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Cocreating 'basic truths' about Critical Nutrition Counselling as the foundation for an undergraduate course

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Introduction

Owing to repeated student requests for "more counselling" within the curriculum, the elective Critical Nutrition Counselling (CNC) course was piloted for students who had completed the first of two Nutrition and Disease courses. At the end of each class, for the first month of the term, each student submitted at least one 'basic truth' based on their reflections on two book studies. Basic truths are fundamental tenets about nutrition counselling, as perceived by the students. Examples of basic truths were: "People have implicit trust in us as health professionals; this provides enormous privilege; I want to work to deserve that trust", and "There is no such thing as an ideal weight". Over 120 basic truths were generated. For five classes, the class engaged in content categorization to edit the list into a final list of 33 basic truths. The purpose of this article is to present the basic truths the class cocreated and to share three participants' perspectives on the process.

Course description

The CNC course was discussion-based with students and the professor as co-learners (Boyonton, 2014). To minimize power differentials, all participants sat in a circle, and all participants shared the facilitation role (Wartenberg, 1991). Students' facilitation skills were enhanced by leading discussions about *When Things Fall Apart: Heart Advice for Difficult Times* (Chödrön, 2000) and *Close to the Bone: Life-threatening Illness as a Soul Journey* (Boden, 2007). *Conceptual frameworks framing discussions were the Organizational Framework for Exploring Nutrition Narratives* (Morley, 2016), *Value of Nutrition Education* (Morley-Hauchecorne, Sork, & Barr, 1994), *Collaborative Client-Centred Nutrition Education* (Morley, Maclellan, Cividin, & Traviss, 2016), and the *Symptom Management/Nutrition Counselling Planning Grid* (Morley, 1991).

For content categorization, working in three groups of three or four, each group identified items from the basic truths list that could be considered 'facts or knowledge' (K), 'attitudes, beliefs, or values' (A), or 'activities, actions, or skills' (B) (Myers, Conte, & Rubenson, 2014). Still in small groups, students removed duplicates, and combined items or reworded phrases as necessary. Working as a large group, the KAB lists were combined and edited, again removing duplicates and finessing the wording. Finally, the group ordered the truths according to importance, and identified the first and last truths (given serial positioning effect - that people typically look at and remember the first and last items in a list) (McLeod, 2008). The emerging basic truths document (Figure 1) became foundational to the course as participants reflected on these tenets throughout the remainder of the course.

Figure 1: Critical Nutrition Counselling Basic Truths

PERSON-CENTRED CARE

1. We work with people/persons, NOT clients, patients, bodies, or body parts.
2. Create conditions where control is held by the person you are working with. Dismantle power imbalances. Personal autonomy is essential.
3. Convey verbally and non-verbally that you have a person's best interests at heart, and that they can trust and be comfortable around you.
4. People are not culpable for their illnesses.
5. Human values are diverse.
6. Respect a person's right to not want to eat or to be nourished.
7. There is no such thing as non-compliance.
8. There is not one body standard.
9. Your 'superpower' is an anticipation of what may be ahead (in terms of effects of various treatments on the ability to eat).
10. Further to # 9, one cannot perfectly anticipate the progression of chronic illness. Support people to learn to live with impermanence. Flexibility and adaptability are essential.
11. There is not one kind of person we will be working with. We will use critical nutrition counselling skills when giving advice to people living with illness, not living with illness, those who have recovered, and at the end of life. It's important that the counsellor adapt with the person.
12. Recognize that illness experiences and caregiver roles are highly gendered (Devault, 1993).
13. Aim to create 'brave spaces' (Ali, 2017). Features include:
    i. Controversy with civility; where varying opinions are accepted
    ii. Owning intentions and impacts; participants acknowledge and discuss instances where a dialogue has affected the emotional well-being of another person
    iii. "Challenge by choice," where participants have the option to step in and out of challenging conversations
    iv. "Respect," where participants show respect for one another's basic personhood
    v. "No attacks," where participants agree not to intentionally inflict harm on one another (Ali, 2017, p. 3-4).
14. Work with people to create safe eating environments and to establish new eating rituals.
15. We cannot assume that a person will remember what we spoke about in a previous meeting.

THE MYTH OF PROFESSIONAL DETACHMENT

16. Compassion and empathy should be core characteristics for all who work in healthcare.
17. Simply 'being present' with another is a good way to support them and has the capacity to create genuine human connection. Remember the 'preciousness of the space between' you, people seeking nutrition advice, and their families.
18. Being with people when they are in need of help calls upon us to learn to be with others in their pain, and to connect with their suffering.
19. Suffering may present itself in many forms; it is important to recognize suffering in others as well as ourselves.
20. Fear will be experienced by the counsellor and person/people they are working with; both/all can work together to embrace and grow from these experiences.
21. Become comfortable establishing boundaries (Principles of Professional Practice, 2012). Recognize that there is a tension between devotion to one's work and preserving boundaries (with people who seek help and guidance, and who are not friends).
22. Situations that push our limits are valuable opportunities for growth.
23. To help others understand themselves, we must first be able to understand ourselves through frequent reflection and reflexivity. Articulate any improvements you want to work on. Work on your feelings often.

DECONSTRUCTING A NUTRITION NARRATIVE

24. Create space for someone to tell their story and process their emotions without judgement or taking it personally. There is a lot of value to people's stories and experiences on food, eating, and beliefs/values about nutrition. People and their caregivers/families want to be seen, heard, and validated as their fear can present itself in many ways.

25. People may look for simple solutions when seeking nutrition advice, such as focusing on a nutrient to give them a sense of control over their illness. Work collaboratively to unpack the meanings of their beliefs and emotions (that gave rise to their simple, nutrient-focused question) and to develop an individualized nutrition care plan. We need to break down another's narrative to articulate the actual problem. This includes deconstructing dietary cacophony (Fischler, 1993) and prioritizing issues.
26. Understand that all people are going to react differently to their diagnoses in terms of what they eat. People have the answers (of what will work for them re: eating); do not dictate. It is critical as educators to support people in what they express that they need/want.
27. We live in a world where being independent is the ideal. Reassure people that it's okay to accept help and supports. Support them to adjust to their new reality.
28. Nutrition education pamphlets are based on the premise that all people learn the same way and have the same nutritional needs however, nutrition assessment and counselling are more complex than is implied in these pamphlets. One has to be flexible depending on the stage of illness of the individual, and what their issues are. The emerging priorities may not always be about food/nutrition. Giving nutrition advice requires a lot of skills incorporating information gathered using the various frameworks we have studied including Kind of Support with Level of Distress (Neufeldt & McKinley, 1997); Organizational Framework for Exploring Nutrition Narratives (OFFENN) (Morley, 2016), and the Client-Centred Collaborative Nutrition Education Framework (3CNE) (Morley, McLellan, Cividin, & Traviss, 2016).
29. Sometimes, when a person does not have an appetite, eating anything is better than not eating, even if it is not 'healthy' food.
30. Critical illness can involve mourning the loss of one's own life or the way it used to be. It is important to think about what a person has left as their condition progresses.
31. When a nutrition narrative is complex and it is unclear about what the issues are, share your interpretation with clarifying statements such as "here is what I think I heard" and "tell me if you think I am on track". This provides the person with something to react to (and serves to clarify your understanding of their situation).
32. Having interpreted what you heard based on use of the frameworks (#28), a useful sentence to provide relevant nutrition advice (if appropriate) is, "here is what we would advise someone in your situation". Watch for comprehension and attend to questions arising as evidence that your advice was appropriate for this person.
33. Remember that nutrition counselling is not about changing an individual's behaviour, it is about providing an ear to listen, a heart to feel, and mind to heal.

Other course assignments included weekly reflective journaling, a reflection on co-creating the basic truths, presenting and facilitating a discussion about an interview completed with a person living with a condition requiring food/eating modifications, and a presentation, facilitated discussion, and written report on any aspect of nutrition counselling of interest to the student. In all assignments, students integrated and commented on the relevance of the basic truths to their topic. The final summative paper was a reflection on weekly journal entries, the relevance of critical social theory and the basic truths to nutrition counselling, and observations about 'me at the start of the course, and me now' based on reflecting on their responses to a pre-course survey on understandings of critical nutrition counselling.

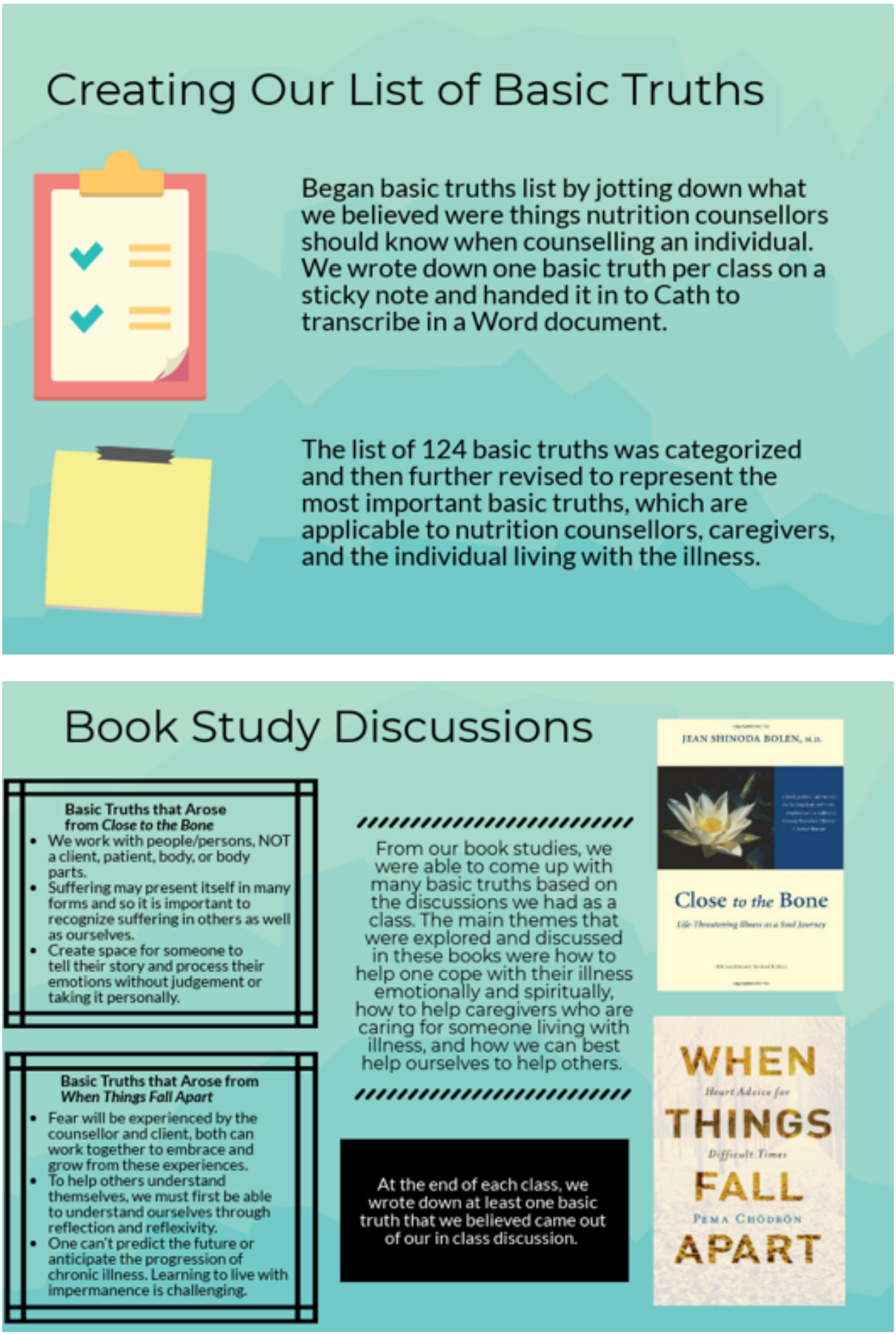
All student papers on developing the basic truths reflected their learnings about the complexity of working with others who seek advice about food, nutrition, and eating, about the value of working collaboratively to achieve shared learning goals, to retain knowledge, and to transform beliefs. To provide greater insight into student perspectives on the basic truths document, three student projects are summarized below; two in text form, and one as a graphic.

Lindsay Ryan reflections

I developed the attached graphic (Figure 2) as part of an assignment on reflections on my experiences co-creating the basic truths of nutrition counselling. In the graphic, I illustrated/described how my ideas evolved. Through the course, I developed a new perspective on what nutrition counselling means.

I realized that the stated purpose of seeking nutrition advice can conceal other complex issues occurring in a person's life. For example, a person may attend a nutrition counselling session with the intention of learning how to eat healthier so that they can lose weight. Through witnessing a person's narrative, it may be that

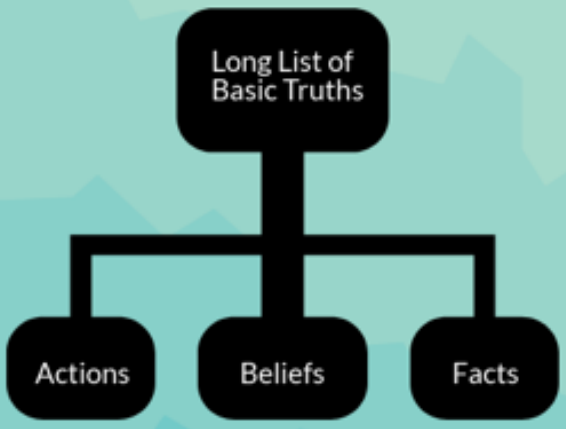
Figure 2: Reflecting on getting to the basic truths of nutrition counselling (Lindsay Ryan)



Content Categorization

We took our long list of basic truths and then categorized them into three different categories: Actions/skills, beliefs, and facts.

My group was assigned to categorize the list of basic truths into actions/skills that nutrition counsellors can use to successfully help people with their illnesses. We chose only to keep the basic truths that were suitable for our assigned category, and either: a) Threw away duplicate basic truths or b) put two basic truths together that were similar to form one.

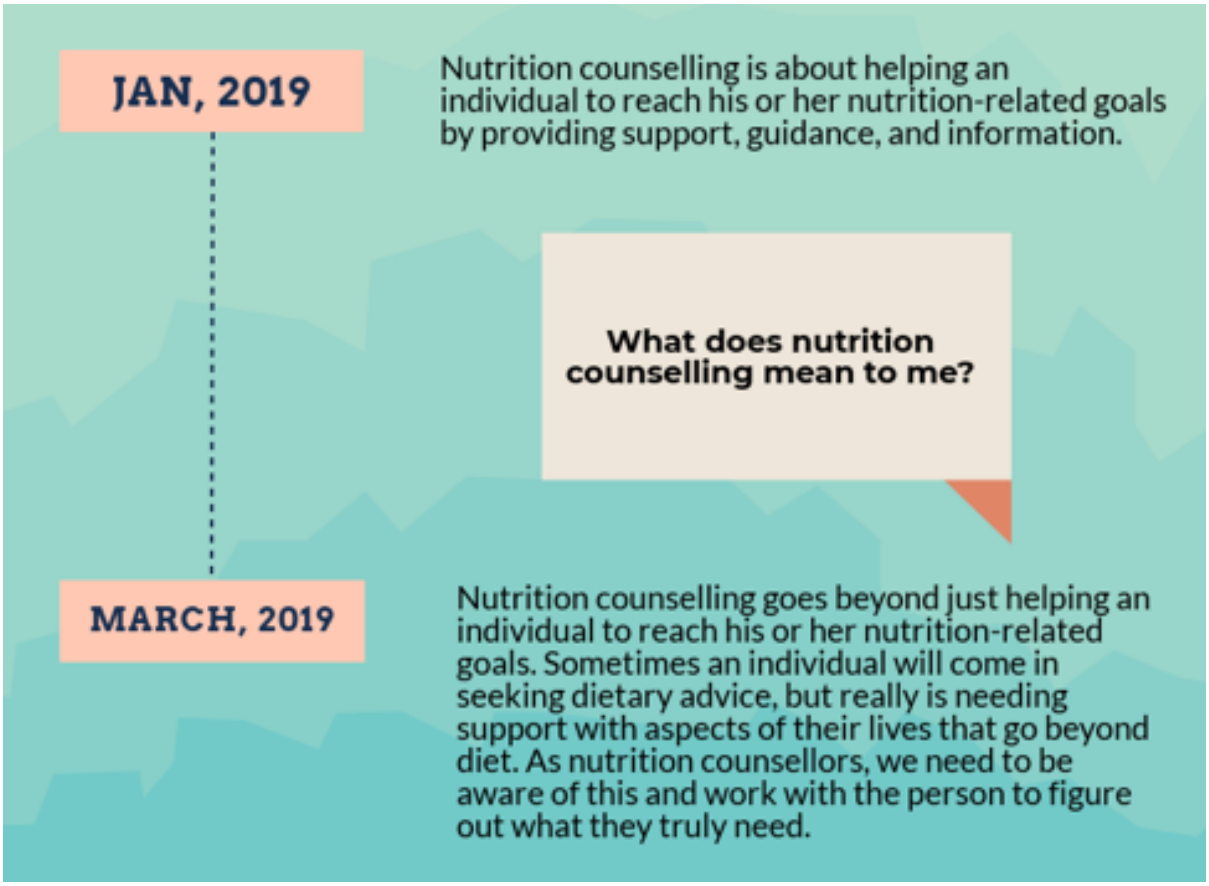


Finalizing the Basic Truths List

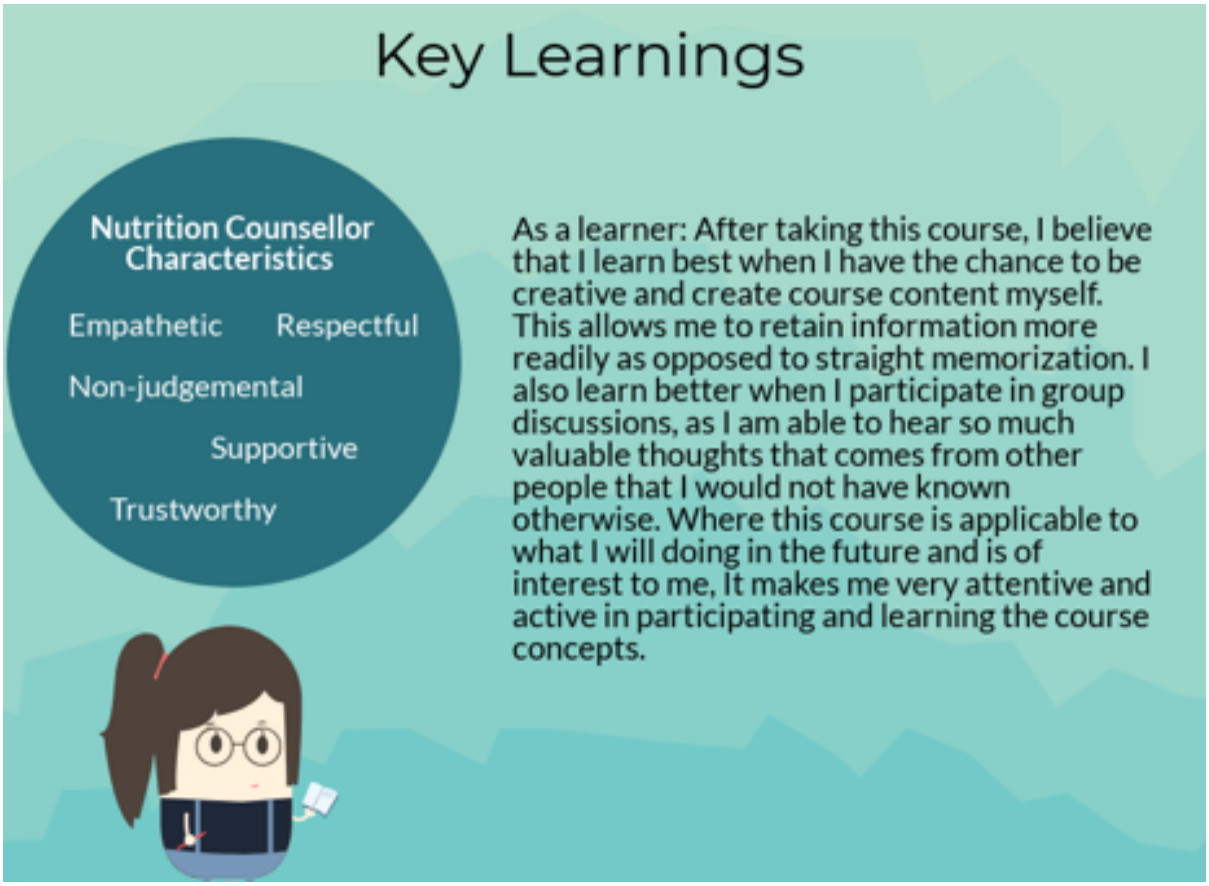
As a class, we were able to finalize our basic truths list by having multiple discussions regarding which basic truths we thought were essential to keep, and which we thought were repetitive or could be worded better.

We each expressed our own individual thoughts about the basic truths, and only made decisions after everyone was in agreement.

We categorized our final basic truths based on who they were applicable to (nutrition counsellor, caregiver, person living with illness).


JAN, 2019
Nutrition counselling is about helping an individual to reach his or her nutrition-related goals by providing support, guidance, and information.
What does nutrition counselling mean to me?
MARCH, 2019
Nutrition counselling goes beyond just helping an individual to reach his or her nutrition-related goals. Sometimes an individual will come in seeking dietary advice, but really is needing support with aspects of their lives that go beyond diet. As nutrition counsellors, we need to be aware of this and work with the person to figure out what they truly need.


Through Creating the Basic Truths List:
Through this process, I learned how to categorize content by working with others to reach decisions together. This involved constant communication with my team members so that we stayed on task, and were all happy with the decisions made.
I believe that this basic truths list would not have been as complete and concise, have I did this on my own. Through this process, I have learned just how valuable others' input is in shaping my body of knowledge. Listening to others allowed for the filling of missing gaps regarding basic truths that I did not think of. I believe by making decisions together as a group, we were able to come up with a list of basic truths that are universal, and cover all areas that are important to nutrition counsellors and the people they are helping. Overall, I am happy with the final list, and believed that we worked well together as a team.



the person is feeling loss of control in their life and that working on weight loss is symbolic of their efforts to gain control. They may have a challenging relationship with someone close to them who may have tried to restrict what they eat, and/or who consistently judged them based on their body size. These can influence how and what a person eats. Therefore, the issue is not about the foods they are eating, but rather, the social influences that surround their eating environments. The role of the nutrition counsellor becomes one of providing support and guidance on how to work through challenges in relation to eating situations.

Humans are complex creatures, who experience unique situations that heavily influence their thoughts, actions, and feelings, and ultimately what and how they eat. Taking the time to actively seek and understand another person's story is vital in learning how we can best support them.

Heather Bonnell reflections

We began the semester by reading *When Things Fall Apart: Heart Advice for Difficult Times* (Chödrön, 2000) in which Chödrön explored Buddhist ideals of compassion, kindness, and forgiveness during times of great difficulty. She focused on existing in the moment, self-reflection, and meditation. As we completed the book study, we connected her teachings to nutrition counselling by exploring ways we could use principles of compassion, kindness, and forgiveness to better support people during their health crises. Some of the basic truths that came from this session focussed on being a more compassionate human.

In the biomedical health care climate, health care professionals may be encouraged to keep a distance and to avoid emotion. During the study of Chödrön's work, we explored how to bring emotion into practice, and how it is healthy to allow ourselves to feel and to display emotion. By connecting with the human experience of feeling, we are better able to help people name and process their own emotions. Although mental health counselling may not be a formal role for dietitians, we acknowledged that in the counselling environment, there will be connections between eating and mental health. We have the potential to make a positive impact on the mental health of others by listening, acknowledging their pain, and helping them to work through it to live their best possible lives in the time that they have left.

It was exciting for me to see our class engaged in content categorization. I truly felt like we were doing

important work. While discussing very personal topics, we often shared how we had been affected by illness, injustice, and loss in our own lives. Our vulnerability in those moments strengthened the conversation, and gave the opportunity for us to connect, support, and draw parallels to each other's lives. There is a growing population of dietitians that see value in reflexivity, and in connecting with people on a human level. We cannot measure a whole person. We can review blood work, weigh people, take diet histories, and even break out the measuring tape, but we cannot assign numbers to things like hope, love, and kindness. As a person who has experienced critical illness, I know the importance of measuring as much as we can about a person's body in order to treat them medically. I also know that medicine can only do so much. Love is an instrument of healing as well. If we can feel, give, and receive love, we can help other people become healthier as well.

Dietetics is not just about diet orders and telling people to eat more or less of a specific nutrient. Food-centred choices, thoughts, and beliefs are complicated and connect to every aspect of a person's life, whether or not they are aware of this. This is especially true when a person is going through illness. By exploring the ways in which a person processes grief, for themselves or a loved one, we are able to have breakthroughs about food, eating, and nutrition during times of illness.

Taylor Janes' reflections

The experience of creating a final list that we co-created, categorized, edited together, condensed, and then seeing our beautiful list of basic truths was a truly joyful experience that we were all lucky to be a part of. I have taken things from the course and applied them to my everyday life – I feel as though I see life through a completely different lens! For example, more often in negative situations/encounters, I find myself considering what others may have going on in their lives instead of making assumptions. I am more receptive of feelings. Before the course, I was anxious when others shared sad or upsetting things because I did not know what to say to comfort them. Through the course, I have learned that it is okay to 'just be' with someone without having to say anything at all, and that crying is not something that should make anyone uncomfortable. I always considered myself a compassionate person, but I feel as though this course uncovered a whole other level of compassion that I did not even know I had.

I have learned that critical nutrition counselling is not a linear process and that every individual will be experiencing something different, have different emotions pertaining to what they are experiencing, and have different needs. A constant throughout developing our list of basic truths is that, in all cases, the client is at the center and it is the role of the nutrition counsellor to help that individual in whatever capacity they need. Nutrition counselling is not always about prescribing someone a diet or helping them eat according to a specific dietary plan. For example, it may be supporting a person going through chemotherapy who is grieving their loss of interest in eating so that when they recover from treatment, they will have maintained a healthy relationship with food. Or it may be supporting a person who has just been diagnosed with celiac disease as they create a 'new normal' way of eating and as they work through their frustration at having to question every bite they take.

The differences I see in myself from the start of this course to present are incredible. Not only has my knowledge pertaining to nutrition counselling grown since the start of this course, but also, I feel like I have grown as a person.

Closing

Students had multiple opportunities to reflect on the complexities of lived experiences, possible nutrition counselling needs/wants (what a person wants to know, and how they want to learn it), and the complexity of dietitians' nutrition counselling roles integrating client-centredness, active listening to witness and respect nutritional narratives, and compassion. The course will be re-offered; inquiries are welcome from colleagues interested in this pedagogical approach.

Relevance

The course activities and learnings challenge the dominant view of behaviour change as the desired outcome of nutrition counselling. Dietitians have the privilege to enter into the lives of people when they are experiencing profoundly challenging life events. Rather than behaviour change, students learned about coping strategies involving individual and family experiences of eating, and to invite conversations about meanings of eating with changed health status as the foundation for nutrition advice and support.

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