INTRODUCTION

One of the best parts of working with pregnant teens and adults, and families with young children, is that we really do get to make a difference. During every clinic visit, we have an opportunity to make a difference by something we say, demonstrate, or help our client realize she could do. We have opportunities to help each client either solve a problem, answer a question, deal with a concern, become aware, learn something relevant or think through a situation in some way. We can help teens and women develop self-esteem and self-efficacy, find their voices, and better understand what they want, know and plan to do. We can impact the whole realm of a family’s health, because nutrition touches on not just the physical and environmental areas of life, but on the social and emotional as well.

We often have barriers to truly making a difference. Sometimes our work situation itself presents barriers, with overly busy clinics, too little time and too much to cover, endless documentation, coworkers with bad attitudes and the list goes on. It can become very frustrating. Frustration, over time, can lead to a general feeling of discontent and burnout. The resulting lack of energy wipes out our chances to have impact. However, we can overcome all that by taking full, creative control of how we do the most important thing: communicating. How we communicate and connect is totally up to us. It depends on our attitude, our commitment and our skills. It depends on our inner self, who we are and who we are becoming, and it depends on putting into practice what we know from our experience, and taking advantage of what others have found to work, from their experiences.

The following pages of this chapter include some ideas of how one person, working as a busy public health nutritionist, learned to create effective and satisfying nutrition counseling experiences, despite crowded clinics, cramped spaces, outdated materials and clients who often started sessions anxious to leave. It has occurred to me many times how enriched we would each be if we could share amongst ourselves what we find most effective working with different clients. It is with this thought that I offer you some ideas from my own experience working with pregnant and parenting teens and adult women. This chapter is excerpted from a set of training materials I wrote that is based on self-development modules and facilitated discussion groups, called Bright Ideas!...for Nutrition Educators.
Welcome, then, to this set of practical tips. Let’s begin with a list of the basic principles of effective nutrition education around which this chapter is organized.

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<td>• Cover just two, or maybe three, main points.</td>
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<td>• Find out the client’s solution.</td>
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<td>• Help people set small, achievable goals.</td>
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<td>• Provide frequent, positive feedback and support.</td>
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<td>• Let the client wrap it up by telling you what she plans to do.</td>
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**PERSONAL AND PROFESSIONAL APPROACH**

**Look like you are an especially nice person!**

People decide if they like the messenger even before they hear the message. When you start off with “I like you” written all over your face, you’re starting out in a positive place with your client. A genuine smile and a caring attitude set the stage for a good counseling session.

• How nice your client perceives you to be has a lot to do with how effective you are and how much satisfaction you get out of the counseling session. A client who feels positively about you will be more likely to open up to you and to explore her situation.

**Tips for Making a Positive Impression**

Will Rogers said, “You never get a second chance to make a first impression.” Try different ways of greeting people. How about consciously being warm and smiley? See if there’s a difference in getting a rapport established.

“Call people by name. The most delightful sound to anyone is the sound of their own name.” This is one of the “Ten Commandments for Helping People” from the Sparks Center at the University of Alabama at Birmingham.

If you always dive right into the chart, do something different. Chat for a minute. Relax. Enjoy yourself and see if it makes a little difference in how things go. Let go a little bit. Focus on the person, not your mission or your message, and see how that affects things.

If people always have to wait a long time in your clinics, try apologizing more about it. If you get interrupted during a session, say you’re sorry and see if that makes a subtle difference. For one week, pretend that each client in your space is like an honored guest in your home. How does this affect your sessions?

Wait expectantly for the person who comes to you with a blank or defensive face. Here is a challenge. Treat her with all the warmth and goodness you can find in yourself. Mother Teresa said, “Let no one ever come to you without leaving better and happier. Be the living expression of God’s kindness; kindness in your face, kindness in your eyes, kindness in your smile, kindness in your warm greeting.” Try Mother Teresa’s approach and see what a difference it makes!

• If you appear too professional, as if you are the one in charge who has all of the answers, or too emotionally distant, the climate of your counseling session will be much less conducive to learning. If you are someone clients feel they can talk and explore with, you will have set the stage for learning and progress.

• Lighten up! People are more receptive if they feel the pressure is off. More of their attention is available for listening, thinking and exploring options.

• People react positively to positive people and positive expectations. Good nutrition may be serious
business to us but a serious approach does not make our messages especially appealing.

- Do you sometimes find that you are talking with someone whose face is blank and who looks like she refuses to interact with you? You don’t think she’s angry; it just looks like she’s tuning you out. A blank face does not mean the mind is blank. It could be a posture, pose or protection. Maybe she doesn’t know what to expect or comes from a culture that reserves smiles for people already known and trusted. Next time you see a blank face, think of it as a vulnerable face and be your warmest self. And the next time a fellow staff member complains that nobody listens to her, watch how she greets her clients. Is there a genuine smile in sight?

Accept that it’s natural for all of us to think “What’s in it for me”?

People are motivated by benefits and pleasure, not knowledge. Look for benefits that motivate people. Help adolescents see the benefits of changing their behaviors and they will be much more interested in your help in coming up with a solution. If you provide concrete examples of benefits, teens are much more likely to become interested and involved.

- Parents think about parenthood with wonder and a huge sense of responsibility. They want their children to be smart, happy and healthy. They want a good life for their children, even if they may wonder how they are going to make it possible. You will have people’s attention if you can draw on these natural desires.

- Train yourself to point out the benefits of changing a behavior. For example, if you are talking with a pregnant adolescent about the need to gain adequate weight, you know that mothers want their babies to be born healthy and strong. This is a motivator. So you might say “Did you know that infants born to mothers who gain at least 25 pounds during their pregnancy are healthier and stronger than those born to mothers who don’t gain enough weight? In fact, they usually require less care and are less likely to be hospitalized after birth.” Pointing out specific health benefits that a mom can relate to is a way to get her attention. Other ideas for motivating clients are provided in Table 3.

- Analyze your clinic situation. Are the staff who see the client before you promoting nutrition education as a benefit? Are they telling people how much they’ll enjoy talking with you and how much you can help?

- Everyone is motivated by benefits. Think about what benefits you get from doing a good job. Focus on small benefits/rewards for doing your job well and connecting with people. After you have an excellent session with someone, reward yourself in some little, immediate way. Take a deep breath. Stretch. Glance at a favorite picture.

<p>| TABLE 3 |</p>
<table>
<thead>
<tr>
<th>Ideas for Motivating Clients</th>
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<tr>
<td>• Pregnant teens may be motivated to cut down on smoking when they hear it makes the baby’s heart beat fast within seconds after the first puff. Also, women who smoke get more wrinkles on their faces and look older sooner than women who don’t smoke.</td>
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<tr>
<td>• Pregnant teens may be motivated to gain weight when told that low birth weight babies have more problems and will need more care, time, attention and trips to the doctor.</td>
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<tr>
<td>• Anemic pregnant women may be motivated to eat better and take their iron if they realize that they might not be as irritable or tired when their iron level comes up.</td>
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<tr>
<td>• Are there some other benefits people could get from coming to clinic, that you’re not now offering? Or some additional pleasure? Some examples are:</td>
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<td>- A coupon exchange box—add some or take some</td>
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<td>- Food demonstrations and tastings on a regular basis</td>
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<tr>
<td>- Parenting materials, videos, group discussions</td>
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<td>- Vegetable gardening information from Cooperative Extension</td>
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Avoid making a client feel defensive.

Health providers who complain that “nobody really listens” may need to take a closer look at how much they put people on the defensive. We can make people defensive by inferring they’re not doing a good job or discouraging them in any way. Criticizing someone about their diet or weight is a sure-fire way to make them defensive. A defensive person is not going to get much out of your best efforts at nutrition education.
They “close down” mentally and all they want to do is leave.

One thing you can do is to sound empathetic rather than professionally factual. Here are some approaches to try:

- Watch your language. Dictatorial words like never, should and must make people defensive. The words fat and overweight also put people off. Don’t sound dogmatic.

- Offer your advice as something the adolescent might want to consider rather than something she has to commit to doing. “The first thing that comes to my mind is that maybe…(give idea). What do you think? Do you think that would work?”

- Relate, if you can, to the situation personally. Defuse the situation by using yourself, your kids or somebody you know as an example.

- You can defuse anxiety by making a problem sound very common and by sharing what has worked for others. “You know, I’ve seen a lot of pregnant teens who have hard time gaining enough weight and I think a big part of it is that…Is this true for you?”

- If a new mother seems to be defensive, try making it clear that you know that she is the true expert on her child. Make it clear that nobody knows the child like the parent does...but you do have a few ideas you could share. “You know, Tiara is your baby and you’re the expert here because you feed her every day. Nobody knows her better than you, but I’ve talked with a lot of mothers over the years and I’m thinking, ‘What’s worked best for other moms with babies like Tiara?... and it seems that...’”

**COMMUNICATION SKILLS**

**Become an even better listener.**

Think about the person in your life who listens to you best. If you analyze how they listen, what would you say? You may say they seem comfortable and happy to listen to you, make you feel comfortable saying almost anything. They have a knack for knowing when to talk and when to listen, what to ask and what to say. They remind you where you were if you get off track. They laugh when you’re funny. They give you feedback that they know what you mean; they can relate. You feel connected. At home or at work, listening skills are a cornerstone to good communication. Listed below are tips on becoming a better listener:

- Are you truly “there”? If people sense that you are really there and that you really care, they will believe that you are really listening. Focus your attention and concentrate on both verbal and nonverbal messages. Development of these skills is not difficult, but it does require a conscious effort.

- Do you look at people when they are speaking? It helps to look at someone when they are talking, even though you may want to look through the record or enter data on the computer at the same time. The client will feel you are not really listening unless you look like you’re listening.

- Do you use “encouragers” often enough, such as “uh huh.” You can also nod your head, lean toward the other person, or make other facial expressions that indicate that you are interested in and understand what someone is saying.

- Do you notice when a person leaves a thought unfinished? The exceptional listener notices awkward gaps and helps with a word or asks an appropriate question so that the client fills out the picture.

- Do you check and make sure you’ve got the facts right? “Let me make sure I’ve got this right…” This is called “paraphrasing.” It proves to the client that you have been listening.

- Do you avoid giving negative feedback while the client is talking even if you are shocked? A negative reaction cuts off communication. Be sensitive to how the person might react.

- Do you listen for clues throughout your session? Teens give you clues with their voices or their bodies as to what they are interested in. Listen for clues.

- Do you separate “gathering information” from “exploring for solutions”? Listen first and educate later. Gather all the information you need first. Then move on to nutrition education. It gets too confusing if you alternately gather information and counsel, then gather more information and counsel again.

- Integrating ways to show the client you are really listening can make your efforts in nutrition education more effective. A checklist of attributes of a good listener are in Table 4.
Stay aware of cultural differences.

As nutrition educators, we bring a full lifetime of experience to our jobs. Without thinking about it, we also bring our culture along in the attitudes and rules we have learned from our parents, relatives, schools, and community. We bring along all of our experience in our family and in our work. The population we serve is often culturally diverse. To provide culturally sensitive services, it is helpful to view our own cultural values, beliefs, and heritage. (See also Chapter 17.)

Let’s look at some assumptions and expectations that we bring to nutrition education:

• We expect people to tell us private things. Telling us about themselves opens clients up to potential criticism. We assess what they tell us and we often suggest changes. No wonder clients might not want to tell us much. Remember that many, if not most, of the world’s cultures view revelations of themselves to a stranger about their lives and their family as highly inappropriate.

• We expect people to be willing to listen to our ideas about what they should eat and how they should feed their children. Food is very personal. No one likes to be told that what they eat isn’t good for them.

So it is not surprising that without good rapport, if you ask about food, clients may tell you only what they think you want to hear. Therefore, we need to be sensitive, especially on the first visit. Your clients may not have known that nutrition assessment and counseling would occur.

• We expect people to be comfortable with numbers of servings and serving sizes. Most people don’t count servings or estimate serving sizes and they’re not about to start. You will get a better response if you talk about eating patterns that contribute to meeting their nutritional needs. Teens usually listen closely when you talk about their concerns, their problems, their weight gain patterns, their meals, their life.

• We expect that if we say there is a problem, the client will agree. Once we pick up on a client’s hesitation to acknowledge a problem, we usually try to get her to see things from our point of view. When talking about a problem that the client does not think is a problem, give her time to think about what you are talking about and reasons to consider the benefits of doing something differently.

• We expect people to be comfortable with action steps, goal setting, and looking to the future. Are your clients action and goal oriented? Is that their cultural way? We may not think of the dominant American culture as future-oriented but it is a lot more so than many other cultures. For many people, it is very strange to think about making lifestyle changes now so that the later years will be healthier. Other cultures look at the future differently. The future may be considered essentially beyond human control, so the focus is on the present. Keep this in mind as you try to encourage goal-setting.

• We sometimes expect a client to do something—even if her mother or friends have a different opinion about it. How careful are you to ask if the client’s family will agree to the advice? Especially with people in cultures different than our own culture, we should consider and talk about the traditions and beliefs in the family that might make change difficult.

Help people solve or prevent problems. Don’t “teach nutrition.”

People aren’t interested in concepts that do not relate to their needs, concerns and everyday lives.
• Adolescents aren’t interested in food sources of nutrients and what folic acid does for the body. That’s too much like school.

• Many teens aren’t worried about things that might happen to them in the future. That’s too abstract because they can’t feel it, see it or do it now. Adolescents are trying to cope with life in the present.

• Adolescents’ problem-solving and thinking skills are not always well developed. It also takes a certain amount of confidence and maturity to be able to see problems as solvable. They get overwhelmed. Encouraging teens to break big problems down into manageable parts can be very helpful.

• People learn best if they see how they can apply what they are learning to some problem they want to solve or something they are thinking about or are worried about—now!

• We are a lot more effective when we deal with the present and personal. If we want people to be interested in what we have to say, we must relate nutrition to their biggest concerns, like:
  - their weight gain during pregnancy
  - their budget
  - their infant’s growth and health

Choose and use printed materials wisely.

Wouldn’t it be wonderful to have compelling tools to back up your counseling? That doesn’t always happen, however. Here are some ideas on how to do make the most of what you have:

• Don’t overload a client with pamphlets. Client-centered nutrition education is effective. Material-centered nutrition education is not. It’s more effective to give something a client can read on a short bus ride or standing in line at the next place they go. Ideally, whatever you give the client should be able to go on the refrigerator so that they are reminded of what you talked about. As a general rule one or two printed pieces at a visit are plenty, unless someone asks for more materials.

• Avoid making the material itself the focus of the session. The client and your exchange should be your focus. The materials back up what you are saying. Don’t explain written materials instead of doing effective client-centered nutrition education!

• Pull out parts of written materials that back up what you talked about. It helps set the ideas down more firmly in your client’s brain because she can now connect to the ideas visually. If you don’t have suitable materials, pull out a notepad and write a quick reminder for the client to take home. Backing up your main points in writing is an effective educational technique.

• Personalize the material, if possible. Teens like information that pertains directly to their pregnancy and their baby. Use a marker on pamphlets to personalize them.

• After you personalize a pamphlet, don’t just give it to the client. Ask her if she would like to take it home. Her response will tell you a lot about your success in this session.

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<th>TABLE 5</th>
<th>Key Points in Choosing and Using Printed Materials Effectively</th>
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<td>• Use materials to back up what you have already said, rather than to introduce ideas.</td>
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<tr>
<td>• Personalize the materials in different ways.</td>
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<tr>
<td>• Try NOT reaching for any materials. Write a short note on a notepad instead.</td>
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<tr>
<td>• Cut way back on the number of materials you offer.</td>
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<tr>
<td>• Ask the client if she wants to take the material home.</td>
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<tr>
<td>• Reach for materials in a different part of your session.</td>
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<tr>
<td>• Ask the client who she might share the material with at home.</td>
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COUNSELING STRATEGIES

Cover two, maybe three, main points.

People process and remember educational concepts better if they don’t feel overwhelmed with information. A common problem is “over-counseling,” offering too much advice for the client to handle or absorb at one time. We can be more effective if we limit the
number of topics we cover to only 2-3 main points, and cover those fewer things in better depth. A main point is something you hope the client will remember or do. If you have developed a heavily information-centered style of counseling, you may be wearing yourself out. Cut back and see if your job isn’t more satisfying and less tiring.

- Think of the brain as a big filing cabinet. Information has to be filed with other similar information for us to be able to access it again. This takes time. If teens or adults get overwhelmed by too much, they give up. Two or three concepts seem to be as much as a person can file in one sitting.

- Carefully choose what points to make. People remember best if they are really interested in something, such as solving a problem. Information that you can relate to the client’s concerns has the best chance of being remembered.

- The first and last points individuals are exposed to are the things they remember best.

- Use repetition to help the client remember. Hearing the same points in a slightly different context can help a person learn. You can also write down main points for the client or circle them on printed materials.

- A nutrition message is more likely to be effective if it:
  - Addresses the most pressing nutrition problems the client is interested in
  - Is simple
  - Is specific (answers How? Where? When?)
  - Relates to the client’s existing knowledge and skills
  - Suggests small changes in habits
  - Repeats important points
  - Is consistent with previous counseling messages, including those given by other health professionals

- The challenge for nutrition educators is to make nutrition education Personal, Relevant, Realistic, Interesting, Positive, Empowering, Action-Oriented, Holistic (...and all in about 5 minutes! Right?)

Illustrate your points to help people learn.

People learn better if more than one sense is involved. People code information in their brains at least two ways: as verbal codes and as images. Concrete information, which is information that can be visualized, is coded in images. Information that can be described, but not pictured, is abstract and is coded verbally. It takes less time to recall visual images than verbal messages. Hearing and seeing together is an effective combination since information is stored as both visual and verbal messages. But if a person can hear something, see it and do it, learning is enhanced even more. Figure 1 illustrates the principles of how we learn best.

- Visual illustrations help people learn. Increase the amount of visual input you give by utilizing posters, visual aids, bulletin boards, and handouts. Use small things that help the client to visualize abstract concepts, such as:
  - Sugar cubes depicting that a can of cola has 9 teaspoons of sugar.
  - A chart that compares the major nutrients in a glass of fruit juice to those in fruit punch.
  - A chart that shows the stages and weeks of fetal growth.
  - A bulletin board with photos of all of the clinic’s breastfed babies. Besides making the mothers of these babies feel proud, the pictures illustrate the possibility of successful breastfeeding better than any counseling could.

- Use interesting action words, active verbs, and colorful, descriptive language.

- Illustrate things with your hands. Be aware of cultural norms within your population to be sure that hand gestures are not perceived as threatening before using this technique.

- Illustrate your points with stories about real people and how they solved their problems. There is a tradition in all cultures to learn from stories. Take advantage of the fact that everyone likes hearing stories: “I was just talking the other day with someone your age who had come up with a great solution to that…”

- Encourage adolescents to visualize doing the things they say they’ll do. Help them imagine being at the school vending machine making food choices or at home preparing an easy breakfast they can take with them when they leave for school the next morning.
Find out the client’s solution.

We need to think of our role as a nutrition educator as that of a guide.

- Being a guide calls for skills like being able to put people at ease and getting them to tell you what they really do and what their worries are.

- Being a guide also requires tolerance for making one or two small but meaningful steps instead of big plans that never get implemented.

- You may have a great solution to a problem but if the adolescent finds your solution too difficult, time consuming or unacceptable for some other reason, she isn’t going to do it. However, if she decides to do something, even if it is only a small step, embrace it. Halfway is better than “no way.” For example, let’s consider a pregnant teen who strongly dislikes milk. She’s tried it extra cold, she’s tried adding flavorings. Are you going to waste time talking about milk? Don’t bother. Accept her view. She will notice that you heard her. Move on by telling her how she can get the same nutrients from other foods. Then let her tell you how she can get the nutrients she needs, from the foods she prefers.

- Encourage adolescents to think and figure out solutions. Prompt when necessary but make it clear it’s their solution. If they have trouble coming up with solutions, brainstorm together and come up with possible options. Then say, “Ok, now tell me which of those choices you think might work out best for you.”

- Praise the teen for coming up with a good solution. This empowers her to make other good decisions later.

- When you keep asking questions about possible solutions or options to a solution, and get the answer “I don’t know” it is easy to get discouraged. However, perhaps the client is not sure how to respond, hasn’t had the chance to think about it, or doesn’t understand the question. Prompt the adolescent by asking probing questions, such as:
  - “What have you already tried?”
  - “What are some things that you think might help?”
  - “Are there any other things that we haven’t thought of yet?”
  - “What would you tell a friend if she asked you for advice on that?”

- Allow adequate time for adolescents to think about your question and come up with their answer. Many health providers are quick to answer their own questions because they feel rushed during appointments.

- If you don’t feel you have enough time to assist your clients in developing solutions, consider trying peer education or group strategies. The dynamics of a group are often much more comfortable for teens.

Help people set small, achievable goals.

Not everyone is ready to set a goal. People go through stages when they make changes and setting goals does not happen in the early stages of change.

However, there is a lot to be said for going through the process of setting goals. Goals are motivating.
Reaching goals helps the client develop self-esteem and self-confidence. People with enhanced self-esteem and self-confidence are probably going to be more proactive about their own health and the health of their child.

- Using the power of goal setting can help health providers be more effective. It doesn’t take more work to help people set goals, just a different approach.

- Goals need to be clearly defined. When we take the time to clearly define something, we process and integrate that knowledge better. Goals allow us to think and act differently because they’re not vague intentions. Vague intentions are not yet processed and integrated. They are still emotionally and intellectually distant from us. We have not committed to doing anything about them.

- Behavior is unlikely to change unless we decide on something specific that we are going to do. “I’ll eat better during my pregnancy” is well intentioned but vague. “I’ll eat five fruits and vegetables each day during my pregnancy” is clear and concrete.

- “Success breeds success.” When a person is successful at something, chances are they will go on to be successful at something else. Small, challenging, achievable goals allow people to experience success quickly.

- “Just trying” a new behavior is another technique that can work with adolescents. In this case, the goal is just to try something to see how it works.

- Personally committing to something increases the likelihood that the goal will be accomplished. If we say we are going to do something or try something, it becomes more real, especially if somebody has helped us think through what is involved.

- Health providers can be more effective in the short time they have with clients if they help the client break down a large goal into specific things to do.

- Examples of concrete goals that may come out of nutrition education include:
  - “I’ll buy fruit instead of chips and cookies the next time I grocery shop.”
  - “I’ll walk 4 days a week for at least 15 minutes.”
  - “I’ll drink a glass of milk or eat cheese or yogurt at each meal.”

- It is important to know if the goal is something that the client is comfortable with, or if it is something she has agreed to do only to make you happy. One way to find out is to ask her “On a scale of 1 to 10, how willing are you to make this change?...with 1 being not likely and 10 meaning you will definitely do it?” If she scores herself at 6 or lower she isn’t likely to make the change. (Chapter 8 includes specific questions and ideas for assessing how likely an adolescent is to make dietary changes.)

- Set up a system for keeping track of goals that your client has set. That way you can easily evaluate her success at the next clinic visit.

Provide frequent, positive feedback and support.

Becoming aware of the dynamics of feedback can change your whole counseling style. Positive feedback to clients can have a wonderful influence on your sessions because people open up to positive support and feedback. It is a win-win situation because as clients get more out of their sessions with you, you get feedback that you have really helped. This positive feedback is vital to your satisfaction with your work. Essentials of feedback are listed below:

- Giving feedback is the process of responding to messages after you have interpreted them for yourself.

- Feedback can be verbal or nonverbal.

- Feedback is a two-way street. Conversations shift, based on mutual feedback. Clients respond, explore options or choose to remain silent, based on our feedback. We feel like we helped or had no effect, based on their feedback.

- Feedback is an essential component to progressive...
learning. We need feedback to know how we’re doing and to feel successful before we tackle the next thing.

• We give feedback to our clients constantly in our counseling sessions but we are so accustomed to giving and receiving feedback that we hardly notice it.

• Unless we allow for and notice feedback, distortions can easily occur in communication. We can lose people's interest and fail to connect with their real needs.

There are many ways we can provide clients with frequent positive feedback and support. Here are a few of them:

• Give verbal and nonverbal feedback that you are really listening when people talk. Nod your head, acknowledge their statements and look like you are interested.

• Look for small signs of improvement at each visit and reinforce them.

• Comment positively, for example, when a hemoglobin has improved, excessive weight gain has slowed down or a teen mentions she has cut back on smoking. Be enthusiastic and leave no doubt that you admire her for making these efforts.

• There's a flip side to positive reinforcement: criticism. Criticism is very counterproductive in nutrition education and will not result in positive behavior change.

• It is often the people we are most tempted to give up on or criticize who need to be encouraged with the most loving kindness we can muster.

• Positive feedback from receptionists or other staff who greet your clients should begin immediately when a teen enters the clinic. This feedback could be about little things, like being on time for her appointment or bringing in her paperwork. This reinforces the behavior and sets a positive tone for the counseling session.

• At each visit, look for things to praise and look for strengths. Point out the teen’s strengths in a direct, factual manner. She may not think she even has strengths until you point them out to her. Helping a client think about and build on her strengths is a worthwhile and satisfying goal for the nutrition counselor.

Let the client wrap it up by telling you what she plans to do.

It’s a good idea to let the client tell you what she has learned by talking with you. This can be a simple request. “Ok, I think we’re about finished here, but before you go, can you tell me what you’re going to do to eat more fruit and vegetables?” Letting the client summarize accomplishes several things:

• It provides her with an opportunity to process what you have both talked about. As she talks, the teen develops a picture in her mind of what she is going to do.

• It reinforces the information that was discussed, increasing the likelihood that she will remember it.

• It allows you to see which points made the biggest impression on your client. You can then remind her of any important points that she didn’t remember.

• It allows you to be sure that she hasn’t misinterpreted any nutrition education messages. This can be especially beneficial when working with people for whom English is a second language or those who have low literacy skills.

• This is another chance for the client to set a goal if she hasn’t done so already.

**SUMMARY**

Excellent communication is the key to successful nutrition education and counseling. Communication is also one area of practice that we can truly call our own, as individuals, since our skills in this area come directly out of who we are, what we value and what we choose to do. I hope this brief overview of basic principles of effective nutrition education and the practical tips from my experience have stimulated you to think about techniques and ideas to use in your own practice. I hope reading this chapter has stimulated you to be creative and to increase your capacity to get personal meaning from your work. Good luck, be well and do good work!

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