLAN

- Conduct Assessment early
- Build treatment plan and share with the patient
- Ensure client understands and agrees to plan
- Establish markers for change
- Treatment plan should be reviewed with client

COMMUNICATES CONFIDENCE

- Allow client to feel confident you know what you are doing
 - and WHY you are doing it
- Methods are worth it
- Clients need to feel that the clinician is in control of the TREATMENT
 - **not of them**

ATTENTION TO PROGRESS

- We want our clients to improve, right?
- How can we show this to each client
- It is not necessary to solicit feedback after each session; however, you should check-in with the client to ensure progress, satisfaction, motivation, and monitor for concerns/questions
 - **If things are not working?**

FLEXIBILITY

- Flexibility in counseling is defined as the ability to adapt and change the way you respond to meet your clients' needs
- No one size approaches
- Some treatments may be more effective than others for certain conditions; however, we must be willing to adapt (within reason)

HOPE

- Inspiration of Hope and Optimism
- Hope is a **STRONG** motivator and predictor of outcome
- Do not provide unrealistic HOPE

SENSITIVITY TOWARD CULTURAL BACKGROUND

- Adopt treatment to client's cultural values
- Show respect for yourself and your own background
- Multicultural competency: relate to and understand your clients regardless of their race, ethnicity, religious or political beliefs or socioeconomic background.
- Check your BIAS

POSSESSION SELF INSIGHT/SELF AWARENESS

- Look within and identify your own unmet psychological needs/desires
- Separate your issues from client
- Freud- "counter-transference"
- Self-disclosure- fine line
 - Self—awareness can prevent your issues from affecting the counseling process or your clients



INTERPERSONAL COMMUNICATION

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COMMUNICATION

Process by which people share ideas, experience, knowledge and feelings through the transmission of symbolic messages.

- Spoken word
- Body language

COMMUNICATION

- Communication is used to
 1. Advocate- persuade a client of the benefits of behavior
 2. Educate- provide specific information
 3. Counsel- assist client, enable client in making informed decision

EFFECTIVE COMMUNICATION

- Client-centered, acknowledging client as an expert
- Interactive
- Private and confidential
- Individualized

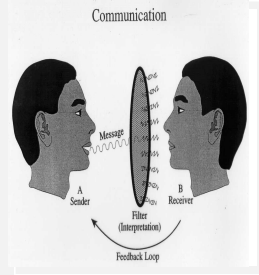
EFFECTIVE COMMUNICATION

Requires the *message* to be:

- Clear and concise
- Accurate
- Relevant to the needs of the receiver
- Timely
- Meaningful
- Applicable to the situation

ELEMENTS OF COMMUNICATION PROCESS

- Message
- Source
- Channel
- Receiver
- Effect
- Feedback



CHARACTERISTICS OF EFFECTIVE COMMUNICATIONS

Effective communication requires the *sender* to:

- Know the subject well
- Be interested in the subject
- Know the audience members and establish a rapport with them
- Speak at the level of the receiver
- Choose an appropriate communication channel

CHARACTERISTICS OF EFFECTIVE COMMUNICATIONS

The **receiver** should:

- Be aware, interested, and willing to accept the message
- Listen attentively
- Understand the value of the message
- Provide feedback

KNOWLEDGE AND SKILLS NEEDED

- Adequate knowledge of subject area
- Understanding of one's own values
- Willingness to withhold judgment
- Skills in verbal and nonverbal communication.
- Ability to show empathy and encourage others.
- Skills in asking questions and listening.
- Tolerance and patience
- Ability to paraphrase and summarize the concerns of individuals and the community.
- Ability to observe and interpret behavior of other people.
- Ability to use language that other people understand.
- Skills to effectively use support materials.
- Confidence
- Flexibility

EFFECTIVE COMMUNICATION

- Clarifies
 - Listens
 - Encourages empathically
 - Acknowledges
 - Restates/repeats
- nonverbal communicator:**
- Relaxes
 - Opens up
 - Leans toward other person
 - Establishes eye contact
 - Shows appropriate facial expressions

BARRIERS TO COMMUNICATION

- Language
- Values and beliefs
- Sex/gender and age
- Economic status
- Educational level
- Physical barriers
- Attitude
- Timing
- Understanding of message
- Trust



**NONVERBAL
COMMUNICATION**

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NONVERBAL SIGNALS

- Express attitude.
- Are difficult to control.
- Are interpreted subconsciously and establish emotional background for communication
- Nonverbal communication can be 80-90%

BODY LANGUAGE

POSITIVE

- Making eye contact
- Leaning towards
- Smiling
- Nodding

NEGATIVE

- No eye contact
- Poor posture, leaning away
- Angry or bored expression
- Shuffling papers
- Looking at watch

NONVERBAL CLUES TO CLIENTS FEELINGS

- **Gestures of Impatience:**
- Drumming one's fingers on the table or tapping with something.
- Fidgeting in the seat, swinging one's leg.
- Examining one's watch.
- Looking "past" you.

NONVERBAL CLUES TO CLIENTS FEELINGS

- Gestures of Emotional Discomfort:
- Collecting nonexistent fibers.
- Shaking off one's clothing.
- Scratching one's neck.
- Taking off and putting on a ring.
- Changing positions, covering up



**VERBAL FOLLOWING,
EXPLORING, AND FOCUSING
SKILLS**

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VERBAL FOLLOWING

- The use off and/or blending of discrete skills that enable helper to maintain psychological contact on a moment-by-moment basis with clients and to convey accurate understanding of messages
- Furthering
- Paraphrasing
- Closed-ended questions, open-ended questions
- Seeking concreteness
- Providing and maintaining focus
- Summarizing

FURTHERING

- Minimal prompts
 - Non-verbal (head nodding, facial expressions)
 - Verbal ("And?", "Tell me more", "I see")
- Accent responses
 - Client: "I've really had it with the way my doctor judges my weight"
 - Clinician: "Had it?"

PARAPHRASING

- Restating client's message in your own words
- Focus on the cognitive aspects of the message
 - *Teen client:* "I don't want my mom preparing my food all the time. I want to be able to have some choices and prove I can do it."
 - *Clinician:* "So independence is a very important issue for you."

REFLECTION

- Simple reflection
 - Identify emotions expressed by the client
- Complex reflection
 - Adds meaning or emphasis to convey a more complex picture
- Reframe
 - Puts the context in a different light

OPEN AND CLOSED ENDED RESPONSES

- Close-ended questions
 - Define a topic
 - Restrict client's response
- Open-ended questions
 - Invite expanded response
 - Allow client to express what s/he feels is most relevant

SEEKING CONCRETENESS

- Types of responses that facilitate specificity of expression by clients
 - Checking out perceptions
 - Clarifying the meaning of vague or unfamiliar terms
 - Exploring the basis of conclusions drawn by clients
 - Assisting clients to personalize their statements
 - Eliciting specific feelings
 - Focusing on the here-and-now, rather than on the distant past
 - Eliciting details related to clients' experiences
 - Eliciting details related to interactional behavior

SUMMARIZING

- Highlighting key aspects of problems
- Summarizing lengthy messages
- Reviewing focal points of a session
- Providing focus and continuity

ADDITIVE EMPATHY AND INTERPRETATION

- Guidelines for employing interpretation and additive empathy
- Use sparingly until a sound helping relationship has evolved
- Employ these responses only when the client has or is ready to engage in self-exploration
- Pitch these responses to the edge of the client's awareness and attempt to foster remote awareness
- Avoid making several of these responses in succession
- Phrase interpretive responses in tentative terms
- Carefully note the client's reactions after the interpretation
- If the client responds negatively, acknowledge your probable error, respond empathically, and continue discussion

CONFRONTATION

- Stages of change
- Guidelines for employing confrontation
- When a violation or imminent danger to self or others is involved, a confrontation must occur no matter how early in the working relationship
- Whenever possible, avoid confrontation until an effective working relationship has evolved
- Use confrontation sparingly
- Deliver confrontations in an atmosphere of warmth, caring, and concern
- Whenever possible, encourage self-confrontations

CONFRONTATION

- Avoid using confrontation when clients are experiencing extreme emotional strain
- Follow confrontations with empathic responsiveness
- Expect that clients will respond to confrontations with a certain degree of anxiety
- Do not expect immediate change after confrontations
- Indications for assertive confrontation
 - Cognitive/ perceptual discrepancies
 - Affective discrepancies
 - Behavioral discrepancies



ELIMINATING BARRIERS TO COMMUNICATION

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INVENTORY OF PRACTITIONER'S NONVERBAL COMMUNICATION: FACIAL

Recommended	Not Recommended
Direct eye contact (except when culturally proscribed)	Staring or fixating on person or object
Warmth and concern reflected in facial expression	Avoidance of eye contact
Appropriately varied and animated facial expressions	Eye level higher or lower than client's
Mouth relaxed, occasional smiles	Lifting eyebrows critically
	Nodding head excessively
	Yawning
	Frozen or rigid facial expressions
	Inappropriate, slight smile

INVENTORY OF PRACTITIONER'S NONVERBAL COMMUNICATION: POSTURE & PHYSICAL PROXIMITY

Recommended	Not Recommended
Arms and hands moderately expressive; appropriate gestures	Rigid body position; arms tightly folded
Body leaning slightly forward; attentive but relaxes	Body turned at an angle to client
Three to five feet between chairs	Fidgeting with hands
	Lifting eyebrows critically
	Nodding head excessively
	Squirming or rocking in chair
	Squirming or rocking in chair
	Pointing finger for emphasis
	Excessive closeness or distance
	Talking across desk or other barrier

INVENTORY OF PRACTITIONER'S NONVERBAL COMMUNICATION: VOICE

Recommended	Not Recommended
Clearly audible but not loud	Mumbling or speaking inaudibly
Warmth in tone of voice	Monotonic voice
Voice modulated to reflect nuances of feeling and emotional tone of client message	Halting speech
Moderate speech tempo	Frequent grammatical errors
	Prolonged silences
	Excessively animated speech
	Slow, rapid, or staccato speech
	Nervous laughter
	Consistent clearing of throat
	Speaking loudly

ELIMINATING VERBAL BARRIERS

- Reassuring, sympathizing, consoling, excusing
- Advising and giving suggestions or solutions prematurely
- Using sarcasm or employing humor inappropriately
- Judging, criticizing, or placing blame
- Trying to convince clients about the right point of view through logic, lecturing, instructing, or arguing
- Analyzing, diagnosing, or making glib or dramatic interpretations
- Threatening, warning, or counterattacking

REASSURING, SYMPATHIZING, CONSOLING, EXCUSING

- You'll feel better tomorrow
- Don't worry, things will work out
- I really feel bad for you
- ** reassuring prematurely serves purposes of clinician rather than the client
- **client may hold back

ADVISING AND GIVING SOLUTIONS PREMATURELY

- I suggest you start eating with someone else, your mom is so difficult
- You need to try a new friend group
- Have you thought about just accepting yourself?
- Wait until you have grasped all info, know situation, empathized with client, etc before formulating solution.



**USING HUMOR OR SARCASM
INAPPROPRIATELY**

- When timed well, this can be helpful
- Humor can also help clinicians when faced with challenging days
- Humor/sarcasm can be a distraction
- Client may view you as taking situation less serious

ELIMINATING VERBAL BARRIERS

- Stacking questions
- Asking leading questions
- Interrupting inappropriately or excessively
- Dominating interaction
- Fostering safe social interaction
- Responding infrequently
- Parroting or overusing certain phrases or clichés
- Dwelling on the remote past
- Going on fishing expeditions

**ELIMINATING NONVERBAL
BARRIERS**

- Physical attending
- Cultural nuances of nonverbal cues
- Other nonverbal cues
- Taking inventory of nonverbal patterns of responding
- Assess your repetitive nonverbal behaviors
- Eliminate nonverbal styles that hinder effective communication
- Sustain and perhaps increase desirable nonverbal behaviors

RELATIONAL DYNAMICS

- Relational reactions
 - Preparatory self-reflection, centering, and planning
 - Under- and over-involvement of social workers with clients
- Classifying social worker involvement
 - Under-involved and negative attitude toward the client
 - Under-involved and positive attitude toward the client
 - Over-involved with a negative social worker attitude
 - Over-involved with a positive social worker attitude
- Burnout, compassion fatigue and vicarious trauma

TECHNIQUES

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TECHNIQUES

- **Solution-focused brief counseling approaches**
 - Social constructiveness model built on idea that clients derive personal meaning from the events in their lives as explained through personal narratives
 - Value: therapeutic alliance, stress empathy, collaboration, curiosity, respectful understanding
 - NOT expertness

TECHNIQUES

- Less emphasis on problem (what works for client-success/solutions and **Exceptions** when problem is/was NOT occurring)
- Problem-free talk. "I'd like to learn more about you"
- Scaling
- Miracle Question

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