

# Health Coaching for Health Professionals

A Tool Kit for clients to manage or avoid lifestyle related disease

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[www.healthcoachingaustralia.com](http://www.healthcoachingaustralia.com)

# Lifestyle-related disease

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- 80% burden of disease
- 70% allocated health expenditure
- Higher prevalence in older, socio-economic disadvantaged, mental illness patients, physical and intellectual disabilities
- WHO – by 2020  $\frac{3}{4}$  of all deaths will be from chronic disease

# National Chronic Disease Strategy 2005

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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

Since it is so good for  
us ...

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



Advice alone is not enough

# Adherence to Treatment

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- 14-21% of patients **never** fill prescription
- 30-50% don't take medications in the **recommended** way
- 30-50% of patients are **non-compliant** in some way
- 50% Adherence to chronic conditions treatment incl. **lifestyle** changes
- **Educating** patients is usually **not** enough for lasting change (WHO 2003)

# Chronic Condition Self-Management

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- Self-management involves [the person with the chronic health condition] engaging in activities that protect and promote health, monitoring and managing symptoms and 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.

# Self-management requires patients to:

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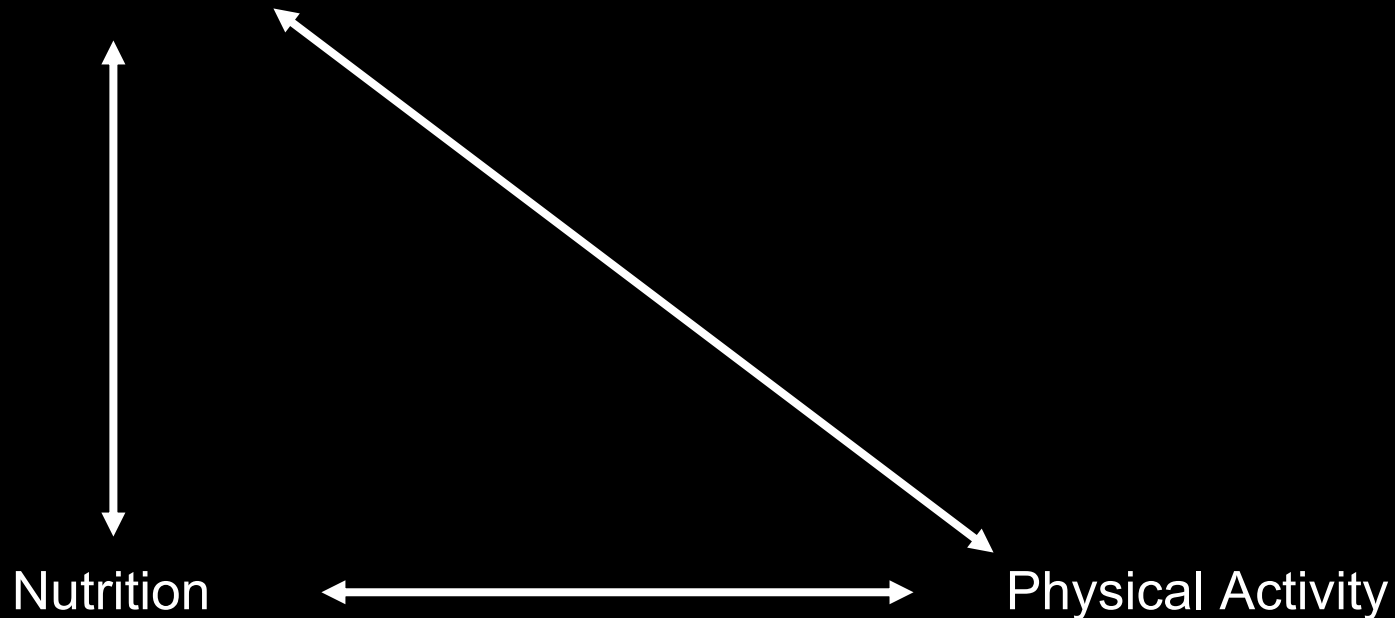
- Adhere to treatment recommendations
- Change health & lifestyle behaviours
- Play an active vs passive role
  
- But, many factors get in the way
- So, patients need our assistance



# Traditional Model For Lifestyle Behaviour Change

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Medical Issues

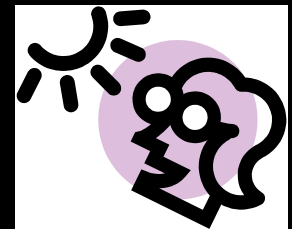


# 4 things required for change to occur

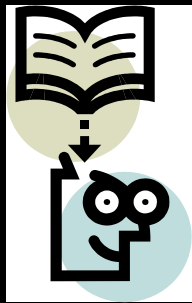
## 1. Sense of discontentment



## 2. A vision of a better future



## 3. Skills & knowledge

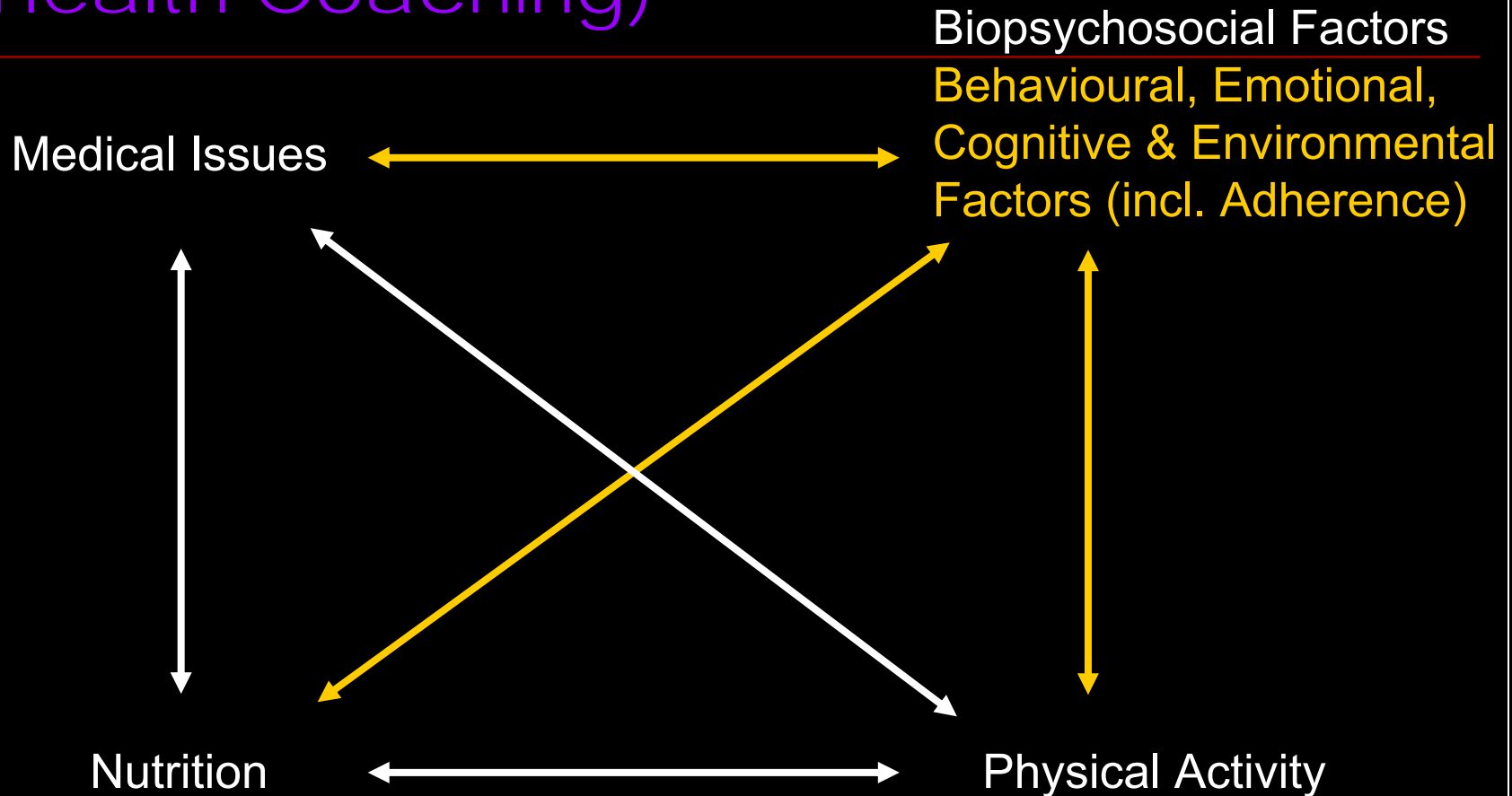


## 4. Continuous & deliberate action



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

# Biopsychosocial Model (Health Coaching)



# Traditional vs. Health Coaching

## Models of Care

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### 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 Definition

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

[www.healthcoachingaustralia.com](http://www.healthcoachingaustralia.com)

# How has Health Coaching Developed?

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- Theory and practice from:
  - Health Psychology & Behavioural Medicine
  - Psychology: Counselling, Coaching, Clinical, Sport & Positive Psychology
  - Health Promotion & Education
  - Medicine, Nursing & Allied Health research

# Life Coaching vs. Health Coaching

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## Clients

Resistance ?

Compliance ?

Chronic Health  
Issues ?

Emotional  
Issues ?

Depression  
Anxiety ?

Cognitive  
Impairment ?

Cultural  
Issues ?

Language/  
Lit. Issues ?

# Health Coaching

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HC

=



Health Professional Advice

+



Behaviour change  
Assistance



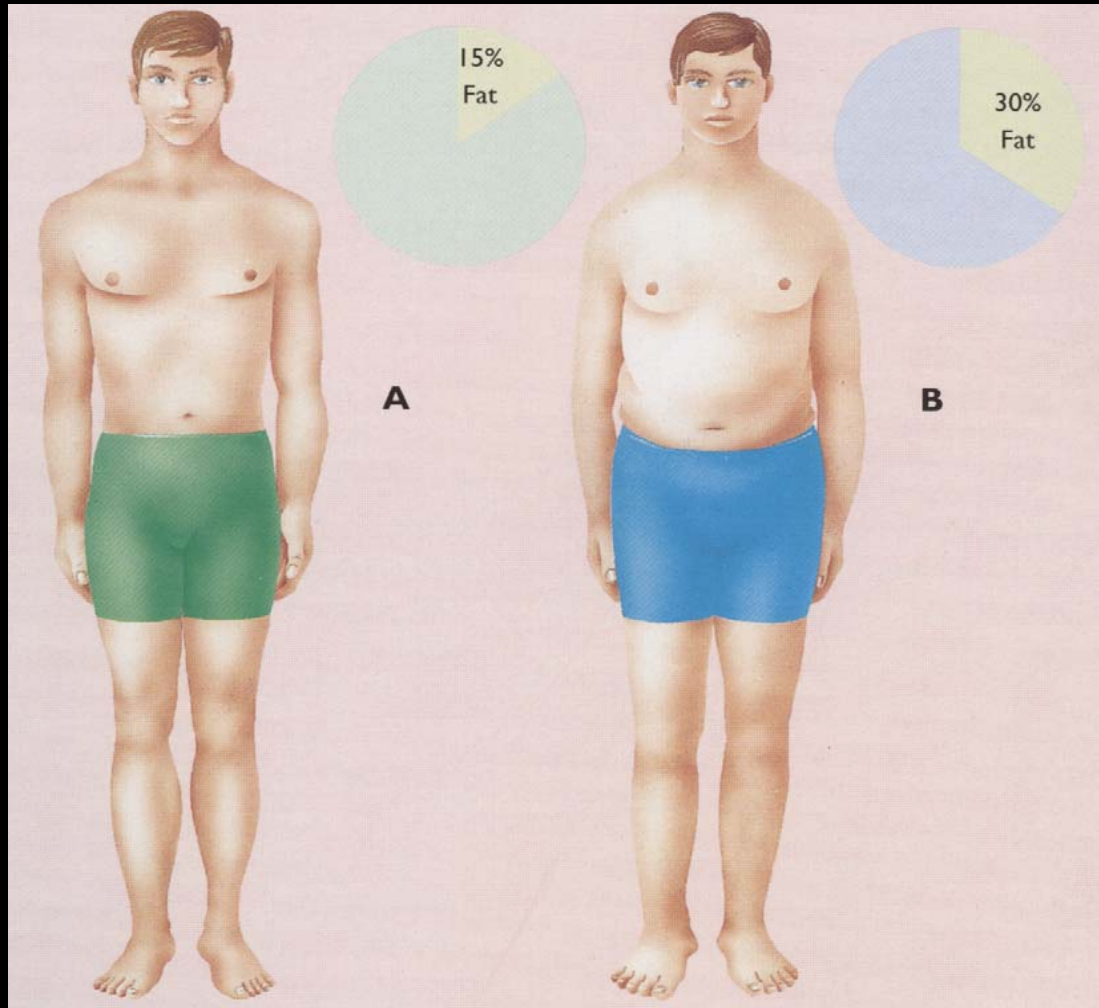
# Tips for new players

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- Diabetes burnout
- Heart attack → panic attacks?
- The Werewolf syndrome
- 10,000 steps to failure?
- Meeting the guidelines

# Interpreting BMI

(Same weight, different body composition)



# Who is health coaching?

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- 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

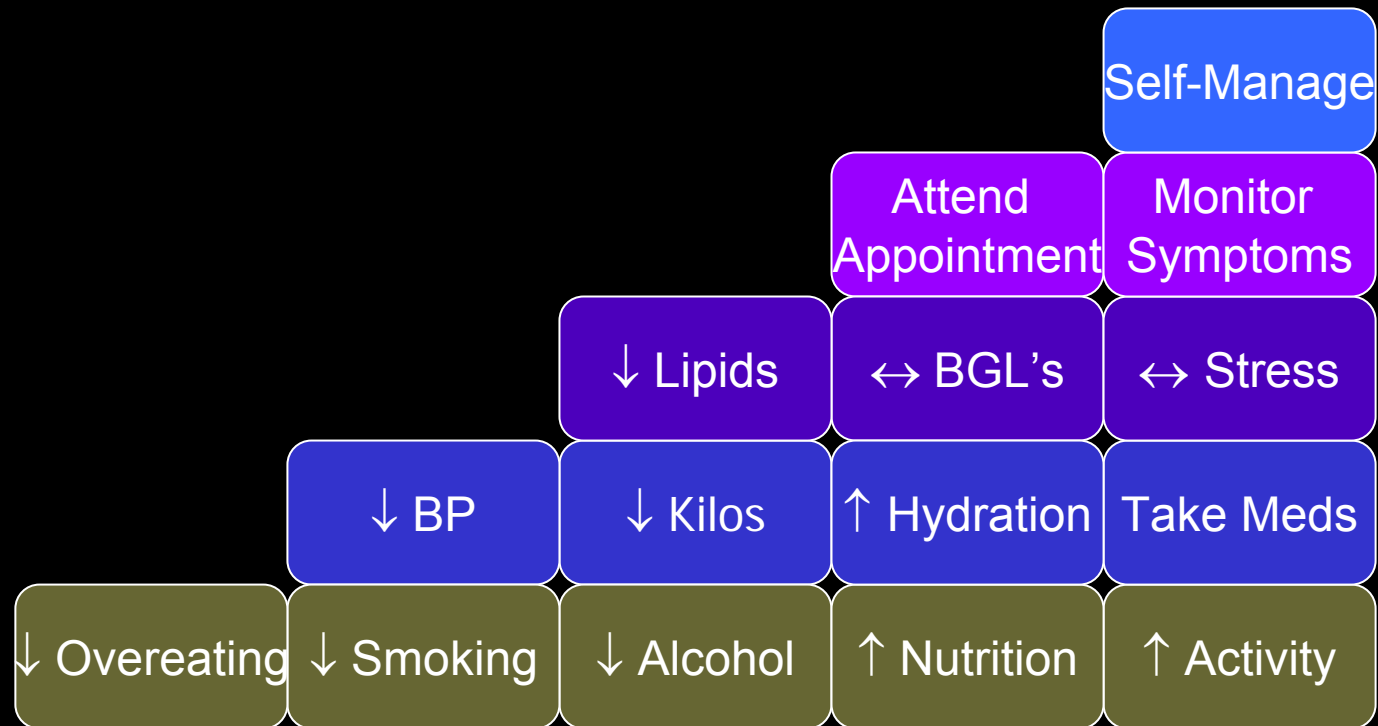
# Health Coaching Settings

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- 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

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# In Other Words ...

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↑ **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?

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- 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*

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1. **Medical conditions knowledge** - including reciprocal impact of psychosocial issues and chronic health conditions
2. **Behaviour change counselling techniques** - to engage clients in health behaviour change
3. **Psychological models of health behaviour change** – to identify potential barriers to change and facilitators to change
4. **Emotion management and cognitive change techniques** - to overcome cognitive and emotional barriers and facilitate change
5. **Behaviour modification and evidence-based coaching techniques** –for clients to acquire self-regulation & self-management skills and increase their likelihood of success



# Health Coaching Aims:

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↑ Intrinsic Motivation

↓ Resistance

↑ Likelihood of behaviour change

# Fundamental Principles

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- 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

What gets in the  
way of change?

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# Barriers to Action

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

# Barriers to Lifestyle Change

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

# The Ingredients of Readiness to Change

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

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

**Readiness**



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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)

# Take Home Points about Readiness to Change

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- 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**



# Barriers to Health Behaviour Change

## Negative Thinking

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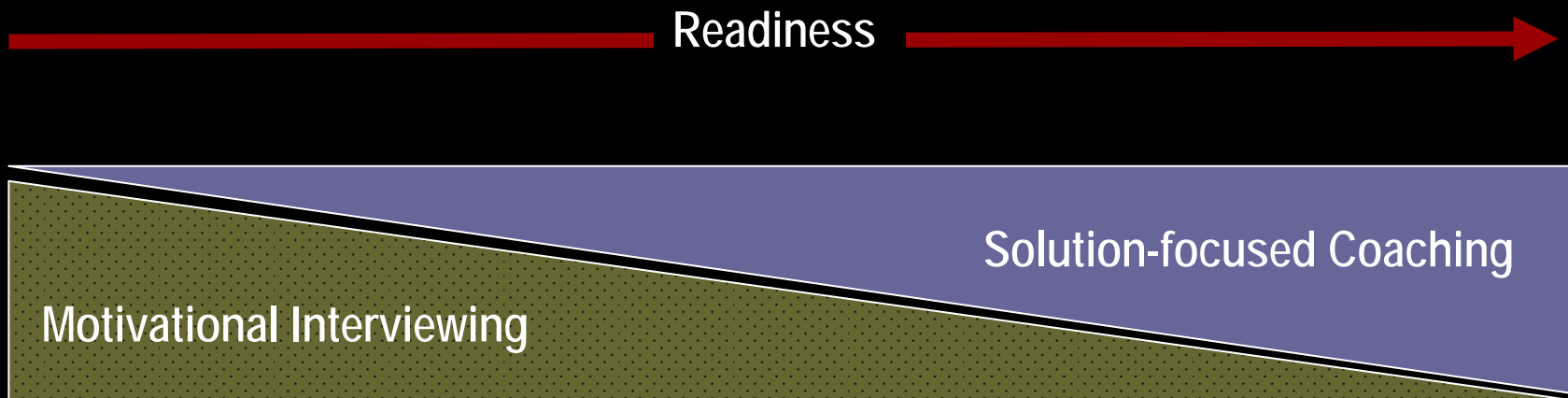
- Undermining beliefs - “I can’t do it, so what’s the point in trying?”, “I am too old to exercise”, “Vegetables are for rabbits!”, “Getting value for money is important”
- Competing beliefs - “Someone else told me something different”
- Unpleasantness of new things/Fear – “It hurts”, “It’s hard”, “My 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”

# Thoughts are Powerful!

<b>Decision Point</b> (When can you intervene to change your actions?)	<b>Self Talk &amp; Beliefs</b> (What do you say to yourself when you don't achieve your goals?)	<b>Consequences</b> (Cognitive, Behavioural, Emotional, Social & Environmental)	<b>Alternative Self Talk</b> (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”	<u>Acknowledgement:</u> I do expect fast results and the effect of this is that I get more depressed and give up. <u>Therefore:</u> “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!”

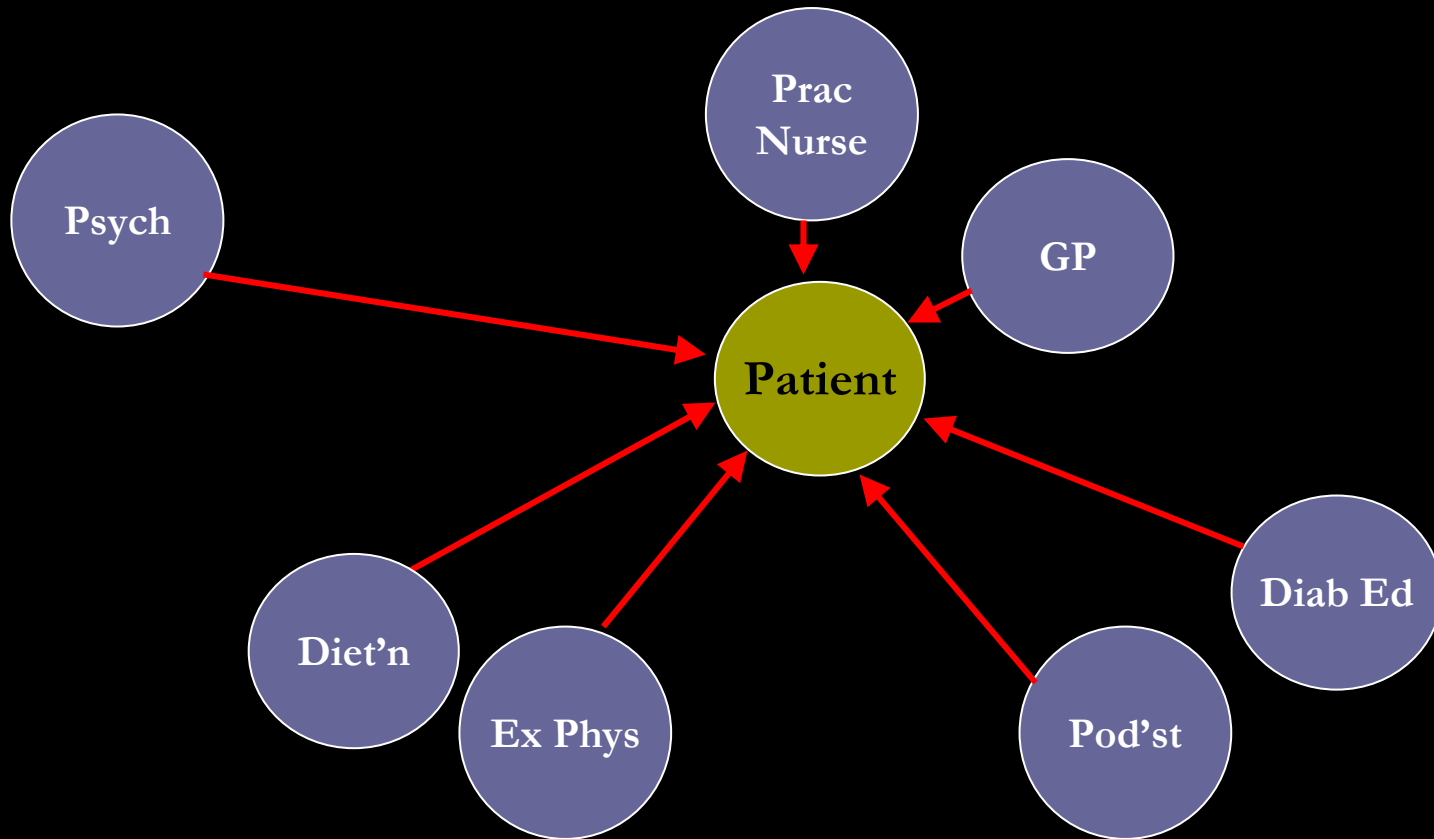
# Where do you start?

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# Information & Goal Setting Overload??

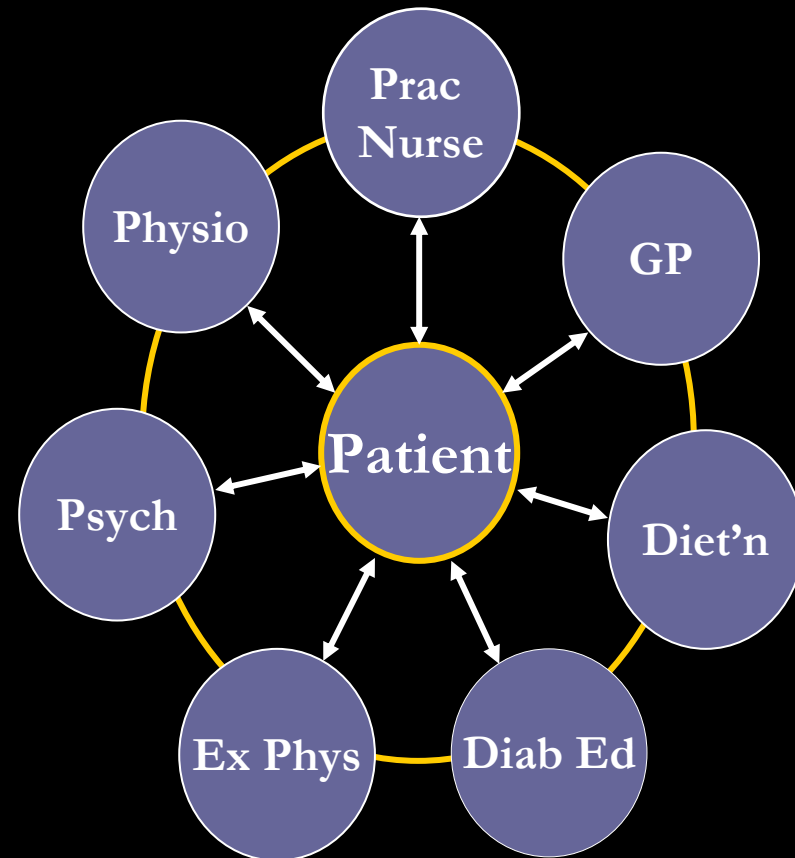
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# An Ideal World

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**Health Coaching  
Collaboration**



# Effective Goal Setting

What does the evidence support?

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

# Fuzzy Visions vs Smart Goals & Action Plans

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## Higher Level Goal

- I want to lose 10 kg

## SMART Goals & Action Plans

- For the next four weeks, I will commit to walking 3x week for 30 minutes on M-W-F between 6:30-7:00 am. I will layout my walking clothes the night before and set my alarm. I'll ask my partner to support and encourage me.
- I will replace take away foods for dinner with healthy home cooked meals 3 x week, starting this week. I'll write out a meal plan and shopping list, I will shop on Saturday mornings and cook meals for the week on Sunday afternoon. I will freeze appropriate separate portion sizes. I will discuss this with my partner to get his input to the meal plan.

# Action Plan Example

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

**Healthy Goal: Drink 1.5 litres of water per day, starting today**



# Will the goal be achieved?

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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?

# Healthy Goals Action Plan

**This Week's Healthy Goals:** What are you going to do? How are you going to do it? How often? When will you start? When will you review your progress?

Healthy Goal 1: \_\_\_\_\_

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**Action Steps:**

**Tick when achieved**

- |          |                          |
|----------|--------------------------|
| 1. _____ | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> |
| 4. _____ | <input type="checkbox"/> |
| 5. _____ | <input type="checkbox"/> |
| 6. _____ | <input type="checkbox"/> |
| 7. _____ | <input type="checkbox"/> |

**How much do you want to achieve this goal?**

(Not at all) 1 2 3 4 5 6 7 8 9 10 (Very much)

**How confident are you that you can achieve this goal?**

(Not at all confident) 1 2 3 4 5 6 7 8 9 10 (Very confident)

# Health Coaching Intervention Flow Chart

Introduction - professional & organisational requirements

▣ Identify Presenting Issues & Client Issues

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

▣ Goal Setting – 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

# Where does Health Coaching fit in?

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Flinders Model  
?

Lifescritps  
?

Motivational  
Interviewing  
?

Stanford Model  
?

Rehabilitation  
Programs  
?

Telephone  
Coaching  
?

Health Coaching is not a competing model  
It may **augment** current practice

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Flinders Model  
?

Lifescritps  
?

Motivational  
Interviewing  
?

Stanford Model  
?

Rehabilitation  
Programs  
?

Telephone  
Coaching  
?

# Benefits of Health Coaching to the Health System

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- Enhanced **efficacy** of interventions
- Widespread application
- Enhanced patient **responsibility**
- Enhance **job satisfaction**
- Increased professional **collaboration**
- **Low cost** and ease of up-skilling
- **Good fit** with other chronic condition self-management models
- Flexible and cost efficient **delivery** modes

# Summary

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1. Self-management requires patients to **change** their health behaviours
2. Changing often requires fundamental **cognitive** shifts
3. People often need **assistance** to do this
4. Psychological principles and techniques help patients to find strategies that will work **for them** & **increase** their chances of success.
5. Health professionals and coaches may need to **up-skill** to facilitate this

“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 1<sup>st</sup> Deakin University Health Coaching Short Course





# GROWING OLD IS NOT FOR SISSIES II

PORTRAITS OF  
SENIOR ATHLETES

ETTA CLARK

Worksheets & Resources,  
Presentations from Sydney  

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Health Coaching Information  
Day, Papers and Other  
Information

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