

Health Coaching for Self- Management in Injured Workers

Janette Gale, Health Psychologist



www.healthcoachingaustralia.com.au



Advice alone is not enough

Adherence to long term therapies – Evidence for Action (WHO 2003)

Common Responses to Diagnosis, Medical & Lifestyle Advice

Hopelessness

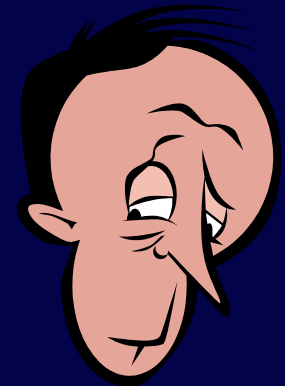


Feeling Overwhelmed

Fear



Guilt



Frustration

Anger



Despair

Shame



Resistance

Confusion



Avoidance Response



Patient Case

Back injury (medical discharge from Navy)

PTSD & other psychosocial factors

Diabetes Type 2

High Cholesterol

Weight management issues

[Geoff – 6 min video](#)

Chronic Condition Self-management

Self-management involves [the person with the chronic health condition] engaging in activities that protect & promote health, monitoring and managing symptoms & signs of illness, managing the impacts of illness on functioning, emotions and interpersonal relationships and adhering to treatment regimes.

Gruman & Von Korff (1996), *Indexed bibliography on self-management for people with chronic disease*. Centre for Advancement in Health, Washington DC.

To adhere to medical and lifestyle recommendations, the patient needs to:

1. **Know what to do** (treatment recommendations),
2. **Decide to** make the necessary changes, and
3. **Identify how to** carry out the chosen actions:
 - a) Have the skills and resources to initiate and maintain the changes
 - b) Be able to identify and address barriers to change

Health Behaviour Change Goals



Generic Health Behaviour Change Processes Applicable across the spectrum of goals (HCA Model)

1. Identify Health Issues & Lifestyle Change Options
2. Set Agenda (based on readiness)
3. Explore Motivation (Ask RIC)
4. Patient Makes Decision Decision Line

5. Explore Options
6. Select & Refine Specific Goal
7. Create Action Plan
8. Address Barriers
9. Check RIC
10. Review & Referral

To Increase Avoidance & Resistance

1. Didactically “tell” patients what to do.
2. **Argue** the point.
3. Set action goals **before** the patient has decided to take action (especially when ambivalence is present).
4. **Scare** patients into action without offering hope (especially when confidence is low).
5. Set goals that are **overwhelming** in magnitude, number or complexity. (especially when confidence is low)
6. Let patients leave a consultation without a clear **plan** – preferably written by their own hand.

BEST Barriers to Lifestyle Change

Behaviours, Emotions, Situations, Thoughts

- Readiness
- Importance
- Confidence
- Timing
- Understanding
- Remembering
- Planning & Scheduling
- Problem solving deficits
- Support systems
- Saboteurs
- Undermining beliefs
- Negative thinking
- Procrastination
- Strength of habits
- Lack of Willpower
- Lack of Waypower
- Energy levels
- Fears
- Pain & injury
- Burnout

To Increase Adherence

1. Understand the many **legitimate barriers** to adherence
2. Ascertain patients **understanding** of their condition/s & medical recommendations
3. Ask patients their **Readiness** in making the recommended changes, how **Important** they think it is to make the changes & how **Confident** they are in being able to make & sustain the changes.
4. **If Readiness or Importance are low** – use decisional balance to find intrinsic motivators & increase importance.
5. **If confidence is low** – reduce the magnitude, number or complexity of goals & work towards larger goals in small increments over time.
6. Invite the client to **write** down their goals/intentions

Health Coaching provides treatment recommendations, education and behaviour change assistance

HC

=



Treatment
Recommendations

(What to do)

+



Behaviour Change
Assistance

(How to do it)

Is your patient Ready, Willing & Able to
adhere to active treatment
recommendations?

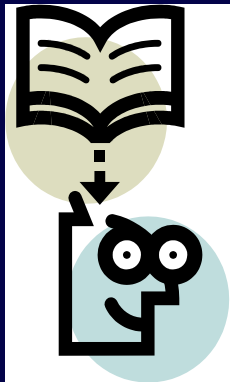
Ask RIC!

Conversational Style

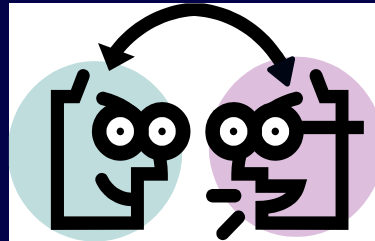
- How **ready** are you (really) to self-manage your injury and do the things that have been recommended to you?
- How **important** do you think it is for you *personally* to do your rehab exercises every day, given everything else currently going on in your life?
- How **confident** are you that you can do the exercises that I have given you every day?

Evidence-based
assessment and treatment
protocols

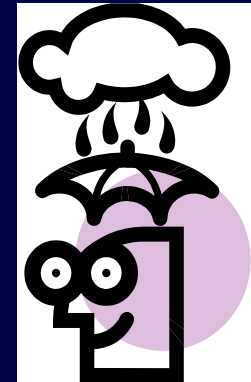
BEST barriers and
facilitators for change:
Behavioural, Emotional,
Situational, Thinking



Health
Professional



Is your patient ready, willing and able?



Client

Caroline Bills – Manipulative Physiotherapist

“Using the (HCA) health coaching framework and skills
I have been able to:

1. Improve my job satisfaction

Improved patient compliance with self-management &
exercise

Better patient rapport – less resistance

Fewer no shows at follow up appointments

Doesn't take any more time – techniques can be
integrated into current appointment times

Caroline Bills – Manipulative Physiotherapist

“Using the (HCA) health coaching framework and skills I have been able to:

2. Get better patient outcomes:

Discuss readiness to move from passive to active mindset while using passive treatment techniques

Techniques assist patient problem solving

Avoid creating resistance by giving unwanted advice

3. Improve accountability via recording systems:

Provide feedback to compensable bodies about intervention effectiveness & patient progress

Identify own skills gaps

Self-Management

Somebody else's problem...?

How do you view your role:

1. To provide expert treatment & advice? or
2. To improve patient health outcomes?

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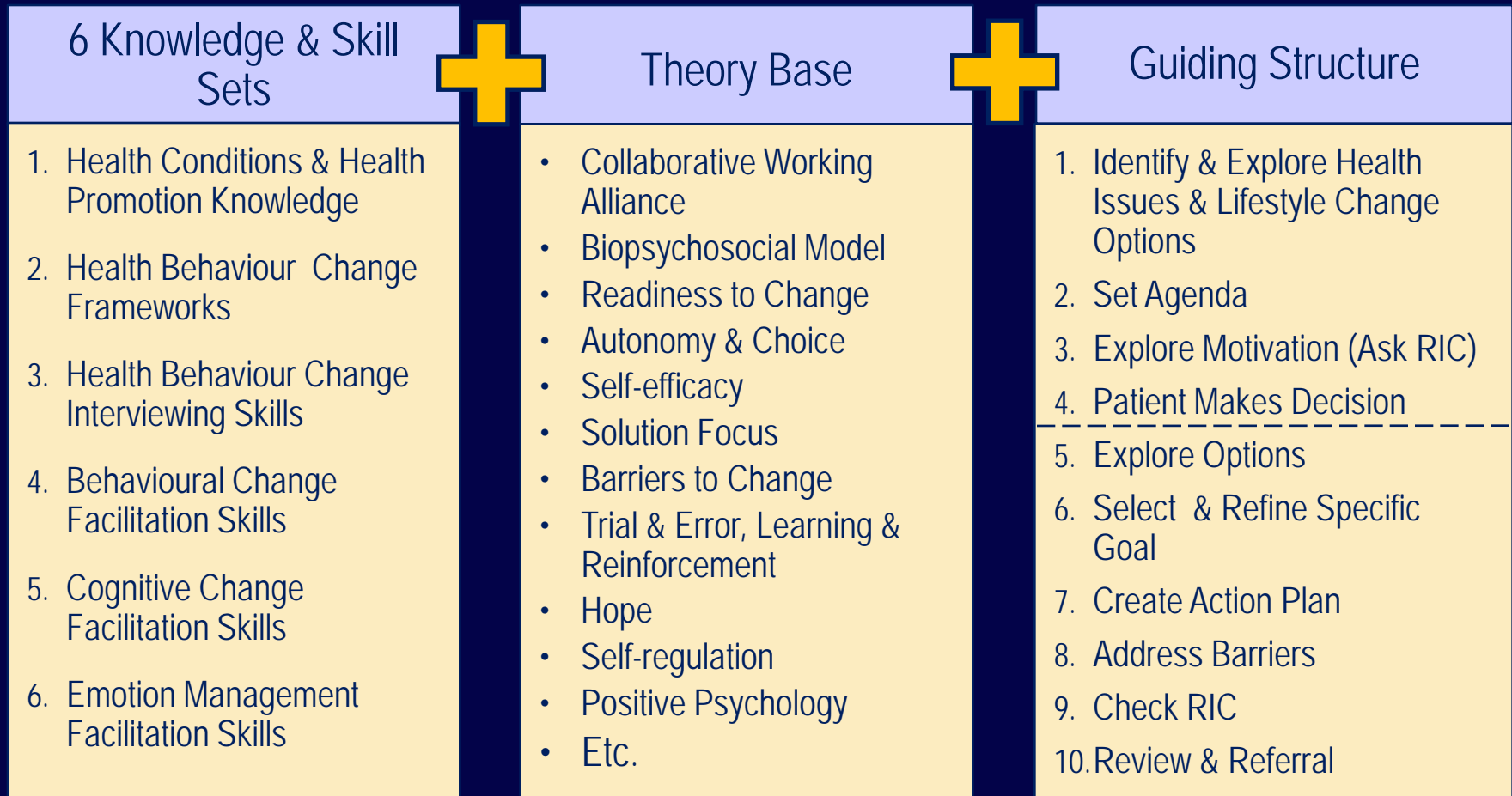
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HCA MODEL OF HEALTH COACHING

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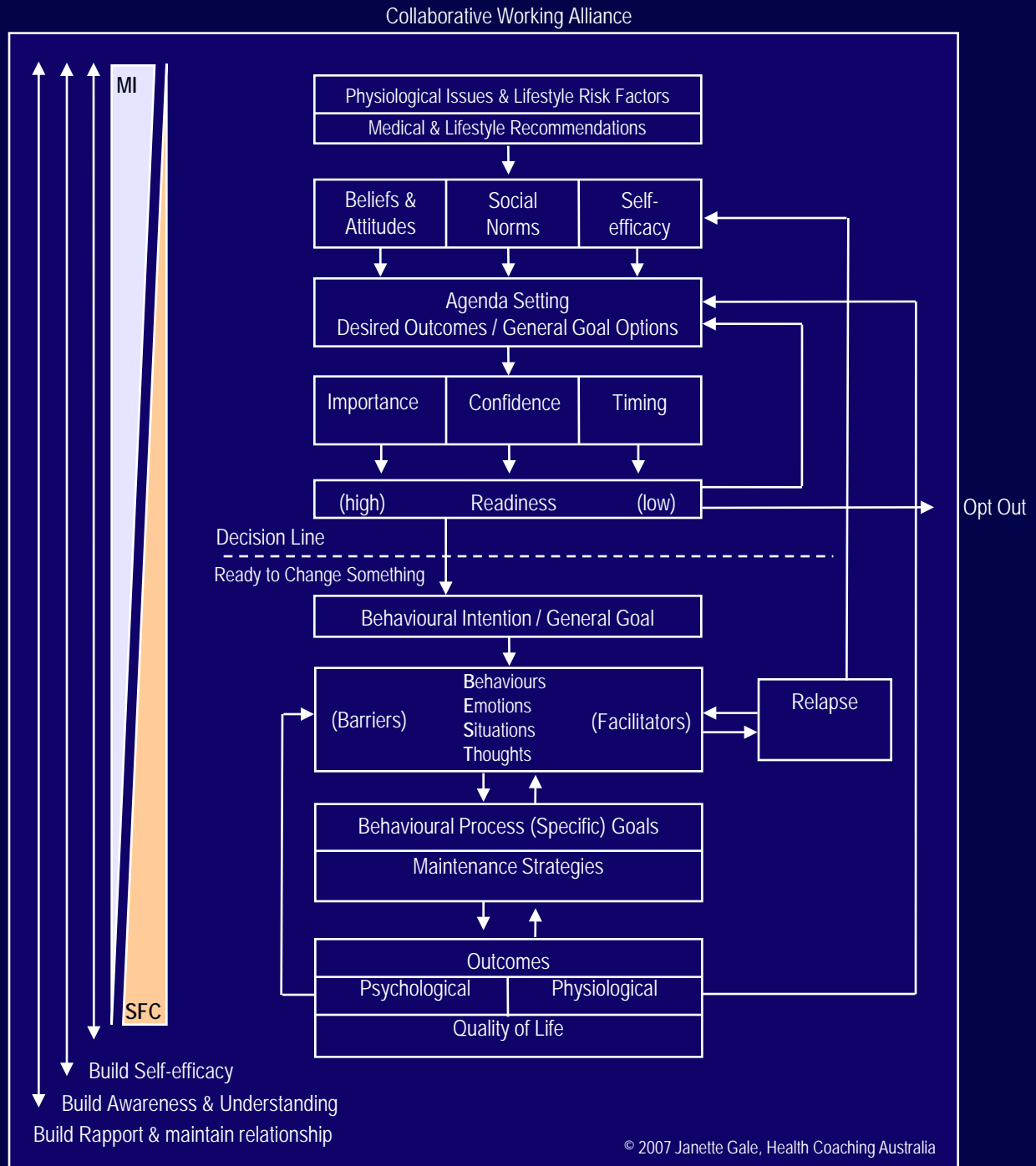
HCA Model = What to do + Why you are doing it + How to do it (+ a set of tools)

HCA Health Coaching Theoretical Model



Audio file talking through the model available from:

www.healthcoachingaustralia.com.au



Health Coaching for Adherence & Self-management

- HCA Health coaching is a system of *evidence-based principles and techniques* that have been built into a *structure that guides* health professionals in how to *facilitate health behaviour change* in their patients or clients.
- The model actively identifies and addresses behavioural, emotional, situational and cognitive *barriers to change* and *builds skills* in decision making, problem solving and planning.

HCA Model Key principles - 1

- **Structured guidance for health professionals** to know which techniques to use at any point in a consultation - to stay on task and use time efficiently and effectively – this makes health coaching interventions more effective (incl. time and cost effective).
- **Blending** assessment, treatment recommendations and education into the health behaviour change process.
- **Responsibility** for intrinsic self-motivation and behaviour change rests with the client and is actively promoted.

HCA Model Key principles - 2

- Scaling, tracking and working with **readiness** to change, **importance** in making changes and **confidence** in making changes. Use of these principles to check and increase likely efficacy of behaviour change attempts.
- Use of **brief motivational interviewing** and **solution-focused coaching**, depending upon client's assessed state of readiness at any point in time.
- Blending **cognitive change techniques** with MI and SFC techniques to enhance their efficacy by engaging the client in cognitive restructuring to increase motivation.

HCA Model Key principles - 3

- Retaining consultation **focus on the client's health** behaviour change process.
- Actively identifying and addressing behavioural, emotional, situational and cognitive **barriers** to change.
- Encouraging **trial and error** learning and pathways thinking (Hope Theory), highlighting and normalising barriers to change, building in contingency planning and relapse prevention strategies.

HCA Model Key principles - 4

- Using **targeted vs global** assessment and education, depending on client's current needs.
- Wherever possible, the **client does the writing** – increases behaviour change success by up to 10 times.
- **Adapting pace and techniques** to suit the client (culture, literacy, intellectual functioning, personality, age, emotional state etc.).