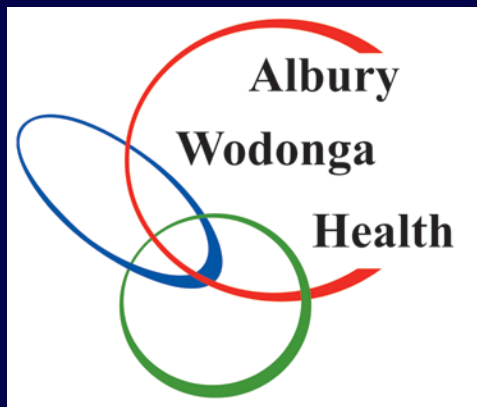


HCA Health Coaching Implementation & Discussion Session For Health Managers



Albury-Wodonga Health – Wodonga Hospital



www.healthcoachingaustralia.com.au

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Housekeeping

Session Program

9.30–10.15	Janette Gale – HCA	Overview of Health Coaching Program Implementation Issues
10.15–10.30	Glenda Chapman – HARP Care Coordinator, Albury-Wodonga Health-Wodonga Hospital	Health Coaching and Chronic Disease Self-management
10.30–11.00	Morning Tea / Networking	
11.00-11.15	Helen Still – Upper Hume ICDM Project Worker	The Implementation of Health Coaching. The Upper Hume PCP Perspective
11.20-11.35	Tracey Forster – Goulburn Valley Health	Embedding Health Coaching into Practice
11.40-12.30	Facilitated discussion	

The Role of a Health Coaching Health Professional

1. To provide professional **assessment, advice and education** as required and **correct misinformation**, in an appropriate way.
2. To help clients to **make the decision** whether or not to follow health recommendations.
3. To develop problem solving skills to increase the **likelihood of success** after the client decides to make changes.

Health coaching provides treatment recommendations, health education and behaviour change assistance

HC

=



Health Professional
Recommendations

(What to do & Why)

+



Behaviour Change
Assistance

(How to do it)

Health Behaviour Change Goals

Chronic Condition Management ~ Disability ~ Rehabilitation ~ Disease Prevention ~ Health/Wellness

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

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

5. Generate Specific Goal Options
6. Select & Refine Specific Goal
7. Create Action Plan
8. Identify & Address Barriers
9. Ask RIC! Again
10. Review & Referral

HCA 10 Steps to Health Coaching

Consultation Introduction & Assessment



① Identify Health Issues & Lifestyle Change Options



② Set an Agenda & ③ Explore Motivation (Ask RIC!)

④ Client Makes a Decision



⑤ Generate Specific Goal Options



⑥ Select & Refine Specific Goal & ⑦ Create Action Plan



⑧ Identify & Address Barriers & ⑨ Ask RIC! Again



⑩ Review & Referral

Ready to
change



Decision
Line

Readiness

(to adopt particular behaviours)

Solution-focused Coaching

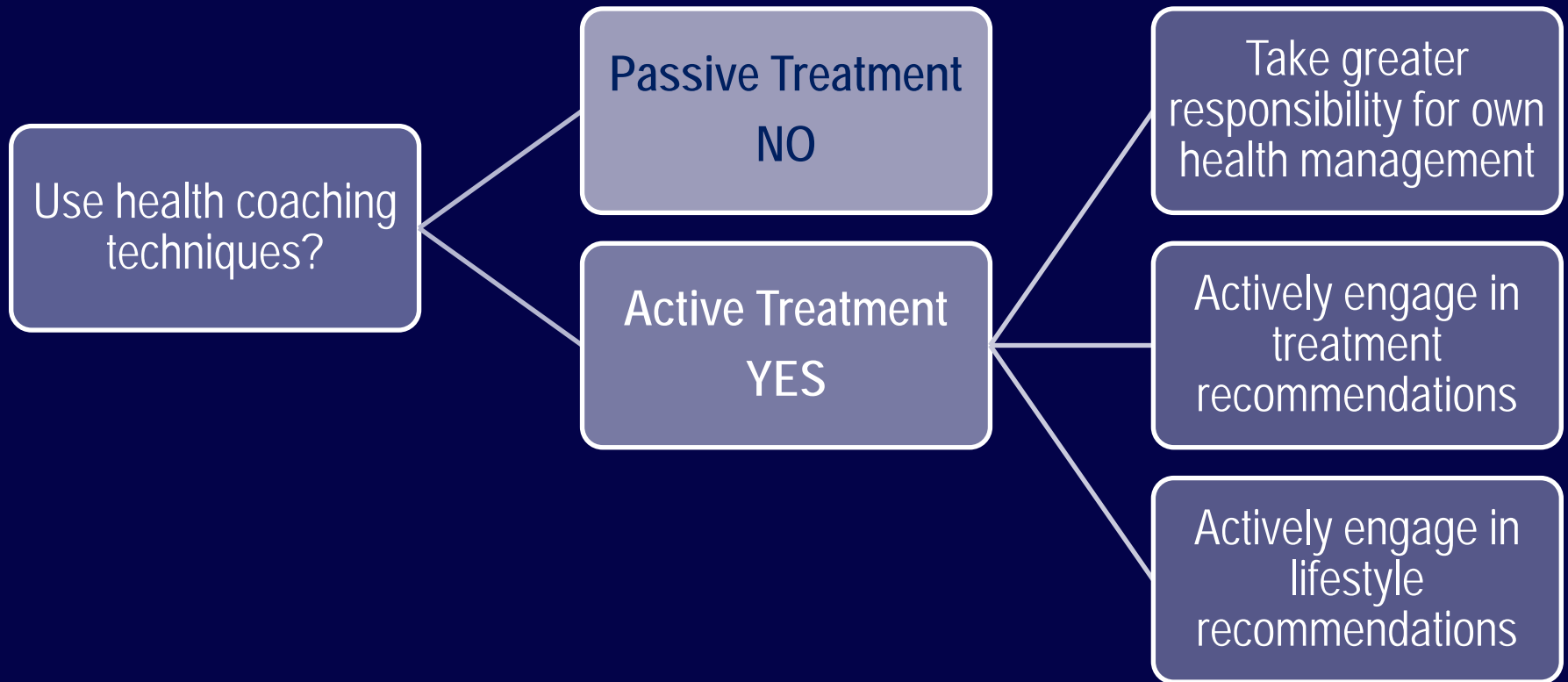
Motivational Interviewing

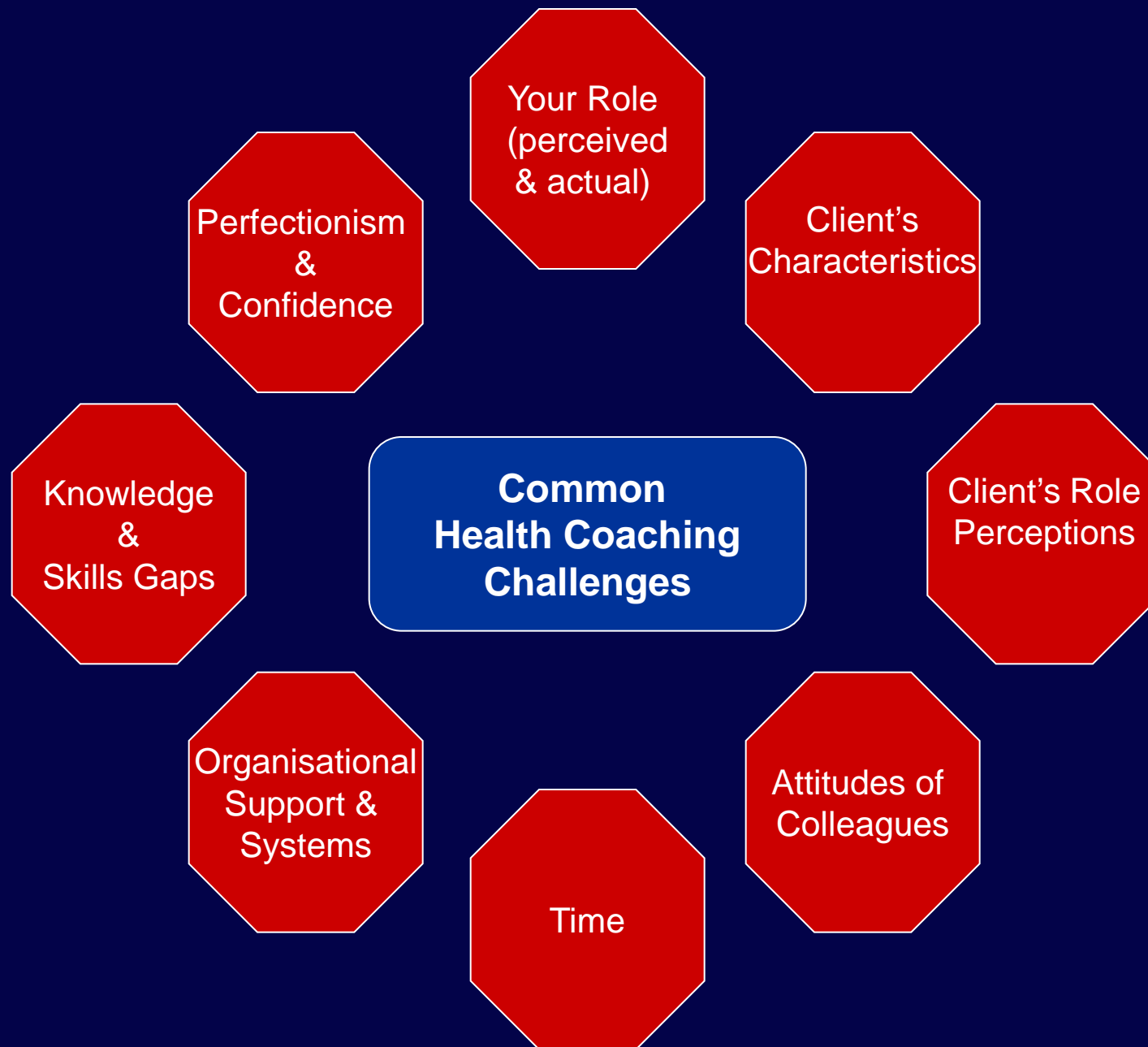
RIC = Readiness, Importance, Confidence

What's the Evidence?

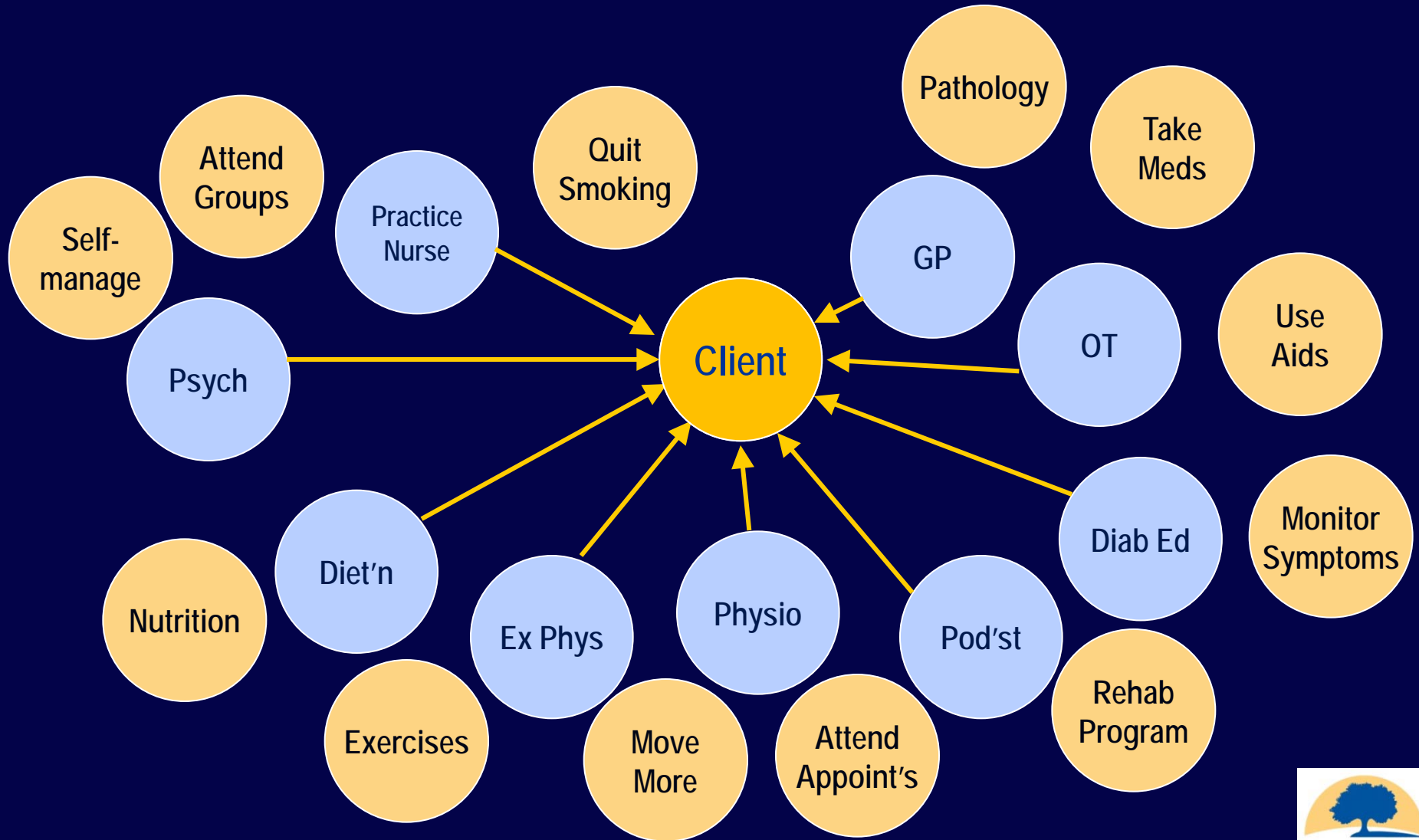
- The HCA model is not a program
- It draws on evidence-based health behaviour change principles and techniques
 - Brief Motivational Interviewing
 - Solution-focused counselling & emerging coaching literature
 - Cognitive behavioural techniques
 - Emerging health coaching literature and programs
- The HCA model bridges the gap from theory to practice. It adds guidance and efficiency

Which clients would you use health coaching techniques with?





A Challenge for CDSM

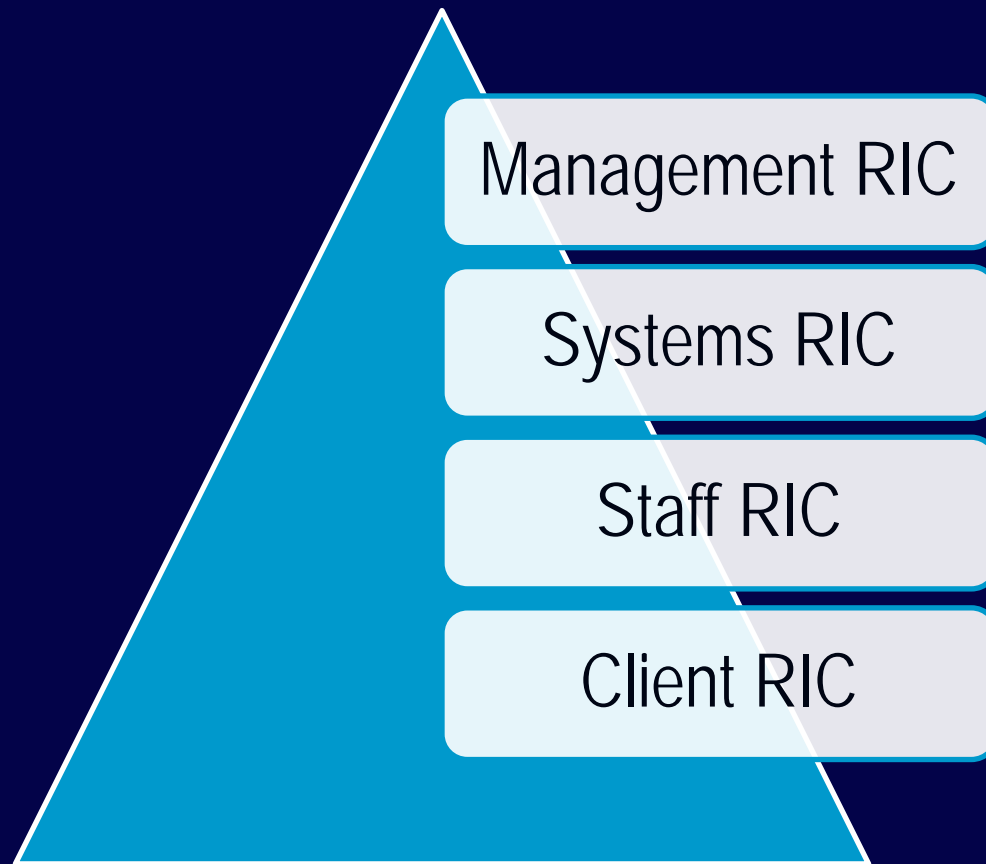


Implementation Lessons from Programs

- Require HP to follow a **structured approach** to avoid counselling, education or chat modes (greater efficiency.)
- Provide lots of **guidance to HPs**. Don't leave it up to practitioners to figure out what to do.
- Provide **skills development** support & monitoring (incl. peer leaders).
- Use simple, clear **systems to integrate** health behaviour change processes with current systems.
- **Document** and **measure** motivational and behavioural process variables.
- Implement **quality assurance** processes to verify health behaviour change components of interventions are being applied and are working.
- Consider **change management** issues (management support, culture shift). Educate referring practitioners/specialists.

**What you track is what
you get!**

Levels of RIC within organisations



Implementation Issues

1. Supporting clinical staff
2. Documenting & reporting health coaching
3. Measurement, evaluation & QA
4. Embedding health coaching principles in group education programs
5. Telephonic health coaching
6. Supporting skills development

Supporting Clinical Staff

1. **Align systems with behaviour change processes:**
 - Incorporate health behaviour change data collection into paper-based and electronic systems. Use a structured approach (eg, HCA Model or similar).
 - Enable sharing of client information among practitioners.
2. **Create and communicate expectations to staff:**
 - Before and after training, advise requirements for skills development, documentation, reporting and QA monitoring.
3. **Support skills development:**
 - Mandate QA and completion of QA tasks; allocated time
 - Peer networks and/or meetings
 - Develop in-house peer leaders (champions) trained to a higher level
4. **Implement QA systems:**
 - Mandate the use of health behaviour change processes.
 - Verify that health coaching processes are being used: file checks, audio monitoring, self-assessment, consumer surveys. Support improvement.

Documentation & Reporting

Session records for client files:

- Incorporate 10 health coaching steps in initial and review session records as prompts for practitioners and to record health behaviour change information.
- Enable sharing of client HC information among practitioners.
- Include prompts to encourage revised, extended and/or new goal setting and action planning in review sessions.
- Collect and report data on planned and spontaneous changes made.

Reporting to referring practitioners and organisations:

- Record and document motivational and behavioural information in reports to referring practitioners or organisations – provide rationale for what the client worked on.

Data Collection for QA, Reporting & Evaluation

1. Motivational outcome measures: RIC

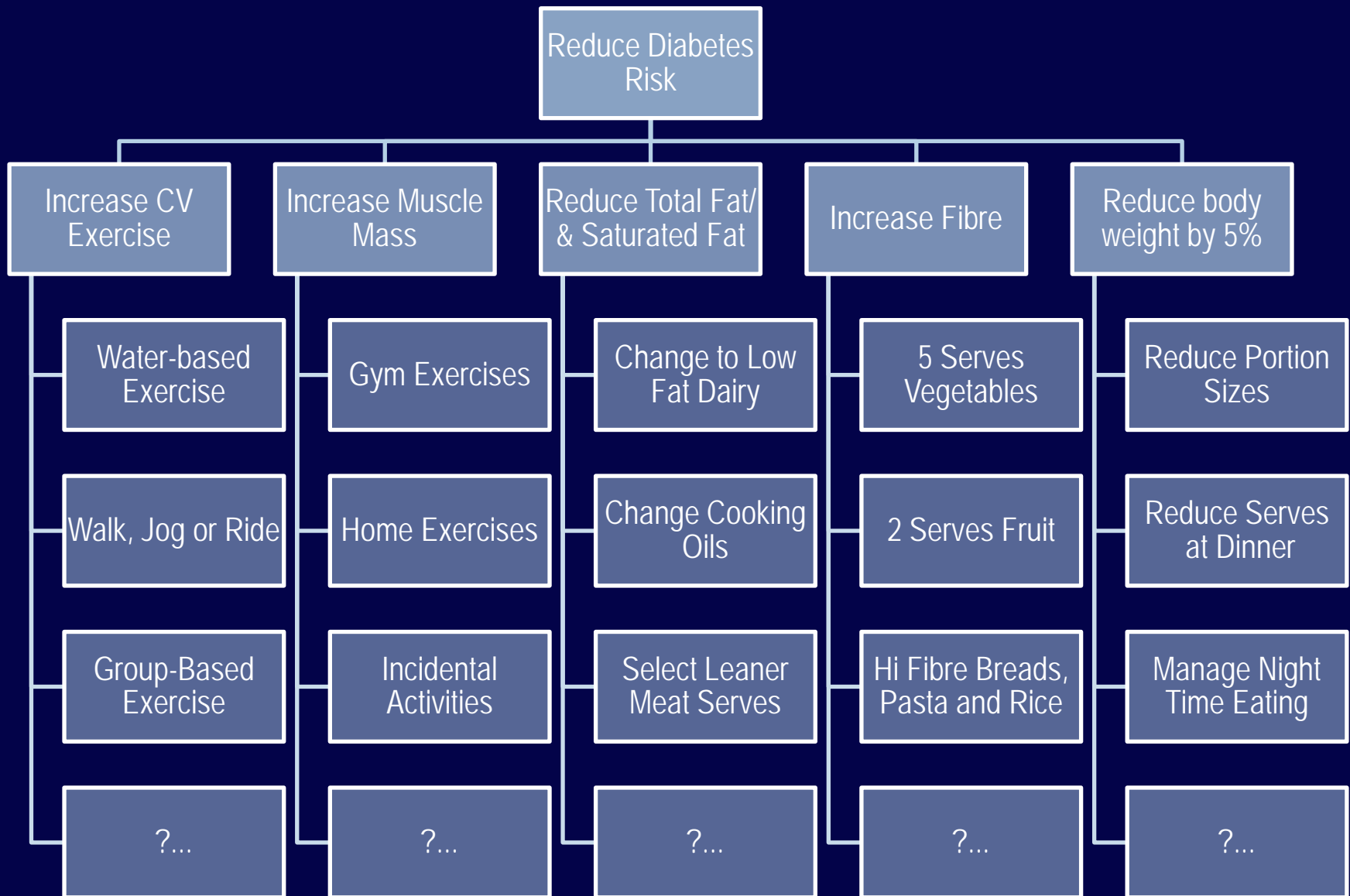
- General Goal RIC changes within session (shows motivation shifts).
- Pre & post program RIC measures.
- Average change in RIC across clients and across practitioners (for quality assurance).

2. Behavioural outcome measures

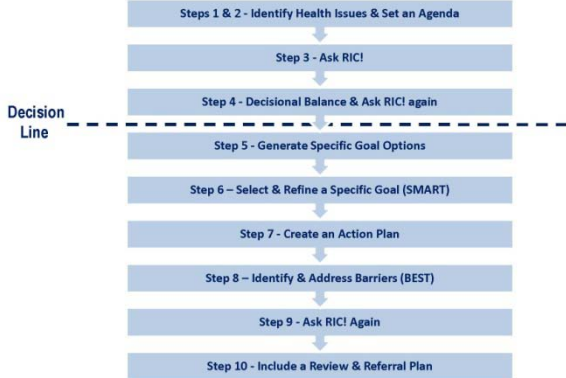
- Mean, median, mode number of specific goals pursued/attained per client & across clients.
- Types of specific goals pursued/attained across clients.
- Use goal hierarchies to group individual goal attainment and report aggregate data, including spontaneous changes.

3. Physiological outcome measures (as usual)

Goal Hierarchy



HCA Order of Use of Techniques



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HCA Recording & Evaluation Documents

HCA Initial Session Record ©2006-2010 Health Coaching Australia
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Practitioner: _____ Date: _____

Client Name: _____
DOB: _____
Global Health Rating: /10 (*insert subjective health rating on a scale 0-10, if applicable to your program)

Agenda Setting

Presenting Issues: _____
Other Client Issues: _____

General Goal Options: Tick all that apply, circle selected goal

<input type="checkbox"/> Manage Weight	<input type="checkbox"/> Increase Movement
<input type="checkbox"/> Manage Stress	<input type="checkbox"/> Improve Sleep
<input type="checkbox"/> Manage Blood Glucose	<input type="checkbox"/> Decrease Smoking
<input type="checkbox"/> Improve Nutrition	<input type="checkbox"/> Decrease Cholesterol
<input type="checkbox"/> Decrease Alcohol Intake	<input type="checkbox"/> _____
<input type="checkbox"/> Decrease Blood Pressure	<input type="checkbox"/> _____
<input type="checkbox"/> Increase Energy Levels	<input type="checkbox"/> _____

Initial Readiness to work on General Goal this session

R	Low	Medium	High	<input type="checkbox"/>	/10	R	Low	Medium	High	<input type="checkbox"/>	/10
I	Low	Medium	High	<input type="checkbox"/>	/10	I	Low	Medium	High	<input type="checkbox"/>	/10
C	Low	Medium	High	<input type="checkbox"/>	/10	C	Low	Medium	High	<input type="checkbox"/>	/10

Subsequent Readiness (if decisional balance used)

Used Decisional Balance? Yes No
Decision made to work on General Goal? Yes No

Intrinsic Motivators: _____

Goal Setting - GROW

Specific Options for Achieving General Goal (GRC) – See HCA goal hierarchies for menus of options:

Specific Goals (measurable, attribute outcome, realistic, time framed, frequency, intensity, monitoring, review date): Write goals below. Off use a Healthy Goals Action Plan worksheet to document each specific goal and action plan.

1. _____
2. _____

Pro-measures: quantify the behaviour for each goal, i.e. #minutes exercise per week: 1. _____ 2. _____

Action Planning

Barriers to Change:	Items to Include in Action Plan (Attach copy of planned actions or HCA Healthy Goals Action Plan)
<input type="checkbox"/> Behavioural	<input type="checkbox"/> All micro steps needed
<input type="checkbox"/> Emotional	<input type="checkbox"/> ANTS into PETS
<input type="checkbox"/> Situational	<input type="checkbox"/> Cues to Remember Steps
<input type="checkbox"/> Thoughts	<input type="checkbox"/> PETS practice
	<input type="checkbox"/> Support People
	<input type="checkbox"/> Contingency Plans
	<input type="checkbox"/> Other Support
	<input type="checkbox"/> Release Prevention Plan
	<input type="checkbox"/> Emotion Management
	<input type="checkbox"/> Renew/Referral
	<input type="checkbox"/> Rate Importance
	<input type="checkbox"/> Rate Confidence

Signature: _____ Notes: _____

HCA Health Coaching Techniques & Data to Record for Each Technique

Techniques	Recording & Reporting Data
Agenda Setting & Ask RIC	Record relevant General goals Readiness (1) re selected goal Importance (1) re selected goal Confidence (1) re selected goal
Decisional Balance	Decisional Balance conducted: yes/no Client chose to work on general goal: yes/no
Ask RIC again	Readiness (2) Importance (2) Confidence (2)
Generate Specific Goal Options	Record list of options
Specific Goal (SMART) & Action Plan	Record specific goal as a sentence Record all action steps required to achieve specific goal
BEST, ANTS/PETS, Emotion Management	Record major barriers if applicable Add items to action plan as applicable
Ask RIC for Specific Goal & Action Plan	Importance (3) in pursuing specific goal Confidence (3) in pursuing specific goal given action plan Readiness (3) in pursuing specific goal (optional question to be used if unsure)
Tracking & Monitoring Techniques, Review & Referral Plan	Record tracking, monitoring, review & referral details as part of client's action plan and in client notes

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Suggested Reporting Format for HCA Model Health Coaching Programs

Reporting Motivational and Behavioural Outcomes

Purpose:

The following formats and measures can be used for reporting motivational and behavioural outcomes of health coaching interventions to sponsoring organisations or internal authorities. These measures are based on the HCA model of health coaching for health behaviour change and chronic condition self management.

The HCA Session Record can be used to collect the required data. It can be downloaded from the resources page of the HCA site: www.healthcoachingaustralia.com.au. Various goal hierarchy worksheets are also available on the HCA resources page. These hierarchies can provide a standardised structure for categorising and collecting data on individuals' behavioural sub-goals in health coaching programs. This system allows for the pursuit of multiple goals over time by each individual.

1. General Goals that were pursued by subjects:

General Goal	% subjects choosing to work on this goal
Increase activity	
Improve nutrition	
Manage weight	
Manage stress & mood	
Increase energy levels (sleep, general health)	
Decrease alcohol	
Decrease smoking	
Etc.	

2. Initial Reported Readiness, Importance and Confidence in working on the chosen General Goal:

- Scaled using a 0-10 scale where 0 = no R, I or C, and 10 = maximum R, I or C for those subjects that elected to work on the Indicated General Goal.

General Goal	Subject Number	Average Readiness	Average Importance	Average Confidence
Increase activity				
Improve nutrition				
Manage weight				
Manage stress & mood				
Increase energy levels (sleep, general health)				
Decrease alcohol				
Decrease smoking				
Chronic condition self management				
Etc.				

Health Coaching Australia – August 2009

1

Group Settings - 1

Behaviour Change Education

- Stages of change, readiness to change, barriers to change.
- There is no one-size-fits all strategy for everyone.
- Normalise relapse, difficulty of changing.
- Relationship between thoughts/emotions/behaviours.
- Cognitive change strategies.
- Discuss Willpower & Waypower (pathways thinking) & trial and error philosophy.

Group Settings - 2

Deciding to work on health issues

- Introduce decisional balance concepts.
- Discuss tradeoffs in decision making – problem solving skills.
- Use angel and devil analogy.
- Use metaphors to support long-term strategies: journey, tortoise and hare, snakes & ladders.
- Talk about intrinsic motivation and invite participants to identify their own motivators.

Group Settings - 3

Agenda Setting, Goal Setting, Action Planning

- Provide summaries/lists of key education points (eg, nutrition strategies discussed in group session).
- Use summaries as an agenda setting tool - Ask participants to highlight/tick ideas that apply to them.
- Ask participants to select specific options from these check lists.
- Teach participants how to set a goal and create an effective action plan.
- Use co-coaching in pairs if appropriate

Tips for Telephone Health Coaching

Setup:

- Treat calls as medical appointments (time, place, distractions, comfortable environment).
- Prompt client to have materials ready (pen & paper, glasses, program resources, previous notes etc.).
- Remind client about previous consultation & outcomes.

Communication:

- Tone of voice, silences, distractions, checking.
- Prompt to write things down (if client is able to).
- Set up prompts, cues etc. while on phone.
- Outline expectations for the next call or contact.

Suggested Starting Strategies for Practitioners

1. Ask RIC!
2. Use 'no advice' & 'menu of options' techniques to avoid giving unwanted advice & getting "yes, but" responses.
3. Use agenda setting to identify a general goal the client is ready to work on.
4. Invite the client to do the writing. Provide pens & paper.
5. Ask RIC! again to check quality of goals & action plans.
6. Encourage a trial & error approach to behaviour change.
7. Practice on friends & colleagues.
8. Organise peer support or team case discussions.

Implementation Planning Issues from a health behaviour change perspective

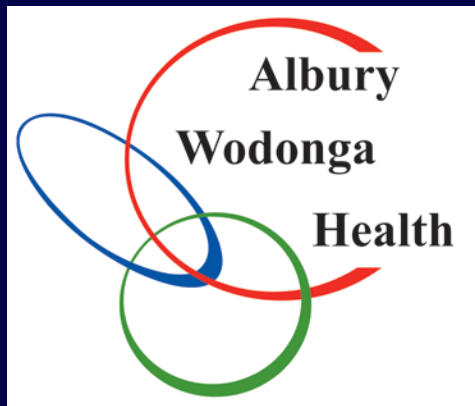
1. Develop health behaviour change **policy** and recording and reporting **protocols** for practitioners and programs to follow (with practitioner input)
2. **Train practitioners** in policy and protocols
3. Support **skills development** (incl. peer leaders)
4. **Verify** that the protocols and systems are being applied adequately (QA)
5. **Communicate results** to parent and other organisations (share learning, successes, challenges and resources)
6. **Ask practitioners** what support they need

Ongoing Support Options from HCA

- Skills development **exercises** on HCA Resources page.
- Check **HCA website** for info about other organisations' programs.
- Two-day skills-based **Introductory** workshops.
- **Review & Update** workshop with Skills Consolidation Certificate option (make preparation assignments mandatory).
- **Skills development support** for peer support leaders within your organisation.
- Video demonstrations - 5 **DVD** collection.
- HCA **Practitioners Guide**.
- HCA **Train the Trainer** package.
- **On-line training** module – based on the Guide – coming soon.
- Call HCA for further assistance.

Is there anything that we can do to help you to implement health coaching into practice and programs?

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www.healthcoachingaustralia.com.au

Glenda Chapman

Helen Still

Tracey Forster

Thank You For your Participation!

Contact us & download free practice
guides, data collection and reporting
formats and worksheets from

www.healthcoachingaustralia.com.au