

Clinician details
<p><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</p>
Client demographic details (de-identified)
<p><u>Fictitious name:</u> Lauren Little <u>Age:</u> 33 <u>Gender:</u> Female <u>Other:</u> husband; 1 toddler: 18 months old. Just finished a university degree when she fell pregnant with first child.</p>
Presenting issues
<p><u>Referral issues:</u> Referred by GP for weight loss <u>Client-identified issues:</u> Increase fertility – would like to have another baby; increase energy levels; improve overall health and wellbeing.</p>
Initial general goal selected to work on
<p><u>General goal:</u> Increase fertility <u>RIC scores/categories:</u> R= 9 I= 9 C = 5</p>
Barriers to health behaviour change identified in consultation (BEST)
<p><u>Main Barrier:</u> Cognitive: puts herself last and focuses on looking after her baby. <u>Planning:</u> no routine for cooking meals or grocery shopping. Lack of planning leads to buying takeaway food and high calorie snacks. <u>Other barriers:</u> <u>Emotional:</u> Feels guilty for creating “bad habits” and not having a “healthy household” even though she knows what to eat. Lauren’s mother brought her up on an organic diet with minimal processed food.</p>
Facilitators for health behaviour change identified in consultation (BEST)
<p><u>Intrinsic motivators identified:</u> To be healthy so she can have another baby; better role model for son; be proud of having an organised, healthy family and household. <u>Facilitators identified or applied to address barriers:</u> Explained ‘messy head syndrome’ to normalise her current situation and create appropriate humour. Explained role as a health coaching health professional to create a positive clinical relationship, provide choice and reduce the fear of being judged. Reassured Lauren that we were “half way there” i.e. she already knows what to eat, we just needed to work on strategies to overcome the barriers.</p>
HCA techniques used to identify and address barriers and improve RIC
<p><u>Agenda setting:</u> Mind mapping on the white board to reduce sense of being overwhelmed and create ‘tidy head’. Though her importance was high, still used digging down techniques in a conversational way i.e. benefits, when Lauren chose to work on the specific goal: planning to eat regularly with son. Used the BEST methods to teach barriers and facilitators i.e. ANTs and PETs and planning strategies. Used the arm folding exercise to explain how it is hard to change even simple habits. Reassured Lauren that it is normal and expected for habits to take time to change. Tracking progress: spoke about different ways of tracking progress instead of the weighing herself e.g. positive behaviours, energy, sleep, self esteem.</p>

Outcome from initial session

Specific goal 1: To sit down and eat all meals and mid meals with my son, starting tomorrow, tracking progress using habit change diary. Review at next consultation in 2 weeks.

Action plan:

- Grocery shopping this afternoon: ring mum (did it in the appointment!) to babysit son for another 2 hours.
- Place mind map on fridge as a reminder
- Put a placemat on dining table next to son's high chair as a reminder to eat
- Practice cognitive strategy each day "This is for my family"
- Place cognitive statement on fridge (wrote it mind map and highlighted it)
- To do household chores when son is having a nap
- Ask husband to watch son whilst dinner is being prepared

RIC:

R= 8

I= 8

C= 7

Results over time: 2 months

Lauren attended 3 sessions over a 2 month period.

Behavioural: Lauren started to eat with her son at each meal and mid meal. She called it 'dual tasking' i.e. eating and bonding at the same time. At next session, wanted to work on increasing physical activity. Brainstormed ideas for home based exercises i.e. Wii Fit, skipping and Pilates (DVD). Lauren wanted to start after their renovations were completed in 4 weeks.

Physiological: Improved energy; loose clothing (does not want to weigh herself but fitting into 'old' clothes); less stressed and sleeping better.

Motivational: Could not believe how easy it was to make changes. This inspired her to work on other areas of her life. Lauren noticed how much money the family was saving from eating better. She therefore sat down with husband and set an agenda for renovating their house and budgeting. She described it as 'messy house syndrome'.

Psychological: Reports to feel more confident and good in herself. Enjoying being a mum - son is more relaxed at meal times. Positive relationship and more intimate with husband.

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

Started 'family meal planning': sits with husband once per week to plan shopping list and meals. Plans "Me time" for 15-20 minutes most days, whilst son is sleeping. Planned a holiday to QLD for more 'family time'.

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