**Wellness Mapping 360° Case Study**

**Dietician/Coach Working with a Diabetic Client**

“Laverne” is a registered dietician who works for a disease management

company coaching and consulting with clients who are referred to her

from nurses who work for this same DM company. Laverne discovered

the book, *Wellness Coaching For Lasting Lifestyle Change*, on her own

and subsequently went through Wellness Mapping 360° wellness coach

training. This case study follows the format for the case studies required

for completing the training. The practice of this DM is to refer to their

clients as “members”.

This case study is a good example of how a professional can still perform

their primary role (dietician in this case) and also be able to do wellness

coaching with their client. It is also an astonishing case study of helping an individual who has been attempting to deal with life-threatening illnesses with little or no

modification of their lifestyle and is suffering the results.

**Description of Client:**

• Age: 47

• Member works the evening shift (4-12) at a food manufacturing

company in their shipping department. He says his job is not stressful

(physically strenuous only on rare occasions). Two factors that affect

him are:

• His work hours. He comes home after midnight. When he gets home

he eats, winds down and goes to bed at about 2am.

• The availability of snack foods and sodas from the snack machine at

work.

• The member was referred for nutrition coaching by his nurse. In her

note she mentioned that he had not received any nutrition education

regarding his condition. She offered my services and he accepted.

• The member has a wife who is supportive of his efforts to improve his

health. He mentioned that she has always wanted him to eat healthier

but he was stubborn.

• His primary health condition is diabetes. He began nutrition coaching

because he has never had his diet formally addressed by a nutrition

professional.

**Health and Wellness Concerns:**

• He has diabetes. Our initial appointment revealed his diet was very

high in sugar, fat, sodium and caffeine. These came from highly

processed and refined foods like potato chips, Dorritos®, regular

sodas, white bread, hot dogs, bologna, bacon and sausages, ice

cream. He consumed quite a bit of meat/animal protein and fruit

juices and reported that he ate out often.

• He has hypertension. His blood pressure on 2/26 was 170/90.

• Recent diagnosis of gout.

• Member is obese (weighs 241 lbs.)

• He does not exercise

• He did not drink nearly enough water (currently just about

8-16 oz. per day).

This combination of diet and lifestyle caused the diabetes to be poorly

managed, which precipitated other conditions such as hyperlipidemia

and diabetic neuropathy. He is now using an insulin pump and reported

that he frequently used up his daily maximum dosage of 130 units of

insulin. He reported that the pump would not let him bolus any more

than 130 units even though he tries. His doctor recently informed him

that he was going into renal failure.

**Setting the Foundation**

When I receive a referral from the nurses, I call each member and

schedule a phone appointment.

When I contacted this member for the first time, I introduced myself

and informed him that I had received a referral from his nurse. I

provided a brief description of how I work with members and what he

could expect.

At the beginning of our first appointment, I established what he

wanted by asking him the question, “what do you want to get out

of our session?” I clearly communicated that I will be primarily doing

2 things. The first was working as a dietitian to provide him with the

information that he would need to improve his health conditions.

The second was working as a coach to help him incorporate that

information into his lifestyle, focusing on lasting eating behavior

change.

I explained that this was a nutrition program that would be customized

according to the rate at which he learned and adopted new habits. I

explained the helping relationship/alliance we were creating including

the fact that I was there to help him accomplish what he wanted — not

what I wanted him to accomplish. I also shared the fact that we would not be making overnight changes but changing just 2 or 3 things every time we spoke. I reassured him that this approach was designed not to overwhelm but to help him move towards eating healthier without feeling tortured or stressed out about it.

The member expressed appreciation of the fact that I was working with

him. I communicated the fact that there was hope and that as long as he

had the desire to do this. I expressed that I sensed his strong motivation to

change and that it was very possible to achieve his targets for improving

his diet.

**Meeting Ethical Guidelines and Professional Standards —**

**Understanding of Coaching Ethics**

I reviewed the ICF code of ethics and carefully considered each item.

During the first session I explained to the member what he can expect

from our session as far as what I will bring to the table. I ensured that he

understood the nature of coaching and how we will work together to get

results. I communicated hope but did not make false claims about what he

would receive.

**Co-creating the Relationship**

This member was very open and transparent, and I was totally myself,

open and sincere. I showed genuine concern for where he was regarding

his current health situation. I also showed empathy towards the fact that

he never received formal nutrition education. He was already motivated

to make changes to his eating behavior so co-creating a relationship was

not difficult. I could tell that his mindset was in a place where he knew he

needed to do something to change his current picture.

I shared with him the fact that I was there to work with him as an ally.

I communicated the fact that he was not going to have to figure things

out on his own. I did not have a judgmental or condescending tone (even

though his diet was very unhealthy, I did not make him feel terrible about

that). I focused on the future and the how we can, as we work together,

make a difference in not just the way he ate but also in his lab values.

While he was expressing himself and his desires, I mentally looked for

ways that I could work with him – ways in which I could be more effective.

**Communicating Effectively**

I listened to the member’s agenda. He told me that even though he has been

a diabetic for many years he never took it seriously. He said he was ready to

make changes to the way he ate. I listened to his concerns. One of his main

concerns was that he did not want to go into renal failure and end up on

dialysis. His doctor told him he had protein and blood in his urine and they

wanted to draw labs to check his kidney function. I mirrored and reinforced

his feelings and concerns and also his belief that he could do something now

that could make a difference. I ask open-ended questions that allowed the

member to express himself.

**Facilitating Learning and Results**

He was open and motivated to make changes even before we spoke. He

was also very teachable. I provided insight regarding the foods that he was

eating and described exactly how they were causing the very symptoms

he wanted to avoid. We made a powerful connection because the member

was able to see how foods he was eating was affecting various aspects

of his health. For example, how high sodium and caffeine intake and an

absence of produce affected his blood pressure; large amounts of orange

juice, enriched grains and regular sodas and their effect on his blood sugar.

I was able to clearly break down the relationship between the foods he

chose and his health. I told him that the things that were happening to him were real. But emphasized that just as they were real, so would be the results that we

could achieve in working together on changing the current picture. When

he heard these things and how powerful they were, he was even more

ready to make changes. We talked about how his behavior became a

pattern and explored the idea that we can create new patterns through

repetition and reprogramming. We discussed the fact that his desire for

change would literally fuel our efforts in getting change to occur.

**Insights that I learned**

I learned that oftentimes people want to make changes but feel like,

for one reason or another, they cannot. It seemed like before we spoke,

healthy eating was a mystery to him. A mystery he never bothered to find

out about or solve. As I broke down the “mystery” into terms he could

understand, you could actually feel his self-efficacy rising. It was almost

tangible.

I also learned that he didn’t want to be sick. He didn’t want to go in the

direction of kidney failure. He needed some help in finding the right path

to better health that would work for him. I found it really sad that after all

these years he never received any information as to how to manage his

condition.

**Specific Changes that Occurred (Mental, Behavioral, Lifestyle)**

Our initial session was on 3/31, 2nd session was on 4/8, 3rd session was on

4/22. By our third session he had lost 8 lbs. He was no longer drinking 18

oz of orange juice in the morning (he actually stopped drinking it and was

drinking water and eating fresh fruit instead). He became aware that there was a very direct relationship between what he was eating and the numbers he was getting from his blood pressure monitor and blood glucose meter. He also became aware that changing the things he ate, even though he ate that way all his life, was not as hard as he previously thought especially when you look at it in smaller chunks.

He was eating a high fiber breakfast and had not had sausages, cheese, etc.

at breakfast since out first session. He increased his water intake to 48 oz

per day and have 2 healthy snacks throughout the day. Our goal for water

intake is still 64 oz per day. We are still slowly building up to that amount.

We had a challenge where he was hungry when he came home after work

late at night. In reviewing his food recall we found that he was going too

long without eating in the evening. We included an additional snack in the

evening so he wouldn’t be famished when he got home.

As a result of the changes he made, he reported that his blood pressure was

down (he checked it every day) and he was no longer maxing out on his

daily insulin dosage. We will be evaluating his labs to determine, over time,

if any improvement to his renal function occurs. I realize that there is some fear-based motivation (fear of renal failure for example). I am aware that this will not help with lasting change. My future sessions with him will include helping him to be aware of this

and the fact that this will wear off. To help deal with this, I plan to help him stay connected with what he truly wants for his health and connect fundamentally with the foods that can help give him what he wants as opposed to focusing on what he doesn’t want. I will communicate the fact that change doesn’t occur overnight but is a process that we work towards every day.

I will continue the coaching process, troubleshooting and addressing

challenges and helping him work on the important principles of eating

behavior change that will set him up for success. I will also watch for

signs of spiraling back to earlier stages of change, help him realize what is

happening and coach him towards going forward.