Talking about goals

The use of conversation analysis to study goal setting in dietetic consultations

Master Thesis

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Abstract

The purpose of this study was to find out if conversation analysis can add valuable information to the handbooks that are used to educate dietitians. A total of 20 real-world conversations were recorded between dietitians and clients, of which 8 fragments were analysed according to the type of goal setting that occurred. Goal setting appeared in 10 out of 20 conversations. The findings of this study show that there are three different types of goal setting; Dietitian-initiated goal setting, collaborative goal setting and client-led goal setting. The third type of goal setting was initiated by the client and occurred when the client had to convince the dietitian about his or her problems or lack of satisfaction. However, this only occurred twice in 20 consultations. Dietitian-initiated goal setting appeared to enact more resistance than collaborative goal setting. Whenever the dietitian formulated the goal, the clients displayed resistance by pausing, hesitating and by sharing reason why they cannot undertake action to achieve this goal. Collaborative goal setting was more effective, but led to goals that were less difficult to achieve. However, little success is still better than no success at all.

Keywords: *conversation analysis, goal setting, dietitians, dietetic consultations, institutional interaction, collaborative goal setting*, *health communication.*

1. Introduction

In the Netherlands, 44% of women between 30 and 70 years old and 60% of the male population in that age class have been found too heavy in 2010. Comparing these numbers with a similar sample taken 15 years ago, there has been a relatively large increase of abdominal obesity for women between the ages of 30 and 39. In the past 15 years the percentage of people with overweight has risen from 15% to 26%. Overweight carries many health risks such as abdominal obesity, hypertension, low HDL-cholesterol, elevated glucose levels, elevated triglyceride levels, diabetes type 2 and cardiovascular diseases (Rijksinstituut voor Volksgezondheid en Milieu, 2011).

Overweight can be addressed or prevented by making substantial changes in one's lifestyle and dietary behaviour. Professionals such as dietitians could supervise, motivate and inform their clients in the process towards these behavioural changes. However, the success of the treatment does not solely rely on the competence of the dietitian. Clients throw in the towel due to various reasons for example a lack of motivation, financial reasons, unavoidable causalities, practical problems and pressure of their social surroundings (Hoogland & Leek, 2009). Hoogland and Leek (2009) suggest that the success of the patient could also be due to the relation between the dietitian and the client. They state that 'dietitians may act too much according to the handbooks' (Hoogland & Leek, 2009, p. 19). A pitfall of acting too much according to the handbook may be that if clients confront professionals with unexpected situations, the handbook does not provide an answer.

1.1 Professional health communication

Besides the medical aspects in diagnosis and treatment, the success of health communication partly depends on the dialogue between the professional and the patient. The interaction influences the patient's disclosure of information that aids the diagnosis of the professional. Additionally, when the patient has been involved in the discussion of treatment options they are more likely to take their medication adequately (Drew, Chatwin, & Collins, 2001). These findings apply to doctors, physicians, therapists, counsellors and dietitians. This group of professionals all aim to change and/or improve the client's behaviour by means of providing guidance and knowledge (Grace & Trede, 2013).

Grace & Trede (2013) studied how teachers and students view professionalism in health communication. They suggest that the complexity of professionalism appears to be based on knowledge and skills, ethical conduct, autonomy, reflective practice, communication and professionals' sense of responsibility to society and the profession. Their objective was to

create a framework of professional practice, how this is taught and how students will be able to become professionals. During the qualitative study, the researchers made use of both focus groups and interviews with lecturers and students. The findings of this study conclude that two factors play a critical role in the development of professionalism: 1; Education, models and theories, and 2; practical placements in which the students experience the professional context (Grace & Trede, 2013).

This conclusion that experience plays a major part in professionalism is also supported by Daly et al. (2003). They state that 'Professionalism is rooted in both intellectual enfranchisement and actual experience' (Daly, Pachler, and Pickering 2003, p. 2905). MacFarlane (2002) also came to the same conclusion: This study suggested that there is a marked difference between novice lecturers and experienced lecturers. The exact difference between having experience and not having experience is that novices followed a more rule-bound and absolutist stance, whereas experienced lecturers were more context-oriented (MacFarlane, 2002). Hence, context-orientedness seems to be a key element of professionalism and apparently professionals can learn this trough experience and actual practise. *But what do real-live conversations add to what is educated?*

1.2 Stocks of interactional knowledge

Practical placements and real-live conversations with clients could help novice dietitians to go beyond the static rules described in the handbook. Instead, they should learn to adapt to the context and the situation of the client. Knowing that professionalism consists out of two components (knowledge-based and experience-based) it would be interesting to look at how context-orientedness can be studied and if this adds to or conflicts with what is written in the educational handbooks. According to Peräkylä and Vehvilƒinen (2003) there can be a dialogue between education and actual conversations. The normative models that are a component of education can be found in manuals, handbooks and classroom instructions. The researchers named these models 'stocks of interactional knowledge'. They showed that conversation analysis can falsify or correct assumptions that are made in theoretical knowledge. Moreover, conversation analysis can provide a more detailed framework of what is presented in the handbooks. Furthermore, CA can add new dimensions to existing knowledge or provide information about practices described in the handbooks.

A large component of empirical research around professional and institutional practices has shown that there is a gap between theory and practice. While handbooks appear to be rather abstract, ideological and general, conversation analyses discoveries are more complex and

multi-dimensional. An analysis of how professionals interact with their clients could add to our knowledge of context-orientedness in relation to stocks of interactional knowledge (Peräkylä & Vehvilɟinen, 2003). In the following paragraph various studies will be described that are about how people talk about food, diets and dietary behaviour.

1.3 Diets and conversation analysis

Conversation analysis has been used before as a method to analyse how people talk about food and diets. A previous study by Tapsell et al. (2000) has applied CA to foster correct reporting of the food-intake of the client in a dietitian-client conversation. It is important for the dietitian that the client provides him or her with accurate information about their diet history, so that the dietitian can give dietary advice that fits with the current behaviour of the client. In the first phase of the study, lecturers examined students' conversations. The emphasis of this examination was on how students anticipated the production of narrative structures. The information that was gained from analysing the conversations in the first phase was taught to a different group of students, who conducted diet history interviews as well. The second group of students was also examined according to whether interactional patterns were used in subsequent interactions between the student and the client. The findings of this study suggest that CA findings can be beneficial to educational settings because the second group of students constructed history phrases which enhanced the narrative structure of the interview (Tapsell et al., 2000).

The general structure of conversations about diets can also be quite different from the dietitian-client structure that was discussed earlier; people can discuss their food choices with each other in online environments. For example, a study by Veen et al. (2010) analysed how celiac disease patients talk about their diets on the largest online forum for celiac disease patients. These patients have to manage the constant risk of diet lapses in their everyday lives. The researchers found that the patients on the forum construct their experiences of the disease through second stories in order to establish the gluten-free diet as a matter of course. Patients normalize diet lapses so they can construct them as an action that is part of the diet, and not as a reason to quit. The study concludes that the participants of the forum do not see quitting as an option (Veen et al., 2010).

Sneijder and Te Molder (2005) looked at an online discussion forum about veganism in order to examine how participants of the forum deal with the downsides of being vegan; one health risk that is related to veganism is vitamin deficiency. The study implied that participants attribute responsibility and blame to individuals and not to veganism as a whole, for example

with the construction “if you eat a varied diet, there shouldn't be any problems” (Sneijder & Te Molder, 2005).

A few years later, the same researchers examined the discourse on the online forum for vegans again, now looking at how vegans normalize their ideological food choices. They found that the participants of the forum refer to vegan meals as easy to prepare and ordinary. In regards to the vitamin deficiency, vegans use the argument that they take supplements as part of their daily diet routine. Being ordinary and normalizing vegan diets helps the participants of this forum to systematically resist the notion that being vegan is complex. What the previously mentioned studies have in common is that people justify the dietary choices they make to others.

1.4 Dietetic goal setting

Cullen, Baranowski and Smith (2001) claim that behavioural theory-based nutrition education programs are more successful at achieving dietary behaviour change than knowledge-based programs. Goal setting is a strategy that has been successfully used to help people change. The researchers identify a 4-step goal setting process that should help professionals to promote change more effectively. These steps are; recognizing a need for change; establishing a goal; adopting a goal-directed activity and self-monitoring it; and self-rewarding goal attainment (Cullen et al, 2001).

Langford et al. (2007) indicate that goal setting gives the client a sense of ownership and responsibility. Through discussing their goals with dietitians or counsellors, clients become more involved in their own health care. This gives them the opportunity to define their own obstacles and come up with tactics to address these obstacles. The researchers focused on interaction between health care providers and clients with diabetes, to come up with the Self-Management Goal Cycle framework. They claim that collaborative goal setting is an important tool for improving self-management skills amongst clients who suffer from diabetes. Members of the health care team will be better equipped to help clients manage their chronic conditions because of these goal setting techniques. The key to success is that clients will feel like valued partners of the health care team (Lanford et al., 2007).

Part of the dietetic consultation is to discuss the goals that need to be set in order for the clients to change their dietary behaviour. A previous study by Schoeb (2009) has conducted a CA to gain an insight into how physiotherapists set goals with their patients. Results of this study suggest that there are two types of goals setting: One therapist-led goal setting process and a collaborative process. This collaborative process stimulates the patient to actively participate in the process of decision-making. The therapist-led goal-setting process is based on

the physiotherapist's assumption of what might be suitable for this patient. Although collaborative goal setting was preferred by the medical literature, therapist-led goal setting also appears to happen often due to low level participation of the patients. The reason for this could be the patient's psychology, patient's resources for communication and physician communication and socio-demographic characteristics. Hence, researchers have not reached consensus when it comes to defining the best strategy to stimulate behavioural change with patients because the treatment also depends on the capability of patient (Schoeb, 2009).

Knowing that education plays a role in how dietitians communicate with their clients, it would be interesting to look at a handbook that is used to teach dietetic students professional skills. This handbook was written by Becker-Woudstra, Havinga, van Kuijeren and Linden-Wouters in 2008.

1.5 The handbook: 'The Dietetic Consultation'

The Dietetic Consultation teaches students competences and skills that are needed for the profession. New insights conclude that diets should not be standardized anymore but tailored according to what the client needs. Therefore, it is essential to get a good understanding of the client. This book consists out of different chapters, structured according to the treatment cycle, and includes checklists of important aspects of conversations. Additionally, there is a CD with examples of dietetic conversations. The aim of this handbook is to help students develop their skills and competences in a realistic setting so that they will be prepared for real-world client contact during their placements.

One chapter in the handbook revolves around dietetic treatment. This phase in the process of dietitian-client contact comes after the dietitian has gained the information about the diet history of the client and has collected all the anthropometric data. The chapter describes how the dietitian should communicate the goals. It states that there should be 3 short-term goals and 3 long-term goals. These goals need to fit with the client and they should be concrete. One point of attention here is that the client should be asked what his or her thoughts are during this process (Becker-Woudstra, 2008).

There appears to be little information about who decides about what goal the client should achieve, apart from the suggestion that the dietitian communicates possible goals to the client. Moreover, the handbook defines the 'health goal' as a goal that is in essence similar for people who suffer from the same diagnosed disease. The contradiction in the handbook is that for specific types of clients the goals should be the same, and on the other hand goals should be tailored per client and that the client may or may not be involved in the process of choosing

what goal he or she would like to achieve. Even though the handbook claims to provide information about tailoring goals for clients, it remains unclear about how this can be taken into practice. Furthermore, the handbook does not say anything about clients who set their own goals, nor about possible responses from clients to dietitian-initiated goal setting.

2. Methods

The aim of this study is to find out whether an analysis of dietetic consultations can add relevant knowledge to the existing stocks of interactional knowledge. Investigating real world conversations could give a realistic and detailed insight into how goal setting takes place, who initiates it and how goals are negotiated. The following paragraphs describe how this study was carried out.

2.1 Materials

The qualitative data is made up out of recordings of dietetic consultations. These consultations were recorded at a dietitian practice located in Nijmegen, the Netherlands. The first dietitian that was followed specializes in children-dietetics and the second dietitian in sports nutrition. Both dietitians have 5 years of working experience in the field (ProFitt, 2011). A total of 21 consultations were recorded during a period of two weeks.

2.2 Confidentiality

Both of the dietitians signed a confidentiality contract in which was stated that the recordings will not be used for any other purpose than this study. Prior to the consultations, the clients were briefly informed about the study and asked whether they voluntarily agree that the consultation would be recorded. The clients were notified that they could withdraw their decision even after the consultation and therefore, due to confidentiality reasons only 20 recordings could be used for this study. In 3 out of 20 recordings, 2 people were attending the consultations; 2 men came with their wives and 1 child with her mother. All the names that occur in the fragments and analyses are pseudonyms.

2.3 Method of analysis

This study was not led by a pre-formulated research question; the data were collected before it became clear what the topic of the analyses would be. This means that the data could be approached with an open mind. First of all, the 20 remaining recordings were listened to

multiple times in order to find conversational patterns. What appeared to be interesting were the phenomena of goal setting. After listening to all the recordings repeatedly, it became clear that the dietitians made use of different conversational techniques to set goals for or with their clients. There also seemed to be a pattern in how clients respond to the proposal of the dietitian in regards to setting and formulating goals.

After collecting and transcribing the fragments in which goal setting occurred. Both conversational structures require the dietitian or the client to look at the future in order to formulate what they would like to reach and why they came to visit the dietitian. The phenomena of concrete goal setting occurred in 10 out of 20 recordings. The remaining 9 recordings were either about gaining information from the dietitian or evaluations of the past.

The fragments of the conversations in which goal setting occurred all revolved around a formulation of what the future could or would look like. Within these 10 recordings, 20 situations were found in which this seems to phenomena occur. The analysis showed that either the dietitian formulates the goal for the client and occasionally asks whether the client agrees or that the dietitian asks the client what goal he or she would like to reach. This means that there are two different types of goal setting; Dietitian-initiated and collaborative.

However, there also appeared to be a selection of fragments that did not fall under any of the two types. In these fragments the discussion about the goals was not dietitian-initiated, nor collaborative. In these situations, the client decided about the goal without a concrete confirmation of the dietitian. Hence, I identified three categories of goal-setting; 1. Dietitian-initiated; 2. Collaborative; and 3. Client-led.

The following results chapter is structured according to these three categories, and includes two or three fragments in which the phenomenon occurs per type of goal setting. Each fragment is analysed according to the conversational structure including turn-taking, intonation and pausing. The full collection of transcribed fragments can be found in Appendix 1.

3. Results

This chapter is divided into three sections that include fragments in which a specific type of goal setting occurs. The situations are different although the initiation of setting goals is dietitian-initiated, collaborative or client-led. The reactions of the clients are comparable per type of goal setting.

3.1 Dietitian-initiated goal setting

The purpose of the following three fragments is to illustrate how dietitians initiate goal setting. In all three fragments, the dietitian proposes the goal for the client and this leads to three similar reactions, namely; resistance.

The client in excerpt 1 a man, most likely between the age of 40 and 60. He is a diabetic and has struggled with making healthy choices in the past. During an earlier consultation he has obtained advice from the dietitian about healthy food. He explains that everything went well and that he feels better. The only problem he still finds himself in is that he has 2 or 3 snacks every day.

Excerpt 1: 2a: rec 3: 21:32

```
 1   D1:   ↑Wat ik met jou af wil spreken –is uhm (.)
 2         dat je bijvoorbeeld doordeweeks kijkt of je uh (.)
 3         moet je even zeggen of je het daar mee eens bent he=
 4   Cl2:                                                   =hh ja
 5   D1:   Uhm .hh om onder de tachtig calorieën te blijven aan extras
 6   Cl2:  °Hmhm°
 7   D1:   En uhm dan heb ik het over (.) uh -dat zijn toch nog –
 8         vier maria biscuitjes
 9         Of dat is toch nog (.)uh een plakje: volkorenontbijtkoek
 10        [Bijvoorbeeld
 11  Cl2:  [Ja
 12  D1:   Dat je dat doordeweeks probeert te doen ↑
 13        Dan is er echt helemaal geen nood aan de man
 14        En dat je in het weekend kijkt
 15        want inderdaad als je uit eten gaat
 16        Dan kom je toch wel iets hoger uit in calorieën↓
 17        dat je onder de twee: honderd blijft
 18        Maarja (.) drink je een wijntje bij het eten
 19        dan zit je al op de helft
 20  Cl2:  ja dat doe ik toch niet
 21  D1:   Nee: dat doe je dan ook niet
 22        Maarja↑ dan kun je misschien een lekker toetje erbij nemen
 23  Cl2:  Oke↑
```

The dietitian proposes a goal for the client (line 1). She makes use of the word ‘I’ and slightly hesitates when she formulates what ‘deal’ she proposes to the client. She continues her turn by using the words "for example" (bijvoorbeeld) and hesitates again. After the second hesitation she breaks off her proposal and inserts a question for the client (line 2), telling him if he can let her know if he agrees with her and thus offering the option to decline to proposal. Hence, the dietitian designs the proposal as delicate. The client sighs but responds with a 'yes', complying

with the option to disagree with the proposal. After the client agreed, the dietitian continues with the proposal, which involves the idea that the client restricts from “extras” (line 5). The client responds with a continuer. The dietitian still has the turn to speak again; she hesitantly gives an example to clarify her proposal. She adds "for example" (bijvoorbeeld) again to make clear that she is proposing examples (line 10). The client answers with a 'yes' only, which renders it ambiguously a continuer or agreement. The dietitian explores the possibilities the client has (line 11). She continues to sketch a situation in which it would be difficult for the client to stick to the deal, and she says "but yeah" which minimizes the strictness of the deal she is making with the client (line 18). The client interrupts her takes the floor claiming that one of the examples is not relevant for him. The dietitian repeats this and gives an alternative example. The client answers with "oke". This is an agreement but does not give any other clue that he accepts the proposal, or is planning to act accordingly. So, this excerpt shows that the client demonstrates (indirect) resistance to the proposal of the dietitian regarding his goal.

There are two clients present during this consultation; a man (Cl4) and his wife (Cl5), both suffering from overweight. The man also has diabetes and Claudicatio Intermittens which causes pain when he walks. In an earlier consultation the clients gained advice about a healthy diet but the best results can be gained through exercising. The dietitian has informed the clients that they should walk more often because it will benefit their weight loss and it will also decrease pain in the legs. She asks him to write this down on his appointment card.

Excerpt 2: 4: rec 5: 25:30

```
 1     D1:     Neem dit even mee-
 2             en zet erin ↓meer wandelen
 3             maar heb je daarvoor een concreet↑ plan
 4     Cl4:    (0.3) Uh
 5     D1:     of dat je bijvoorbeeld wat vaker met de fiets naar je
 7             ↑werk gaat
 8             want kijk (.) ↑alles is meegenomen he
 9     Cl4:    Dat is tien keer trappen en dat ben ik er
 10    D1:     ↑Ja [maar
 11    Cl5:        [hij gaat dinsdags op de fiets
 12    Cl4:    Ja: .hh dat klopt maar dan moet het wel beter weer zijn
 13            want oh: ik heb zo’n hekel aan die kou
 14    Cl5:    Ooh↓ hij zit niks als te klagen maar ik vind dit zo’n
 15            lekker weer-
```

In line 1 the dietitian makes use of imperatives to make clear to the client that he needs to write down the goal. She specifically stresses the words "more walking" (meer wandelen). There is a

brief silence (line 3), after which the client says "uh" possibly suggesting that the instruction is unclear, and the dietitian continues to give an alternative for walking, namely cycling. She adds ‘for example’ to inform the client that she is suggesting a concrete plan. She continues (line 7) that everything he does, either walking or cycling will be good for him. By giving the client options, he will be able to make his own choice. As a reaction, the client give a reason why cycling would not work and the dietitian starts to say "Yes, but" until the wife of the client interrupts her and suggests that the reason why he could not go cycling is invalid, because he has done it before. The client weakly agrees by saying "yes" (line 12) but he brings up another condition to postpone walking. The woman starts speaking again and continues to talk about the weather (line 14), which could be a reason why they close this conversation. In this excerpt, the dietitian initiated what the goal of the client was and assigned the client the task (walking or cycling). The client resisted this by presenting excuses, either the distance or the weather, why he cannot undertake any action in order to achieve his goal.

The young woman (16-20) that is present during this consultation has been dealing with overweight for the past years. She has been actively counting calories and swims at a competitive level. Her weight has varied lately but now her percentage of fat has decreased. The client needs information about making healthy choices. She has kept a detailed eating dairy the past week.

Excerpt 3: 10: rec 10: 15:14

```
1    D2:     En dat is tegelijkertijd (.) ook de tip die ik jou zou
2            willen meegeven
3            want jij mag nog veel meer groenten en fruit eten
4    Cl10:   hoeveel mag ik dan op een dag want ik eet veel teveel
5            fruit volgensmij↓
6    D2:     volgensmij niet↑
7    Cl10:   Ik eet meer als 200 gram fruit op een dag (.) dus uh
8    D2:     Ik zou gerust ((reading diary)) uh drie stuks fruit eten
9            op een dag want hier (.)
10           kom je er bijvoorbeeld nog niet aan
11           hier heb je een banaan (0.3)en een ananas
12   Cl10:   (0.4) uh-
13   D2:     Wat ik vooral zie is- jouw voeding levert wel veel
14           calorien (.2)
15           maar niet zoveel voedingstoffen
16           ben je het daar een beetje mee eens↑
17   Cl10:   Hmn ja: (0.2)
18   D2:     Maar de vraag is natuurlijk (.)
19           ↑is dat [haalbaar↑ °om te veranderen°
```

```
20    Cl10:          [Ja - want ik woon bij mijn ouders
21            dus het is niet zo verleidelijk om bijvoorbeeld een -
22            koek ofzo te pakken
23    D2:     Oke
```

The dietitian comes up with a suggestion and calls this "a tip" which may decrease the demand (line 1). She also says "you may eat more fruit" which is more polite than for example "you must eat more fruit". As a reaction to this "tip", the client starts her sentence by formulating a question, but possibly means a point of discussion; due to her statement that she thinks she already eats enough fruit. The client also ends this reaction with ‘so uh’ (dus uh) closing her statement but possibly awaiting a reaction from the dietitian (line 7). She adds "in my opinion" (volgens mij). The dietitian immediately reacts with "I don't think so" on which the client replies that she does eat more than 200 grams per day. As this still might be formulated as a question, the dietitian replies with what the client can do. She starts this (line 8) with: "I would easily...’’ (ik zou gerust) and gives an indication of how much fruit the client could eat. She pauses (because she looks at the eating dairy) and gives an example of a day when the client does not eat 3 pieces of fruit a day. The client pauses, and the dietitian ends this silence by concluding something else from the data in the eating dairy. She adds the question of whether the client agrees with her. The client hesitantly replies with "hmn yes" but does not seem convinced due to this reaction (line 17). The dietitian asks whether this goal is achievable for the client, and the client answers that she can achieve this goal. She also gives a reason why, but this is not directly linked with the goal. However, adding this reason gives the impression that the client actively thought about it more than when she just would have said "yes". The dietitian reacts to the client by saying "oke" (line 23).

The previous three excerpts illustrate dietitian-initiated goal setting. The first client displays resistance by agreeing through minimal acknowledgement. This is a passive form of conversation. In the second excerpt the client presents excuses when the dietitian demands certain actions of the client. He agrees with the plan but postpones it. In the third excerpt the client eventually agrees with the dietitian, but protests first trough counter arguing. Hence, in all three excerpts, resistant was enacted.

3.2 Collaborative goal setting

The following three excerpts are examples of collaborative goal setting. In these fragments, the dietitians invite the clients to formulate their own goals. The success of this type of goal setting will be compared to the success of dietitian-initiated goal setting.

This client is a Dutch man, aged between 50 and 70. This client is suffering from obesity and is struggling to lose weight. He has been seeing a physiotherapist which will help him to move better as he is also suffering from Arthrosis. During the previous consultation, the client has gotten the task to keep a diary of everything that he has eaten during a week's time. However, the client forgot to do this so there is no clarity about his dietary behaviour. Therefore, the dietitian tries to find out what his plans are in regards to exercising.

Excerpt 4: 1a: rec 2: 2:31

```
1     D1:     Dus nu kun je eigenlijk (.)
2             Uh- uh en wat is jouw jouw eigen (.) plan daarin
3             (.2) als je kijkt naar die fysiotherapie (.) en↑
4     Cl1:    Naa↓: hij zegt fitness doen we niet (.)
5             hij zegt – je bent hartpatiënt
6             je hebt het niet meer nodig:
7             ja kijk – als je nou een jaar of 25 was en vrouw ofzo
8             dan zou ik zeggen [van-
9     D1:                       [°hmhm°
10    Cl1:    goed vooruit we doen het
11            maar het hoeft niet meer
12    D1:     Maar als je kijkt naar uh (.)
13            want het wordt ↓geen fitness dan
14            maar↑ wat (.) wat [gaat
15    Cl1:                      [beweging
16    D1:     ↑gewoon beweging
17            ja
18    Cl1:    Be-beweging
19    D1:     Ja
20    Cl1:    Ik begin vandaag voor het eerst in een groep
21            ja?
22    D1:     hmhm
23    Cl1:    en dat is een half uurtje –beenoefeningetjes:
24            met gewichtjes zo::
25    D1:     Mooi
```

In line 1 the dietitian says what the client can do and adds the word "actually" which minimizes the proposal. She re-formulates her question hesitantly and asks what the client's own plan is. The client does not immediately reply and the dietitian adds the direction in which she expects the answer. The client interrupts her to answer (line 4 -10) and starts with his reply to the question in regards to physiotherapy and he quotes his physiotherapist. According to this physiotherapist, he should not do fitness. The dietitian reformulates that he is not going to do fitness, and continues with the question about what he is going to do instead. The client immediately answers with 'exercising' (beweging). The dietitian repeats this word but adds 'just' (exercising), and makes this look like a question or an invite for the client to further

explain. She does add 'yes' after this. The client repeats 'exercising' but this time he seems more hesitant (line 18). The dietitian confirms that she is listening and the client continues to explain that he will start exercising in a group that day (line 20). After that sentence he says 'yes?' possibly to seek confirmation from the dietitian. She gives him this confirmation by nodding 'hmhm' (line 22). The client continues to explain what he will do, but uses 3 diminutives in his turn minimizing the seriousness of the exercises which implies little effort and moderate aims. The dietitian answers with 'good'. In this conversation the dietitian seeks for the client's plan of action but the client firstly starts to explain what he is not going to do, and then eventually formulates what he is planning to do instead.

This client is a +/- 35 year old female. She has problems with her teeth and for the past 5 years she has been struggling with diabetes. The dietitian and the client look back at a previous consultation and conclude that the lack of money is a re-occurring issue. She is unemployed, but does charity work 2 days per week. Apart from all the struggles, the client seems enthusiastic and eager to take action.

Excerpt 5: 5a : rec 8: 10:32

```
 1   D1:    Oh ja: ja. ↑
 2          Zijn er op die dagen dat je thuis bent dingen die je
 3          zou kunnen doen↑ Iets anders dan fietsen↑
 4   Cl8:   dat Nederland in beweging dat komt er niet zo van
 5          (hehe),Uh ja:  .hh ik sta ook niet meer zo vroeg op
 6          en ik merk nu door de kou dat ik het lastig vind
 5          om vroeg op te staan omdat (.)
 6          ik het steeds koud heb↓
            [gesprek over huis en verhuizen]
 7   Cl18:  Wat ik wel lekker vind met dit weer
 8          is bijvoorbeeld wandelen
 9          (.) langs het kanaal
 10  D1:    Dat zou ik fantastisch [vinden↑
 11  C18:                          [Ja ik zeg het nu wel hardop hehe
 12  D1:    Je hebt het gezegd
 13         het zit in ieder geval niet in je hoofd
 14         (.)laat het een keer in de week zijn
 15         dat heb je dat extra:
 16  Cl18:  °ja:°
```

The dietitian asks the client what else (exercising) she can do on days that she is at home (line 1). The client replies hesitantly (line 4), starting with an explanation of what she cannot do. She giggles while she tells the dietitian that she does not wake up early (line 5). After a sequence about moving house, the client finally answers the initial question of the dietitian (line 8 and

9), giving herself an option of what she would like to do. The dietitian responds enthusiastically with ‘I would find that fantastic’ (line 10). Interesting in this statement is that the dietitian refers to herself by using ‘I’. The client seems to want to withdraw from the expectations she created because she says ‘Yeah, I say that out loud now..’ as she giggles. The dietitian responds that she said it, and that it will therefore be in her head (line 13). Thereby, she does not treat the client’s suggestion as a promise to her. She adds that anytime the client will go walking; it will be good for her anyhow. The client replies with a hesitant but confirming ‘yes’.

This client is around 20 years old. She is suffering from overweight and she has been unemployed for two months, which causes her to be at home with her parents most days. She has started to exercise, but struggles with stability and regularity when it comes to sleeping and eating. The dietitian asks the client about her plans for the future.

Excerpt 6: 6: rec 9: 1:10

```
1   D2:   Ja: ja: En hoe zou je dat het liefste (.)
2         ↑bekijk eens waar je nu staat met je dagpatroon
3         met jouw gezondheid↑
4         waar sta je dan en waar zou je dan graag willen staan↑
5   Cl9:  Uhm- (0.3)ja die regelmaat (.)die moet ik er echt
6         gewoon inhouden want ik merk gewoon dat mijn hele lichaam
7         (.) van slag is soms ben ik heel moe: en net zoals
8         vanmorgen toen kwam ik gewoon niet mijn bed uit
9         (h) Niet omdat ik niet wil- gewoon omdat ik zo moe ben
10        en dat zet ik de hele tijd mijn wekker verder terwijl
11        ik dat niet wil en ja (.) ik weet niet (h)↓
12  D2:   Dus je zegt eigenlijk die regelmaat (.) en wat zou er -
13        wat versta jij onder die regelmaat↑
14        waar zou die regelmaat aan moeten voldoen↑
15        Wanneer ben je daar al een stukje tevredener over (.)
16        Als we zeggen die regelmaat in een cirkel tekenen -
17        wat valt er dan voor jou onder die regelmaat
18  Cl9:  (hhhh) uhm (hh) ja bepaalde tijd denk ik opstaan ofzo=
19  D2:   =En op welke tijd zou jij dan bijvoorbeeld kunnen opstaan↑
20  Cl9:  Ja: (0.4) °dat is moeilijk te zeggen° (hehe)
21  D2:   Wat zou realistisch zijn↑ waarbij je voor jezelf het
22        gevoel hebt dat je je wel al een stuk beter voelt-
23        maar wat realistisch is (.)
24        want ik kan me voorstellen dat als je zegt laat ik iedere
25        dag om zeven of acht uur opstaan (.)
26        dat dat misschien niet [haalbaar is=
27  Cl9:                         [nee:
28  D2:   Maar welk tijdstip zou haalbaar zijn↑=
29  Cl9:  -rond half tien tien uur ofzo:
```

The dietitian starts with formulating a question about the client's goal, and reformulates her question (self-repair). She asks the client to look at her current situation, and additionally formulate where she wants to be in the future. The client is silent for a moment and seems to be thinking due to her 'uhm'. She eventually answers the question (lines 5-12) and elaborates why she wants to reach that goal. She informs the dietitian also about her current situation. The client pauses and sighs often while she is telling the dietitian about her struggles. The dietitian summarizes the answer of the client and specifically asks her to define her goal. She asks the client to name all the things that she thinks are linked to the goal she wants to reach (line 17). The client sighs and hesitates. She tells the dietitian that this is a difficult question (line 20), and giggles. The dietitian seems to be looking for a concrete answers and asks the client what would be realistic, and when she would feel a little better. She also adds examples of answers. This could have triggered the client to answer the initial question the dietitian has asked. The client eventually confirms that one of the examples the dietitian proposed would be realistic for her.

After analysing the fragments in which collaborative goal setting occurs, the conclusion can be drawn that in these cases the clients do not seem to express resistance as much as they do when the dietitian sets the goals for them. However, in the first excerpt, the client minimizes the 'promise' she makes the dietitian and a similar phenomenon occurs in the second excerpt. The client comes up with an idea, but seems to withdraw when the dietitian responds highly enthusiastic. The third excerpt is quite different; here the dietitian is actively trying to get the client to formulate concrete goals, but it takes much effort because the client is hesitant. Eventually the dietitian proposes an example of an unrealistic goal, with which the client agrees. However, this example did cause the client to respond to the question. In the last case, the dietitian actively tried to get the client to formulate her own goals but it appeared to be difficult. The client formulates a goal which is rather unspecific (line 5 and 6), but the dietitian seeks for a more concrete goal. The goal that is eventually formulated seems rather 'easy'.

3.3 Client-led goal setting

After analysing fragments of examples of dietitian-initiated goal setting and collaborative goal setting their appeared to be several cases in which goal setting occurred that did not fall under any of the previously mentioned categories of goal setting. These fragments illustrate client-led goal setting; a phenomenon that occurs when the dietitian is already satisfied with the progress of the client, but the client is not.

This client is a man between the age of 65 and 70. In the past, he has had problems with overweight but his weight has been healthy and stable the past years. Because the client has problems with his knee, he fears that he has gained weight again.

Excerpt 7: 7: rec 11: 1:54

```
1     Cl11:  Ja: ik weet precies waar het aanligt (.)
2            maar het lukt gewoon niet↓
3     D2:    ↑maar het ↑lukt niet-
4            in het verleden is het je toch ↑gelukt
5     Cl11:  Ja maar goed (.) ik wordt ook een dagje ouder-
6     D2:    ↑Zou het daarmee te maken hebben↑
7     Cl11:  Ja: je wordt er dan een beetje makkelijker in he:
8            natuurlijk
9     D2:    Maar – heb je er ook last ↑van
10    Cl11:  Ja
11    D2:    Want- wat wat ja – waar heb je dan last van:
12    Cl11:  Ja dikke buiken en alles zit strakker- kortademiger (.)
13           Je voelt je niet goed
14           Maarja dat uh:
15    D2:    Merk je dat ook aan sporten?↑
16    Cl11:  Ja ja ja
17    D2:    Nou tijd voor actie Harry↑
```

The client gives the dietitian the information that he thinks he has gained weight (not in excerpt) and that he knows how and why this happened. He says (line 2) that he just cannot do it, referring to losing weight. The dietitian replies surprised and repeats his statement as a question, and repeats what the client says but more as a question. She states that he has managed to lose weight in the past. The client does not disagree, but instead he claims that becoming older is the reason why he cannot do 'it'. The dietitian does not seem to agree and asks the client if that is the real reason (line 6). He confirms her question but does not directly give a good reason why becoming older has anything to do with a stable and healthy weight. The dietitian, surprisingly, asks the client if he also experiences any inconvenience. This implies that the dietitian does not see the problem of the client yet, by asking him if his overweight is a problem for him. The client confirms and explains what inconveniences he is experiencing. The dietitian still does not confirm that she recognizes the problem, but she asks another question with regard to exercising. The client confirms strongly (line 16), saying 'yes' three times. Now, the dietitian seems to have acknowledged the problem because she says 'Time for action then!'. So the client has initiated the conversation about his problem himself.

The woman in this consultation (40-50) has been dealing with overweight, but has reached good results lately. She started eating healthier and she is exercising. The dietitian seems to be content with the results, but the client wants to lose more weight.

Excerpt 8: 9a: rec 16: 4:28

```
1   D2:    Het (gewicht) is een beetje gelijk gebleven ↑
2          Ja: Ik blijf het zeggen dat ik het gewoon heel mooi vindt
3          - dat je al die tijd (.) uh- nogsteeds [stabiel blijft↑
4   Cl16:                                         [Ja↑
5          Jawel (.) het liefst toch nog wel ↑iets eraf .hh
6   D2:    Hmhm °ok° (hehe) Daar  blijven we het iedere keer toch
           wel over terugkomen (.) Even kijken- uh (.)
7          heb je dan een- een idee hoe je dat zou kunnen doen (h)
8          om dat te kunnen bereiken↑?
9   Cl16:  Hm- ja- toch door dat meer sporten
10         dat het daardoor - toch [uh-
11  D2:                            [hmhm
12  Cl16:  Ja en met eten ook gewoon opletten ik moet vooral ook-
13         oppassen dat ik niet (h) want vorige keer was ik ↑ietsjes
           omhoog gegaan
14  D2:    Hmhm ja
15  Cl16:  Dat ik gewoon niet omhoog ga:
16  D2:    Ja: dat het heel zoetjes aan uuh (.)
17         (weging)
18  D2:    even kijken- er is nu namelijk wel een toename-
19         in vergelijking met de vorige keer:
```

In line 1, 2, and 3 the dietitian expresses her satisfaction about the current situation of the client. She says that she thinks the results are good, although the client has not been measured yet. The client however, immediately confirms this but adds that she is not happy herself just yet. She wants to lose more weight. The dietitian agrees slightly ‘hmhm: ok’ (6), giggles and says that this is a reoccurring problem for ‘them’. She says ‘let’s see’ and starts to formulate a question. She asks the clients about how she thinks he can achieve this goal (losing more weight). The client thinks about this briefly (9) but answers the question. The dietitian does not take the turn after the client has answered the question but nods. The client continues with another option to achieve her goal. She seems rather vague still. The dietitian does not confirm directly, she nods and says ‘yes’. The client re-sets her goal and says now that she does not want to gain weight (line 15). The dietitian does not reply to this but she repeats it. After weighing, the dietitian concludes that the client gained weight.

In these previous excerpts, there is no evidence found of resistance towards the goal set by the dietitian, because both clients all seem to propose their own goal. Interesting to notice is that the clients apparently need to convince the dietitian of these goals.

4. Conclusion and discussion

According to the literature (Cullen et al., 2001; Langford et al., 2007), goal setting is essential for dietary health care. It gives the client a sense of ownership and responsibility. In my data, goal setting appeared in 10 cases out of 20. In 4 cases the dietitian proposed the goal to the client and occasionally requested confirmation from the client. However in 4 other cases, the dietitian clearly involves the client in the decision making process regarding the dietary goals. These fragments were recognized by active questioning from the dietitian about what the client would like to achieve and when he or she would be satisfied. There appeared to be an extra category; client-led goal setting. In these situations, which occurred twice in 20 consultations, the client proposed the goal.

Knowing that there are three types of goal setting, it was interesting to look at how clients respond to attempts of the dietitians. In all three examples of dietitian-initiated goal setting, forms of resistance occurred. Nevertheless, how strongly this resistance is displayed by the client varies. Overall, the conclusion that can be drawn from these three examples of dietitian-initiated goal setting is that they all lead to resistance somehow. Hence, dietitian-initiated goal setting does not seem to be successful.

Previous research by Drew, Chatwin and Collins (2001) claims that involving patients in the health care process can have a positive effect on the outcome of the treatment. After analysing the examples in which collaborative goal setting occurred, the conclusion can be drawn that in these cases the clients do not seem to express resistance as much as they do when the dietitian sets the goals for them. Collaborative goal setting seems to be more successful because the clients are more involved with the process. They cannot come up with excuses because they decide on the goals themselves. However, the goals that the clients formulate for themselves are less difficult to achieve than the goals dietitian would formulate. But a small success is still better than no success at all. Interesting to see is that this type of goal setting appears to generate expectations. The clients try to minimize the promises they make to the dietitian.

The third type of goal setting is rather different; the clients set their own goals. In the first example this means that the client needs to convince the dietitian about the urgency of this goal, which seems odd in institutional settings. Additionally, in the second example the client has reached the dietetic goal, but is still not satisfied. The additional goal the client sets for herself does not seem to be urgent for the dietitian.

When looking at the three types of goal setting, collaborative goal setting appears to be the most successful strategy in these cases. It may lead to lower goals and therefore smaller

success for the clients, but it does not seem to evoke as much resistance as dietitian-imitated goal setting. The third type of goal setting is interesting because the dietitian does not express any urgency in regards to the client achieving this goal.

During this study, the handbook that is used to educate future dietitians was consulted to see what students are taught regarding goal setting with/for their clients. The handbook however, does not specify guidelines about collaborative goal setting. Nevertheless, the method of collaborative goal setting would be a valuable addition to the handbook. The pitfall of collaborative goal setting is that the formulation of the goals also depends of the capability of the clients, as mentioned in previous research by Schoeb (2009). This could mean that collaborative goal setting may not be a successful method for every client. The dietitian should therefore find out if a client is capable of setting his or her own goals, even if these goals may not be as difficult to achieve. If a dietitian is unsuccessful in triggering the client to come up with his or her own goals, it would be an option to formulate a goal for the client that is also quite 'easy' to achieve. These types of goals lead to the least amount of resistance, but might still lead to a change in dietary behaviour.

4.1 Implications

The analysis showed that collaborative goal setting appears to be a more successful method compared to dietitian-initiated goal setting. It would be interesting to look at how this method can be learned by students. Previous research concluded that skills should be learned through both classroom instructions and practical placements (Grace & Trede, 2013). In this study, there were two obstacles discussed that occurred in the conversations in which collaborative goal setting was used; firstly, clients seemed to be reluctant about creating expectations with the dietitian. Hence, the goal has become a promise. One reason for this could be that they do not want to let the dietitian down in a following consultation, or because they might be insecure about their own capability of achieving the discussed goal. In one of the fragments, the client indirectly expresses that she knows she created expectations by saying something out loud. The dietitian replies to this by denying that it was a promise, suggesting that even the minimum amount of effort will already be good. The client seemed to have responded positively to this.

In another fragment of collaborative goal setting, it requires the dietitian an great amount of effort to get the client to formulate a goal. This client is rather talkative, but she pauses and hesitates often. The dietitian seems to solve this problem by eventually proposing examples of goals that are unrealistic, triggering the client to come up with goals that are attainable. Eventually, the client answers the questions that was initially asked by the dietitian. The goal

that is eventually decided on by both the client and the dietitian appears to be 'easier' the achieve than goals that were mentioned earlier in the conversation. Helping the client to formulate simple goals by proposing examples appears to be successful, if the goals are concrete and tangible enough.

In order to gain a solid insight into how clients respond to collaborative goal setting, it would be interesting to set up another study that solely focuses on client's responses to questions about their goals and when they will be satisfied with their own results. *How do clients respond to questions about their goals? When does resistance occur and why? What can dietitians do when clients are unable to formulate their own goals?* These are all questions that could be answered by future research. A new collection of real-world data in which dietitians and clients talk about dietary goals can be analysed to provide answers to the previously mentioned questions. Furthermore, there was not much information to be found in the literature about client's responses to collaborative goal setting in institutional interaction. If this could be investigated in more detail, it could create a framework with which dietitians and future dietitians can discuss the goals of their clients, together with the clients. Obstacles such as resistance, pausing and hesitation could be overcome if dietitians know how to recognize and respond adequately. Conversation analysis would be a suitable method for this study because it uses real world conversations between clients and dietitians.

However, it is essential to emphasize that all real world situations are different. There are numerous different clients and even more different responses to pre-formulated proposals from dietitians. Nonetheless, this study confirms together with other studies (Drew et al, 2001; Cullen et al., 2001; Langford et al., 2007) that including the client in the process of the treatment, especially in the process of setting goals, will obtain a degree of active involvement, responsibility and ownership. In this study, it may have led to easier goals and the creation of promises but overall, collaborative goal setting was more successful.

4.2 Limitations

For this study, only 20 recordings of consultations were analysed from solely 2 dietitians. Both of these dietitians were educated at the same institution and they both have 5 years of experience as a dietitian, which is relatively short. This may not be enough to provide substantial evidence that a certain goal setting method works best or that another type does not lead to any success at all. The purpose of this qualitative study was the shed a light on what happens during dietitian-client conversations and how clients respond to certain proposals and strategies used by the dietitian. Not to get an insight into how many times a specific

phenomenon occurs. The results of this study can therefore not be generalized to the entire sector that involves institutional interaction, neither to the entire dietetic sector.

Lastly, another limitation of this study would be that only one handbook has been consulted for this study. Even though this handbook is one the main books used for the education of dietitian and nutritionists, there are surely more handbooks that could have been consulted. That no information about collaborative goal setting was disclosed in The Dietetic Consultation does not mean that this is not taught to any other students, perhaps by using another handbook.

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Appendix 1: Transcribed fragments per client (Dutch)

Opname 2: Cliënt 1

Deze cliënt is een Nederlandse man met een leeftijd tussen 50 en 70. Deze meneer heeft overgewicht en veel moeite met het verliezen van dit overgewicht. Hij heeft nu fysiotherapie zodat hij beter kan gaan bewegen vanwege zijn artrose. In het vorige consult heeft de cliënt de opdracht gekregen om zijn voeding in een eetdagboek bij te houden maar dit is hij nu vergeten. Omdat er geen duidelijkheid is over zijn eetpatroon gaan de diëtist en de cliënt kijken naar hoe hij beter kan gaan bewegen.

1a: rec 2: 2:31

```
1     D1:     Dus nu kun je eigenlijk:: Uh- uh
2             en wat is jouw jouw eigen: - plan daarin
3             als je kijkt naar die fysiotherapie en↑::
4     Cl1:    Naa↓: hij zegt fitness doen we niet::
5             hij zegt – je bent hartpatiënt
6             -je hebt het niet meer nodig:
7             ja kijk – als je nou een jaar of 25 was:: en vrouw ofzo::
8             dan zou ik zeggen [van::
9     D1:                                [hmhm
10    Cl1:    goed vooruit we doen het
11            maar het hoeft niet meer↓
```

1b: rec 2: 3:34

```
1     D1      Maar als je kijkt naar uh::
2             want het wordt ↓geen fitness dan-
3             maar↑ wat – wat [gaat
4     Cl1                            [beweging
5     D1      ↑gewoon beweging
6             ja
7     Cl1     Be-beweging
8     D1      Ja
9     Cl1     Ik begin vandaag voor het eerst in een groep
10            ja?
11    D1      hmhm
12    Cl1     en dat is een half uurtje –beenoefeningetjes:
13            met gewichtjes zo::
14    D1      Mooi
```

Opname 3: Cliënt 2

Deze cliënt is een man (tussen de 40 en 60) van buitenlandse afkomst. Hij heeft diabetes en heeft in het verleden moeite gehad met het maken van gezonde keuzes. Tijdens een eerder consult heeft hij advies gekregen van de diëtist over wat gezond voor hem zou zijn. In het begin van het consult legt de man uit dat het heel goed is gegaan en dat hij minder last heeft gehad

van hypo's. Het enige probleem dat de cliënt nog heeft is dat hij veel tussendoortjes neemt. In het volgende fragment gaat de diëtist een doel stellen voor de cliënt.

2a: rec 3: 21:32

1	D1:	↑Wat ik met jou af wil spreken –is uhm – dat je bijvoorbeeld doordeweeks kijkt of
2		je uh – moet je even zeggen of je het daar mee eens bent he: (h)=
3	Cl2:	=(h)ja
4	D1:	Uhm (h) om onder de tachtig calorieen te blijven aan extras::
5	Cl2:	Hmhm.
6	D1:	En uhm- dan heb ik het over::uh -dat zijn toch nog – vier maria biscuitjes ↑
7		Of dat is toch nog-uh::-een plakje: volkorenontbijtkoek. [Bijvoorbeeld.
8	Cl2:	[Ja.
9	D1:	Dat je dat ↑doordeweeks probeert te doen? Dan is er echt helemaal geen nood aan
10		de man. En dat je in het weekend kijkt: want inderdaad: als je uit eten gaat::
11		Dan kom je toch wel iets hoger uit in calorieën↓ dat je onder de twee::honderd
12		blijft. Maarja, drink je een wijntje bij het eten [dan zit je al op de helft
13	Cl2:	[ja dat doe ik toch niet::
14	D1:	Nee dat doe je dan ook niet::↑
15		Maarja↑ dan kun je misschien een lekker toetje erbij nemen.
16	Cl2:	Oke↑

2b: rec 3: 28:33

1	D1:	Is dit iets wat u kunt ↑volhouden op deze manier↑
2	Cl2:	Ja:: ik kan het wel- ja:
3		Uhh ja: g-gewoon- uuh wat ik uh-uh allemaal eet:
4		ja zijn gewoon- ja om daar dagdelen van te maken
5	D1:	Ja regelmatiger he↑
6	Cl2:	Ik moet tijdens het middaguur- g-gewoon iets binnen krijgen::
7		dat is gewoon voor mij- ja: het moeilijkste zal ik niet zeggen-
8		maar uuh- anders eet ik uh-uh teveel 's avonds-
9	D1:	Ja- dat is een valkuil
10	Cl2:	Ja: ja

Opname 4: Cliënt 3

De derde cliënt is een man met een leeftijd tussen de 60 en 70. Hij heeft ondergewicht en is hiervoor een aantal keer eerder bij de diëtist geweest. De afgelopen maanden heeft deze meneer drinkvoeding genomen. Omdat hij darmproblemen en artrose heeft, is het voor hem moeilijk

om te bewegen en gewicht aan te komen. Tijdens de weging in dit consult geeft de diëtist aan dat de meneer heel goed bezig is. Zijn vetpercentage is omlaag gegaan en zijn spiermassa omhoog. De diëtist en de cliënt bespreken het eetgedrag van de cliënt en dit is allemaal goed. Schoonmaken is zijn enige lichaamsbeweging en daarom gaat de diëtist op zoek naar wat de cliënt nog meer zou kunnen doen.

3: rec 4: 09:43

```
1     D1:     ↑en jouw vriend he:
2             vind die het bijvoorbeeld leuk om te gaan wandelen: of fietsen:
3     Cl3:    ja↑ maar met dit weer – [komt
4     D1:                                            [ja het is vies weer he:
5     Cl3:    Nou in het voorjaar↑ zou dat iets zijn↑
6             om bijvoorbeeld in het weekend eens een lekker stuk te gaan
              lopen
7     Cl3:    Ja::
8     D1:     met zijn tweeën:
9             want die is ook goed voor je eetlust he
10    Cl3:    Ja::
11    D1:     voor de spanning ook he- want het is een soort van uitlaatklep:
12    Cl3:    Ja – dat klopt:
13    D1:     Oke: dus in het voorjaar↑
```

Opname 5: Cliënt 4 (man) & cliënt 5 (vrouw)

In dit consult zijn er twee cliënten; een meneer en een mevrouw die beiden overgewicht hebben. De man heeft daarnaast ook nog last van diabetes en etalagebenen waardoor hij moeite heeft met bewegen. De cliënten hebben tijdens een eerder consult advies gekregen over gezond eten maar de winst zou vooral uit de beweging moeten worden gehaald. De man is de afgelopen weken een aantal keer ziek geweest waardoor hij zich niet fit voelde.

4a: rec 5: 1:41

```
1     D1:     Hoe zie je dat voor je Robin-
2             als je straks weer wat fitter bent::
3     Cl4:    (h)ja weer gaan lopen:
4     D1:     ja:
5     Cl4:    We hebben het er wel over gehad:: uuh
6     Cl5:    Ja ik loop al een poosje
7     Cl4:    Maria* is alweer een tijdje aan het lopen – [uuh:
8     D1:
              [Ja
9     Cl4:    Ik zeg ook tegen Lisa*, of uh Julia
10            Van uh- ik heb ook minder last van de benen:
11    D1:     Ja↑
```

4b: rec 5: 25:30

```
1     D1:     Neem dit even mee-
2             en zet erin ↓meer wandelen
```

3		maar heb je daarvoor een concreet↑ plan
4	Cl4:	(0.3) Uh
5	D1:	of dat je bijvoorbeeld wat vaker met de fiets naar je ↑werk gaat:
6		want kijk- ↑alles is meegenomen he
7	Cl4:	Dat is tien keer trappen en dat ben ik er:
8	D1:	↑Ja [maar
9	Cl5:	[hij gaat dinsdags op de fiets
10	D1	Ja:: - dat klopt: maar dan moet het wel beter weer zijn want oh:
11		ik heb zo'n hekel aan die kou
11	Cl5:	Ooh↓ hij zit niks als te klagen maar ik vind dit zo'n lekker weer-

Opname 8: Cliënt 8

De cliënt bij dit consult is een vrouw van ongeveer 35 jaar oud. Ze heeft problemen met haar tanden en sinds een aantal jaar heeft ze diabetes. De diëtist en de cliënt blikken in het begin van het consultterug op de vorige consult en het grootste probleem van deze cliënt is dat ze heel weinig financiële middelen heeft om gezond te kunnen leven. Daarnaast is ze ook werkloos. Desalniettemin komt de cliënt erg enthousiast over omdat ze nu vrijwilligerswerk doet.

5a : rec 8: 10:32

1	D1:	Oh ja: ja. ↑
2		Zijn er op die dagen dat je thuis bent dingen die je zou kunnen doen::↑
3		Iets anders dan fietsen↑
4	Cl8:	Uh ja: (h) ik sta ook
5		dat Nederland in beweging dat komt er niet zo van –(hehe)-,
6		niet mee zo vroeg op::
5		en ik merk nu door de kou dat ik het lastig vind om vroeg
6		op te staan omdat ik het steeds koud heb↓
7		[gesprek over huis en verhuizen]
8	C:	Wat ik wel lekker vind met dit weer is bijvoorbeeld
9		-wandelen, langs het kanaal::
10	D1:	Dat zou ik fantastisch [vinden↑
11	C:	[Ja. Ik zeg het nu wel hardop (hehe)↑
12	D1:	Ja hebt het gezegd::
13		het zit in ieder geval niet in je hoofd
14		- laat het een keer in de week zijn
15		-dat heb je dat extra:

5b: rec 8: 13:22

1	Cl8:	Ik wil het ook zelf niet (teveel alcohol drinken).
2		En dan zijn deze mensen hele: slechte opvoeders zegmaar:
3		die drinken –dat alcohol als water:
4		En dat is voor mij een hele grote trigger: om daar niet in mee te gaan.
5		Hoe lastig het ook is.
6		Ik heb nu zoiets van –nee.
7		We moeten –[terug naar een normaal::

8 D1:
[Ja maar ze zegt zelf – heel
9 stelling –[Ik wil dit ook niet.
10 Cl8: [niet op deze manier::
11 D1: Maar het gebeurt wel.
12 Wat maakt nou dat dit toch gebeurt=
13 Cl8: =Nou- de verleiding- toch wel dat: dronken: gevoel- - dat
14 ik vind dat ook lekker dat aangeschoten gevoel-
15 Dat vind ik heerlijk,
16 dan denk ik- nou dat gun ik mezelf wel
17 een keer in de week:: nou zo↓ uuh- het feit dat het voor de hand is:
18 want ik schrok dat ik uh-
19 en zo’n ding kost 4 euro als het besteld
20 en daar issie gewoon[gratis
21 D1: [Ja dat geeft ook een[beetje-
22 Cl8: [hier is de fles: en dat is helemaal↑ verkeerd voor mij
23 D1: ↑En als je het moeilijk vind om daar maat in te houden he –
24 in hoeveelheden:
25 ik spreek wel eens met mensen af die bijvoorbeeld een pak koekjes in huis
26 hebben: en dan ook daar- geen maat in kunnen houden –
27 dan maar de ene week wel een pak koekjes
28 en de andere week [niet=
29 Cl8:
[O oke::

Opname 9: Cliënt 9

De cliënt is een jonge vrouw van ongeveer 20 jaar. Ze heeft last van overgewicht en door haar recente werkloosheid zit ze veel thuis (bij haar ouders). Hierdoor is de wel weer meer gaan sporten, maar ze heeft geen regelmaat in haar leven met betrekking tot eten en slapen. De diëtist wil graag uitvinden wat de cliënt zou willen bereiken in de toekomst.

6: rec 9: 1:10

1 D2: Ja:: ja:: En hoe zou je dat het liefste -
2 ↑bekijk eens waar je nu staat met je dag patroon::
3 met jouw gezondheid::↑
4 waar sta je dan en waar zou je dan graag willen staan↑
5 Cl9: Uhm- (0.3)ja die regelmaat::
6 die moet ik er echt gewoon inhouden want ik merk gewoon dat mijn hele lichaam
7 - van slag is som ben ik heel moe: en net zoals
8 vanmorgen toen kwam ik gewoon niet mijn bed uit::
9 (h)Niet omdat ik niet wil- gewoon omdat ik zo moe ben:
10 en dat zet ik de hele tijd mijn wekker verder terwijl
11 ik dat niet wil en ja: ik weet [niet (h)::↓
12 D2: [Dus je zegt eigenlijk die regelmaat: en wat zou er -
13 wat versta jij onder die regelmaat↑
14 waar zou die regelmaat aan moeten voldoen:↑
15 Wanneer ben je daar al een stukje tevredener over::
16 Als we zeggen die regelmaat in een cirkel tekenen -

17		wat valt er dan voor jou onder die regelmaat:
18	Cl9:	(hhhh) uhm: (h) ja bepaalde tijd denk ik opstaan ofzo=
19	D2:	=En op welke tijd zou jij dan bijvoorbeeld kunnen opstaan↑
20	Cl9:	Ja:: (0.4) dat is moeilijk te zeggen – (hehe)
21	D2:	Wat zou realistisch zijn:↑
22		waarbij je voor jezelf het gevoel hebt dat je je wel al een stuk beter voelt-
23		maar wat realistisch is::
24		want ik kan me voorstellen dat als je zegt laat ik iedere dag om zeven of acht uur
25		opstaan –
26		dat dat misschien niet [haalbaar is=
27	Cl9:	[nee::
28	D2:	Maar welk tijdstip zou haalbaar zijn↑=
29	Cl9:	-rond half tien tien uur ofzo:: -

Opname 10: Cliënt 10

De jonge vrouw (16 -20) die aanwezig is bij dit consult heeft last van overgewicht en is actief bezig met het tellen van calorieën om te kunnen blijven sporten op het niveau dat ze nu doet. Haar gewicht heeft de afgelopen tijd erg geschommeld en tijdens de meting blijkt dat ze is afgevallen. Desalniettemin heeft die cliënt moeite met het maken van gezonde keuzes maar ze heeft haar voeding tot in detail bijgehouden met een applicatie op haar smartphone.

7: rec 10:

1	D2:	En dat is tegelijkertijd- ook de tip die ik jou zou willen meegeven:
2		want jij mag nog veel meer groenten en fruit eten
3	Cl10:	hoeveel mag ik dan op een dag want ik eet veel teveel fruit volgensmij↓
4	D2:	Volgensmij niet↑
5	Cl10:	Ik eet meer als 200 gram fruit op een dag:: dus uh
6	D2:	Ik zou gerust – uh- drie stuks fruit eten op een dag-
7		want hier kom je er bijvoorbeeld nog niet aan, hier heb je een banaan-
8		en een ananas
9	Cl10:	(0.4) uh-
10	D2:	Wat ik vooral zie is- jouw voeding levert wel veel calorien
11		maar niet zoveel voedingstoffen::
12		ben je het daar een beetje mee eens↑
13	Cl10	Hmn ja:: (0.2)
14	D2:	Maar de vraag is natuurlijk- ↑is dat haalbaar↑ [om te veranderen
15	Cl10	[Ja – want ik woon bij mijn ouders
16		dus het is niet zo verleidelijk om bijvoorbeeld een – koek ofzo te pakken
17	D2	Oke-

Opname 11: Cliënt 11

De cliënt is een oudere man van ongeveer 65-70. Hij heeft in het verleden problemen gehad met overgewicht en dit is toen een tijd lang goed gegaan. Omdat hij geopereerd is en daardoor problemen heeft met bewegen, is hij weer aangekomen.

7: rec 11: 1:54

```
1     Cl11    Ja: ik weet precies waar het aanligt-
2             maar het lukt gewoon niet↓
3     D2      ↑maar het ↑lukt niet-
4             in het verleden is het je toch ↑gelukt
5     Cl11    Ja maar goed:: ik wordt ook een dagje ouder-
6     D2      ↑Zou het daarmee te maken hebben↑
7     Cl11    Ja:: je wordt er dan een beetje makkelijker in he:
8             natuurlijk
9     D2      Maar – heb je er ook last ↑van:
10    Cl11    Ja
11    D2:     Want- wat wat ja – waar heb je dan last van:
12    Cl11    Ja dikke buiken en alles zit strakker – kortademiger::
13            Je voelt je niet goed
14            Maarja dat uh:
15    D2:     Merk je dat ook aan sporten?↑
16    Cl11:   Ja ja ja
17    D2:     Nou tijd voor actie Harry*↑
```

Opname 13: Cliënt 13

Deze mevrouw (tussen de 35 en 50) heeft last van overgewicht en heeft het in het verleden moeilijk gevonden om gezond te eten. Ze heeft de laatste weken wel erg haar best gedaan en de diëtist merkt progressie. In het gesprek wordt duidelijk dat de diëtist van de cliënt wil weten waar ze het liefste naar toe zou willen gaan en wanneer ze tevreden is over haar gewicht.

8a: rec 13: 4:56

```
1     D2:     Hee- maar als je nou een cijfer zou moeten geven::
2             Los van de periode van toen je ziek bent geweest::
3             Over hoe tevreden je bent - Over de resultaten die je zegmaar
4              in de afgelopen week hebt bereikt-
5             0 voor totaal niet en 10 voor super tevreden -
6             Hoe zie het je dan::↑=
7     Cl13:   =Dat is heel moeilijk om in een cijfer uit te drukken:
8             maar (h) Nou dan ga ik toch voor een voldoende
9             :: een voorzichtige 6=
10    D2:     =En waarom is het geen 4::↑
11    Cl13:   Nou omdat ik dus niet de borden heel vol geschept heb-
12            ik heb het in porties gedaan en veel water gedronken:
13    D2:     Oh dat is ook een goede↑
14            Die had ik net nog niet gehoord↑
15    Cl13:   En- dan merk je ook wel dat je veel moet plassen-
16            dat is dan wel het nadeel (haha)
```

17 maar ik voel wel- ik heb wel een voller gevoel::
18 en dat maakte het ook wel [makkelijker=
19 D2: [Maar als ik jou zo hoor:
20 dat zijn hartstikke goede dingen↑
21 D2: Waarom↑ maar een 6 en geen 8↑
22 Cl13: Ja -omdat ik nog niet het gevoel het dat ik er ben::

8b: rec 13: 7:02

1 D2: Stel dat je dit nu een 6 geeft he::
2 Zullen we dan de volgende keer er een 7 van maken↑
3 Wat zou er dan nog moeten gebeuren↑ -
4 wat zou je dan graag willen veranderen om het de volgende keer een 7 te kunnen
5 geven=
6 Cl13: =Uh- ja eigenlijk toch nog minder eten misschien:
7 blijven volhouden die chips en lekkere wat uit te bannen: (haha)-
8 dus toch meer een gewoonte ervan maken.
9 D2: En als je dat concreet zou moeten maken↑
10 Want, stel dat ik dit als doel zou
11 hebben dan zou ik voor mezelf niet echt weten- naja- minder eten uhm- proberen
12 vol te houden van de lekkere dingen af te blijven:-
13 uhm hoe weet je nou de volgende keer of dat ook daadwerkelijk behaald is↑
14 Hoe weet je nou de volgende keer dat je het goed doet en jezelf een 7 geeft↑=
15 Cl13: =Nou ik hou me dan aan dit:: en dat is er [gewoon nog niet -
16 D2: [kun je me een voorbeeld geven=
17 Cl13: = (h) nou stel dat het gezonder is om geen broodje te nemen maar gewoon een
18 snee brood dan zou ik dat broodje dus moeten laten staan en gewoon moeten
19 gaan voor die snee brood::
20 Dat doe ik dus niet dus in die zin=
21 ben ik eigenlijk nog niet tevreden-

8c: rec 13: 21:23

1 D2: Maar als we nou even opsommen waarvan je zegt
2 ↓nou daar ben ik nog eigenlijk niet echt tevreden over -
3 dus je zegt als eigenlijk dat 3 uur moment::
4 op je werk tenminste::
5 je zegt het verbeteren van de productkeuzes::
6 je zegt eigenlijk het blijven volhouden=
7 C: =Ja: dat vind ik heel lastig-
8 D2: Hmn ja ok:: dat is goed om daarop terug te komen-
9 zijn er dan nog anderen dingen om naar te [kijken↓=
10 C: [=Waarvan ik zou moeten polsen of

11		ik op de goede weg ben bedoel je↑
12	D2:	Ja dat kunnen concrete momenten zijn waarvan je denkt -
13		nou wanneer dat of dat beter is
14		-dan zou ik het al een hoger cijfer geven
15	C:	(h) Uh ja dan toch opscheppen::
16		het is al minder maar het is nog niet precies wat ik zou willen-
17	D2:	↑Is dit compleet voor jou voor nu::
18	C:	Uh (hhh) ja::
19	D2:	Als we dat eens verder uitzoomen -
20		welke van die vier vind je het makkelijkst om mee aan de slag te gaan-
21	C:	Dat is een lastige- (hahaha) Uuhm::
22	D2:	Ze zijn sowieso niet allemaal -
23		de makkelijkste want dit zijn sowieso wat lastigere dingen want het is niet voor
24		niks dat het nog [lastig is-
25	C:	[Uhm- hier (aanwijzend)
26		zou ik nog keuzes in kunnen maken: dat is dus makkelijker-
27	D2:	Oke- als we nou eens beginnen met het verbeteren van die productkeuze.

Opname 16: Cliënt 16

De mevrouw die in dit consult met de diëtist komt praten heeft last gehad van overgewicht, maar is de laatste tijd wel de goede kant op gegaan. Ze is meer gaan bewegen en gezonder gaan eten. De diëtist is al erg tevreden over de progressie maar de cliënt zou graag nog meer af willen vallen.

9a: rec 16: 1:32

1	D2	Het (gewicht) is een beetje gelijk gebleven:: ↑
2		Ja:: Ik blijf het zeggen dat ik het gewoon heel mooi vindt
3		– dat je al die tijd – uh- nogsteeds – [stabiel blijft↑
4	Cl16	[Ja↑
5		Jawel:: het liefst-toch nog wel ↑iets eraf (h).
6		Hmhm: ok. (hehe) Daar blijven we het iedere keer toch wel over terugkomen-
7		Even kijken- heb je dan een-
8		een idee hoe je dat zou kunnen doen (h) om dat te kunnen bereiken↑?
9	Cl16	Hm- ja- toch door dat meer sporten:
10		dat het daardoor – toch uh-
11	D2	[hmhm
12	Cl16	Ja en met eten ook gewoon opletten ik moet vooral ook-
13		oppassen dat ik niet- (h) want vorige keer was ik ↑ietsjes omhoog gegaan
14	D	[Hmhm ja.

9b: rec 16: 4:21

1	D2:	Maar wat –denk jij:
2		zelf↑ dat je zou kunnen doen na die –afgelopen weken:
3		kijkende naar –
4		misschien is het een idee om te kijken naar:
5		wat je nu zoals eet vergeleken bij toen ik jou net in het begin:
6		uh- kende: uh- zie- jij dan een verschil tussen: die – voedingspatronen:
7	Cl16:	Uuhm (h) naja:: misschien dat ik in het :weekend dan nog wat strenger was
8		voor [mezelf::
9	D2:	[oke:
10	Cl16:	Misschien dat in de weekenden:↑
11	D2:	Dat je daar minder bewust van bent- uh- dan toen.
12	Cl16:	Ja. Dat denk ik wel.
13	D2:	En is dat iets wat – je nog zou kunnen- of [uh- willen veranderen=
14	Cl16:	[=ja tuurlijk.
15	D2:	Nou weetje↑ wat ik zit te denken Willemijn*:
16		wat we misschien wel kunnen doen::
17		Puur om weer een beetje de grip erop te krijgen:
18		en om in ieder geval te weten::
19		↓waar zit het hem nou in↑ dat we weer op korte termijn afspreken –over twee
20		weken- en dat je weer op korte termijn bij gaat houden: - met behulp van zo'n
21		app – (h) ik ben eens benieuwd [wat de invloed daarvan is::
22	Cl16:	[Ok. Ik ben dan ook weer op reis: (hehe)
23	D2:	Oh echt↑? (h)

9c: rec 16: 16:45

1	D2:	En kun je iets leren↑ van de afgelopen keren dat je weg bent geweest:: wat
2		je de volgende keer anders zou kunnen doen::
3	Cl16:	(Hhhhhhh) ja: (h) het is ook weer een hele andere omgeving:: en alles is [anders
4	D2:	[ja::
5		Ben je er wel een vaker geweest↑ waar je nu naartoe [gaat?↑
6	Cl16:	[- uh ja:: het is ons jaarlijkse
7		congress =(h)
8	D2:	=dat is weer: hetzelfde↑ in ↑barcelona?
9	Cl16:	Madrid. Ja, ja, ja, ja:
10	D2:	-Uhm, maar heb je dan al enig idee:: hoe het daar zal [zijn::↑
11	Cl16:	[Ja:: jawel:: ik kan daar
12		wel rekening mee houden:: dat wat ik pak: ik zit nu ook niet meer zo te mekken
13		over zus en zo: snoep en eten. Dat scheelt ook wel:
14	D2:	Ja. Je wordt niet – verleidt: Misschien helpt het wel als je het ook daar –uh-
15		probeert bij te houden:
16	Cl16:	Ja. Ja. (h)