

Health Coaching

Interventions for Diabetes Self-Management

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Since it is so good for
US ...

Why do we find it so difficult to change
our health behaviours?

National Chronic Disease Strategy 2005

1/3 of chronic disease burden attributable to:

- Tobacco smoking
- High risk alcohol consumption
- Physical inactivity
- Poor diet and nutrition
- Excess weight
- High blood pressure
- High blood cholesterol



Advice alone is not enough (WHO 2003)

Adherence to Treatment

- **14-21%** of patients never fill prescription
- **30-50%** don't take medications in the recommended way
- **50%** Adherence to chronic conditions treatment incl. lifestyle changes

Adherence to Monitoring BGLs

- **21%** Type 1 diabetes patients NEVER check BGLs
- **41%** Type 2 diabetes patients NEVER check BGLs
- **76%** Type 2 diabetes patients not using insulin NEVER check BGLs

Self-management requires patients to:

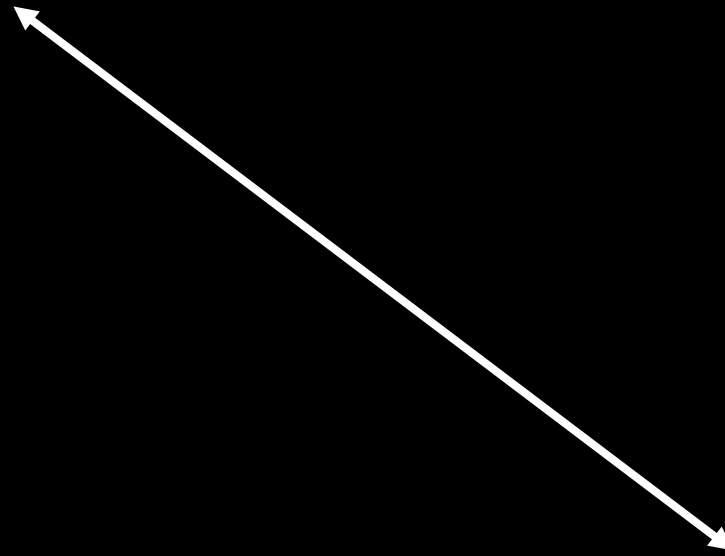
- Adhere to treatment recommendations
 - Change health & lifestyle behaviours
 - Play an active vs passive role
-
- ❖ But, many factors get in the way
 - ❖ So, patients need our assistance to self-manage diabetes
 - ❖ Health coaching skills are useful to facilitate this

Traditional Model For Lifestyle Behaviour Change

Medical Treatment
& Advice

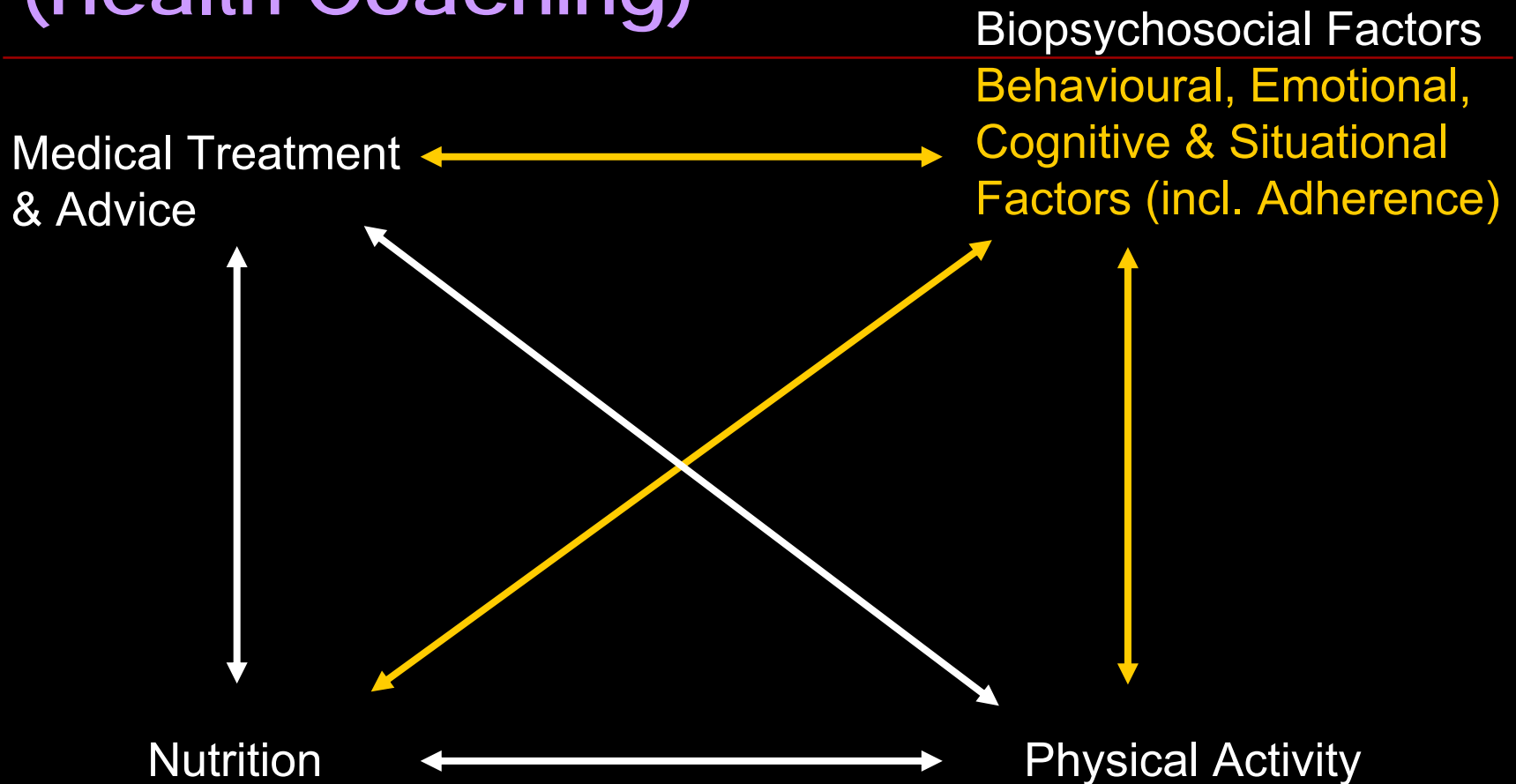


Nutrition



Physical Activity

Biopsychosocial Model (Health Coaching)



Traditional vs. Health Coaching

Models of Care

Traditional Model

- Health professional as expert
- Client told what to do
- Extrinsic motivators
- Client required to facilitate change
- Ignores barriers to change
- ↑ Resistance to change

Health Coaching Model

- Client as expert in own life
- Client finds own solutions
- Intrinsic motivators
- Collaboration & assistance in facilitating change
- Addresses barriers to change
- ↓ Resistance to change

Health Coaching Aims:

↑ Intrinsic Motivation

↓ **Resistance to change**

↑ Likelihood of behaviour change

Life Coaching vs. Health Coaching

Clients

Resistance ?

Compliance ?

Chronic Health
Issues ?

Psychosocial
Issues ?

Depression
Anxiety ?

Cognitive
Impairment ?

Cultural
Issues ?

Language/
Lit. Issues ?

Health Coaching

HC

=



Health Professional Advice

+



Behaviour change
Assistance

Who is health coaching?

■ All qualified health and medical professionals

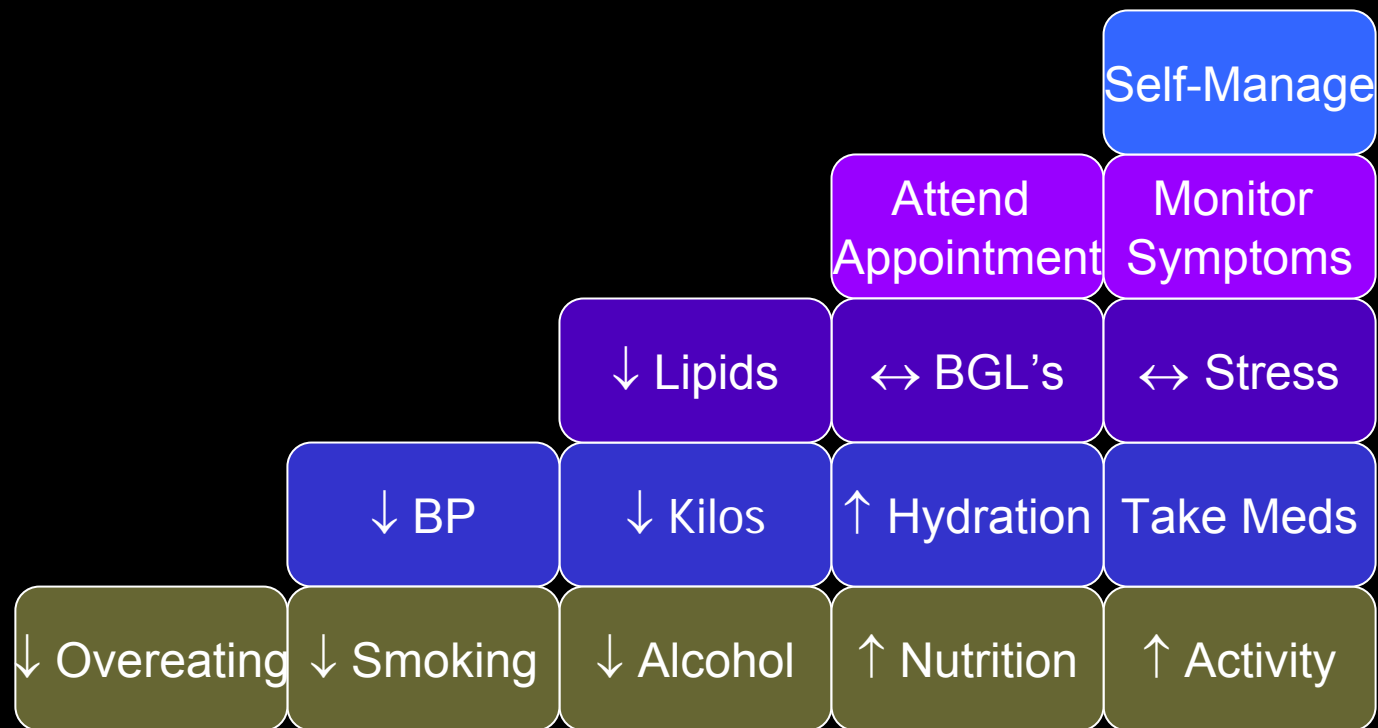
- Nurses
- Dietitians
- Exercise Physiologists
- Psychologists
- Physiotherapists
- GPs & Physicians
- Social Workers
- Podiatrists
- Occupational Therapists
- Pharmacists & Dentists
- Any other Health Practitioners working for behaviour change

You should provide advice
only in your area/s
of health expertise

Health Coaching Settings

- Private practice
- Primary Care
- Community Health
- Acute care/
Emergency
Departments
- Pharmacy
- Health Services
(Insurance/Vets)
- Rehabilitation
Programs
- Works Comp
System
- Corporate employee
health programs
- Health & Wellness
industry

Stated Patient Goals



In Other Words ...

↑ **positive** health behaviours, and
↓ **negative** health behaviours

But!

Many people need to make fundamental **psychological** changes before they can make & maintain changes

What skills do you need to Health Coach?

- Health professional qualification & skills
- Basic counselling skills
- Motivational interviewing skills
- Solution-focused coaching skills
- Cognitive change skills
- Emotional management skills
- Behavioural strategies

HCA Health Coaching Model

In Addition to Professional Advice

1. **Medical conditions knowledge** (context)
2. **Behaviour change counselling techniques** (communication skills)
3. **Psychological models of health behaviour change** (theory base: barriers & facilitators)
4. **Emotion management and cognitive change techniques** (strategies for change)
5. **Behaviour modification and evidence-based coaching techniques** (strategies for change)

What gets in the
way of change?

Common Emotional Responses to Diagnosis & Medical Advice

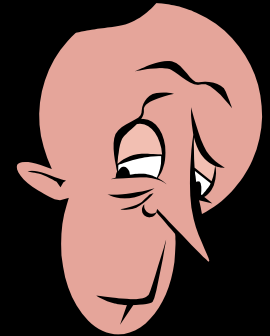
Hopelessness



Fear



Guilt



Frustration

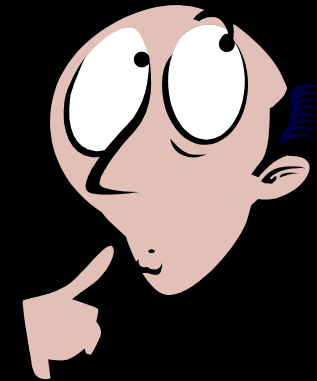


Anger

Dispair



Confusion

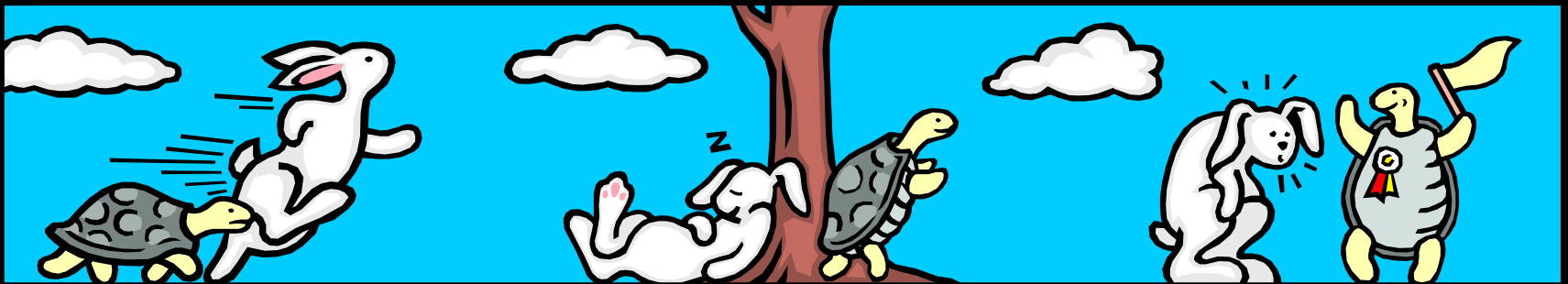




Avoidance Response



Lifestyle change is not a sprint!



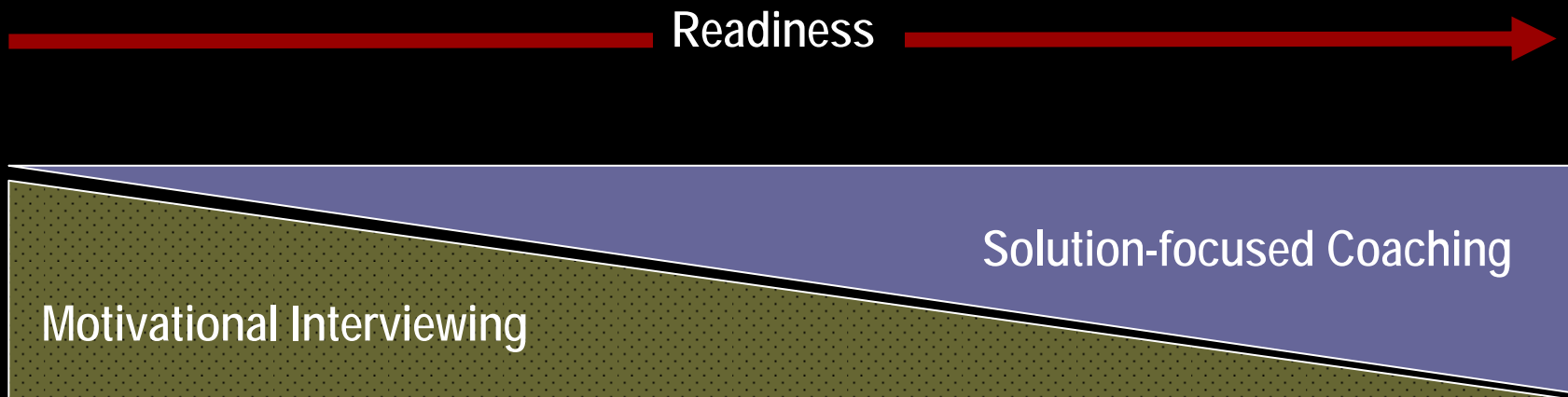
For Diabetes Self-Management Tortoises Rule!

Barriers to Lifestyle Change

- Motivation/Readiness
- Importance
- Confidence
- Timing
- Understanding
- Remembering
- Planning
- Support
- Negative thinking
- Competing beliefs
- Strength of habits
- Willpower
- Energy levels
- Fears & emotions
- Partners/friends etc.
- Diabetes Burnout

Benefits of Better Nutrition	Benefits of Not changing
<ul style="list-style-type: none"> ■ Health benefits (not sure what they really are, less chance of heart attack?...) ■ Lose weight (maybe) ■ ■ 	<ul style="list-style-type: none"> ■ Easy & convenient (less hassle) ■ No family fights about food ■ Takes pressure off me ■ Doesn't compete with other demands ■ Less hassle from extended family/friends
Less: Costs of Better Nutrition	Less: Costs Not Changing
<ul style="list-style-type: none"> ■ Stress out! ■ Set self up for failure (again) ■ More expensive ■ Time consuming ■ Focus on my weaknesses (s-e↓) ■ Get obsessed by food (deprivation) ■ Binge eat and hate myself ■ Don't know what to prepare ■ Lack of support (family resistance) ■ I hate dieting! ■ I don't like low fat rabbit food ■ Grief (culture, comfort) 	<ul style="list-style-type: none"> ■ Long-term health consequences (maybe) ■ Carry more weight ■ ■

Where do you start?



Health Coaching Intervention Flow Chart

Introduction - professional & organisational requirements

▣ Identify Presenting Issues - identify client issues

▣ Agenda Setting – choose focus area, MI (I C R, pros & cons)

▣ Goal Setting – SFC (GROW → SMART goal/s)

▣ Action Planning – BEST, contingency/relapse plan, I C

▣ Follow-up plan – referral, accountability

Readiness

(to change a particular behaviour)

Motivational Interviewing

Solution-focused Coaching

Take Home Points about Readiness to Change

- Individual clients will have **various** states of readiness
- You don't know what ideas they will be **receptive** to
- It is the **patients'** responsibility to decide to do
- Relapse is **normal**

Yes, But...

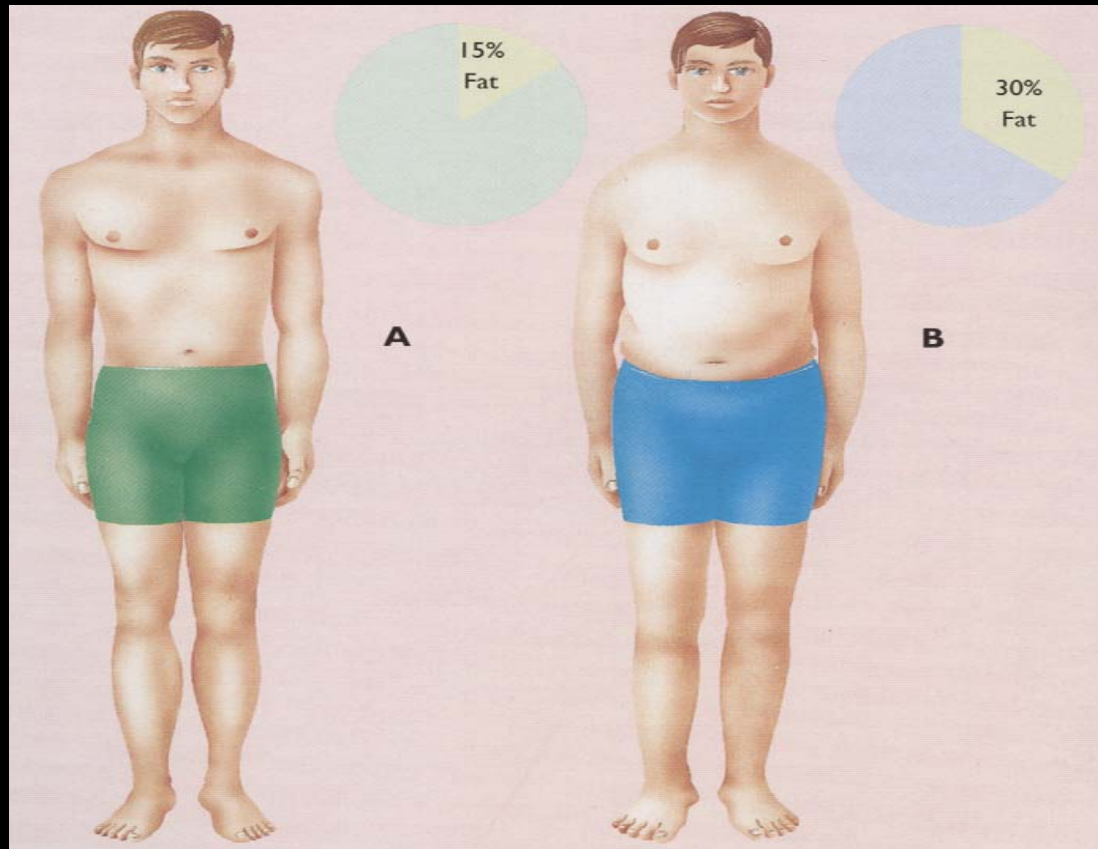
Effective Goal Setting

What does the evidence support?

- **Intrinsic** motivation predicts health outcomes
- Will power vs **Way power** – WILL is never enough
- Match goals & State of **Readiness**
- **Process** and outcome goals (controllability)
- **Approach** vs avoidance goals
- Positive **reframing**
- Setting **Specific** behavioural goals

Losing Fat, Gaining Muscle

(Same weight, different body composition)



Goals & Action Planning

General Goal: Increase activity levels

Specific Goal: Swim 3 x week, 200m, in evenings after work and track progress, starting Monday

Action Steps required to achieve this goal:

- Pack swimmers and towel the night before
- Go to pool straight from work
- Hang goggles on steering wheel to remind me to drive to pool, not home
- Arrange to meet friend at the pool (first time at least)
- Pack a snack to take to work and eat on route to pool
- Record swimming days and distances in work diary

Will the goal be achieved?

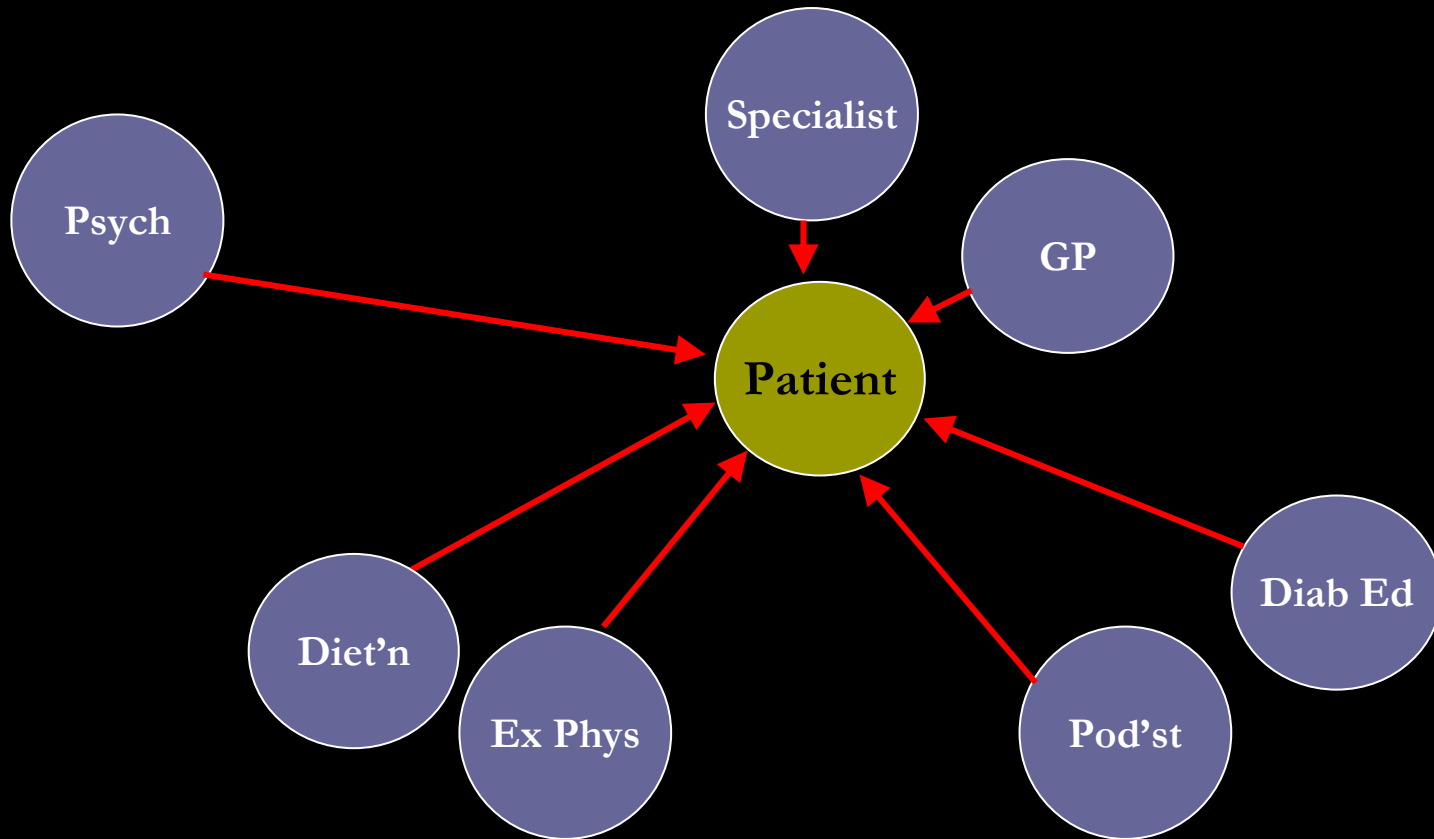
Ask your client two questions:

How **important** is it to you to achieve this goal?

and

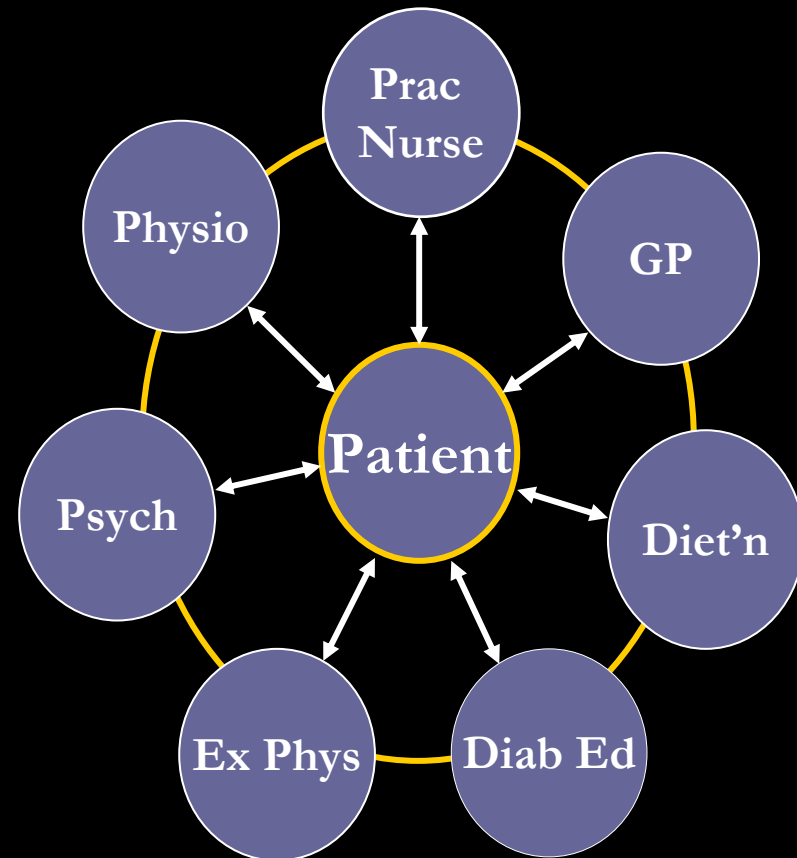
How **confident** are you that you can achieve it?

Information & Goal Setting Overload??



An Ideal World

**Health Coaching
Collaboration**



More Barriers to Action



Barriers to Health Behaviour Change

Negative Thinking

- Undermining beliefs - “I can’t do it, so what’s the point in trying?”, “I am too old to exercise”, “Vegetables are for rabbits!”, “Getting value for money is important”
- Competing beliefs - “Someone else told me something different”
- Unpleasantness of new things/Fear – “It hurts”, “It’s hard”, “My arthritis is too bad”, “I might do some damage”, “Healthy foods taste bland”
- Willpower – “It’s a test of my willpower to do this”
- Energy levels – “It’s warm in bed”, “I am too tired”
- Black & White thinking – “I’ve broken my diet”, “I am back where I started”, “This will never work”

Change your mind to change your actions

Decision Point (When can you intervene to change your actions?)	Self Talk & Beliefs (What do you say to yourself when you don't achieve your goals?)	Consequences (Cognitive, Behavioural, Emotional, Social & Environmental)	Alternative Self Talk (To increase the chances of successful behaviour change)
Reading morning blood glucose levels – get a reading of '9' or above (ideally under 7)	“reading is getting high” After breakfast expecting improvement, but not sufficient. Expect 6-8, recently 10-11 “I am defeated before I start” Expected quick results “Why is this happening” “I wish I didn't wake up” “It's never going to change” “Is it worth it?” (It isn't worth it)	Mood drops Feel demotivated Give up trying Feel guilty “Things may have improved if I had kept going” Self-esteem drops “I feel like a failure”	

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Practical Session

Interview Style

Having a GROW Conversation

General
Goals

- What does client specifically want to achieve?

Reality

- What is the current/past/future situation?

Options

- What are the possible solutions?

Write it
down

- Specific goals and step-by-step action plan.

The GROW Model turns fuzzy goals into reality



GROW Exercise in Pairs

- First person choose a behaviour you are **ready** to change
- Second person use **GROW** framework to assist client to formulate specific goal and action plan
- Do **NOT** give any suggestions or advice
- You have **10** minutes

Prompt Questions

- What behaviour would you **like** to change?
- What is **currently** happening regarding this behaviour?
- What's **stopped** you in the past?
- What's **helped** you in the past?
- What are your **options** now?
- What **specific** goals could you set?
- What would you need **to do** to achieve this?
- What **ELSE** would you need to do?....
- Would you like to **write it down** to remember it?

How did you go?

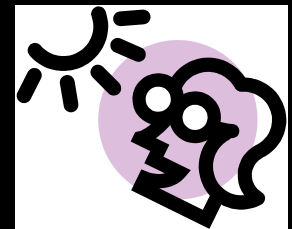
Did you find it difficult to refrain from jumping in with your own solutions?

4 things required for change to occur

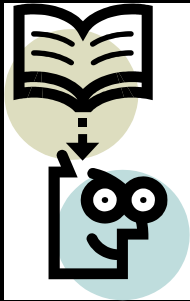
1. Sense of discontentment



2. A vision of a better future



3. Skills & knowledge



4. Continuous & deliberate action



Adapted From: Dr Anthony Grant & Dr Michael Cavanagh
University of Sydney Professional Development Certificate in Coaching.

Health Coaching Benefits for Health Professionals

- ❖ Enhanced patient **responsibility**
- ❖ Enhanced **efficacy** of interventions
- ❖ Enhanced **job satisfaction**
- ❖ Enhanced professional **collaboration**
- **Good fit** with other CCSM models (Flinders, Stanford)
- Widespread **application**
- **Low cost** and ease of up-skilling
- Flexible and cost efficient **delivery** modes

Challenges

- Skill levels & confidence
- Time constraints
- Roles & responsibilities
- Organisational structures and support
- Understanding and acceptance by managers and health/medical colleagues

Summary

1. Self-management requires patients to **change** their health behaviours
2. Changing behaviours often requires fundamental **cognitive** shifts first
3. Most people need **assistance** to do this
4. Health coaching helps patients to find strategies to ↑ the probability of **success**.
5. Medical and Health professionals may need to **up-skill** to facilitate this

Worksheets & Resources, Presentations from Sydney Health Coaching Information Day, Papers and Other Information

Available @ www.healthcoachingaustralia.com



Health Coaching

- Applying evidence-based health psychology & coaching psychology principles to assist clients to achieve positive **health** outcomes through cognitive & behaviour change.

Janette Gale

Fundamental Principles

- Self-management is an **individual** process
- Each person requires **different** interventions
- People need to change **attitudes, beliefs & thoughts** in order to change their behaviours
- A “one size fits all” system **doesn't** work well

The Ingredients of Readiness to Change

Importance (Why should I change?)
(personal values & expectations
of the importance of change)

Confidence (How will I do it?)
(self-efficacy)

Readiness



```
graph LR; A["Importance (Why should I change?)  
(personal values & expectations  
of the importance of change)"] --> C[Readiness]; B["Confidence (How will I do it?)  
(self-efficacy)"] --> C;
```

From: Rollnick, Mason & Butler (1999)

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