

## Case Study 1 “Martha”

### ***Multiple Illnesses and Low Social Support***

This case study is based on a report from a WM360° graduate of a real client. All identifying information has been changed to protect anonymity.

The coach in this case is a nurse who works for a telephone-based disease management company who holds a contract with the company that “Martha” works for and supplies wellness coaching services. This report was written just after the nurse received WM360° training and is only beginning to apply it.

Martha is a 43-year-old woman. This woman works at a major discount store full time as a cashier and stocker. She is on her feet all day long. Martha feels that her insurance does not enable her to take adequate care of herself. She has multiple health issues such as diabetes, asthma, hypertension, overweight, and is a smoker.

She came to coaching because she is angry that her insurance does not cover her diabetic testing supplies, her yearly eye exam, and her semi-annual dental exams. She feels that this program will help her to better manage her health issues through education. She feels that her health issues are out of control, especially her diabetes.

Martha’s support systems: She lives with her boyfriend, whom she has been dating for 3 years. She has children that are 16 y/o, 11 y/o, and 5y/o. They live with the Martha and her boyfriend. From what Martha says her boyfriend does not understand her health issues and does not support or encourage her to take better care of herself. She has limited contact with her mother and sisters. She has friends at work but they also are not supportive about living a healthy lifestyle.

Martha’s presenting problem was that she felt that her diabetes was out of control. Her blood sugar was over 250, she has multiple abscesses, she was having frequent shortness of breath from her asthma, her blood pressure was 157/100, and she felt her health was getting worse.

Some health and wellness concerns: She smokes a pack of cigarettes daily and has asthma. She has hypertension and her blood pressure is not under control, it was 157/100. She is overweight and has a BMI of 32.42. She has not always been compliant with taking her medications, checking her blood sugar, and eating correctly. She says that she knows that this has to change.

#### A. Setting the foundation

Martha had called in because she felt that her diabetes and asthma was out of control. I made it clear to her when explaining the program that our conversations are confidential and I am not trying to replace her doctor. I told her that the purpose of this program is to educate her and to help her figure out what changes she can make in order to live a healthier life. She said that she knew her diabetes was out of control because she was not taking care of herself. I told her that I would be acting as her health coach, cheering her on when she makes progress but also holding her accountable if she doesn’t do something that she committed to doing. She agreed to this saying that she knew she had to make changes because her health was worsening. She also said that she knew she was setting a

poor example for her kids.

B. In meeting ethical guidelines and professional standards

I told Martha that I was not trying to replace her doctor but to support her relationship with him. I also told her that her employer is unaware of her participation in this program and that we do not communicate with her employer or her insurance. I also told her that I would not be calling her doctor without her knowledge.

C. Co-creating the relationship

I told Martha that any information that she told me would be confidential. I told her that I can understand many of her frustrations with her health. She tends to put her children and boyfriend's needs ahead of her own.

She has financial issues, her insurance does not cover the full cost of some of her medical supplies: Her test strips for her glucometer, her yearly eye exam, and her semi-annual dental exams. I asked her for her permission to refer her to a person who could help her with her financial issues. She gave me her permission. I also gave her a phone number for an employee assistance program. I voiced understanding of her financial issues and challenges and tried to encourage her to come up with ways to be able to afford the healthcare that she wasn't receiving. I also told her that her health is a priority and she needs to take care of herself properly so she can take care of her family. This member and I connected easily because we are close in age, have children and work fulltime.

D. Communicating effectively

I feel that I have been a good and active listener by paraphrasing and asking persistent questions. When she did not honor a commitment to make changes to improve her health I was direct in asking her if she was interested in continuing to work on this goal and what does she need to do differently to achieve the goal.

E. Facilitating learning and results

I thought this was accomplished by increasing Martha's awareness of how some of her behaviors negatively affect her health. She told me how decreasing and eventually quitting smoking would improve her health by making it easier to breathe, decrease how often she uses her inhaler, and it would also help her save money so she can afford medical supplies. She decided she was going to allow herself a certain amount of cigarettes daily. She would put those cigarettes

aside and not have anymore when they were gone. She said she would keep the remaining cigarettes in her car so they would not be readily accessible. She also set a goal of taking her medications as prescribed and checking her blood sugar four times daily. She decided she was going to put her medications on the sink in the kitchen. The point of this was that in the morning while making breakfast and in the evening while making dinner she would remember to take her medications. She decided she would carry her glucometer with her and test her blood sugar at appropriate times, and when she doesn't feel well. She was not successful in accomplishing these goals.

On the next call we added visual reminders for her to remember to take her medications. She thought of giving her extra cigarettes to a co-worker to hold for her until the next day, so she wouldn't smoke more than her allotted amount. She thought of setting her alarm on her cell phone to remind her when to check her blood sugar. Unfortunately, Martha was not successful in achieving these goals either. Although she told me she was committed to making these changes to improve her health, she had a variety of reasons why she was unable to do so. She blamed her boyfriend's unwillingness to reduce his smoking, her kids were supposed to remind her about the notes for her medications, and she only tested her blood sugar twice

weekly.

- F. What I have learned from this client is that the drive for change has to come from the client themselves. While Martha verbalized making changes to be healthy ultimately she was unwilling to make the changes that were necessary. The client has to be fully committed and having a strong support system makes success more likely.
- G. Martha was unwilling to make the changes necessary to improve her health. The last time I talked to her, she said that she now understands how important it is for her to make significant changes to improve her health. She had an open sore on her leg that her doctor says is a complication of her diabetes. She is afraid that she may need to have her leg amputated below the knee. She continues to smoke, but says she knows she has to quit. She says she is going to test her blood sugar four times daily. If when I talk to her again, and she hasn't at least begun to change, I will step her down to a status in our system where she does not receive wellness coaching but is kept on our list for minimal service until she is really ready to change.

## Case Study #2

### *A Positive Pre-Diabetes Lifestyle*

We know that someone diagnosed with “Pre-diabetes” can prevent the full-blown development of diabetes 70% of the time when they are successful at lifestyle improvement.

Am. Diabetes Assoc.

[www.diabetes.org/diabetes-basics/prevention/pre-diabetes/pre-diabetes-faqs.html](http://www.diabetes.org/diabetes-basics/prevention/pre-diabetes/pre-diabetes-faqs.html)

This actual case study client, while not officially diagnosed as pre-diabetic, knew she was on her way there. Coaching was skillfully conducted by a Wellness Mapping 360° student who completed this case study and became a Wellness Mapping 360° Certified Wellness Coach. The coach was also an R.N., and did a good job of being clear about these two roles. Names and some details have been changed to respect confidentiality, but this is a real case.

### **Wellness Mapping 360° Case Study — Coach Shirley** Client Information — My

client is age 64. “Angelina” is a retired executive and lives in an active adult lifestyle

community. She is a past participant in our “Healthy Self” weight loss program. She came into The Center (where I work) to sign up for another program and shared that she had had a “bad year” related to her weight loss effort. After some discussion, I asked her if she would like to have wellness coaching to help support her efforts. We discussed what Wellness Coaching is and she agreed to try it.

Over the past year my client has been involved in a financial dispute involving thousands of dollars in which she is being denied payment so far. This has totally consumed her thoughts and energy. As a result she returned to unhealthy eating habits and lack of exercise.

My client is single (never been married) and lives alone. She has several close friends and belongs to a Singles Club in the community. She gets support from her friends but does rely on herself a lot.

Her main health concern is obesity. She started out over 300 pounds (136 kg.) when she initially participated in our weight loss program. She lost 20 lbs. in eight weeks and then went on to lose 40 more pounds. Currently, she states she has gained 20 lbs. back over the past year, and her fasting blood glucose was 120 when she had it checked at a local screening. She is concerned that she is on the path to diabetes.

#### A. Setting the Foundation – Meeting Ethical Guidelines and Professional Standards

I informed the client when we initially discussed the option of Wellness Coaching that I was in the process of completing my certification for Wellness Coaching. I also told her that I had to complete a case study and would be using our experience to fulfill this requirement.

I discussed the basics of coaching – informing her that I would

be offering support and accountability, not information. Angelina thought this would be perfect because she has been through two structured weight loss programs and knows what she needs to do. She was looking for accountability. We agreed that coaching would be a good resource for her.

We established frequency of appointments and her responsibilities as a client. I gave her the welcome packet to complete and established our first appointment. During our first appointment, we reviewed information she shared in the welcome packet.

#### B. Co-Creating the Relationship

At our initial meeting we reviewed information in the Wellness Packet. As she handed me her packet, she asked in a joking way if her information was going to be published in the community. I took that time to seriously review that all of the information that was shared would be handled in strict confidence.

All of our appointments have started on time. During our first session, we reviewed her “Wheel of Life”. She discussed prior times in her life when she volunteered and helped people in her neighborhood. As she was creating her action plan, she had not mentioned volunteering. I asked permission to suggest adding something to her plan. I pointed out that she “lit up” when she talked about volunteering and helping others and offered that she might consider exploring new volunteer opportunities in her action plan. She said, “Oh, yes...this is about more than just discussing my food and exercise plan.” I think this demonstrated to her that I was listening to her story and helped build the coaching relationship.

#### C. Communicating Effectively

The previous story illustrated listening and exploring my client’s values. I worked at paraphrasing and reiterating what my client was saying. I allowed her to vent about her insurance issue that has consumed her thoughts and energy the past year. Then I asked my client the “how is it working for you” question. She acknowledged that it hasn’t helped her overall health and was ready to move on. It was the perfect time for a powerful question.

#### D. Facilitating Learning and Results

I have helped my client become increasingly aware of how her whole life affects her wellness. I believe she has viewed various aspects of her life compartmentally, so I have helped her explore how fulfilled she is in each area and how it effects her overall wellness.

When designing actions, I have challenged my client when she seemed overzealous in her action plan (going from a year of not exercising to stating she was going to exercise 5x/week). She has been very diligent about setting goals each week. These goals have focused on exercise, food journaling, and exploring volunteer opportunities. In managing her progress and holding the client accountable, we discuss the previous goals set. She has met her goals each week. We celebrate these successes and look forward to the next week.

She has attended nutrition lectures, a diabetes fair, and a diabetes support group. She has not been diagnosed as having diabetes, but she sought out information because she felt she was on the road to pre-diabetes. After attending the support group, she shared that it was very motivating because she didn't want to have to deal with the issues that were discussed. She has since had a physical with her primary care physician. Her fasting blood glucose was 106. She asked me some questions about her lab work. Before discussing her blood work and answering her questions about diabetes, I told her I was "switching my hat" from coach to "Nurse Shirley". Then I made it very clear when we were switching back to coaching.

As we finished our most recent session, we took some time to evaluate the overall coaching process. Angelina paused and said, "You know...one of the most amazing things is that I don't think about the financial problem I'm facing anymore. Whatever is going to happen, will happen, and I will deal with it then. But, I don't think about it every day. My focus has changed." She has lost weight, started volunteering at a local animal shelter (she loves dogs), and is seeking more social opportunities. She feels the coaching process has really helped her.

#### E. Insights Gained and Lifestyle Changes

Learning about Wellness Coaching and actually implementing it has been very rewarding for me. It has "given me the permission" to focus on my own wellness. I can certainly empathize with my client when something in your life becomes all consuming. She reminds me that my life and lifestyle are more important than one specific issue that is going on at a particular time. There will always be something that can distract you. Learning to apply the stages of change with weight loss has also been very enlightening. My spouse has also been somewhat of a "case study" for me. I never really understood before when he would discuss "thinking" about losing weight. This was a big ah-ha moment for me. His ah-ha moment was when he said, "You really have to work at this every day, don't you." It isn't – go on a diet, lose weight, and you are done. It is

truly about a lifestyle change. A lifestyle change for my client has been the change in mental focus as discussed before. Angelina has completely changed her focus. She also has a broader view of wellness. She has been so focused on her weight and hasn't really related how the rest of her life can affect her weight problem. We will continue to explore this because in our most recent coaching session, we were discussing what spirituality means. She has taken this very literally and has felt she wasn't spiritual because she doesn't go to church. I think as she researches this and I challenge her, she will change her perception.