

HCA Health Coaching Client Case:

Clinician details
<p><u>Profession:</u> Registered Nurse <u>Role:</u> Practice Nurse and Diabetes Educator <u>Type of program:</u> GP diabetes management plan – goal setting <u>Type of organisation:</u> Private GP Clinic Name and Contact Details if you are happy for other clinicians to contact you to discuss this case: Fiona Williams 03 54752366</p>
Client demographic details (de-identified)
<p><u>Fictitious name:</u> Peter <u>Age:</u> 51 <u>Gender:</u> Male <u>Other:</u> Recently returned from Vietnam with young family. Peter has a family history of T2DM – mother & father (both deceased). Mother died aged 51 with serious long term health complications associated with diabetes (bilateral below knee amputations, renal failure & blindness). Admits to being scared of doctors and hospitals. Recently married a young Vietnamese woman (30 years his junior) who speaks no English and is currently hospitalised with severe depression. They have 2 primary school aged children (5 & 7) who also speak little English and have been having difficulty settling at school. Peter is unemployed, responsible for all the shopping and cooking and is also worried about their financial situation, which is 'tight'.</p>
Presenting issues
<p><u>Referral issues:</u> Peter has been referred by his GP with:</p> <ul style="list-style-type: none">• A recent diagnosis of type 2 diabetes, following routine FBGL screening• K10 outcome tool indicates Peter has symptoms of stress, anxiety and depression, but he declines referral or medication at this stage• Hypertension• Hyperlipidaemia <p><u>Client-identified issues:</u> "I am still shocked that I have diabetes because I don't feel unwell". "I am very, very stressed at the moment. There are lots of things going on in my life" "GP has told me I need to lose some weight and exercise more</p> <p><u>Assessment:</u> Peter admits to feeling totally overwhelmed and upset with his recent diagnosis of diabetes. It is common for many people newly diagnosed with diabetes to experience a huge range of emotions including shock, sadness, a sense of loss, guilt, anger and despair and this is explained to him. He is obviously very upset and breaks down several times during the consultation.</p> <p>He has a fairly good understanding about the diabetes disease process but limited understanding about healthy eating, recommended physical activity guidelines and self-blood glucose monitoring. Peter has a number of very complicated psychosocial issues, which are currently affecting his ability to concentrate. The importance of making some small lifestyle changes to help control his diabetes are explained. The relationship between stress and blood glucose levels is also discussed. Peter considers his most pressing health issues currently are:</p> <ul style="list-style-type: none">• Trying to lose some weight• Trying to reduce stress levels• Reduce his fat intake (particularly saturated fat) he cook with a lot of coconut milk and the family eat a lot of fatty and processed meat but not much dairy food.• Try to do some regular physical activity <p>When asked if he felt ready to work on one of these health issues today with everything else that was currently going on in his life, he stated that he would like to try to work on starting a regular</p>

physical activity program. Peter states the only physical activity he would consider is walking but can't think of a way he could currently incorporate it into his busy daily schedule.

Initial general goal selected to work on

General goal:

Start some regular physical activity

(Currently drives the kids to school - 2km there and 2 km back. At this stage Peter came up with the idea to start walking his 2 children aged 5 and 7 back from school Monday to Friday.

RIC scores/categories:

R= 7

I= 8

C =5

As Peter was high in readiness and importance to change, but low in confidence, decisional balance was used to allow Peter an opportunity to examine the pros and cons of adopting regular physical activity versus the pros and cons of carrying on with none. Peter thought physical activity was very important to his health and following decisional balance was ready to his general goal a go. Peter identified the following benefits he would get from walking the children back from school each day:

- Walking to school to pick the children up would give him 20 minutes of his own time which could reduce his stress levels, blood glucose levels, high cholesterol and blood pressure
- Spending some fun time with his children
- Son aged 7 could burn up some energy on the walk home
- Help his diabetes
- Get fitter
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Barriers to health behaviour change identified in consultation (BEST)

Main barriers Peter identified were adverse weather conditions for walking home, heavy school bags, his young daughter was often grumpy and hungry after school.

Facilitators for health behaviour change identified in consultation (BEST)

Intrinsic motivators identified:

Peter's long term health, wellbeing & quality of life are very important to him. Commitment to his young family and vulnerable wife are strong intrinsic motivators too.

Facilitators identified or applied to address barriers:

Peter said that the children didn't have raincoats with hoods, or umbrellas. He couldn't afford to buy 2 new coats. Peter said he would check out some of the local charity shops when he does his weekly shop tomorrow. He could take their shopping bag on wheels to school on Friday (library day) so that the children didn't need to carry their books home. He would take a healthy snack and drink for all of them to eat on the way home. He also thought of the money that could be saved by not driving the car.

HCA techniques used to identify and address barriers and improve RIC

As Peter was ready to change below the decision line techniques were identified as the most appropriate strategies – solution focussed counselling involving problem solving and goal setting. Peter was offered pen and paper to jot down any thoughts he came up with during goal setting and action planning (problem solving & and barriers and facilitators for change High emphasis was placed on the importance that he mustn't feel overwhelmed by the changes having type 2 diabetes meant . Specific goals needed to be SMART and that changes in health behaviour had to be sustainable in the long term. Discussed ANTS & PETS and explained that relapse is part of the change process and should be an opportunity to evaluate your goals and action plan and not seen as personal failure.

Outcome from initial session

Specific goal/s: Walk the children home from school 5 days a week starting tomorrow.

Action plan:

- Remind himself to leave home at 3 pm – use alarm clock on mobile phone
- Have 3 pieces of fruit and if hot, a bottle of water ready to take with him – reminder note on front door
- Keep shopping trolley on veranda
- Think of some fun games they could all play on the walk home

RIC:

R= 9

I= 9

C=8

Peter was very positive and confident after the action planning session. He has an appointment to see GP in 2 weeks & made an appointment to see me after. Peter may benefit from referrals to a number of specific diabetes-related service providers and this was suggested dietician, credentialed diabetes educator & social worker could all provide assistance and support. Peter declined any other offer of other clinician help at this stage but will consider referral once he feels able to cope. I have given him an appointment for tomorrow for his first diabetes education consultation with me.

Results over time

At Peter's 6 monthly review of his GP diabetes management plan:

Behavioural:

Peter is now walking the children to and from school everyday. Most days he takes baby Van in his pram too. Peter sees it as stress free, quality time with his children. They have a different game to play depending on the day of the week. His son has met a new friend at school, who lives just up the road, and he has started to walk to school with them. During the recent school holiday they all still kept going out for a daily walk. Peter has modified the family meals to include less fat, particularly saturated fat, and has set himself several new specific goals - to eat breakfast, have regular meals and healthy snacks and to replace some high GI value foods with low GI value options (basmati rice has replaced jasmine rice as the family's staple food) using the goal setting and action planning skills he has learnt.

Physiological:

Peter's physiological results over the past 6 months have been spectacular:

- regularly monitors & records his BGL's at home – usually between 5 – 8mmol/L
- HbA1c at diagnosis was 9.5% (poor control). 3 months post-diagnosis 6.9% (good control) and at 6 months 5.8% (normal control). Peter is well informed and realises that HbA1c is a measurement of the long term control of his diabetes and by keeping it as close to normal as possible may help prevent many of the long term complications associated with diabetes.
- Has lost 7kg in weight since he started lifestyle modifications and has reduced BMI 28 to 23
- BP was 160/110 at diagnosis and with medication and lifestyle modifications it was recently recorded at 120/60.
- Despite dietary information still has hyperlipidaemia and has been seeing a dietician for advice

Motivational:

Peter still sees me routinely every 6 months for review of his GP management plan and goals but will often touch base when he brings one of the children to the GP. He remains highly motivated to maintain good control of his diabetes and is actively involved, well informed and interested in his diabetes management and education We continue to review and change his general goals and when requested assist Peter extend and designs new ones.

Psychological:

A recent K10 outcome tool assessment has demonstrated significant improvement in his levels of stress, anxiety and depressive symptoms. He is still worried about his wife who doesn't want to learn English or meet people and is still being seen by a psychiatrist. Peter speaks Vietnamese so acts as her interpreter.

Peter has now been diagnosed with type 2 diabetes for over 2 years. He no longer feels stressed or anxious and states his general health is better than it's ever been. He remains highly motivated to self-manage his diabetes His weight remains stable, BP within management guidelines and his diabetes control is very good (HbA1c 6.3% April 2010). All complication screening has recently been conducted, and apart from fasting lipids, within normal limits.

Spontaneous changes (behaviour changes not planned in consultations, but enacted by client)

Peter has never eaten breakfast but has now started making porridge for breakfast.
He uses low fat milk and lite coconut milk for cooking
He has also commenced a QUIT program to try and stop smoking

Thank you for contributing to the collective knowledge of health coaching health practitioners!