Communication and Education Skills for Dietetics Professionals

Fifth Edition
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FIFTH EDITION

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Wolters Kluwer | Lippincott Williams & Wilkins
To Melvin G. Holli; Susan, Chris, Holli, and Alex Swinford; and Steven E. Holli

BBH

To family, faculty, and students who have shown me the value of caring and communicating

JOM

To all of the students who have contributed to my communication and education skills over the years

JAB

To my daughter, Leslie; my son, Christopher; my son-in-law Todd; and my grandchildren Calen, Andrew, and Madison

RJC
The publication of the fifth edition of Communication and Education Skills for Dietetics Professionals marks the 22nd anniversary of the publication of the book. We are humbled by the fact that so many have found the book useful and pleased that many students have profited by it. This edition builds on the strengths of the previous editions.

Our primary goal has been to update the content so it remains current with the core communication skills essential for competent professional practice. The book defines these skills, gives examples, and demonstrates how to use them effectively.

Communication is basic to the relationship the professional has with clients. The American Dietetic Association (ADA) recognizes a number of communication skills as important for practitioners, enabling them to remain in the forefront of health promotion, disease prevention, and treatment; these skills are referred to in the chapters throughout the book.

The impact of nutrition counseling and education on promoting healthy lifestyles depends on how well nutrition information is communicated. Providing people with information on what to eat is insufficient as many already know what to eat. Communication is more effective when the foods and nutrition professional uses individual-appropriate models, theories, and strategies that promote and facilitate behavioral changes to more healthful food choices.

Interventions may focus on decisional balance (pros/cons) in motivational interviewing, behavior modification, cognitive evaluation and restructuring, improving self-efficacy, relapse prevention, goal setting, self-monitoring and self-management, nutrition education, and the like. We use these communication and education strategies based on theories and models that promote behavioral change, such as the Transtheoretical Model (Stages of Change) and Health Belief Model.

The ultimate goal or outcome criterion is sustained behavioral change with an early goal of changing to a more healthful diet and lifestyle. Nutrition education and counseling intervention strategies, for example, are useful for the epidemic of obesity as well as for the effects on type 2 diabetes mellitus, hypertension, and heart disease. We evaluate the effectiveness of our interventions and document the outcomes.

In providing our science-based information, our interventions can focus on the many factors influencing food choices. Besides knowledge, these include skills; available resources; lifestyle, family, socioeconomic, cultural, and motivational factors; educational level; and other psychological and environmental influences. As the U.S. population continues to diversify, certain ethnic and racial minorities are growing at a more rapid pace than the majority population, thus requiring culturally sensitive strategies used by culturally competent practitioners.

Professionals in management positions use many of the same communication and education principles in developing working relationships with employees. Skills in communication, conducting personnel interviews, counseling, and training and education are needed. Cultural diversity is also an issue to be addressed.

The chapter content and references have been updated with web addresses providing additional resources. The profession is moving in new directions, and the fifth edition reflects this progression. The Nutrition Care Process (NCP) and model, including the four steps of nutrition assessment, nutrition diagnosis using the PES statement (Problem, Etiology,
and Signs/Symptoms), nutrition intervention, and nutrition monitoring and evaluation are incorporated.

Although three of the steps are well known to practitioners, nutrition diagnosis represents a new component that is evolving. We have incorporated it when applicable. The nutrition diagnosis statement, also referred to as the PES statement, identifies and labels the problems found through analysis of the nutrition assessment data and identifies the aim or the nutrition intervention. A standardized nutrition diagnosis language attempts to clearly describe nutrition problems the food and nutrition professional is responsible for treating independently. As a new language it will continue to evolve. The ADA welcomes suggestions.

**ADDITIONAL RESOURCES**

*Communication and Education Skills for Dietetics Professionals*, fifth edition, include additional resources available on the book’s companion website at http://thepoint.lww.com/Hollis5e.

**Instructors**

Approved adopting instructors will be given access to the following additional resources:

- Instructor’s Manual, including additional case studies
- PowerPoint presentations
- Image Bank
- WebCT and Blackboard Ready Cartridge

**Students**

Purchasers of the text can access the searchable Full Text On-line by going to the *Communication and Education Skills for Dietetics Professionals*, fifth edition, website at http://thepoint.lww.com/Hollis5e. See the inside front cover for more details, including the passcode you will need to gain access to the website.
In the fifth edition we welcome a new coauthor Judith A. Beto, PhD, RD, FADA, Professor and Chairperson, Department of Nutrition Sciences and Director, Didactic Program in Dietetics at Dominican University.

In updating the content for this fifth edition, staff from the School of Health Related Professions at the University of Medicine and Dentistry of New Jersey (UMDNJ) participated. Diane Rigassio Radler, MS, RD, CDE, continues as a contributor of Chapter 6 (Counseling for Behavior Modification). M. Geraldine McKay, M Ed, RD assisted with the update of Chapter 10 (Principles and Theories of Learning) and Joyce A. O’Connor, Dr PH, RD updated Chapter 8 (Cross-Cultural and Life-Span Counseling). Finally, Angelina Nagel, a graduate student recommended changes in some of the case studies to add the Nutrition Care Process.

We thank Elizabeth Connolly of Lippincott Williams & Wilkins for her assistance throughout the preparation of the manuscript and ancillaries. Anonymous reviewers made helpful suggestions for this edition. We appreciate the assistance of The School of Health Related Professions at the University of Medicine and Dentistry of New Jersey for photographs and the U.S. Department of Agriculture photography service.
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