
COURSE RESOURCE

COUNSELLING SCRIPTS FOR COMMON GLP-1 CONVERSATIONS

Coach reference | Word-for-word scripts that stay in a trainer's lane and route clinical questions back to the prescriber

These are conversation templates, not decision trees. Adapt the wording to your voice, but keep the structure: acknowledge what the client said, reframe toward strength and body composition, give one concrete coaching action, and name the moment you hand the question back to their clinician. Everything below assumes the client has already told you they are on a GLP-1 medication and has cleared training with their prescriber.

SCOPE OF PRACTICE

As a personal trainer you coach training, general nutrition habits, and progress tracking. You do not diagnose symptoms, interpret side effects, recommend supplements to treat a condition, or advise on starting, stopping, pausing, or changing a medication or its dose. When a conversation crosses into any of those, your job is to recognise it, document it, and refer to the client's prescribing clinician. That handoff is a professional strength, not a failure.

WHY IT MATTERS

On a GLP-1, appetite suppression can drive very low energy and protein intake, which puts lean mass at risk during weight loss. Your consistent message across every script is the same: protect muscle with resistance training and adequate protein so the weight a client loses is fat, not the strength they need to keep it off.

HOW TO USE EVERY SCRIPT

- Listen first. Repeat back what you heard so the client feels understood before you reframe.
- Reframe the goal from scale weight to strength, function, and body composition.
- Give exactly one actionable next step the client can do this week.
- Use a clear referral line whenever the topic is medical. Say it out loud, then log it.

SCRIPT 1: 'THE SCALE STOPPED MOVING'

Say: 'Totally normal for the scale to stall for stretches, and it's honestly one of the reasons I don't want us judging progress by that number alone. If we're lifting and keeping protein up, a flat scale can actually mean you're holding muscle while still losing fat. Let me show you what I'm watching instead.'

- Point to non-scale wins: strength numbers going up, how clothes fit, waist measurement, energy in sessions, and progress photos.
- Confirm the training stimulus: are we progressively overloading, or have loads been the same for weeks?
- Check protein and step count honestly before assuming anything is wrong.

KEY SIGNAL

If the client frames the stall as a reason to change their medication or dose ('maybe I need a higher dose'), stop coaching the scale and refer: 'That's a conversation for your prescriber, not me. Let's get you their read before we change anything.'

SCRIPT 2: 'I'M NEVER HUNGRY / I CAN'T EAT'

Say: 'That appetite drop is one of the most common things I hear on these meds. My concern as your coach isn't that you're eating less overall, it's that we protect your muscle while you lose weight. That means getting enough protein in even on days food sounds unappealing. Let's make protein the easiest, smallest thing you have to do.'

- Offer low-effort, low-volume protein: Greek yogurt, a protein shake, cottage cheese, eggs, deli meat, edamame.
- Suggest anchoring one protein source to each time the client already eats, rather than chasing a big number all at once.
- Encourage sipping fluids through the day; very low intake plus training can leave clients under-hydrated.

KEY SIGNAL

Refer to their clinician promptly if the client reports they truly cannot keep food or fluids down, is dizzy or lightheaded, has ongoing nausea or vomiting, or is losing weight faster than they expected and feels unwell. Say: 'This is past what I should be coaching you

through — please check in with your prescriber. In the meantime we'll keep sessions light.'

SCRIPT 3: 'SHOULD I TRAIN FASTED?'

Say: 'Fasted training isn't automatically better or worse, but on a GLP-1 you're often already eating less, so I care more about you having enough in the tank to lift well and recover. If a session feels weak or shaky fasted, that's useful data, not toughness we need to push through.'

- Suggest a small pre-session protein-plus-carb option (for example a shake and a piece of fruit) and compare how sessions feel with and without it.
- Prioritise total daily protein over the timing question; timing is a rounding error next to hitting the day's total.
- For clients who feel faint, shaky, or unusually weak when training on an empty stomach, keep something small before lifting and note it.

SCOPE OF PRACTICE

If a client has diabetes or takes any glucose-lowering medication alongside the GLP-1, fasted-training and blood-sugar decisions belong with their clinician. Coach the workout; refer the metabolic questions.

SCRIPT 4: 'I FEEL WEAK LATELY'

Say: 'Thanks for telling me — I want to figure out whether this is a training/fuel thing I can help with, or something you should run past your clinician. Let's separate the two.'

What the client describes	Trainer action
Gym-specific: weaker on the bar, lifts feel heavy, but fine in daily life	Coach it: check protein intake, sleep, recovery, and whether we've deloaded recently. Adjust programming.
Whole-body: fatigue, dizziness, feeling weak walking or on stairs, out of proportion to training	Recognise, document, refer to their prescriber before progressing load.

- Reduce load and volume for the session in front of you; never push a client who reports feeling weak into a heavy top set.
- Reinforce the protein and fuelling basics, since chronic under-eating is a common driver of gym weakness on these meds.

KEY SIGNAL

Dizziness, faintness, a racing heart, or general body weakness are clinician territory, not programming problems. Refer and document rather than trying to train through them.

SCRIPT 5: 'I WANT TO STOP THE MEDICATION'

Say: 'I hear you — and that decision is one hundred percent between you and your prescriber, not something I can advise on. What I can do is make sure your training and eating habits are strong enough that they carry the results whatever you and your clinician decide about the medication.'

- Do not offer an opinion on whether, when, or how to stop, taper, or pause. Redirect that entirely to the prescriber.
- Reframe your role: 'My job is to help you keep the muscle and the habits so you're not starting from scratch.'
- Focus the plan on sustainable resistance training and a protein-forward, whole-food eating pattern the client can maintain long term.

SCOPE OF PRACTICE

Weight regain and appetite changes after stopping a GLP-1 are real concerns clients will raise. Acknowledge the worry, keep coaching habits, and point every 'what will happen to my body' question back to the clinician who prescribed the medication.

THE REFERRAL LINE (KEEP IT WARM)

A referral should never sound like you're brushing the client off. Use a template like: 'This one's outside what I should be advising on as your trainer — I want you getting that answer from the person managing your medication. Loop me in on what they say so I can adjust your program around it.'

DOCUMENT EVERY CLINICAL HANDOFF

After any conversation you referred out, log it the same day so there's a record and so you can adjust training around the clinician's guidance.

- Date and session context.
- What the client reported, in their own words where possible.

- What you did in the moment (e.g. reduced load, ended session early).
- That you referred to their prescriber, and any follow-up the client agreed to.

EVIDENCE NOTE

The recurring theme here — combine resistance training with adequate protein to protect lean mass during GLP-1 weight loss — reflects the general direction of current guidance rather than any single study. Keep it directional in client conversations; the course team will attach verified citations before publication. Do not quote specific figures, percentages, or study names to clients.