

Health Coaching

What is it?

Why would you want to embrace it?

Janette Gale

Health Psychologist

janette_gale@optusnet.com.au



www.healthcoachingaustralia.com

Self-Management

- Improves quality of life
- Increases health outcomes
- Reduces service utilisation
- Increases communication with health care providers
- Supports patient confidence and knowledge of their condition

Source: CDSM Education Day Aug 06 Federal Dept of Health & Ageing – Key Messages



Successful Self-management Programs

- Tailored to individual patient's needs & circumstances;
- Recognise patient responsibility for managing their disease, maintaining life roles & dealing with emotional consequences; and
- Recognise the importance of viewing the World from the patient's perspective.

Source: CDSM Education Day Aug 06 Federal Dept of Health & Ageing – Key Messages



Self-Management requires patients to change their health behaviours in order to manage their health.



Since it is so good for us ...

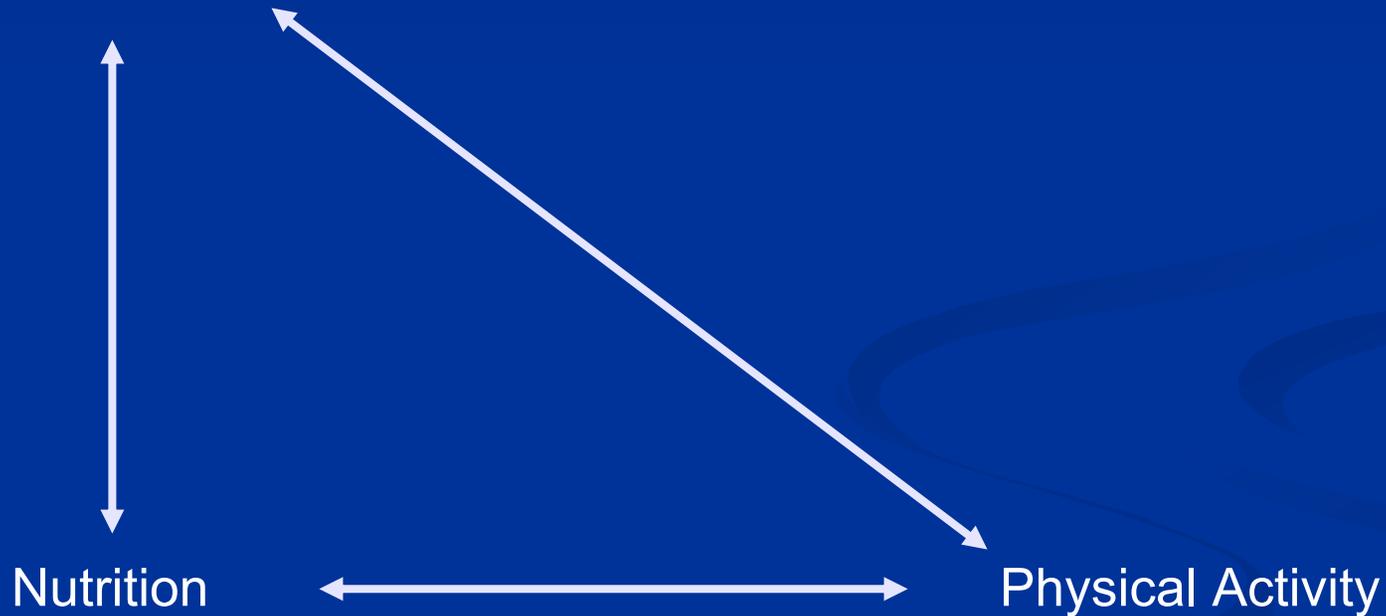
Why do we find it so
difficult to change our
health behaviours?

Your GP says you need to lose some weight & lower you cholesterol. Do you ...?

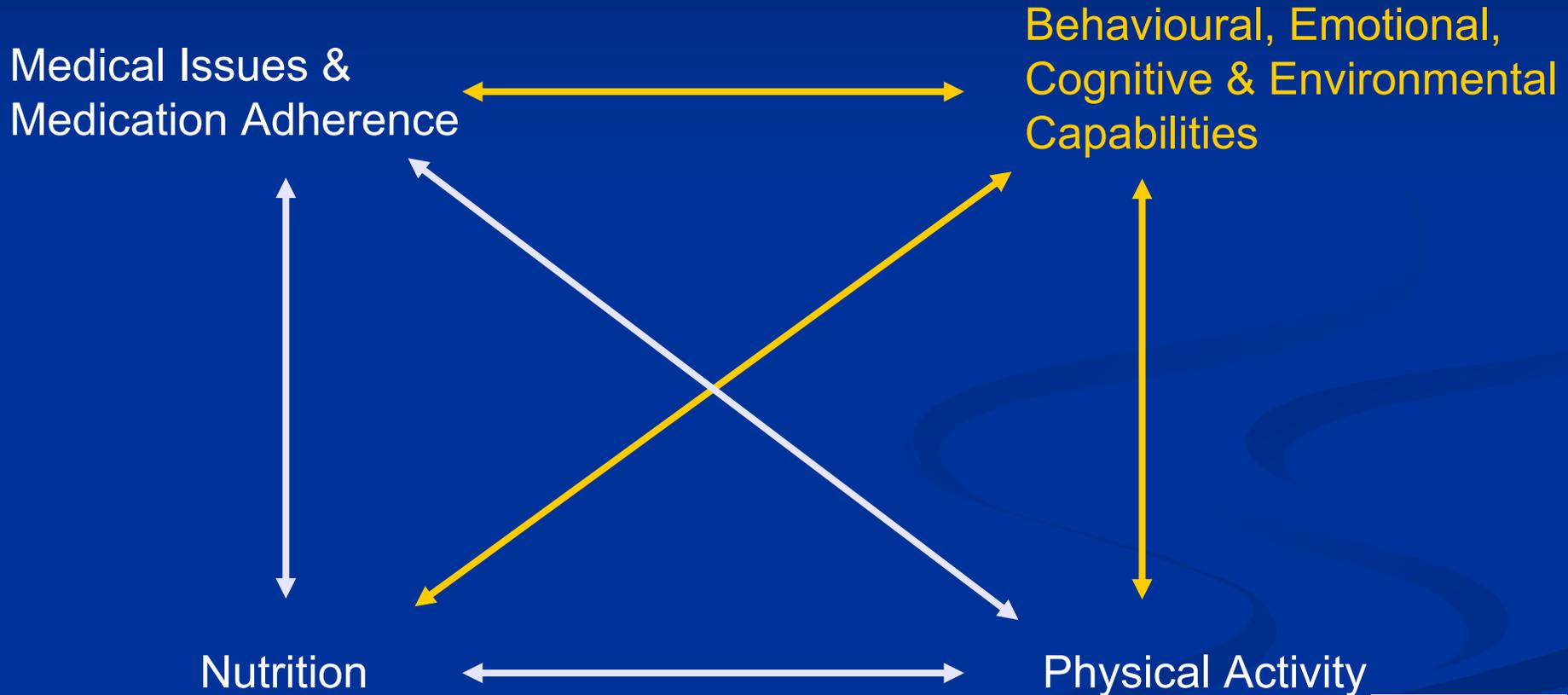
	Response	Action	✓
A.	“Thank you for enlightening me”	Go out and change your life instantly	<input type="checkbox"/>
B.	“Here I go again”	Add to your stress levels trying yet another fad diet while feeling more and more depressed	<input type="checkbox"/>
C.	“Thank you for enlightening me”	Think: “You have no idea what my life is like ...” Come back and hear the same thing 12 months time.	<input type="checkbox"/>

Traditional Health Model For Lifestyle Behaviour Change

Medical Issues &
Medication Adherence



Health Coaching Model (Biopsychosocial)



What are the Implications of Increasing Activity vs Remaining Sedentary

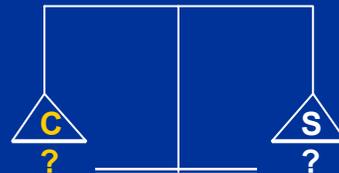
■ Activity

■ Inactivity

Cost-benefit decision equation

Benefits of Change	Benefits of Status Quo
<ul style="list-style-type: none"> ■ ■ ■ ■ 	<ul style="list-style-type: none"> ■ ■ ■ ■
Less: Costs of change	Less: Costs of Status Quo
<ul style="list-style-type: none"> ■ ■ ■ ■ 	<ul style="list-style-type: none"> ■ ■ ■ ■

Total for change _____



_____ Total for status quo

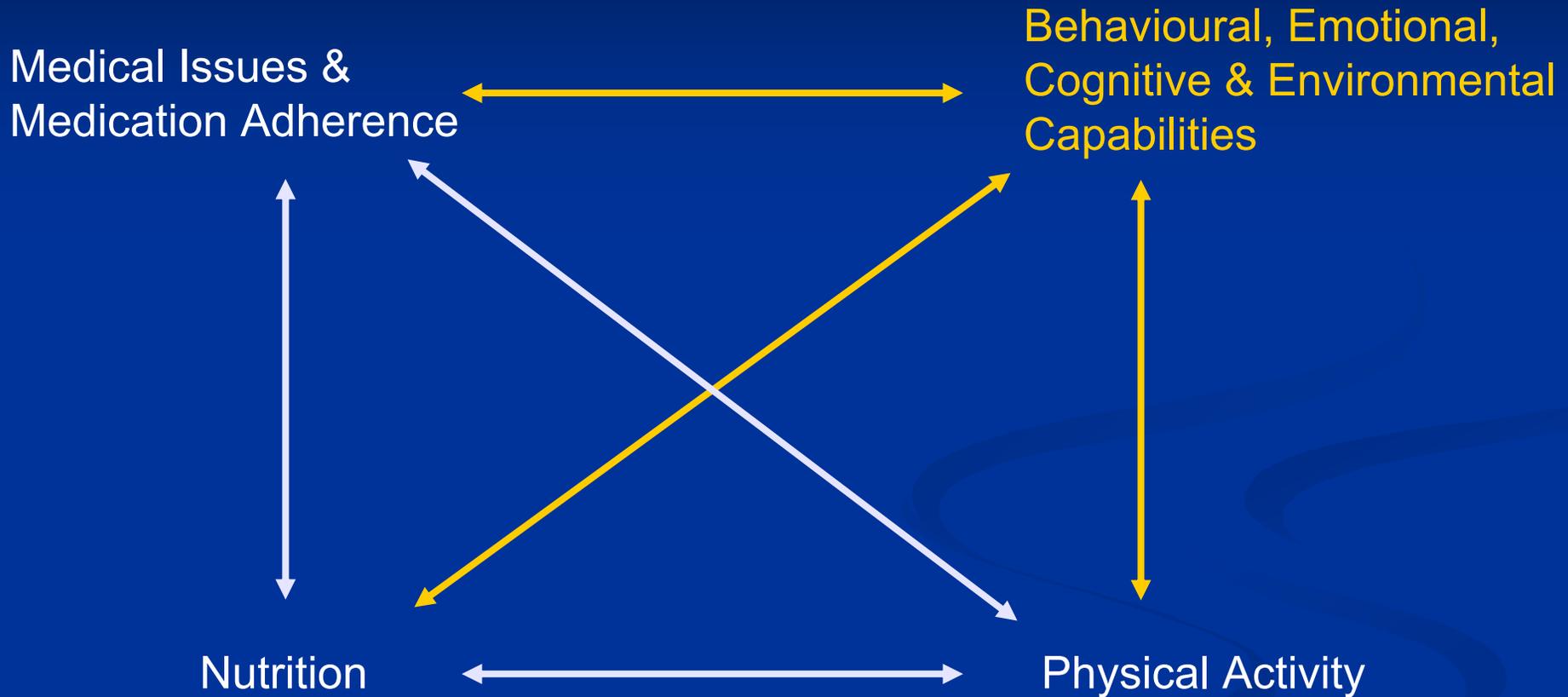
Adapted from Motivational Interviewing and Stages of Change models

Benefits of Exercise	Benefits of Inactivity
<ul style="list-style-type: none"> ■ Health benefits (cardio, blood sugar levels, strength, flexibility...) ■ Lose weight (maybe) ■ ■ 	<ul style="list-style-type: none"> ■ Doesn't hurt ■ Doesn't require time or effort ■ Takes pressure off me ■ Doesn't compete with other demands (family) ■ Less hassle from family/friends
Less: Costs of Exercise	Less: Costs of Inactivity
<ul style="list-style-type: none"> ■ It hurts ■ I don't have the energy ■ Takes time & adds time pressure ■ Costs \$ (gym membership) ■ Embarrassing to be seen ■ Makes me feel inadequate (lowers self-esteem) ■ Puts pressure on me; stresses me ■ Put on weight? ■ I can't do it by myself ■ Lack of support (family) 	<ul style="list-style-type: none"> ■ Long-term health consequences (maybe) ■ Carry more weight ■ ■

Exercise Alternative: Not convincing

Inactivity Alternative: Positive

Health Coaching Model



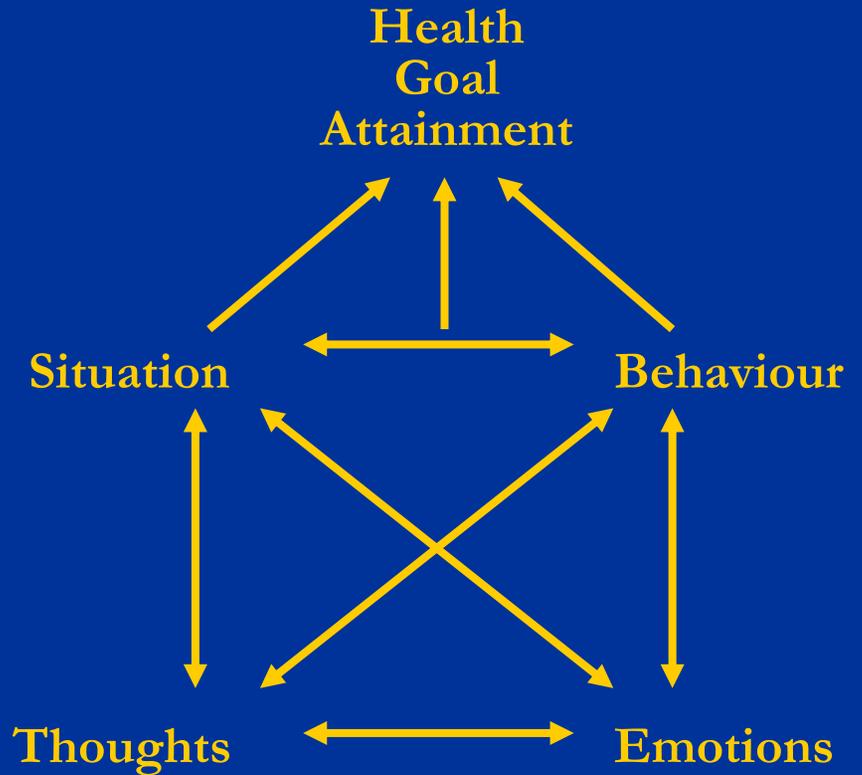
The House of Change

Grant & Greene 2001

Medical Issues &
Medication Adherence

Nutrition

Physical Activity



What is Health Coaching?

- “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 cognitive (attitude & belief) and behaviour change.”

J Gale

- Health Coaching occurs within the context of consultation with a health professional.



Health Coaching cont'd

- Health Coaching principles are also derived from:
 - Health Education & Promotion,
 - Adult Education, and
 - Positive Psychology.
- Health Coaching can be applied to:
 - Enhancing health and wellness generally, and
 - Managing lifestyle risk factors and chronic health conditions that require cognitive & behaviour change.
- Health Coaching can be conducted individually, in small groups, in person, via telephone or electronic media.



Stated Patient Goals

- To lose kilos
- To increase exercise to recommended levels
- To control blood glucose levels
- To decrease BP
- To adhere to medical treatment recommendations
- To adhere to pharmacological treatment recommendations
- To reduce alcohol consumption/quit smoking
- To improve nutrition (decr. saturated fats, incr. fruit/veg)
- To manage lipid levels
- To manage over eating

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.



Fundamental Principles

- Health Coaching embraces the notion that health behaviour change is an individual 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 health behaviours.

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

Where does Health Coaching fit?

Flinders Model

?

Motivational
Interviewing

?

Stanford Model

?

Telephone
Coaching

?

Health Coaching ≠ Life Coaching

- Specialist health professionals vs Generalist coaches
 - You wear two hats as a health coaching health professional
- Clients
 - Compliance/resistance
 - Probably have several chronic health/illness/medical issues
 - May have a range of psychological issues (Depression/anxiety)
 - May have language, cultural, intellectual challenges
 - Pace & Style of coaching must be adjusted to suit patients
- Setting
 - Acute care vs ongoing contact



Health Coaching Components

In Addition to Professional Advice

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



Health Coaching

Evidence-based Components:

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 Ingredients of Readiness to Change

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

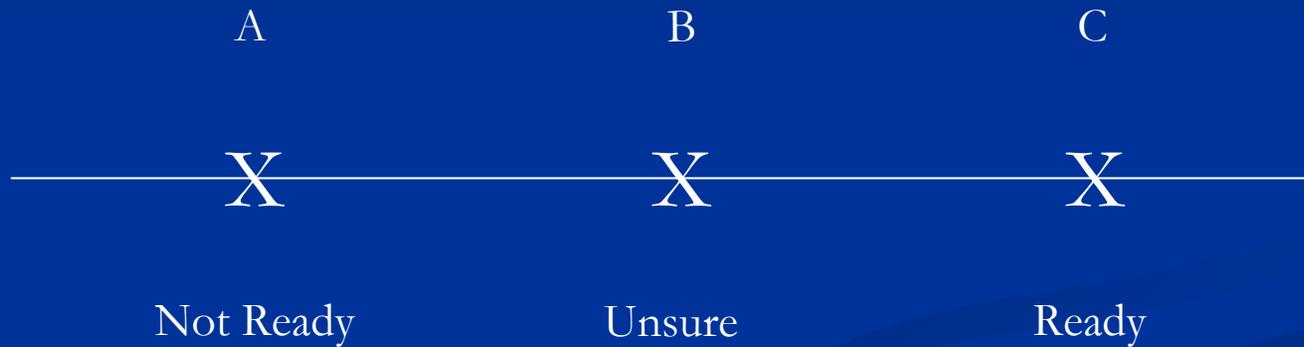
Confidence (How will I do it?)
(self-efficacy)

Readiness

From: Rollnick, Mason & Butler (1999)



Readiness to Change Continuum



From: Rollnick, Mason & Butler (1999)

Benefits of Exercise	Benefits of Inactivity
<ul style="list-style-type: none"> ■ Health benefits (cardio, blood sugar levels, strength, flexibility...) ■ Manage weight ■ Make new friends ■ Be a role model for kids & spouse ■ Improve family's health ■ Increase energy levels ■ Increase self-esteem over time ■ Increased quality of life ■ Enjoyable time out for myself 	<ul style="list-style-type: none"> ■ Not adding extra commitments (but if I take things slowly, this won't be an issue and I will enjoy the benefits)
Less: Costs of Exercise	Less: Costs of Inactivity
<ul style="list-style-type: none"> ■ \$ (but it is worth it if I make use of the opportunities) ■ Time (but I can enjoy it) ■ Discomfort (but not much if I don't overdo things) 	<ul style="list-style-type: none"> ■ Long-term health consequences ■ Carry more weight over time ■ ■

Exercise Alternative: Positive

Inactivity Alternative: Not Convincing

Health Coaching

Evidence-based Components:

2. Barriers to Change - knowledge, understanding and interventions to break through the barriers:
 - Cognitive
 - Emotional
 - Behavioural
 - Environmental (physical, medical, social, financial, political)
 - Identifying barriers to change
 - Adjustment to illness issues
 - Adherence to treatment issues

Thoughts are Powerful!

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)			

Thoughts are Powerful!

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)		

Thoughts are Powerful!

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”	

Thoughts are Powerful!

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!”

Health Coaching

Evidence-based Components:

3. Emotion management and cognitive change techniques
e.g.,
 - Identifying and challenging negative thoughts and beliefs (Turning ANTS into PETS or HIBS into HEBS)
 - Recognising anxiety & depression and referring when appropriate
 - Techniques to manage negative emotions
 - Building support networks (social and emotional)
 - Relapse prevention

Impact of Positive Emotions

Positive feelings:

- serve as a psychological resource which can be drawn on to confront negative 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)



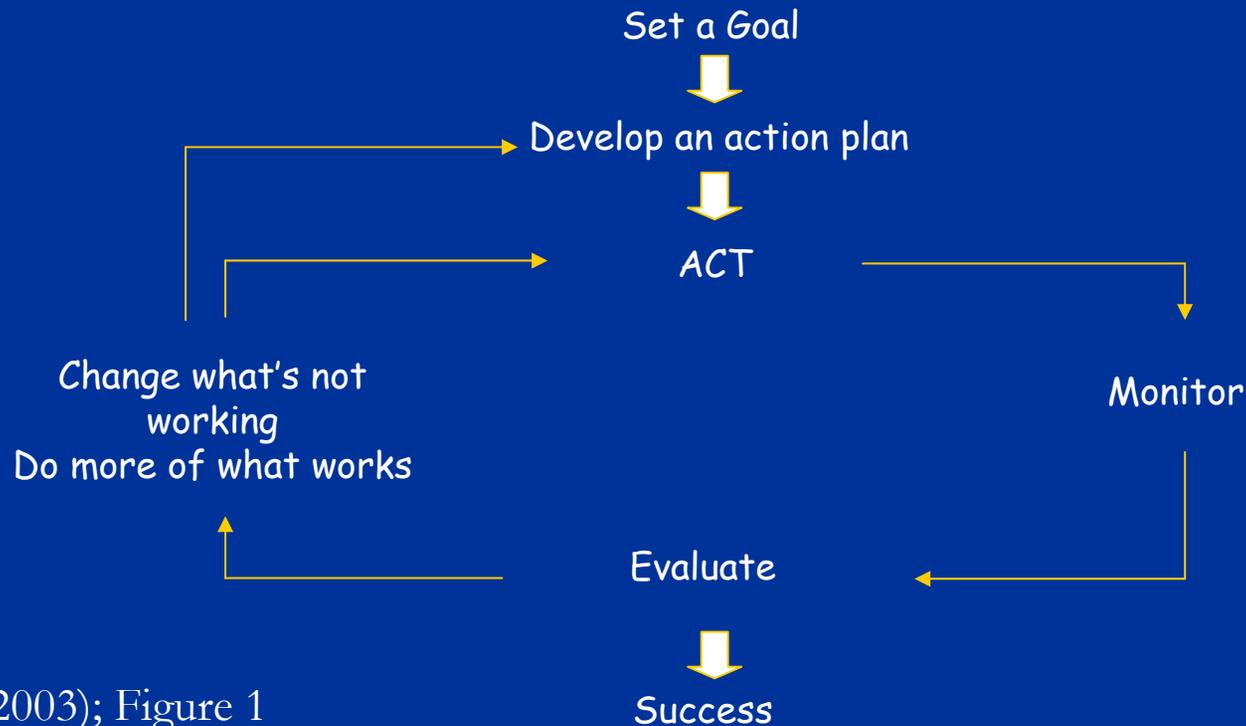
Health Coaching

Evidence-based Components:

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

Generic model of self-regulation & goal attainment

(Explanatory tool for Pt – No failure in this model)



Grant (2003); Figure 1

**When at first you don't
succeed...**

Try a different Strategy!

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

Healthy Goals Action Plan

This Week's Healthy Goals: (Specific, Measurable, Attractive, Realistic, Time-framed)

Healthy Goal 1: **Swim 3 x week, 200m, in evenings after work and track progress, starting Monday**

Action Steps required to achieve this goal:

Tick when Completed

- 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 _____
- Pack a snack to take to work and eat on route to pool _____
- Record swimming days and distances in work diary _____

Healthy Goal 2: **Drink 1.5 litres of water per day**

Action Steps required to achieve this goal:

Tick when Completed

- Buy 2 x 750 ml water bottles _____
- Keep bottles on desk at work where I can see them as a reminder _____
- Track the days I achieve this goal by ticking a check list _____

“I am seeing a lovely lady with rheumatoid arthritis who has a very poor food intake - We found she doesn't like eating in front of other people as she is self-conscious about the appearance of her hands (due to the arthritis) & the difficulties with using a knife & fork. Lots of other issues have come up which I believe would not have had I not implemented the coaching techniques. I probably would have given her suggestions for increasing her nutrient intake & wondered why it didn't work !!”

Dietitian from Health Coaching Short Course for Health Practitioners



Health Coaching Economic Outcomes

The Good Life Club

- Telephone-based health coaching intervention using allied health practitioners
- GLC cost pp over 18 months: \$1,457
- Cost savings to health system pp: \$16,000
- Net saving: approx. \$14,500 per person over an 18-month period

Mortimer & Kelly (2006)



Presentation slides, references & other
Health Coaching resources are freely
available at:

www.healthcoachingaustralia.com



Janette Gale, MAPS
Health Psychologist

janette_gale@optusnet.com.au

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 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

- Review of Health Coaching Models: Lindner, H., Menzies, D., Kelly, J., Taylor, S., & Shearer, M. (2003). Coaching for behaviour change in chronic disease: A review of the literature and the implications for coaching as a self-management intervention. *Australian Journal of Primary Health*, 9, 177-185