

# Introduction to Health Coaching

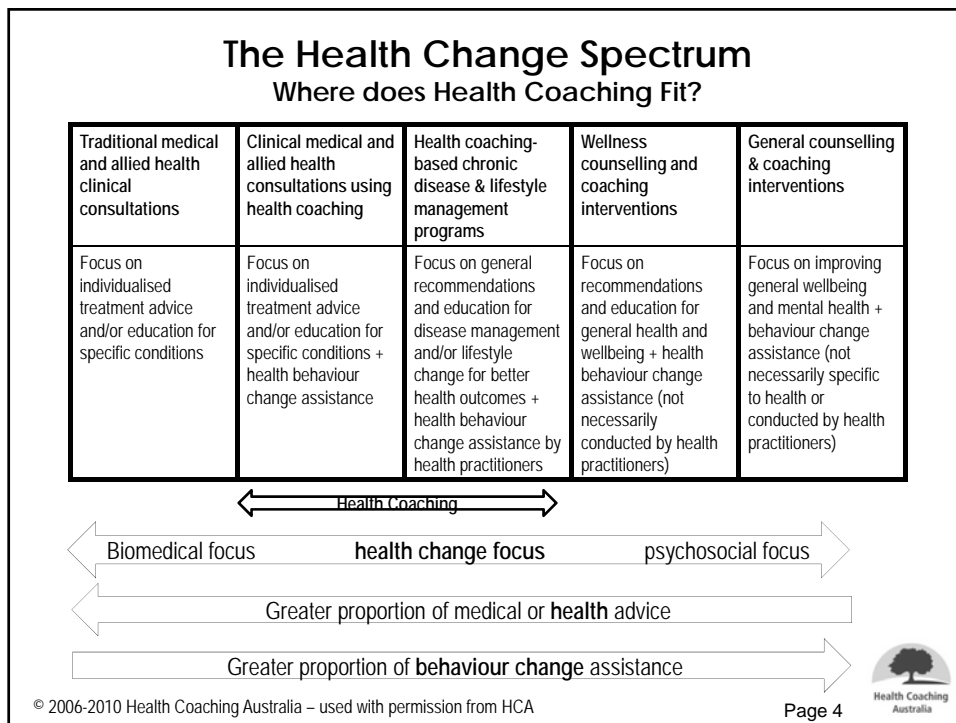
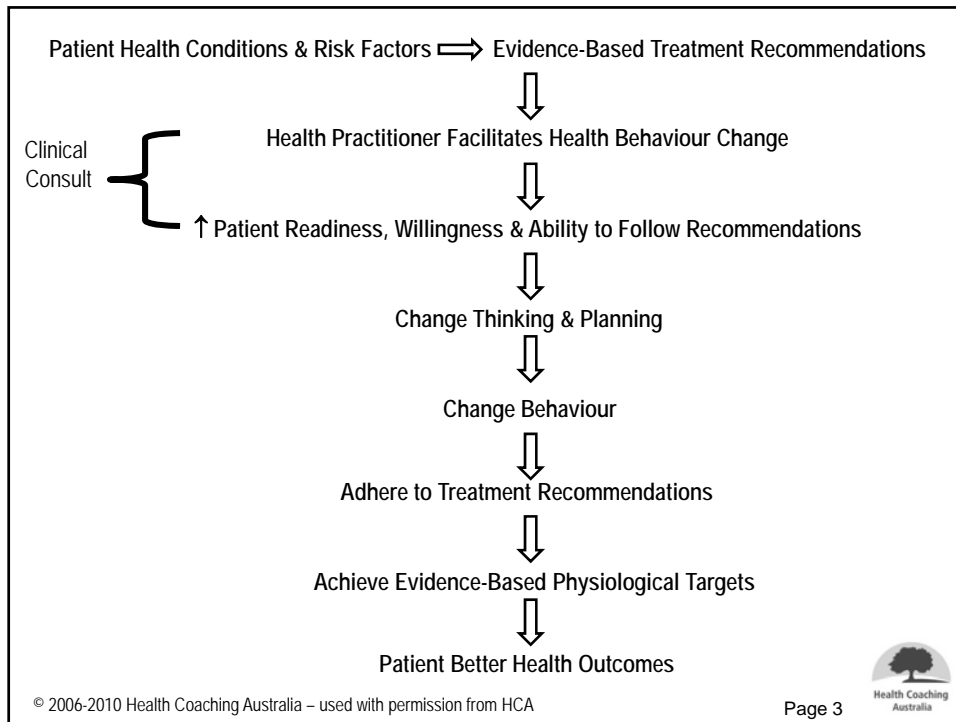
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Thank you to Health Coaching Australia for providing  
slides and assistance with this presentation

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## Overview

- Where does Health Coaching fit?
- What is Health Coaching?
- Traditional Care versus Patient-Centred Health Coaching
- HCA Model of Health Coaching
- Case Study using some HCA techniques
- Questions & close



## What is Health Coaching?

- A practice style used by growing numbers of health practitioners
- Includes targeted health education and health behavior change assistance for better health outcomes and decreased health costs
- A variety of health behaviour change / health change models are being used by practitioners and programs
- Programs usually focus on chronic disease prevention or self-management and are additional to usual clinical practice
- The same health change techniques can be used in usual clinical practice for any desired patient health change



### Traditional Care

- Health professional as expert
- Client told what to do
- One size fits all solutions
- Extrinsic motivators
- Client required to facilitate change
- Ignores barriers to change
- ↑ Resistance to change
- Goal setting overload (too many goals from too many practitioners)

### Patient-Centred Health Coaching

- ✓ HP expert offers client evidence-based treatment options & information
- ✓ Client respected as expert in own life & chooses own options & strategies
- ✓ Individually tailored solutions
- ✓ Intrinsic motivators
- ✓ Collaboration & assistance in facilitating change
- ✓ Addresses barriers to change
- ✓ # & magnitude of goals to suit client
- ✓ ↓ Resistance to change



## Traditional Care Model - an instructing and solving dialogue



I recommend you:  
or you 'should':

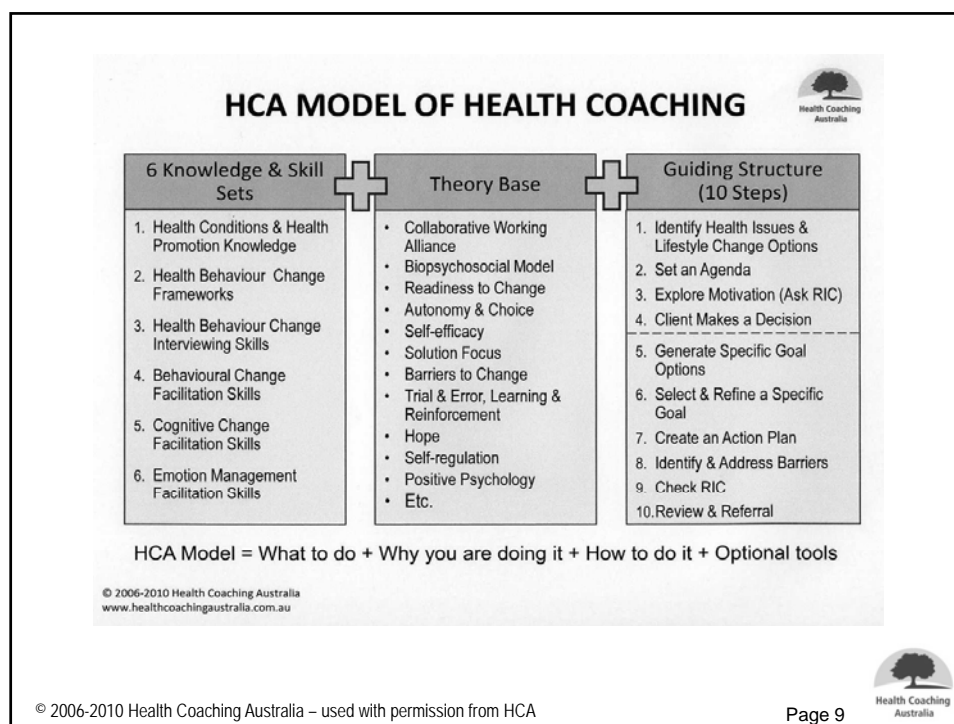
- Start taking medication
- Exercise more
- Quit smoking
- Change your diet

(or do all of the above)

## Patient-centred health coaching model - a guiding & assisting dialogue



What health goal would you like to work on?  
How do you feel about commencing medication?  
Would you like some information on the Quit smoking program?  
What benefits do you expect to achieve with exercise?  
If you were going to change your diet, where would you start?



## Case study

- 45 year old male with a history of morbid obesity and chronic back pain limiting ADL's, work ability and QOL. Lives with wife and two young children.
- OA in knees, lumbo- sacral back pain, current weight 159 kg (182kg in past), waist girth 152 cm, HT, sleep apnoea (cant afford CPAP machine), GORD, depression, unsuccessful gastric stapling. Pain medication less effective. Fx of T2DM.

## Client states:

- Fed up with medical appointments and ridiculous treatment recommendations & experts advice
- No one understands or can help me, I have seen everybody
- Overwhelmed, this is all too much
- Don't know why I am even here today
- Feel like a complete failure
- Fearful of the future, what if I get diabetes on top of all of this?
- More stressed than usual and have diarrhea with the pressure of Christmas and not being able to afford it
- Not taking anti hypertensive's & anti depressants regularly

### Traditional Treatment History

GP's and Specialists told client to:

- diet (tried 6 diets unsuccessfully)
- swim & attend hydrotherapy (ashamed of body)
- Walk (are you kidding? it's too painful!)
- You wont see your kids go to high school

### Patient-Centered Health Coaching Model

I asked the client what might work for him. Invest time to come up with a new strategy. No such thing as failure, just the wrong strategy. Keep trying till we find something that works for you.

**Are there any things about your current lifestyle that you have thought about changing?**

- What and how much I eat
- Doing some exercise, I know I need to exercise but everything causes more pain
- Taking medications
- Going to medical appointments

⇒ Need to set an agenda

**Explore motivation (ask RIC ). What would you get out of making these changes?**

- Increased mobility and reduced pain
- Wants to be a good role model for his children
- Wants to contribute to family life (mow lawns and contribute financially)
- Wants to feel good about himself, look presentable at the family Christmas party
- Wants to be available for his children and not limited by pain

Importance – 7/10

Confidence – 3/10

### **Client makes a decision. Ready to change or not ready to change?**

- Ready to work on general goal of weight loss through small changes to eating habits  
(but NOT dieting!)
- Not ready to commence any physical activity but will give it some thought

### **Generate goal options, select and refine specific goal (SMART goal)**

#### Options

Less takeaway

Better quality takeaway (list offered and accepted)

Reduce fattening spreads - margarine, peanut butter on bread (meaning spread a thinner layer, not eat less bread and spreads)

Specific goal - what you are going to do

Reduce fat in the diet (energy density)



## Create an action plan – how you are going to do it

In order to achieve my health goal, I choose to:

1	Read healthier takeaway sheet	Tick when completed
2	Talk to wife about healthier takeaway choices and get her on side	
3	Tick takeaway choices that are appealing and healthier	
4	Carry healthier takeaway sheet in wallet or car	
5	Find a small teaspoon to take margarine and peanut butter out of container, portion control	

## Identify & address barriers

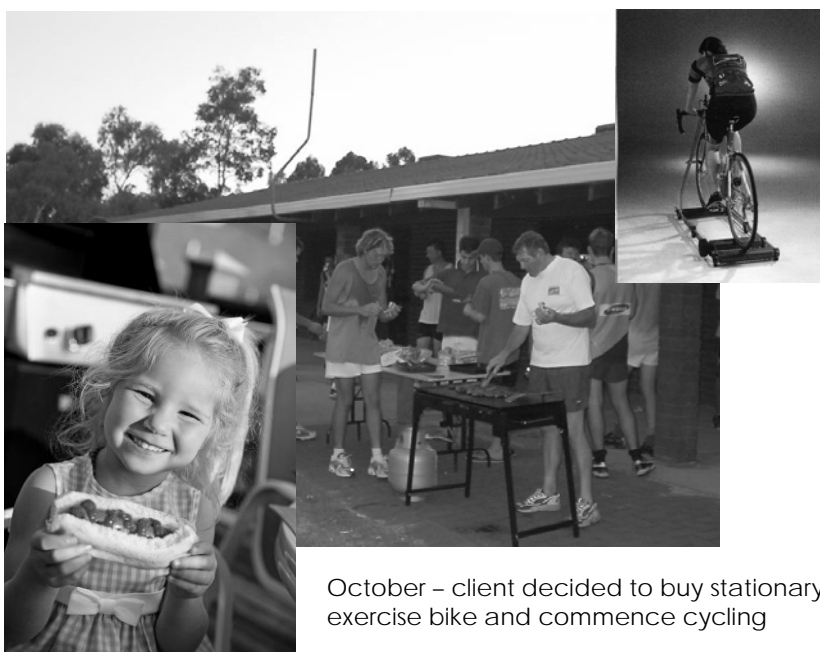
- Behavioural – habits, actions, planning (or lack of)
- 8+ hours TV per day, don't plan shopping or meals, don't budget, run out of \$ and eat cheap takeaway
- Emotional – emotional things that happen to us  
Turn to food for comfort, get stressed and eat
- Situational – Medical, cognitive, social, physical, access, \$, changes in circumstance  
Limited income, reliant on charity, run out of \$ for medication, friends all eat takeaway
- Thinking (cognitive) - beliefs attitudes, habitual thinking patterns, knowledge  
" All movement causes pain"

## Facilitators, ask RIC™ again

Supportive and loving immediate and extended family, family helps with \$, extra roles at school assisting teachers with day-to-day tasks

Importance – 8/10

Confidence – 7/10



October – client decided to buy stationary exercise bike and commence cycling

## Relapse is a normal part of the change process

Lapses I may have:	How I will manage them:
Too tired	Be in bed by 10 pm
Boring	Put exercise bike in front of TV (distraction)
Feel sore	Stretch after cycling

## Outcomes (Sept.-Nov.)

### Physiological

- Weight reduction from to 169 to 163 kg (6kg)
- Waist reduction from to 152 to 140 cm (12 cm)
- Neck girth reduction (6cm)

Most importantly, the client was proud that for the first time in five years he had mowed both the front and back lawn in one go and was not even sore.

Called client late November but he had moved and his mobile number was no longer active.

## By 2020, $\frac{3}{4}$ of all deaths will be from chronic disease

World Health Organisation

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**Any questions?**

**Thank You for your attention!**