



Training Guide for the Michigan WIC Registered Dietitian or Registered Dietitian Nutritionist



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Michigan Department of Health and Human Services WIC Program

Lansing, MI

Michigan.gov/WIC

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About this Training

The goals of this training are:

1. Provide an overview of public health and community nutrition, including Healthy People 2030, the social determinants of health, and the socio-economic model related to the needs of WIC families.
2. Describe the role of the WIC registered dietitian (RD) or registered dietitian nutritionist (RDN) as communicators of nutrition and health.
3. Provide best practice strategies and resources for the WIC RD/RDN to deliver effective high risk counseling services.

In the world of federal nutrition programs in public health, WIC provides food benefits, nutrition education, breastfeeding support, and referrals for pregnant, postpartum, and breastfeeding women, infants, and young children up to their fifth birthday. You play an essential part in impacting your community by providing quality nutrition services for WIC clients.



Photo by [John David](#) on [Unsp](#)

Section I: Overview of Public Health and Community Nutrition

Introduction

In the past few decades, the role of the public health and community nutrition RD/RDN has expanded with many diverse practice opportunities in a complex, multifaceted array of programs and services for individuals and populations.

The RD/RDN comes to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) with various experiences, perspectives, knowledge, skills, and abilities. Effectively serving WIC clients can be complex due to the high volume of visits and demanding time constraints. This training equips you with essential resources to provide quality nutrition services, be more efficient and effective, and positively impact the health and well-being of WIC families. In addition, each topic comes with links to websites for more information and resources.



[WIC Image Gallery](#)

Activity

Before we begin reviewing your role in WIC, take a few minutes to explore your expectations about this training. First, what would you like to learn? Then, reflect on a challenging situation you have encountered recently. Why was it difficult?

Feel free to share your thoughts or reflect on your experience alone or with a partner. Listening to others provides an opportunity for you to appreciate their diverse perspective.



[WIC Image Gallery](#)

Social Determinants of Health

Healthy People 2030 has led the nation by focusing on social determinants of health, including prioritizing economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context as factors that influence health.

Social Determinants of Health



[Social Determinants of Health](#)

The Social Determinants of Health key areas contain objectives that impact WIC families, such as:

- Increase the proportion of people whose water systems have the recommended amount of fluoride.
- Reduce blood lead levels in children aged 1 to 5 years.
- Increase the proportion of adults who walk or bike to get places.
- Increase the proportion of smoke-free homes.
- Reduce the proportion of people who don't smoke but are exposed to secondhand smoke.
- Reduce household food insecurity and hunger.
- Eliminate very low food security in children.
- Increase the health literacy of the population.
- Increase the proportion of children with developmental delays who get intervention services by age four.
- Increase use of the oral health care system.
- Reduce the proportion of people who can't get dental care when they need it.
- Increase the proportion of pregnant women who receive early and adequate prenatal care.²

To learn more, visit [Social Determinants of Health](#).

Public Health

The Centers for Disease Control and Prevention (CDC) defines public health as the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals.¹ This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing, and responding to infectious diseases.

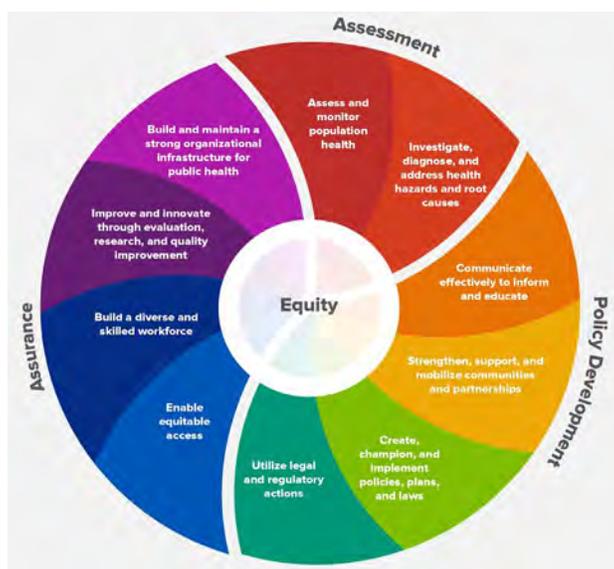
Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood or as big as a whole country or region of the world.

Public health professionals try to prevent problems from happening or recurring through implementing educational programs, recommending policies, administering services, and conducting research—in contrast to clinical professionals, who focus primarily on treating individuals after they become sick or injured. Public health also works to limit health disparities. A large part of public health is promoting healthcare equity, quality, and accessibility.² WIC is a public health program focusing on pregnant, postpartum, and breastfeeding women, infants, and children up to five years of age.

To learn more, visit:

[Introduction to Public Health | Public Health 101 Series](#)

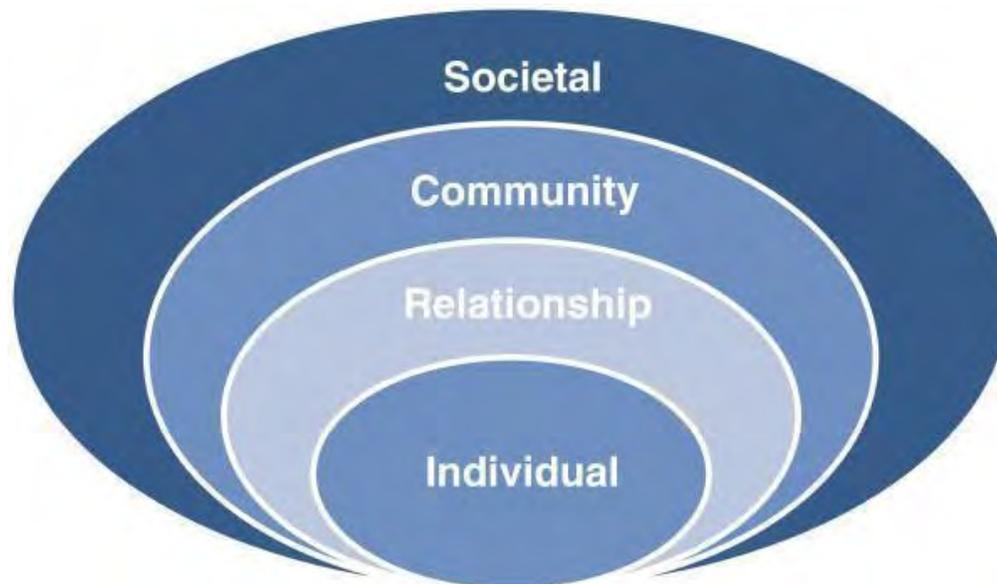
[What is Public Health? About WIC: Giving Families a Healthy Start – WIC Ten Essential Public Health Services](#)



[10 Essential Public Health Services](#)

The Social-Ecological Model for Food and Physical Activity

The Social-Ecological Model (SEM) helps you understand how layers of influence intersect to shape a person's food and physical activity choices.



[The Social-Ecological Model](#)

This model illustrates the layers of influence for health outcomes:

- **Individual factors** - demographic factors, psychosocial, knowledge, and skills.
- **Environmental settings** - schools, workplaces, faith-based organizations, retail food establishments.
- **Sectors of influences** - government, industry, media, public health, and health care system.
- **Social and cultural norms and values** - belief systems, religion, heritage, body image.³

These layers of influence combine to shape an individual's food and physical activity choices and ultimately one's calorie balance and chronic disease risk. Evidence has shown that implementing changes at various levels effectively improves healthy eating and physical activity behaviors. When counseling WIC families, keep in mind the need to address lifestyle changes at the different levels of influence to make a lasting impact.

To learn more, visit [The Social-Ecological Model](#).

Public Health and Community Nutrition

Public health and community nutrition are rapidly changing practice areas for the RD/RDN. Public health nutrition is about applying nutrition and public health principles to improve or maintain optimal health of populations and targeted groups through enhancements in programs, systems, policies, and environments.

You may be involved in public health-focused efforts by participating in program planning, research, outreach, policies, workgroups, advisory boards, and streamlining systems to serve your community better.

WIC RDs/RDNs also participate in community health nutrition encompassing individual and interpersonal-level interventions. Community health nutrition focuses on creating changes in knowledge, attitudes, behavior, and health outcomes either individually or in small groups within your setting. You may function as a community nutritionist in the following ways:

- Developing, providing, and evaluating nutrition education and counseling efforts for small groups and individuals.
- Planning, implementing, and evaluating primary and secondary prevention interventions based on community assessment data and scientific evidence.
- Developing nutrition programs and interventions, including related educational materials and in-service education programs, that meet the cultural and linguistic needs of individuals and target populations.
- Providing referrals to and collaborating with local health organizations to ensure comprehensive nutrition services.
- Administering programs and supervising staff.
- Participating in care coordination or providing case management.^{4,5}



[Daniela Carvalho from Pixabay](#)

Supporting WIC Families

You can offer support to WIC families who often face socio-economic issues that affect their nutrition and health outcomes. Below are some key areas to help you learn more about these issues.

Socio-Economic Issues Related to WIC Families

Topic	Link
Food Insecurity and Poverty	Economic Stability Healthy People 2030 Explore Food Insecurity in Michigan 2020 Health of Women and Children
Infant Health and Reducing Mortality	Promoting Health for Infants The Role of WIC in Reducing Infant Mortality
Maternal Health and Reducing Mortality	Healthy Women, Healthy Pregnancies, Healthy Futures: Action Plan to Improve Maternal Health in America The Role of WIC in Reducing Maternal Mortality Full Report Health Problems in Pregnancy WIC Works Resource System
Water Safety	Ground Water and Drinking Water US EPA Mi Lead Safe - Mi Lead Safe
Oral Health	WIC and Oral Health MDHHS - Oral Health
Trauma-Informed Care and Building Resilience	Adverse Childhood Experiences (ACEs) How to Implement Trauma-Informed Care to Build Resilience to Childhood Trauma MDHHS - Trauma & Toxic Stress

Summary and Application

Here are some highlights from Section I: Overview of Public Health and Community Nutrition.

- WIC is a nutrition program that addresses the unique nutritional needs of pregnant, breastfeeding, and postpartum women, infants, and children up to five years of age.
- Each individual and family's health has layers of influence - individual, relationship, community, and society.
- Public health programs such as WIC provide services to reduce disparities and promote and protect people's health.
- You may participate in public health planning, research, outreach, and policy development to serve your community better.
- As a community nutritionist, you provide services such as developing, delivering, and evaluating nutrition education and counseling for WIC clients.
- You may also be involved in community intervention strategies based on assessment data and research.
- Because WIC provides referral services, you may collaborate and refer WIC clients to other health programs, coordinate care, and participate in case management.

Take a few minutes and answer these questions.

- What is your role as a public health and community nutritionist?
- Can you identify ways the WIC program reduces disparities, and promotes and protects the health of the community?



[SNAP-Ed Fruits and Vegetables](#)

Section II: Communicating Nutrition

Culture, Language and Health Literacy

RDs/RDNs are communicators of nutrition and health information. You help WIC clients understand and use health information and services. Many health and healthcare activities are unfamiliar, complicated, and too technical for WIC families. To improve nutrition and health outcomes, you need to recognize and address each client's unique cultural, language, and health literacy.

To learn more, visit [Culture, Language, and Health Literacy](#).



[Image by Gerd Altmann from Pixabay](#)

Embracing Cultures

Culture is the attitudes and behaviors characteristic of a group or community.⁷

Multicultural intelligence/awareness is the capability to relate and work effectively with people from different cultural backgrounds. Multicultural intelligence includes understanding how sociocultural aspects -- race, ethnicity, religion, group affiliation, socio-economic status, and worldview -- affect nutrition and health practices.⁷

Cultural competence is a set of similar behaviors, attitudes, and policies in a system, agency, or among professionals that enable effective work in cross-cultural situations. It is the ability to understand, appreciate, and interact with people from cultures or belief systems different from one's own. In addition, cultural competence emphasizes effectively operating in different cultural contexts and altering practices to reach other cultural groups.

Cultural humility moves beyond cultural competence and encompasses seeing others as individuals, not a representative collection of culture, race, or ethnicity. Each client is the expert in their culture, life, and food practices. It is essential to know and respect your clients' views, perceptions, cultural traditions, and experiences to guide and empower them. See [Embracing Cultures_Resources](#) in the [Appendix](#) for more resources about embracing cultures.

To learn more, visit:

[What is Cultural Competence?](#)

[Cultural Humility](#)



[American Indian in Traditional Clothes by Freepik](#)

Linguistic Competence

Linguistic competence is the capacity to communicate effectively and convey information that diverse groups can easily understand, including persons of limited English proficiency, those with low literacy skills, individuals with disabilities, and those who are deaf or hard of hearing. If necessary, WIC staff can deliver services to clients in their preferred language and mode with interpretation and translation services. In addition, WIC clients can receive written materials translated, adapted, or provided in formats easily understood.

Clients or authorized persons who do not speak English as their primary language or have limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP" and are entitled to receive language assistance. You can arrange for interpretation services when providing nutrition counseling and education.

To learn more, visit:

[Resources for Reaching People in Multiple Languages](#)

[Federal Resources for Health Info in Multiple Languages](#)

[Health Information in Multiple Languages](#)



[People photo created by shurkin_son - www.freepik.com](#)

Health Literacy

Limited health literacy and limited literacy are not the same issues. A WIC client's reading, writing, and number skills are only a part of their health literacy. They need strong literacy and numeracy skills to make it easier to understand and use health information and WIC Program services. The US Department of Health and Human Services provides the following definitions:

- **Personal health literacy** is the degree to which individuals can find, understand and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand and use information and services to inform health-related decisions and actions for themselves and others.

These definitions emphasize people's ability to use health information rather than only understand it, focus on their ability to make "well-informed" decisions, incorporate a public health perspective, and acknowledge that organizations have a responsibility to address health literacy.⁶

To learn more, visit:

[Health Literacy in Healthy People 2030 | health.gov](#)

[What is Health Literacy? | Health Literacy](#)

[Find Training | Health Literacy](#)



[Physical Activity 5 by WIC Works Image Gallery](#)

Using Plain Language for Nutrition and Health Messages

Effectively communicating nutrition and health information means WIC staff understand WIC families. Plain messages need to be clear, to the point, help to improve communication, and take less time to read and understand. Clients should easily find what they need, understand the first time they read or hear it, and use it to meet their needs.

Here are some techniques to effectively communicate health messages recommended by the [Plain Language Action and Information Network](#):

- Use reader-centered organization.
- Use pronouns such as “you.”
- Use an active voice, not passive.
- Write messages in short sentences and paragraphs.
- Show easy-to-follow design features (lists, headers, tables).⁸

To learn more, visit:

[Federal Plain Language Guidelines](#)

[Plain Language Materials & Resources | Health Literacy](#)

[MI-WIC Policy 5.01B Nutrition Education Materials Evaluation Form](#)



[Food Packages Farmers Market and Grocery Store 4](#)

Social Media and Ethical Considerations

Social media connects WIC services with clients and their communities. Tools such as blogs, social networks, and media-sharing sites help clients find accurate, balanced, and reliable nutrition and health information. When using social media, you need to follow the Academy of Nutrition and Dietetics Code of Ethics, guidance from the Michigan WIC Program, and your employer. To effectively practice social media professionalism, follow disclosure rules and copyright laws, and protect client privacy and confidentiality.⁹ For more resources, visit the [Social Media and Ethics Resources](#) in the [Appendix](#).

To learn more, visit:

[MI-WIC Policy 5.01A](#)

[Michigan WIC LA Telehealth Guide](#)



[Baby photo created by tirachardz www.freepik.com](#)

Summary and Application

Here are some highlights from Section II: Communicating Nutrition.

- WIC RDs/RDNs are communicators of nutrition and health information. Because the WIC program serves a diverse population, you need to have multicultural intelligence and awareness to work effectively with people from different cultural backgrounds.
- Cultural competence is the ability to understand, appreciate, and interact with people from cultures or belief systems different from one's own. Cultural humility goes beyond cultural competence and sees others as individuals, not collectively as a culture, race, or ethnicity.
- Linguistic competence effectively delivers information to diverse groups and provides nutrition and health messages that individuals can understand.
- Health literacy is about WIC families making informed health decisions. When you communicate using plain language strategies, WIC families can understand and make lifestyle changes to improve their health.
- You can help WIC families find accurate, balanced, and reliable health and nutrition information on social media while following good ethical practices.

Take a few minutes and answer these questions.

- What is the difference between cultural competence and cultural humility?
- What are the Michigan WIC guidance and your employer's policy for communicating with WIC families using social media?
- What multi-language resources does your WIC setting have available for WIC families?



[Grandmother Toddler -Pixabay](#)

Section III: Nutrition Counseling

Nutrition Counseling in the WIC Setting

The WIC Program offers benefits for low-income pregnant, breastfeeding and postpartum women, and infants and children up to age five who are at nutrition risk:

- Nutritious supplemental foods.
- Breastfeeding education and support.
- Nutrition education and counseling.
- Referrals to community resources, including other nutrition programs and services, health care and dental services, housing options, and transportation services.¹⁰

Some WIC families face nutrition-related high risk conditions or complex issues and can benefit from individualized nutrition counseling from an RD/RDN. Nutrition counseling is a supportive process using a collaborative counselor-client relationship to establish food, nutrition, and physical activity priorities, set goals, and create individualized care plans which acknowledge and foster self-care responsibility.

To learn more, visit [Professional Resources](#) in the [Appendix](#).



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Referrals for Nutrition Counseling

Any WIC client or caregiver can request a nutrition counseling session with a WIC RD/RDN and be encouraged to use this unique WIC Program benefit.

As part of a WIC application of client certification/recertification or infant evaluation/reevaluation, a competent professional authority (CPA) identifies all applicable nutrition risks. In addition, the Michigan WIC Program designates certain nutrition risk conditions as high risk and offers a referral to an RD/RDN for an in-depth nutrition counseling session. You can find [Michigan WIC High Risk Conditions](#) in the [Appendix](#).

Other client situations may also warrant a referral for nutrition counseling. The Michigan WIC Program requires that CPAs refer clients for a nutrition counseling session within 30 days, either in-person at the WIC office or remotely using a secure platform for the following:

- One or more high risk codes.
- An assigned WIC food package with a Class III formula.
- A WIC risk is designated as high risk by local agency policy.
- Multiple conditions or client circumstances that the CPA designates as high risk.¹²

To learn more, visit:

[Policy 2.13 Nutrition Risk Determination](#), [MI-WIC Policy 2.13A](#), [MI-WIC Policy 2.13B](#)
[MI-WIC Policy 5.06 Nutrition Services for High Risk Clients](#)
[MI-WIC Policy 7.03](#), [Michigan WIC Authorized Formulas](#)



[WIC Works - BF PC 4](#)

Face-to-Face vs. Remote Nutrition Counseling

Face-to-face nutrition counseling provides a unique opportunity to observe clients up close, see their physical status and speak directly with them. Also, clients or caregivers may share information knowing it is a private setting. Many WIC families face barriers to accessing transportation or the time and cost of getting to the WIC office. While some clients may prefer face-to-face interaction for nutrition counseling, others may prefer a remote nutrition counseling session. WIC staff should be sensitive to each client's preferences and recognize they may face barriers for in-person or remote nutrition counseling.

Michigan WIC agencies offer nutrition counseling remotely using secure audio and video platforms. Clients and authorized persons may benefit from remote services to help manage time and transportation barriers when caring for young infants and children. In addition, discussing nutrition issues from the comfort of their homes may contribute to more relaxed and deeper conversations. Barriers such as the inability to measure weights and heights, address portion sizes and eating habits and assess other anthropometric, biochemical, clinical, and dietary risk factors pose problems. You have an opportunity to rethink and navigate best practices in serving your clients and communities.



[WIC Works CE9](#)

Remote nutrition counseling can be practical, but it is necessary to acknowledge that it may not always be appropriate for every client. For example, some lack Internet access or may lack video conferencing options on their phone or computer. Others may prefer face-to-face interaction or to attend some appointments in person.

When conducting a remote counseling appointment, consider the following strategies to make the interaction effective:

- **Avoid distractions.** Tell the client in advance that being in a private, quiet place during the appointment is ideal.
- **Prepare in advance.** Ensure that information, such as measurements, materials, or resources (e.g., website links) will be available during the discussion.
- **Compensate for lack of body language.** For audio-only counseling appointments, account for the lack of nonverbal communication. Body language is a rich source of information unavailable via phone, so your tone and word choice become even more critical.⁷

Some helpful techniques to compensate for lack of visual contact include:

- Smile at the beginning of the call; the client will sense the smile by the tone of your voice.
- Set the agenda for your time together.
- Use follow-up questions, reflective listening, and summaries.
- Listen even more carefully for motivation language.⁷



Photo by [Beci Harmony](#) on [Unsplash](#)

Using the Nutrition Care Model for Nutrition Counseling

In 2003, the Academy of Nutrition and Dietetics adopted the Nutrition Care Process Model (NCPM) as a framework for you to follow when providing nutrition services. The Michigan WIC nutrition counseling process parallels the NCPM using concise and focused documentation for continuity of care, as shown below.

Nutrition Care Process	Michigan WIC Nutrition Counseling
Nutrition Assessment	Assessment
Nutrition Diagnosis(es)	Client Issue(s)/Nutrition Risk(s)
Nutrition Intervention(s)	Intervention
Nutrition Monitoring and Evaluation	Monitoring and Evaluation

- **Assessment:** WIC staff collect and document anthropometric, biochemical, clinical, and dietary data pertinent to the high risk appointment, including health history, growth or prenatal weight gain, laboratory data, dietary and medical information, and the problem list notes.
- **Client Issue(s)/Nutrition Risk(s):** The RD/RDN determines one or more specific risks or issues based on the assessment, then documents it in the form of a PES statement, SOAP note, or narrative. The RD/RDN tailors the client's cultural values, language, literacy needs, and learning readiness when counseling.
- **Intervention:** The RD/RDN develops the behavior change goal(s) with the WIC client or caregiver directed at the cause of the nutrition issue by reducing or alleviating signs and symptoms. The RD/RDN identifies and provides resources, reinforcements, and referrals to assist the client or caregiver in achieving their desired goal(s).
- **Monitoring and Evaluation:** The RD/RDN determines if the WIC client progressed toward the planned goals and creates follow-up plans related to the intervention to support continuity of care.

To learn more, visit:

[MI-WIC Policy 5.06 Nutrition Services for High Risk Clients Nutrition Care Process](#)

The Nutrition Care Process and Medical Nutrition Therapy

The nutrition care process (NCP) is a framework widely used for critical thinking and problem-solving in all dietetic practice areas, including public health and community nutrition. Though other programs that offer reimbursement for services may define MNT differently, the Academy of Nutrition and Dietetics defines it as:

Medical Nutrition Therapy (MNT) is an evidence-based application of the Nutrition Care Process. The provision of MNT (to a patient/client) may include one or more of the following: nutrition assessment/reassessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation that typically results in the prevention, delay, or management of diseases and/or conditions.

To learn more, visit:

[Applying the Nutrition Care Process in the WIC setting](#)
[MI-WIC Policy RD/RDN](#)



[USDA FNS WIC](#)

Gathering Assessment Information

At WIC client appointments, WIC staff collect assessment data and enter it into the client record. Clients with a high risk condition must be offered a referral for nutrition counseling within 30 days of a WIC visit. The record is flagged for nutrition counseling once WIC staff schedules a nutrition counseling appointment (NCRD). Before speaking with the client or caregiver, review the client record and gather pertinent information, including:

1. Anthropometric data - growth and body composition; physical findings (observed or reported).
2. Laboratory data - laboratory values.
3. Medical information - medication use; personal and family medical factors.
4. Dietary information - food and nutrient intake and related knowledge.
5. Food package issued - food access.
6. Nutrition risk conditions - risk conditions assigned by the CPA.
7. Other notes - physical activity, social factors, attitudes, and behaviors.¹²

To learn more, visit:

[MI-WIC Policy 5.06 Nutrition Services for High Risk Clients](#)

[MI-WIC Policy 7.01 Food Package Determination](#)



[Coffee photo](#) by cookie studio - www.freepik.com

Client Centered Services

Client-centered services mean engaging clients and caretakers in meaningful dialogue, information exchange, listening, and feedback to translate the assessment into action and customize nutrition services.⁷

Characteristics of the client-centered approach include:

- **Collaboration.** Engagement and interaction are essential parts of the nutrition assessment process.
- **Optimism.** Draw forth internal motivation from the client.
- **Nonjudgmental environment.** Clients are more likely to talk openly and honestly about their behaviors, motivations, and challenges.
- **Empowerment.** Find and affirm strengths and positive practices to ensure clients continue them and build other healthy habits.⁷



[Pregnant Woman by Flickr](#)

Understanding the Client's Perspective

Every client comes to their nutrition counseling session with unique individual factors, environmental settings, community systems of influence, and social and cultural values. You need to understand their perspective and help them find ways to change their behaviors. You should consider their:

- Health and nutrition status.
- Potential barriers to desired health outcomes.
- Strengths, knowledge, and capabilities.
- Values, cultural practices, and environmental factors.
- Interests and current nutrition-related knowledge.
- Motivation.
- Environmental or community influences.⁷



[WBFS33](#)

Critical thinking skills focus on distinguishing the relevant from the irrelevant, the important from the unimportant, validating information, and determining the need for additional information.¹¹ Effective nutrition counseling requires critical thinking skills to:

- Build rapport.
- Listen intently.
- Ask open-ended questions.
- Affirm, reflect, and summarize at appropriate times.
- Empathize.
- Collaborate.
- Identify the stage of change.⁷

To learn more, visit:

[USDA VENA Updated Guidance](#)

Supporting Behavior Change

Communicating nutrition and health messages is not just about conveying words. Motivating WIC clients to change behaviors for positive health outcomes requires effectively connecting with them. WIC clients and families are more likely to listen to and make nutrition and health changes once they have established a trusting relationship. You can support behavior change by:

1. **Engaging** the client by establishing rapport, building a partnership, and supporting their agenda.
2. **Focusing** on the client's concerns and eliciting the client's values, perceptions, and strengths with acceptance and compassion.
3. **Exploring** the client's issues using change talk and clarifying feelings and meaning.
4. **Supporting** the client in developing a plan.
5. **Evaluating and monitoring** the client's or caregiver's plan.⁷



[wbfs.32](#)

Behavior Change Models and Counseling Methods

Behavior change theories and models provide the rationale for effective assessment and counseling approaches. Examples are the social-ecological model (SEM) and the transtheoretical model (TTM), also called Stages of Change. The SEM model considers the multiple levels of individual and social influences and protective factors that can support client behavior change to achieve positive health outcomes. The TTM assumes that people do not change behaviors quickly but gradually in stages.³

You can use one or more counseling methods to identify strengths and motivations for behavior change, including:

- **Motivational interviewing.** Explore an individual's internal motivation to change by resolving ambivalence, eliciting the importance of change, and increasing confidence to make a change.
- **Appreciative inquiry.** Build confidence by drawing out positive feelings related to what went well in the past, what is going well in the present, or what the individual wants for the future.
- **Emotion-based counseling.** This type of counseling is about how an individual feels about a topic. Recognizes that information and facts are important, but emotions are more frequently the drive behind the change.
- **Three-step counseling.** Promotes positive practices by asking open-ended questions to reveal barriers or concerns, affirming and normalizing feelings, and sharing targeted information.⁷

The Michigan WIC Program offers various resources and training opportunities to equip you to effectively motivate clients to change behaviors for positive nutrition and health outcomes. See the [Appendix](#) for more [Behavior Change Resources](#).



[Physical Activity 4](#)

Nutrition Counseling Under Time Constraints

Nutrition counseling sessions are typically scheduled for 30 minutes, though some may vary depending on the clients' needs. You can learn effective counseling techniques to use when under time constraints to make each session go smoothly. *The 15-Minute Consultation* by Lorena Drago reveals some practical tips and tools to streamline your counseling sessions and sharpen your skills for success.

The goal of counseling is to increase each client or caregiver's understanding of nutrition to make lifestyle changes and improve their overall health. You can be more effective by implementing the following:

1. Identify what is most important for your client.
2. Use a variety of approaches to introduce nutrition and health concepts.
3. Prioritize topics for counseling.
4. Ensure clients understand what you have told them.
5. Help clients apply new skills for behavior change.
6. Increase self-efficacy and adherence by setting goals and tracking.

To learn more, visit [The 15-Minute Consultation](#) (\$).



[wbfs24-WIC Works Resource System](#)

Managing Time Constraints

Clients and caregivers want to make efficient use of their time and seek health and nutrition information to improve their health. With busy WIC clinics, nutrition counselors often face time limitations, and you can make every minute positively impact your clients. Advanced preparation and prioritizing tasks allow you to streamline services for effectiveness and efficiency. You can find out what the client needs to know and the knowledge, skills, and resources they need to achieve their desired outcome.

When you prepare for the session, focus on the most important data related to the high risk condition(s), then review the rest of the client record for supporting information.

When you begin the counseling session, build rapport and set the agenda. You may say to the client, “I am so glad we could talk today. How are you?” Remember to allow sufficient time for the client or caregiver to share feelings, events, and more to help you get a picture of their lives.

Next, you could direct the conversation to focus on the nutrition-related condition with a statement like, “I would like to make efficient use of our limited time today and focus on [nutrition-related conditions]. Is that okay with you?” If the client has more than one high risk condition, help the client prioritize and focus on one nutrition issue at a time. For example, you may state something like, “It looks like you have a few nutrition-related issues we could spend our time discussing today, [nutrition-related conditions]. Which one would you like to talk about?”



[Image by Марина Вельможко from Pixabay](#)

At times, it may be necessary for you to prioritize the order when addressing multiple high risk conditions rather than leaving it open for the client or caregiver to decide. For example, you can ask permission to prioritize the session topic with something like, “We could cover [high risk nutrition conditions], but I think we should focus on a [specific high risk condition or related issue] today. Is that okay with you?”

After you clearly state the purpose of the nutrition counseling session, frame questions to help you identify what the client already knows or needs to know about the nutrition issue(s) they face. Preface questions with statements like, “I would like to take a few minutes to discuss what you know about [nutrition-related conditions].” Your questions can be as simple as, “What do you know about [nutrition-related conditions or specific issues]?” or “What have you heard about [nutrition-related conditions or specific issues]?” Listening to their responses will help you identify more probing questions to narrow the behavior issues and identify effective interventions.



[Image by Adina Voicu from Pixabay](#)

Formula Basics

The Michigan WIC Program provides formulas to meet the unique nutrient needs of women, infants, and children. They have grouped formulas into two major categories:

- Contract formulas
- Special formulas

The contract formulas, also called Class I formulas, are the group of infant formulas produced by a manufacturer and awarded the infant formula contract by the Michigan WIC Program. Manufacturers may also produce other infant formulas not included in the contract but authorized as a special formula. These are called exempt infant formulas.

Special formulas are all formulas authorized by the Michigan WIC Program that are not Class I formulas: they are grouped into Class II and Class III formulas. Class II formulas are extensively hydrolyzed exempt infant formulas, and Class III formulas are all other special formulas.

WIC infants can receive Class I formula if the family chooses to fully or partially formula feed their infant up to one year of age. For all other cases, medical documentation is required, and WIC staff need to evaluate the appropriateness of the formula.



[Love photo created by rawpixel.com - www.freepik.com](http://www.freepik.com)

Evaluating Formula Needs

Some WIC clients require special formulas to meet their nutrition and health needs. In addition, they may have one or more medical conditions that warrant the use of special formulas and require nutrition counseling. Clients with medical conditions need to have a completed WIC Special Formula/Food Request form from their health care provider. You will review the client's medical condition(s) and determine if it meets the requirement as one or more qualifying medical conditions. You need to know the WIC formulary and consider the appropriateness -- type and amount--of the formula requested related to the client's medical condition(s). Some factors to consider:

1. Does the formula treat the medical condition to improve nutrition status?
2. Is the formula appropriate for the clients age, e.g., premature?
3. Does the formula have a special requirement, e.g., NeoSure, Neocate Infant, Special Care 24?
4. Are there better WIC formulary options?

You may need to discuss formula options with the health care provider after determining a formula does not meet a client's nutrition needs. In addition, you may be involved in coordinating the authorization of WIC formulas with other programs such as Medicaid and Children's Special Health Care Services (CSHCS). See [Formula Resources](#) in the [Appendix](#) for more helpful tips and resources.

To learn more, visit:

[MI-WIC Policy 7.03 Food Package for Qualifying Conditions](#)
[MDHHS - WIC Authorized Formulas](#)
[Pediatric Feeding Therapy Programs in Michigan](#)



[Breastfeeding Family Support](#)

Identifying and Summarizing Nutrition Risks

After the assessment process, you will identify one or more nutrition-related risks. Your WIC agency may require a preferred format for summarizing the nutrition risk(s) in the client record, which can be in the form of a PES statement (problem, etiology, signs and symptoms), a SOAP note (subjective, objective, assessment, plan), or another narrative-type format. For resources about PES statements and SOAP notes, see [Nutrition Counseling Resources](#) in the [Appendix](#).



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Planning the Intervention

Nutrition intervention is about planning and implementing a change to resolve a nutrition risk or issue. Planning involves:

- Prioritizing the client's concerns and nutrition issue(s).
- Consulting practice guidelines.
- Jointly establishing goals.
- Defining the specific nutrition intervention.

Nutrition interventions are intended to change a nutrition-related behavior, environmental condition, or an aspect of nutrition health. Successful nutrition interventions apply best practice solutions using assessment data to individualize nutrition counseling to meet each client's needs.

You can emphasize healthy behavior change and positive health outcomes by identifying the client's strengths, positive practices, and motivations for change. You can address the client's self-efficacy to make small but meaningful, positive nutrition and health choices for themselves and their family.⁷

Clients may share concerns or have questions not directly related to a high risk condition. Deciding when and how to respond requires strong critical thinking skills. It is best to prioritize counseling not to overwhelm the client and make efficient use of time. [Nutrition Counseling Resources](#) are available in the [Appendix](#) to help you focus on important topics, have meaningful conversations and effective counseling sessions.



[Family photo](#) by pressfoto - www.freepik.com

Developing the Individualized Care Plan

Developing an individualized care plan for each high risk WIC client ensures continuity of care. The care plan should be client-focused with shared goals. It should include:

- Client concerns and nutrition issues in the form of PES, a SOAP note, or another narrative-type format that communicates key information.
- The client's or caregiver's readiness or motivation for change.
- Identified behavior change goal(s) related to the high risk condition(s).
- Other notes such as desired outcomes, additional goals, referrals, and educational resources that you provided.¹²

What makes a care plan individualized? Every client comes from a unique setting with individual beliefs, cultural heritage, family dynamics, community resources, and many other influences that impact their behavior change. As a result, the care plan can reflect nutrition issues, shared goals, and desired outcomes specific to them. See [Nutrition Counseling Resources](#) in the [Appendix](#) for counseling and care planning tools.

To learn more, visit:

[MI-WIC Policy 5.06 Nutrition Services for High Risk Public LMS - Login](#) (online training)



[USDA WIC Works BF516](#)

Coordination of Services and Referrals

As you complete the nutrition assessment, guide the client or caregiver through the process of identifying goals for behavior change. Part of the nutrition intervention may include a referral to other programs for services and care. You can make referrals directly by contacting the referral agency or indirectly by informing the clients of available services and providing information on how to obtain them. Local agencies often refer clients to [Michigan 211: Home](#) and [Pantry Net: Home](#) for services.

To learn more, visit:

[USDA WIC Works - Referrals](#)

[MI-WIC Policy 6.02 Referrals](#)

Offering Client Reinforcements

Each nutrition counseling session is unique. Sometimes the nutrition counseling session is more interactive, sometimes quiet, and other times filled with distractions. Clients often benefit from resources to reinforce messages when the nutrition counseling session closes with a summary and goals. For example, educational materials or a web link may remind and encourage them to take an action step or provide more information about a complicated issue they are facing. For links to topic-specific resources, visit [Client Reinforcements](#) in the [Appendix](#).



[SNAP-Ed](#)

Following Up with Monitoring and Evaluation

Monitoring and evaluation are about the follow-up to the assessment and intervention. It includes the next appointment type, checking the client's progress with goals, and information related to the care plan to support the client's continuity of care.

Nutrition monitoring and evaluation can include:

- Client progress in behavior change goals.
- Recommendations for future nutrition education and counseling.
- Changes in the client's condition.
- Additional referrals.
- Other information supporting future care, including anthropometric data, laboratory values, or special formula follow-up needs.¹²

To learn more, visit:

[USDA VENA Updated Guidance](#)

[USDA WIC Nutrition Services Standards](#)

[MI-WIC Policy 5.06 Nutrition Services for High Risk](#)



[Image by Катерина Кучеренко from Pixabay](#)

Summary and Application

Let's review some key points from Section III: Nutrition Counseling.

- Nutrition counseling means:
 - Supporting clients in identifying nutrition, food, and physical activity issues.
 - Applying behavior change strategies to empower and motivate clients to make nutrition and health changes.
 - Assisting clients to establish goals and promote self-care responsibility.
- Create an individualized care plan in the client record at each nutrition counseling session and track client goals and outcomes.
- Each individualized care plan includes an assessment, client issue/nutrition risk, intervention, and monitoring and evaluation.
- Coordinate services with other programs by making referrals.
- Some clients benefit from client reinforcements when facing challenging situations or needing additional information to support behavior change goals.

Do the following:

- Review and strategize how you can use these counseling tools in the Appendix to deliver quality nutrition counseling:

Counseling and Critical Thinking Skills

Circle Chart

Stages of Change

Care Plan Development Worksheet



[Moms on the Go](#)

Section IV: Professional Growth

Management Evaluations

Because WIC is a federal program, USDA requires periodic reviews of each local agency to ensure WIC clients receive program benefits and quality nutrition services. These reviews, called management evaluations (MEs), are conducted every two years and often last about a week. One or two reviewers observe client certifications and services, interview staff and clients, and review agency records, reports, and policies. MEs ensure local agency staff delivers and clients receive WIC services to improve health outcomes.

Management evaluations encompass:

- Program administration.
- Certification, including observation of clients.
- Nutrition education.
- Civil rights, referrals, and outreach.
- Food benefit and WIC Bridge Card accountability, and food benefit delivery systems.
- Record review.
- Project FRESH.
- Minimum program requirements as stated in local agency agreements and determined by MDHHS/WIC.¹²

After each ME, the reviewer will provide an exit conference to highlight excellent service, share findings where the program can be improved, and make recommendations for any corrective actions. WIC staff often work hard to deliver quality nutrition services to exceed program expectations.

Knowing what to expect during an ME can help you understand the process and prepare for observations, interviews, and record reviews. ME tools are available for you to review and use for ME preparation. You can find the ME tool for nutrition education and counseling at [MDHHS - ME Tool - NE and Counseling](#).

To learn more, visit:

[MI-WIC Policy 1.05 Management Evaluations](#)

[MDHHS - ME Tools](#)

Evidence-Based Resources and Best Practice

Continuously improving your communication skills and quality of nutrition and dietetics practice can be challenging and rewarding. Over time and with practice, you will build on your knowledge, skills, and abilities to address nutrition and health issues effectively. Keeping abreast of evidence-based practice is a foundation for delivering quality nutrition counseling. For helpful resources from the Academy of Nutrition and Dietetics and other health organizations to build your public health and community nutrition skills, see [Professional Resources](#) in the [Appendix](#).



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Finding a Mentor

Establishing a mentor/mentee relationship with a more experienced RD/RDN can help improve your skills while serving WIC clients. A mentor guides and empowers you to grow using open communication and positive support. Developing a mentor/mentee relationship involves an investment of time and energy and can significantly improve your effectiveness as an RD/RDN.

To learn more, visit:

[Introduction to Mentoring - MI WIC](#)

[Mentoring in WIC](#)

[How to Find the Right Mentor to Propel Your Career Forward](#)

Time for Reflection

You need to have a broad range of skills and knowledge in public health and community nutrition to communicate effectively and counsel WIC families. In addition, evidence-based nutrition and food research and guidance continue to evolve and impact how you convey nutrition and health messages to your community. For this reason, keeping abreast and utilizing the latest standards of care remains vital in helping WIC families improve their health and nutrition status.



[Bing](#)

WIC RDs/RDNs often provide nutrition counseling under tight time constraints with busy WIC families. Sometimes the counseling sessions are successful, and other times they are challenging. Think of a past nutrition counseling session that challenged you. How did you feel? Can you identify why it was more challenging? What changes could you make to be more successful? Reflecting and planning to try a different approach helps you build confidence to grow your skills and abilities.

Summary and Application

Let's review some key points from Section IV: Professional Growth.

- Management Evaluations
 - Conducted every two years for about a week.
 - Reviewers observe client certifications and services, interview staff and clients, and review agency records, reports, and policies.
 - It covers all program areas, including nutrition education and nutrition counseling.
 - A report of findings and request for a corrective action follows the ME.
- Evidence-based resources for best practice. RDs/RDNs are challenged to:
 - Continuously improving communication skills and quality of nutrition and dietetics services.
 - Keep abreast of evidence-based practice to deliver quality services.
- Finding a mentor can help you significantly improve your effectiveness as a WIC RD/RDN.

Do the following:

- Review a copy of the last management evaluation report for your agency.
- Talk to your manager about engaging with a mentor for professional growth.
- Build your knowledge by reviewing some Professional Resources in the Appendix.



[WBFS31](#)

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Prevention. (2019, Oct 17). *Plain Language Communication*. Retrieved from <https://www.cdc.gov/healthliteracy/developmaterials/plain-language-communication.html>

⁹Academy of Nutrition and Dietetics. (2018). *2018 Code of Ethics for the Nutrition and Dietetics Profession*. Retrieved from <https://www.eatrightpro.org/-/media/eatrightpro-files/career/code-of-ethics/coeforthenutritionanddieteticsprofession.pdf?la=en&hash=0C9D1622C51782F12A0D6004A28CDAC0CE99A032>

¹⁰US Department of Agriculture. Food and Nutrition Services. (2021, Jan 12). *Special Supplemental Program for Women Infants and Children (WIC)*. Retrieved from <https://www.fns.usda.gov/wic>

¹¹US Department of Agriculture, Food and Nutrition Service. (2013, August). *WIC Nutrition Services Standards*. Retrieved from https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC_Nutrition_Services_Standards.pdf

¹²Michigan Department of Health and Human Services. (2021). *WIC Policy Manual*. WIC Program. Retrieved from https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4910_19205_48542191418--,00.html

Appendix

Professional Resources

Government and Professional Organization Resources

Organization	Web Link
Academy of Nutrition and Dietetics	eatrightpro.org
American Dental Association	American Dental Association
American Diabetes Association	Diabetes Resources
American Society for Parenteral and Enteral Nutrition	ASPEN Clinical Guidelines
Association of State Health Nutritionists	ASPHN: Association of State Public Health Nutritionists
Public Health/Community Nutrition Dietetic Practice Group	Public Health/Community Nutrition Care Process Toolkit
National WIC Association	NWA Resources
US Department of Agriculture	Food Allergies WIC Works Resource System Infant Nutrition and Feeding Guide Lifecycle Nutrition MyPlate Nutrition.gov USDA WIC Growth Charts WIC Works Resource System
US Food and Drug Administration	Food
US Department of Health and Human Services	Health Information National Institutes of Health Healthy Blood Pressure for Healthy Hearts: Small Steps To Take Control NHLBI, NIH Healthy Living Materials for Professionals health.gov Medline-Plus - Nutrition - NIH Move Your Way - Pregnant Postpartum Women Physical Activity Guidelines for Americans, 2nd edition Weight Gain During Pregnancy Pregnancy Maternal and Infant Health Dietary Guidelines for Americans, 2020-2025

Academy of Nutrition and Dietetics Practice Guidelines
Standards of Practice (SOP), Standards of Professional Performance (SOPP)

Title	Link
Quality of Nutrition and Dietetics Practice	Quality Nutrition and Dietetics Practice
Scope of Practice for RDN	Scope of Practice RDN
Standards of Practice and Standards of Professional Performance for the RDN in Public Health and Community Nutrition	SOP and SOPP for RDN in PHCN
Standards of Practice and Standards of Professional Performance for the RDN in Pediatric Nutrition	SOP and SOPP for RDN in Pediatric Nutrition
Evidence Analysis Library	EAL
Public Health and Community Nutrition Resources	Public Health and Community
Standards of Excellence	Standards of Excellence
Position Papers	Academy Position Papers by Subject
Competence, Case Studies, and Practice Tips	Competence, Case Studies and Practice Tips
Dietetics Career Development Guide	Dietetics Career Development Guide
Code of Ethics	Code of Ethics for the Nutrition and Dietetics Profession 2018 Code of Ethics for the Nutrition and Dietetics Profession

Professional Position Papers and Practice Tips

Topic	Link
Breastfeeding	Promoting and Supporting Breastfeeding - Practice Paper
Child Care: Benchmarks for Nutrition in Child Care	Position of the Academy of Nutrition and Dietetics: Benchmarks for Nutrition in Child Care
Child and Adolescent Federally Funded Nutrition Assistance Programs	Position of the Academy of Nutrition and Dietetics: Child and Adolescent Federally Funded Nutrition Assistance Programs
Medical Nutrition Therapy for the Prevention and Treatment of Prediabetes and Diabetes Type II	The Role of Medical Nutrition Therapy and Registered Dietitian Nutritionists
Epilepsy: Ketogenic Diets for Epilepsy	Practice Paper of the Academy of Nutrition and Dietetics: Classic and Modified Ketogenic Diets for Treatment of Epilepsy
Food Allergies	Role of the Registered Dietitian Nutritionist in the Diagnosis and Management of Food Allergies - Practice Paper
HIV	Practice Paper: Nutrition Intervention and Human Immunodeficiency Virus Infection
Malnutrition Screening Tools for All Adults	Malnutrition (Undernutrition) Screening Tools for All Adults
Micronutrient Supplementation	Micronutrient Supplementation - Position Paper
Obesity, Reproduction and Pregnancy Outcomes	Obesity, Reproduction, and Pregnancy Outcomes - Position Paper
Telehealth	Nutrition Informatics - Position Paper Social Media and the Dietetics Practitioner: Opportunities, Challenges
Vegetarian Diets	Position of the Academy of Nutrition and Dietetics: Vegetarian Diets - Position Paper
Weight Management Treatment	Interventions for the Treatment of Overweight and Obesity in Adults - Position Paper

Behavior Change Resources

Behavior Change Resource	Web Link
Motivational Interviewing and Behavior Change	Motivational Interviewing - Today's Dietitian Goal Setting and Action Planning for Behavior Change Inspiring and Supporting Behavior Change - A Food Nutrition and Health Professional's Counseling Guide (\$) The 15-Minute Consultation (\$)
Mentors Among Us: The Advanced CPA (interactive workshop)	MI WIC Events
Michigan WIC Client Centered Services (on demand training)	MDHHS - Michigan WIC Client Centered Services
Appreciative Inquiry	The Center for Appreciative Inquiry: Generic Processes of Appreciative Inquiry
Emotion-Based Counseling	Touching Hearts, Touching Minds: Using Emotion-based Messaging to Promote Healthful Behavior in the Massachusetts WIC Program
Three-Step Counseling	Three-Step Counseling Strategy

Embracing Cultures Resources

Culture Resource	Web Link
Cultural Competence	What is Cultural Competence? Communicating with Participants Cultural Competency for Nutrition Professionals (eBook) (\$)
Cultural Humility	Cultural Humility
Breastfeeding and the Cultural Perspective	Myths and Misconceptions of Breastfeeding: A Cultural Perspective (\$)
Academy of Nutrition and Dietetics - Practice Tips	Practice Tips: Cultural Competence Resources (\$)
WIC Works On-Line Learning Module - Confronting Your Assumptions	Confronting Your Assumptions
Georgetown University Modules - Biases	Conscious & Unconscious Biases in Health Care
Cultural Food Practices Nutrition Care Manual - Resource Section	Nutrition Care Manual (Michigan WIC user ID and password required)
DEI Glossary State of Michigan	DEI Glossary - State of Michigan
MDHHS Office of Equity and Minority Health	MDHHS Office of Equity and Minority Health MDHHS 2020 Health Equity Report MDHHS Addressing Health Disparities in Diverse Communities - Systematic Review MDHHS Addressing Health Disparities in Diverse Communities - Presentation

Social Media and Ethics Resources

Culture Resource	Web Link
Code of Ethics for the Nutrition and Dietetics Profession	<u>2018 Code of Ethics for the Nutrition and Dietetics Profession</u>
Nutrition Informatics	<u>Position of the Academy of Nutrition and Dietetics: Nutrition Informatics</u>
Telehealth	<u>Michigan WIC LA Telehealth Guide</u> <u>Ethical and Legal Issues Related to Blogging and Social Media</u> <u>Telehealth Is Transforming Health Care: What You Need to Know to Practice</u>
Social Media	<u>Social Media Starter Toolkit National WIC Association (nwica.org)</u> <u>Social Media and the Dietetics Practitioner: Opportunities, Challenges, and Best Practices</u>

Formulary Resources

Formulary Resources	Links
Michigan WIC Policy 7.03	MI-WIC Policy 7.03 Food Package for Qualifying Conditions
Michigan WIC Formulary Resources	MDHHS - WIC Authorized Formulas
Pediatric Feeding Therapy programs in Michigan	Pediatric Feeding Therapy Programs in Michigan
Abbott Pediatric Handbook	Abbott Pediatric Handbook - Pediatric Note: See pp. 19-30 for Medical Information and mixing instructions for formulas.
Abbott Product Handbook for Adults and Children	Abbott 2021 Adult Nutritional Products Guide
Abbott Pediatric Nutrition Tools Formula Mixing (14 languages)	Pediatric Nutrition Tools Formula Mixing Instructions 14 languages
Abbott - How to Fortify Human Milk	Nutrition in the NICU How to Fortify Human Milk Video
Abbott Similac Neosure Formula Mixing instructions	Similac® NeoSure® Mixing Instructions
Mead Johnson	Mead Johnson Product Guide
Nutricia	Nutricia Product Reference Guide 2021
Nestle	Nestle - Empowering Healthier Lives Through Nutrition NHS
Calculating Formula Amounts	WIC Infant Formula Calculator WIC Works Resource System

Michigan WIC High Risk Conditions

Michigan WIC High Risk Conditions	Pregnant Women (P)	Breast feeding Women (B)	Non-Lactating Women (N)	Infants (I)	Children (C)
<u>A. Anthropometric Risks</u> 103.01+ High risk underweight				X	X
113+ High risk overweight/obese					C2-C4 only
131+ Low maternal weight gain	X				
134+ Failure to thrive				X	X
135+ Slowed/Faltering Growth Pattern				X	
141+ Low birth weight, less than 24 months of age				X	C1 only
142.01+Preterm delivery, less than 24 months of age				X	C1 only
151+ Small for gestational age, less than 24 months age				X	C1 only
153+ Large for gestational age				X	
<u>B. Biochemical Risk</u> <u>211+ Elevated venous blood lead levels</u>	X	X	X	X	X
<u>C. Clinical/Health/Medical Risk</u> 301+ Hyperemesis gravidarum	X				
302+ Gestational diabetes	X				
310+ History of preterm delivery	X				
312+ History of low birth weight	X				
336+ Fetal growth restriction	X				

Michigan High Risk Conditions	Pregnant Women (P)	Breast-feeding Women (B)	Non-Lactating Women (N)	Infants (I)	Children (C)
339+ History of birth nutrition-related congenital or birth defect	X	X	X		
341+ Nutrient deficiency diseases	X	X	X	X	X
342+ Gastro-intestinal disorders	X	X	X	X	X
343+ Diabetes mellitus	X	X	X	X	X
344+ Thyroid disorders	X	X	X	X	X
345+ Hypertension and Prehypertension (includes types of pregnancy-induced hypertension)	X	X	X	X	X
346+ Renal disease	X	X	X	X	X
347+ Cancer	X	X	X	X	X
348+ Central nervous system disorders	X	X	X	X	X
349+ Genetic and congenital disorders	X	X	X	X	X
351+ Inborn errors of metabolism (IEM)	X	X	X	X	X
352a+ Infectious disease - Acute	X	X	X	X	X
353+ Food allergies	X	X	X	X	X
354+ Celiac disease	X	X	X	X	X

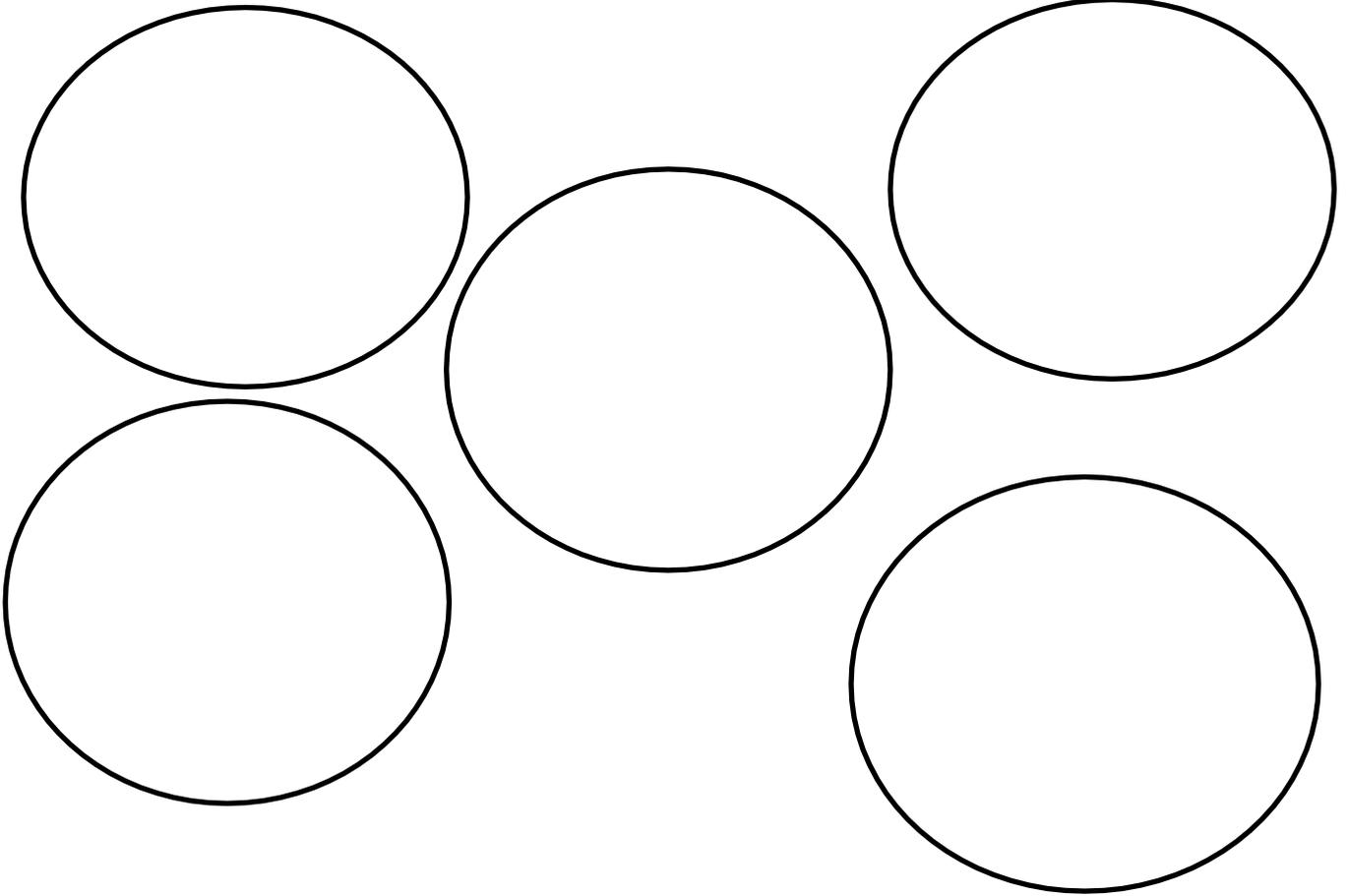
Michigan High Risk Conditions	Pregnant Woman (P)	Breast-feeding Women (B)	Non-Lactating Women (N)	Infants (I)	Children (C)
356+ Hypoglycemia	X	X	X	X	X
357+ Drug and nutrient interactions	X	X	X	X	X
358+ Eating disorders (Anorexia and Bulimia)	X	X	X		
359+ Recent major surgery, trauma, burns	X	X	X	X	X
360+ Other medical conditions	X	X	X	X	X
361+ Depression	X	X	X		
362+ Developmental delays, sensory or motor delays interfering with ability to eat	X	X	X	X	X
363+ Pre-Diabetes		X	X		
382+ Fetal alcohol spectrum disorders	X	X	X	X	X
383+ Neonatal abstinence syndrome				X	X
D. Dietary Risk 411.08+ Highly restrictive diets– feeding diet very low in calories or essential nutrients Vegan diets				X	
425.06+ Highly restrictive diets Vegan diets					X
427.02+ Highly restrictive diets Vegan diets	X	X	X		

Counseling and Critical Thinking Skills

Step of Process	Counseling	Critical Thinking
Engaging the Client	Engage the client <ul style="list-style-type: none"> ● Establish rapport ● Build a partnership ● Support the client's agenda ● Identify values, perceptions, and strengths, showing acceptance and compassion 	<ul style="list-style-type: none"> ● Active listening ● Observations ● Questioning
Nutrition Assessment Tools: Circle Chart	Focusing and Evoking <ul style="list-style-type: none"> ● Elicit client's values, perception, and strengths (OARS) ● Show acceptance and compassion ● Explore issue(s) by asking: <ul style="list-style-type: none"> ○ "Please tell me more about that." ○ "What is the hardest thing about your issue?" ○ "What are your thoughts/feelings about this?" 	<ul style="list-style-type: none"> ● Validate data ● Integrate facts ● Distinguish relevant from irrelevant ● Need for additional information ● Listening for opportunities
Nutrition Intervention Tools: Circle Chart My Goal form	Explore Ambivalence (Change talk), and begin Planning <ul style="list-style-type: none"> ● Clarify feelings and meaning <ul style="list-style-type: none"> ○ "On one hand you..., but on the other...:" ● Develop a Plan <ul style="list-style-type: none"> ○ "What do you want?" ○ "What are some steps you could take?" ○ "What might hold you back?" ● Commit to Action by Asking: <ul style="list-style-type: none"> ○ "How ready are you to try?" ○ "What will work for you?" ○ "How confident are you to start?" 	<ul style="list-style-type: none"> ● Prioritize interests/issues with a Circle Chart ● Check Readiness and Confidence ● Develop Care Plan addressing 1-2 Interests/issues
Nutrition Monitoring and Evaluation/ Follow Up	Evaluate the Plan by Asking: <ul style="list-style-type: none"> ● "How did it go?" ● "What did you learn?" ● "What will you do differently?" 	<ul style="list-style-type: none"> ● Expected outcomes ● Factors that help or hinder ● Plan no longer needed or continuing care?

Circle Chart

My Interests



Plan

My goal is:

Stages of Change: A Nutrition Counseling Model

Stage	Description	Behavior Goals	Educational Strategies
<p>Precontemplation</p> <p><i>"I am not interested in change"</i></p>	<ul style="list-style-type: none"> ● Is unaware of the problem and hasn't thought about change, or not interested in change. ● Has no intention of taking action within the next 6 months. 	<ul style="list-style-type: none"> ● Increase awareness of the need for change. ● Personalize information on risks and benefits. ● Reduce fears associated with having to change behavior (costs are too high, etc.). 	<ul style="list-style-type: none"> ● Create a supportive climate for change. ● Discuss personal aspects and health consequences of poor eating or sedentary behavior. ● Assess knowledge, attitudes, and beliefs. ● Build on existing knowledge. ● Relate to benefits loved ones will receive. ● Focus on the impact the negative behavior has on loved ones.
<p>Contemplation</p> <p><i>"Someday I will change"</i></p>	<ul style="list-style-type: none"> ● Is interested in taking action, but not yet able to commit to it. 	<ul style="list-style-type: none"> ● Increase motivation and confidence to perform the new behavior. ● Reduce fears associated with having to change behavior. 	<ul style="list-style-type: none"> ● Identify problematic behaviors. ● Prioritize behaviors to change. ● Discuss motivation. ● Identify barriers to change and possible solutions. ● Suggest small, achievable steps to make a change. ● Focus on benefits the change will have on loved ones.
<p>Preparation</p> <p><i>"I want to change but I am not sure I can."</i></p>	<ul style="list-style-type: none"> ● Intends to take action soon and has taken some behavioral steps in this direction. ● Lacks self-efficacy to take steps necessary for long lasting change. 	<ul style="list-style-type: none"> ● Resolution of ambivalence ● Firm commitment ● Initiate change ● Increase self-efficacy through gradually increasing more difficult tasks. 	<ul style="list-style-type: none"> ● Assist in developing a concrete action plan. ● Encourage initial small steps to change. ● Discuss earlier attempts to change and ways to succeed. ● Elicit support from family and friends.
<p>Action</p> <p><i>"I am ready to change."</i></p>	<ul style="list-style-type: none"> ● Has changed overt behavior for less than 6 months. ● Needs skills for long-term adherence. 	<ul style="list-style-type: none"> ● Commit to change 	<ul style="list-style-type: none"> ● Reinforce the decision. ● Reinforce self-confidence. ● Assist with self-monitoring, feedback, problem solving, social support, and reinforcement. ● Discuss relapse and coping strategies.
<p>Maintenance</p> <p><i>"I am in the process of changing."</i></p>	<ul style="list-style-type: none"> ● Has changed overt behavior for more than 6 months. 	<ul style="list-style-type: none"> ● Reinforce commitment and continue changes/new behaviors. 	<ul style="list-style-type: none"> ● Plan follow-up to support changes. ● Help prevent relapse. ● Assist in coping, reminding, finding alternatives, and avoiding slips/relapses.

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Care Plan Development Worksheet

Welcome: Engaging

Review past NE topics, food benefit usage (inquire if any issues or questions), past referrals.

Care Plan:

Assessment: Engaging, Focusing/Evoking

Capture RD interpretation of client status based on information provided; **must** include client concerns/nutrition issues.

May also include additional subjective/objective data, key information and readiness for change.

Client Issue/Concern:

PES Statement

Problem:

Etiology/Cause:

Risks, Signs/Symptoms:

Intervention: *Behavior Change/Goal*

Capture client identified behavior change/ goal(s); **must** include complete documentation of grid below.

Additional notes may include client's desired outcomes, confidence level, additional goals (if desired) and handouts provided.

What is client willing to do or consider?

WHAT goals: What, When, Where, How often/much, Achievable, Time Frame

OR

SMART goals: Specific, Measurable, Attainable, Relevant, Time Frame

Monitoring and Evaluation: *Planned Follow-Up*

Capture plan/next steps; **must** include follow-up information to support continuity of care and client progress, including next appointment type and how to check client progress with selected goal

May also include any other future checks needed (i.e., anthropometric, laboratory, MDF, etc.), changes to look for in client's condition/progress, recommend future NE and additional referrals.

Referrals:

PES Statements

PES statements are simple statements used to address nutrition-related problems. Results of the nutrition assessment lead to an appropriate initial determination that a nutrition problem exists. The etiology (or root cause) falls into one or more of the following domains:

- Intake - excessive or inadequate intake compared to requirements.
- Clinical - Medical or physical conditions.
- Behavioral-environmental - related to knowledge, attitudes, beliefs, physical environment access to food, or food safety.

Identifying the signs and symptoms related to the nutrition problem defines the characteristics of the nutrition problem. A PES statement should affirm that the nutrition assessment data supports the specific nutrition problem, etiology, and signs and symptoms.

PES statements have a distinct format: **Problem related to (r/t) Etiology as evidenced by (AEB) Signs and Symptoms**. A PES statement should answer the following:

- **P (Problem)**: Define the nutrition problem. Can the RD/RDN guide the client or caregiver in ways that will resolve or improve the nutrition problem?
- **E (Etiology)**: Determine the “root cause” for the problem. Does addressing the etiology resolve the problem or lessen the signs and symptoms?
- **S (Signs and Symptoms)**: Will measuring the signs and symptoms indicate if the problem is resolved or improved? Are the signs and symptoms specific enough that the RD/RDN can monitor and document the resolution or improvement of the nutrition problem?

For more information, visit:

[Examples of PES Statements in the WIC setting](#)

SOAP Notes

A SOAP note is a form of documentation used to describe a client or caregiver interaction. A SOAP note conveys information from the nutrition counseling session that is relevant for other healthcare professionals to provide appropriate care within the same clinic, agency, or healthcare professionals coordinating the client's care. A good SOAP note provides essential information to address high risk nutrition conditions or issues and describes shared goals established by the client or caregiver.

Though the length and style of SOAP notes can vary, each must include the SOAP format and adequately describe the client's condition and treatment plans. Because agencies or clinics may require a particular style for SOAP notes, check with your supervisor or manager. Some may write in bullets, while others create long, descriptive sentences. Well-written SOAP notes are clear, concise, and avoid unnecessary detail.

A SOAP note describes the nutrition-related problem using a SOAP format sequence. All SOAP notes include:

S (Subjective): What the client or caregiver tells you and your impressions of the client. This may include the client's report of progress on a previous goal and other relevant information for the session.

O (Objective): What you observe and pertinent medical diagnoses, anthropometric measurements, laboratory test results, and other data.

A (Assessment): Your analysis of the problem. This may include identifying a nutrition condition based on evidence. Other possible details would be the effectiveness of previous interventions and the client's motivation for change.

P (Plan): You support the client or caregiver by planning goals between the current session and the next. Plans may include referrals, coordination of care, and other interventions.

Pregnant Woman with Hyperemesis Gravidarum Case Scenario

S: This is a pregnant woman's first WIC visit, and she reports that she feels nauseous and vomits her breakfast every morning, and has lost about 5 lbs. She drinks juice and eats toast for breakfast, then eats soups and sandwiches with juice for lunch and dinner. She avoids eating between meals due to nausea and vomiting.

O: The client is a 25-year-old pregnant female, category A weight of 130 lb. and in her first trimester (10 weeks). Pregravid weight 135 lb. Diagnosis of hyperemesis gravidarum per HCP. HR Code: 301+

A: Explored the client's understanding of healthy weight gain for a healthy pregnancy and desire for change. Reviewed prenatal MVI, meal pattern, and physical activity with the client. The client is taking a prenatal MVI with lunch every day. The client was ready to try approaches to help reduce N/V, follow a pregnancy meal plan, and gain adequate weight.

PES: Client at risk for inadequate pregnancy weight gain r/t pregnancy-induced hyperemesis gravidarum with persistent N/V during the first trimester AEB weight loss of 5 lbs. from pregravid weight.

P: Assisted client with a basic meal plan and strategies to gain adequate weight for a healthy pregnancy. Suggest contacting her HCP to arrange for a follow up visit r/t persistent N/V episodes and possible treatments if N/V continues. Also, suggested trying different strategies to prevent vomiting episodes, such as lying in bed, sipping small amounts of fluid in the morning, and then eating smaller meals or snacks every few hours.

SMART goals: The client plans to sip water slowly every morning and eat 4-6 small, nutrient dense meals or snacks every 2-3 hours to reduce vomiting and help gain 2-3 lbs. per week and continue gaining weight for a healthy pregnancy. The client will contact her HCP to explore other treatment options to reduce N/V episodes.

Reinforcements: Provided a pregnancy meal planner, physical activity planner, and tip sheet for N/V.

Client Reinforcements

Below are links to many resources to use as client reinforcements.

[Michigan WIC Nutrition Education and Outreach Resource List](#)

[Nutrition Education Resources by MI-WIC Nutrition Education Topic](#)

[wichealth.org Nutrition Education Lesson Descriptions](#)

[Health Information in Multiple Languages](#)

USDA WIC Nutrition Education Publications

[WIC Publications Order Form | WIC Works Resource System](#)

Tips for Pregnant Moms [English](#) [Spanish](#)

Tips for Breastfeeding Moms [English](#) [Spanish](#)

Healthy Eating for Preschoolers [English](#) [Spanish](#)

Healthy Tips for Active Play [English](#) [Spanish](#)

Healthy Tips for Picky Eating [English](#) [Spanish](#)

EatRight.org Resources

[Eat Right Nutrition Tips and Handouts](#)

MedLine Plus Multi-Language Nutrition and Health Information

[Nutrition - Multiple Languages](#)

[Pregnancy - Multiple Languages](#)

[Breastfeeding - Multiple Languages](#)

[Infant and Newborn Nutrition - Multiple Languages](#)

[Parenting - Multiple Languages](#)

[Lactose Intolerance - Multiple Languages](#)

[Weight Control - Multiple Languages](#)

[Allergy - Multiple Languages](#)

Washington State WIC Multi-Language Resources

[WIC Program Forms and Materials: Washington State Department of Health](#)