

Nutrition Counseling: Common Mistakes

By Molly Kellogg, RD, LCSW

Many common conversational patterns are counterproductive in the context of nutrition counseling. Ways of interacting that work well with family or friends do not always transfer effectively into our work. Here are some common mistakes that will have the opposite effect than we intend.

- When giving information, using **imperative language**, such as “You have to...” “You ought to...,” brings up resistance. Instead use factual language, such as “This is the amount of rice that contains 15 grams of carbohydrate.”
- **Sharing too much** about yourself. The counseling relationship is not about you. It is about the client and her life.
- **Launching into advice** before finding out what the client already knows about this topic and what she wants from you. Not obtaining permission to proceed with instruction will often result in the client tuning you out.
- Missing opportunities to **reflect change talk**, such as “I want to have more energy,” and “I might be able to walk at lunch.” When we take a moment to reflect back in our own words the client’s motivations and plans, we make change more likely.
- **Arguing or confronting** a client who is resisting. When you say, “But exercise is essential for maintaining your weight loss,” the client’s resistance will strengthen. Instead roll with it. For example, “You find most forms of physical activity uncomfortable.”
- Not **asking for help** when you feel stuck with a particular client or when you have a strong emotional response. Talking it over with a colleague or supervisor may provide options that had not occurred to you. Someone else can help you set aside your responses that interfere with effective client care. Asking for help also makes burnout less likely.
- Trying to **do everything yourself** when you could collaborate with other professionals. Refer out to a more appropriate dietitian or for additional treatment. This is especially important when you suspect depression or other psychiatric concern.

- **Working harder than the client.** When you notice this, shift to open-ended questions to elicit what the client needs from you, ideas he has, and what he can see himself doing.
- Trying to **fit everything in one visit.** If you know you will not be able to cover everything, tell the client up front and decide together what will be put off for a future visit or covered in printed material.
- Not **acknowledging a client's ambivalence** to make the changes you are recommending. Permanent change often means working through ambivalence. When you acknowledge it, the working-through process becomes more likely.
- Opening a session with a **series of closed questions.** This encourages a passive role for the client and elicits resistance. Instead begin with a bit of small talk and then an open-ended question, such as "What do you most need from me today?" Throughout the session, use as many open-ended questions as possible.
- Missing opportunities to **affirm clients' efforts and strengths** even if they seem small. Offer affirmations, such as "You are well informed about the role of food in managing your blood sugar," or "You are someone who sticks with something even when it's frustrating." Affirmations have been shown to increase the likelihood of further positive changes.
- Assuming you are done developing your counseling competence. There is **always room for improvement.** Pick one specific skill to practice for a week or so, review how it went and repeat with another skill, over and over.

© 2012. Molly Kellogg, RD, LCSW, is the author of the free email series "Counseling Tips for Nutrition Therapists," available at www.mollykellogg.com, and two Practice Workbooks. She is a member of the Motivational Interviewing Network of Trainers and served on the Nutrition Counseling Workgroup of ADA's Evidence Analysis Library. She trains health professionals around the country in her 12-hour "Counseling Intensive" workshops.