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.

1. 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.

1. 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.

1. 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.

1. 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.

1. 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 breath, 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.

1. 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.

1. 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.

Reflect on this case study and share with the group what it brings up for you.

What is/was the clients readiness for change?

What could the coach of done differently?