Client information & background – 50 year old male with a history of morbid obesity (has been 182 kg in the past) and back pain limiting activities of daily living and enjoyment of life. Can no longer work at all, previous occupation was standing (Chef), then moved to seated work (Taxi) and can no longer work at all due to debilitating pain. Wife also has similar health issues and has successfully applied for a Carer's Pension for husband. Spends 6-7 hours per day watching TV and DVD's and this is one of the few enjoyments in life for client.

Presenting & referral issues – from GP referral letter in May 2007.
Osteoathritis in knee (bilateral), back pain – lumbo sacral, morbid obesity (currently 159 kg), waist 152 cm, hypertension, snoring, Gastro-Oesophageal Reflux Disease (GORD), Depression. Client has had Gastric Stapling early in 2005. Past pain and problems with quadriceps tendons.

Client issues – extremely depressed, feels very limited and that the gastric stapling has not been successful. The surgeon was unable to perform gastric banding due to technical reasons and client frequently feels uncomfortable after food (it gets stuck). Pain medication is being increased but is losing effectiveness. Very concerned about family history of diabetes, longevity and lack of ability to play with his young children. Client stated that he often attends his children's primary school to assist with reading and other tasks and that having this outlet makes him feel useful. His children also enjoy it.

Relevant treatment history – tried to diet to lose weight. Various diets unsuccessful in the past, tried 5-6 of them. Exercise suggestions by GP's and Specialists have been unappealing and unrealistic – swimming and hydrotherapy, "uncomfortable with body image in the pool", walking "too much stress on joints and way too painful". The client understands that his current weight is impacting negatively on his health and seems somewhat fed up with the experts' advice and being told what to do. Mentioned that "no one is really able to help him". We discussed that we would need to invest time to come up with a strategy that might work long-term and as long as client continued to maintain hope, we could move forward. Mentioned that there was no such thing as failure, just the wrong strategy. Client felt better. My primary goal was to build rapport with client and build his self efficacy.

Agenda goals & chosen client general goal – general goal was weight loss (get to 140 kg by Christmas) but to 110 kg eventually.

RIC (readiness, importance, confidence) -
Readiness = high, Importance = 7, confidence = 2. Feels that increasing medication to manage the situation is not helping. Ready to try something new "but not dieting".

Intrinsic motivators identified –

1) Client wants to be a good role model for children
2) Client wants to contribute to family life (mow lawns at home and contribute more financially)
3) Client wants to feel good about himself, look good at the family Christmas party this year
4) Client wants to be available for his children and not limited by pain

Health coaching skills & principles used & health behaviour education provided – client an expert in own health and life and need to look for options and think outside the square regarding movement strategies and diets. Agreed to explore options only, no prescribing, one thing at a time so it is manageable, get wife on side (invited her to come to future EPC sessions with client). Asked if education material would be of interest to wife (included her in the change process). Asked client what information wife would be interested in to enlist her support. First EPC session was about gaining trust and confidence and building rapport.

Options identified for pursuing (general) goal – start with energy intake
Specific goal options were a combination of better food choices (healthier take away and reduced fat intake) and finding a suitable avenue for more movement that does not cause pain to burn more energy.
Options discussed in more detail:

1) Select healthier take away options from list provided
2) Reduce fat: e.g., Grill and remove fat as opposed to frying with fat on meat, reduce fat-based spreads etc.

- Also discussed a stationary exercise bike for use in front of the TV and will research over the week for client.

Specific goal and action plan constructed in consultation
Action plan – client did not seem comfortable with writing things down. Client suggested the following two behaviours to focus on during the week regarding reducing fat intake:

1) Reduce margarine on bread, currently having 4-5 slices a day
2) Reduce peanut butter on bread

Short term outcomes – Client was losing weight slowly by reducing his fat intake. However, he was not able to increase his energy expenditure at that point in time. Measurement at the neck indicates that he had lost centimetres, client reported that "he feels less jowly". Had lost around 4.5 cm at the neck. Although not a traditional place of measurement, this was an important place to gauge progress for this client and helped to build confidence once he could measure progress. Client had lost 4 centimetres from waist although he was far prouder of his neck girth progress because it is more visible.

Barriers & facilitators identified during attempted goal pursuit -
Barriers – very limited income, paying off accumulated debts, relies on others for financial support (family and charity such as food parcels), thinking "all movement will cause more pain", does not plan food, impulse high energy buying, always has snack foods for the children at home (chips, twisties etc),
Facilitators – supportive family (wife and children), positive comments from his family, extra roles at school assisting the teachers with day-to-day tasks.

Other health behaviours spontaneously pursued (between sessions) – Client was able to mow both the front and back lawns in one go which was the first time ever (after starting stationary cycling – see Comments). Felt a sense of achievement and pride that he had not felt in a very long time as a result of this achievement (increasing self efficacy). Also reported less vomiting, more conscious of eating habits and tasting the food and slowing down eating to make it last a bit longer. Client also reports better mobility and less pain as a result of short low intensity bouts of cycling several times per day.

Longer term outcomes - Currently cycling 2-3 times per day at low intensity for 5 minutes and will build up by 1 minute per week. The stationary exercise bike also measures energy expended (calories). We calculated that having a slice of bread with margarine and peanut butter would take around 29 minutes of cycling at 16 kph to expend the 314 calories. This came as a surprise to client. It also helped reinforce the concept of more daily movement to increase circulation, mobility and manage pain and how extra food intake will be stored as fat and not necessarily expended by more movement.

Comments – Five months after our first EPC visit and relying on restraint to reduce intake, the client called me and said that he was ready to buy a stationary exercise bike. We had several phone conversations over the previous months and discussed purchasing a bike during review sessions. I had done considerable research on where he could purchase a bike to accommodate his weight and how he could finance it as he required a more heavy duty bike.

I asked the client to come in for an EPC session ASAP so that we could make it happen. He had now also enlisted the support of his wife and worked out how the family budget would stretch to pay the bike off including borrowing money from his mother. The local fitness company providing the bike also came onboard and was very supportive allowing the client to take the bike home and pay it off without any interest. I also visited the family home to set up the bike and meet the family and enlist their support. Even the wife and children were using the bike.

When I asked the client what had happened to make purchasing this bike his number one priority his response demonstrated the power of intrinsic motivation. He had been asked by the primary school and his children to cook sausages at the local school fund raiser and found that he had to return home after 1.5 hours of work due to pain and pins and needles in his legs. He felt that he let his children down as other parents were able to work for longer periods. He also felt that he let the school and himself down and realised that he had to do something more that restrict his intake.