

Health Coaching Symposium

Applying Positive Psychology to Health

Presented by

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&

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Health Psychologists

The Utility of Health Coaching in Psychological Practice:

Applications & Practice Issues

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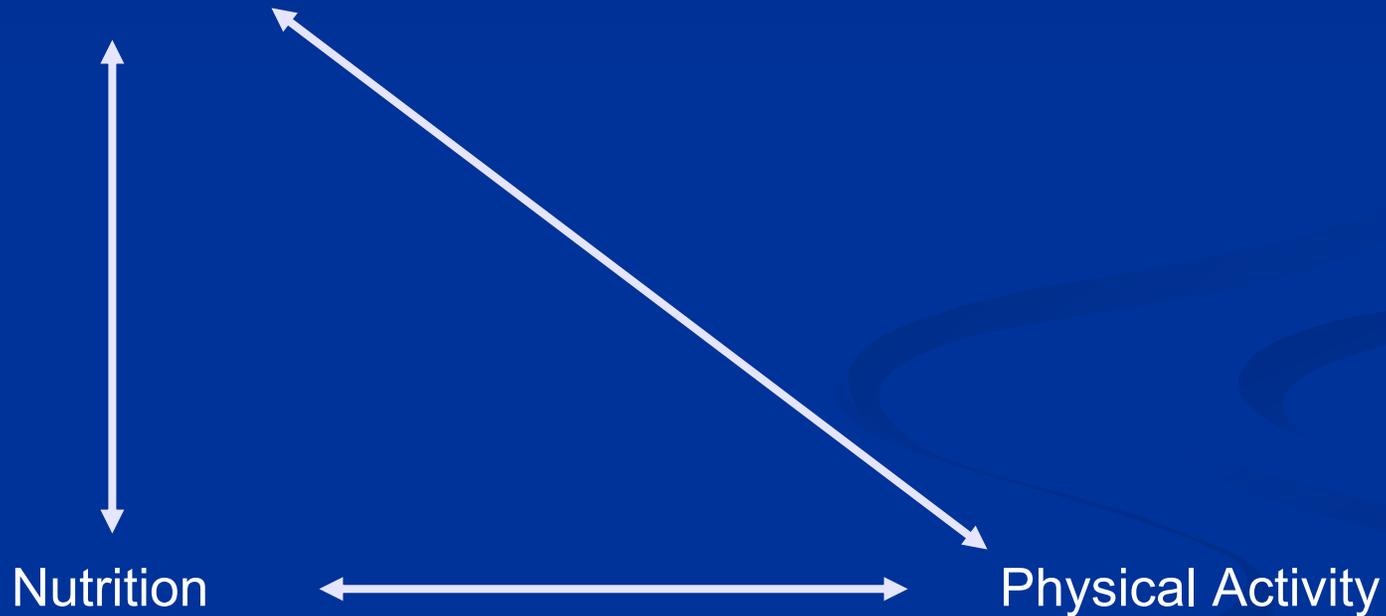
Presentation Topics

- What is Health Coaching?
- Who does health coaching?
- How does it differ from life/personal coaching?
- Positive Psychology health implications
- How does Health Coaching relate to psychological practice?
 - Chronic disease self-management / Enhanced Primary Care & Medicare funding
 - Community-based programs
 - Workers compensation – pain & disability management
 - Health & wellness industry

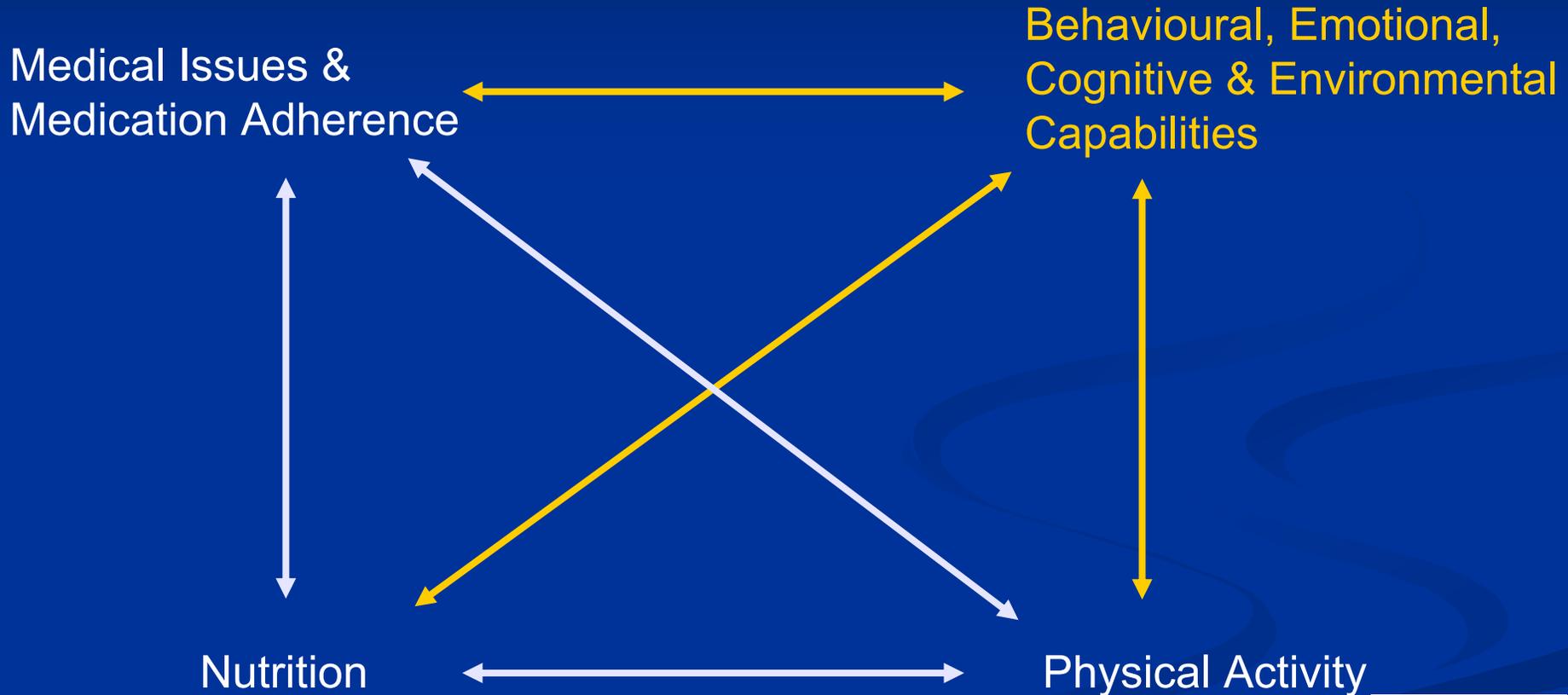


Traditional Health Model For Lifestyle Behaviour Change

Medical Issues &
Medication Adherence

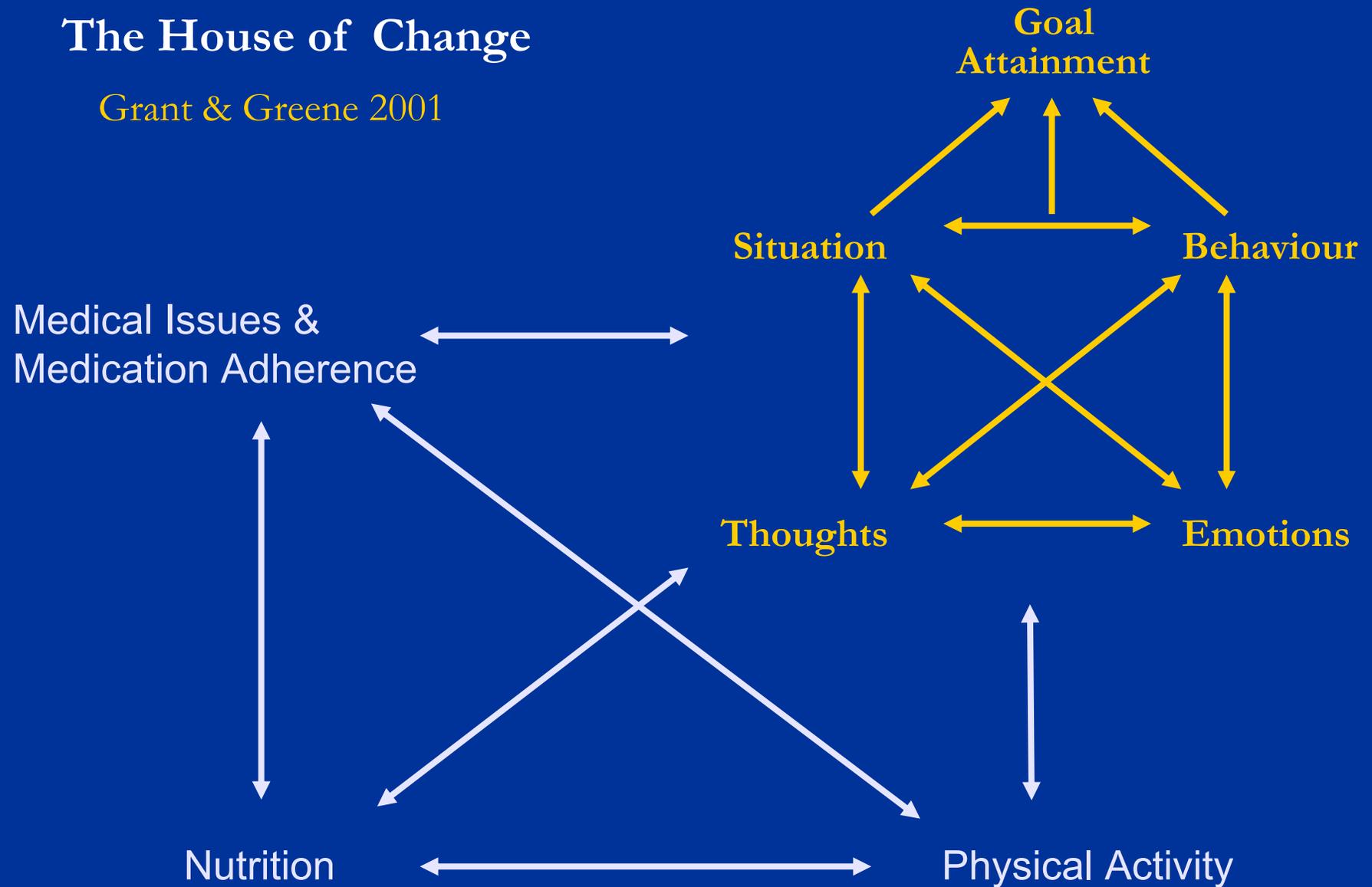


Health Coaching Model (Biopsychosocial)



The House of Change

Grant & Greene 2001



**Behaviour change is not
just about changing
behaviour.**

Preaching to the Converted?

So, What is Health Coaching?

- "Health coaching is the practice of health education and health promotion within a coaching context, to enhance the wellbeing of individuals and to facilitate the achievement of their health-related goals"
- Stephen Palmer, "Health coaching to facilitate the promotion of healthy behaviour and achievement of health-related goals", Int. J. of Health Promotion & Education, Vol 41 No. 3, 2003 91-93.



Short Courses in Health Coaching for Health Professionals

- “Health Coaching is a practice in which fully trained health professionals apply evidence-based principles and techniques from Health Psychology and Coaching Psychology to assist their patients to achieve positive health and lifestyle outcomes through attitude and behaviour change.”
- Health Coaching occurs within the context of consultation with a health professional.



Health Coaching cont'd

- Health Coaching is also informed by theory and practice from the fields of Health Education & Promotion, Adult Education and Positive Psychology.
- Health Coaching can be applied to enhancing health and wellness generally and to the management of lifestyle risk factors and chronic health conditions that require behaviour (and cognitive) change.
- Health Coaching can be conducted individually or in small groups, in person or via telephone and electronic means.



Fundamental Principles

- Health Coaching embraces the notion that change is a process that people must work their way through.
- Each person's change process will require different interventions to optimally assist them.
- Many people need to make fundamental (cognitive) changes in order to change their behaviour.
- Interventions from health, clinical, counselling, community, coaching and positive psychology are relevant.



Who is currently doing Health Coaching?

- General Practitioners
- Community Health Nurses / Practice Nurses / Acute and chronic care nurses
- Dietitians
- Exercise Physiologists
- Physiotherapists
- Psychologists
- Social Workers, Occupational Therapists, Natural Therapists
- Commercial organisations (eg, insurance companies)
- Government health services and organisations



Stated Patient Goals (Medical Model)

- To lose kilos
- To increase exercise to recommended levels
- To control blood glucose levels
- To increase cardiovascular fitness (in conjunction with EP)
- To adhere to medical treatment recommendations
- To adhere to pharmacological treatment recommendations
- To reduce alcohol consumption/quit smoking
- To treat depression/anxiety co-morbidity
- To address self-esteem issues impacting on health
- To manage over eating
- To improve nutrition (in conjunction with dietitian)

In Other Words ...

1. To increase positive health behaviours, and
2. Decrease negative health behaviours

But!

- People often need to make fundamental **psychological** changes before they can change their behaviour and maintain the changes.



Health Coaching ≠ Life Coaching

- Specialist health professionals vs Generalist coaches
 - You wear two hats as a health coaching health professional
- Clients
 - May not be seeking coaching
 - Compliance/resistance/ motivational interviewing
 - Understanding of coaching in health system
 - Preconceived ideas and expectations about professional and pt roles
 - May not be paying for the service
 - Probably have several chronic health/illness/medical issues
 - May have a range of psychological issues (Depression/anxiety)
 - Pace & Style of coaching must suit patients
- Setting
 - Acute care vs ongoing contact
 - Formality of professional setting



Operationalising Health Coaching:

1. Patient-centred counselling techniques - to engage patients in health behaviour change
2. Barriers to Change - knowledge, understanding and interventions to break through the barriers
3. Emotion management and cognitive change techniques
4. Evidence-based coaching techniques - to assist patients to acquire self-regulation skills



Key evidence-based components of Health Coaching:

1. Patient-centred counselling techniques to engage patients in health behaviour change e.g.,
 - Motivational Interviewing skills
 - Solution-focused counselling skills
 - Readiness to change framework

The Relationship is Paramount!

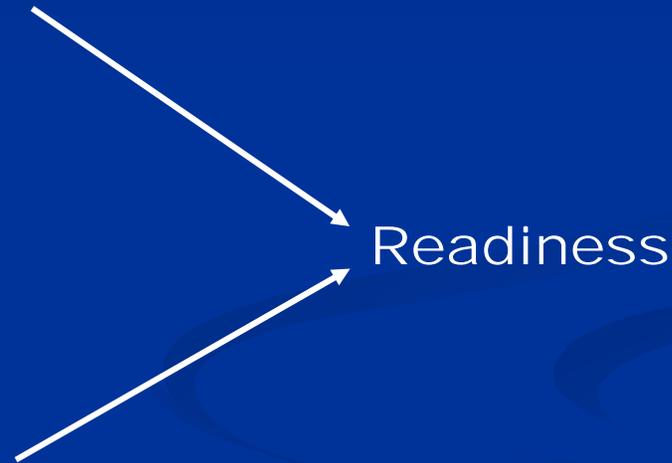
- The relationship is relevant regardless of length or number of sessions.
- Clients need:
 - Non-judgemental assistance
 - To feel respected and listened to
 - To trust their helper
 - A collaborative, curious approach
 - Recognition of their uniqueness/own life expertise
 - Recognition of the difficulty of making changes
- Sound familiar?



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)



From: Rollnick, Mason & Butler (1999)



Key evidence-based components of Health Coaching:

2. Barriers to Change knowledge, understanding and interventions e.g.,
 - Cognitive
 - Emotional
 - Behavioural
 - Environmental (physical, medical, social, financial, political)
 - Health Psychology behaviour change models
 - Adherence literature
 - Adjustment to illness

CBT Worksheet – example 1

Situation (What causes you problems?)	Self Talk & Beliefs (What do you say to yourself?)	Consequences (physical, Social & Emotional Reactions)	Alternative Self Talk (helpful in achieving your long-term goals)
Thinking about giving up smoking Confidence Level 2/10	I might fail I'm in for a lousy time I've tried before but failed I'll put on weight When I fail I will continue to damage my health The whole community will know Am I setting myself up for failure in all areas (trying to do too much)	Don't try! Play it safe Feeling stressed Feeling like a failure before doing anything	I've got more support this time I will feel better & be healthier Exercise will be easier I will feel proud I will save a fortune I know there will be times when I don't do as well as I would like to, but there is a lot of evidence that I can be successful 7/10 Confidence

CBT Worksheet – example 2

Situation (What causes you problems?)	Self Talk & Beliefs (What do you say to yourself?)	Consequences (physical, Social & Emotional Reactions)	Alternative Self Talk (helpful in achieving your long-term goals)
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”	Acknowledgement: I do expect fast results and the effect of this is that I get more depressed and give up. Therefore: “I accept that my expectations have been too high re managing my diabetes” “If I persist, changes will happen” “I choose to give it a go” “I can be patient” “I am worth it!”

Key evidence-based components in Health Coaching:

3. Emotion management and cognitive change techniques eg,
 - CBT techniques (Turning ANTS into PETS or HIBS into HEBS)
 - Anxiety & depression management - referral if/when appropriate (severe psychopathology)
 - Positive Psychology techniques
 - Building support networks (social and emotional)
 - Relapse prevention

Implications for Health Coaching from Positive Psychology

Positive feelings:

- serve as a psychological resource which can be drawn on to confront neg health information (Linley & Joseph, 2004)

Positive beliefs/optimism help patients:

- accept health threats and adopt better health behaviour (Aspinwall et al. 1996)
- Adhere to treatment/meds & ↓ distress (Mann 2001)

Reflecting on important values:

- ↓ defensiveness about health risks & motivates people to improve health behaviours (Sherman & Cohen, 2002)



Positive Emotions:

- Help us to thrive
- Build enduring personal resources
- ↑ immune function
- ↑ Resistance to rhinoviruses
- ↓ inflammatory response to stress
- ↓ Cortisol
- Predict longevity
- ↑ Intuition and creativity
- ↑ Speed, accuracy and cognitive flexibility

(Kauffman, 2004)



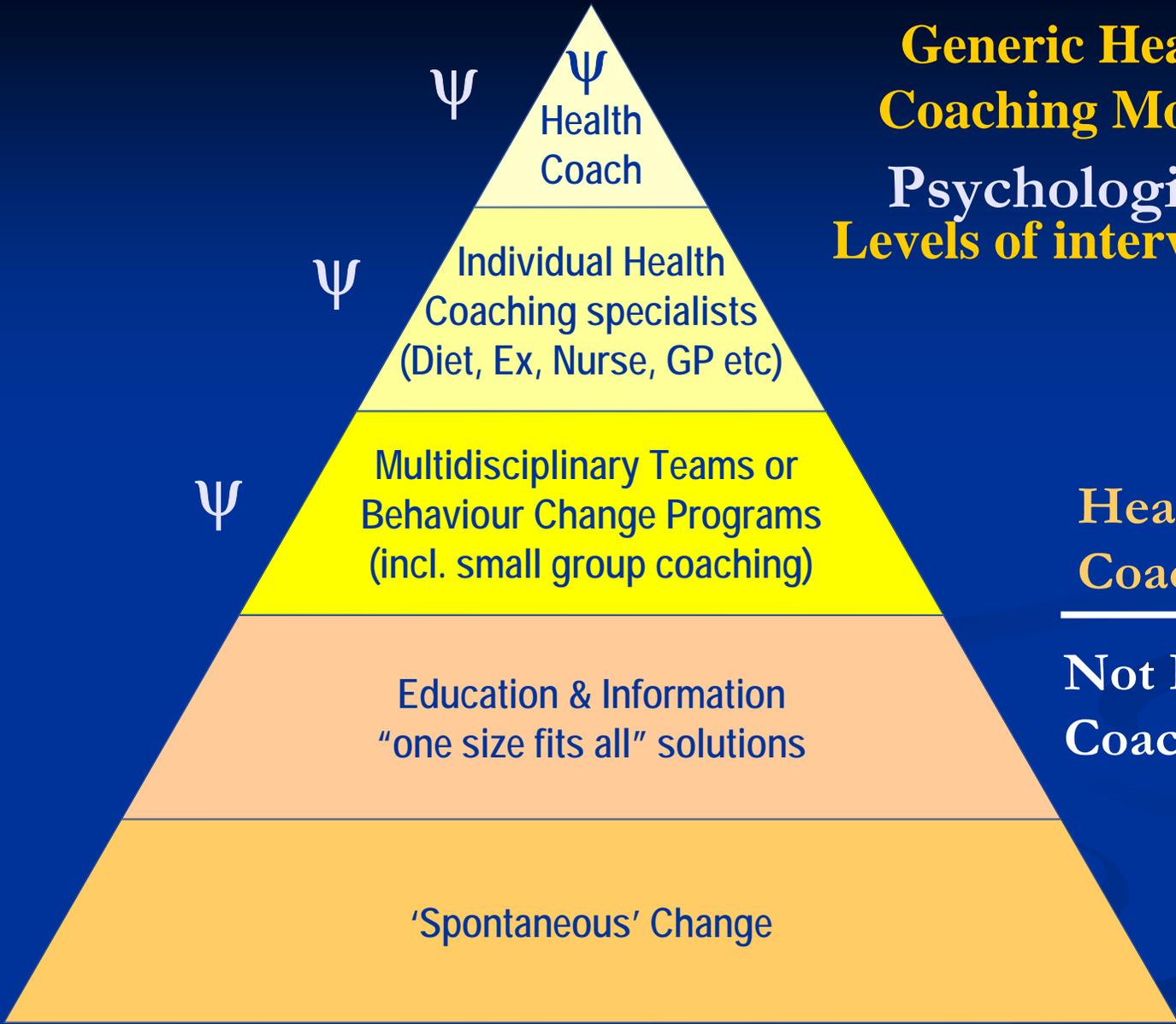
Key evidence-based components in Health Coaching:

4. Evidence-based coaching techniques to assist patients to acquire self-regulation skills e.g.,
 - Behaviour modification strategies
 - Learning and reinforcement principles
 - Goal setting techniques
 - Goal striving techniques
 - Action planning skills
 - Self-monitoring
 - Accountability and support

Effective Goal Setting

- Autonomous/intrinsic motivation effects
 - (Self-determination Theory, Deci & Ryan 1985)
- “I will be happy when...” syndrome
 - (Conditional Goal Setting Theory, Helen Street 1999)
- Willpower and Waypower
 - (Hope Theory, C.R. Snyder et. Al 1994)
- Goals appropriate to readiness to change
- SMART goals
- Positive reframing
- Controllable goal outcomes

**Generic Health Coaching Model:
Psychological Levels of intervention**



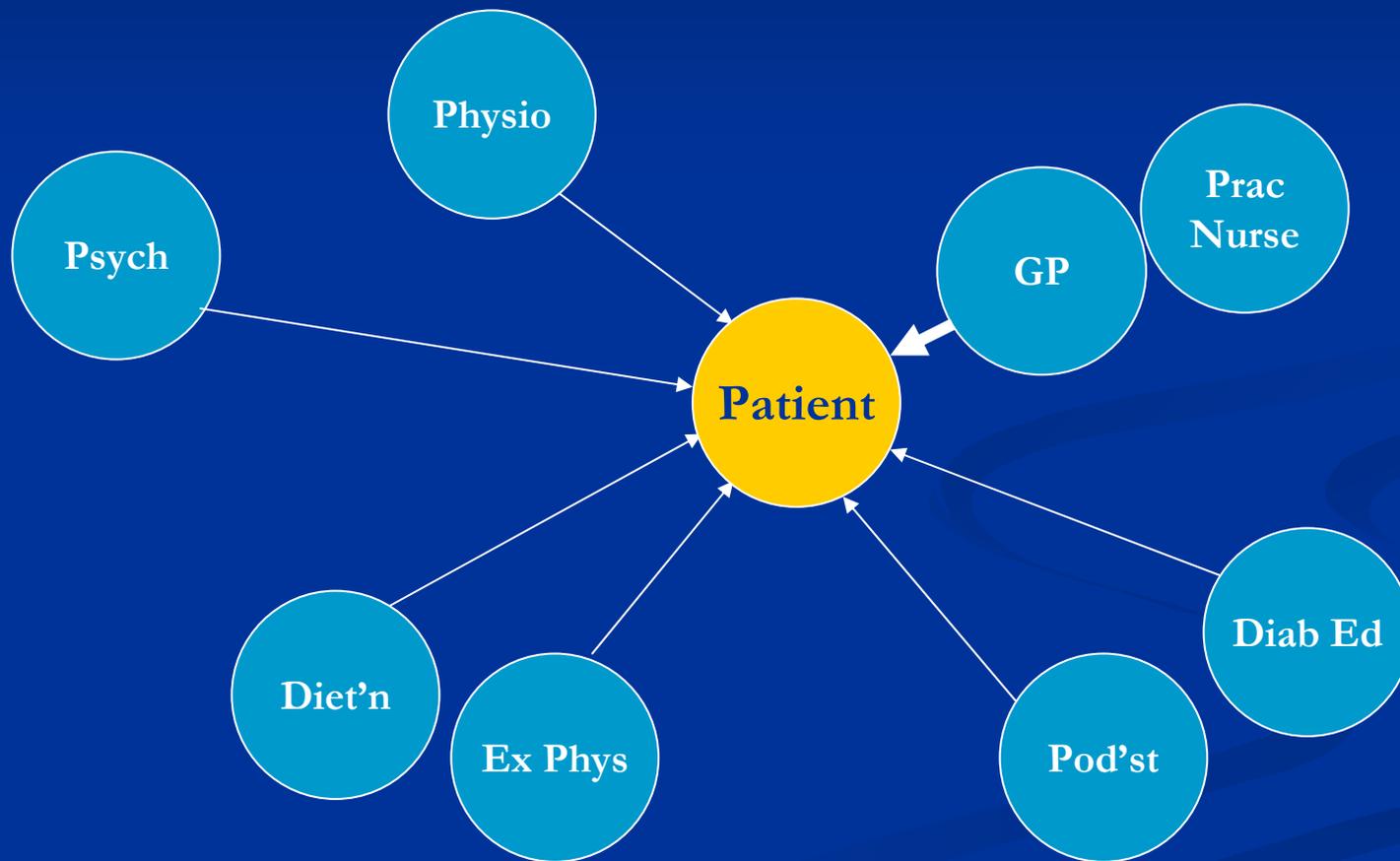
The Role of Health Coaching Psychologists

- Treatment adjunct/Behaviour change coordinator
- Tackling the complex patients
- Dealing with depression and anxiety as co-morbidities
- Superior CBT & Positive Psychology skills to address negative and increase positive thoughts and beliefs & relapse prevention
- Normalising people's experiences & explaining what is normal - "you are not mad"
- Addressing Psychosocial issues that act as barriers to health behaviour change:
 - Relationships
 - Self-esteem
 - Fear and avoidance
 - Procrastination and perfectionism
 - Impact of past trauma on current health behaviour

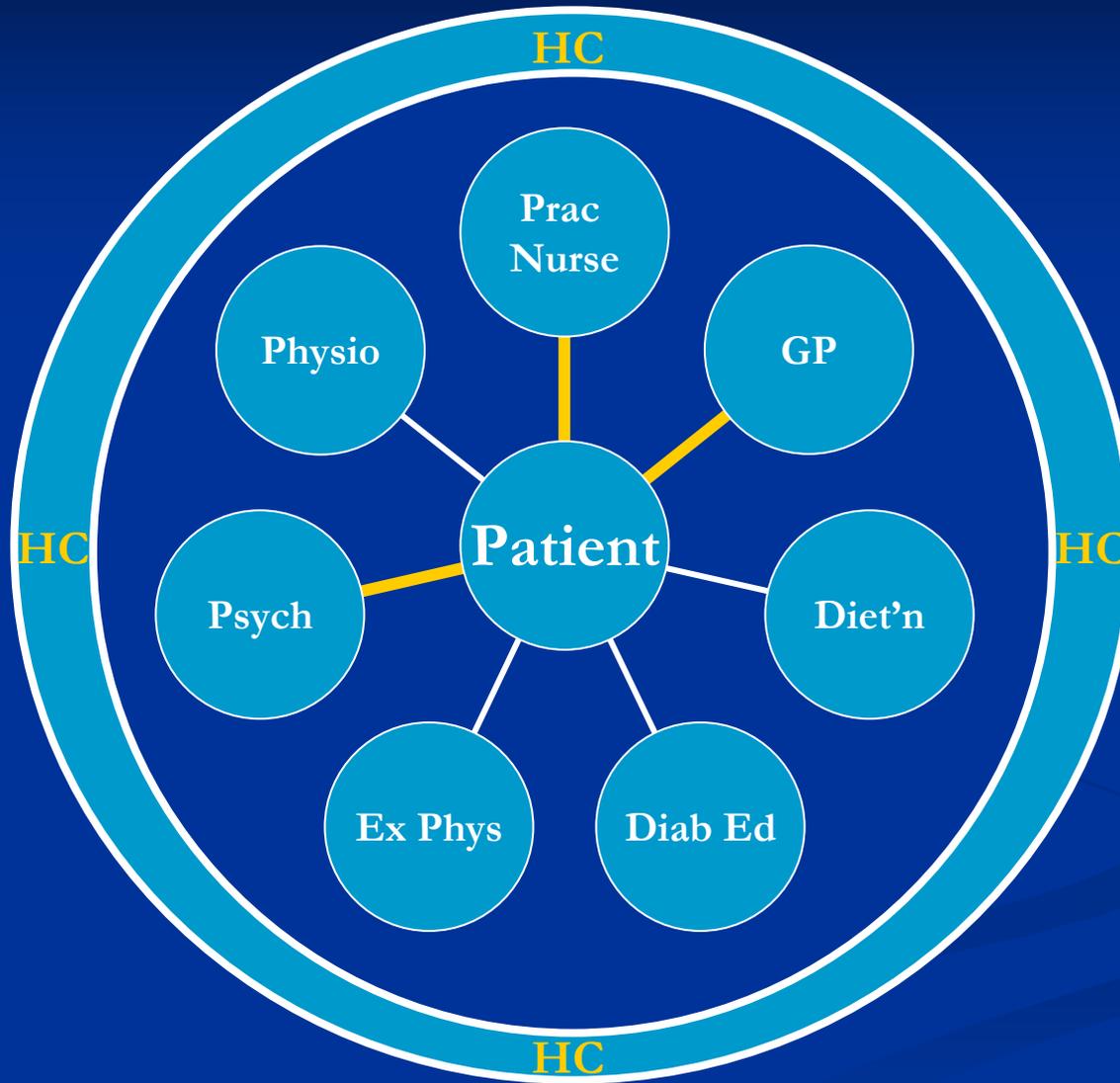
Applications in Psychological Practice

- Chronic disease self-management
- Enhanced Primary Care – Medicare funding
- Community-based programs
- Workers compensation – pain & disability management
- Health & wellness industry

Enhanced Primary Care (Medicare for Chronic Health Conditions)



An Ideal World





Healthy Families

eat well, move well, feel good



Kangaroo Valley Healthy Community



*A Kangaroo Valley Lions Club Project
Sponsored by the Rural Chronic Disease Initiative
Department of health and Ageing*



Implications for Psychologists

- This is not a traditional Clinical or Counselling Psychology role - It is not therapy in the classic sense
- Many patients/clients will not have psychological co-morbidities – others won't want 'therapy'
- Assessment issues – EPC limitations
- What do we offer that other health professionals don't?
- May need explanation for medical & health staff to understand your role
- An opportunity for increased exposure & role acknowledgement for Psychologists within Health Systems

Implications for Ψ Cont'd

- Each psychologist has an individual skill set –
Do you have any knowledge &/or skills gaps?
- Knowledge & training requirements:
 - Health education, promotion & systems knowledge
 - Health & illness implications & complications knowledge
 - Health psychology models, principles & skills
 - Coaching psychology principles & skills

Conclusion

- **Psychologists** are ideally suited to health coach people with chronic health conditions for better self-management and for lifestyle risk factor reduction within various contexts.
- We are well placed to take a **leadership role** in this field.
- If psychologists do not take on this role more actively within the health system other professional groups will.

References & Further Reading - 1

- Motivational Interviewing: Miller, W.R. & Rollnick, S. (2002), *Motivational Interviewing: preparing people for change 2nd Ed.* The Guilford Press, New York, NY. AND Rollnick, Mason & Butler (1999), *Health Behaviour Change: A guide for practitioners*, Churchill Livingstone, Edinburgh.
- Stages of Change: Prochaska, DiClemente & Norcross (1992), “In search of how people change”, *American Journal of Psychology*, 47, 1102-4. AND West, R. & Sohal, T. (2006), “Catastrophic” pathways to smoking cessation: findings from national survey, *BMJ* 332;458-460.

References & Further Reading - 2

- Health Coaching Research: See Good Life Club papers (Lindner & colleagues)
- Health behaviour models: Glanz, Rimer and Lewis (2002), *Health Behaviour and Health education: Theory, Research and Practice*. Josey-Bass, San Francisco.
- Coaching models: Stober D. & Grant, A.M. (2006), *Evidence-based coaching handbook*, Wiley, New York. AND Grant, A.M. (2003), The impact of life coaching on goal attainment, metacognition and mental health, *Social Behavior and Personality*, 31 (3), 253-264.



References & Further Reading - 3

- Cognitive Behaviour Therapy: Greenberger, D. and Padesky, C.A. (1995), *Mind over Mood: change how you feel by changing the way you think*, The Guilford Press, New York, NY AND Beck, J.S. (1995), *Cognitive Therapy: basics and beyond*, The Guilford Press, New York, NY.
- Solution Focused Counselling: Lipchik, E. (2002), *Beyond technique in solution-focused therapy: working with emotions and the therapeutic relationship*, The Guilford Press, New York, NY.

References & Further Reading - 4

- Self-regulation Theory: de Ridder, D. & de Wit, J. Eds. (2006), *Self-regulation in Health Behavior*, John Wiley & Sons Ltd. Chichester, West Sussex.
- Goal setting/Striving: Locke & Latham (2002), Building a practically useful theory of goal setting and task motivation: A 35-year odyssey, *American Psychologist*, 57(9), 705-717 AND Sheldon, K.M., Williams, G. & Joiner, T. (2003), *Self determination theory in the clinic: motivating physical and mental health*, New Haven, Yale University Press.



References & Further Reading - 5

- Positive Psychology: Taylor, S.E. & Sherman, D.K. (2004), Positive Psychology and Health Psychology: A fruitful liaison, in Linley, P.A. & Joseph, S. (2004), *Positive Psychology in Practice*, John Wiley & Sons, Hoboken, New Jersey.
AND Kauffman, C. (2006), Positive Psychology: The science at the heart of coaching, in Stober, D.R. & Grant, A.M. (2006), *Evidence Based Coaching Handbook*, Wiley & Sons, Hoboken, New Jersey.



Slides for Janette's & Helen's presentations
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