

## **Nutrition Education and Counseling Module**

### **Short Answer Scenario Questions**

**S1. Ms. Jones has an appointment with the Registered Dietitian to manage her high blood pressure. The MD diet order is written as a general “healthy diet with sodium restriction” which allows the RD to instruct on a blood pressure lowering eating pattern. What eating pattern or diet would you recommend and why?**

**S2. A list of foods that are high in iron may be a successful trigger to dietary improvement for someone concerned over recent diagnoses of anemia. However, just memorizing a list of high-iron foods, could create what types of problems?**

**S3. Food and nutrition professionals who counsel clients need continually to strengthen their skills, updating competencies, and documenting outcomes as they practice. What techniques do you recommend for professionals to stay up-to-date?**

**S4. Due to the volume of information that may swell around a single topic such as what occurred with trans-fats, many individuals may seek label information on foods they purchase. Although it is encouraging for women to learn of the dangers of ingredients such as trans-fats, what could be the problem with just focusing on 'trans fat'?**

**S5. It is reasonable to assume that many consumers are eating larger portions than what is defined as one serving of food on a label. What information should nutrition professionals emphasize when educating clients about portion control of foods.**

**S6. Low-carb diets are the craze for many individuals. What would you say to explain the problems with low-carb eating?**

**S7. Avoiding or limiting dairy products – in an attempt to reduce one’s fat intake, lose weight, avoid animal products or out of concerns for lactose intolerance may similarly result in what health problems?**

**S8. Many individuals are searching for a quick fix or “magic bullet” to their body weight problems. The psychology of an individual who thinks his/her success only occurs when they follow a certain diet (target behavior) has a dichotomous approach to thinking. For example, if this individual follows their diet for 5 days (has self-efficacy) and on the 6<sup>th</sup> day are in a shopping center and they smell fresh baked cookies, a high-risk situation may occur. Let’s assume they can’t resist buying 3 of the freshly baked cookies and devouring them quickly (loss of control). An hour later the individual professes to their best friend,**

**“I ate three cookies. I have blown my diet. I might as well go back and buy a dozen....they were so good!”**

**What could you say to guide this individual in the high-risk setting? How could you counsel this individual to regain their self-efficacy?**

**S9. Using the scenario above, what client-centered techniques would be appropriate?**

- a. Closed-ended questions
- b. Reflections
- c. Stages of Change

**S10. A primary care clinic was opened by new physicians who had learned client-centered counseling techniques while in medical school. They invited and interviewed a Registered Dietitian to join their practice. In the interview, the Registered Dietitian was asked if she used client-centered counseling techniques and she responded quickly, “Yes, of course!” Then one of the physicians asked if she would explain what she does. How would you respond?**