

Tip # 29
(Working with Outcomes)

*If you don't know where you are going,
you might wind up someplace else.*
Yogi Berra

*A friend is someone who knows the song
in your heart and can sing it back to you
when you have forgotten the words.*

The clearer a client's **vision of what is desired**, the more likely it will be realized. When we work with our clients to help them clarify and be realistic about their goals we raise the quality and effectiveness of our counseling. Clear, specific goals are a motivating factor for our clients. Playing around with outcomes is well worth the time it takes.

“Outcomes” are almost the same as “goals,” but more inclusive. Some outcomes are specific health risk factors such as normal blood cholesterol or glycosylated hemoglobin. Outcomes can also include intangibles such as not feeling like a failure anymore or thinking about food less often. For some clients eating/health behaviors such as eating only when hungry or exercising at least three times a week are desired outcomes for their own sake. For others these are only a means to an end.

The process of clarifying desired outcomes is a type of unpacking. Don't stop when you hear global outcomes such as “eat better” or “be healthier.” These generic goals aren't specific enough to be helpful to either of you. For example, you may have two 50-year-old clients with type II diabetes and hypertension who want to “be healthier.” One may love working with numbers and will want to focus on the outcome of blood sugar values and blood pressure within a certain range. The other may relate more to having energy to garden and play with grandchildren. The actual behaviors needed to attain the outcomes may be identical. Expecting the second client to get a sense of achievement from blood sugar values just won't work.

Questions to ask:

- What do you hope our sessions will do for you?
- I hear you want to lose weight. What do you expect from losing weight? What is most important to you about losing weight?
- How would you know you were “eating better” (or were “in control” or were “healthier,” or “felt better”).
- Is that the only outcome you are looking for? Are there others?

- What measures can we look at together to see if what you're doing is working? Would it help to track your energy level and satisfaction with your food while we also track your blood sugar?
- I hear you want to feel better about where your life is going. Are there additional ways to work on that goal in addition to working on your food with me? Have you considered working with a psychotherapist or a life coach too?

Use the process of mirroring again and again as you unpack. As the detailed outcomes emerge write them down. You will need to **refer back to them** in later sessions. It is easy for a client to get off track. Part of your role can be to hold the bigger picture for your client and gently remind her when she loses sight of some of her hoped-for outcomes.

It is not uncommon after working with a client for some time to realize there is a **hidden goal** that you two had not uncovered at the beginning. Be willing to circle back to the process of unpacking outcomes. Take a moment to slow down and acknowledge this discovery and then figure out how to work it in to your process.

While exploring outcomes you may discover the **client is misinformed** about the illness or about the effect of certain foods or food behaviors. This allows you to offer some input from your expertise. Tie your input directly to the outcome the client cares about. A classic example is the diabetic who believes he needs to completely avoid all sugar in order to have good blood sugar control. Remember it's best to mirror back the overall goal and the misconception first and then ask if he would like to hear your input. "I hear that you really want to please your doctor by having good blood sugar numbers at each visit. So your understanding is that if you eat any sweets at all, this will always run your blood sugar up high? Actually, that is not always true. Would some more information about that from me be helpful?" "Well, let's see, would it be most helpful for me to describe how food gets turned into sugar in your body or would you prefer I just tell you how to eat sweets so they are less likely to cause high blood sugar."

Some outcomes may seem **unrelated to nutrition** or even silly to you. If the client believes they are related and matter, it's important to acknowledge them. You may need to unpack some more so you understand the connection. For example, a 12-year-old over weight client said that she wanted her sister to stop fighting with her. That didn't sound on topic to me until I explored it with her. Her older sister was very thin and image-conscious. Apparently my client was embarrassing to this teen when her thin friends were around. The sister said cruel things to my client who would then binge to cope with her feelings. Once I unearthed this pattern, I could see that some family therapy was necessary and referred the parents to a good family therapist.

You may hear some outcomes that **sound unrealistic** to you. For example, a 300-pound man who has weighed more than 250 pounds his whole adult life wants you to help him get to 180 pounds. First acknowledge what he wants and

maybe explore what he hopes to get from the weight loss. “I hear that you really want that body you had in college. What do you hope the weight loss will do for you?” If his desired outcomes are reducing his cardiac risk and not feeling like a failure, you can then offer to break it down with him. “Are you aware that most of the health benefits will come with a loss of only 15 pounds? Would it be helpful to have more measures of success besides weight? How about things like your blood lipids, the amount of exercise you are getting, a few food habit changes or your energy level? Would these allow you feel successful? ” Refocusing the work on achievable outcomes will make the work easier on you and your client.

Sometimes a client only appears to refocus on achievable outcomes but is **still holding on** to the unrealistic one (i.e. dramatic weight loss or complete disappearance of diabetes). I hope to address grieving what we can't have and coping with disappointment in a future Tip.

Some outcomes may be realistic, important to the client and a good idea; however, focusing on them is counterproductive. They just don't work as **day-to-day motivators**. It's easy to lose sight of important short-term motivating outcomes that will allow a feeling of accomplishment. It can be one of our jobs to invite the client to refocus. Take the example of the client who wants to lose weight and this is the only stated goal. It is well known that this narrow focus on weight loss invariably leads to a sense of deprivation, which then backfires. Breaking down what is hoped for from the weight loss and finding interim motivators will be more effective. For example, many chronic dieters swing from strict restriction to binging. If a client also wants to end this chaotic way of eating, focus on that first. Another example is to suggest focusing on how the client's digestive system feels right after eating. Many will acknowledge wishing an outcome of feeling stuffed less often.

For each client find the appropriate schedule for **revisiting the outcomes and tracking** them. For some you will review all the outcomes every visit. For others, it may be fine to check in every fourth or tenth visit. Some clients respond well to measures with numbers in them such as what percent of their eating episodes began with an appetite or how many times per week they got to the gym. I had one client who for a time reported to me on a scale of 1-to-10 how hard it was to not purge after dinner. After it had been around a “2” for a few weeks she didn't need to monitor it anymore.

For some, **the outcome they really want** would be more effectively obtained another way. A client may come to us wanting to feel better about herself or to be more attractive to a potential mate because she is lonely. Weight loss alone is not going to achieve these outcomes. When you hear these kinds of outcomes, acknowledge first and then suggest she work on them with a therapist. You two can still work on the nutrition goals, but you will be more clear about what outcomes can be expected from your work and what is best worked on with another professional. This discussion near the beginning of your work with a client can help avoid frustration and failure later. I hope this is helpful.

Thanks to Stephanie Brooks, MS, RD; Janet L. Harris, RD, CDE, LDN; Jane Malyn, MA, RD; Suzanne Girard Eberle, MS, RD and Jessica Setnick, MS, RD/LD who helped me tweak this Tip.

Excerpted from **Counseling Tips for Nutrition Therapists**

© Molly Kellogg, 2004.

www.mollykellogg.com