

Defining Client's Weight Loss Goals

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Nicole is a 24-year-old woman who works full time in an office setting. Recently, Nicole has noticed that her weight has been causing her to feel more sluggish, less confident, and has been making physical activity more difficult. Nicole feels stuck because she has been trying to lose weight for seven weeks and has yet to notice any results. She has been trying to exercise and cook healthy meals at home, but the demands of her job make these behaviors difficult to maintain. Nicole wants to lose fifteen pounds and identified meal prepping and exercising for at least thirty minutes each day as actions that will move her closer to this goal.

Interview Dialogue

Social Worker: My job today is to listen to you and for us to work together to come up with some solutions to the problem that you've been experiencing and make those solutions really specific so that we know how to get there and what we want "there" to look like. Can you tell me about what prompted you to make an appointment with me?

Client: Yeah. I have been trying to lose weight for like seven weeks now and have not been seeing any results. I am about fifteen pounds heavier than what I think feels best on my frame and I have been feeling slower and more sluggish recently. I am starting to not fit into my clothes and I am feeling a lot less confident with myself.

Social Worker: Okay, yeah. So you're about fifteen pounds away from your goal weight, the weight that feels best to you, and you've been noticing that this is affecting your confidence, your energy, and your ability to wear the clothes that you currently own. *(I wish that I had validated that losing weight can be a difficult journey and that the client has been putting in a lot of great effort already. According to De Jong and Berg (2013), "suggesting that the client's problems will take hard work to resolve, practitioners strengthen the client's sense of dignity and self-respect." Doing this validates the client's reasons for coming to see the social worker, minimizes the client's discouragement if progress is not made right away, and maximizes the client's sense of pride if they do make rapid progress.)*

Client: And I am not able to go as long when I run or bike when I am at a heavier weight, like I am now. I get stitches in my side and I get winded easier.

Social Worker: Okay so you're noticing some interference with your physical activities too, with your endurance.

Client: Yeah, for sure.

Social Worker: Thank you for helping me understand how this problem is affecting you. It helps me understand what it is important for you to see when you solve this problem, more confidence, fitting in your clothes better, more energy, and physical endurance.

Client: Yeah. I would like to be stronger too, but that is more of a preference than a problem right now. I am carrying the extra pounds in my stomach and arms and it has really changed how I carry myself.

Social Worker: It sounds like you have been really mindful of how the changes in your weight are affecting you and you have been trying for seven weeks to lose weight? *(In a non-role play session, I would want to ask questions about her current medications and health history including thyroid functioning.)*

Client: Yeah. It's less about the scale and more about how I carry my weight...but...I have been trying to eat as healthy as possible and workout whenever I can. My schedule has been super busy and usually end up getting take-out. I definitely want to limit take-out. I want to cook for myself whenever possible. *(I wish I had asked if the client sees any other behaviors as potential solutions to this problem because she had tried dieting and exercising before without weight loss.)*

Social Worker: How often do you cook for yourself now?

Client: Most days I skip breakfast or get fast food, get my lunch delivered to the office, and cook my own dinner. But lately I have been letting my dinners go. I will heat something super easy up or order a pizza.

Social Worker: Okay, yeah. I want to shift gears a little bit and ask you to visualize yourself waking up tomorrow morning to find that a miracle occurred while you were asleep. The miracle is that your weight is no longer a problem for you and you are not experiencing the problems that you associate with your weight. You did not witness this change because you were sleeping but there is evidence to suggest that it happened. Take a moment and picture this scenario and then let me know what this would be like for you. What would you notice?

Client: (pauses) I would wake up sometime before 9am and not feel sluggish. I would get out of bed pretty much right after I wake up and do some sort of stretching. I would make myself breakfast, probably eggs or fruit or something. When I look in the mirror I do not feel bloated or insecure. I still pretty much have my same frame but the extra weight is gone and I am more toned.

Social Worker: Okay, awesome. So your vision focuses on you feeling more rested, less bloated, and making yourself something healthy for breakfast. And you're feeling better about yourself, that's great. You also talked about behaviors that you are doing after the miracle takes place. Getting out of bed before nine, making a healthy breakfast, stretching. What might your friends notice is different about you after this miracle takes place?

Client: They might notice the difference in my weight. Probably mostly in my face. But they would really just notice that I wear more form fitting clothes, I am not hiding behind big sweatshirts. They might also notice that I want to have my picture taken more, not posing in a way that blocks my body from the camera. I think my friends who bike and run with me would notice that I am able to keep up better.

Social Worker: That is wonderful. You will have more confidence, wear the clothes you want, not hide in pictures, and improve your running and biking. When was the last time your weight was not an issue for you? *(I would also want to highlight the client's current progress by asking more questions about what has been working for her as she maintains her current weight and is down from her heaviest weight. I wish I had complimented her on having put a lot of thought into the connection between her weight and her confidence as well as taking control by making an appointment.)*

Client: Two summers ago, I was a good weight. I was biking a lot and eating less carbs. I was swimming and out in the sun a bunch.

Social Worker: Wow it sounds like you were really active and having a lot of fun during that time. And you were happy with your weight. Was your confidence higher then than it is right now? *(Nicole's responses are bringing out a lot of her values and I wish I had highlighted that she values spending time with friends and taking part in physical activities. According to De Jong and Berg (2013), the goals set during session need to be important to the client.)*

Client: Yeah..in some ways I am more confident now, but in terms of people looking at my body, I definitely had more confidence then. I liked how I looked and I felt pretty good.

Social Worker: And so during this time you were pretty active. Were you eating take-out?

Client: Sometimes. I was definitely cooking for myself or otherwise eating home cooked food more back then than I have been the past few months. And I was burning off the junk food that I did eat by exercising.

Social Worker: Yeah, so in the past having an array of physical activities to incorporate into your routine and eating healthy foods at home helped you feel good in your body, have more energy, more confidence.

Client: Definitely. Exercise helps my mind too. I have an outlet for stress and anger.

Social Worker: Having an exercise routine that works for you is beneficial in lots of ways. And two summers ago, was the last time your weight was not a problem? *(I feel as though this set the client up to say "yes." I wish I had asked "And what about a time more recently than two summers ago where your weight was not a problem for you?")*

Client: Yeah. After that summer I gained some weight and since then it has fluctuated from about where I am right now to about seven pounds heavier than my current weight. It has not always bothered me, but I am feeling really stuck right now.

Social Worker: Yeah. You are not seeing results. On one hand, you know what it is like for your weight to not be a problem for you and on the other you are noticing that your busy schedule limits your ability to cook for yourself and exercise. We will need to be creative with our solutions to work within what is realistic for your lifestyle. How confident do you feel that you can get back to a place where your weight is not a problem, on a scale of 1-10?

Client: I feel pretty confident, like a seven out of ten. I just know that I am a lot busier now and metabolisms typically get slower...but I feel confident that I can improve my physical appearance. I have time in my schedule to work out and cook for myself if I plan it all out. With colder weather, I typically go on walks and go to the gym to lift weights. And there are a lot of healthy foods that I like making.

Social Worker: A seven is pretty good! With your schedule being busier it might take some additional planning to make it possible.

Client: I think prepping my meals at the beginning of the week would make it a lot easier for me to follow through with eating at home and eating healthy.

Social Worker: That's a great idea. So you will know that this problem has been solved when you feel good in your body, like what you see in the mirror, feel more energy, and more ease with exercise. You have already identified meal prepping and exercise as ways that you can move closer to this. What do you see as a reasonable exercise goal to try and stick to each week? *(This was my feedback attempt during the interview. According to De Jong and Berg (2013), feedback should have a compliment, bridge, and suggested task. I wish I had inserted a compliment about her skills related to asking for help and coming up with solutions.)*

Client: I think trying to do something active for thirty minutes every day is a minimum but I also want to try and workout for longer and maybe do something higher intensity on any three days during the week.

Social Worker: Okay so you're going to workout three days a week doing something high intensity. Does it matter how long?

Client: It is mostly based on what I am doing or how far I go, but I want it to always last at least an hour.

Social Worker: Okay so three days, one hour, and then thirty minutes of movement on the other four days.

Client: I think that is good because even on my busiest days I have thirty minutes to do yoga or I might walk for thirty minutes at work anyway.

Social Worker: Fantastic. Is that something that you want to start today?

Client: Yes, I think so. I can do thirty minutes of yoga today and a longer workout tomorrow.

Social Worker: That is great! Is this going to be your routine until a certain date, until you see results, or for as long as you can? *(I was trying to establish how long the client wants this behavior to continue. I do not like that I made it a multiple choice question and I wish I had phrased it like "How long do you want to maintain this routine for?")*

Client: Definitely, I do not want to slack off until I get to my goal weight but I would like to continue with this routine as long as I can to maintain the results.

Social Worker: That sounds like a good plan to me. When we meet next week, I will check back with you to see how this has gone for you so far.

Client: Okay, yeah. And I am going to try to gradually increase the number of meals that I cook for myself but I do not want to push it and fail right away by setting a hard number. I will try to meal prep on Sunday, though. At least enough to take my lunch a couple days this week.

Social Worker: I think that is reasonable. Exercise and slowly implement meal prepping and bringing your lunch to work. *(I wish I had taken this opportunity to explain that realistic goals are "achievable given the client's capacities and the context in which he or she lives" (De Jong & Berg, 2013, p. 89). This would hopefully normalize the client not being confident in completely changing her eating habits, while still wanting to take the first steps.)*

Client: Yes, and I think just being aware of how much I have been eating out will discourage me from doing this whenever I have an option, so I will try to keep track of how often I do this.

Social Worker: Great. You have come up with some really great goals for yourself. I will see you back here next week and I will check in on how you feel your workout routine is going and ask you about eating out versus cooking for yourself.

Client: Awesome, yeah, thanks.

Effect on Client

After this conversation, the client and social worker took a minute to reflect on how they thought things went, what new insights they had, and their feelings about their next steps. After reflecting, they regrouped to discuss the client's impressions about the goal formulation process.

Nicole felt that this process helped her feel “less stuck.” She noted that she had some “all or nothing thinking” regarding her diet and workout regimens. According to the client, she cannot fit her workout routine from two summers ago into her current work schedule, but that does not mean she cannot implement physical activity and healthy eating into her life in a way that honors the demands of her schedule and her need for rest.

Nicole found the miracle questions to be the most helpful question from this interview. She was able to visualize exactly what she wants to see after losing weight, which helped her feel inspired and motivated. Her vision of her life post-miracle included behaviors that she identified as necessary to achieving her goal. According to Nicole, picturing herself doing the behaviors and seeing the results made it easier for her to identify first steps by noticing little differences between her current behaviors and desired outcomes. For example, after reflecting Nicole realized how much sleeping in and lying in bed after waking up was affecting her ability to implement a healthy routine it causes her to feel more sluggish and “waste” free time that could be spent on goal-driven behaviors.

Lessons for Clinical Practice

This exercise demonstrated the importance of helping clients consider the details of their goal-driven behaviors. This means asking questions that prompt them to think critically and commit to when, for how long, why, where, and how they are going to enact the behaviors they identified as solutions to their problem. When goals are too large and abstract, such as exercise and eating healthy, it is helpful to break it down into what the client can do first. When discussing weight loss goals, if a future client says that they will avoid binge eating, I will refocus their attention to active behaviors by asking “what can you do when you feel insatiably

hungry to prevent yourself from overeating?” De Jong and Berg (2013) view client descriptions of what outcomes they do not want to see less helpful than what behaviors they want to see themselves doing repeatedly.

De Jong and Berg (2013), define well-formed goals as the “presence of something positive rather than the absence of some perceived problem.” Despite feeling stuck, the client in this role play had a lot of great ideas for how she can lose weight. In clinical practice, a client who is having difficulty identifying solution-focused behaviors might expect the social worker to have answers or suggestions for them. When this happens, it is important to ask questions that shift the focus onto what matters to the client, what behaviors are realistic for them, and ways that they are already acting in accordance with their goal.

References

De Jong, P. & Kim Berg, I. K. (2013). *Interviewing for solutions* (4th edition). Brooks/Cole.