Hearing or learning?

There is a difference between hearing and learning.

Just telling someone something does not mean they understand it or are able or willing to do anything different as a result. Even if you use all the best techniques to share information, it doesn’t mean that someone will change. There are many things that make it hard to listen and understand, such as:

- Difficulty with the language;
- Active or crying children;
- High stress levels;
- Pregnancy brain (it’s a real thing!);
- Lack of sleep; or,
- Medications or substance use.

Once you and the participant identify the highest priority nutrition education topics, you will be doing two things during nutrition-focused counseling:

1. Offering ideas and information in a way that participants can understand and absorb; and,
2. Checking to make sure the participant is confident they understand what you offered and can make the behavior changes they have chosen.

You can increase the chance that participants will be able to make the changes they want by:

- Offering understandable information;
- Using the Explore-Offer-Explore technique;
- Answering their difficult questions as well as you can;
- Providing anticipatory guidance when appropriate;
- Using the teach back method;
- Using the backwards planning process; and,
- Summarizing their next steps.
Offering understandable information

Think about what makes information easy to understand. There are several things you can do that will help when offering suggestions and ideas.

Use understandable, plain language whenever possible:
- Use everyday words that express meaning clearly and directly;
  - Example – use “blood work” instead of “hemoglobin”
- Use short simple sentences;
- Use active voice (words that express action).

Don’t use jargon:
- Avoid words that are unique to the WIC program and may be difficult to understand if you don’t work in WIC;
- If you have to use one of these terms, make sure you explain them.
  - Nutrition Ed or NE
  - Online Ed or lesson
  - Certification or cert period
  - Recert or recertification
  - Mid-cert health assessment
  - High-risk
  - Proofs
  - Eligibility pending
  - Med doc form
  - Food list or approved foods

Break the desired goal or action down into small steps:
- Reaching a goal always starts with a small step;
- Help the participant identify the little steps that are needed to reach their goal or complete a task;
- Explore what the participant would need to take a single step towards their goal.

Learning activity

What simple language could you use for each word or phrase below.
Use the Explore-Offer-Explore technique

As you learned in the Participant Centered Education online course, using the Explore-Offer-Explore technique helps you check for understanding and personalize your counseling to meet the participant’s needs. This technique is a way to evoke their reasons to make a behavior change.

Step 1 - Explore

• Before offering any ideas or suggestions, ask the participants for their ideas for change.
  ○ What are their ideas?
  ○ What other ideas do they have?
  ○ What do they already know?
  ○ What do they already do?
  ○ What else have they already tried?
  ○ Who else in your life might benefit from this change?
  ○ What strategies would they need to overcome barriers?

• This is a way to avoid missed opportunities, dig deeper, and use critical thinking.

<table>
<thead>
<tr>
<th>WIC jargon</th>
<th>Your plain language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin</td>
<td></td>
</tr>
<tr>
<td>Head circumference</td>
<td></td>
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<tr>
<td>Nutrition risk</td>
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<tr>
<td>Nutritionist or dietitian</td>
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<tr>
<td>Certifier</td>
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<tr>
<td>Goal or next step</td>
<td></td>
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<tr>
<td>Nutrition Ed or NE</td>
<td></td>
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<tr>
<td>Online Ed or lesson</td>
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<td>Med doc form</td>
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<tr>
<td>Food list or approved foods</td>
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</tbody>
</table>
• This saves time by letting you focus on what they want or need. It helps avoid sharing information they already have or have already tried.

Step 2 - Offer

• Ask permission before providing information.
  o Expresses partnership with the participant
  o Supports their autonomy
  o Examples of asking permission:
    ▪ “Would you be interested in hearing more ideas on _____?”
    ▪ “Is it okay if I share ideas with you that worked for other WIC families?”

• Offer your suggestions in a neutral, non-judgmental manner
  o Neutral suggestions will not include words such as “should”, “need to”, or “have to.”
  o Avoid relating your own experiences or what worked for you, so the participant doesn’t feel like they are being disrespectful if they disagree with you.
  o Avoid asking leading questions like “Have you tried …?” or “You don’t …, do you?” Leading questions imply a right or wrong answer.
  o Examples of offering neutrally:
    ▪ “Research shows…”
    ▪ “You might consider…”
    ▪ “I hear other mothers suggest…”
    ▪ “Some of what I say may be different from what you have heard…”

• Emphasize that it is always the participant’s choice to take or leave your suggestions.
  o Examples of emphasizing choice:
    ▪ “And I recognize that it is your choice to …”
    ▪ “You are the expert on your child, so take what you think will work for you and leave the rest.”

Step 3 - Explore

• Explore what the participant thinks of what you offered and how they might take the next step.
  o Examples of exploring their thoughts:
    ▪ “What do you think of the ideas I just offered?”
    ▪ “What info do you need to be successful in making this change?”
    ▪ “How do you see this working?”
    ▪ “How often, when?”
- “What will you need to do first to make that change?”
- “What are the barriers to making the change?”
- Consider using a confidence ruler to explore how the participant feels about taking the next step.
  - “Circle the number that represents your current level of confidence about taking this step, where 0 equals no confidence at all and 10 equals very confident.”
  - 0 ------1-----2------3-----4------5------6------7------8------9------10
- Summarize what they said they will do. This gives them a chance to clarify their steps and provides you with a next step to document in their record.

**Learning activity**

Decide if each suggestion below is being offered neutrally or not, and why or why not.

<table>
<thead>
<tr>
<th>Suggestion offered</th>
<th>Neutral – yes or no?</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, you should start some sort of regular walking routine.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well, I have some ideas about what might help, but first let me hear what you’ve already considered.</td>
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<tr>
<td>If you want to eat out less often, you need to start going to the grocery store and planning out your meals.</td>
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<td></td>
</tr>
<tr>
<td>If your blood sugar is high, you really need to start watching your diet.</td>
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<tr>
<td>Have you tried eating more slowly? That really works for me. I tend to not overeat when I slow it down.</td>
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</tr>
<tr>
<td>It sounds like you aren’t completely convinced that you’d like to start making changes. Whether you decide to try some change is completely up to you. What do you think you will do?</td>
<td></td>
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</tr>
</tbody>
</table>
Answering difficult participant questions

Participants will sometimes ask questions that provide a topic for nutrition-focused counseling. If you don’t think you know the answer, you might be a bit nervous to provide counseling.

If this happens, start by digging deeper and exploring with the participant before you try to answer. You don’t have to be an “expert” to answer most questions. By the time you finish your WIC training, you may have more knowledge and training in certain areas than other health care staff. Think of what you already know about breastfeeding or infant feeding.

Considerations:
- Exploring will help identify which part of their question you can help with and which part might need to be referred to the WIC nutritionist, breastfeeding coordinator, or their healthcare provider. You have lots of information and suggestions to share!
- Deferring to the health care provider should be reserved for specific questions about medical diagnosis or conditions. Telling the participant, “Talk to your doctor” is not the same as providing nutrition-focused counseling.
- If the nutrition or health question comes up while you are doing the assessment, remember to wait to answer it until after you have completed the full assessment.

Learning activity

What questions or topics are out of scope for WIC and should be referred to the doctor?

Providing anticipatory guidance

Sometimes you will complete the assessment without being able to identify any concerns that are topics for nutrition-focused counseling. The participant may even tell you that “everything is fine.” This is when you would consider what type of anticipatory guidance to provide. Anticipatory guidance is when you consider the participant’s category, age, and developmental stage then offer nutrition-focused counseling about what the participant or caregiver can anticipate or expect next from their child.
Examples of anticipatory guidance:
- Counseling a pregnant woman about breastfeeding;
- Counseling the caregiver of a 3-month old about introduction of solid foods; or,
- Counseling the caregiver of a 2-year old about family mealtime expectations.

Considerations:
- First, ask the participant if they have any questions or ask caregivers if they have thought about the next phase for their child.
- If they don’t have a topic of interest, offer to share information about a common issue for that category or age group as a possible counseling topic.
  - Use the *Job Aid: Anticipatory Guidance Topics by Category and Age* for ideas.
  - Find a potential anticipatory guidance topic for each category or age group that you can remember or pick a topic that is the focus of nutrition education in your agency (e.g. topic being offered this month in group sessions or at health fairs.)

**Learning activity**

Use the *Job Aid: Anticipatory Guidance Topics by Category and Age* and identify a topic for each group that you would feel comfortable sharing with a participant.

<table>
<thead>
<tr>
<th>Category and age group</th>
<th>Anticipatory guidance topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants</td>
<td></td>
</tr>
<tr>
<td>Children (1-2 years)</td>
<td></td>
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<tr>
<td>Children (3-4 years)</td>
<td></td>
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<tr>
<td>Pregnant women</td>
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<tr>
<td>Postpartum women</td>
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</tbody>
</table>

**Use the backwards planning process**

It is difficult for some participants to determine what is involved in making a change. For some it might just be too overwhelming to even try something that seems difficult. The backwards planning process helps people first picture what success looks like and then plan the steps to achieve it.
How to use the backwards planning process:

- Start by making sure you understand and have agreement from the participant about what they want to accomplish (e.g. wean from the bottle, breastfeed for one year);
- Ask the participant or caregiver to describe what that would look like;
  - What would they or the child be doing/eating/drinking?
  - How would they feel?
  - What would others in their household be doing?
- Consider using paper and drawing a simple sketch of what they describe;
- Then ask them what they would need to do right before that to make that happen (and you can draw another little sketch next to the first);
- Repeat that step, digging deeper each time, until they have talked about and considered all the steps that it might take to accomplish what they want.

Example of backwards planning:

1. **Outcome**
   - Wean baby from bottle

2. **Picture it**
   - Baby is drinking from a cup
   - Baby is going to sleep in their crib by themselves
   - Mom and dad are enjoying the time

3. **Draw it**
   - Baby asleep in the crib, with a cup of water sitting there

4. **Next step**
   - There is a new script that includes a cup
   - Baby is using the cup often

5. **Before that**
   - Cups have water in them
   - Baby has practiced with the cup

6. **First**
   - Buy cups
Learning activity

Practice the backwards planning process to introduce solids to an infant by writing out the possible steps a caregiver might take.

Use the teach-back method to check for understanding

A teach-back is a way to make sure you explained information clearly. It is not a test or quiz of participants. It allows you to check for understanding and re-explain if necessary.

How to use the teach-back method

- Use a caring voice and simple language.
- Take responsibility - emphasize that you are checking to make sure you explained it well.
• Use non-shaming, open-ended questions.
• Ask the participant to explain back, using their own words (maybe ask them how they would tell others in their family)
• If the participant is not able to teach-back correctly, apologize for the confusion and explain it again, then re-check.

Example:
“We’ve talked a lot about how to mix this new formula. Just to make sure I explained it well, could you tell me how you would explain to your partner how to mix the formula? That way I can make sure I didn’t miss anything.”

Learning activity
Write your own example of a teach-back.

Transitioning from nutrition-focused counseling to a “next step”

The final step of providing nutrition-focused counseling is to summarize the action or actions the participant has agreed to take. Hearing back what they agreed upon increases the likelihood the participant will take the action. We call this agreed upon action the “next step” because it may just be one small step towards a larger goal. Documenting the next step in the participant’s record is a required action for completing your counseling.

The next step in the participant’s record is the bridge between the nutrition-focused counseling provided at this visit and the next. Clearly writing the next step in the record gives the next person who sees the participant an idea of what they were working on. This makes it easier for other members of the WIC team and will save time at the next visit.
How to write a good next step:

- Use what you hear from the participant during Explore – Offer – Explore to formulate a next step to reflect back to them.
- The next step should be specific, realistic and include an action (verb). The next step is not just the topic discussed (e.g. yogurt, breastfeeding, continue good efforts). That means it includes an action the participant said they would do, how they would do it, and how often or when they will do it.
- A good next step helps address the barriers that might come up and can be accomplished within the cert period. That is the difference between a specific next step and a “goal.”
- The next step will be from ideas from the participant but does not have to be specifically stated by them. In other words, you don’t have to ask them what they want you to write as a next step. Instead, you can summarize their plans for the next step and give the participant a chance to confirm or tweak it.
- Ask if you got it all, to allow the participant a chance to agree with the next step you reflected or to make changes to it.
- Document the specific next step in the data system – including the verb!
- Make sure each next step is a single activity, rather than combining two onto one line.

Examples of next steps:

Instead of this next step: Decrease milk and increase veggies.

Write these next steps:

1. Mom will decrease milk to 16 oz per day by offering water in the cup between meals.
2. Mom will offer 3 veggies each day by including them in snack, lunch and dinner.
Learning activity

Take the next steps below and re-write them to be specific, realistic, and action oriented.

<table>
<thead>
<tr>
<th>Instead of this:</th>
<th>Re-write the next step</th>
</tr>
</thead>
<tbody>
<tr>
<td>BF to 6 months</td>
<td></td>
</tr>
<tr>
<td>Increase yogurt</td>
<td></td>
</tr>
<tr>
<td>Wean from bottle</td>
<td></td>
</tr>
<tr>
<td>Eat more veggies</td>
<td></td>
</tr>
<tr>
<td>Decrease juice</td>
<td></td>
</tr>
</tbody>
</table>

Talk it over

Talk with your training supervisor about your questions and what you have observed when other certifiers provide nutrition-focused counseling.