

NUTRITION COUNSELING & EDUCATION SKILL DEVELOPMENT

Kathleen D. Bauer
Doreen Liou

4e



FOURTH EDITION

NUTRITION
COUNSELING &
EDUCATION
SKILL DEVELOPMENT

Kathleen D. Bauer

Montclair State University

Doreen Liou

Montclair State University



Australia • Brazil • Mexico • Singapore • United Kingdom • United States

Copyright 2021 Cengage Learning. All Rights Reserved. May not be copied, scanned, or duplicated, in whole or in part. WCN 02-200-203

Copyright 2021 Cengage Learning. All Rights Reserved. May not be copied, scanned, or duplicated, in whole or in part. Due to electronic rights, some third party content may be suppressed from the eBook and/or eChapter(s). Editorial review has deemed that any suppressed content does not materially affect the overall learning experience. Cengage Learning reserves the right to remove additional content at any time if subsequent rights restrictions require it.

This is an electronic version of the print textbook. Due to electronic rights restrictions, some third party content may be suppressed. Editorial review has deemed that any suppressed content does not materially affect the overall learning experience. The publisher reserves the right to remove content from this title at any time if subsequent rights restrictions require it. For valuable information on pricing, previous editions, changes to current editions, and alternate formats, please visit www.cengage.com/highered to search by ISBN#, author, title, or keyword for materials in your areas of interest.

Important Notice: Media content referenced within the product description or the product text may not be available in the eBook version.

***Nutrition Counseling & Education
Skill Development, Fourth Edition***
Kathleen D. Bauer, Doreen Liou

Product Director: Thais Alencar

Product Manager: Courtney Heilman

Product Assistant: Hannah Shin

Marketing Manager: Shannon Hawkins

Content Manager: Samantha Rundle

Learning Designer: Paula Dohnal

IP Analyst: Ann Hoffman

IP Project Manager: Carly Belcher

Production Service/Compositor: MPS Limited

Art Director: Sarah Cole

Text Designer: Delgado and Co.

Cover Designer: Delgado and Co.

Cover Image: Arturs Budkevics/Shutterstock.com

© 2021, 2016, 2012 Cengage Learning, Inc.

Unless otherwise noted, all content is © Cengage.

ALL RIGHTS RESERVED. No part of this work covered by the copyright herein may be reproduced or distributed in any form or by any means, except as permitted by U.S. copyright law, without the prior written permission of the copyright owner.

For product information and technology assistance, contact us at
Cengage Customer & Sales Support, 1-800-354-9706 or
support.cengage.com.

For permission to use material from this text or product,
submit all requests online at
www.cengage.com/permissions.

Library of Congress Control Number: 2019956390

Student Edition:
ISBN: 978-0-357-36766-7

Loose-leaf Edition:
ISBN: 978-0-357-36768-1

Cengage
200 Pier 4 Boulevard
Boston, MA 02210
USA

Cengage is a leading provider of customized learning solutions with employees residing in nearly 40 different countries and sales in more than 125 countries around the world. Find your local representative at **www.cengage.com.**

Cengage products are represented in Canada by Nelson Education, Ltd.

To learn more about Cengage platforms and services, register or access your online learning solution, or purchase materials for your course, visit **www.cengage.com.**

To my husband, Hank, and my children, Emily so mee
Rose and Kathryn sun hee Rose, and my grandchildren,
Kathleen hweng jae Rose, and Wyatt LeMeune.
Thank you for your patience, love, and support.
KDB

To my dear sister, Janet Liou-Mark, for your inspirational
example of passion and perseverance. God is our
sure foundation, a rich source of salvation,
wisdom, and knowledge.
DL

Contents

<i>Preface</i>	<i>xiii</i>		
<i>Acknowledgments</i>	<i>xvi</i>		
<i>About the Authors</i>	<i>xvii</i>		
1			
Preparing to Meet Your Clients	1		
1.1 Foundation of Nutrition Counseling and Education	2	2.5 Using the Transtheoretical Model for Research and to Measure Outcomes	23
1.2 Fundamentals of Food Behavior	2	Application of the Transtheoretical Model	23
1.3 Understanding an Effective Counseling Relationship	4	2.6 Theory of Planned Behavior	24
Characteristics of Effective Nutrition Counselors	5	Application of the Theory of Planned Behavior	25
Understanding Yourself—Personality and Culture	7	2.7 Social Cognitive Theory	26
Understanding your Client	10	Application of the Social Cognitive Theory (SCT)	27
Relationship Between Helper and Client	11	2.8 Cognitive-Behavioral Therapy	27
Novice Counselor Issues	12	Cognitive Therapies	27
Key Terms	12	Behavioral Therapy	28
Review Questions	12	Application of Cognitive-Behavioral Therapy	28
Assignment—Build a Collage	13	2.9 Solution-Focused Therapy	28
References	13	2.10 Client-Centered Counseling	29
		2.11 Motivational Interviewing	29
2		Spirit of Motivational Interviewing	30
Frameworks for Understanding and Attaining Behavior Change	15	Core Counseling Skills of Motivational Interviewing: OARS	32
2.1 Introduction	16	Processes in Motivational Interviewing	33
2.2 Self-Efficacy	16	Evoking Change Talk	35
2.3 Health Belief Model	17	2.12 Integrating Motivational Interviewing with Other Behavior Change Approaches	37
Application of Health Belief Model	17	2.13 Brief Encounters Using Motivational Interviewing	37
2.4 The Transtheoretical Model (Stages of Change)	19	2.14 Summary of Behavior Change Attributes	38
Motivational Stages	19	CASE STUDY Helping Relationships	41
Processes of Change	21	Key Terms	41
Decisional Balance	23	Review Questions	41
Self-Efficacy	23	Assignment—Observation of a Nutrition Counselor	42
		Additional Resources	43
		References	43

3			
Communication Essentials	46	Additional Resources	72
3.1 Nutrition Counseling Goals	47	References	72
3.2 Stages of Skill Development	47	4	
3.3 Model of Communication	48	Meeting Your Client: The Counseling Interview	74
3.4 Cultural Influence on Communication	48	4.1 Nutrition Counseling Models	75
3.5 Guidelines for Enhancing Counseling Communication Effectiveness	48	4.2 Nutrition Counseling Motivational Algorithm	75
Use Focuses and Intents When Formulating Responses	51	4.3 Assessing Readiness	77
Use Effective Nonverbal Behavior	52	4.4 Nutrition Counseling Protocols: Analysis and Flow of a Counseling Interview and Counseling Session	79
Harmonize Verbal and Nonverbal Behaviors	53	4.5 Involving Phase	80
Analyze Nonverbal Behavior of Your Client	54	Greeting	80
Communication Roadblocks	54	Establish Comfort	80
3.6 Empathy	55	Small Talk	80
3.7 Basic Counseling Responses	56	Opening—First Session	80
Attending (Active Listening)	57	Opening—Subsequent Sessions	81
Reflection (Empathizing)	58	Identifying Client’s Long-Term Behavior Change Objectives (General Goals)	81
Steps in Reflecting	59	Explain Program and Counseling Process—First Session	81
Legitimation (Normalization)	61	Discuss Weight Monitoring, if Appropriate—First Session	82
Affirmation (Respect)	61	Setting the Agenda—First Session	82
Personal Support	61	Setting the Agenda—Subsequent Sessions	82
Partnership	62	Transitioning to the Next Phase	82
Mirroring (Parroting, Echoing)	62	4.6 Exploration–Education Phase	82
Paraphrasing (Summarizing)	62	Educational Activities	83
Giving Feedback (Immediacy)	63	Assessment—First Session	83
Questioning	63	Assessments—Subsequent Sessions	83
Useful Questions	64	Giving Nonjudgmental Feedback	84
Problematic Questions	64	Eliciting Client Thoughts About the Comparison of the Assessment to the Standard	85
Clarifying (Probing, Prompting)	64	Determining What’s Next	85
Noting a Discrepancy (Confrontation, Challenging)	65	Assessing Readiness to Make a Change	85
Directing (Instructions)	65	4.7 Resolving Phase	85
Advice	66	4.8 Level 1: Not Ready to Change (Precontemplative)	86
Allowing Silence	66	Raise Awareness of the Health Problem and Diet Options	87
Self-Referent (Self-Disclosing and Self-Involving)	67	Personalize Benefits	87
CASE STUDY Communication Analysis of John’s Interactions	68		
Key Terms	71		
Review Questions	71		
Assignment—Observation and Analysis of a Television Interview	71		

Ask Key Open-Ended Questions to Explore Importance of Change and Promote Change Talk	87	5.2 Design a Plan of Action	100
Summarize	87	Investigate the Physical Environment	100
Offer Professional Advice, if Appropriate	88	Examine Social Support	100
Express Support	88	Review the Cognitive Environment	100
4.9 Level 2: Unsure, Low Confidence	88	Explain Positive Coping Talk, if Necessary	100
Raise Awareness of the Benefits of Changing and Diet Options	88	Modify Goal, if Necessary	100
Ask Key Open-Ended Questions to Explore Confidence and Promote Change Talk	88	Select a Tracking Technique	101
Explore Ambivalence by Examining the Pros and Cons	89	Verbalize the Goal	101
Imagine the Future	90	Write Down the Goal	101
Explore Past Successes and Provide Feedback About Positive Behaviors and Abilities	90	5.3 Dietary Assessment	102
Encourage Support Networks	90	Step 1: Food Intake Data Collection	102
Summarize Ambivalence	90	Usual Intake Form	105
Choose a Goal, if Appropriate	90	Diet History Interview	105
4.10 Level 3—Motivated, Confident, Ready	90	Step 2: Data Analysis	107
Affirm Positive Behaviors	90	Step 3: Interpretation of Analysis	109
Closing Phase	90	5.4 Energy Determinations	111
4.11 FRAMES for Brief Interventions	91	Step 1: Determine Resting Energy Expenditure (REE)	111
4.12 Considerations for Acute Care	91	Step 2: Select a Physical Activity (PA) Factor	111
CASE STUDY Nancy: Intervention at Three Levels of Motivation	92	Step 3: Determine TEE	111
Key Terms	94	Step 4: Adjust for Weight Loss	112
Review Questions	94	5.5 Physical Assessments and Healthy Weight Standards	112
Assignment—Case Study Analysis	95	Body Mass Index	112
Additional Resources	95	Waist Circumference	113
References	95	5.6 Documentation and Charting	115
		SOAP Format	115
		CASE STUDY Nancy: Documentation at Three Levels of Motivation	117
		Adime Format	118
		5.7 Nutrition Care Process	118
		Standardized Language	120
		Step 1: Nutrition Assessment	120
		CASE STUDY Nancy: ADIME Documentation—Assessment	121
		Step 2: Nutrition Diagnosis	121
		Self-Evaluation of PES Statements	123
		Step 3: Intervention	123
		CASE STUDY Nancy: ADIME Documentation—Diagnosis With PES Statement	124
		Planning the Nutrition Intervention	124
		Implementation of the Intervention	124
5 Developing a Nutrition Care Plan: Putting It All Together	96		
5.1 Goal Setting	97		
Explain Goal Setting Basics	97		
Explore Change Options	97		
Identify a Specific Goal From a Broadly Stated Goal	98		
Define Goals	99		

5.8 Step 4: Monitoring and Evaluation (M & E)	124	Terminology	149
CASE STUDY Nancy: ADIME Documentation–Intervention	125	Individualization of Therapy	149
NCP Documentation and Charting	125	Length and Frequency of Counseling Sessions	149
CASE STUDY Nancy: ADIME Documentation–Monitoring and Evaluation	126	Perception of Quality of Care	150
Key Terms	126	Nonadherence Counselor Issues	150
Review Questions	126	CASE STUDY Mary: Busy Overweight College Student and Mother	151
Assignment—Nutritional Assessment	126	Key Terms	151
Additional Resources	129	Review Questions	152
References	129	Assignment—Food Management	
		Tool Usage	152
		Additional Resources	153
		References	154
6		7	
Promoting Change to Facilitate Self-Management	130	Making Behavior Change Last	156
6.1 Strategies To Promote Change	131	7.1 Social Network	157
6.2 Food Management Tools	131	Social Support	157
Meal Replacements	132	Social Disclosure	159
Detailed Menus and Meal Plans	132	Social Pressures	159
Food Lists for Weight Management	132	7.2 Stress Management	160
MyPlate or Dash Food Plan	132	Stress Management Counseling	162
Goal Setting	133	7.3 Sleep Counseling	164
6.3 Tracking	133	7.4 Mindful Eating	166
Journaling	133	7.5 Relapse Prevention	167
Journaling Alternatives	134	Immediate Determinants	167
6.4 Behavior Change Strategies	135	Covert Antecedents	169
Behavior Chain	135	Relapse Prevention Counseling	169
Cue Management (Stimulus Control)	136	7.6 Ending the Counseling Relationship	171
Countering	136	Preparation for a Conclusion	171
Reinforcement: Rewards	138	Final Session	171
Contracting	139	Handling Abrupt Endings	172
Encouragement	140	7.7 Counseling Evaluation	172
Goal Setting	140	Evaluation of Client Progress	172
Modeling	140	Goal Attainment Scale	173
Problem Solving	140	Final Client Evaluation	173
6.5 Cognitive Restructuring	141	7.8 Evaluation of Counseling Effectiveness and Skills	173
6.6 Education During Counseling	145	Client Evaluation of Counselor	173
Effective Education Strategies	145	Assessing Client’s Nonverbal Behavior	173
Effective Education Language	148	Checking	173
Positive or Negative Approach	148	Counseling Checklists (Interview Guides)	173
6.7 Supporting Self-Management	149		

Charting	174
Video, Audiotape, or Observation Evaluations	174
CASE STUDY Amanda: The Busy Sales Representative	174
Key Terms	175
Review Questions	175
Assignment—Identifying Stress	175
Additional Resources	175
References	176

8 Physical Activity 178

8.1 Physical Activity Initiatives	179
8.2 Role of Nutrition Counselor in Physical Activity Guidance	179
8.3 Physical Activity and Fitness	181
Benefits of Regular Physical Activity	181
Injury Risks Associated with Exercise	182
Exercise Myths	183
8.4 Physical Activity Goals	183
8.5 Levels of Aerobic Physical Activity	184
Moderate Physical Activity	184
Vigorous Physical Activity	184
Methods to Determine Level of Exertion	185
Muscular Strength	185
Flexibility	186
8.6 Barriers to Becoming Physically Active	187
8.7 Physical Activity Counseling Protocols	187
8.8 Assessments of Physical Activity	187
Physical Activity Status	187
Current Exercise Status	187
Physical Activity Readiness	187
Stages of Readiness to Change	189
Assessment Feedback	189
8.9 Resolving Phase Protocols	190
Level 1—Not Ready to Change	190
Level 2—Unsure About Changing	192
Level 3—Ready to Change	193
Level 4—Physically Active	194

8.10 Issues Pertinent to Physical Activity Goal Setting and Action Plan Development	196
Walking Basics	197
CASE STUDY Officer Bill	197
Key Terms	198
Review Questions	198
Assignment—Physical Activity Assessment and Counseling	198
Additional Resources	200
References	201

9 Communication with Diverse Population Groups 203

9.1 Need for Cultural Competence	204
9.2 Demographics—Population Trends	204
9.3 Increased Use of Traditional Therapies	204
Health Disparities	205
Underrepresentation of Culturally and Linguistically Diverse Health Care Providers	208
Legislative, Regulatory, and Accreditation Requirements	208
9.4 Cultural Competence Models	208
Cultural Competence Continuum	209
Campinha-Bacote Model of Cultural Competence in the Delivery of Health Care Services	209
Development of Cultural Self-Awareness	209
Development of Cultural Knowledge	210
Development of Cultural Skills	211
9.5 Guidelines for Delivering Cross Cultural Interviews and Interventions	214
The LEARN Guideline	214
The 4 Cs of Culture Guideline	215
9.6 Cross-Cultural Nutrition Counseling Algorithm	215
9.7 Working with Interpreters	215
9.8 Life Span Communication and Intervention Essentials	218
Preschool-Aged Children (2 to 5 Years)	218
Intervention Strategies	218
Middle Childhood (6 to 12 Years)	219

Intervention Strategies	219	Group Process	252
Adolescence (13 to 19 Years)	220	Open Groups	252
Intervention Strategies	220	Closed Groups	253
Older Adults	221	Ending	258
Intervention Strategies	222	Practical Considerations for Successful Groups	259
9.9 LGBTQ (Gay, Lesbian, Bisexual, Transgender, Queer) Population	224	10.5 Evaluation of Group Interactions	260
Terminology	225	CASE STUDY Group Facilitation at a Diabetes Camp for Adolescent Girls	261
LGBTQ in the United States	225	Key Terms	262
LGBTQ Health Disparities	226	Review Questions	262
Culturally Sensitive Health Care for LGBTQ People	226	Assignment—Practice Group Counseling	262
9.10 Eating Disorders	227	Additional Resources	264
9.11 Weight Bias	227	References	264
Intervention Essentials	228		
9.12 Individuals with Disabilities	229		
Mobility Impairment	229		
Visual Impairment	229		
Deaf or Hard of Hearing	229		
Speech Disabilities	233		
Invisible Disabilities	233		
CASE STUDY Counseling in a WIC Program	234		
CASE STUDY Activities	234		
Key Terms	235		
Review Questions	235		
Assignment—Conducting an Interview Across Cultures	236		
Additional Resources	238		
References	239		
10		11	
Group Facilitation and Counseling	244	Keys to Successful Nutrition Education Interventions	265
<hr/>		<hr/>	
10.1 Communication Styles	245	11.1 Nutrition Education Settings	266
10.2 Using Questions in a Group	245	11.2 Keys to Nutrition Education	267
Types of Questions	245	11.3 Keys to Success 1—Know Your Audience, Conduct a Thorough Needs Assessment	267
10.3 Facilitating Groups	247	Needs Assessment Categories	267
Preparation	247	11.4 Data Collection Methods	268
Organizational Strategies	248	CASE STUDY Nutrition Education Intervention for a Congregate Meal Program	270
Group Management	249	11.5 Keys to Success 2—Determine Your Educational Approach	271
10.4 Group Counseling	251	CASE STUDY Keys to Success 2—Determine Your Educational Approach	272
Advantages of Group Counseling	251	11.6 Keys to Success 3—Design Theory-Based Interventions	272
Disadvantages of Group Counseling	252	CASE STUDY Keys to Success 3—Design Theory-Based Interventions	274
		11.7 Community Level and Planning Models: Social Marketing	274
		Definition of Social Marketing	274
		Basic Principles of Social Marketing	274
		Application of Social Marketing	276
		11.8 Keys to Success 4—Establish Goals and Objectives	276
		Goals	276
		Objectives	277

Verbs	277	Review Questions	309
Types of Objectives	277	Assignment—Develop a TV Public Service Announcement	310
Cognitive Domain	278	Additional Resources	311
Affective Domain	279	References	312
Psychomotor Domain	279		
11.9 Generalizations	281		
CASE STUDY Keys to Success 4—Establish Goals and Objectives	282		
11.10 Instructional Plan	282		
Key Terms	286		
Review Questions	286		
Assignment—Design a Nutrition Education Intervention	286		
Additional Resources	286		
References	287		
12		13	
Educational Strategies, Technology, and Evaluation	289	Professionalism and Final Issues	313
<hr/>		<hr/>	
12.1 Keys to Success 5—Provide Instruction Planning and Incorporate Learning Strategies	290	13.1 Professionalism	314
Presentation	290	Practice Management and Advancement	314
Discussion	295	13.2 Ethics	314
Demonstration	295	13.3 Client Rights	319
Visual Aids	295	Confidentiality	319
Action-Oriented Techniques	297	Procedures and Goals of Counseling	319
Technology-Based Techniques	297	Qualifications and Practices of the Counselor	319
Learning Domains and Strategies	298	13.4 Boundary Between Nutrition Counseling and Psychotherapy	319
12.2 Keys to Success 6—Develop Appealing and Informative Mass Media Materials	300	Referrals	320
Developing Audio and Audiovisual Messages	301	Proper Dress Attire	320
Developing Print Materials	301	13.5 Starting a Private Practice	322
Application of Emotion-Based Approach	304	Define a Focus	323
12.3 Keys to Success 7—Conduct Evaluations	308	Professional Credentials and Achievements	323
Planning for an Evaluation	308	Learn and Connect	323
Formative Evaluations	309	Create a Business Roadmap	324
Summative Evaluations	309	Professional Support Systems	324
CASE STUDY Presentation to Working Adults	309	Business Basics	324
Key Terms	309	13.6 Marketing Basics	324
		Marketing Plan	325
		Internet Presence and Usage in the United States	325
		Social Media Marketing	325
		13.7 Telehealth and Telenutrition	327
		13.8 Self-Care	327
		Occupational Burnout	327
		CASE STUDY Interactive Personal Case Study	328
		Key Terms	329
		Review Questions	329
		Assignment—Evaluate Your Counseling Effectiveness	329
		Additional Considerations of Videotape Observations	330

Additional Resources	330	Preparation for Session 1	334
References	330	Session 1	335
		Session 2	336
		Session 3	336
		Session 4	336
14		Key Terms	353
Guided Counseling Experience	332	Appendix A DASH Food Plan	355
14.1 Developing a Counseling Style	333	Appendix B Body Mass Index	358
14.2 Finding Volunteer Clients	333	Appendix C Lifestyle Management Forms	359
14.3 Goals of the Guided Counseling Experience	333	Appendix D Dietary Reference Intakes (DRI)	399
Skill Goals	333	Index	403
Attitude Goals	334		
14.4 The Four Counseling Sessions	334		

Preface

Welcome to the Fourth Edition

The fourth edition of this book continues to provide a step-by-step approach guiding entry-level practitioners through the basic components of changing food behavior and improving nutritional status. Behavior change is a complex process, and there is an array of strategies to influence client knowledge, skills, and attitudes. To be effective change agents, nutrition professionals need a solid foundation of counseling and education principles, opportunities to practice new skills, and knowledge of evaluation methodologies. This book meets all of these needs in an organized, accessible, and engaging approach.

Intended Audience

This book was developed to meet the needs of health professionals who have little or no previous counseling or education experiences, but who do have a solid knowledge of the disciplines of food and nutrition. Although the book addresses the requirements of nutrition professionals seeking to become registered dietitians, the approach focuses on skill development useful to all professionals who need to develop nutrition counseling and education skills. The goal of the book is to enable entry-level practitioners to learn and use fundamental skills universal to counseling and education as a springboard on which to build and modify individual styles.

Distinguishing Features

- **Practical examples:** Concrete examples, case studies, and first-person accounts are presented representing a variety of wellness, private practice, and institutional settings.
- **Action based:** Exercises are integrated into the text to give students ample opportunity and encouragement to interact with the concepts covered in each chapter. Instructors can choose to assign the activities to be implemented individually at home or used as classroom activities. Students are encouraged to journal their responses to the exercises as a basis for classroom discussions, distance learning, or for documenting their own reflections. Instructors can assign journal entries and collect them for evaluation. Reading journal entries allows instructors to gain understanding of how students are grasping concepts. Each chapter has a culminating assignment and a case study that integrates all or most of the major topics covered throughout the chapter.
- **Evidence-based:** Science-based approaches, grounded in behavior change models and theories, found to be effective for educational and counseling interventions, are analyzed and integrated into skill development exercises.
- **Nutrition Counseling Motivational Algorithm:** To guide the process of integrating counseling theories and approaches, a motivational algorithm is presented leaning heavily on Client-Centered Counseling, Motivational Interviewing, and the Transtheoretical Model. The algorithm provides a framework for nutrition counseling students to visualize implementation of a counseling session.
- **Cultural sensitivity:** The population of the United States is increasingly heterogeneous, moving toward a plurality of ethnic, religious, and regional groups. To have effective interventions, nutrition counselors and educators need to appreciate the influence of how membership in these diverse groups greatly influences our health beliefs, behaviors, and food practices. Although a chapter is devoted to exploring diverse cultural groups, cultural influences regarding behavior and attitudes are integrated throughout the book.
- **Putting it all together—a four-week guided nutrition counseling program:** The text includes a step-by-step guide for students working with volunteer adult clients during four sessions. The objective of this section is to demonstrate how the theoretical discussions, practice activities, and nutrition tools can be integrated for an effective intervention.
- **The Nutrition Care Process (NCP):** The NCP was developed by the Academy of Nutrition and Dietetics to provide a framework for nutrition interventions. This framework is integrated throughout the text and highlighted in relevant areas.

New Edition Highlights

All chapters of the new edition have been updated to incorporate the latest professional standards, government guidelines, and research findings. In particular, resources and references were updated throughout the entire book.

Selected Chapter-by-Chapter Updates

The sequential flow of the chapters follows the needs of students to develop knowledge and skills during each step of the counseling and education process.

CHAPTER 1 Preparing to Meet Your Clients

- Recent studies regarding factors affecting food behavior were integrated throughout the chapter.

CHAPTER 2 Frameworks for Understanding and Attaining Behavior Change

- Discussion of the Transtheoretical Model has been expanded and coverage of Motivational Interviewing has also been expanded and updated to reflect Miller and Rollnick's most recent four-process model.

CHAPTER 5 Developing a Nutrition Care Plan: Putting It All Together

- The most recent Nutrition Care Process guidelines were incorporated into this chapter. Discussion of healthy eating guides was expanded including Harvard University's Healthy Eating Plate.

CHAPTER 7 Making Behavior Change Last

- Incorporating sleep hygiene in nutrition counseling has been added.

CHAPTER 8 Physical Activity

- This chapter was updated to include the 2018 Physical Activity Guidelines for Americans.
- The physical activity protocol for health practitioners (Exercise Is Medicine) developed by the American College of Sports Medicine and the American Medical Association was incorporated throughout the chapter.
- A discussion of the U.S. Olympic Athlete's Plate graphic was added to this chapter.
- The section on the benefits of physical activity was updated and expanded.

CHAPTER 9 Communication with Diverse Population Groups

- The discussion of population trends was updated and expanded.
- Culturally sensitive approaches for working with LGBTQ individuals were added.
- The cross-cultural intervention guideline, the 4 Cs of Culture, was added.

CHAPTER 11 Keys to Successful Nutrition Education Interventions

- A new lesson plan was added using constructs from the Social Cognitive Theory.

CHAPTER 12 Educational Strategies, Technology, and Evaluation

- Smartphone and web-based tracking apps were added.

CHAPTER 13 Professionalism and Final Issues

- A review of telehealth and telenutrition was added.
- The importance of self-care and ways in which to reduce the risk of occupational burnout was addressed.
- The framework of the dietetics profession as established by the Academy of Nutrition and Dietetics was updated.
- The review of social media sites was updated.

Acknowledgments

Thank you to all the reviewers and the individuals who shared their expertise and assisted in the development of the manuscript. Your insights and comments were invaluable to the fourth edition. We greatly appreciate the staff at Cengage Learning for their encouragement and tireless work shepherding us through the process. A special thanks to Samantha Rundle, Content Manager

for Health and Nutrition, and Courtney Heilman, Product Manager, Health & Nutrition. In addition, we want to acknowledge the valuable research and editing assistance of Lauren Kulik, Montclair State University graduate assistant. We would also like to thank the following reviewers for their valuable comments as we revised this edition.

Reviewers

Kaitlan Beretich
Baylor University

Kathryn Coakley
University of New Mexico

Cinda J. Catchings
Alcorn State University

Celesta Lyman
Southern Utah University

Kellie McLean
La Guardia Community College

Rebecca Miller
Montclair State University

About the Authors

Kathleen D. Bauer, PhD, RDN, is the founder and has been the director of the Nutrition Counseling Clinic at Montclair State University for more than fifteen years. She teaches both undergraduate and graduate nutrition counseling courses. Publications include book chapters and articles on cultural diversity and evaluation of nutrition counseling education methods. Her applied individual and group nutrition counseling experiences extend to faith-based and wellness programs, fitness centers, hospitals, nursing homes, and private practice.

Doreen Liou, EdD, RDN, was director of the Didactic Program in Dietetics at Montclair State University for fourteen years and spearheaded the program into its initial accreditation. She teaches both undergraduate and graduate courses in nutrition education and social marketing. Her research interests encompass qualitative and quantitative methods in addressing chronic disease risk and the applications of social psychological theories in minority population groups. Her nutrition education experiences extend to a variety of academic, community, and clinical settings.

1

Preparing to Meet Your Clients



Learning Objectives

- 1.1** Define nutrition counseling and nutrition education.
- 1.2** Identify and explain factors influencing food choices.
- 1.3** Describe characteristics of an effective counselor.
- 1.4** Identify factors affecting clients in a counseling relationship.
- 1.5** Evaluate oneself for strengths and weaknesses in building a counseling relationship.
- 1.6** Identify novice counselor issues.

Not only is there an art in knowing something but also a certain art in teaching it.

—CICERO

Nutrition counselors and educators provide guidance for helping individuals develop food practices consistent with the nutritional needs of their bodies. For clients, this may mean altering comfortable food patterns and longstanding beliefs and attitudes about food. Nutrition professionals work to increase knowledge, influence motivations, and guide development of skills required for dietary behavior change. This can be a challenging task. To be an effective change agent, nutrition counselors and educators need a solid understanding of the multitude of factors affecting food behaviors. We will begin this chapter by addressing these factors in order to enhance understanding of the forces influencing our clients. Then, we will explore the helping relationship and examine counselor and client concerns. Part of this examination will include cultural components. Nutrition professionals always need to be sensitive to the cultural context of their interventions from both their own cultural perspectives as well as their clients' perspectives. Some of the activities in this chapter will provide opportunities for you to explore the cultural lenses that influence your view of the world.

1.1 Foundation of Nutrition Counseling and Education

Nutrition education has been defined as the following: "Nutrition education is any combination of educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food choices and other food- and nutrition-related behaviors conducive to health and well-being."¹ The needs of a target community are the focus of the nutrition education process. Nutrition counselors have similar goals, but interventions are guided by the needs of individual clients. According to the Academy of Nutrition and Dietetics, **nutrition counseling** has been defined as "a supportive process, characterized by a collaborative counselor-patient/client relationship to establish food, nutrition and physical activity priorities, goals, and individualized action plans that acknowledge and foster responsibility for the process of guiding a client toward a healthy nutritional lifestyle by meeting nutritional needs and solving problems that are barriers to change."² Haney and Leibsohn³ designed a **model** of counseling to enable guidance to be effective and provided the following definition:

counseling can be defined as an interaction in which the counselor focuses on client experience, client feeling, client thought, and client behavior with intentional responses to acknowledge, to explore, or to challenge. (p. 5)

Exercise 1.1 DOVE Activity: Broadening Our Perspective (Awareness)

- D**—defer judgment
- O**—offbeat
- V**—vast
- E**—expand on other ideas

Divide into groups of three. Your instructor will select an object, such as a cup, and give you one minute to record all of the possible uses of the object. Draw a line under your list. Take about three minutes to share each other's ideas, and write the new ideas below the line. Discuss other possibilities for using the object with your group and record these in your journal. Use the DOVE technique to guide your thinking and behavior during this activity. Do not pass judgment on thoughts that cross your mind or on the suggestions of others. Allow your mind to think of a vast number of possibilities that may even be offbeat. How many more ideas occurred with sharing? Did you see possibilities from another perspective? One of the goals of counseling is to help clients see things using different lenses. What does this mean? How does this activity relate to a counseling experience? Write your thoughts in your journal and share them with your colleagues.

Source: Dairy, Food, and Nutrition Council, *Facilitating Food Choices: Leaders Manual* (Cedar Knolls, NJ: 1984).

1.2 Fundamentals of Food Behavior

The heart of nutrition education and counseling is providing support and guidance for individuals to make appropriate food choices for their needs. Therefore, understanding the myriad influences affecting food choices is fundamental to designing an intervention. Influencing factors are often intertwined and may compete with each other, leaving individuals feeling frustrated and overwhelmed when change is needed. Before we journey through methodologies for making change feel achievable, we will explore aspects of environmental, psychological, social, and physical factors affecting food choices, as depicted in Figure 1.1.

- **Sensory Appeal:** Taste is generally accepted as the most important determinant of food choices.⁴ Biological taste preferences evolve from childhood based on availability and societal norms, but research shows that preferences can be altered by experiences and age.⁵ Generally, young children favor sweeter and saltier tastes than adults, and

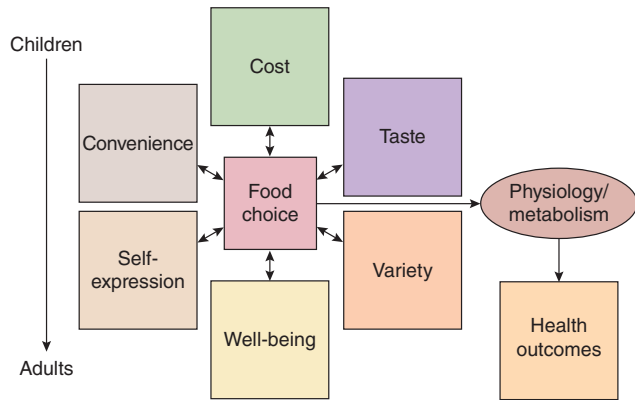


Figure 1.1 The Consumer Food Choice Model

Source: Adapted from A. Drewnowski, Taste, Genetics, and Food Choice. In *Food Selection: From Genes to Culture*, H. Anderson, J. Blundell, and M. Chiva, Eds. (Levallois-Perret, France: Danone Institute), 30. Copyright 2002.

relocating to a new environment will often change eating patterns and even favorite foods.⁶ The fact that taste preferences can be modified should be reassuring for those who want to make dietary changes.⁷ Illness may also modify food preference. Individuals going through chemotherapy may find some of their favorite foods do not taste the same, and they lose the desire to eat them.⁸

- **Habit:** Research indicates that consumers who use cues such as time of day/habit as a trigger to eat are more likely to seek healthful food choices as compared to individuals who choose to eat “whatever is there” and stop eating because the food is gone. This indicates that nutrition counselors and educators could help their clients who eat food simply because it is there to use preplanned cues to develop healthful habits.^{4,9}
- **Health Concerns:** Health can be a driving force for food choice as illustrated by public campaigns to increase intake of fruits, vegetables, and whole grains. In a 2018 national survey, nearly half of the participants indicated they have eliminated soft drinks and candy to reduce sugar intake.⁴ Consumers are more likely to respond to healthful food messages if the advice stresses the good taste of wholesome foods and convenient ways to include them in the diet. Health status of an individual, such as having loss of teeth or digestive disorders, can also affect the amount of food consumed and food choice.

Anecdote

A young man in his early twenties commenting about his food habits stated, “My friends do not say ‘let’s eat a salad together.’ If you are a guy, it is a wussy thing to do. It is kind of looked down upon if you are a guy—weak. Eat the steak, eat the greasy stuff, be a man.”*

- **Nutrition Knowledge:** Traditionally, educators and nutrition counselors perceived their roles as disseminating information. After research indicated that many clients were not responsive to simple didactic approaches, their roles expanded to include a variety of behavior change strategies. However, the value of increasing knowledge should not be devalued. Those who have higher levels of knowledge are more likely to have better quality diets and to lose more weight in weight loss programs.^{10,11}
- **Convenience and Time:** Our fast-food culture has created a demand for easy-to-prepare and tasty food. In a research survey, about half of the women surveyed expressed that they spend less than five minutes for breakfast and lunch preparation and less than twenty minutes for dinner preparation.¹² Takeout, value-added (precut, prewashed), and ready-made foods have become a cultural standard. These time-saving choices are frequently more expensive and likely to be higher in calories, fat, and sodium than home-prepared foods.¹³ Nutritional advice needs to take all these factors into consideration. Quick, easy-to-prepare, and healthful food options should be stressed.
- **Culture and Religion:** Food is an integral part of societal rituals influencing group identity. Ritual meals solidify group membership and reaffirm our relationships to others. For example, all-day eating at weekly family gatherings on Sundays or daily coffee breaks with sweet rolls are rituals that do much more than satisfy the appetite. If clients need to change participation in these rituals because of dietary restrictions, it is likely to create stress for clients, friends, and relatives. Culture also defines what is acceptable for consumption such as sweet red ants, scorpions, silk worms, or a glass of cow’s milk. Culture also defines food patterns, and in the United States, snacking is common.¹⁴ In addition, religions advocate food rituals, and may also define food taboos such as restrictions against pork for Muslims, beef for Hindus, and shellfish for Orthodox Jews. Since the 1970s the United States has been moving toward a cultural plurality, where no single racial or ethnic group is a majority. Minority groups are expected to climb to 56 percent of the total population by the

*First-person accounts from dietetic students or nutrition counselors working in the field are included throughout this book.

year 2060.¹⁵ As a result, an array of ethnic foods is available in restaurants and grocery stores and has influenced the national palate. For example, in the past, ketchup was considered a household staple; however, recent national sales of salsa now compete with ketchup and at times have surpassed ketchup sales.

- **Social Influences:** Food is often an integral part of social experiences. Sharing a meal with friends after a football game or going out for ice cream to celebrate an academic achievement helps make special experiences festive. However, foods associated with sociability are often not the most nutritious. Social eating frequently encourages increased consumption of less-nutritious foods and overconsumption.^{16,17} Eating with friends increases energy intake by 18 percent.¹⁸ However, even though regular family meals have been shown to be correlated with positive health outcomes, an analysis of societal trends indicates that family meal frequency has declined for middle school students, Asians, and adolescents.¹⁹
- **Media and Physical Environment:** North Americans are surrounded by media messages, and most of them are encouraging consumption of high-calorie foods that are nutritionally challenged. Food distributors and manufacturers spend billions of dollars each year on advertising to persuade consumers.²⁰ Commercials can have powerful influences on the quantity and quality of food consumed.²¹ Not only do we encounter food messages repeatedly throughout the day, but we also have access to a continuous supply of unhealthy food and large portion sizes. Almost anywhere you go—drug stores, gas stations, hardware stores, schools, for example—there are opportunities to purchase unhealthy food. Even laboratory animals put in this type of environment are likely to overeat the calorie-dense food and gain excessive weight.²²
- **Economics:** An individual's residence and socioeconomic status can influence myriad factors, including accessibility to transportation, cooking facilities, refrigeration, grocery store options, and availability of healthful food choices. For those who are economically disadvantaged, meeting nutritional guidelines is a challenge.²³ Low-income households purchase significantly less fruits and vegetables than high-income households.²⁴ Low-income households with limited transportation

Anecdote

A female college student stated: "The whole society does not emphasize eating healthy. When you are eating, you have to think hard about what are the healthy foods to eat."

options spend a greater share of their food budgets at convenience, dollar, and drugstores compared with households with easier access.²⁵

- **Availability and Variety:** Individuals with increased numbers of food encounters, larger portion sizes, and variety of available choices tend to increase food intake.^{26,27} Variety of food intake is important in meeting nutritional needs, but when the assortment is excessive, such as making food selections from a buffet, overconsumption is probable. However, this finding can be useful for those trying to increase fruit and vegetable intake. A dinner plate containing broccoli, carrots, and snap peas was shown to increase intake of vegetables more than if the plate contained only one of the items.²⁸
- **Psychological:** Food behavior in response to stress varies among individuals. Some people increase consumption, whereas others claim they are feeling too stressed to eat. Certain foods have been associated with depression and mood alteration. Depressed individuals eat lower amounts of antioxidants, fruits, and vegetables and consume higher amounts of chocolate (up to 55 percent) than others.^{29,30}

An understanding of how all these factors influence our food behaviors is essential for nutrition educators and counselors. Since we are advocating lifestyle change of comfortable food patterns, we need to understand the discomfort that our clients are likely to feel as they anticipate and attempt dietary alterations. Our role is to acknowledge the challenge for our clients and to find and establish new achievable patterns for a healthier lifestyle.

1.3 Understanding an Effective Counseling Relationship

No matter what theory or behavior change model is providing the greatest influence, the relationship between counselor and client is the guiding force for change.

Exercise 1.2 Explore Influences of Food Behavior

Interview three people and ask them to recall the last meal they consumed. Inquire about the factors that influenced them to make their selections. Record your findings in your journal. Compare your findings to the discussion of influences on food choices in this chapter.

Exercise 1.3 Helper Assessment

Think of a time someone helped you, such as a friend, family member, teacher, or counselor. In your journal, write down the behaviors or characteristics the person possessed that made the interaction so effective. After reading over the characteristics of effective counselors, compare their qualities to those identified by the leading authorities. Do they differ? Share your thoughts with your colleagues.

The effect of this relationship is most often cited as the reason for success or failure of a counseling interaction. Helm and Klawitter³¹ report that successful clients identify their personal interaction with their therapist as the single most important part of treatment. To set the stage for understanding the basics of an effective counseling relationship, you will investigate the characteristics of effective nutrition counselors, explore your own personality and culture, examine the special needs and issues of a person seeking nutrition counseling, and review two phases of a helping relationship in the following sections.

Characteristics of Effective Nutrition Counselors

After thoroughly reviewing the literature in counseling, Okun³² identified seven qualities of counselors considered to be the most influential in affecting the behaviors, attitudes, and feelings of clients: knowledge, self-awareness, ethical integrity, congruence, honesty, ability to communicate, and gender and culture awareness. The following list describes these characteristics as well as those thought to be effective by nutrition counseling authorities:

- **They have a solid foundation of knowledge.** Nutrition counselors need to be knowledgeable in a vast array of subjects in the biological and social sciences as well as have an ability to apply principles in the culinary arts. Because the science and art of nutrition is a dynamic field, the foundation of knowledge requires continuous updating. Clients particularly appreciate nutrition counselors who are experienced with the problems they face.
- **Effective nutrition counselors are self-aware.** They are aware of their own beliefs, respond from an internal set of values, and as a result have a clear sense of priorities. However, they are not afraid to reexamine their values and goals. This awareness aids counselors with being honest as to why they want to be a counselor and helps them avoid using the helping relationship to fulfill their own needs.
- **They have ethical integrity.** Effective counselors value the dignity and worth of all people. Such clinicians work toward eliminating ways of thinking, speaking, and acting that reflect racism, sexism, ableism, ageism, homophobia, religious discrimination, and other negative ideologies. Ethical integrity entails many facets that are addressed in the Academy of Nutrition and Dietetics' Code of Ethics (a discussion of this topic can be found in Chapter 13).³³
- **They have congruence.** This means the counselor is unified. There are no contradictions between who the counselor is and what the counselor says, and there is consistency in verbal and nonverbal behaviors as well. (For example, if a client shared some unusual behavior, such as eating a whole cake covered with French dressing, the counselor's behavior would not be congruent if the nonverbal behavior indicated surprise but the verbal response did not.)
- **They are honest and genuine.** Such counselors appear authentic and sincere. They act human and do not live by pretenses, hiding behind phony masks, defenses, and sterile roles. Such counselors are honest and show spontaneity, congruence, openness, and willingness to disclose information about themselves when appropriate. Honest counselors are able to give effective feedback to their clients. They do not avoid difficult issues related to the client's problems and handle them tactfully.
- **They can communicate clearly.** Clinicians must be able to communicate factual information and appear to have a sincere regard for their clients. Effective nutrition counselors are able to make sensitive comments and communicate an understanding about fears concerning food and weight.
- **They have a sense of gender and cultural awareness.** This requires that counselors be aware of how their own gender and culture influence them. Effective counselors have a respect for a diversity of values that arise from their clients' cultural, social, and economic orientations.
- **They have a sense of humor.** Helping clients see the irony of their situation and laugh about their problems enriches counseling relationships. In addition, humor helps prevent clients from taking themselves and their problems too seriously.
- **They are flexible.** This means not being a perfectionist. Such counselors do not have unrealistic expectations and are willing to work at a pace their clients can handle.

- **They are optimistic and hopeful.** Clients want to believe that lifestyle changes are possible, and they appreciate reassurance that solutions will be found.
- **They respect, value, care, and trust others.** This enables counselors to show warmth and caring authentically through nonjudgmental verbal and nonverbal behavior, listening attentively, and behaving responsibly, such as returning phone calls and showing up on time. This behavior conveys the message that clients are valued and respected.
- **They can accurately understand what people feel from their frame of reference (empathy).** It is important for counselors to be aware of their own struggles and pain to have a frame of reference for identifying with others.

This list can appear daunting, leading one to wonder if becoming an ideal counselor is achievable. However, Egan and Reese³⁴ emphasize that there is no right way of mixing and matching the characteristics to meet client needs. They are a list of characteristics to work

Exercise 1.4 People Skills Inventory

- Do you expect the best from people? Do you assume that others will be conscientious, trustworthy, friendly, and easy to work with until they prove you wrong?
- Are you appreciative of other people's physical, mental, and emotional attributes—and do you point them out frequently?
- Are you approachable? Do you make an effort to be outgoing? Do you usually wear a pleasant expression on your face?
- Do you make the effort to remember people's names?
- Are you interested in other people—all kinds of people? Do you spend far less time talking about yourself than encouraging others to talk about themselves?
- Do you readily communicate to others your interest in their life stories?
- When someone is talking, do you give him or her 100 percent of your attention—without daydreaming, interrupting, or planning what you are going to say next?
- Are you accepting and nonjudgmental of others' choices, decisions, and behavior?
- Do you wholeheartedly rejoice in other people's good fortune as easily as you sympathize with their troubles?
- Do you refuse to become childish, temperamental, moody, inconsistent, hostile, condescending, or aggressive in your dealings with other people—even if they do?
- Are you humble? Not to be confused with false modesty, being humble is the opposite of being arrogant and egotistical.
- Do you make it a rule never to resort to put-downs, sexist or ethnic jokes, sexual innuendoes, or ridicule for the sake of a laugh?
- Are you dependable? If you make commitments, do you keep them—no matter what? If you are entrusted with a secret, do you keep it confidential—no matter what?
- Are you open-minded? Are you willing to listen to opposing points of view without becoming angry, impatient, or defensive?
- Are you able to hold onto the people and things in your life that cause you joy and let go of the people and things in your life that cause you sadness, anger, and resentment?
- Can you handle a reasonable amount of pressure and stress without losing control or falling apart?
- Are you reflective? Are you able to analyze your own feelings? If you make a mistake, are you willing to acknowledge and correct it without excuses or blaming others?
- Do you like and approve of yourself most of the time?

Affirmative answers indicate skills you possess that enhance your ability to relate to others.

Source: Adapted from Scott N, "Success Often Lies in Relating to Other People," *Dallas Morning News*, April 20, 1995, p. 14C.

toward that can be enhanced by engaging in professional self-improvement.

It is one of the most beautiful compensations of this life that no man can sincerely try to help another without helping himself.

—RALPH WALDO EMERSON

Understanding Yourself—Personality and Culture

Our personalities are one of the principal tools of the helping process. By taking an inventory of your personality characteristics, you can have a better understanding of the ones you wish to modify. Intertwined with a personality evaluation is self-examination of why you want to be a counselor. What you expect out of a counseling relationship, the way you view yourself, and the personal attitudes and values you possess can affect the direction of the counseling process. You should be aware that as a helper, your self-image is strengthened from the awareness that “I must be OK if I can help others in need.” Also, because you are put into the perceptual world of others, you remove yourself from your own issues, diminishing concern for your own problems.

Sometimes counselors seek to fulfill their own needs through the counseling relationship. Practitioners who have a need to express power and influence over others tend to be dictatorial and are less likely to be open to listening to their clients. This type of counselor expects clients to obey suggestions without questions. A counselor who is particularly needy for approval and acceptance will fear rejection. Belkin³⁵ warns that sometimes counselors try too hard to communicate the message “I want you to like me,” rather than a more effective “I am here to help you.” As a result, such counselors may be anxious to please their clients by trying to do everything for them, perhaps even doing favors. The tendency will be to gloss over and hide difficult issues because the focus is on eliciting only positive feelings from their clients. Consequently, clients will not learn new management skills, and dietary changes will not take place.

Another important component to understanding yourself so as to become a culturally competent nutrition counselor and educator is to know what constitutes your **worldview** (cultural outlook). Each culture has a unique outlook on life, what people believe and value within their group. Our worldview provides basic assumptions about the nature of reality and has both

Exercise 1.5 How Do You Rate?

Ask a close friend or family member who you supported at one time to describe what it was about your behavior that was helpful. Write these reactions down in your journal. Review the desirable characteristics for an effective counselor described in the previous section. Complete the personality inventory in Exercise 1.4, and then identify what characteristics you possess that will make you a good helper. What behaviors need improvement?

Write in your journal specific ways that you need to change to improve your helping skills.

conscious and unconscious influences. An understanding of this concept becomes clearer when we explore assumptions regarding supernatural forces, individual and nature, science and technology, and materialism. (See Table 1.1.) Kittler and Sucher³⁶ relate this unique outlook to its special meaning in the health community:

... expectations about personal and public conduct, assumptions regarding social interaction, and assessments of individual behavior are determined by this cultural outlook, or worldview. This perspective influences perceptions about health and illness as well as the role of each within the structure of society. (p. 35)

Majority American values, which are shared by most whites and to some extent other racial and ethnic groups, emphasize individuality, self-help, and control over fate. One study found 82 percent of American consumers believe they are directly responsible for their own health.³⁷ Throughout the world there are many who believe the primary influence on health and wellness are supernatural forces such as the will of God, astrological agents, or cosmic karma.

Your worldview is determined by your culture and life experiences. **Culture** is shared history, consisting of “the thoughts, communication, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or societal groups.”³⁸ Possible societal groups include gender, age, sexual orientation, physical or mental ability, health, occupation, and socioeconomic status. Any individual will belong to several societal groups and acquire cultural characteristics and beliefs from each based on education and life experiences within those groups. Because each experience is unique, no two people acquire exactly the same cultural attributes. In addition,

Anecdote

My aunt died of high blood pressure. Her religious belief was that her illness was God’s will and should not be interfered with by taking medicine or changing her diet.

Table 1.1 Worldview Assumptions

Category	Assumption
Supernatural Assumptions	Supernatural assumptions include beliefs regarding God, malevolent spirits, ancestors, fate, or luck being the cause of illness. The concept of soul loss causing depression or listlessness is prevalent in many societies. In order to alleviate supernatural problems, societies have devised ceremonies or rituals.
Individual and Nature	Not all societies make a clear distinction between human life and nature as in the United States. Some societies believe that we are subjugated by nature and need to show respect for natural forces and attempt to live in harmony with nature. The dominant culture in the United States sees human beings as having higher value than nature with a need to exploit or protect it.
Technology	The citizens of the United States put great faith in technology and the scientific method. Diseases are viewed as correctable mechanistic errors that can be fixed by manipulation. Americans tend to think science can help humanity—a view not as highly held in Europe.
Materialism	Many people around the world believe that materialism dominates the worldview of Americans, that is, the need to acquire the latest and best possessions. This may have contributed to the popularity of “supersize food portions.”

Source: Jandt F. *An Introduction to Intercultural Communication: Identities in a Global Community*. 6th ed. Thousand Oaks, CA: Sage Publications, Inc.; 2009.

we are likely to migrate to and away from various cultures throughout our lives. For example, a change of job, religion, residence, or health status can alter cultural attributes. However, there are attributes that prevail and will affect the way we perceive ourselves and others.

We share a commonality with those who are most like us. For example, many North Americans appreciate a friendly, open health care professional. People from other cultures, however, may feel uncomfortable interacting with a professional on such terms and may even view this behavior as a sign of incompetence. Your food habits can also be an important component of your culture. For example, Hindus find eating beef to be abhorrent—much the way many Westerners feel about Asians consuming dog meat.

Understanding the role of **cultural values** in your life as well as in the lives of clients from cultures other than your own provides a foundation for developing cultural sensitivity. Our cultural values are the “principles or standards that members of a cultural group share in common.”³⁹ For example, in the United States, great value is placed on money, freedom, individualism,

Exercise 1.6 Why Do You Want to Be a Helper?

Describe in your journal what it means to be a helper and why you want to be a helper. How does it feel when you help someone? Is it possible that you have issues related to dominance or neediness that could overshadow interactions with your clients?

Table 1.2 Functions of Cultural Values

- Provide a set of rules by which to govern lives.
- Serve as a basis for attitudes, beliefs, and behaviors.
- Guide actions and decisions.
- Give direction to lives and help solve common problems.
- Influence how to perceive and react to others.
- Help determine basic attitudes regarding personal, social, and philosophical issues.
- Reflect a person’s identity and provide a basis for self-evaluation.

Source: Adapted from Joan Luckmann, *Transcultural Communication in Nursing*. Belmont, CA: Delmar Cengage Learning, 1999.

independence, privacy, biomedical medicine, and physical appearance. Cultural values are the grounding forces that provide meaning, structure, and organization in our lives. (See Table 1.2.) Individuals may hold onto their values despite numerous obstacles or severe consequences. For example, Jung Chang describes in her family portrait, *Wild Swans: Three Daughters of China*, how her father actively supported Mao’s Communist takeover of China and rose to be a prominent official in the party. His devotion to the party never wavered, even during the Cultural Revolution when he was denounced, publicly humiliated with a dunce hat, and sent to a rehabilitation camp.⁴⁰

Exercise 1.7 What Is Your Worldview?

Indicate on the continuum the degree to which you share the following white North American cultural values; 1 indicates not at all, and 5 represents very much.

Not at All				Very Much		
1	2	3	4	5		Personal responsibility and self-help for preventing illness.
1	2	3	4	5		Promptness, schedules, and rapid response-time dominates.
1	2	3	4	5		Future-oriented—willing to make sacrifices to obtain future goals.
1	2	3	4	5		Task-oriented—desire direct participation in your own health care.
1	2	3	4	5		Direct, honest, open dialogue is essential to effective communication.
1	2	3	4	5		Informal communication is a sign of friendliness.
1	2	3	4	5		Technology is of foremost importance in conquering illness.
1	2	3	4	5		Body and soul are separate entities.
1	2	3	4	5		Client confidentiality is of utmost importance; health care is for individuals, not families.
1	2	3	4	5		All patients deserve equal access to health care.
1	2	3	4	5		Desire to be youthful, thin, and fit.
1	2	3	4	5		Competition and independence.
1	2	3	4	5		Materialism.

Can you think of a time when your values and beliefs were in conflict with a person you were trying to associate with? What were the circumstances and results of that conflict? Write your response in your journal, and share your stories with your colleagues.

Source: Adapted from Kittler P and Sucher K, *Food and Culture in America*, 2d ed. (Belmont, CA: West/Wadsworth; 1998); and Keenan, Debra P. In the face of diversity: Modifying nutrition education delivery to meet the needs of an increasingly multicultural consumer base, *J Nutr Ed*. 1996;28:86–91.

As nutrition counselors and educators advocate for change, there needs to be an appreciation of the high degree of importance placed on certain beliefs, values, and cultural practices. You can then empathize with individuals from non-Western cultures who are experiencing confusion and problems as they try to participate in the North American health care system. Also, awareness can help prevent your personal biases, values, or problems from interfering with your ability to work with clients who are culturally different from you.

Conscious and unconscious prejudices unrelated to cultural issues that a counselor may possess could also interfere with emotional objectivity in a counseling situation. Individuals could have exaggerated dislikes of personal characteristics such as being obese, bald, aggressive, or poorly dressed. Awareness of these prejudices can help build tolerances and a commitment not to let them interfere with the counseling process through facial expressions and other nonverbal behavior.

Exercise 1.8 Explore Your Biases

You can explore possible biases that you have by going to the Harvard Project Implicit website.

- Go to a quiet environment that will allow you to complete an implicit bias evaluation.
- Go to the following website: <https://implicit.harvard.edu/implicit/takeatest.html>.
- Select a category for evaluation.
- Take the quiz for the category you selected and answer the following questions in your journal:
 1. How did the evaluation compare to your beliefs about the category you chose?
 2. Our biases are often unconscious. Considering the evaluation you just completed, comment on this statement.
 3. Do you agree with the bias evaluation you received Explain?