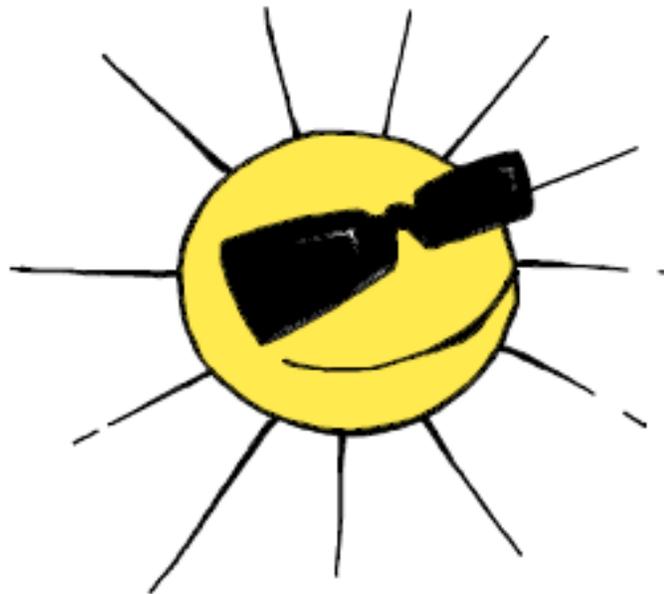


**Level III**

*Bright Ideas!*

# **Nutrition Education Skills Module**



**Arkansas WIC Program  
Arkansas Department of Health**

*Adapted from the Colorado Department of Public Health and Environment  
Nutrition Services/WIC Program  
September 2006*

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Dear Friends,

One of the best parts of this work that we have chosen is that we really **do** get to make a difference in the world!

**What we do everyday has the potential to truly affect peoples' lives.** Every time we talk with WIC participants, we have an opportunity to say something, demonstrate something, or **BE** something that makes a difference to them!

**What happens to us?** Sometimes we get overwhelmed with busy clinics, large numbers of people, fussy kids, endless documentation, saying the same things for the millionth time. We may have cramped counseling spaces, co-workers with bad attitudes, language barriers, depressed clients with many problems, and just a few minutes at a time to try to get our nutrition messages across . . . And, often, we may have this feeling that we are working hard but not really making much difference. If this feeling builds up over time, it leads to a general feeling of discontent and burnout.

Hopefully, things aren't this rough for you, but if they are, maybe it's time for you to shake it up! Maybe it's time to take control of all the things you **CAN** control. Maybe it's time for you to grow a little more, develop your skills, and expand your sphere of influence. Maybe it's time for you to be bolder, more adventurous, more of a salesperson for good nutrition. Maybe it's time for you to own your job more, take charge of it, really design it, really expand within it, and really **LOVE** it! Why not!? We spend most of our days doing it. Why not develop the inner resources to shape our work into something we really love?

If you are already enthusiastic and motivated, this training module should provide some good reminders to keep you happy. For your work to continue to be truly satisfying, you must stretch and grow within it. Doing the same things over and over wears anyone out. If you don't want to (or can't find the time to) expand and develop your own personal skills and creativity, **burnout will occur!**

Someone once said, "The world needs not so much to be instructed, as to be reminded." Please consider these **BRIGHT IDEAS** reminders of ways in which you can grow in your work. Please approach each reminder with an open mind and see what you can use and what you can add.

Try the exercises. Become more conscious of what you do and evaluate how effective you really are. Analyze how people respond to different things you do. Think about and expand your vision of who you are and what you can do to reach people.

The fundamental idea behind **BRIGHT IDEAS** is that your potential happiness and satisfaction as a nutrition educator are linked directly with your creativity, your development of enhanced communication skills, and your capacity to get personal meaning from your work.

Please consider making your personal growth within your job even **more** of a priority if you are currently overwhelmed with all that you have to do at work and at home, because you can't **afford** to let your job drain you of energy. Sure, every demanding job is going to leave you tired at the end of a long day, whether you're in WIC clinic or working at McDonald's. But the real drain is a job in which you don't get to be your real self or exercise your mind and your talents. The real drain is the job that just gives you back a paycheck, without a feeling of a job well done.

**You deserve more than that!** You deserve to feel good about your efforts at the end of every clinic. You deserve to know you've made a real contribution--because you have! Your efforts have made the WIC Program one of the most successful public health programs ever. The health of this nation's most vulnerable citizens has been improved with the help of your day-in and day-out efforts. You **DO** make a difference! In small but meaningful ways, our planet and our nation truly are better places, thanks to you.

Each of us has a wealth of experience from our varied backgrounds. I have often thought how enriched we would each be if we could share amongst ourselves what works down at the nitty-gritty level of nutrition education. It is with that thought that I dare to offer you some ideas from my own experience and offer you a way to be exposed to the thoughts of others you work with. I hope you get something out of it. If you, in turn, would like to share back, I would welcome it.

In conclusion, I think we nutrition educators are ready to explore for more richness and more satisfaction in our work. I hope BRIGHT IDEAS can be useful to some of you in this regard. I hope you are reminded of your many strengths and see ways to really build on those strengths, for your own sake and for the sake of your community. The better you are and the happier you are in your work, the more you will share your knowledge with love, enthusiasm, and success.

In all your efforts, I wish you well!

SUSAN MILLER

"In addition to keeping abreast of current nutrition-related information, keep up and improve your teaching skills. Continuing education in the area of listening, verbalizing, encouraging, and supporting the learner is just as significant as updating clinical knowledge."

Sue Rodwell Williams  
Nutrition and Diet Therapy, 6th Ed.



There is a lot that BRIGHT IDEAS could include but doesn't. You won't find information here specific to working with groups or on facilitative learning. You will also note that no line is drawn here between nutrition education and nutrition counseling. Many points pertain to both professionals and paraprofessionals. To keep sentences manageable, the caretaker is often called a "parent" or "mom" (although in real life this may not be so) and the caretaker is often called a "participant," even though the actual program participant may be the infant or child.

# BRIGHT IDEAS!

## . . . for nutrition educators

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Overview

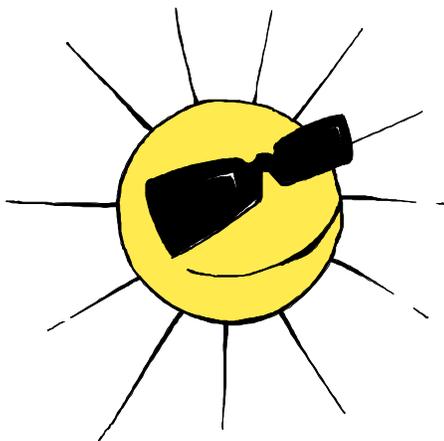
Module Check List

Introduction

Units

(Page numbers are alphabetical within each unit.)

1. *Look like you are an especially nice person!*
2. *Accept that it's natural for all of us to think "What's in it for me?"*
3. *Avoid making a participant feel defensive.*
4. *Help people solve or prevent problems.  
Don't "teach nutrition."*
5. *Cover just two, or maybe three, main points.*
6. *Illustrate your points to help people learn.*
7. *Find out the participant's solution.*
8. *Help people set small, achievable goals.*
9. *Provide each person with frequent, positive feedback and support.*
10. *Let the participant wrap it up by telling you what she plans to do.*
11. *Stay aware of cultural differences.*
12. *Become an even better listener.*
13. *Choose and use printed materials wisely.*
14. *Bright Ideas in Practice*



**Nutrition Education Skills Evaluation Tool**

# WELCOME TO THE *Bright Ideas* Nutrition Education Skills Module!

## Overview

This module is a **Level III Module** for the Arkansas WIC Program. *Bright Ideas* is a series of Units. Each unit explores principles of effective nutrition education and contains activities that require you to experiment with the various techniques and approaches.



Time Frames

## 5 Steps to Completing the Module

1. **Units and Activities.** The module is made up of units. Each unit contains a short text and suggested activities. Read the text then experiment with the activities. Complete the Activity Worksheet.
2. **Discussion.** Meet with your Regional Nutrition Coordinator or designated Nutritionist to discuss your experience with the activities.
3. **Track Your Progress.** Copy and detach the **Module Check List** on the following page. Fill in the information in the upper shaded corner. Give it to your Regional Nutrition Coordinator or designated Nutritionist. The check list is to keep you on track.
4. **Review.** Watch the video, "Making a Difference with Nutrition Education" to view application of some of the *Bright Ideas* principles.
5. **Evaluation.** Copy or detach the *Nutrition Education Skills Evaluation Tool* that follows the *Bright Ideas* units. This Tool will be completed by your Regional Nutrition Coordinator or designated Nutritionist when they observe you with a WIC participant once you complete this module.

It is recommended you take about 1-2 weeks with each *Bright Ideas* unit and complete the module in approximately **one** year,

You must complete it within the first 12 months of employment with WIC.

## Report of Completion of the Module

Submit a copy of your completed **Module Check List** along with your completed Activity Worksheets to your Regional Nutrition Coordinator or designated Nutritionist to verify completion of the module.



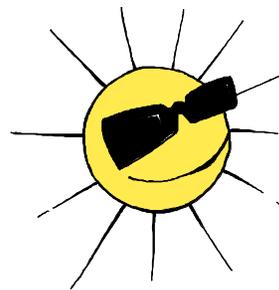
# Look like you are an especially nice person!

**L** human dynamics are fascinating! For instance, **Why do I like you?**

**For starters, it's the fact that I feel like you like ME!** When you start off with "I like you" written all over you, you're start-ing out in a positive spot.

**People decide if they like the messenger before they even hear the message!**

Therefore, how nice the client perceives you to be has a lot to do with how *effective* you are and, ultimately, how much satisfaction you get out of doing the session.



**Sure, you're a nice person . . . but is it clear just by looking at you?** You will get tangible results from clearly *projecting* how nice you really are!

In clinic, you make subconscious and conscious evaluations constantly throughout each session. The same thing happens deep inside the participant. A client who feels positively about you will be more likely to open up to you and explore their situation.

If you appear too professional (the one in charge, the one with the answers) or too emotionally distant, the climate will be much less condu-

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**"Let no one ever come to you without leaving better and happier.**

**Be the living expression of God's kindness; kindness in your face, kindness in your eyes, kindness in your smile, kindness in your warm greeting."**

Mother Teresa

---

ive to learning. You will be much less effective. If you are someone participants feel they can talk with and explore things with, you will have set the stage for learning and progress.

**Lighten up! Both you and your message will be SO much more attractive!** People react positively to positive people and positive expectations. Good nutrition may be serious business to us but a serious approach does not make our messages especially appealing.

**Why do people respond better to a light approach?** Because it takes a lot of pressure off them. **People are more receptive if they feel the pressure is off.** More of their attention is available for listening, thinking, and exploring options. Lighten up a little and you will probably find that people give you more feedback that you've been really helpful. And that's the kind of feedback we can all use more of!

**Do you sometimes find that you are talking with someone whose face is blank and who looks like she refuses to interact with you?**

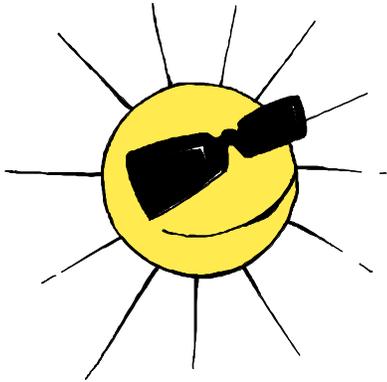
You don't think she's angry, it just looks like she is tuning you out.

A face that's blank does not mean the mind is blank! It could be a posture. It could be a pose or protection. This person is not necessarily hostile.

Maybe they had a bad experience at the front counter or with another staff member. Maybe they just don't know what to expect and they want to check it all out before they share a smile with you. Perhaps this is someone from a culture that reserves smiles for people already known and trusted.

Next time you see a blank face, think of it as a *vulnerable* face and then be your *warmest* self. Your genuine warmth can break through barriers fast.

**You may find it unnatural to maintain genuine warmth when you don't feel any in return, but think of it as a challenge.** Your smile doesn't have to be focused on the adult, either. If you smile as you look at the baby or children,



**"Who you are  
speaks so loudly  
I can't hear  
what you're  
saying."**

Ralph Waldo Emerson

the parent notices right away. (Don't you find that if you show that you like somebody's kids, they are automatically more comfortable with you?)

Desmond Morris, the anthropologist, has done some fascinating work on the messages our faces send. He has demonstrated very clearly how we have a primitive and instinctual response to the cues on the faces of the people we meet. We read each others' faces almost unconsciously. For many thousands of years, humans have used the smile to defuse hostility and signal peaceful intentions.

**Have you ever thought about how the genuine smile looks?** After reading this, you will become really conscious of when people are giving you a genuine smile and when they're just giving you a business-like smile:

The genuine smile is one that gives us "apple-cheeks" and pulls those muscles around our eyes so that we get little bags under our eyes. Look for it! When the area around a person's eyes crinkles up, you're getting their warmest welcome.

The eyes are half of a genuine smile.

**A genuine smile and a caring attitude set the stage for a good session.** If it's the end of a long day and you can't muster a warm, genuine smile, at least look each person directly in the eye and smile a business-like smile!

And the next time a fellow staff member complains that nobody listens to her, watch how she greets her participants. Is there a genuine smile in sight?

"I'd like people to consider that underneath all the layers we construct to protect ourselves--our dignity, our titles, our degrees, our status, and our need to be seen in certain ways--underneath all that, remains the authentic, essential self. I'm not afraid to call it *the soul* . . . I sadly conclude that all those other layers, which we so carefully construct through our lives, distance and insulate us from truly contacting others."

Hanoch McCarty  
Chicken Soup For the Soul

## Activities to do before Discussion

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

Welcome to your first *Bright Ideas* Activities! Since these are your first Activities, let's discuss what the goal is here. Maybe the best way to put it is to borrow from Anthony Robbins, the fellow who has made achieving success an art form. Here's his "Ultimate Success Formula" (from Giant Steps, Small Changes to Make a Big Difference, 1994).

1. **Decide what you want.** (Be precise! Clarity is power.)
2. **Take action** (because desire is not enough).
3. **Notice what's working or not.** (You don't want to continue to expend energy on an approach that's worthless.)
4. **Change your approach until you achieve what you want.** (Flexibility gives you the power to create a new approach and a new result.)

To apply that to you now, in these Activities, **decide** that you want to explore some new ways of doing things so that you are more effective and less fatigued!

Then **take action!** Try some new things in your own clinic situation, things that you do on your own without anybody looking over your shoulder. These are things that can increase your awareness of the actual dynamics of what's happening in your particular encounters with participants.

**Notice what's working and what's not working!** Then **change your approach** in little ways until you notice that it's having an effect on how you feel when you go home in the evening.

Since we're all different, there's no one formula for a successful style or approach--but there are predictable ways human beings reach, relate, and learn. Why not explore them? The benefits are personal and enriching. Burnout really can be avoided or alleviated.

Here are your first Activities. It would be helpful to you if you think about some of these things and try some new approaches. Discuss with your supervisor or in a staff discussion group what you tried and what worked for you and your clients.

#### 1. *How nice are you?*

*And how nice do you appear to be to the participants you work with?*

Rate yourself on how nice you really are. Where do you score yourself on a scale of 1 to 10 with 1 being "not nice at all" and 10 being "extremely nice?"

**Here's how I rate myself:**

1   2   3   4   5   6   7   8   9   10

## Activities to do before Discussion

Now think about how your participants in WIC clinic see you. How nice would they say you are, on the same scale of 1 to 10? This is just for you, so be totally honest.

**Here's how the participants might rate me :**      1    2    3    4    5    6    7    8    9    10

So look at those two scores you gave yourself. Do you appear to be as nice as you really are? If not, why not? Would it result in more job satisfaction for you if you improved either how nice you are or how nice you seem to be? Think about it.

### 2. *What impression do you really make on other people, especially when you don't know them very well? How can you figure it out?*

- You could ask, but that's awkward and they'll tell you something nice anyway! And the question really is "Are you nice **enough**? Nice enough to be maximizing the possible positive effect you could have on people?"
- One way to find out is to **experiment** with how nice you are! You can change how you usually do things and see if you get different reactions, more feedback that you're really helpful. People will let you know in little ways.

Before you discuss this topic of "looking like an especially nice person," try some new things. Jot down successes or pleasant surprises you might want to share. (Successes or surprises don't mean you haven't always been nice! They just mean you have experimented successfully with your established style and found something that may be even more effective!)

### Activities to Try:

- Will Rogers said, "You never get a second chance to make a first impression." Try different ways of greeting people. How about consciously being warm and smiley? See if there's a difference in getting a rapport established. See if anyone comments on your mood or your attitude. See how people react. Is there any difference? Experiment!
- One of the "Ten Commandments for Helping People" from the Sparks Center at the University of Alabama at Birmingham is, "Call people by name. The most delightful sound to anyone is the sound of their own name." For one week, greet everybody by their name and make a conscious attempt to refer to their child by name at least twice in each session. Do people respond a little more warmly or pay more attention? Is there better interaction? Observe! Jot down notes on any particularly notable successes you have in using people's names.
- If you always dive right into the chart, do something different. Chat for a minute. Relax, enjoy yourself and see if it makes a little difference in how things go. Let go a little bit! Focus on the person, not your mission or your message, and see how that affects things.

# *Activities* to do before Discussion

- If people always have to wait a long time in your clinics, try apologizing more about it. If you get interrupted during a session, say you're sorry and see if that makes a subtle difference. For one week, pretend that each participant in your space is like an honored guest in your home. Does anything change in a small, positive direction?
- Wait expectantly for the person who comes to you with the blank or defensive face. Here is a challenge! Treat her with all the warmth and goodness you can find in yourself. Think of Mother Teresa and how she would treat this person! Notice how your session goes. If the results are not noticeable, change what you do a little with the next person with a blank face--and the next, until you get positive results. When you do get results, jot down what you did and what the participant who responded did, so that you can share your own bright ideas.

Would you like to copy this page, cut out the notes below and tape them around your work area or on your schedule as little reminders?

**Greetings!**

**Names!**

**Chat!**

**Honored Guest!**

**Support  
Positive Parenting!**

**Blank? Warmth!**

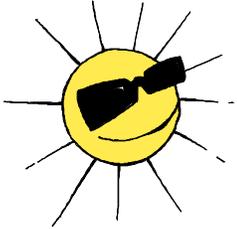
Well, that is a lot of Activities, isn't it? But you have time to practice . . . give them a shot. The smile you preserve may be your own!

Complete the Activity Worksheet as you practice these activities.

**Activity Worksheet**  
**Bright Ideas - Unit 1**

Name \_\_\_\_\_

Date \_\_\_\_\_



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

**Activities I tried this week to experiment with my style:**

- 1.
- 2.
- 3.

Explain how participants reacted when you practiced these activities. If applicable, please share what changed in a small positive way:

**I will continue using the following approaches when I interact with WIC clients:**

Discuss these ideas with your Regional Nutrition Coordinator or designated Nutritionist. These Activity Worksheets and a discussion are required for completion of the module.



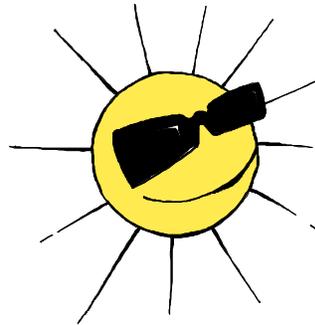
# Accept that it's natural for all of us to think "What's in it for me?"

People are motivated by *benefits* and *pleasure*, not knowledge.

This is human nature! You operate the same way. We all do. So take advantage of this fact of life and look for the things that make people interested in doing things differently.

Look for *benefits* that *motivate* people. The iron-deficient child may whine all day. The iron-deficient woman may drag around and want to lie on the couch all day. The child getting a lot of junk food snacks may not want to eat at mealtime. Help people see the benefits of changing

something and they will be much more interested in your help in coming up with a solution.



Has anybody ever looked at a newborn baby and thought "Gee, I really hope he grows up stupid, with rotten teeth and a rotten disposition, and is never able to hold down a job . . .?"

No, every parent looks at their newborn with wonder and a huge sense of responsibility. They want their child to be smart, healthy, and happy. They want a good life for that baby, even if they wonder how on earth they are going to make it possible.

**You will have people's attention if you can draw on these natural desires. Train yourself to point out the benefits of changing a behavior.**

For example, let's say you are talking with a mother about the fact that her preschooler doesn't eat breakfast. You know that all mothers want their children to do well in school and that this is often a motivator. So you say, "Did you know that children who eat breakfast do better in school? It's a good thing to remember because it won't be all that long 'til Keisha goes to school. Getting her in the habit of regular meals like break-

*"Research evidence suggests that what a learner learns in one context is not necessarily applied in another context unless the learner is specifically motivated to do so."*

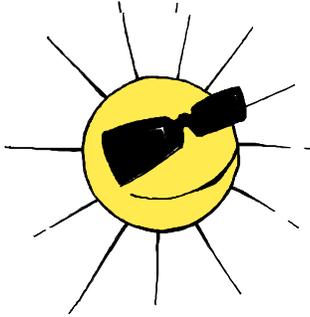
Cheryl Acterberg, Ph.D.  
*J. Nutr. Ed.* 20(5);240-243

fast could really help her in the long run."

**You've presented a benefit. Something in mom's mind sits up and takes notice.** It's the way we're built.

Sometimes people need help identifying what benefits might be, even though the person is dimly aware of them. Sometimes you can actually put into words tangible results that the person has heard in abstract terms but hasn't really put together with her concerns.

For example, a young child is recertified for WIC with a repeat low hemoglobin. Mother heard last visit about iron needs and iron-rich foods. You address the health of her child as a motivator but she doesn't seem especially concerned. So you get more specific: you mention that iron-deficient children often get colds and illnesses more frequently because their resistance is low. This can result in more sleepless



nights, bigger doctor bills, and more medicine. Mom may find these illnesses interfere with her own work schedule or cause other inconveniences. As you mention these things, she starts to relate: her child does seem to be sick a lot. Suddenly she may be more interested.

Perhaps she might also be motivated by finding out that iron deficient children tend to be irritable and cranky, or that their attention spans may be shorter, which could affect how her child learns . . . or how he minds her!

Pointing out specific health benefits that a mom can relate to is a way to get her attention. People don't always want to change how they feed their children based on a number they don't really understand, like the hemoglobin value. If you give them concrete examples of benefits, they are much more likely to become interested and involved.

## Other motivators that you could use!

- Pregnant women may be motivated to cut down on smoking when they hear it makes the baby's heart beat fast within seconds after the first puff. Also, women who smoke get more wrinkles on their faces and look older sooner than women who don't smoke! (It's true!)
- Pregnant teens may be motivated to gain weight better when told that low birth weight babies have more problems and will need more care, time attention, and trips to the doctor.
- Anemic pregnant women may be motivated to eat better and take their iron if they realize that they might not be as irritable or tired when their iron level comes up.
- Mothers of overweight children are sometimes motivated by the thought that if their child slims down, clothes shopping will be easier.
- Mothers may be motivated to wean from the bottle around one year by the thought that it's easier than it is at 18 months or 2 years.

## Activities to do before Discussion

### Accept that it's natural for all of us to think, "What's in it for Me?"

The focus of these activities is to help you become aware of how much you currently tap into the normal human inclination to look for benefits and become motivated by them. Can you take more advantage of this human trait? Can you help people identify benefits from eating a more healthful diet or establishing better food habits?

But first, let's talk about you! You are motivated by benefits, just like the rest of the human race. What benefits do you get from doing a good job? Perhaps you should think about small benefits--rewards--for doing your job well and really connecting with people.

#### 1. REWARD YOURSELF!

Did you just have an excellent session with someone? Reward yourself in some little, immediate way. How about these rewards?

- Consciously stretch and move briskly as you get your next client.
- Look out the window for a few seconds to rest your eyes.
- No window? Look at a picture of a loved one or a beautiful scene.
- Take a moment to experience the pleasure of your accomplishment. Enjoy!
- Tense all your muscles and then relax completely for 5 seconds.
- Have a sip of water and enjoy that sip fully.
- Take a deep breath and let it out slowly.
- Roll your neck side to side for a few seconds.



What would be some similar little rewards for you? You deserve little rewards and we're not talking about more than a few seconds. What would make you feel good? Make a list of 5 little ways you would like to reward yourself . . . and then do them! Put the list up over your desk.

2. *For one week, focus on what motivates participants.* Copy this page and then cut out the sign below and put it on your calendar or desk, so you remember. Keep a list for one week of the things you think motivate people to make dietary changes. Answer the question "What motivates people to make changes?" with 4 different examples from your clinics, write them on the Activity Worksheet, and share these ideas with your co-workers.

## What motivates people to make changes?

# Activities to do before Discussion

3. **Rate yourself on how well you integrate motivators into your discussions before you start your week of focusing on motivators.**

1 2 3 4 5 6 7 8 9 10

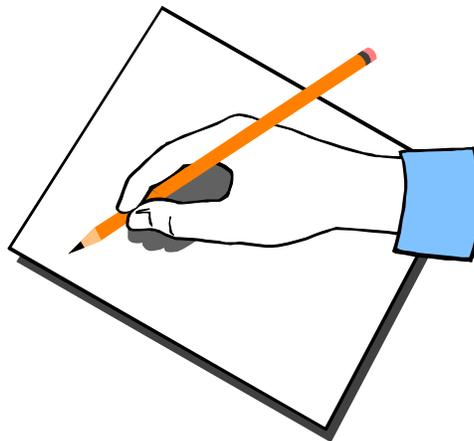
4. **People are mostly motivated by benefits and pleasure.** Analyze your overall clinic situation. Are the staff who see the participant before you promoting nutrition education as a benefit? Are they telling people how much they'll enjoy talking with you, how much you can help? How can you encourage a positive approach to nutrition education?

5. **Are there some other benefits people could get from coming to clinic, that you're not now offering?** Or some additional pleasure? Here are some ideas, just to get you thinking!

- A coupon exchange box--add some or take some
- Food demonstration and tastings on a regular basis
- Parenting materials, videos, group discussions
- Vegetable gardening information from Cooperative Extension

Thinking about and doing these activities will prepare you for discussion. Don't view them as just another thing you must do! Look at them as ways you can use what you know about human nature and make it work for you with increased effectiveness as a result.

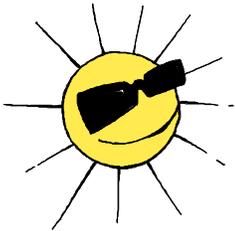
Complete the Activity Worksheet as you practice these activities.



**Activity Worksheet**  
**Bright Ideas - Unit 2**

Name \_\_\_\_\_

Date \_\_\_\_\_



**Accept that it's natural for all of us to think,  
"What's in it for me?"**

**1. I rewarded myself in these little ways after I did a great job with clients:**

- 1.
- 2.
- 3.
- 4.
- 5.

How has it helped to take time to reward yourself in even little ways?

**2. These are 4 examples of how I have motivated WIC clients to make dietary changes:**

- 1.
- 2.
- 3.
- 4.

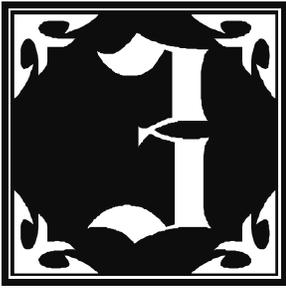
**3. Rate yourself on how well you integrate motivators into your discussions after concentrating on this for a week. How do you rate yourself now?**

1   2   3   4   5   6   7   8   9   10

**4. What new benefits can people get from coming to clinic that you didn't offer before?**

**I will continue using the following approaches to help clients become interested and involved:**

Discuss these ideas with your Regional Nutrition Coordinator or designated Nutritionist. These Activity Worksheets and a discussion are required for completion of the module.



# Avoid making a participant feel defensive.

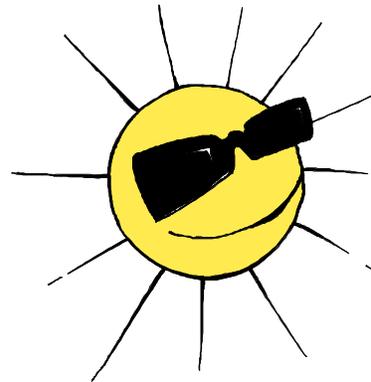
Staff who complain that "Nobody really listens" may need to take a closer look at how much they put people on the defensive.

**Sometimes we put people on the defensive in the most innocent**

**ways.** We can do it just by explaining why they're on WIC, or by how we request certain paperwork, or just by going over the growth chart. We can make people defensive by inferring they're not doing a good job or fussing at them in any way.

It's really unfortunate when another staff member has

already explained a risk code or has already done something else to alienate the participant before she ever gets to you. Nutrition education is off to a rocky start. A lot of your effort, often to no avail, goes into trying to pull the participant out of her protective stance.



A defensive person is not going to get much out of your best efforts at nutrition education. They "close down" mentally and all they want to do is get out of there. It is important to develop an awareness of the things we might do that turn people off so that we can provide nutrition education that can make a difference.

*Be extra sensitive  
to how you explain  
risk codes.*

*Try to increase the  
awareness of other staff  
who explain the codes.*

*Try not to alienate  
the participant  
in the process.*

When some risk codes are explained to a participant, especially ones based on the weight grids, the participant often has an immediate defensive reaction.

Overweight can be a touchy area, so we will talk about it in this module.

No parent wants to hear that there is something wrong with how her child is growing. A mother may become upset, assuming that we think that she's doing something wrong. On top of that, she may totally disagree with us, feeling that her child is growing just fine, thank you very much.

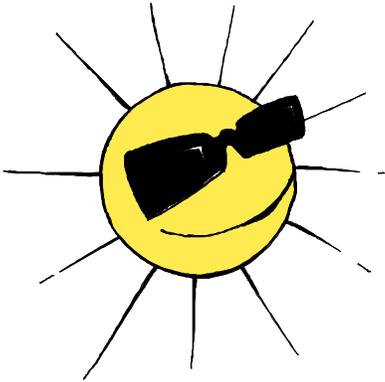
Mothers may be defensive about their overweight children because they may be afraid it reflects badly on their skills as a parent. Mothers may deny that there is any problem if you present the situation as a problem. Much skill can be required to approach overweight so that a mother doesn't say, "I'm not worried, he'll grow out of it."

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

- **Watch your language!** Dictatorial words like "never," "should," and "must" make people defensive. The words "fat" and "overweight" also seem to

**Don't  
Do It!**

**Fussing at  
anyone is a  
sure-fire way to  
make them  
defensive.**



ring people's bells. Maybe it's this cultural thing we have with weight, but we don't want to hear those words applied to ourselves or our children!

You could, however, say you would hate to see the child **become** overweight. If the child is only slightly overweight, you could take the approach that he may not have a real weight problem now, but you'd hate to see him develop one. She would too, of course.

She may be more interested if you seem genuinely interested in her child as a person who you'd hate to see become overweight, rather than hearing about how the weight-for-height grid says he is overweight. Often people can't really relate to (or understand) the grid. Only discuss the grid in any depth with mothers who seem genuinely interested.

- **Offer your advice as something the parent might want to consider, rather than something the parent has to commit to doing.**

"The first thing that comes to my mind is that maybe . . .

(give idea). What do you think? Do you think that would work?"

- **Relate, if you can, to the situation personally. Defuse the situation by talking about your kids or somebody you know.**

"My daughter had this same tendency to put on weight at this age and I found I had to . . ."

"I've always had a weight problem myself, so I'm always sensitive to the problems kids have when other kids tease them and everything, so I'd like to talk with you about this and maybe we can come up with some ways you can help him without making a big deal out of this for him . . ."

- **You can defuse the anxiety by making the problem sound very common and share what has worked for others.**

"You know, I've seen a lot of kids gain weight at this age and I think a big part of it is that . . ." (*Here you mention*

*what you may have picked up in the dietary assessment, such as:) . . . they love to go to all the bigger kids and eat whatever they're eating, all their cokes, chips, and candy. It's a common thing . . . does Kevin do this a lot?"*

- **Parents seem to respond well to the thought that their child does not have to LOSE weight, they just have to "grow into" their current weight,** by growing taller but not getting rounder. People always think we're going to put their children on diets. If you make it clear early on that you have no such thought, they will relax a little and probably be more receptive to what you do have to suggest.

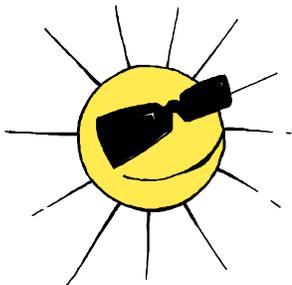
- **If a participant seems to be defensive, try making it clear that you know that the true expert on that child is sitting across from you!**

"You know, Hannah is your baby and you're the expert here because you feed her every day. Nobody knows her better than you, but I've

talked with a lot of mothers over the years and I'm thinking, 'What's worked best for other moms with babies like Hannah?' and it seems like . . ."

### **Ways you can keep participants from becoming defensive:**

- ✓ Watch your language! Don't sound dogmatic!
- ✓ Offer advice provisionally, as something a participant might want to consider.
- ✓ Relate to the situation personally, if you can.
- ✓ Make the problem sound common and share what has worked for others.
- ✓ Make it clear that nobody knows the child like the parent does . . . but you **do** have a few ideas you could share



# Activities to do before Discussion

## Avoid making a participant feel defensive

The focus of these activities is to help you avoid putting people on the defensive. You can use some counseling techniques that help put people at ease and make it clear that you are not telling people what to do.

1. ***What happens in your clinics that result in people becoming defensive, angry, or upset by the time they are ready for nutrition education?*** Are any of them things that are preventable? On the average, how many adults out of every 20 arrive at your area upset or irritated? On the Activity Worksheet write down 3 different things that upset participants and discuss them.
2. ***What subjects come up in nutrition education that make people a little defensive?***  
Note on the Activity Worksheet and discuss them with your supervisor and other staff.
3. ***Copy this page and then cut out this list of ways you can keep participants from becoming defensive.***  
Put it up over your desk for the next two weeks. Remind yourself to look at the list between participants and try using the suggestions. Which suggestions are you able to incorporate more into your sessions? What others could you add?

- ✧ I could offer advice the participant might want to consider.
- ✧ Can I relate personally?
- ✧ I could share what has worked for others.
- ✧ Nobody knows the child like the parent does . . . I do have a few ideas to share.

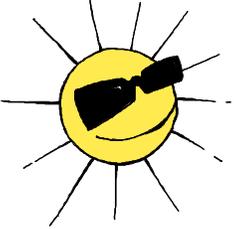
4. ***Are you comfortable offering advice provisionally, as something a parent might want to consider?***  
For one week, make a conscious attempt to say that your ideas are something the participant might want to consider. Is this a new habit? Are you comfortable? How do your participants respond?
5. ***What do you usually do in the first 30 seconds of a session?*** Different things, of course, depending on the situation, but you probably have about 3 basic patterns. What are they? Watch what you do--how you greet people, what you look at, how you sit, what you reach for, what you say to break the ice. Write your 3 main patterns down on the Worksheet and bring them with you to the Discussion Group.

Thinking about and doing these Activities will prepare you for discussion with the Regional Nutritionist or designated Nutritionist. Look for feedback from participants to see if new ways of sharing ideas result in better sessions. Complete the Activity Worksheet as you practice these activities.

**Activity Worksheet**  
**Bright Ideas - Unit 3**

Name \_\_\_\_\_

Date \_\_\_\_\_



**Avoid making a participant feel defensive**

**Write down three different things that make clients upset, defensive, or angry.**

- 1.
- 2.
- 3.

**What subjects come up in nutrition education that make people a little defensive?**

- 1.
- 2.
- 3.

**Which suggestions helped you to keep participants from becoming defensive? List three things that you tried with this unit:**

- 1.
- 2.
- 3.

**What do you usually do in the first 30 seconds of a session?**

**I have decided to make the following changes in the first 30 seconds for each WIC appointment:**

Discuss these ideas with your Regional Nutrition Coordinator or designated Nutritionist. These activity pages and a discussion are required for completion of the module.



# Help people solve or prevent problems! Don't "teach nutrition!"

As you know, people aren't often interested in knowing how iron is involved in picking oxygen up in the lungs.

Nor do they want to know what vitamin does this and what one does that. They have a hard time remembering what foods are high in Vitamin A. They not only don't remember--they also don't really care!

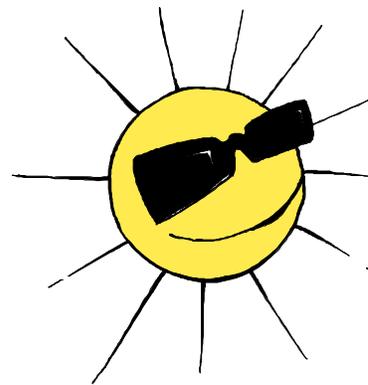
Why not? Because it seems unrelated to their real concerns. As you know, they are busy coping with life in the present.

They are dealing with the fact that their baby is spitting up the formula, or is a picky eater, or lives on peanut butter. They are

trying to wean their baby or deal with teething, or get their child to drink milk. They wish they could lose weight, they wonder if their kids get enough vegetables, and they wonder what

they can do if they run out of formula before the end of the month.

But they **aren't** worried about food sources of nutrients or what folic acid does in the body! That's too much like school. They aren't worried about something



*How can we orient ourselves more to helping people solve or prevent problems or deal with the things that concern them*  
**RIGHT NOW?**

that could happen to them in the distant future. That's too abstract because they can't feel it, see it, or do it.

There are also cultural differences. We may not think of ourselves as "future-oriented" but our dominant American culture is a lot more "future-oriented" than a lot of cultures. We often think in terms of delaying gratification so that our future is better. We think in terms of making lifestyle changes now, like restricting fat, so that our later years are healthier.

Other cultures look at the future differently. In some cultures, the future may be considered essentially beyond human control. The focus is on the present. It's all people have. "Let the good times roll!"

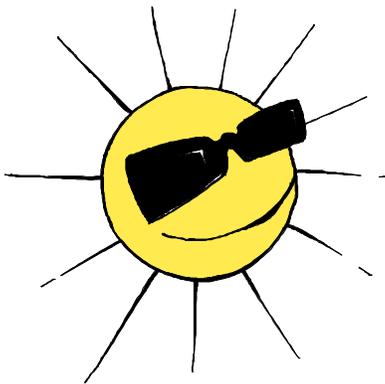
**We can therefore be a lot more effective if we deal with the present and the personal!** If we want people to be interested in what we have to say, we must relate nutrition to their biggest concerns: **their** kids, **their** weight gain during pregnancy, **their** budget, **their** child's growth. Adults learn best if they see

how they can apply what they are learning to some problem they want to solve or something they are thinking about or are worried about--now.

### **What else do we know about adults as learners?**

- **Adults are a lot different than children in school.** In school, the teacher has all the authority, while the student is at the bottom of the totem pole, being told what to do. Adults don't like that role. Adults also may not have had much success in school and they don't like to feel they are back in that situation again. (that is one good reason to make your "WIC group classes" as little like school as possible! In fact, why not call them something besides "classes?")

- **Adults already know a lot.** Sometimes people are skeptical that we can teach them anything new or help them with the things that worry them. ("I've raised 5 children of my own . . .") It's important for us to recognize that people know a lot! Our approach should be



to find out "where they're at" and build on what they already know.

- **Adults have needs for self-esteem.** All of us do and it affects how much we're willing to put ourselves out there, how much we're willing to expose ourselves. Parents with self-confidence and healthy self-esteem raise healthy children. How can we communicate respect and help people feel good about themselves as parents while they learn more about how to take care of their children nutritionally?



- **Adult learners may have doubts about our capacity to relate to their situations.** They may suspect that we're not sensitive to their culture or their finances. To be really effective, we may have to clearly convey our sensitivity to how different their culture might be from our own. We can also make the point that the problems they are having are universal ones: all kids go through this, most pregnant women go through this, most breast-feeding moms deal with this.

- **Most adults are going to decide right then and there if we make sense.** We basically get one shot to make

sense to people. Like us, they've got a lot to deal with in life. If we're not helpful, we can't really expect them to pay much attention. We certainly can't expect them to go home and get some-thing more out of that hand-out we've given them.

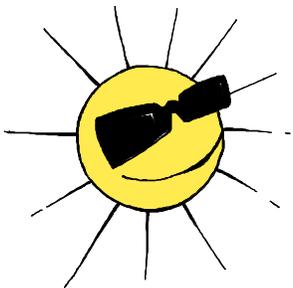
- **It's the adult's choice whether to learn anything or not!** When somebody signs up for our program, they don't say they'll **learn**; they just say they'll **come**! We can't force anything on an adult learner and hope that it sticks!

- **Adults are the most ready to learn when they have a new situation to deal with (like a new baby coming), a problem they are trying to solve, or something they've been worried about.**

- **Adults often don't like the role they may feel they play in WIC clinic, but they want the services and the food, so they put up with it.** They don't especially like to be the one in need of help, with us as the designated helpers. They prefer more equality. Each of our efforts to make the situation more equal will be

noticed. More change can take place when participants have reached a psychological "comfort level."

• **Adults are not always good problem solvers and people in different cultures solve problems differently.** We educators tend to be very practical. We break problems down into pieces: what exactly is the problem, what causes the problem, how can we change what causes the problem, what alternatives are there, which alternatives make the best sense, what's the time frame, what results can we expect? We approach problems in a pretty organized way.



Many people don't operate that way and can use your help as they think through how to solve problems. You, in turn, can learn how people solve problems in other ways and can adapt that information and approach in your work.

"Persons learn only what they believe will be useful to them, and they retain only what they think they need or shall need. The more immediately persons can put new learning to use, the more readily they grasp it. The more it satisfies their immediate goals, the more effective the learning will be."

Sue Rodwell Williams  
Nutrition and Diet Therapy, 6th Ed.

**In conclusion, if we apply what we know about "adult learners" to our everyday situations in clinic, how does it affect our nutrition education and counseling?**

- Are we trying to "teach nutrition" without making it relate directly to people's immediate concerns?
- How can we orient ourselves more to helping people solve or prevent problems or deal with the things that concern them right now?
- How can we tell people that we respect what they already know?
- How can we communicate more clearly that we do, indeed, relate to a participant's situation? Could we come right out and say it more often?
- How can we communicate more clearly that we feel like equal partners with the participant, with both of us bringing our resources to the same problem?
- Can we really accept that our agenda is not the most important one, but that the participant's is? Once we accept that, how can we actually communicate it?

# Activities to do before Discussion

## Help people solve or prevent problems. Don't "teach nutrition."

The focus of these activities is to help you become aware of how much you currently tap into the participant's solutions and ideas. Can you take more advantage of her knowledge of what she can do to solve the problem or change a situation? Can you help her verbalize things she already knows and help her put those things together into an action plan?

**1. *We've talked about adult learners, but how about us, the people who work with adult learners?***

What can be generalized about us? Which of us are the most successful? One answer may lie in what one researcher found as he investigated how adults learn best:

- When adults want to learn, they often seek the help of others.
- The ideal helper is warm, loving, accepting, supportive, encouraging, and friendly.
- The helper cares about the learner and cares about the problem, taking it seriously.
- The helper considers the learner an equal and views the interactions with the learner as a dialogue.

Tough, A: *The Adult's Learning Projects*, Toronto, The Ontario Institute for Studies in Education, 1971.



Is this a good definition of a helper? Think about it.

- 2. *People's problem solving and thinking skills are not always well-developed.*** It also takes a certain amount of confidence and maturity to be able to see problems as solvable. People get overwhelmed. Encouraging people to break big problems down into manageable parts can be very helpful. Find three good examples of a time you helped a specific participant break a problem down into a series of things she could do. Put those examples on the Activity Worksheet.
- 3. *Does your documentation reflect your problem-solving orientation?*** Think about it.
- 4. *We have a strong cultural bias for our way of thinking and other people have strong cultural biases for other ways of thinking.*** What comes up in your clinic that shows you how other people think differently than you do about some things? Do you notice any differences between you and your clients about being on time for appointments, or different styles of problem solving? Do you notice a fatalistic approach to the future? Write examples of 5 ways people in clinic think differently than you do about things. Discuss these examples with your Regional Nutritionist Coordinator or designated Nutritionist.

5. ***Copy this page and then cut out this list of resolutions.*** Put it on your schedule book or over your desk where you'll see it. Remind yourself to do these things. Reward yourself in a little way each time you are successful!

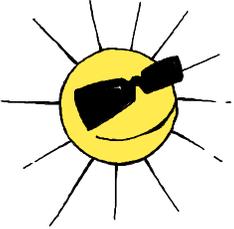
- **I will help people solve or prevent problems.**
- **I will convey to people that I respect what they already know.**
- **I will tell people if and how I can relate to their situation.**
- **I will let people know in little ways that we re equal partners.**
- **I will communicate that it's their agenda that's important.**

Thinking about and doing these Activities will prepare you for discussion with the Regional Nutrition Coordinator. Complete the Activity Worksheet as you practice these activities.

**Activity Worksheet**  
**Bright Ideas - Unit 4**

Name \_\_\_\_\_

Date \_\_\_\_\_



**Help people solve or prevent problems.**  
**Don't "teach nutrition."**

**What do you think makes you successful when you work with adult learners such as WIC clients?**

**Write down three examples of how you have encouraged WIC clients to break big problems down into manageable parts or a series of things they could do:**

- 1.
- 2.
- 3.

**Write examples of three ways clients may think differently than you do:**

- 1.
- 2.
- 3.

**Explain how you have let people know in little ways that you can relate to their situation:**

Discuss these ideas with your Regional Nutrition Coordinator or designated Nutritionist. These activity pages and a discussion are required for completion of the module.



# Cover just two, or maybe three main points.

**W**e like sending a mother home from the WIC appointment with *all* of our *best ideas*. But often that's not really what we need to do!

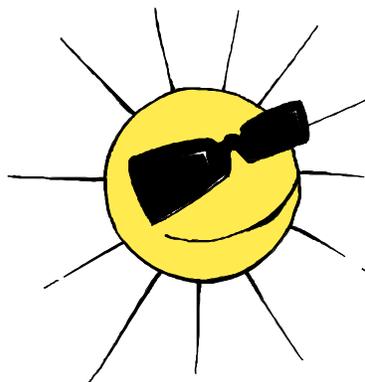
**Think of the human brain as a big file cabinet!**

Information has to be filed with other similar information for us ever to be able to find it again. This takes time. In a sense, we have to pull out the file and see what else is in it.

We have to connect and integrate new information with what we already know.

If we get overwhelmed with too much, we give up. Two or three concepts seem to

be about as much as we can file at one sitting.



We'd be more **effective** if we would train ourselves to really limit the number of things we cover and then cover those fewer things in **better depth**.

*If you have developed a heavily information-centered style of counseling, you may be wearing yourself out. Cut back and see if your job isn't more satisfying.*

People process things better and remember them better if they don't feel overwhelmed with information.

Carefully choose what points to make. Since people remember best if they are really interested in something, such as solving a problem, information that you can relate to the *participant's* concerns has the best chance of being remembered. ("I don't know what to do. He won't eat anything I cook.")

Information that relates mainly to *your* concerns may only be marginally interesting, like the fact that the child's height for age is below the 5th percentile. ("Everybody in our family is short . . . What I'm worried about is the fact that he won't eat.")

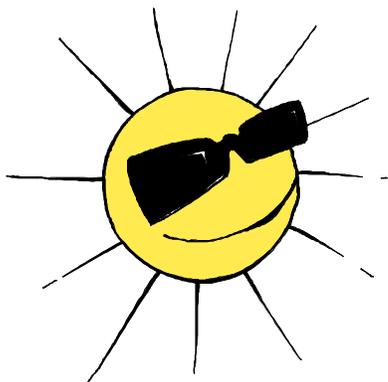
**The first and last information we were exposed to are the things we remember best.** This is all the more reason not to put a lot of points in between; all those points we make in the middle may not have a great chance of being remembered anyway!

So let's say we stick to two or three main points. What is a main point? You could have a lively debate about this with your co-workers. Perhaps the simplest definition of a main point is something you hope the participant will remember or do.

But what if you are like so many of us and you want to share much more than two or three main points? One thing you could do to train yourself from telling everything you know is to make a little mark on a scrap of paper as each main point comes up. Once you make three marks, STOP!

After that, use repetition to help the participant remember. Hearing the same points put a little differently can really help a person learn.

Another thing you could do is write down your main points for the participant or circle them with a marker on a handout. This will



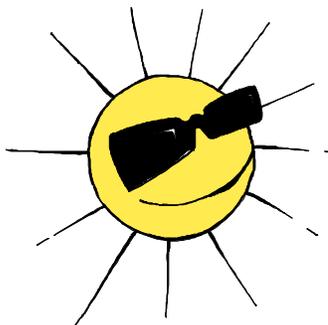
*"The secret of being a bore is to tell everything."*

La Rochefoucauld

help them remember but don't use this as an excuse for overloading people with information! A few well-chosen points is still the way to go.

Keeping your messages to a few points has benefits for you as well as the participant. You won't feel so compelled to "cover it all" and you won't be so worn out at the end of the day.

Also, you'll be more likely to get more feedback from participants that you have been helpful, because they haven't been overwhelmed with information. Limiting the number of messages or things-to-do is a win-win situation for both of you.



## The challenge

for the nutrition educator is to make nutrition education . . .

- personal
- relevant
- realistic
- interesting
- positive
- empowering
- action-oriented
- holistic

(. . . all in about 5 minutes, with the baby crying!)

**Few staff are trained to handle the emotional problems which are encountered in a public health program. Many compensate for this by 'over-counseling,' offering too much advice for the client to handle at one time.**

# Activities to do before Discussion

## Cover just two, or maybe three, main points

The focus of these activities is to help you become aware of how many main points you incorporate into your sessions.

1. ***What do you think of this statement?*** "Few staff are trained to handle the emotional problems which are encountered in a public health program. Many compensate for this by 'over-counseling,' offering too much advice for the client to handle at one time."

Do you think this might apply to you? Are you aware sometimes of being overwhelmed by the number and kinds of things people need help with? Do you feel like a social worker sometimes?

It may help you cut back on how much you tell people if you are aware that this tendency we have to tell people everything we know comes from a great desire to help in some way. Maybe the way we can help best is by being more self-disciplined in limiting our messages. Think about it.

2. ***For one clinic, make checks on a scrap of paper as you make points you want the participant to remember or to do.*** What is your average number of checks?

Then, in your next clinic, consciously stop at three checks, one check for each thing you hope she remembers or does. Is it awkward? Do you still have more to say? If so, where can you cut back? What points are your highest priority? Think about it. Be prepared to share your experiences with your supervisor or in a staff discussion group.

### *A nutrition education message is more likely to be effective if it:*

- **addresses the most pressing nutritional problem or the problem the participant is most interested in**
- **is simple**
- **is specific (answers what? how? when?)**
- **relates to the participant's knowledge and skills, suggests small changes in habits**
- **repeats important points**
- **is consistent with previous counseling and with what other health care providers are saying**

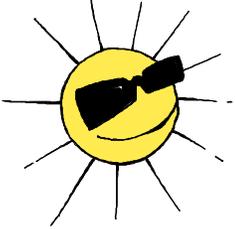
Idaho WIC Aide Training Manual

3. ***Analyze your messages.*** How do they compare to these guidelines? It's hard to really analyze your messages as you say them. How about tape recording yourself in clinic? Then listen to the tape with these guidelines in hand. How do your messages stack up? (Sure you can tape record! Just tell the participant why you're doing it and get her permission. Then put the recorder off to the side and ignore it. Nobody else needs to hear it. This is just a way for you to hear yourself objectively.

Thinking about and doing these Activities will prepare you for the discussion with your Regional Nutrition Coordinator or designated Nutritionist. Complete the Activity Worksheet as you practice these activities.

**Activity Worksheet**  
**Bright Ideas - Unit 5**

Name \_\_\_\_\_  
Date \_\_\_\_\_



**Cover just two, or maybe three, main points**

**How many check marks or points did you make on an average for one client?**

**List the types of appointments or topics when you may provide the client with too much information:**

**What have you done to limit the information you provide clients?**

**List three ways you have found to identify the two or three most important nutrition issues after you have reviewed the nutrition questionnaires, the growth chart, and the client's diet:**

- 1.
- 2.
- 3.

**Give examples of how and when you have changed the main issues after listening to the client's issues or concerns:**

Discuss these ideas with your Regional Nutrition Coordinator or designated Nutritionist. These activity pages and a discussion are required for completion of the module.



# Illustrate your points to help people learn.

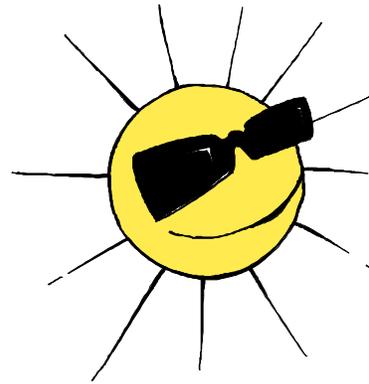
**M**ost participants can hear and it's hard to imagine nutrition education if they didn't! But do you mostly rely on the fact that people can hear you? Or do you try to involve the other senses, too?

**We learn better if more than one sense is involved.**

Hearing and seeing together is a great combination-- and how can you work in smelling, touching, and tasting? It almost takes a food demonstration. Since we need to limit our scope in this module, we will concentrate here on the visual.

**Think about the importance of "seeing" in your own life, as you learn new things.**

- Your friend gives you directions on how to get to her house and you realize how you need to "see" in your mind just where to make each turn. ("Is that by that gas station?")
- You read a new recipe and as you read along you "see" yourself doing the various steps.
- You try to set up your new electronic gizmo and you find that reading the directions is not enough; you actually have to see the plugs and connectors in real life.




---

*Concrete information is coded differently in our brains than verbal information. Helping people SEE things is important.*

---

Your participants have to "see" things, too, and the concepts you're so used to (like iron-deficiency anemia) may be as foreign to them as that new electronic gizmo was to you!

We code information in our brains at least two ways: as **verbal codes** and as **images**. Concrete information, which is information that can be visualized, is coded in images. Information that can be described but not pictured is called abstract and is coded verbally.

Think about trying to remember somebody's name: you can see their face in an instant (because it's coded as an image) but their name is . . . on the tip of your tongue. The name is stored in verbal code and it takes a little longer to find in that big filing cabinet in your brain.

Surely this is why "a picture is worth a thousand words!" It's all in the encoding.

**Concrete information is easier to recall than abstract information, but information that is stored both ways is recalled even better!**

**And if a person is able to hear something, see it, and**

**DO it--like if you were able to put your electronic gizmo together while you listened to and watched the video instructions--learning is even more enhanced.**

This information about how our brains work is something we can really use to be more effective as we work with adult learners. We have already talked about how people really have to "process" new information or ways of doing things in order to make changes. They have to relate a new concept to other things they know and see if it makes sense based on their past experience. They have to figure out if a change is really possible for them and weigh the benefits against the costs.

At the same time, they are judging whether you know what you're talking about, whether you seem sensitive to their culture and to their situation, as well as noticing how much respect you seem to have for them. Lots is going on in our participants' brains as they sit there with us! Using this knowledge that **visual illustrations help people learn** can help you increase how much **visual** input you give and thus increase your effectiveness.

---

A picture is worth a  
thousand words.

Seeing is believing.

---

**Maybe you are thinking, "Yes, visual aids, bulletin boards, posters . . . They all help people learn."**

And you're right. They do and you probably could use a lot more good ones to illustrate the points you make the most.

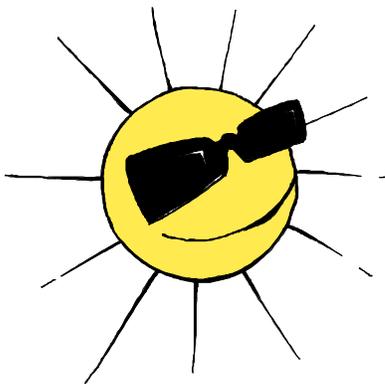
Small things on your desk that you can reach for to illustrate a point are great, like a little baby food jar that contains the 9 teaspoons of sugar that are in a can of cola. Or a little chart you've made that compares the major nutrients in a glass of fruit juice to those in fruit punch. Or a picture of a child whose front teeth are all messed up because he was on the bottle too long.

In the waiting room in the Lewisburg, West Virginia, WIC site, there's a wonderful bulletin board of Polaroid pictures of all their beautiful breastfed babies. Every time a breastfed baby comes in for the first time, their picture is taken. Besides making the mothers of the babies very proud, these pictures illustrate the possibility of successful breastfeeding better than any video or counseling could! We respond very well, we humans, to visual evidence and visual information. "Seeing is believing." Little visual ways to illustrate

your point make it interesting for the participant . . . **and also for you.** As you find new things to keep on your desk to show people just what you mean, you'll also find new ways to keep *yourself* interested in your topics.

Here are other ways you can help people "see," relate to, and process what you are discussing.

- **Use interesting, action words, active verbs, and colorful, descriptive language!**
- **Illustrate things with your hands!** This is especially good if you are working with someone from a culture in which people normally do the same thing. (You'll also use up more calories in a day's time if you do this!) If, however, you're working with someone from a culture in which people are customarily quite reserved, this is not especially a good idea; large, expansive gestures could be perceived as threatening.
- **Illustrate with stories about real people and how they solved their problems.** What happened with somebody else's attempts to do what this participant is



considering doing? What happened when you tried to do the same thing with your child? We humans have a long tradition, in all cultures, of learning from stories. We like stories. We like real-life stuff. We also like to know what **works**, so we don't waste our time doing things that don't work. Take advantage of that!

"I was just talking the other day with a mom who had come up with a great solution to that: she washes the high chair tray and then just uses that as her child's plate. She's so happy that she's not cleaning her floor after every meal!"

Doesn't that sound so much more interesting than, "Well, you don't really need to use a bowl for him. You could just wash the high chair tray and let him eat right off of that."

- **Strive to make your demonstrations visually interesting.**

Do you shy away from doing group demonstrations? If you're one of those people who hates getting up in front of a group, try to get over it by having some good experiences doing it. Develop your own style and have some fun with it. Do try not to give a lecture! Look excited about

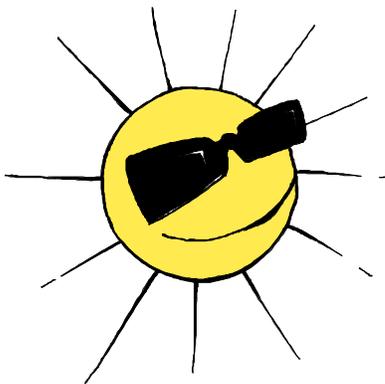
what you're doing, too. Enthusiasm is very attractive. Tailor lesson plans to fit your own style and come up with one great joke to start each session!

- **Encourage people to visualize actually DOING the things they say they'll do.** Help them imagine being at home or at the grocery store and help them visualize just what they are going to do.

- "Where do you usually shop? . . . Okay, there you are at Stop and Shop, in the fruits and vegetables section; look around. Of all those different vegetables we talked about, which ones can you see yourself buying this week?"

- "Okay, now that you've figured out these snacks are making you gain so fast, and now that we've talked about some healthy ones, tell me what you're going to do: It's 3 o'clock and you're *starving* to death and you're going to your kitchen for a snack . . . What are you going to reach for?"

**Look for other ways you can make nutrition education something people can "see."** You'll be more effective if you do.



# Activities to do before Discussion

## Illustrate your points to help people learn.

The focus of these activities is to help you develop more ways to illustrate your points using visual materials.

1. *On a scale of one to ten, how interesting is it for people to meet with you for nutrition education?* Be honest with yourself. Just how interesting do you make nutrition?

Here's how I rate myself:    1    2    3    4    5    6    7    8    9    10

If you score under 7, you can have a lot more feelings of satisfaction at the end of the day if you can do some things to make your subjects more interesting. Good visuals can really help.

2. *Think about the visuals you use in clinic regularly.* Are there any things you use that others you work with might not have or know about?
3. *What new thing can you think of that you could use to illustrate some point you often make in your work?* Think about it hard and then **DO IT!** And bring it to share with the WIC staff. If everybody does this, you'll have some great ideas that you can duplicate. Be creative and come up with some great, easy way to illustrate one of the things you say all the time. **This is a mandatory assignment for this unit! If you don't do it, you'll have to facilitate all the other sessions in this series! Plus clean the coffee room for a month!**
4. *Do you tell participants what has worked for other moms?* Write three "stories" that you use to illustrate your points on the Activity Worksheet.

Thinking about and doing these Activities will prepare you for discussion with your Regional Nutrition Coordinator or designated Nutritionist. Get ready for Show and Tell! It's not excuse that you have no time. Just watch yourself in clinic and think "Hmm . . . what could I just have shown her to illustrate that point?"

Jot ideas down as they come to you. Then pick the best one and do it!

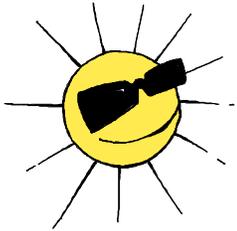
Complete the Activity Worksheet as you practice these activities.



**Activity Worksheet**  
**Bright Ideas - Unit 6**

Name \_\_\_\_\_

Date \_\_\_\_\_



**Illustrate Your Points To Help People Learn**

List three ideas of ways you can use visuals to illustrate points you often discuss with WIC clients. Be creative and come up with some great, easy ways to illustrate things you say all the time.

- 1.
- 2.
- 3.

Write three "stories" that you use or want to use to illustrate nutrition issues when working with WIC clients. (Examples: wt. gain during pregnancy, weaning, starting table foods, nausea during pregnancy, breastfeeding, etc.)

- 1.
- 2.
- 3.

On a scale of one to ten, how interesting is it for people to meet with me for nutrition education since I have completed this unit and tried using stories and illustrations?

Here's how I rate myself:    1    2    3    4    5    6    7    8    9    10

**Congratulations for trying to make WIC nutrition education  
more interesting!!**

Discuss these ideas with your Regional Nutrition Coordinator or designated Nutritionist. These activity pages and a discussion are required for completion of the module.



# Find out the participant's solution.

Your solution may be great. But Mom may not think she can do it or she doesn't think her child will go for it.

However, she probably doesn't think it's worth the hassle she might get if she were to tell you that, so she acts compliant, but she's not. The session may **look** like it went well, but underneath it may have been basically ineffective.

But we **can** be effective if we help the participant figure out her own

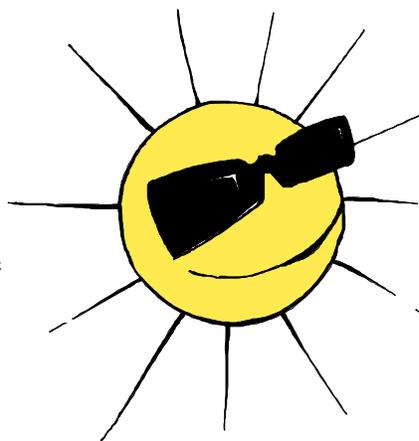
solution! Our role can be that of a guide.

Being a guide calls for skills like being able to put people at ease and getting them to tell you what they really do and what their worries are. Brainstorming a situation to come up with a lot of

different possible solutions is helpful.

Being a guide also requires a tolerance for making one or two small but meaningful

steps instead of big strides over a lot of territory.



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*Try brainstorming.*

*Encourage the participant to brainstorm with you.*

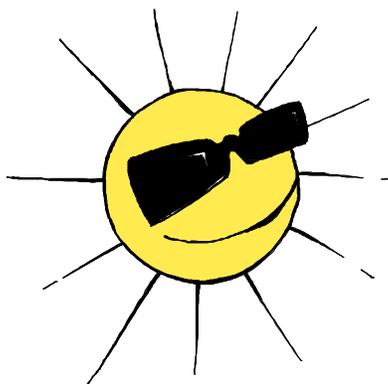
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**Can you accept that the best solution in your mind may not be the best solution in the participant's mind?** If the participant finds your solution too difficult or time-consuming, or unacceptable for some other reason, then she's not going to do it. She might not tell you that. In fact, she almost certainly will not tell you that! But she won't do it. You've wasted your effort.

However, if she decides to do something you consider a half-way step, **embrace it!** Half-way is so much better than "No way!" and at the next opportunity she may be open to going a little farther.

For example, let's consider a pregnant teen who doesn't like milk. She's tried different flavorings. She hates milk. Are you going to waste any time talking about milk? Don't bother! **Accept it.** She'll **notice** this. It says you hear her. So move on, telling her how she can get the same nutrients from other foods.

Then let **her** tell **you** how she can get all the servings she needs. Encourage her to think and figure it out. Prompt her but make it clear it's her own solution. Then praise her for coming up with a good one. This empowers her to make other good decisions down the line.



*Try saying:* "OK, now tell me which of those choices you think might work out best for you."

We always hear the education mantra, "Build on what the person already knows." That's great, you think, but how do I do that in these few minutes I have with each person? One answer might be to **find out what the participant thinks is the thing to do.** Here is another example:

You're talking with a pregnant woman who has gained weight excessively in the first few months of pregnancy. If you ask her what she thinks caused such a rapid weight gain, she will probably try to tell you. She is aware of her eating habits changing. If you then ask her what she thinks she should do to slow down the weight gain, she can probably tell you that, too.

If her answers sound good, you can reinforce them. If it sounds like she's missing some important factor, you can ask her if she's thought about that.

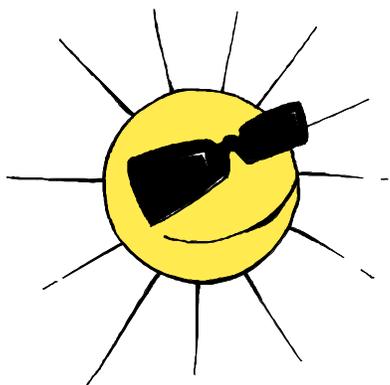
When you ask questions that don't have obvious answers, like "What do you think caused this?" you will need to develop ways to deal with "I don't know." With the right atmosphere and the right

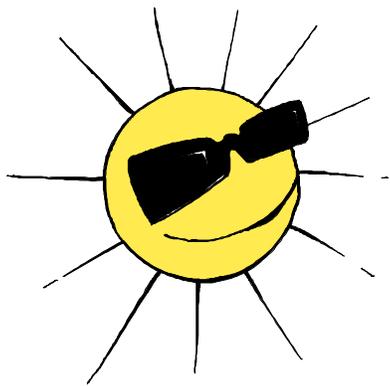
prompting (like "Could it be a new habit you started since you were pregnant?"), your participants may really start communicating with you.

Other open-ended questions are these: "What have you tried already?" "What are some things that might help?" "Are there any other things you haven't thought of yet?" Allowing some time for people to think is important, too.

In conclusion, finding out the participant's solution to a problem or a situation tells you a lot about them. It tells you what they know, what their biggest concerns are, what their barrier might be, how they think and how much effort they've already put into solving a problem.

The benefit for you is that you may not have to guess so much at what the person already knows.





Also, by sharing in the brainstorming, you have interaction which is much less draining than hearing yourself talk all day! And the feedback that you get will probably be positive, because you've helped people buy into their own solutions and helped them figure out how to make them work. It's a win-win situation!

"Keep in mind that it is much easier for most people to add a new habit than to eliminate a bad habit."

WIC Aide Training Program

State of Idaho WIC Program

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**Y**our thoughts about how quickly a participant should make a decision may be different (even culturally) from the way the participant operates. Avoid making participants feel rushed. If people don't respond right away or make decisions, don't immediately assume they are rejecting your help. It takes time for people to "process" information and ideas and decide what will work and what won't.

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# Activities to do before Discussion

## Find out the participant's solution

The focus of these activities is to help you become aware of how much you currently tap into the participant's solutions and ideas. Can you take more advantage of her knowledge of what she can do to solve the problem or change a situation? Can you help her verbalize things she already knows and help her put those things together into an action plan?

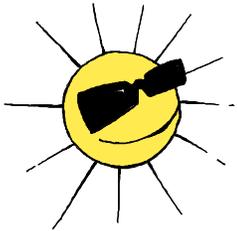
- 1. Reward yourself in some little, immediate way each time you help a person discover that she may have a workable solution!** Do you keep track of what participants you see? Do you keep some kind of list? If not, make yourself a list and, for one week, put a check by the names of the participants with whom you have made an attempt to find out what their solutions/ideas are. How much of the time do you do this?
- 2. Write notes of what the problems/situations are and examples of the solutions/ideas people come up with, with your help.** Please write your favorite 5 examples on the Activity Worksheet and share your success.
- 3. Brainstorming is a way to generate a lot of possible options that your participant might consider doing.** You come up with some of the ideas and you encourage the participant to come up with ideas of her own. Are you good at brainstorming? How would you rate yourself on brainstorming right now? Is this a technique that you would like to develop more? Do you see benefits to getting in the habit of brainstorming? What are they?
- 4. Establish a good rapport and an atmosphere of friendly cooperation with a participant in order to find out their solution.** How do you, personally, establish a warm, open, trusting atmosphere? Can you put into words what you actually DO, physically and verbally? Watch yourself. Think about what you do.
- 5. Is your clinic so fast-paced that you don't really feel that you can afford to give people time to think?** Perhaps you should consider trying facilitative learning groups where there is time for participants to think and to generate solutions and ideas to share with others. If there is training available on facilitative learning, you might want to look into it.
- 6. Perhaps you should pause just a little bit longer for responses from participants.** Notice how fast you are to answer your own questions. Wait just a few more seconds for a response than you're really used to or comfortable with. What are the results? Does the participant feel the awkwardness, too, and rush to fill the gap herself?
- 7. How do you deal with "I don't know?"** Try translating that into, "I'm not sure. I'm not sure how I'm supposed to respond . . ." or "I don't know, I haven't had a chance to think about that . . ." Don't take it literally that they *really* don't know, because they probably do have some ideas, they just don't know if they should say them or not. Think about ideas of how you can deal with "I don't know" most effectively.



Thinking about and doing these activities will prepare you for discussion with your Regional Nutrition Coordinator or designated Nutritionist. Don't view them as an additional burden! Look at them as ways you can sharpen your skills, enhance your awareness, and increase the personal satisfaction you get from doing this work. Look for feedback from participants to see if new ways of doing things are resulting in better sessions. Complete the Activity Worksheet as you practice these activities.

**Activity Worksheet**  
**Bright Ideas - Unit 7**

Name \_\_\_\_\_  
Date \_\_\_\_\_



**Find out the participant's solution**

**Write five examples of the solutions/ideas WIC clients came up with, with your help. List the situation and the solution.**

- 1.
- 2.
- 3.
- 4.
- 5.

**Explain the benefits of brainstorming: (ask your supervisor to discuss brainstorming if you are not comfortable using this technique.)**

**What happened when you gave clients a little bit longer for responses to your questions? How comfortable are you with waiting a few more seconds?**

**How do you deal the most effectively with a client saying "I don't know?"**

Discuss these ideas with your Regional Nutrition Coordinator or designated Nutritionist. These activity pages and a discussion are required for completion of the module.



# Help people set small, achievable goals.

Sometimes in nutrition education and counseling, we have the opportunity to help people set goals for themselves.

Nutrition education does not always lend itself to this, but when it does there are good reasons to help people decide on a specific action plan rather than a vague one. Why?

## Goals are motivating.

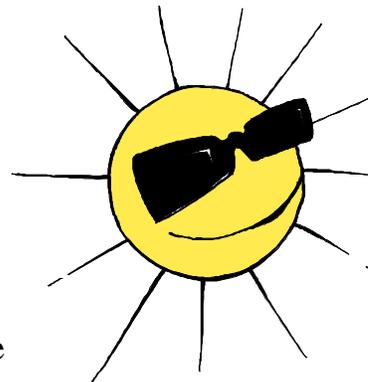
When we achieve goals, we feel great and are more open to achieving other goals. Achieving goals is good for our self-esteem and self-confidence. Parents with enhanced self-esteem and self-

confidence are probably going to be better parents and likely to look after their children's health and nutrition more carefully.

There are benefits for us, too, as nutrition educators. Using the power of goal-setting can help us be more effective without using any more energy than we

already do. It doesn't take more work to help people set goals, just a different approach.

There are some interesting dynamics that kick in when goal-setting is a regular part of your counseling session.



- **Clear goals that people can reach produce better results than general intentions which may have little or no effect.** Why does this happen?

It could be because a goal is clearly defined. If we take the time to clearly define something, we process it more and integrate it into how we think and act. We can grasp it better. It's not a vague intention. It's ours, we "own" it. We've come up with a way to integrate some good intention into our lives.

Vague intentions, on the other hand, are not yet processed or integrated. They are still "out there," intellectually and emotionally. We have not committed to doing anything about them.

Generally speaking, nothing in our behavior is going to change until we decide on some specific thing we're going to do. "I'll eat more healthfully during my pregnancy" is well-intentioned, but vague. "I'll eat 5 servings of fruits and vegetables a day during my pregnancy" is clear and concrete.

- **Achieving goals helps people feel good about themselves.** They feel motivated to go on and achieve other goals.

It all goes back to that old saying that "Success breeds success." If a person is successful at one thing, the chances that they will go on and be successful at another thing are good. Small, challenging but "do-able" goals allow people to experience

*There is a better chance people will actually try a new behavior if you help them anticipate obstacles and figure out how to deal with them in advance.*

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## Write it Down!

Write specific "Things to do" down for people or encourage them to do it. It doesn't have to be fancy. If your nutrition handouts don't have space for this, use a note pad.

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success in the near future (for instance, before their next clinic visit).

Helping people choose small, "do-able" things at which they are likely to be successful can also make them happier to see you at their next visit so they can tell you how they did.

- **Publicly committing to something often increases the likelihood that the goal will be accomplished.** *Saying* we'll do something is different for us than just thinking it to ourselves. When we hear ourselves say it, it takes on a reality that it didn't have before!

Lots of things go through our minds all the time, without becoming reality. But if we *say* we are actually going to do something, or try something, it becomes more real. It becomes more possible somehow, especially if somebody else helps us think through what is involved.

**So keep in mind that small, achievable goals are often more effective than general good intentions.**

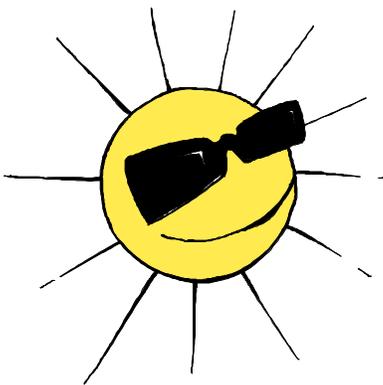
We can be more effective with the little bit of time we have with people if we can

help them develop a goal or sub-goal and help them break that goal down into specific things to do.

**Here are some examples of concrete goals that may come out of nutrition education:**

- "I will buy fruit instead of chips and cookies the next time I grocery shop."
- "I will walk 4 days a week for at least 15 minutes."
- "I will take him off the bottle by July 1st."
- "I will wait until she is 4 months old before I feed her cereal."
- "I won't give her anything to eat or drink (except maybe water) for an hour and a half before mealtime."
- "I'll make sure I don't give in when he whines for a snack after he has refused his supper. I'll wait until I give him a bedtime snack."

**Is the goal something the participant is really comfortable with . . . OR has she agreed to do it to make you happy?**

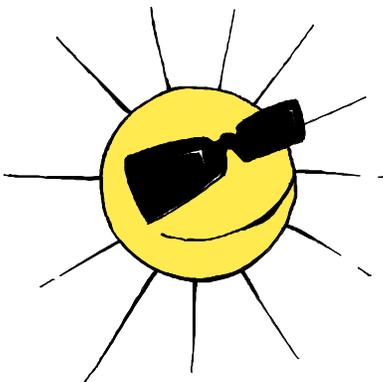


One way you can figure that out is to ask her to tell you, "On a scale of 1 to 10, what do you think your chances are of being able to do this, with 1 being "I can't do it" and 10 being "I can definitely do this."

If she scores herself as a 4, 5, or 6, you know she hasn't really bought into this goal. She doesn't really think she can do it. Maybe a different goal is more appropriate. Try to help her choose a goal she feels confident that she can do.

**"Just trying" a new behavior can also be a good technique.** In this case, the goal is just to TRY something.

Perhaps the pregnant teenager low in calcium is just going to TRY frozen yogurt. Perhaps she will just TRY strawberry flavoring in some very cold milk. She may not commit to doing it all the time, but she has at least set a small goal for herself that she may be willing to follow through on.



- *Figure out how important the goal is to the person.*
- *Ask the client how she thinks she can make the goal happen.*
- *Help the person figure out if the goal is too hard or too easy.*
- *Help people keep their goals small and "do-able."*
- *Keep track of what the participant says she'll do.*
- *Write the participant's goal down for her to take home.*

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Why don't you "*just try*" goal setting?  
It really could help you make more of  
a difference in nutrition education!

# Activities to do before Discussion

## Help people set small, achievable goals

Concentrate on goal-setting in your upcoming sessions. Here are some ways you can interact with people about goals.

1. **Help people define their goals.** *Your* goal might be to convince mom that her child needs to slow down on weight gain over the next 6 months . . . but is a slow-down in weight gain this mom's goal? How does she see it? What are her expectations? Does she expect him to actually lose weight? Or does she expect him to grow thinner over the next 2 or 3 years? Maybe she doesn't think his weight is a potential problem but does see it as a problem that this kid is asking for something to eat every 15 minutes.

There are lots of things that you can get sorted out as you help people develop goals. It can be a good focus for your conversation.

Between now and when you discuss this unit, write down 10 goals people have decided on in their sessions with you.

2. **Figure out how important the goal is to the person.** Ask, "How important to you is it for 'XYZ' to happen? On a scale of 1 to 10, with 10 being very important, how important is it for you? On that list of goals you are keeping, include people's rankings of the importance of their goals. See if this helps you and the participant gauge whether or not the goal is important enough to them to pursue.
3. **Help the person figure out if the goal is too hard or too easy.** Ask, "What do you think the chances are that you will be able to do this, on a scale of 1 to 10 with 10 being a very good chance?" If they say a low number, help them reconsider the goal. Have they bitten off too big a chunk? Explain to them that you want them to be successful. Since their success at doing this is very important, narrow the goal to something they can be more confident that they can actually do.

If they say a "10," maybe the goal is too easy. Ideally there should be an element of challenge to the goal so that they will be proud of themselves for actually having done it. On your list of goals you have helped people set, keep track of how people rank their chances of doing what they plan to do.

4. **Help people keep their goals small and "do-able."** Does that postpartum woman want to lose all her extra weight in the next two weeks? Help her break that down into a manageable sub-goal so that she can experience success right away. Try telling people that you want them to think of things they can do that are challenging but not so hard that they can't do them before they come in next time. This also gives them the feeling that you will be asking them the next time, to see if they have met the goals they set.
5. **It's valuable to figure out how to keep track of what the participant says she'll do.** Is there a way to simplify nutrition education notes so that you can see at a glance what the participant's goals were the last time she was in clinic?

## *Activities* to do before Discussion (continued)

6. ***Can you write down a goal for the participant?*** Can you list any other specific things under that goal that you talked about in your session? People respond well to the reminder, as well as to the fact that you care enough to write this down for them. The goal can be written on a pamphlet. (How about using a Post-it note that she can stick on her WIC paperwork? She'll see it every time she uses a WIC check! Put her name at the top.)

It could benefit you to incorporate goal-setting into your nutrition education. Here is a list of reminders that you could copy, cut out, and put up over your desk:

- **Help people define their goals.**
- **Figure out how important the goal is to the person.**
- **Help the person figure out if the goal is too hard or too easy.**
- **Help people keep their goals small and "do-able."**
- **Keep track of what the participant says she'll do.**
- **Write the participant's goal down for her.**

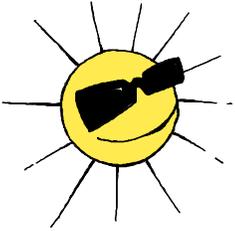


Complete the Activity Worksheet as you practice these activities.

**Activity Worksheet**  
\_Bright Ideas - Unit 8

Name \_\_\_\_\_

Date \_\_\_\_\_

**Help people set small, achievable goals**

**List 6 goals WIC clients have decided on in their sessions with you while you have been using this unit: (indicate what the client told you about the chances they will be able to do this on a scale of 1 to 10)**

Example: I will give him a small cup of milk with all three meals.

**Ranking**

7

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**How have clients reacted when you helped them break down bigger goals into small, "do-able" goals?**

**How do you help clients plan specific goals?**

**Typing the goal while the client is still in clinic can be helpful so you remember and the client knows you will ask at the next visit. How does this work for you? How do you remember to ask about the last goal at the next WIC appointment?**

Discuss these ideas with your Regional Nutrition Coordinator or designated Nutritionist. These activity pages and a discussion are required for completion of the module.



# Provide frequent, positive feedback and support.

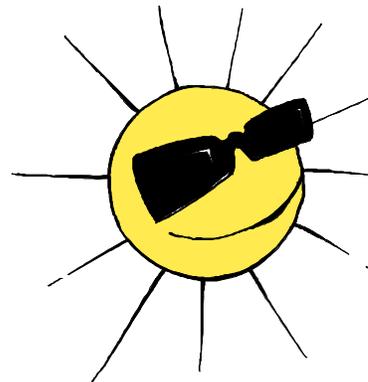
**B**ecoming aware of the dynamics of feedback can change your whole counseling style!

Positive feedback to participants can have a wonderful influence on your sessions because people open up to positive feedback and support.

It is a win-win situation on both sides because as participants get more out of their sessions with you, you get feedback that you have really helped. This positive feedback is vital to your satisfaction with your work.

There are many ways to provide participants with frequent, positive feedback. Before we get into them, however, let's define feedback. Feedback is a lot more than just giving your opinion.

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



When you are talking face-to-face with someone, your reactions to the other's message, **verbal or non-verbal**, are feedback. Your agreement, surprise, concern, aggravation,

sympathy, support, curiosity--or whatever--is all feedback. Their reaction to you--interest, agreement, disagreement, disbelief, fascination, impatience, or whatever--is feedback. Feedback is a two-way street. Feedback is the main thing that makes two-way communication different than one-way communication. It makes you different than a video!

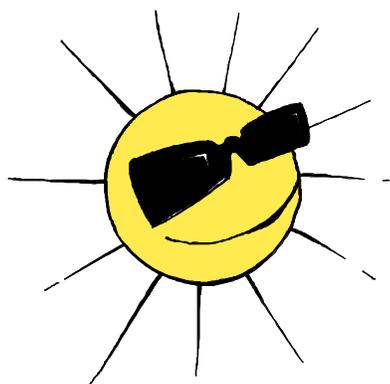
Conversations shift, based on mutual feedback. Participants respond, explore options, or choose to remain silent, based on **our** feedback. We feel like we helped or we feel like we had no effect, based on **their** feedback.

In addition, feedback is an essential component of progressive learning. We need feedback to know how we're doing. We need to feel success at one thing before we have the confidence to tackle the next thing.

**We give participants feedback constantly in our sessions but we're so accustomed to giving and receiving feedback that we scarcely notice it.**

Although we are aware that different things affect the quality of the session, we don't usually stop to analyze what happened. If we feel like nothing much happened, we figure we just didn't hit it off or they weren't interested, and we move on. If we could

## *Look for a Sign!*



Look for small signs of progress at each visit and reinforce them. Don't wait until things are resolved.

When a hemoglobin has improved slightly or excessive weight gain has slowed down a little, remark on how good that progress is.

analyze those sessions that don't go well, though, we would often find that how the session went was determined by the particular verbal and nonverbal feedback both parties provided!

Also, unless we allow for and notice feedback, distortions can occur in communication. We can go down the wrong path, we can lose people's interest, we can fail to connect with their real needs.

Some nutrition educators have a tendency to go into a monologue, where they go on for whole minutes, doing all the talking, concentrating on their message, and not attending to or encouraging feedback. They are losing one of the big benefits of feedback: a feeling on both sides of mutual communication.

**If both sides don't feel like communication really happened, then it didn't!**

The participant is going to leave wishing she didn't have to pay so dearly for those checks (by sitting through nutrition education) and the nutrition educator is going to be very frustrated and drained at the end of the day.

Are any of our messages so important that we should

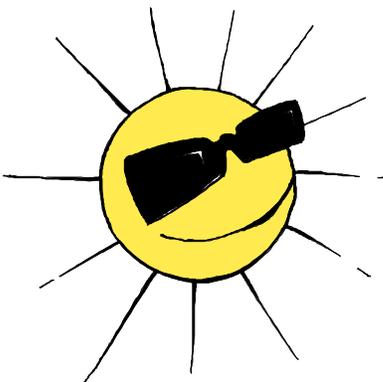
neglect true communication in order to present them? Probably not. If you notice a tendency in yourself to concentrate on the message to the exclusion of feedback and real communication, this could be an area for you to work on.

Now let's talk about ways we can provide participants with frequent, positive feedback and support without working any harder than we already do!

- **Give verbal and non-verbal feedback that you are really listening when people talk!** If you are half-listening but also thinking about what you're going to say next, it's going to show. Really listen. Be there! Send messages that you're there---have eye contact, nod your head, murmur "Yes . . .," and **look** like you are interested.

That sounds so obvious but it needs to be said; providing a clear visual and audible message that "Yes, I am listening" is a big boon to communication.

Our brains work a lot faster than people talk, so we can listen and go through the chart at the same time, but it is important to be **perceived** as listening!



**"Be generous with praise but cautious with criticism."**

The Ten Commandments of Helping People  
The Sparks Center, University of Alabama at Birmingham

- **Look for small signs of improvement at each visit and reinforce them!** Don't wait until everything is resolved. By giving small bits of encouragement and praise, you may help them become resolved.

People want to be good parents and yet it can be hard even under relatively good circumstances to feel like you're doing a good job. It helps to have a little boost along the way, somebody who tells you that you're doing something right.

Comment positively when a child is drinking more milk, inadequate weight gain has improved a little, or mom has succeeded in one small area.

For example, if a pregnant woman mentions she has cut back on smoking, be enthusiastic and leave no doubt that you admire her for making this effort! Don't immediately push her to quit. You **must** give her positive feedback on cutting back if you want her to listen when you advance the idea that she should quit smoking completely.

- **Then there's the flipside: criticism. Criticism is very counterproductive in nutrition education.** Do you know someone who fusses at

participants and then fusses more after they leave, because she's upset that the participants didn't listen to a thing she said or the client is always late? This person hasn't learned other, more effective ways of communicating and is ignoring the feedback she gets from participants!

The person fussing is probably very well-intentioned, but **fussing won't result in positive behavior change.**

In fact, it's the people we are tempted to fuss at who most need to be brought along slowly, with all the loving kindness we can muster. We should take our concern for the children, which is probably what makes us feel compelled to fuss, and turn it into something more positive that can truly help the parent do better. Yes, it's a challenge, but it's much more effective.

- **Encourage the idea of wellness and a healthy lifestyle!** We are nutrition educators but let's not forget to give all the positive feedback we can about general concepts of healthful living. There are lots of little messages moms give us to tell us how they care about their children.

We have to respect this almost awesome element of counseling:

*Words retain much of their magical power; they make things take on a new reality. Through feedback, people can leave our sessions a little different than when they came in.*

We need to notice and give feedback when a mom tells us she got a car seat or she is careful to buckle her child up every time she gets in the car or whatever it is. She mentions these things for a reason and if we want to be really effective, we should give her feedback. Our feedback says "I notice. I hear what you're saying. I can see you are working on many fronts to keep your family healthy and happy."

- **Positive feedback can be about little things like being on time for an appointment and bringing all the necessary paperwork to clinic.**

Feedback that started the minute the participant walked up to the front counter affects how people feel when they get to us. A staff member of the Worcester, Mass. WIC Program suggests that complimenting a participant for bringing all her paperwork sets a good tone for the whole visit. We want people to play by our rules, so when they do, we should let them know we noticed.

Feedback like this is very reinforcing, too; the chances of the participant bringing all her paperwork next time is enhanced.

**"Words and magic were in the beginning one and the same thing, and even today words retain much of their magical power."**

Freud said that once and he's right.

Sometimes when we put things into words, they take on a new reality, like that first time two people say, "I love you."

It happens in clinic, too. Mothers may talk to you about things they don't normally talk about and tell you things that are very personal. Just the act of talking things through helps people make connections and see things clearly. Insights seem to come out of nowhere.

Hearing your feedback, your paraphrase of what they are telling you, or just seeing your reassuring look can really help people begin to solve problems for themselves.

# Activities to do before Discussion

## Provide each person with frequent, positive feedback and support

The focus of these Activities is to help you get in the habit of giving frequent, positive feedback and support as a routine part of your sessions.

1. ***Don't you marvel sometimes at how people can come back to clinic in 6 months and repeat something nice you said, some little thing?*** It stuck! Perhaps this is sometimes because we may represent the bigger culture to people, a culture they may feel isolated from. We may represent the middle-class to them or somebody who "has it made." Our positive feedback or our little compliment may go beyond just something casually said. It may become a cultural affirmation. Do you think this could be? Do you have any examples of this from your work that you could share with your Regional Nutritionist Coordinator or designated Nutritionist?
2. ***You operate in this particular "sphere of influence" with people.*** Are you taking advantage of this potential influence and linking nutrition with overall health? Are you promoting wellness in general or are you limiting your view to iron-rich foods and when to start cereal? Expand your view! Link wellness and health with nutrition. Make yourself a powerful force for health promotion! You could get a lot more satisfaction out of seeing yourself with a broader mission. Go to the library and get out "The 7 Habits of Highly Effective People," by Stephen Covey and inspire yourself to see your sphere of influence in bigger terms! Your capacity to make a difference could be a lot bigger than you think.
3. ***Start looking for ways to support positive parenting!*** Feeding children involves so many different parenting skills and we are often explaining that what children are going through are typical and predictable stages. Beyond that, what other things can we do? How can we reinforce positive parenting as we watch moms deal with their children in the clinic? Can't we say more things that make them feel like they're doing a good job? We can help support parents. Think about it! Make notes of two occasions when you were able to support positive parenting.
4. ***Concentrate on sending the message "I am listening."*** Experiment with it. Try different nonverbal ways to sending the message. What do you notice? Try this at home with your kids, too. We talk at the rate of about 125 words per minute and can listen at the rate of 400 words per minute, so we try to listen and do other things, too. Focus on sending the message that you are listening and watch for subtle, positive changes.
5. ***Fussing: Do you do it!*** Think about how it wears you out because you get nowhere. Try some new tactics and try to get in some new habits.
6. ***Copy this page, cut out this note, and put it up over your desk as a reminder:***

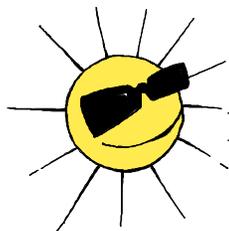
**Look for small signs of improvement  
at each visit and reinforce them!**

These activities will help you get ready for discussion with your Regional Nutrition Coordinator or designated Nutritionist. Complete the Activity Worksheet as you practice these activities.

**Activity Worksheet**  
**Bright Ideas - Unit 9**

Name \_\_\_\_\_

Date \_\_\_\_\_



**Provide each person with frequent, positive feedback and support**

**How have you been able to link wellness and health issues with nutrition information and goals?**

**What parenting skills do you include with your nutrition education and goals? How do you reinforce positive parenting during the WIC visit?**

**Describe three ways you have found to reinforce even small signs of improvement for certain WIC clients:**

- 1.
- 2.
- 3.

**What experience have you had when you tried to concentrate on "I am listening" instead of doing other things while the client is talking?**

**List three situations when it's easy to feel like "fussing" at the client: (Example: late for appointments)**

- 1.
- 2.
- 3.

**Describe a more positive way of dealing with each one of the above situations:**

- 1.
- 2.
- 3.

Discuss these ideas with your Regional Nutrition Coordinator or designated Nutritionist. These activity pages and a discussion are required for completion of the module.



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

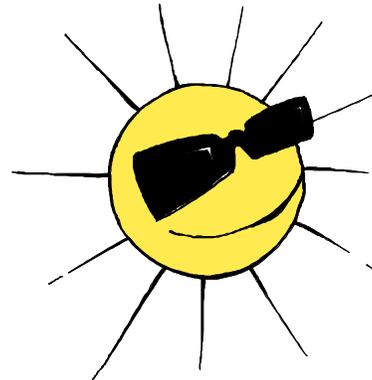
**I**t's always a good idea to let the participant tell you what she has gotten out of talking with you. A simple request from you is all it takes. "Okay, I think we're about finished here, but before you go, can you tell me what you're going to do the next time Kevin refuses to eat?"

This is delivered with a warm smile, of course, which tells the participant she's safe; you're not going to jump on her if she can't sum it up. If you've had a positive session, she should be at least relatively comfortable.

back accomplishes a few things:

**1. Telling you what she's going to do gives her a chance to put it all together.** She might not yet have put the pieces of your

conver-  
sation to-  
gether for  
herself. As  
she talks,  
she devel-  
ops a  
picture in  
her mind of  
what she's  
going to do.



This is a lot more effective than if she just passively hears things as you sum them up.

It's kind of like when you're a passenger in

Getting this kind of feed-

somebody's car, driving some place new. Could you drive there by yourself the next week? Maybe not. But if you were the driver, you would process all the information about the route differently. You'd make the decisions and turns. As a result, you'd have a better chance remembering how to get there again.

**2. She gets to process whatever went on one more time, setting down a deeper path in her brain.**

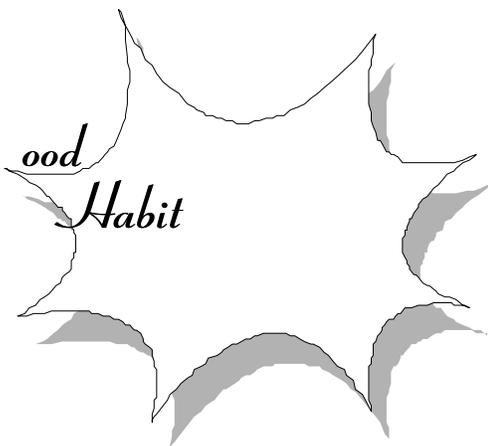
If we process something several times, the likelihood that we'll remember it is enhanced.

Also, you may have talked about a number of points

in your session. This way you can see what points made the biggest impression and you can remind her of anything important she doesn't mention.

**3. You don't want anybody to leave with the wrong message.** Despite your best efforts, sometimes people only pick up on what they choose to hear or sometimes they think you're saying something that you're not.

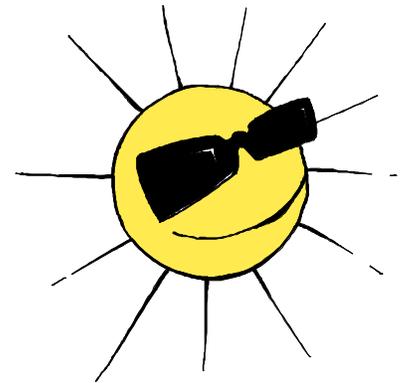
For instance, you never want anybody to leave your clinic thinking that they have to go home and put pressure on their child to eat more or better. This only makes nutrition problems worse.



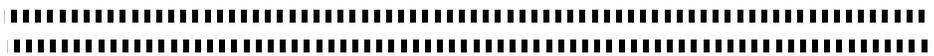
**Get in the habit of letting the participant sum things up.**



**4. Have you been communicating on the same wave-length?** By checking with the participant to see what messages she's leaving with, you'll find out! If she has been nervous during your session, meanings may have been distorted. If there is a language barrier, you can see if you two have really communicated.



**5. This is a chance for the participant to set a goal.** If she hasn't yet really come up with a small, achievable goal from your session, this is a chance to encourage her to formulate one.

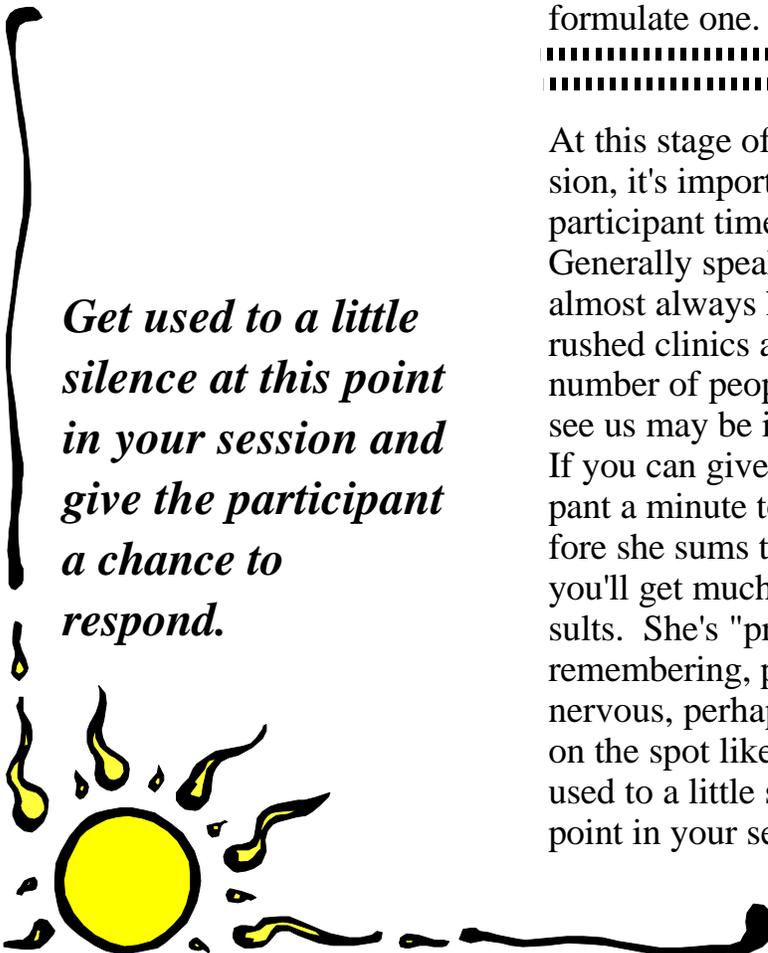


At this stage of your session, it's important to give the participant time to respond. Generally speaking, we almost always have busy, rushed clinics and the number of people waiting to see us may be intimidating. If you can give the participant a minute to think before she sums things up, you'll get much better results. She's "processing" and remembering, plus she's nervous, perhaps, to be put on the spot like this. Get used to a little silence at this point in your session

and give the participant a chance to respond. Then when she does, give her feedback that she's done a good job! This sends her off into her busy life with not just a plan, but a feeling that she was able to come through for you by being able to tell you what she is going to do.

Do you have time to write down what she says she'll do? If she sees it written down, she has a chance to learn it visually, as well as having it to refer to later.

*Get used to a little silence at this point in your session and give the participant a chance to respond.*



# Activities to do before Discussion

## Let the participant wrap it up by telling you what she plans to do

The focus of these Activities is to help you become used to letting the *participant* sum things up at the end of your session, if you don't do that already. First you have to get used to asking the participant to do it. Then you have to provide feedback and gracefully add any important things she may have left out. It's a good way to end a session but it takes a little practice to make it a part of your routine.

1. ***Put this sign up over your desk or on your appointment calendar:***

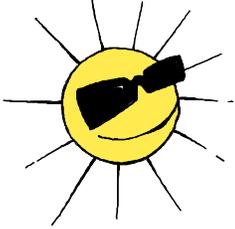
**Ask the participant to wrap it up!**

2. ***Are you comfortable asking the participant to sum things up?*** For one week, try it. Give people a chance to do it. Encourage them. Start them off. See what the response is and figure out the most effective way for you to get them to do it. Share what has worked for you.
3. ***What do the responses tell you about your sessions?*** Are people picking up on what you think are the main points or goals that you two discussed? What do people remember? Can you tell if people are using this time to struggle with what went on and put it together for themselves? Can most people do it?
4. ***Don't forget to give people a lot of positive feedback when they can tell you what they plan to do!*** It's the first step in actually doing it! Make them feel good about it.
5. ***How about if, while they struggle to sum it up, you pull out a note pad of nice-looking paper and write down notes for them of what they're saying?*** Then they leave with something to put on the refrigerator to remind them of what they decided to do. (Post-it notes or pamphlets could work, too.)
6. ***Give yourself a little reward for a job well-done each time you go through this routine successfully!*** (Review Unit 2 for ideas.)

Thinking about and doing these activities will prepare you for discussion with your Regional Nutrition Coordinator or designated Nutritionist. Complete the Activity Worksheet as you practice these activities.

**Activity Worksheet**  
**Bright Ideas - Unit 10**

Name \_\_\_\_\_  
Date \_\_\_\_\_



**Let the participant "wrap it up" by telling you what she plans to do**

**Explain what has made it easier for you to ask clients to sum things up and to tell you what they are planning to do:**

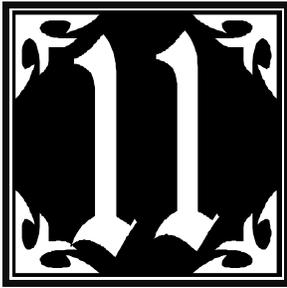
**How do clients respond when you asked them to "wrap it up" or tell you what they are going to do?**

**Write three examples of positive feedback you give clients when they remember what they are going to try during the next 1-3 months:**

- 1.
- 2.
- 3.

**Give one example of a really successful session with the client "wrapping it up," you giving positive feedback, you writing the goal for the client, and then you rewarding yourself!**

Discuss with your Regional Nutrition Coordinator or designated Nutritionist. These activity pages and discussion are required for completion of the module.



# Stay aware of cultural differences.

As nutrition educators, we bring a full lifetime of experience to our jobs! Who are we?

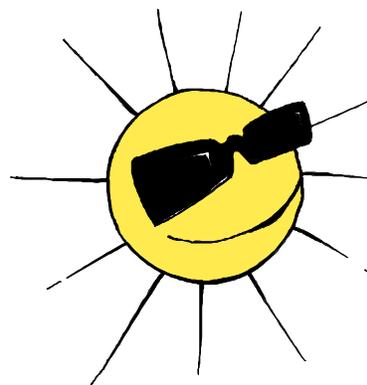
Without thinking about it, we also bring our culture along in the attitudes and rules we have learned from our parents, relatives, schools, and community. We bring the books we've read, the social experiences we've had, and the TV shows we've watched. We bring our level of exposure to people different than ourselves, our education, our degrees, and our images of our selves. We bring along all of our experience in our family and in our work.

In the WIC Program, the population we serve is culturally diverse. When

we can provide information that is consistent and appropriate with the culture of the WIC client, we have a much greater chance of enhancing the nutrition and health of their families.

Culture or a cultural group can be defined as people who share a set of beliefs, customs, values, and language. Each group has a set of values or a widely held belief about what is worthwhile, desirable, or important for well-being. These values provide the basis for a person's beliefs and behaviors around nutrition.

In order to assist a variety of people, it is helpful to view our own cultural values, beliefs, and heritage. Let's analyze ourselves for a few minutes.



*Culture or a cultural group can be defined as people who share a set of beliefs,*

*"Many, if not most,  
of the world's  
cultures view  
revelations of intimate  
personal and family  
details to a stranger  
as highly  
unacceptable."*

*Paul B. Pedersen, et al  
Counseling Across Cultures,  
4th Ed*

Let's try to see what assumptions and expectations we bring to nutrition education in WIC--things that we may never think about--and let's see if becoming aware of them may contribute to our success.

- **We expect people to tell us private things.**

Because it's our job and we're used to it, we don't think talking about what a client eats or how they feed their child is an especially sensitive subject. But it *is* personal, almost as personal as bowel habits, which we also sometimes talk about! Telling us about how they feed their families opens a client up to potential criticism. We assess what they tell us and we often suggest changes. Is it any wonder when a client might not want to tell us much? Would you want to provide this information about yourself to your client? Or how do we feel when a client tells us too much? Think about it!

- **We expect people to be willing to listen to our ideas about how to feed themselves and their children.** We know that nutrition education is part of the

package when people sign up for WIC. We assume it's part of what they are willing to do to get the WIC foods. But people are often unprepared to have to listen to what we think about how they feed their children.

Therefore, we need to be sensitive, especially on the first visit. Your client may not have known that your assessment and counseling was part of the deal. If the client returns they are now probably prepared for this aspect of a WIC appointment. If the client does not return you may know why. It is important to explain that nutrition information will be part of each WIC appointment.

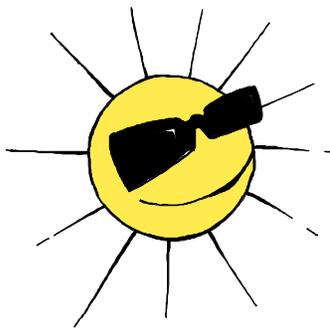
- **We expect people to be comfortable with numbers of servings and serving sizes.** We like numbers of servings and serving sizes because they keep things measurable and this helps us evaluate diets . . . but that doesn't make number of servings and serving sizes the most effective information to share with a client! It may be very appropriate for you to discuss numbers of servings and serving sizes with *some* of your clients. However, most people aren't

interested. They don't count servings or estimate serving sizes and they're not about to start. With most people you will get a better response if you talk about *the food habits themselves* that contribute to meeting their nutritional needs. They will usually listen closely when you talk about *their* concerns, *their* problems, *their* child, *their* weight gain patterns, *their* meals, *their* life.

- **We expect that if we say there is a problem, the client will agree.** How many times have you talked with someone who does not agree with you that a nutrition problem exists? It happens often, doesn't it? Once we pick up on a client's hesitation to acknowledge a problem, we usually try to get them to see things from our point of view. But do we give them enough time to think? Do we give them a chance to air their opinion? If we go full steam ahead

talking about a problem that the client does *not* think is a problem, we will find ourselves going nowhere fast. Give people time to think about what you are talking about and reasons to consider the benefits of doing something differently. Don't force it on them. This gives them a chance to accept there might be something to work on--without losing face. Also, do we insist on calling something a "problem" even if it's just a concern?

- **We expect people to be comfortable with action steps, goal setting, and looking to the future.** We ourselves may be comfortable with the idea of exercising now in order to have a healthy heart in 30 or 40 years. Some of us may make "to-do" lists and organize around goals and deadlines. But are our clients action and goal oriented? Is that their cultural




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**F**ood is very personal. Who likes to be told that what they eat isn't good for them? So when you ask about food, clients may tell you only what they think you want to hear.

**"The imposition of a 'one-size-fits-all' approach to counseling is no longer acceptable to clients from their diversity of cultural contexts."**

*Paul B. Pedersen, et al  
Counseling Across Cultures,  
4th Ed.*

way? Or are they more present-oriented, trusting that the future will take care of itself? Do they, in fact, feel that the future is out of their hands and whatever will be, will be? These are cultural differences, rooted in different perceptions of self and reality, rooted in history, religion, and tradition. These are not the lazy habits of unmotivated people. Culture defines who we are to a great extent. You may work with people from many cultures. The more sophisticated you are, the more you will try to accept cultural differences and work with them. Think about these differences.

- **We sometimes expect a client to do something--even if her mother or grandmother has a different opinion about it.** You may be talking about when to give solid foods, how to wean a baby from the bottle, what foods to eat when a pregnant woman has nausea or any number of other situations. How careful are you to ask if the client's family will agree to the advice? Our personal orientation might be that each person is an individual who decides on their own to do

something. However, especially with people in cultures different than mainstream American culture, we should consider and talk about the traditions and beliefs in the family that might make changing difficult. You will be more effective in working with people if you check regularly to see if what you are suggesting is going to be met with agreement or resistance at home. Think about asking the client how difficult it will be to make changes. Consider whether the practice is harmful or not. If it is not harmful it may be best to back off and counsel differently.

There is a lot to think about in nutrition education, isn't there? It's not a cut-and-dried process. Nutrition education is not just handing a pamphlet to someone or turning on a video. It's a dynamic process that you bring your whole self to. It's always a challenge, and especially so when you work with people who are culturally different than you are. Becoming aware of the assumptions and expectations you take for granted can help make you a more effective nutrition educator.

# *Activities* to do before Discussion

## Stay aware of cultural differences

We are different than our clients in many ways. We try to overcome the differences, of course. We look for things we have in common. We try to work with universal motivations, desires, beliefs. We relate as one individual to another. We do our best to communicate well, overcome differences, and educate, but differences do exist.

1. ***Complete the next two exercises to assess your own cultural heritage and to determine how you might relate to different members of society.*** These answers are only for your personal use in clarifying your initial reactions to different people and your ability to work with clients from diverse cultural backgrounds. There are no right or wrong answers to these questions. This exercise is intended only to help you understand your cultural heritage. You might want to complete these at home in private.
  - A. **What ethnic group, socioeconomic class, religion, age group, and community do you belong to?**
  - B. **What experiences have you had with people from ethnic groups, socioeconomic classes, religions, age groups, or communities different from your own?**
  - C. **What were those experiences like? How did you feel about them?**
  - D. **When you were growing up, what did your parents and significant others say about people who were different from your family?**
  - E. **What about your ethnic group, socioeconomic class, religion, age, or community do you find embarrassing or wish you could change? Why?**
  - F. **What sociocultural factors in your background might contribute to being rejected by members of other cultures?**
  - G. **What personal qualities do you have that will help you establish interpersonal relationships with persons from other cultural groups? What personal qualities may be detrimental?**

### How Do You Relate to Various Groups of People in Society?

Using the exercise below, determine how you might relate to different members of the society. Described below are different levels of response that you might have toward a person.

**Levels of Response:**

1. **Greet:** I feel I can ***greet*** this person warmly and welcome him or her sincerely.
2. **Accept:** I feel I can honestly ***accept*** this person as he or she is and be comfortable enough to listen to his or her problems.
3. **Help:** I would genuinely try to ***help*** this person with his or her problems as they might relate to or arise from the label-stereotype given to him or her.
4. **Background:** I feel I have the ***background*** of knowledge and/or experience to be able to help this person.

The following is a list of individuals. Read down the list and place a check mark by anyone you would **not** "greet" or would hesitate to "greet." Then move to response level 2, "accept," and follow the same procedure. Try to respond honestly, not as you think might be socially or professionally desirable. Your answers are only for your personal use in clarifying your initial reactions to different people.

Individual	1 - Greet	2 - Accept	3 - Help	4 - Background
<b>Ethnic/Racial</b>				
Mexican	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mexican American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Anglo Saxon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social Issues/Problems</b>				
Child abuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostitute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay/Lesbian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unmarried expectant teenager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Individual</b>	<b>1 - Greet</b>	<b>2 - Accept</b>	<b>3 - Help</b>	<b>4 - Background</b>
Undocumented individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Religious</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catholic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jehovah's Witness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protestant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mormon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical/Mental Disability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person with deafness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person with vision loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person with cognitive challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person with psychological disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person with cerebral palsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person with AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amputee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person with cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Political</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamster Union member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ku Klux Klansman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member of a militia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. ***Before discussion with your Regional Nutrition Coordinator or designated Nutritionist, find a difference in beliefs or values between you and a client that becomes apparent in a nutrition education session.***  
Jot down examples on the Activity Worksheet, whether it was a difference rooted in cultural differences or not, and how it affected your session. Come to the discussion with your Regional Nutritionist Coordinator or designated Nutritionist ready to share.
3. ***How do we differ from our participants in our ideas about feeding children?*** Let's do a little research. Look for a few minutes to chat with four or five WIC participants, preferably who are culturally or ethnically different than you, and perhaps people you have seen before and with whom you have a good rapport. Say "I am doing a project for a class and I'd like to ask you a question. There is no right or wrong answer and you don't have to answer, but if you could, I'd appreciate it. Who should get to decide how much a child will eat at a meal? The parent or the child?" Chat about it with them. Don't try to change their minds. Let's see what kind of answers you get. Jot them down on the Activity Worksheet and bring to the discussion.
4. ***Look for a situation where you are suggesting that a participant think about doing something and it turns out that her mother (or sister, aunt, or partner) has a different opinion on it.*** Describe the situation and how you handled the situation on the Activity Worksheet.
5. ***Can you accept that mainstream American culture is often future-oriented and that other cultures may often be present-oriented or thinking day to day?*** Does an awareness of this basic cultural difference help you see that dealing with the concerns people have now is most effective? How does this relate to behavior changes with eating and the idea of "prevention?"

Thinking about and doing these activities will prepare you for your discussion.

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***"Many counselors now realize that the cultural issues in counseling do not just pertain to clients from the recognized ethnic minority groups."***

***Rather . . . cultural differences are the rule rather than the exception.***

*Paul B. Pedersen, et al  
Counseling Across Cultures, 4th Ed.*

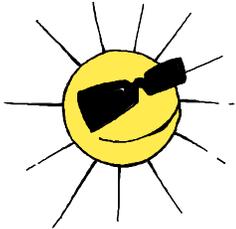
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**Activity Worksheet**  
**Bright Ideas - Unit 11**

Name \_\_\_\_\_

Date \_\_\_\_\_



**Stay aware of cultural differences**

**Differences I have noticed when talking with WIC clients: (Example: children eating in front of TV or children not being immunized--indicate if you think it is a cultural difference)**

**Cultural Difference?**

1.	YES	NO
2.	YES	NO
3.	YES	NO

**Explain how you have handled or want to handle these differences in the future:**

**Interview a WIC staff member and a client about "who should get to decide how much a child will eat at a meal? The parent or the child?" Jot down their answers as well as your beliefs.**

**My belief:**

**Your colleague's belief:**

**A WIC client's belief:**

**Describe a WIC situation where the client's family (husband, mother, grandmother, father, etc.) disagrees with the "usual" WIC recommendations for infant and child nutrition, introduction of solid foods, breastfeeding, weaning, etc.**

**How do you plan to handle this barrier to getting the client to make a behavior change?**

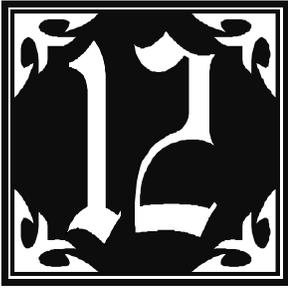
**Describe what would assist you the most to be more effective when working with differences in the WIC clinic: (Be prepared to share your ideas in the discussion time.)**



*Thank you for taking time to understand yourself  
and others around you!*

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Discuss these ideas with your Regional Nutrition Coordinator or designated Nutritionist. These activity pages and a discussion are required for completion of the module.



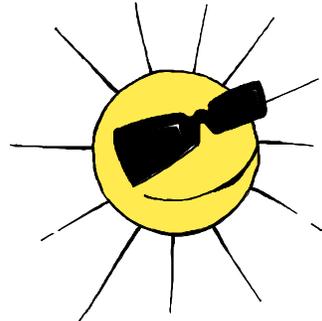
# Become an even better listener.

Everybody knows that to be a good communicator you have to be a good listener.

Think about the person in your life who listens to you best. Who is it? If you analyze how they listen, what would you say? Perhaps you might say they seem comfortable and happy to listen to you and they make you feel comfortable saying almost anything. They don't jump on your case. They have a knack for knowing when to talk and when to listen, what to ask, and what to say. They seem to know what you're going to say next sometimes, so they help you out. They remind you where you were if you get off track. They laugh when you're funny. They give you feedback that they know what you mean; they can relate. A listener like

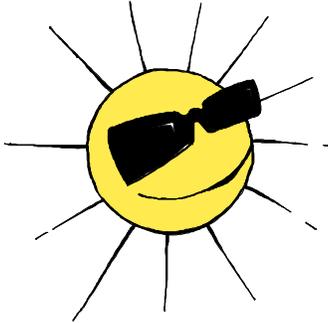
this is worth their weight in gold, aren't they?

Now read through that paragraph again. Does this describe you as a listener in WIC clinic? Let's take a closer look at the art of listening and see if you can become an even better listener than you already are.



**Are you truly "there?"** "Being there" means to be present, really present, as a genuine, authentic person, one-on-one with the participant. People have a very well developed antenna for who is really there and who is not, as well as for who is really listening and who is not. You can't fake truly being there. If people sense that you are really there and that you really care, they will easily believe that you are really listening. If you are just going through the motions

of your job, however, they will suspect that you are not really listening.



- **Do you look at people when they are speaking?** One of the things that tells people you are "really there" is your eyes. For instance, it helps to look at someone when they are talking, even though you may want to look through the record or enter data on the computer at the same time. *You* know you can do three things at a time, but the participant will feel you are not really listening unless you *look* like you're listening. The best way to do that, of course, is to look

directly at someone while they are talking. It also helps to be calm, not restless or fidgety.

- **Do you use "encouragers" often enough?** "Encouragers" are the little interjections of "yes, yes" and "uh-huh" and "I know what you're saying . . ." that encourage people to continue. While you are making these subtle sounds of encouragement, you will probably also nod your head, lean toward the other person, or make other facial expressions that indicate that you are interested in and understand what someone is saying.

***The process of good listening involves learning to harness one's attention so that one is able to concentrate totally on the speaker's message, both verbal and nonverbal. Development of these skills is not difficult, but it does require a conscious effort.***

*B. Holli and R. Calabrese  
Communication and Education Skills*

**Paraphrasing often provides real insight. Just hearing the same comments in another person's words can help someone to see new possibilities and to provoke new insight.**

B. Holli and R. Calabrese  
Communication and Education Skills

- **Do you notice when a person leaves a thought unfinished?** Sometimes people become self-conscious or they aren't sure how much to tell you, so they hesitate or stop talking, leaving you with unanswered questions. Although there's nothing wrong with silence when someone is thinking, the exceptional listener notices awkward gaps and helps with a word or asks an appropriate question so that the participant fills out the picture. Participants often need encouragement to express themselves verbally. They may not be used to having someone really listen to them! They may not be comfortable being in the spotlight as they are in your session. They will appreciate your encouragement if they feel stalled for some reason--plus they will know that you are really listening.

- **Do you check and make sure you've got the facts right?** Just say, "Let me make sure I've got this right. You breastfeed him once before you take him to daycare, and then . . ." This is called "paraphrasing." It *proves* to the participant that

you have been listening! The chances that they will trust your advice or cooperate with you on problem-solving will go up fast if you prove you are listening closely.

- **Do you avoid giving negative feedback while the participant is talking--even if you are shocked?** Fussing at people is not an effective way to help them change their behavior and having a strong negative reaction to something they are telling you they do is not effective either. A negative reaction cuts off communication. Even if you disapprove of something, wait until it's your turn. Then think through your approach. Be sensitive to how the person might react. Your goal is not to make them feel badly about what they're doing, but to help them learn a new way or compelling reasons to do something differently. This is the art of counseling.

- **Do you listen for clues throughout your session?** Participants often drop clues or ask questions about their worries or concerns when

something jogs their memory, like when the child is being weighed and measured or when you are going over a food questionnaire. They also give you clues with their voices or their bodies as to what they are most interested in. Listen for clues. Develop a sixth sense about them. These clues can guide your whole session.

- **Do you separate "gathering information" from "exploring for solutions?"** Listen first and educate later. There is sometimes the temptation, especially for an inexperienced nutrition educator, to mix information gathering with education by jumping in too early with advice or ideas. It works best to gather all the information you need first. Then move on to nutrition education. This

way you have a chance to really prioritize the main concerns of the participant and/or your main concerns. It gets too confusing if you alternately gather information and counsel, then gather more information on something else and counsel again.

Listening might seem like it's the easiest part of your job, but there is more to it than it seems. Listening skills are worth developing. Concentrating on listening and thinking about what the speaker is saying (or perhaps not saying) will enrich your sessions. Also, integrating ways to show the participant you are really listening can make your efforts in nutrition education more effective. Sometimes it's the simplest things that make a big difference in communication. Let's take advantage of this so that we can make more of a difference in peoples' lives without working any harder!

**Someone who is serious about increasing communication competence needs to swallow hard and stretch, forcing themselves to attempt the new behavior. The time to begin is now!**

B. Holli and R. Calabrese  
Communication and Education Skills

# Activities to do before Discussion

## Become an even better listener

1. **What are your strengths as a listener and in what ways could you improve as a listener?** To help you assess that, here is a list of the attributes of a good listener that were just discussed in the module.
  - I am usually truly "there" in a session, present and interested.
  - I clearly demonstrate to people that I am listening to what they say.
  - I usually look directly at people when they are speaking (even when I have paperwork to do).
  - I use "encouragers" often.
  - I am comfortable with a little silence when people are thinking.
  - I try to help people out if they are having trouble expressing themselves.
  - I stay calm, even when a participant tells me something I feel they should not be doing.
  - I am able to pick up little clues about the participant's concerns throughout the session.
  - I keep "gathering information" before I start providing education and helping the client with a goal.
2. **Which 2 things above did you score yourself lowest on?** These would be good skills for you to develop. Write them on an index card and put them over your desk or in your counseling area. For one week, try to focus on practicing these new skills in clinic. At the end of each clinic, assess yourself again on a scale of 1 to 10 on how well you are doing these 2 skills. See if your "scores" go up. See if you are becoming more and more comfortable at doing these things. What is the reaction of your participants? Do you notice any subtle differences? Bring your Activity Worksheet with you to the discussion with your Regional Nutrition Coordinator or designated Nutritionist.

***The listener needs to provide feedback to the speaker that the message has been heard and understood.***

3. **We do that with "encouragers" and body language, like nods and smiles, and we also do it by "paraphrasing."** Paraphrasing is another word for putting the participant's thoughts or feelings in your own words. The module talked about saying, "Let me make sure I've got this right . . . You breastfeed him once before you take him to daycare, and then . . ." That kind of paraphrasing covers the facts. You can also reflect feelings back to the participant, like, "What I'm hearing is that you have a lot of frustration about . . ." Paraphrasing can also show that you understand what a parent is dealing with, like "It sounds like you really have your hands full, especially with a child who . . ."

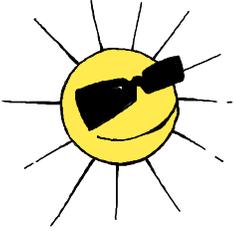
Do you paraphrase in your nutrition education sessions? For one week try to paraphrase once with each participant you talk with. It could be awkward at first. You might want to quit, because it is so different. Hang in there for a full week, though, and see if you can get used to it. It's a skill that takes getting used to, but once you start doing it regularly, you will notice a change in your session. People really want to be listened to. If you are a highly skilled listener who is able to paraphrase, you will find that people listen much more closely to what *you* have to say. It's a two-way street. People are hungry to be heard and understood. Paraphrasing can help you communicate that you are a person who is capable of doing that for them.

Thinking about and doing these activities will prepare you for the discussion with your Regional Nutrition Coordinator or designated Nutritionist. Complete the Activity Worksheet as you practice these activities.

**Activity Worksheet**  
**Bright Ideas - Unit 12**

Name \_\_\_\_\_

Date \_\_\_\_\_



**Become an even better listener**

**1. Rate yourself on a scale of 1 to 10 on each of these attributes:**

I am usually truly "there," present and interested in a session. \_\_\_\_\_

I clearly demonstrate to people that I am listening to what they say. \_\_\_\_\_

I usually look directly at people when they are speaking (even when I have paperwork to do). \_\_\_\_\_

I use "encouragers" often. \_\_\_\_\_

I am comfortable with a little silence when people are thinking. \_\_\_\_\_

I try to help people out if they are having trouble expressing themselves. \_\_\_\_\_

I stay calm, even when a participant tells me something I feel they should not be doing. \_\_\_\_\_

I am able to pick up little clues about the participant's concerns throughout the session. \_\_\_\_\_

I keep listening and "gathering information" before I start providing education and helping the client with a goal. \_\_\_\_\_

**2. List 2 of the above skills you tried to focus on this past month--describe how you are using these skills. Describe reactions you have noticed from your clients.**

**3. List 3 examples of paraphrasing you have used this past month when seeing WIC clients or when talking with WIC staff:**

a.

b.

c.

- 4. List the order of activities you do when certifying a new client.** When are you listening and "gathering information" and when are you providing education and "exploring for solutions?" Describe how you have or may want to change the order to allow yourself the chance to collect all the information before you start to give information. Example: Greet client, Nutrition Questionnaire, Computer Screens, Ht/Wt/HCT, etc.

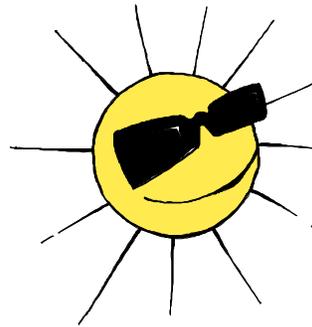
## *The Art of Listening*

Discuss these ideas with your Regional Nutrition Coordinator or designated Nutritionist. These Activity Worksheets and a discussion are required for completion of the module.



## Choose and use printed materials wisely.

In the ideal nutrition education situation, you, the nutrition educator, are able to reach for a printed material that beautifully backs up the point you just made. The printed material is attractive and engaging. You can encourage the participant to put the printed material up on the refrigerator when she gets home so that she can be reminded of what you talked about.



scenario if your parking lot and a waiting room are always littered with nutrition materials people have left behind. You are probably saying, "Let's get real!" if you have too many materials that look like they are left from the 1950s or 1960s. But wouldn't it be wonderful to have compelling tools like that to back up your counseling? Perhaps you are working on that. Perhaps you, who knows best what you need, are participating in the process of developing excellent nutrition materials. Keep it up! You *deserve* excellent tools and you should be a part of the process of developing them.

Maybe you are stuck, however, with some materials that do not really fit the way you counsel or do not really back up the main points you want to make

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**You deserve excellent tools and you should be a part of the process of developing them.**

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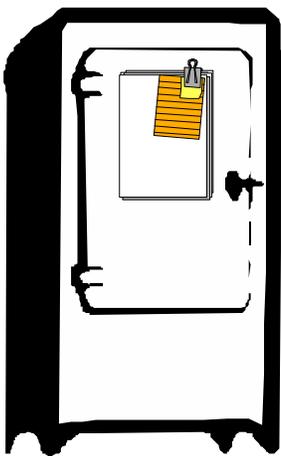
The participant does just that. Everybody else in the family reads it too. In fact, the sister-in-law, who is not on WIC, looks at it and decides she would like to learn more about her child's eating too; so she calls for an appointment!

You are probably saying, "Yeah, right!" to that

with a participant. What can you do, besides create new ones? Make the best of what you've got, of course! Here are some ideas on how to do that:

- **Don't overload a participant with pamphlets!**

If there's one rule on giving out written materials, this is it! A handful of things to take home and read can turn into an easily avoided task. It's more effective to give something a participant can read on a short bus ride or standing in line at the next place they go. Ideally, whatever you give the participant should be able to go on the refrigerator so that they are reminded of what you talked about.



We often get pulled two ways. We want to be sure the participant has all the information we can provide (like on breastfeeding) and at the same time we know that too much is overwhelming. As a general rule one or two printed pieces at a visit are plenty, unless someone asks for more materials.

- **Avoid making the material itself the focus of the session.** Sometimes an inexperienced nutrition educator will make the materials themselves the focus of the session. Avoid this! The participant and your exchange are the focus! The materials back up what you are saying. However, when a participant is highly uncomfortable being the focus, you might want to help take the pressure off them by focusing on a piece of written material. This is the exception however! Don't explain written materials instead of doing effective client-centered nutrition education!

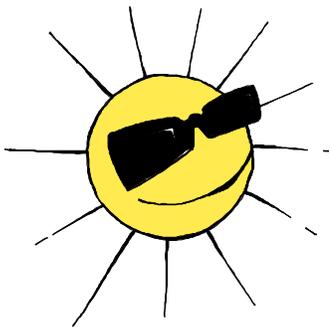
- **Pull out the parts of written materials that back up what you talked about.** Seeing is believing, remember? It is very reinforcing for the participant to see what you have just discussed in black and white! This lends credibility to what you covered. It makes people feel reinforced if they have to go home and explain something to someone else. It also helps set the ideas down more firmly in their

brain because they can now connect to the ideas visually. Backing your main points in writing is an effective educational technique. If you don't have suitable materials, pull out a notepad and write a quick reminder for the participant to take home. That notepad is also good for writing out a goal for a participant if you don't have a suitable pamphlet to write the goal on.

- **Personalize the material, if possible.** We all like things that are just for us. We like information that pertains directly to *our* pregnancy, *our* baby, *our* picky eater. Make the material something that is important to the participant and something she can take home and show her partner. Use a marker on pamphlets

to personalize them. Write in the date you expect the child to start using a cup or the earliest date to eat solid foods. When you are speaking with a parent with several children on WIC, put each child's name on the top of the material that applies to them. If you do there's a much better chance the mom will look at them later.

- **Ask the participant if she wants the material!** Has she gotten the material before? If you have any doubts, ask and make sure she hasn't. Then after you mark it up with all kinds of personal comments relating to her or her child, don't just give it to her! Ask her if she would like to take it home. "Yes!" is a good sign. This is affirming for



***L***et's remember that printed nutrition materials  
are your tools. You are not a slave to your tools!  
They do not direct your nutrition education session. Use  
them to back you up.

you. A reluctant "I guess so" is not such a good sign. How can you make nutrition more pertinent and more interesting for this person?

- **Are you giving out materials on all kinds of things?** Are you giving out materials on everything under the sun--child safety, voter registration, shot records, checks, approved foods lists, and everything else? It happens. How can you call attention to the nutrition material? One way is to encourage a participant to put nutrition materials up on the refrigerator with the cute little refrigerator magnet you have had your phone number printed on! Another way is to ask the participant to explain the material to someone else in the household, like the mother or partner, who may also need to know the information. Are they comfortable with that? You have planted the idea and talked about it, so maybe something will come of it!

Let's remember that printed nutrition materials are your tools. You are not a slave to your tools! They do not direct your nutrition education session. Use them to back you up. Use parts of them. Make them work for you. Use highlighter on them. Maybe sometimes you won't use them at all. There's no rule that a person has to walk away from a session with you with a printed piece! The only rule is this: *Don't overwhelm participants with printed materials!*

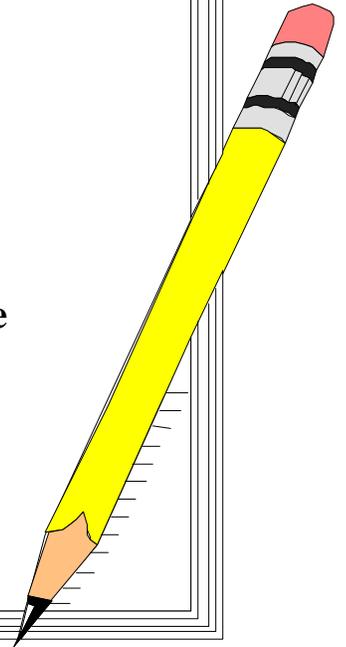


# Activities to do before Discussion

## Choose and use printed materials wisely

1. **Client-centered nutrition education is effective. Materials-centered nutrition education is not very effective.** This is mostly because the adult learner is only going to really pay attention to and use information that is personally relevant. In the period of time before the discussion group, experiment with how you use materials. Change some of the things you have always done and see what happens. Here are some things to try. Copy this list on the copy machine, cut it out, and put it where you can see it during nutrition education.

- **Ask the participant if she wants to take the material home!**
- **Personalize materials in different ways.**
- **Cover just a short section of a pamphlet.**
- **Reach for materials in a different part of your session.**
- **Try NOT reaching for any materials. Write a short note on a notepad instead.**
- **Cut way back on the number of materials you offer.**
- **Use materials to back up what you have already said, rather than to introduce ideas.**



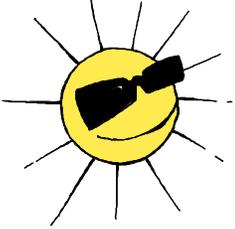
2. **Make 2 lists:** What materials do you wish you had? What materials that you currently have could do a better job supporting what you actually talk about in nutrition education? Bring your lists to the discussion group.
3. **When participants leave your WIC clinic after the first appointment, how many printed materials do they have?** Can any of those be offered on later visits instead? Think about it.
4. **As your assignment for the discussion, write out 5 things you have gotten out of your experience with Bright Ideas, 5 ways it has affected how you operate, or how you think as a nutrition educator.** Go back through the units and your notes to remind yourself, if you'd like. Have you become more conscious of certain things that you were only vaguely conscious of before? Decide if you are a better, more sensitive nutrition educator as a result of the effort you have put into this process of self-development.

Thinking about and doing these activities will prepare you for the discussion with your Regional Nutrition Coordinator or designated Nutritionist. Complete the attached Activity Worksheet during the next month as you practice these activities.

**Activity Worksheet**  
**Bright Ideas - Unit 13**

Name \_\_\_\_\_

Date \_\_\_\_\_



**Choose and use printed materials wisely**

1. List 3 ways you experimented with using pamphlets and printed materials:
  - a.
  - b.
  - c.
2. When do you give clients more than two pamphlets or written information sheets at a WIC appointment?

Describe any thoughts you have on how to avoid overloading the client with materials.

3. What responses do you receive from clients when you ask them if they want to take the materials home?
4. List materials you wish you had available:
5. List changes you would like to see with materials you currently use:

6. Write 5 favorite things you have gotten out of your experience with *Bright Ideas* and/or list 5 ways *Bright Ideas* has affected how you operate or think as a nutrition educator. (Review the units and your Activity Worksheets as a reminder.)

1.

2.

3.

4.

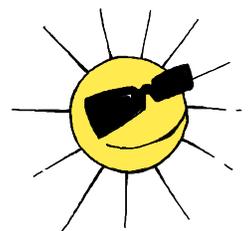
5.

Discuss these ideas with your Regional Nutrition Coordinator or designated Nutritionist. These Activity Worksheets and a discussion are required for completion of the module.

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***Thank you for your efforts to improve your education and counseling skills!  
You deserve to feel good about your efforts at the end of every clinic day.  
You deserve to know you've made a real contribution--because you have!  
Your efforts continue to make the WIC Program one of the most successful  
public health programs ever!!***

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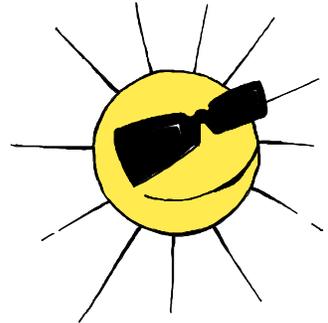




## *Bright Ideas* in Practice

*N*ow you have the opportunity to observe many of the *Bright Idea* principles in action. View the video "Making the Difference with Nutrition Education."

Follow along with the outline attached.



# Colorado WIC Presents "Making a Difference with Nutrition Education"

## Video Outline

WIC works because WIC helps people make the important connection between health and nutrition. We have the chance to help people learn what good nutrition really is and how to fit good nutrition into their everyday lives.

**Setting the Stage**      The client must be relaxed enough to hear what you are saying, think about it, and be able to respond.

Greet the client using their name and give a genuine smile.  
Make eye contact. Look like an especially nice person!  
Introduce yourself. Be pleasant and relaxed.  
Chat with the client. Keep the pressure off.  
Give a brief overview of the appointment.

**Listening**              It is important to really listen to people.

Listen throughout the appointment.  
React, Review, and Reflect on the nutrition questionnaire, diet, and measurements.  
Explain the growth chart carefully and in a simple way.  
Be generous with praise but cautious with criticism!

**Address Nutrition Concerns**      People are much more interested in nutrition if it relates directly to them or their family.

Identify client's major concerns.  
Work your concerns around the client's concerns.  
Brainstorm - Help the client find their own solutions.

Find 1-2 main points for the client to consider doing.  
Remember, the client will be back for other appointments.  
Use open-ended questions.  
Affirm the client's feelings.  
Give the client time to think and respond.  
Point out benefits of changing behavior.

**Using Pamphlets** Information alone is dull, boring, and lifeless. Help the client use the information in a personal way.

Don't overload the client with pamphlets.  
Review only the most pertinent parts.  
Personalize the material. Write a brief reminder of anything the client plans to do.  
Suggest putting the pamphlet on the refrigerator.

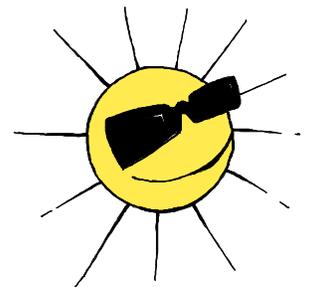
**Setting Nutrition Goals** Setting goals helps people think through what they can do at home.

Find out what changes the client is willing to make.  
Ask the client how difficult it will be.  
Define a goal together. Keep it do-able!  
Write the goal down in her words.  
Make the client feel good about choosing a goal and for being a good parent.

**Follow Up at the Next Appointment** Follow up gives us the chance to reinforce what we talked about but also lets the client know we are interested in them and what they have been doing.

Listen carefully - Ask what the client has done on their goal.  
Praise any hint of positive change!  
Change the goal so it is smaller and more do-able or help the client to try a new goal for the next appointment.  
Half way is much better than not trying at all! Next time the client may be open to going a little further.

**Nutrition Education is a dynamic process!**  
**Nutrition education in WIC happens a little bit at a time.**



**Bamboo Seed**

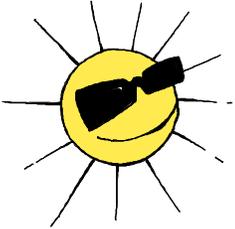
We can go days, months, and sometimes even years saying the same things over and over without any sign of encouragement or change. The connections you make today between nutrition and health information may take root and grow in the future!

**Thank you for your efforts everyday! Keep up the good work!!**

**Activity Worksheet**  
**Bright Ideas - Unit 14**

Name \_\_\_\_\_

Date \_\_\_\_\_

**Making a Difference with Nutrition Education**

Complete this worksheet after watching the video. Discuss the video with your Regional Nutrition Coordinator or designated Nutritionist.

- List one idea, insight, or concept you identified from the video that was new or reinforced for you that you would like to reflect in your work.**
- Describe two ways you plan to positively set the stage when first interacting with a WIC participant.**
- Place an "X" by the responses below that would be appropriate during the information gathering stage of a WIC visit when the intent is *listening*.** The situation: You are in the process of weighing a pregnant woman and she tells you that she hopes she hasn't gained too much weight because she does not want to get "fat." You would:  
 Use this as an opportunity to educate on the importance of adequate weight gain  
 Affirm her concerns about gaining excessive weight  
 Ask her what her health care provider said about her weight  
 Remark that she has indeed gained weight  
 Ask her how much weight she would like to gain  
 Tell her that the weight she gains in pregnancy will go away after delivery
- Why do you think the WIC Educator did not try to get the mother to stop giving her daughter Kool-Aid?**
- How do you respond when a client states that they have not tried the goal?**
- Explain the analogy of the Bamboo See with WIC nutrition education.**

## Moving Forward with Bright Ideas

Write 5 favorite things you have gotten out of your experience with *Bright Ideas* and/or list 5 ways *Bright Ideas* has affected how you operate or think as a nutrition educator. (Review the units and your Activity Worksheets as a reminder.)

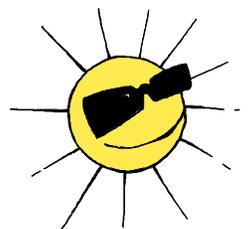
- 1.
- 2.
- 3.
- 4.
- 5.

Discuss these ideas with your Regional Nutrition Coordinator or designated Nutritionist. These Activity Worksheets and discussion are required for completion of the module.

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***Thank you for your efforts to improve your education and counseling skills!  
You deserve to feel good about your efforts at the end of every clinic day.  
You deserve to know you've made a real contribution--because you have!  
Your efforts continue to make the WIC Program one of the most successful  
public health programs ever!!***

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# Evaluation

Congratulations on completing the units of the *Bright Ideas* Nutrition Education Skills Module!  
**Good job!!**

The last part remaining to the module is evaluation. On the next page is the Nutrition Education Skills Evaluation Tool. This is your chance to demonstrate *Bright Ideas!*

Have your Regional Nutrition Coordinator or designated Nutritionist observe you with a participant. They will use the evaluation tool to identify the great skills you use when providing nutrition education. They may also be able to find areas that require a little more practice. Remember . . . we all need improvement in some areas. No one is ever "great" in all areas and at all times. Part of the *Bright Ideas* concept is identifying areas to work on and creating plans for improvement.

# WIC Nutrition Education Skills Evaluation Tool

Name \_\_\_\_\_

Reviewer \_\_\_\_\_

Date \_\_\_\_\_

<u>Great</u>	<u>Needs Improvement</u>	<u>Not Yet Attempted</u>
--------------	--------------------------	--------------------------

**Introduction and Friendly Comments**

(Reference: *Bright Ideas*, Units 1, 3)

- |   |       |       |       |
|---|-------|-------|-------|
| Prepared for client visit                 | _____ | _____ | _____ |
| Avoids making the client wait             | _____ | _____ | _____ |
| Greets client warmly                      | _____ | _____ | _____ |
| Introduces self                           | _____ | _____ | _____ |
| Makes initial positive comment            | _____ | _____ | _____ |
| Touches client if comfortable/appropriate | _____ | _____ | _____ |
| Refers to client/children by name         | _____ | _____ | _____ |
| Comments: _____                           |       |       |       |

**Overview of What to Expect** (Reference: *Bright Ideas*, Unit 1)

- |  |       |       |       |
|--|-------|-------|-------|
| Asks what client knows about WIC (1st visit)   | _____ | _____ | _____ |
| Explains what the appointment is for and how long it will take                                       | _____ | _____ | _____ |
| Explains WIC provides supplemental foods, nutrition education, and health care referrals (1st visit) | _____ | _____ | _____ |
| Comments: _____  |       |       |       |

**Getting Information/Diet Assessment/Measurements**

(Reference: *Bright Ideas*, Unit 12)

- |   |       |       |       |
|---|-------|-------|-------|
| Collects information accurately/efficiently   | _____ | _____ | _____ |
| Uses open ended questions (how, when, how much, who, what, where?)                  | _____ | _____ | _____ |
| Listens attentively   | _____ | _____ | _____ |
| Acknowledges client's thoughts and concerns (uses "encouragers")                    | _____ | _____ | _____ |
| Stays on task   | _____ | _____ | _____ |
| Completes evaluation of Ht/Wt/Hct/Diet and Nutrition Questionnaire before education | _____ | _____ | _____ |
| Comments: _____   |       |       |       |

**Identify Problem/Topic Areas** (Reference: *Bright Ideas*, Units 3, 4)

- |   |       |       |       |
|---|-------|-------|-------|
| Explains why client qualifies (NRF) for WIC (certification/recertification) | _____ | _____ | _____ |
| Identifies 2-3 priority items from information collected                    | _____ | _____ | _____ |
| Asks and listens to client's priorities/concerns                            | _____ | _____ | _____ |
| Makes smooth transition to providing education                              | _____ | _____ | _____ |
| Comments: _____   |       |       |       |

**Giving the Information** (Reference: *Bright Ideas*, Units 2, 4, 5, 6, 13)

- |   |       |       |       |
|---|-------|-------|-------|
| Provides information pertinent to client concerns | _____ | _____ | _____ |
| Points out the benefits to client                 | _____ | _____ | _____ |
| Incorporates clients ideas/solutions              | _____ | _____ | _____ |
| Limits information to only 2-3 main topics        | _____ | _____ | _____ |
| Includes no more than 1-2 appropriate handouts    | _____ | _____ | _____ |
| Comments: _____                                   |       |       |       |



	<u>Great</u>	<u>Needs Improvement</u>	<u>Not Yet Attempted</u>
<b>Behavior Change Goal</b> (Reference: <i>Bright Ideas</i> , Units 7, 8, 10)			
Finds out what the client is willing to change and how	_____	_____	_____
Helps the client identify 1-3 small achievable goals	_____	_____	_____
Helps the client make the goal(s) specific (how, when, how much, who, what, where?)	_____	_____	_____
Asks client how difficult it will be to reach their goal	_____	_____	_____
Asks client what potential obstacles may interfere with their progress (social, personal, physical environment)	_____	_____	_____
Asks client for ways to eliminate or minimize problems	_____	_____	_____
Asks client to summarize what they plan to do	_____	_____	_____
Personalizes handout by writing name and goal on handout (if appropriate)	_____	_____	_____
Documents goal on care plan	_____	_____	_____
Tells client they will ask them how it worked at the next WIC appointment	_____	_____	_____
Comments: _____			
<b>Physical Environment</b> (Reference: <i>Bright Ideas</i> , Unit 1)			
Semi-private	_____	_____	_____
Attractive/organized	_____	_____	_____
Comfortable	_____	_____	_____
Client's chair arranged to allow client facing staff without the desk between (knee to knee)	_____	_____	_____
Distance between staff and client 3 feet or less	_____	_____	_____
Children adequately attended to	_____	_____	_____
Apologizes for interruptions	_____	_____	_____
Comments: _____			
<b>Interviewer Behaviors Throughout Session</b>			
(Reference: <i>Bright Ideas</i> , Units 9, 11)			
Makes regular eye contact	_____	_____	_____
Facial expression - friendly	_____	_____	_____
Posture - relaxed, open, facing client	_____	_____	_____
Listens to client	_____	_____	_____
Avoids making client defensive/avoids fussing at the client	_____	_____	_____
Gives positive genuine feedback and support	_____	_____	_____
Checks routinely to see if client has questions	_____	_____	_____
Acknowledges and adjusts for difficult situations (upset client, crying infant)	_____	_____	_____
Aware of cultural differences	_____	_____	_____
Comments: _____			
<b>Client Response</b> (True measure of effectiveness - did it work?)			
(Reference: <i>Bright Ideas</i> , Units 9, 10)			
Client participated in session	_____	_____	_____
Client indicated session was helpful	_____	_____	_____
Client had opportunity for responses	_____	_____	_____
Client left appointment with a plan and specific goal to work on	_____	_____	_____
Comments: _____			

**Staff goal to improve nutrition education skills and communication with WIC clients:**

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