

HCA Model of Health Coaching

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Patient Health Conditions & Risk Factors → Evidence-Based Treatment Recommendations

HC
Consult {

Health Practitioner Facilitates Health Behaviour Change

Readiness, Willingness & Ability

Change Thinking & Planning

Change Behaviour

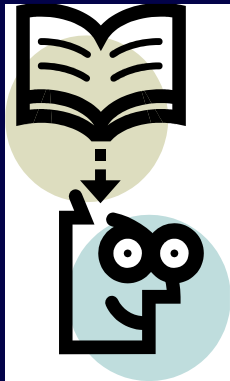
Adhere to Treatment Recommendations

Achieve Evidence-Based Physiological Targets

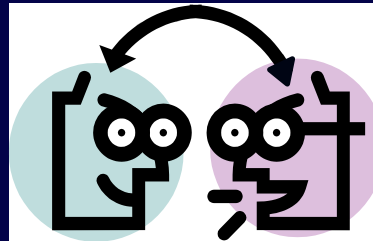
Patient Better Health Outcomes

Evidence-based
assessment and treatment
protocols

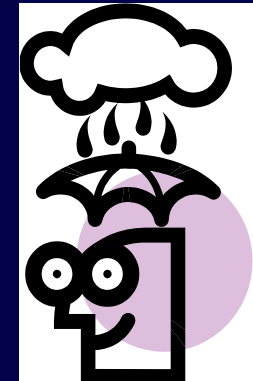
BEST barriers and
facilitators for change:
Behaviours, Emotions,
Situations, Thinking



Health
Professional

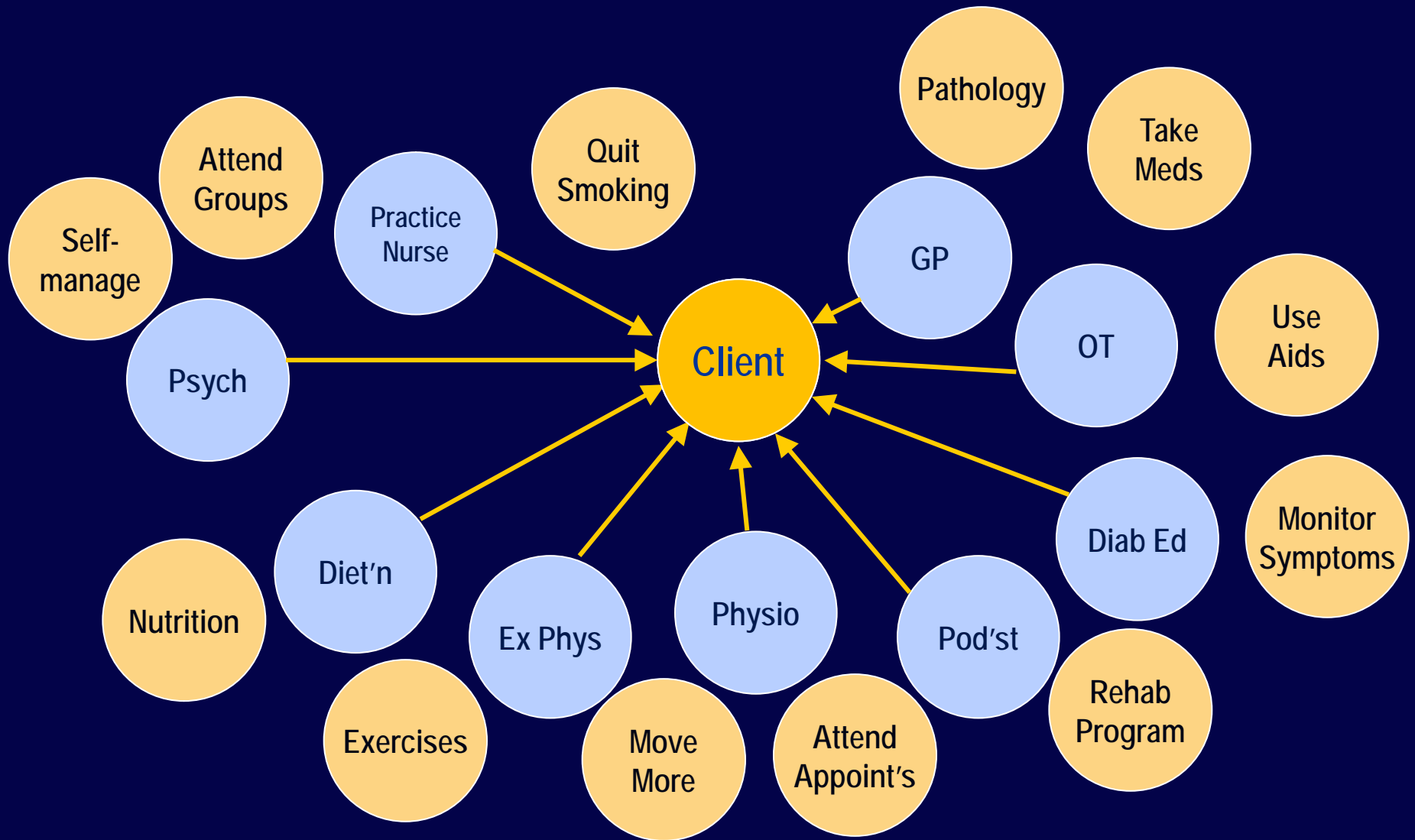


Is your client ready, willing and able?



Client

Information & Goal Setting Overload!



Health Coaching Patient Case:

- Back injury (medical discharge from Navy)
- Chronic pain
- PTSD, Depression & other psychosocial factors
- Diabetes Type 2
- Prostate cancer previously
- High cholesterol
- Weight management issues
- Resistance from previous experiences

[Geoff – 6 min video](#)

How much of a problem is Adherence to Recommendations?

14-21% of patients never fill prescription.

30-50% don't take medications in recommended manner.

66% with hypertension have poor BP control due to non-adherence.

50% adherence to chronic conditions treatment incl. lifestyle changes.

WHO, 2003

21% Type 1 diabetes patients NEVER check BGLs.

Polonsky, 1999

36-39% non-adherence to MS disease-modifying injection therapies
(among patients who choose to engage in treatment)

Treadaway et al, 2009

The BEST Method to Identify Barriers & Facilitators

- **B**ehaviours
 - Habits, every day actions, planning (or lack of)
- **E**motions
 - Emotional reactions to things that happen to us
- **S**ituations
 - Medical, cognitive, social, physical, access, \$, changes in circumstance
- **T**hinking
 - Beliefs, attitudes, expectations & habitual thinking patterns
 - Motivation (RIC)

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)

The Nature of Health Coaching

- The HCA Model is a system of *evidence-based principles and techniques* that have been built into a *structure that guides* health professionals in how to *facilitate health behaviour change* in their patients or clients.
- The Model actively identifies and addresses behavioural, emotional, situational and cognitive *barriers to change* and *builds patient skills* in decision making, problem solving and planning.

HCA Model of Health Coaching

6 Knowledge & Skill Sets	Theory Base	Guiding Structure (10 Steps)
<ol style="list-style-type: none"> 1. Health Conditions & Health Promotion Knowledge 2. Health Behaviour Change Frameworks 3. Health Behaviour Change Interviewing Skills 4. Behavioural Change Facilitation Skills 5. Cognitive Change Facilitation Skills 6. Emotion Management Facilitation Skills 	<ul style="list-style-type: none"> • Collaborative Working Alliance • Biopsychosocial Model • Readiness to Change • Autonomy & Choice • Self-efficacy • Solution Focus • Barriers to Change • Trial & Error, Learning & Reinforcement • Hope • Self-regulation • Positive Psychology • Etc. 	<ol style="list-style-type: none"> 1. Identify Health Issues & Lifestyle Change Options 2. Set an Agenda 3. Explore Motivation (Ask RIC!™) 4. Client Makes a Decision <hr style="border-top: 1px dashed black;"/> <ol style="list-style-type: none"> 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

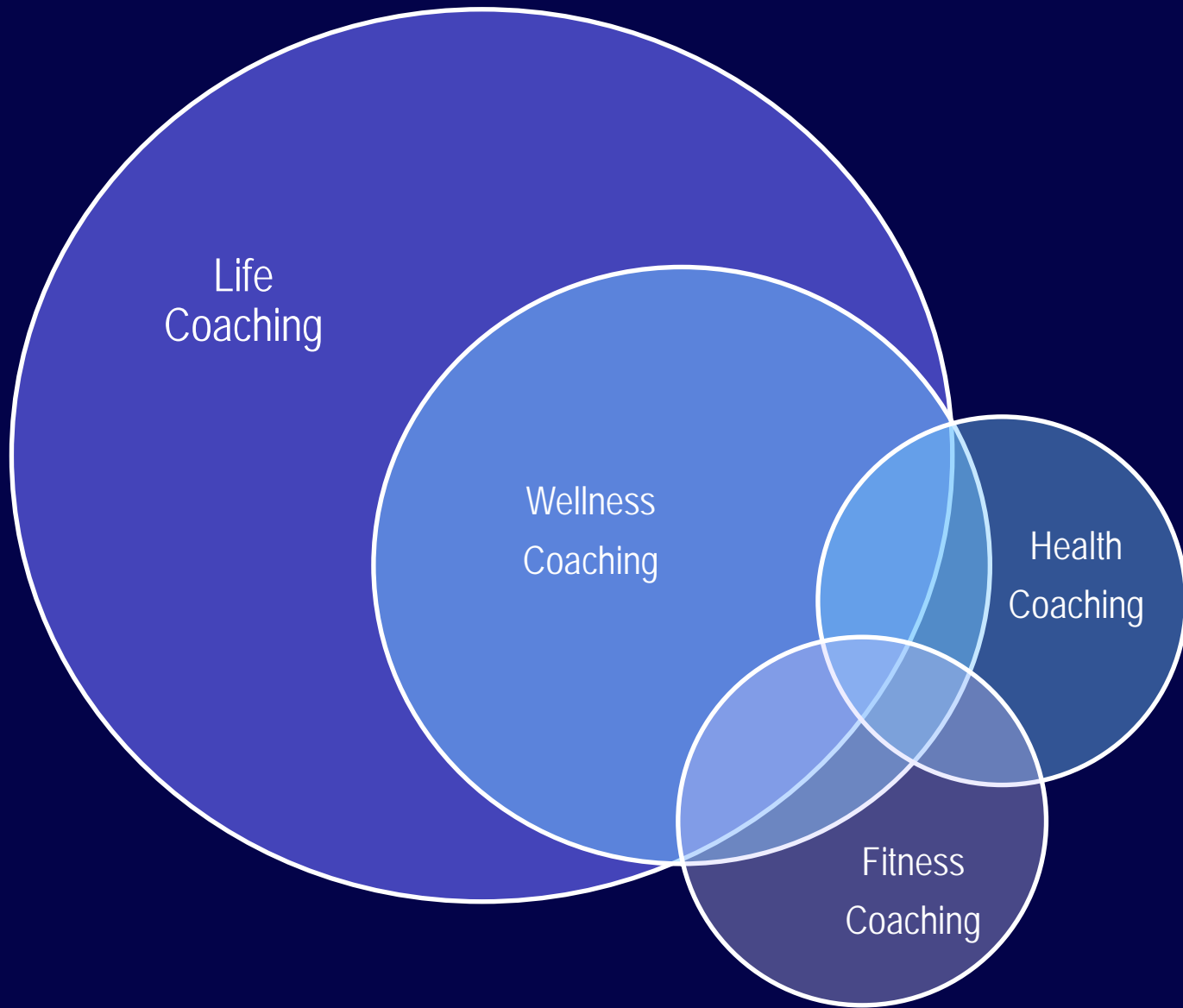
What to do + Why you are doing it + How to do it + Optional tools
 To assist clients to adhere to treatment and lifestyle recommendations

What's the Evidence?

- The HCA model is not a program
- It draws on evidence-based health behaviour change theories and communication principles and techniques from:
 - 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
- A 'transtheoretical' model for facilitating behaviour change

Fundamental Principles

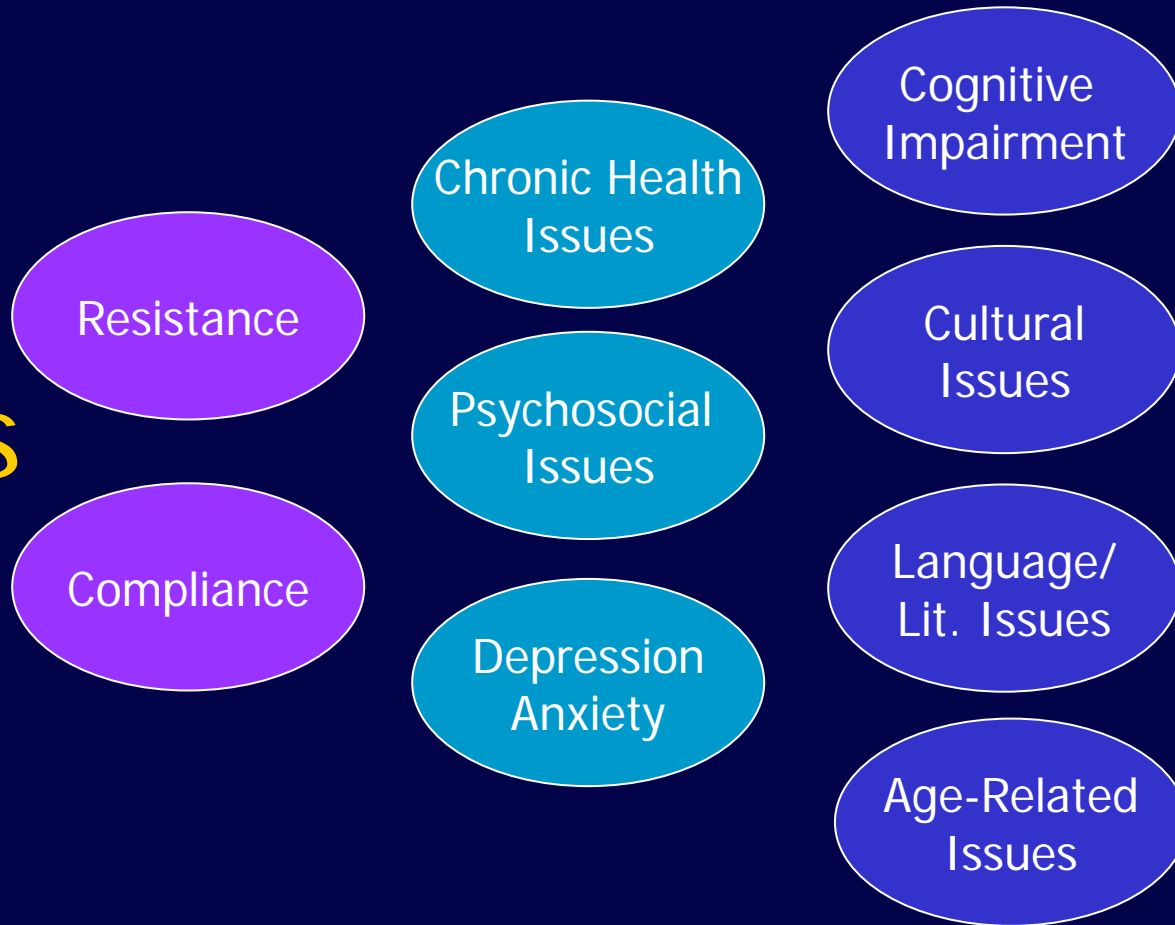
- **Health practitioners as experts** provide evidence-based treatment and lifestyle recommendations to clients and can help clients to prioritise health goals.
- **Clients as experts** in their own preferences and life circumstances are the best people to choose how to implement treatment recommendations in their daily lives.
- Health coaching has a **health** versus mental health or whole of life focus.
- It embraces a **trial & error** approach – hope theory.
- **Changes in thinking** are essential for changes in behaviour.



Typical General Goals for Chronic Condition Prevention & Self-Management

- Engage in treatment
- Manage risk factors
- Attend appointments
- Manage medications
- Maintain independence
- Monitor symptoms
- Manage nutrition
- Manage fatigue
- Communicate with doctors
- Manage time
- Increase mobility
- Improve sleep
- Do home exercises
- Manage BP, Cholesterol, BGLs
- Manage pain
- Manage mood
- Re-engage socially
- Use public transport
- Use aids and equipment
- Cook healthy meals
- Keep out of nursing home
- Damage control
- SNAP goals
- Manage weight

Clients



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



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



Readiness

(to adopt particular behaviours)

Solution-focused Coaching

Motivational Interviewing

RIC = Readiness, Importance, Confidence

Tips to Increase Adherence

- Understand the **reasons why** people don't adhere to advice.
- Ascertain clients **understanding** of their condition/s and treatment recommendations and fill in any gaps.
- Ask clients their **Readiness** in making the recommended changes, how **Important** they think it is *personally* to make the changes and how **Confident** they are in being able to make & sustain the changes.

RIC Rules

1. **If importance is low** – use decisional balance to find intrinsic motivators & increase importance. Otherwise, don't cross the line.
2. **If confidence is low** – reduce the magnitude, number or complexity of goals &/or help the patient to address their barriers to change.

Decisional Balance – MS Patient Issues – Tmt as Negative

The decision that I am considering is whether or not to work on Engaging in immunotherapy for treatment of MS

	Don't Start Treatment	Start Treatment
Good Outcomes	<ul style="list-style-type: none"> • No injections, no pain, no side effects • Less hassle (time, planning) • Less anxiety • People won't know I am sick 	<ul style="list-style-type: none"> • Treatment may have some effect but can't cure me. • Not sure
Not so Good Outcomes	<ul style="list-style-type: none"> • My condition may be worse over time??? (But it may not progress anyway) • Not sure 	<ul style="list-style-type: none"> • Stress, pain, side effects • Injection anxiety • Accepting the diagnosis • Social discomfort • Big change in who I feel I am • Relationship implications • Attend appointments – time • Cost of treatment

Decisional Balance – MS Patient Issues – Tmt as Positive

The decision that I am considering is whether or not to work on Engaging in immunotherapy for treatment of MS

	Don't Start Treatment	Start Treatment
Good Outcomes	<ul style="list-style-type: none"> • No injections, no pain, no side effects (But maybe that's better than the alternative) • Less hassle (But maybe it's worth it to live a good life) • Less anxiety (Or maybe more if I get worse?) 	<ul style="list-style-type: none"> • Treatment may give me the best chance of staying well for longer and having less disability • I am being proactive and taking control as much as possible
Not so Good Outcomes	<ul style="list-style-type: none"> • My condition may get worse over time and I want to prevent this if possible • Delaying treatment may mean more disability later • I may not be able to function as well and do what's important to me, my family 	<ul style="list-style-type: none"> • I can deal with side effects and anxiety with help from my treatment team and family • Denying the diagnosis is not going to help me. I am still the same person • I will have to manage my time and energy levels

Case Studies

Individual Client – Dietetics Consultation
Group Program – Healthy Pregnancy
Intervention Research
Project

Case Study: 'Panicky Pam'

- 64 year old female; divorced
- Retired receptionist

Referral issues:

- Weight loss diet using meal replacement shakes
- Hiatus hernia surgery in 2 months

Client-identified issues:

- Hypertension (medication)
- Osteoarthritis; limited mobility

The 'one size fits all' model

- Assess: weight, activity levels, other health issues
- Educate: Meal replacement regime; foods to avoid and 'free' foods to include to prevent hunger
- Encourage: 30 minutes physical activity, daily
- Review: 2 weeks

Health Coaching: A Tailor Made Approach

1. Identify and discuss referral issues, client issues and treatment options
2. Set an Agenda
3. Explore Motivation: **Ask RIC!**
 - Readiness: 6/10
 - Importance: 5/10
 - Confidence: 3/10
4. Decision balance used to address ambivalence and for client to make a decision to engage in treatment

Decisional Balance

The decision that I am considering is whether or not to work on using meal replacement shakes to lose weight

	Rapid weight loss: Meal replacement shakes	Slow weight loss: Portion controlled eating plan
Good Outcomes	<ul style="list-style-type: none"> • I'll lose weight quickly • Less effort; no planning involved • I'm good at losing weight quickly! • I've done it before • The specialist will be pleased 	<ul style="list-style-type: none"> • I can still socialise • I won't be hungry • Less risk with surgery • I may be able to keep the weight off long term • I'll finally beat the diet cycle
Not so Good Outcomes	<ul style="list-style-type: none"> • Two months is too long, I don't think I will be able to last • I won't be able to socialise • I'll give up and go back to overeating • I'll regain the weight plus more • More risks with surgery 	<ul style="list-style-type: none"> • I won't lose as much weight, but I guess it's better than regaining • It will take some effort, but so does strict dieting • I don't know what and how much to eat, but I have support from a health professional this time

Proactive Pam

Specific Goal 1: to follow portion controlled plan

Action Plan:

- Grocery shopping on Sunday and Wednesday
- Use 'menus' to choose a variety of food
- Place list on fridge as a reminder
- Cognitive strategy when socialising: "It's the dose that makes the poison"
- Tracking progress: scales (weigh fortnightly), measurements, mobility, sleep, energy levels

Proactive Pam

Specific Goal 2: 5 minutes walking, three times daily

Action Plan:

- Walk before breakfast, lunch and dinner
- Leave walking shoes at the back door
- Track progress using 'habit change diary'
- Cognitive strategy: "something is better than nothing"

Results over time (2 months)

Behavioural:

- Walking 15 minutes three times daily
- Bike riding three times per week
- Resistance bands and skipping rope during the television commercials and wet weather
- Managed to enjoy regular social events without depriving herself

Results over time (2 months)

Physiological:

- Weight: 8kg loss
- Measurements (reduction):
Chest: 14cm Waist: 10cm Hips: 10cm
- Blood pressure medication reduced
- Surgery on hiatus hernia not needed!

Results over time (2 months)

Psychological:

- Improved self confidence
- Focused on successes rather than failures
- Less anxious when approaching specialist
- Motivated to plan for the future: to buy a caravan and travel around Australia

Persistent Pam

Maternal Health and Wellbeing During Pregnancy

Group Intervention Research Project

- Collaboration between HCA & Deakin University in a pilot project
- **Rationale:** Excessive gestational weight gain is recognised as contributing to the development of obesity in women.
- **Aim #1:** To compare the effectiveness of a specialised health coaching intervention during pregnancy, in preventing excessive gestational weight gain and postpartum weight retention 12 months post birth, compared to usual care.
- **Aim #2:** To investigate the relationship between shifts in motivation, actual behaviour changes, and physiological and psychological outcomes.

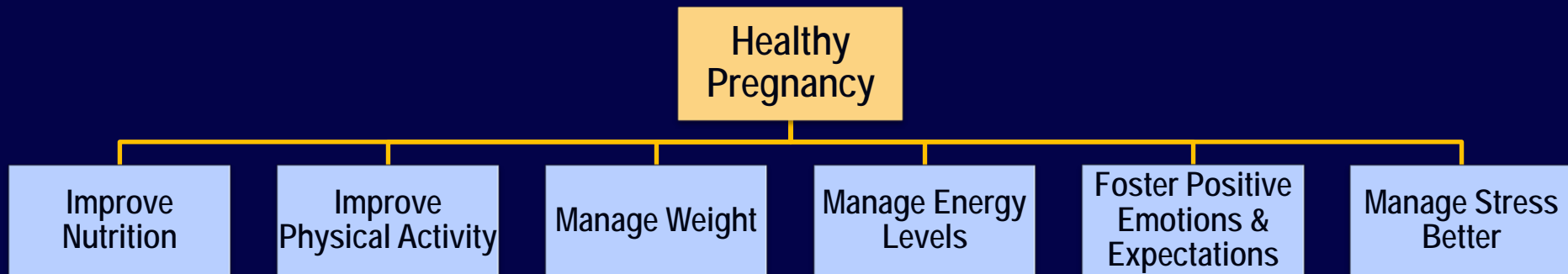
Pilot Study Intervention

Goal : to pilot with 10 women and test the effectiveness of a health coaching intervention designed to prevent excessive gestational weight gain in primigravidas

Intervention Outline:

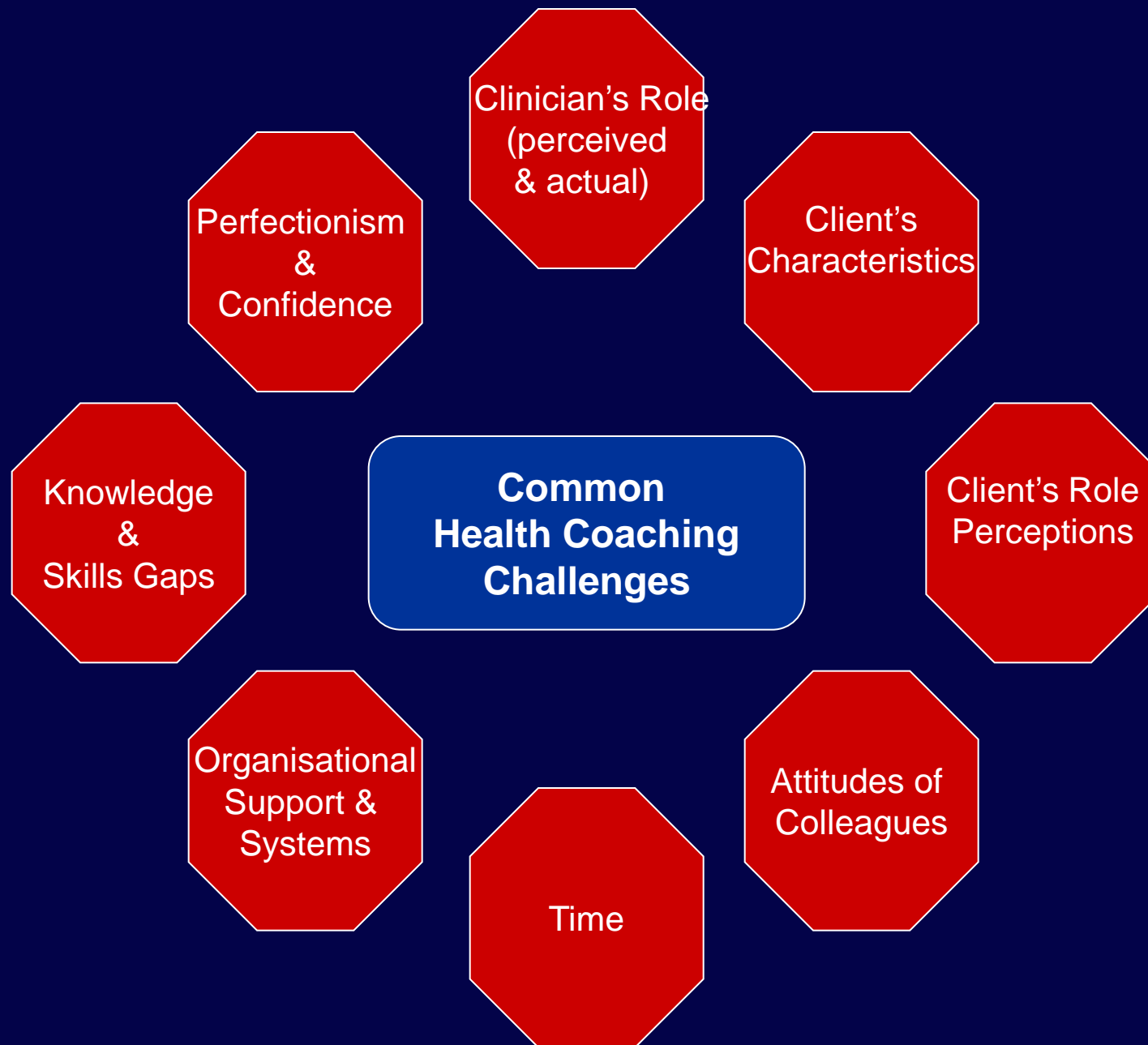
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|-----------------|--|--------------|
| •At 18-20 Weeks | - Baseline assessment measures | |
| •At 18-20 Weeks | - Face to Face Health Coaching Session | (1 hour) |
| •At 22 Weeks | - Education Session #1 | (2 Hours) |
| •At 24 Weeks | - Education Session #2 | (2 Hours) |
| •At 26 Weeks | - Telephone HC Follow-up Session | (30 minutes) |
| •At 28 Weeks | - Telephone HC Brief Follow-up | (15 minutes) |
| •At 30-32 Weeks | - Second assessment measures | |

Healthy Pregnancy Goal Hierarchy

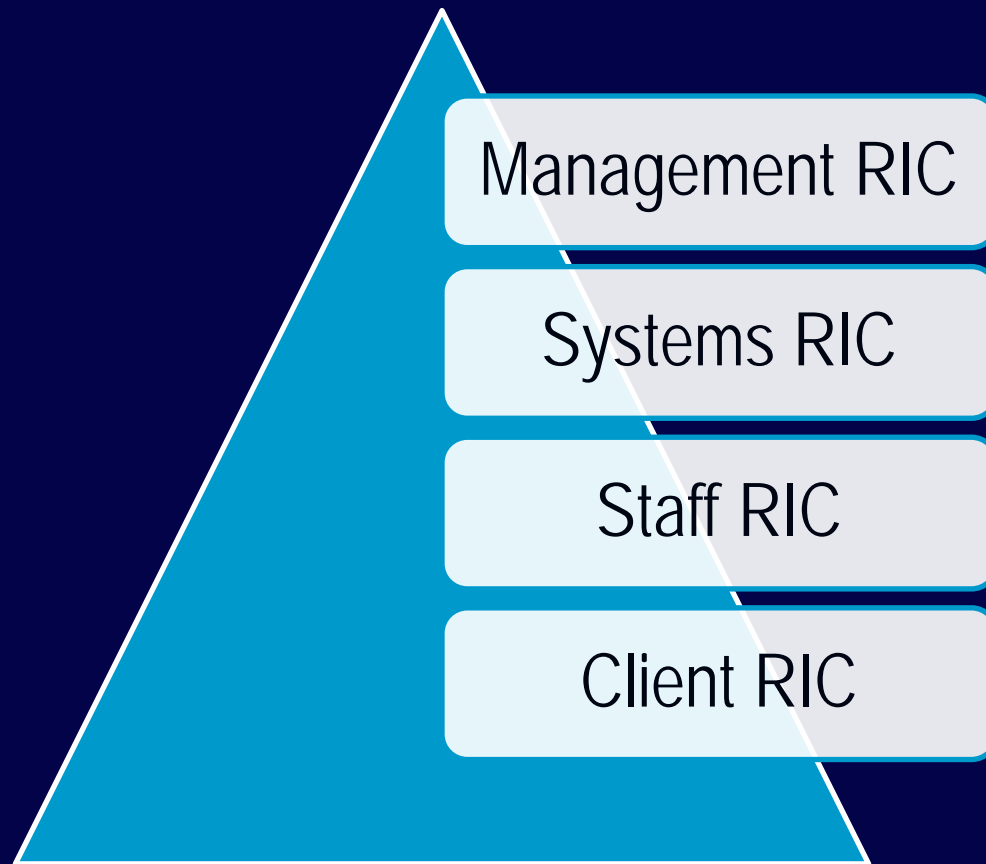


Key Learnings and Implications

- The HC model led to decreased resistance and a positive attitude towards the project
- Concept of the 'Pregnancy Survival Kit'
- **Feedback:** 'Education' was the least useful component, planning and discussing barriers/strategies the most useful
- Emphasis of the project changed from weight to broader health
- Participants displaying fundamental changes in thinking
- Broader implications of the project; postpartum health outcomes for mums, bubs and families
- **Future directions:** application for NH&MRC funding

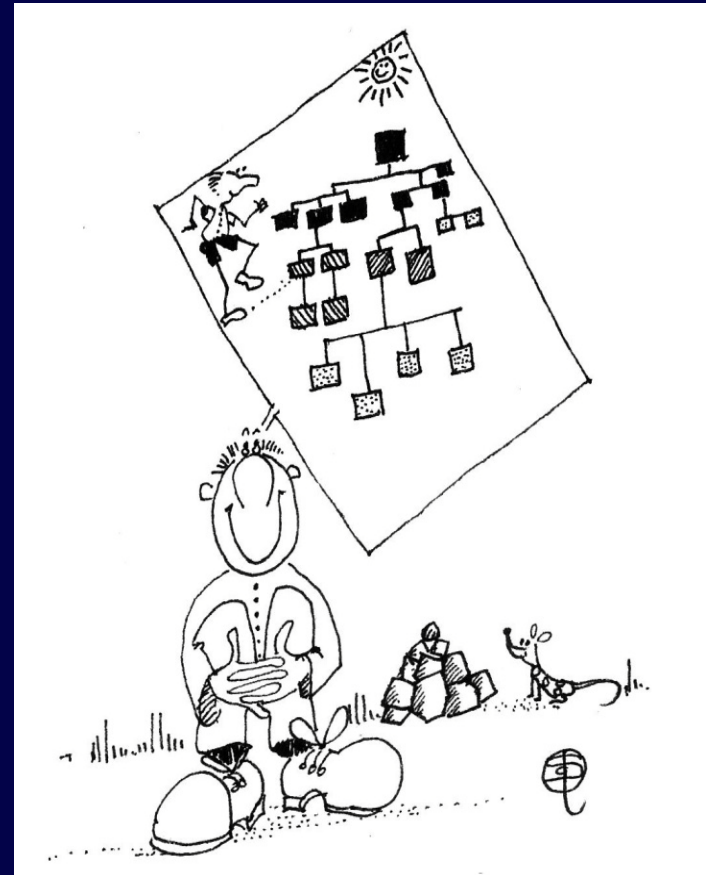


Levels of RIC within organisations





Messy Head Syndrome



Health Coaching

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The Role of a Health Coaching Health Professional

1. To provide professional **advice** and **education** as required and **correct misinformation**, in an appropriate way.
2. To help clients to **make the decision** to follow health recommendations, and
3. To develop problem solving skills to increase the **likelihood of success** after the client decides to make changes.

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.