

Clinician details
<u>Profession:</u> Dietetics <u>Role:</u> Dietetic consultation <u>Type of program:</u> NA <u>Type of organisation:</u> private clinician Name and Contact Details if you are happy for other clinicians to contact you to discuss this case: Rebecca McPhee 0432 969903 r.mcphee@healthcoachingaustralia.com.au
Client demographic details (de-identified)
<u>Fictitious name:</u> Sally Smith <u>Age:</u> 16 <u>Gender:</u> Female <u>Other:</u> Moved to Australia from the U.K. with her family, 1 year ago
Presenting issues
<u>Referral issues:</u> Referred by GP for treatment of Bulimia BMI: 19. Client's BMI (2 months ago) was 22.3. Depression (seeing a Psychologist) <u>Client-identified issues:</u> Weight maintenance; to improve energy; to prevent going to an Eating Disorder clinic
Initial general goal selected to work on
<u>General goal:</u> Weight Maintenance <u>RIC scores/categories:</u> R= 5 I= 3 C = 2
Barriers to health behaviour change identified in consultation (BEST)
<u>Main Barrier:</u> Cognitive: believed that increasing her food intake would cause weight gain; scared of change and "losing control"; believed that she still needed to lose weight. <u>Other barriers:</u> Lack of knowledge: Client was not sure about <i>what</i> and <i>how much</i> to eat to prevent weight gain.
Facilitators for health behaviour change identified in consultation (BEST)
<u>Intrinsic motivators identified:</u> to be happy; to lead a 'normal' life without worrying about weight; to reengage socially with friends and family; to prevent being admitted to an eating disorder clinic (GP used 'scare tactics') and missing school work; "I can go back home for 4 weeks with mum if I sort this out now. I miss my friends and family and would love to go back to the U.K. for summer" <u>Facilitators identified or applied to address barriers:</u> Above the line techniques: Client was expecting to be "told" to eat a 'normal' diet and gain more weight. Reassured her that it was her decision to make a change and not myself. Used the driver and navigator analogy to explain this. Explained the role of a health coaching Dietitian to increase trust, create a positive clinical relationship, provide choice and reduce resistance. Acknowledged her fears and concerns about weight gain if she went back to a 'normal' diet. Worked on small, manageable steps tailor made to suit her current situation. Respected her concerns about wanting 'control' and discussed options to maintain control, but in a healthy way i.e. controlling purges and portioning food rather than avoiding.
HCA techniques used to identify and address barriers and improve RIC
Decisional balance to address low importance Used the BEST methods to teach barriers and facilitators i.e. ANTs and PETs and planning strategies. Introduced the concept of positive reframing to focus her attention on what she is trying to achieve rather than avoid. Set a task for the client to track 'purge free' days and eating breakfast cereal using habit change diary. Tracking progress: spoke about different ways of tracking progress instead of the weighing herself e.g. positive behaviours, energy, sleep, self esteem Explained the trial and error philosophy to reassure Sally that strategies only fail, not herself.

Outcome from initial session

Specific goal 1: To reduce number of purges each day, starting today (May 25th), tracking progress using habit change diary and reviewing at next consultation (June 2nd)

Action plan:

- Place habit change diary on fridge this afternoon as a reminder
- Practice PETs each morning (palm card beside her bed)
- Leave for school straight after breakfast (to prevent purging)
- Mum to remind me each morning

Specific goal 2: To eat breakfast most days, starting tomorrow (May 26th), tracking progress using habit change diary and reviewing at next consultation (June 2nd)

Action plan:

- Grocery shopping with mum today to buy breakfast cereal
- Place breakfast portion guide on fridge this afternoon
- Put measuring cup and bowl on kitchen bench as a reminder
- Practice PETs each morning (palm card beside her bed)
- Track progress using habit change diary

RIC:

R= 8

I= 7

C= 8

Results over time: 3 sessions in total over 4 weeks

Behavioural: Sally has remained purge free since first session (purging 2-3 times per day to none); eating breakfast cereal each day.

Physiological: Weight maintenance. Sally's confidence has increased with the realisation that she does not have to purge or starve herself to maintain her weight. Sally's skin has improved (no acne). She reports better energy levels (able to concentrate at school) and improved sleep.

Motivational: Interested in her health and self esteem more than her weight. Wanting to continue with appointments to assist with sustaining changes.

Psychological: Reports to feel less anxious and more confident in herself. More interaction with girlfriends and improved relationship with her boyfriend. More involved with family e.g. ate 2 slices of pizza when family bought takeaway (normally would avoid this!). Now has the confidence to go back to the U.K. for a holiday i.e. she is less concerned about what her friends and family will cook for dinner.

Future follow-up: Sally is scheduled for another appointment in 4 weeks time.

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

Now eating lunch – going home for lunch each day with boyfriend.

Applying her positive thoughts to other areas in her life i.e. interacting with others at school.

Eating small snacks in the day (requested a low GI, portioned snack guide).

Sally is no longer tracking her weight but is tracking her energy, mood and appearance of skin/hair.

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