

## CHAPTER 14:

# NUTRITION EDUCATION AND COUNSELLING

### 14.1 Introduction of the Unit of Learning / Unit of Competency

This unit specifies the competencies required to manage nutrition and dietetic services. It includes: assessing concepts of counselling, evaluating patients' response to nutritional care plan, exploring dietary modifications and supporting the client with acceptance of nutrition care plan.

### 14.2 Performance Standard

By the end of this unit of learning/competency, the trainee should demonstrate ability to assess concepts of counselling as per workplace procedures; observe ethical principles of counselling in line with workplace policy; evaluate patient's response to nutrition care plan based on workplace policy; interpret nutrition assessment data and explore dietary modifications in accordance with SOPs and workplace procedures; and, support the client to accept nutrition care plan as per the workplace policy and SOPs.

### 14.3 Learning Outcomes

#### 14.3.1 List of the Learning Outcomes

1. Assess concepts of counselling
2. Evaluate patients' response to nutritional care plan
3. Explore dietary modifications
4. Support the client with acceptance of nutrition care plan

## 14.3.2 Learning Outcome 1: Assess concepts of counselling

### 14.3.2.1 Learning Activities

Learning activity	Special instructions.
i) Identify nutritional counselling techniques	<ul style="list-style-type: none"><li>➤ Listen to understand client's messages</li><li>➤ Seek clarification</li><li>➤ Provide personal support to the client</li><li>➤ Create a partnership with the client</li><li>➤ Direct client on relevant activities</li><li>➤ Advice on appropriate course of action</li><li>➤ Provide feedback</li></ul>
ii) Identify nutritional counselling environment <ul style="list-style-type: none"><li>• Identify appropriate communication method</li><li>• Identify communication barriers</li><li>• Identify appropriate teaching resources/materials</li></ul>	<ul style="list-style-type: none"><li>➤ Establish counselling environment</li><li>➤ Create client rapport</li><li>➤ Decode non-verbal communication</li></ul>
iii) Observe ethical principles of counselling	<ul style="list-style-type: none"><li>➤ Respect client privacy</li><li>➤ Demonstrate empathy</li><li>➤ Maintain confidentiality</li><li>➤ Avoid harm to the client</li><li>➤ Provide fair and impartial service</li><li>➤ Foster self-knowledge and care for self</li><li>➤ Demonstrate honesty</li><li>➤ Promote client's autonomy</li></ul>

### 14.3.2.2 Information Sheet

#### Definitions

**Nutrition education:** any combination of educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food choices and other food- and nutrition-related behaviours conducive to health and well-being.

**Nutrition counselling:** The process of guiding a client towards a healthy nutritional lifestyle by meeting normal nutritional needs and solving problems that are a barrier to change.

## Goal of Nutrition Counselling

The ultimate goal of nutrition counselling is to enable the client to take suitable action for a healthier lifestyle and promote self-reliance.

## Importance of nutrition counselling

Nutritional counselling helps people to;

- Set achievable health goals
- Maintaining the goals throughout their lifetime.
- It reduces susceptibility to illness and disease

## Nutrition Counselling Techniques

**Clarification:** A counsellor should ask for clarification on information provided by the client. This ensures accuracy and prevents assumptions and misunderstandings.

**Encouraging:** This technique helps build client confidence and fosters respect. It helps the client to see their strengths, which is helpful motivation in behaviour change.

**Listening Skills:** The counsellor should show attentiveness while the client is speaking. This technique should be matched by appropriate body language.

**Paraphrasing:** This technique confirms to the client that the counsellor is being attentive. It is also a good way to clarify information.

**Working Alliance:** A counsellor should seek to create a working partnership with the client. The client is actively involved in decision making and this is also a form of encouragement that they are capable of providing solutions to their own problems.

**Self-Disclosure:** This technique involves the counsellor sharing their personal experiences or thoughts on the issue. This helps improve the clients' emotional state and can also be a source of motivation.

## Counselling environment and requirements

Choosing a suitable counselling environment is a vital step in counselling. An appropriate environment fosters efficiency and efficacy of the counselling sessions.

### Characteristics of a Good Counselling Environment:

The counselling environment should be;

- welcoming (e.g. greet clients appropriately, show them where to sit)
- Comfortable (e.g. have comfortable seats, sit at the same level as the client)
- A place with minimal distractions
- A place where privacy and confidentiality can be maintained (no other people around)
- Non-threatening (e.g. a place where people can feel relaxed and comfortable).

## Competencies for effective intercultural counselling

- i. Respect for the client:
  - Having trust in the client and his or her capability of making choices and decisions, and solving problems
- ii. Genuineness
  - The counsellor is a real person, not an all-knowing, objective expert
- iii. Empathic understanding
  - The ability to convey empathy in a culturally consistent and meaningful manner
- iv. Communication of empathy, respect and genuineness to the client
  - The conditions must felt, recognized, and perceived by the client if they are to be effective
- v. Structuring
  - The counsellor should define and structure his or her role to the client; there should be an indication of what, how, and why he or she intends to do the proposed interaction or program.

## Principles of Nutrition Counselling

The following principles are applied in the practice of nutrition counselling. This is in pursuit of quality, client-centered nutrition care

1. **Confidentiality and Privileged Communication:** Any information provided by the client must be kept private. Divulging client information could cause mistrust, which is one of the main hindrances in counselling.
2. **Autonomy:** Clients must be allowed the freedom to choose based on alternatives provided by the counsellor. This should be done without any constraints. Encourage the client to think independently and discourages the counsellor from manipulating the client into making a preferred decision.
3. **Beneficence:** All actions taken must be in the best interest of the client, as seen in improving a client's condition.
4. **Non-maleficence:** The counsellor commits to avoiding harm to the client. This includes avoiding any form of financial, sexual and emotional exploitation. This supports the well-being of the client.
5. **Justice:** The counsellor needs to treat all individuals with fairness, regardless of their race, gender, religion or social class.
6. **Empathy:** This is the ability to identify with a person without necessarily showing sympathy. A counsellor puts themselves in the client's position and shares their feelings.
7. **Self-Respect:** A counsellor is required to take care of their own welfare too through personal and professional development. This enhances competency and efficiency in service delivery.

## Steps in nutrition counselling

GATHER is an acronym for the basic steps that should be followed during a counselling session:

**G** = Greet client in a friendly, helpful, and respectful manner.

**A** = Ask client about needs, concerns, and previous trials.

**T** = Tell client about different options and methods.

**H** = Help client to make decision about choice of method s/he prefers.

**E** = Explain to client how to use the method.

**R** = Return: Schedule and carry out return visit and follow-up of client

## Key messages for nutrition education and counselling

Key messages are nutrition messages that health professionals give to their clients with careful consideration to the types of the clients.

Examples of key messages are;

- Exclusive breastfeeding
- Complementary feeding starting
- Appropriate nutrition care of sick and malnourished children
- Adequate intake of vitamin A for women and children
- Adequate intake of iron for women and children
- Physical activity
- Hygiene and sanitation.

### 14.3.2.3 Self-Assessment

1. Discuss the nutrition counselling techniques
2. Explain the GATHER approach
3. Describe the nutritional counseling environment
4. \_\_\_\_\_ is the process of guiding a client towards a healthy nutritional lifestyle by meeting normal nutritional needs and solving problems that are a barrier to change
  - A. Diet therapy
  - B. Nutrition counselling
  - C. Diet planning
  - D. Nutrition education

5. Match the following principles of nutrition counselling with their meanings:

Principle of diet counselling	Meaning
A. Confidentiality and Privileged Communication	A. This is the ability to identify with a person without necessarily showing sympathy.
B. Non-maleficence:	B. The counsellor needs to treat all individuals with fairness, regardless of their race, gender, religion or social class.
C. Justice	C. The counsellor commits to avoiding harm to the client.
D. Empathy	D. All actions taken must be in the best interest of the client, as seen in improving a client's condition.
E. Autonomy	E. Any information provided by the client must be kept private.
F. Beneficence	F. Clients must be allowed the freedom to choose based on alternatives provided by the counsellor.

#### 14.3.2.4 Tools, Equipment, Supplies and Materials

- Food models
- Food charts
- Flip charts
- Food samples
- Counselling cards
- Brochures
- Data collection forms
- Referral forms
- WHO guidelines
- MOH
- Ministry of Education
- Skills lab
- Use of LCDs, video clips, charts and other teaching aids
- Invitation of competent expertise
- Computers with internet
- Library and resource centre

#### 14.3.2.5 References

Basic Nutrition Counselling Skill Development: A Guideline for Lifestyle Management, Kathleen D. Bauer, Carol A. Sokolik

Contento IR. 2011. Nutrition Education: Linking Research, Theory, and Practice (2nd edition). Sudbury, MA: Jones and Bartlett.

<https://www.fantaproject.org/sites/default/files/resources/NACS-Module-3-Counseling-May2016.pdf>

### 14.3.3 Learning Outcome 2: Evaluate patients' response to nutritional care plan

#### 14.3.3.1 Learning Activities

Learning activity.	Special instructions.
1. Assess client dietary compliance	<ul style="list-style-type: none"><li>• Conduct 24 hour food recall</li><li>• Inspect client food diary</li></ul>
2. Test client knowledge on recommended diet a. Review client knowledge on recommended diet	<ul style="list-style-type: none"><li>• Observe change in behaviour</li></ul>
3. Monitor counseling goals a. Determine anthropometric Measurement Outcomes b. Determine biochemical data, medical tests, and procedure outcomes c. Establish variance from expected nutrition goals outcomes	<ul style="list-style-type: none"><li>• Measure and record anthropometric parameters</li><li>• Interpret biochemical data</li><li>• Interpret variance from expected outcome</li></ul>

#### 14.3.3.2 Information Sheet

##### Definitions

- **Monitoring:** an ongoing review of nutrition intervention outcomes to assess the process of achievement of the goals set at planning. It assesses progress by measuring pre-determined indicators.
- **Evaluation:** Evaluation is the systematic process of assessing the relevance, effectiveness, efficiency and impact of a nutrition intervention against set goals. The outcome helps to make the decision to discharge the client or to modify the care plan.

For interventions to be effective the counsellor needs to do careful planning by. The first step to take in an intervention is interviewing. Skills in knowing how to elicit information about eating habits are key as the assessment of the client's diet continues. The most important thing in obtaining vital information that will later dictate treatment strategies involves initially establishing a rapport with the client.

##### Interviewing

The nutrition counsellor interviews the client with the purpose of obtaining information. He/she should ask a series of questions in a nonthreatening manner to obtain background information that will guide the session. The session is opened with appropriate introductions

of all individuals to one another. The client states why he or she is there. The counselor usually begins with broad, open ended questions and closes the interview with closed-ended, follow-up questions. First Session The first session is an important time to establish the counseling relationship. The environment should be conducive to privacy, and there should be a plan for reduction of interruptions (e.g., no telephone calls, staff, or other patients knocking on the door). The counsellor should be seated in a manner that reflects interest in the client, such as sitting directly across from one another in chairs without a desk as a barrier.

### **Nutrition monitoring and evaluation**

Monitoring and evaluation in nutrition involves monitoring, measuring and evaluating nutrition care indicators.

Through monitoring and evaluation, a nutritionist is able to determine whether or not a certain intervention is effective. Effectiveness is achieved when the goals of the nutrition intervention are achieved.

Data on the nutrition outcome indicators are collected and analyzed, after which the findings are compared to initial nutritional status, goals set for the intervention, as well as reference standards. It helps assess the impact of a nutrition intervention as well as identify gaps in the care process.

Client compliance to prescribed nutrition care is assessed through:

- Evaluation of anthropometric outcomes such as weight, height, BMI, MUAC etc.
- Biochemical parameters such as urinalysis, electrolyte level, blood glucose level , serum albumin levels, hemoglobin level
- Physical parameters such as muscle wasting, edema, jaundice, dehydration

### **Importance of Monitoring and Evaluation**

- Helps to establish the progress of a nutrition intervention
- Determines if an intervention is in line with objectives and when alterations may be necessary
- A means of assessing quality of activities involved in a nutrition intervention
- Monitoring and evaluation can be used as proof of an intervention
- Demonstrates the impact of an intervention
- Monitoring and evaluation provides crucial data which is helpful in future planning of nutrition programmes. Policy makers, donors and implementers utilise this data in decision making

### **Case study**

Ann is a twenty three year old woman and has presented with complain of excessive sweating, fatigue, nausea, blurred vision, tingling sensation on the peripherals, slurred speech, trauma, confusion and palpitation. Random blood sugar was 3.8mmol/L she was referred to nutrition clinic where she was advised on recommended diet, importance of diet adherence and was



reassured. Ann revisit to the clinic showed RBS of 7mmol/L and an increase in weight.

- a) State the tools that you will use to assess Ann diet compliance
- b) Discuss whether the Ann's recommended diet was effective

#### **14.3.3.3 Self-Assessment**

1. Describe how a nutritionist can establish client dietary compliance
2. Describe how you would monitor the outcome of nutritional counselling goals
3. \_\_\_\_\_ an ongoing review of nutrition intervention outcomes to assess the process of achievement of the goals set at planning.
  - A. Evaluation
  - B. Assessment
  - C. Monitoring
  - D. Nutrition intervention
4. The following are indicators used to assess compliance except:
  - A. Evaluation of anthropometric outcomes
  - B. Biochemical parameters
  - C. Writing a nutrition diagnosis statement
  - D. Physical parameters such as muscle wasting, edema, jaundice
5. Which one of the following is a biochemical parameter?
  - A. Edema
  - B. BMI
  - C. Diet history
  - D. Serum albumin level
6. \_\_\_\_\_ is the systematic process of assessing the relevance, effectiveness, efficiency and impact of a nutrition intervention against set goals. The outcome helps to make the decision to discharge the client or to modify the care plan.
  - A. Evaluation
  - B. Diet plan
  - C. Intervention
  - D. Monitoring
7. Which one of the following is not an anthropometric outcome?
  - A. Weight
  - B. Height
  - C. MUAC
  - D. Calcium level

#### ***14.3.3.4 Tools, Equipment, Supplies and Materials***

- Diet history data
- Biochemical results
- Calculator
- Anthropometric measurements
- WHO guidelines
- MOH guidelines
- Ministry of Education
- Skills lab
- Use of LCDs, video clips, charts and other teaching aids
- Invitation of competent expertise
- Computers with internet
- Library and resource centre

#### ***14.3.3.5 References***

Lee, R., & Nieman, D. (2012). *Nutritional Assessment: Sixth Edition* (6th ed., pp. 166-365). New York, NY: McGraw-Hill Higher Education.

<http://www.health.go.ke/wp-content/uploads/2018/11/Clinical-Nutrition-Manual-SOFTY-COPY-SAMPLE.doc>

<https://www.anddeal.org/vault/2440/web/files/20140602-NME%20Snapshot.pdf>

### 14.3.4 Learning Outcome 3: Explore dietary modifications

#### 14.3.4.1 Learning Activities

Learning activity	Special instructions.
1. Observe critical nutrition actions	<ul style="list-style-type: none"><li>• Give a nutrition diagnosis</li><li>• Choose appropriate nutritional intervention</li></ul>
2. Give diet recommendation <ol style="list-style-type: none"><li>a. Determine appropriate mode of feeding</li><li>b. Choose appropriate diet</li></ol>	<ul style="list-style-type: none"><li>• Calculate client daily nutritional needs</li><li>• Formulate appropriate diet plan</li></ul>
3. Interpret result of nutrition assessment <ol style="list-style-type: none"><li>a. Interpret anthropometric Measurement Outcomes</li><li>b. Interpret biochemical data, medical tests, and procedure outcomes</li><li>c. Interpret physical finding outcomes</li></ol>	<ul style="list-style-type: none"><li>• Determine client nutritional status</li></ul>

#### 14.3.4.2 Information Sheet

##### Definitions

- **Dietary modifications:** Changes made on patient/ client diet during its preparation, processing, and consumption to increase the bioavailability of micronutrients and reduce micronutrient deficiencies

##### How is a Diet Modified?

A diet may be modified in various ways, a decision which is informed by a client's factors such as:

- Disease symptoms
- Severity of the symptom or disease (Condition of the patient)
- Nutritional status of the patient
- Metabolic changes involved
- Client physiological state

The purpose of dietary modification is to meet a client's special nutritional need, necessitated by diseases and disorders that affect food intake, digestion and utilization. Modification is done in line with the principles of diet planning to ensure the clients nutritional needs are sufficiently met, as well as helping to manage the existing condition.

A diet may be modified in the following ways:

- Modification in consistency
- Modification in energy composition
- Modification in fibre content
- Modification in nutrient content

### **Feeding Methods**

There are three main feeding methods:

- Oral feeding
- Tube feeding
- Parenteral feeding

There are indications and contraindications of each feeding method. Use of these methods ensures that clients meet their nutritional needs, regardless of their health status.

### **Purpose of Dietary Modification**

- To provide nutrients to the patient according to his physical requirements.
- To provide nutrients to enhance the immunity of the patient.
- To provide sufficient rest to the body particularly to the affected organs, e.g., to give total liquid diet to a diarrhea patient in place of fibrous foods, to provide rest to the liver by not giving fat rich foods to a patient of jaundice.:
- To increase or reduce body weight according to the requirement.
- To change the diet of a person according to his capacity of digestion, absorption and metabolism.
- To change the liquidity of foods according to the requirements-liquid, semi- liquid or soft foods.
- To remove the deficiency this may have occurred in the body

When carrying out diet modification you will need to put into consideration;

- Medical condition of the client
- Food safety
- Cultural, social, economic factors
- Age, sex, nutrition, behaviour, physical activity and diseases of the person

## CASE STUDY

Jack a 44year old man was referred to the nutritionist for management of high output enterocutaneous fistula following explorative laparotomy for intestinal adhesions. Initially he was able to feed orally but currently jack is presenting with complains of dehydration, weight loss, fatigue, reduced appetite, general body weakness.

- a) Identify the appropriate feeding method for jack considering his condition
- b) Modify jacks diet to suit his current condition.

### 14.3.4.3 Self-Assessment

1. Outline the purposes of modification of diet during illness
2. Explain diet modification.
3. \_\_\_\_\_ changes made on patient/ client diet during its preparation, processing, and consumption to increase the bioavailability of micronutrients and reduce micronutrient deficiencies
  - A. Diet plan
  - B. Dietary modifications
  - C. Dietary intake
  - D. Nutrition intervention
4. The following are factors that determine dietary modification except:
  - A. Disease symptoms
  - B. Severity of the symptom or disease
  - C. Marital status of the client
  - D. Metabolic changes involved
5. Which one of the following is not a type of dietary modification?
  - A. Modification in consistency
  - B. Modification in energy composition
  - C. Modification in nutrient excretion
  - D. Modification in nutrient content
6. Indicate whether the following statements are true or false about the purpose of dietary modification:
  - A. To provide nutrients to the patient according to requirements.
  - B. To change client food habits
  - C. To provide nutrients to enhance the immunity of the patient.
  - D. To heal chronic diseases
  - E. To provide sufficient rest to the body particularly to the affected organs
  - F. To increase or reduce body weight according to the requirement.

#### **14.3.4.1 Tools, Equipment, Supplies and Materials**

- Diet history data
- Biochemical results
- Calculator
- Anthropometric measurements
- WHO guidelines
- MOH
- Ministry of Education
- Skills lab
- Use of LCDs, video clips, charts and other teaching aids
- Invitation of competent expertise
- Computers with internet
- Library and resource centre

#### **14.3.4.1 References**

Elia, M., Ljungqvist, O., Stratton, R. J., & Lanham-New, S. A. (2013). *Clinical Nutrition* (2nd ed.). Hoboken, NJ: John Wiley & Sons.

DeBruyne, L. K., Pinna, K., & Whitney, E. N. (2013). *Nutrition and Diet Therapy*. Boston, MA: Cengage Learning.

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<https://www.longdom.org/open-access/how-can-we-assess-the-nutritional-status-of-an-individual-2155-9600-1000640.pdf>

## 14.3.5 Learning Outcome 4: Support the client with acceptance of nutrition care plan

### 14.3.5.1 Learning Activities

Learning activity	Special instructions.
1. Report the client acceptability, tolerance and consumption of meals <ul style="list-style-type: none"> <li>• Report like and dislike of patients</li> <li>• Consider patient allergic reactions, intolerance, palatability and mal-absorption</li> <li>• Confirm adequacy of dietary intake</li> </ul>	<ul style="list-style-type: none"> <li>➤ Follow up on client</li> <li>➤ Document client progress</li> <li>➤ Identify barriers to efficacy of diet plan</li> <li>➤ Modify diet plan to deal with emerging issues</li> </ul>
2. Report client's problems which may lead to poor acceptance and/or tolerance of the nutrition care plan	<ul style="list-style-type: none"> <li>• Provide support</li> </ul>
3. Provide the client with information regarding nutrition care plan <ul style="list-style-type: none"> <li>• Report the nutrition care process to the patient</li> <li>• Consider patient confidentiality, consent.</li> </ul>	<ul style="list-style-type: none"> <li>• Teach the client the fundamentals of recommended nutrition care plan</li> </ul>
4. Provide feedback about changes to food preferences and nutrition care to catering/ food services and to dietitians <ul style="list-style-type: none"> <li>a. Consider patients social, economic status, route of administration, age, sex</li> </ul>	<ul style="list-style-type: none"> <li>• Document recommended dietary change and meal patterns</li> <li>• Liaise with other relevant care providers e.g catering</li> <li>• Report on dietary necessary adjustments</li> <li>• Decide between discharge and continuation of nutrition care</li> </ul>

### 14.3.5.2 Information Sheet

#### Definitions

- **Intolerance:** Difficulty digesting certain foods, which can lead to abdominal pain, diarrhea and intestinal gas
- **Allergic reaction:** An abnormal response towards a particular food, triggered by an immune response

Nutrition care of patients requires selection of personalized care plans to cater for their individual needs. This involves choosing an appropriate intervention, planning for the intervention, implementation, monitoring and evaluation.

For an effective nutrition intervention, the nutritionist must apply the principles of diet planning, while being keen on the client's special nutritional needs.

Upon evaluation of care, critical thinking must be applied in determining discharge or continuation of care.

### **Steps in Conducting a Nutrition Education Session**

- Identify problems
- Prioritize the problem
- Identify the target group/person
- Build consensus about the problem with the individual or group
- Identify blocks e.g. lack of resources, beliefs
- Select appropriate communication channel of communication (e.g. demonstration, songs, poems).

### **Activities that facilitate behaviour change**

The following six steps are important when working with individuals who struggle with behaviour change:

- Express empathy
- Understand cultural factors
- Develop discrepancy
- Avoid arguments or defensiveness
- Roll with resistance
- Support self-efficacy.

### **Expressing empathy**

When a counsellor accepts what a client feels in times of turmoil, can often result in change. Acceptance facilitates change. A woman wrote a letter to her nutritionist saying that she wanted to stop working on her dietary changes. Life was too complicated, and the dietary changes were more than she could handle. The nutritionist reviewed potential scenarios to assist in solving this problem. One certainly was to take the woman's word seriously and allow her to drop out of the diet intervention process. Another was to immediately call the woman to discuss the letter, always indicating acceptance of the woman's concerns. Beyond this acceptance is a skilful form of reflective listening, which allows the woman to describe her thoughts and feelings, while the nutritionist reflects back understanding. Many clients have no one with whom to discuss problems in their lives. This opportunity to have someone listen and understand the emotions behind the words is crucial to eventual dietary change. The intensity of reflective listening skills far outweighs the detail of knowledge about a nutrition topic and will result in greater levels of dietary change. As clients review situations in their lives and lack of time for dietary changes, the counsellor will hear ambivalence. On the one hand, clients want to make changes; on the other hand, they want to pretend that change is not important. Ambivalence (uncertainty) is normal.



Example;

*Client:* I feel totally worthless. On one hand I want to follow this new eating pattern, and on the other I want to eat spontaneously, not worrying about decreasing my fat intake.

*Nutrition Counsellor:* Your feelings are normal. You are having a difficult time merging new and old habits. This happens to many people

### **Avoiding Arguments or Defensiveness**

Every counsellor should know that arguments are counterproductive. A counsellor's argument may appear like he/she is defending one's own ideas, which is interpreted by the client as defensiveness. When a client resists, the counsellor should look for ways to change strategies.

Example;

*Client:* I just can't do everything right now. I just can't.

*Nutrition Counsellor:* You are the best judge of what you can do. Perhaps we need to step back and wait for things in your life to calm down. Let's talk about what you can do and eliminate those things that are too difficult at this time. We can look at ways to meet your goals in the future. Now is the time to take care of pressing issues.

### **Rolling with Resistance**

The nutrition counsellor should invite new perspectives avoiding any sign of imposing them. The client is a very important resource in finding solutions to nutritional problems. The counsellor should understand that his/her role is support the process of shifting perceptions. For example, a client who is wary of describing why s/he is not ready to change may become much more open to change if she sees openness to her resistive behaviours. When it becomes okay to discuss resistance, the rationale for its original existence may seem less important.

Example;

*Client:* I just feel that my level of enthusiasm for following the diet is low. It all seems like too much effort.

*Nutrition Counsellor:* I appreciate your concerns. Many people feel the same way at this point in following a new diet. Tell me more about your concerns and feelings.

### **Supporting Self-Efficacy**

Belief in the possibility of change is an important motivator. The client is responsible for choosing and carrying out personal change. Hope exists when there are alternative approaches to a problem.

Example

*Client:* I just feel hopeless sometimes when I try to follow the diet.

*Nutrition Counsellor:* Look at the progress you have made in 6 months. Your food records are a testimony to how much you have been able to change your eating habits. You can learn from your limitation and do better in the future. These concepts, along with other intervention models, shape the content of each contact described in the following motivational intervention model.

## Stages of change

1. Pre-contemplation: This is the point at which the patient has not even contemplated having a problem or needing to make a change. A person in the precontemplative stage needs information and feedback to raise his or her awareness of the problem and possibility of change. Nutrition advice for eating changes is counterproductive at this point.

**Contemplation:** Once some awareness of the problem arises, the person enters a period of ambivalence: the contemplation stage. The contemplator seesaws between reasons to change and reasons to stay the same. At this stage the counsellor works with the patient on advantages and disadvantages of making dietary changes.

**Preparation:** The preparation stage is a window of opportunity that either allows the patient to move forward or fall back into contemplation. At this point, the patient needs help in finding a change strategy or goal that is acceptable, achievable, and appropriate.

**Action:** The patient engages in actions that bring about change. At this point the goal is to produce a change in the problem area.

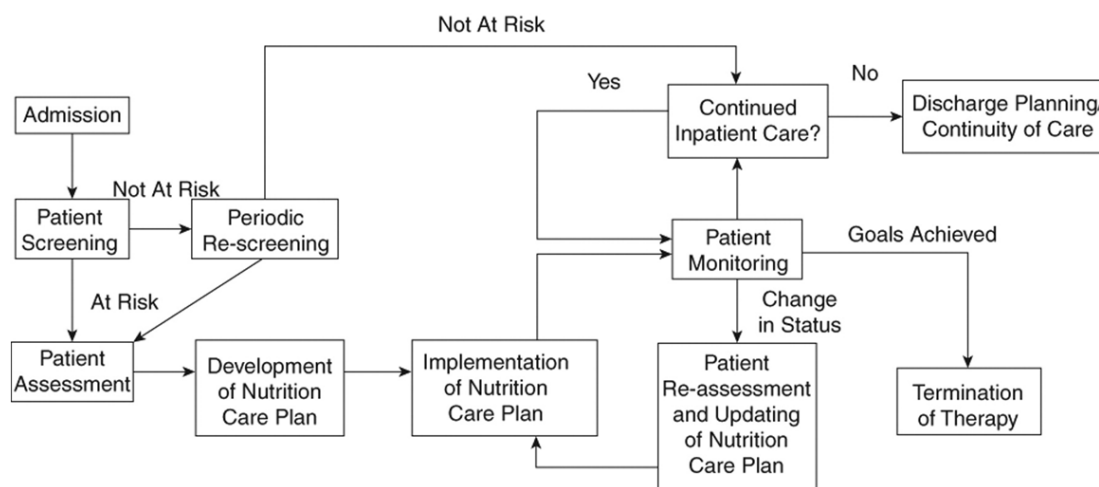
**Maintenance:** During this stage, the challenge is to sustain the change accomplished by previous action and to prevent relapse.

Relapse: If relapse occurs, the individual's task is to start the change process again rather than become stuck in this stage. Slips and relapses are normal, expected occurrences as a person seeks to change any long-standing pattern of behaviour. The goal is to resume action efforts

## Factors that May Hinder Efficacy of Diet Plan

- Language barrier
- Cultural differences
- Patient allergic reactions and intolerances
- GIT complications e.g. mal-absorption, vomiting, diarrhoea, constipation

## Criteria for Discharge and Continuation of Nutrition Care



*Nutrition care algorithm*

## Case study

Ann is a twenty three year old woman and has presented with complain of excessive sweating, fatigue, nausea, blurred vision, tingling sensation on the peripherals, slurred speech, trauma, confusion and palpitation. Random blood sugar was 3.8mmol/L She was referred to nutrition clinic where she was advised on recommended diet, importance of diet adherence and was reassured. RBS has remained at 10mmol/L and random blood sugar is at 4mmol/L. She no longer experiences the stated signs and symptoms. She reports slight weight gain too

- a) Identify the nutrition problem of concern in this case
- b) Advise whether the patient is ready for discharge. Explain

### 14.3.5.3 Self-Assessment

1. Outline the factors that may hinder efficacy of diet plan
2. List factors that can hinder client/ patient acceptance of nutrition care plan
3. Outline the factors should to consider before termination of clients diet therapy
4. Match the following stages of behaviour change with their correct description

A. Pre-contemplation:	A. Client falls back and resumes undesirable behaviour.
B. Contemplation	B. During this stage, the challenge is to sustain the change accomplished by previous action and to prevent relapse.
C. Preparation	C. The patient engages in actions that bring about change.
D. Action	D. This is the point at which the patient has not even contemplated having a problem or needing to make a change.
E. Maintenance	E. The patient needs help in finding a change strategy or goal that is acceptable, achievable, and appropriate.
F. Relapse	F. The person is in a period of ambivalence where they are conflicted between reasons to change and reasons to stay the same.

#### ***14.3.5.4 Tools, Equipment, Supplies and Materials***

- Diet history data
- Biochemical results
- Anthropometric measurements
- WHO guidelines
- MOH
- Ministry of Education
- Skills lab
- Use of LCDs, video clips, charts and other teaching aids
- Invitation of competent expertise
- Computers with internet
- Library and resource centre

#### ***14.3.5.5 References***

Lee, R., & Nieman, D. (2012). *Nutritional Assessment: Sixth Edition* (6th ed., pp. 166-365). New York, NY: McGraw-Hill Higher Education

<http://www.health.go.ke/wp-content/uploads/2018/11/Clinical-Nutrition-Manual-SOFTY-COPY-SAMPLE.doc>