
Australasian
Society of
Lifestyle
Medicine

Health coaching - Introduction

Unit: 2.2

Presenters: Simon Matthews & Kim Poyner

Version: 1.0

About me

Simon Matthews

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I am a Psychologist, Board Certified Lifestyle Medicine Professional and Fellow of the Australasian Society of Lifestyle Medicine. I support people to achieve their goals of living healthier, more purposeful lives. I have worked with government, corporate, banking, and not-for-profit organisations to help their staff to understand the value of a healthy lifestyle and to practice the principles of living well.

I am the CEO of Wellcoaches® Australia. The premier school of evidence-based health coaching, Wellcoaches® trains health professionals to assist their clients in achieving long-lasting health behaviour change.

When not working, I also love talking about my other passions as a pilot, barista and self-taught cook.

wellcoaches®
AUSTRALIA

About me

Kim Poyner

RN, PN, NBC-HWC
MediCoach
kim@medicoach.com.au

- Registered Nurse
- Health and wellness coach
- PHN consultant and coach
- CHRONIC DISEASE; Prevention – obesity and risk; hospital avoidance; health care home; Quality Improvement strategies
- Presenter APNA, GPCE, ASLM, MCCC, PHN coaching school
- Director MediCoach
- Director The Practice Excellence Institute
- Director ASLM
- Faculty Wellcoaches Australia

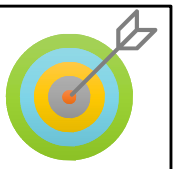
MediCoach

Declarations

- Simon Matthews: CEO of Wellcoaches® Australia – strategic partner of ASLM

Australasian Society of Lifestyle Medicine

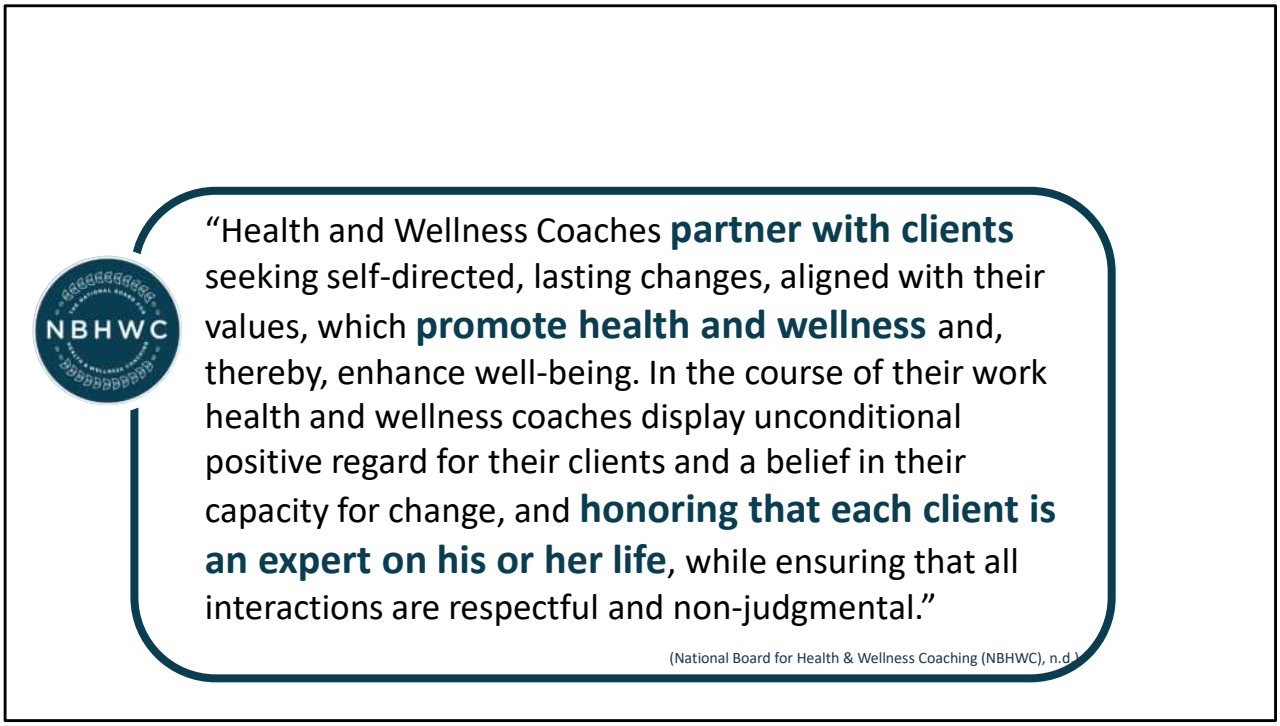
Learning outcomes



By the end of this topic, you will be able to:

1. Describe what health coaching is
2. Construct health coaching outcomes and define SMART lifestyle goals
3. Cite the theoretical base for health and wellness coaching
4. Summarise the evidence-base for effective coaching that promotes health behaviour change and improves health outcomes
5. Explain the practice considerations

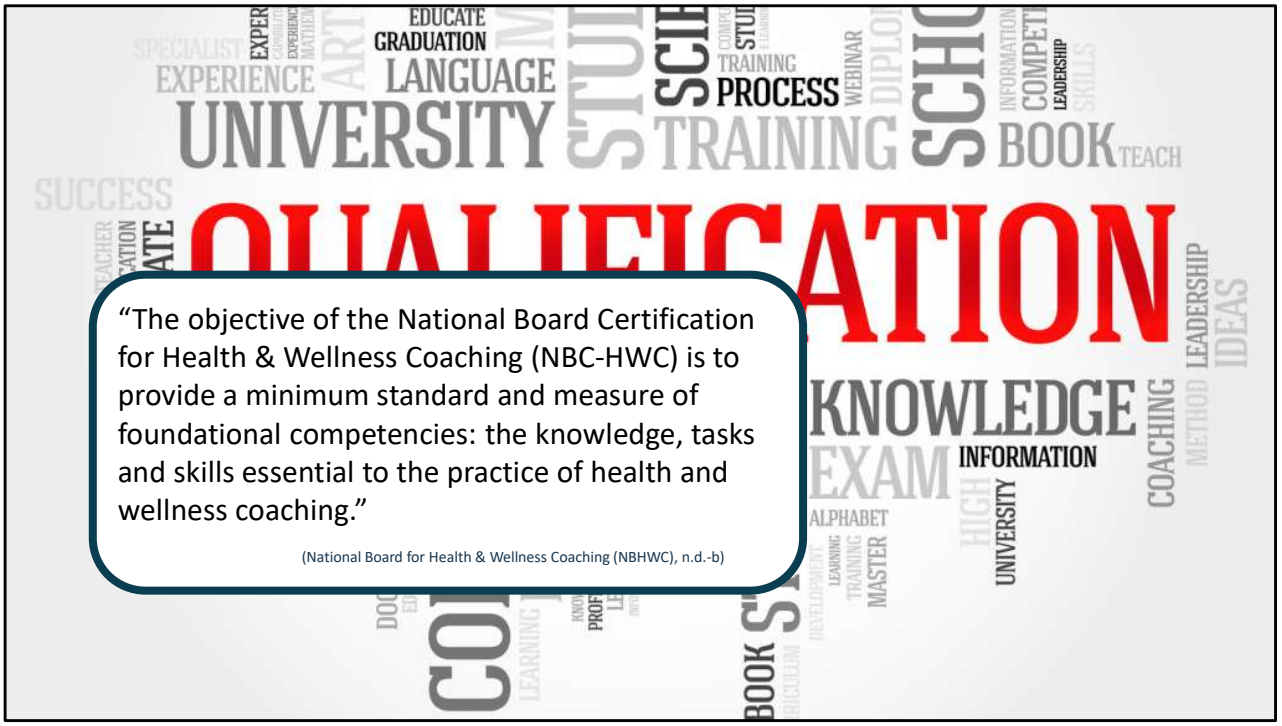
Describe what health coaching is



NBHWC – National Board for Health & Wellness Coaching

"Since 2010, the NBHWC has consulted widely, developed a broad consensus, created national standards, and formed a partnership with the National Board of Medical Examiners in May 2016 to launch a National Board Certification for Health & Wellness Coaches in September of 2017."

(National Board for Health & Wellness Coaching (NBHWC), n.d.-b)


EDUCATE
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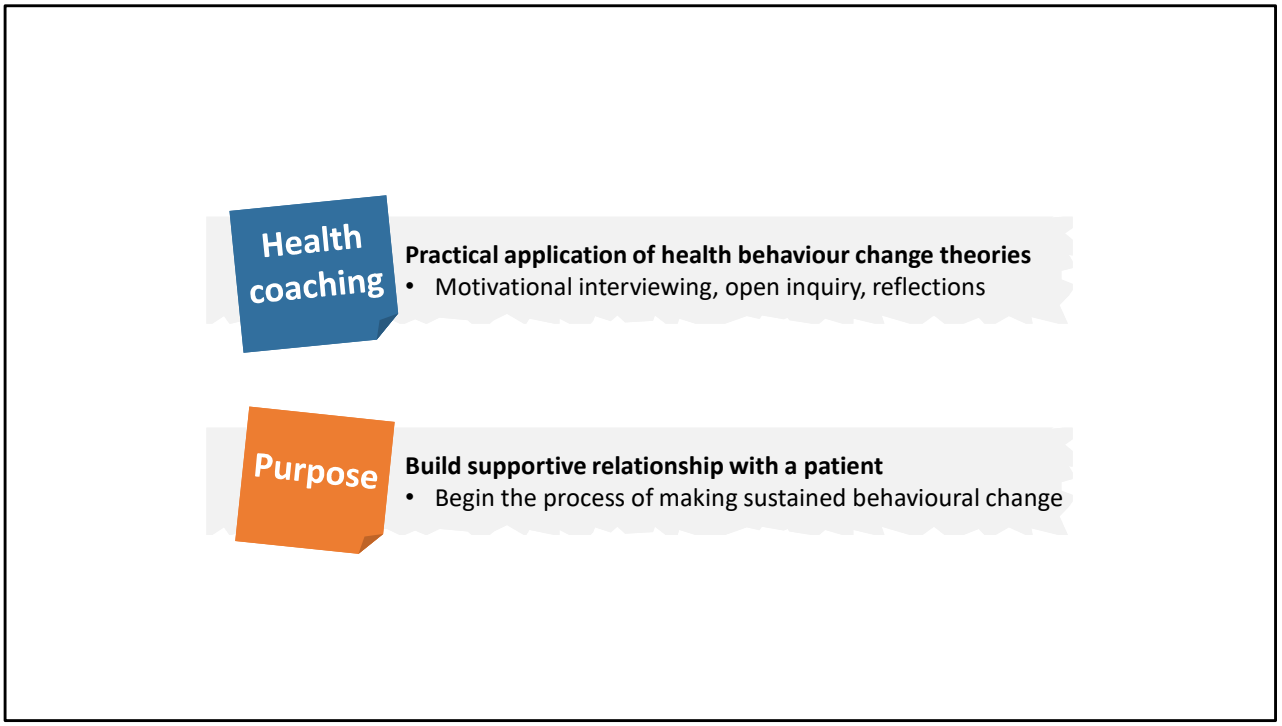
ALPHABET
MASTER
UNIVERSITY
"The objective of the National Board Certification for Health & Wellness Coaching (NBC-HWC) is to provide a minimum standard and measure of foundational competencies: the knowledge, tasks and skills essential to the practice of health and wellness coaching."
(National Board for Health & Wellness Coaching (NBHWC), n.d.-b)

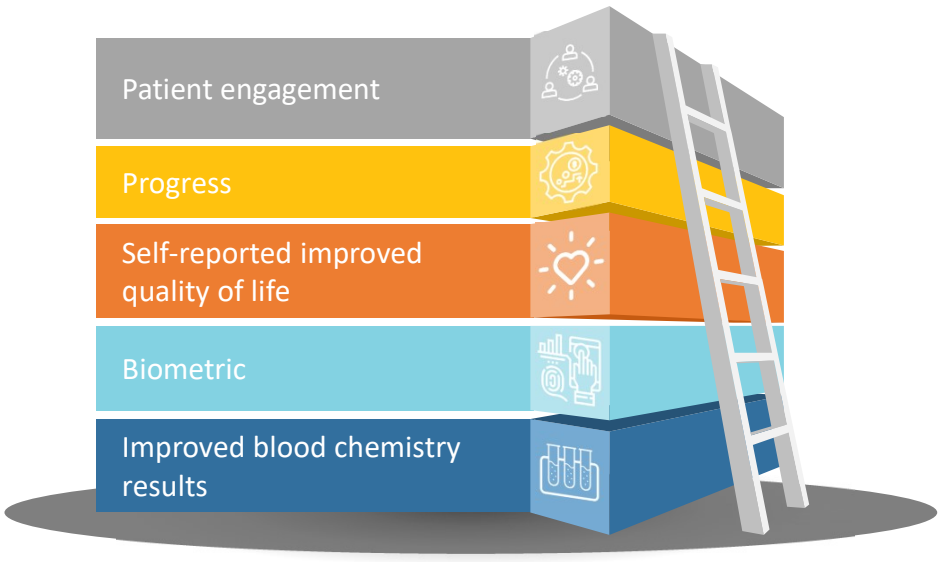


In summary, Health coaching is the practical application of health behaviour change theories using techniques such as motivational interviewing, open inquiry and reflections.

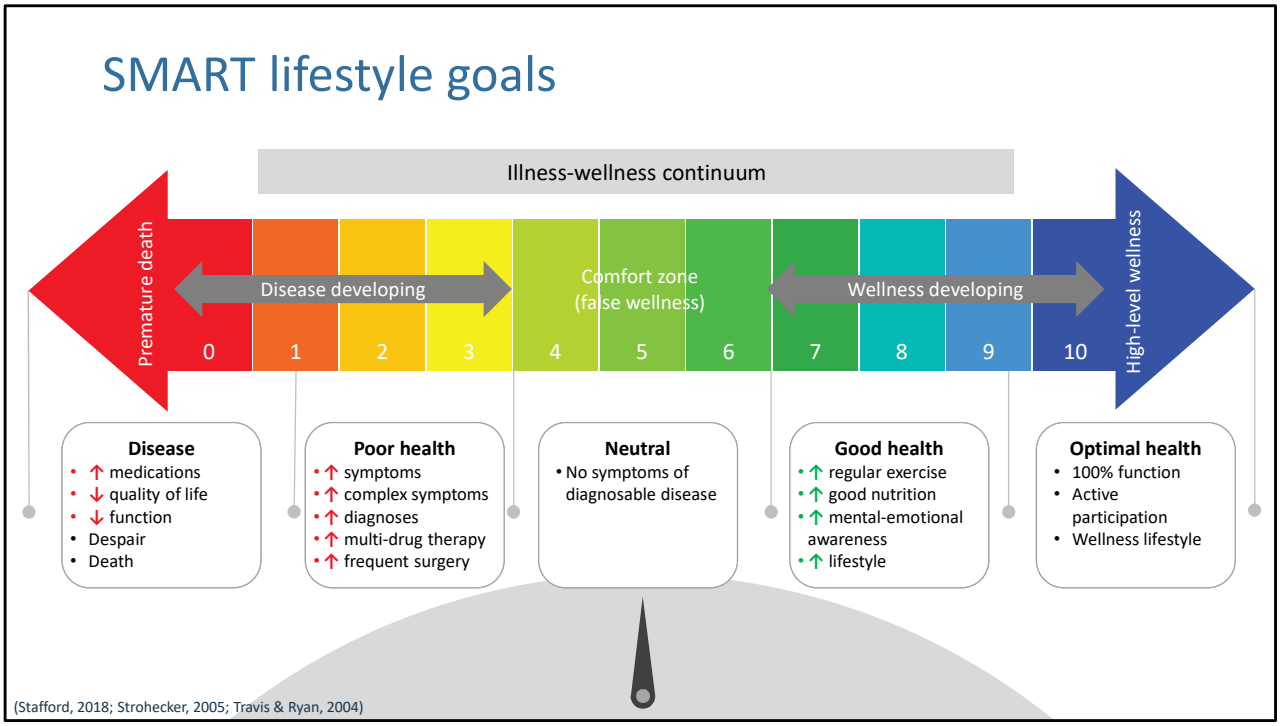
The purpose of this is to build a supportive relationship with a patient in which he or she can then begin the process of making sustained behavioural change.

Construct health coaching outcomes and define SMART lifestyle goals

Coaching outcomes



1. Complex need client actually turning up for repeat appointments
2. Patient making adjustments/changes in their lives whether it be cognitive changes or physical changes. Using an appreciative approach with a client is important for them to appreciate that they have made changes. It could be in their positivity; self-efficacy; resilience; mindset or physically undertaking a change. Patients will not notice this themselves, it is our role to discuss this with them. They will then have the opportunity to have the neurochemical rewards associated with change to be enriched as a consequence of our discussions. I.e. when they perform the change; when they think about it; when they picture it and when they discuss it – they will get a triple trifecta of neurotransmitters that will form new neural pathways in their brain and eventually life long habits
3. Quality of life is an important measure when working with complex need clients – we use a COOP/Wonca chart to see the changes that the patient is experiencing

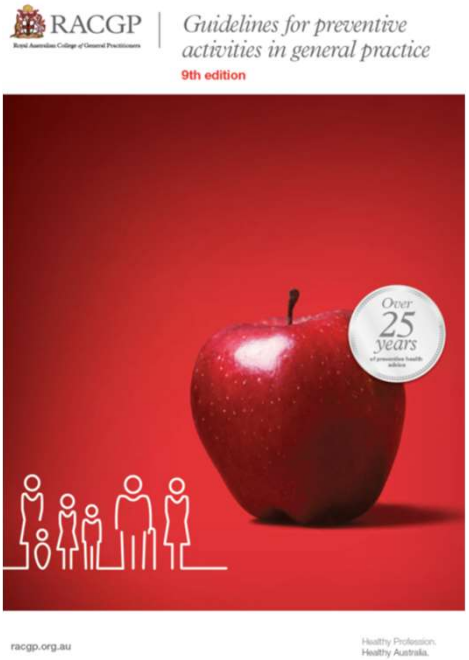


In 1948, the World Health Organization stepped away from traditional thinking of health as a simple absence of disease. By reconceptualising health as the complete state of physical, mental and social wellbeing, the concept of positive health was introduced. Later, in 1979, Antonovsky's work promoted another shift in how we think about health by championing salutogenesis—the study of the origins of health. This work prompted the development of bi-polar health models that looked at both factors that promote health and disease.

Dr J Travis' Illness-Wellness Continuum - that linked health to developing human potential (Strohecker, 2005).

Upstream issues are our opportunity to improve communities' lives

Prevention guidelines



(Royal Australian College of General Practitioners (RACGP), 2016)

RACGP have compiled the strategies we can use in general practice for upstream issues

Chronic disease	Smoking	Insufficient physical activity	Excess alcohol	Dietary risks	Obesity	High blood pressure	Lipids
CVD	x	x		x	x	x	x
Stroke	x	x	x		x	x	x
T2 diabetes	x	x		x	x		
Osteoporosis	x	x	x	x			
Colorectal cancer	x		x	x	x		
Oral Health	x			x			
CKD	x		x		x	x	
Breast cancer					x		
Depression					x		
Osteoarthritis					x		
Rheumatoid arthritis	x						
Lung cancer	x						
COPD	x						
Asthma	x						

(RACGP, 2016)

This Is the impact that these lifestyle diseases can create multi morbidity

(Department of Health, 2019; RACGP, 2015)

- CDM – chronic disease management
- PIPQI – Practice Incentive Program Quality Improvement

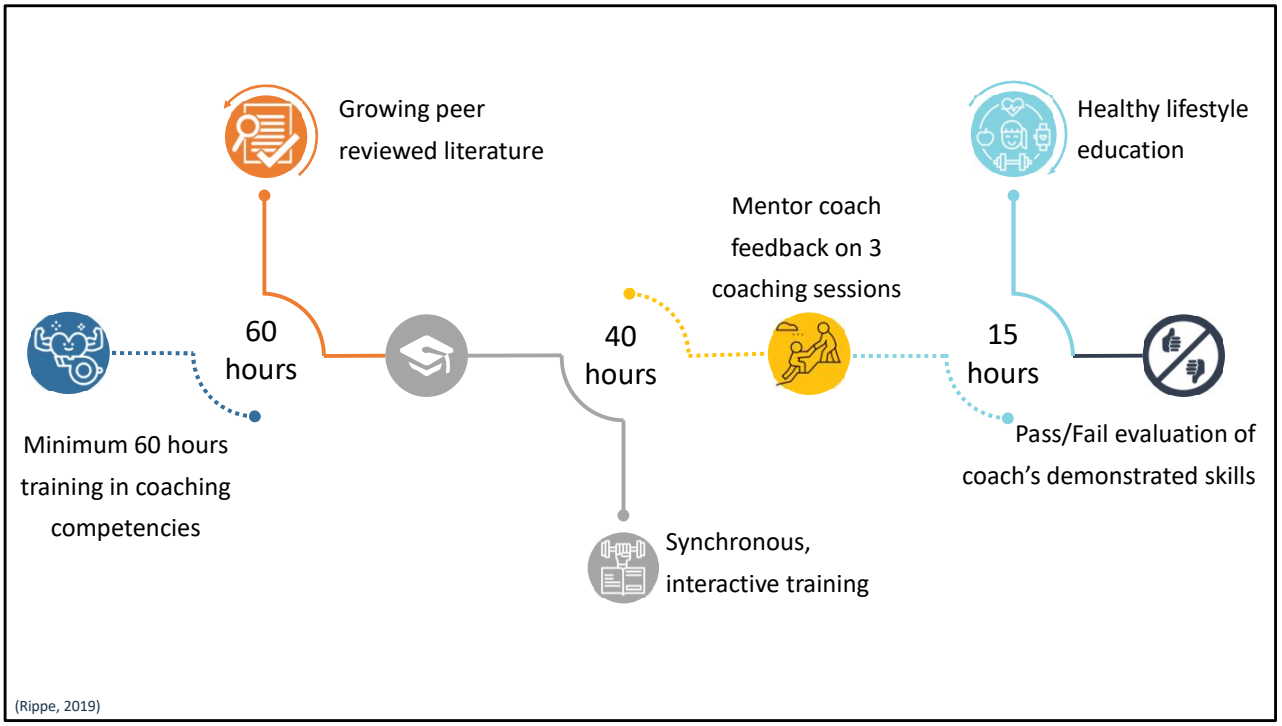
- CDM sessions to update and have coaching interventions
- PIPQI data set to gather lifestyle risk
- Health assessments managing risk

Cite the theoretical base for health and wellness coaching

Health behaviour change knowledge domains

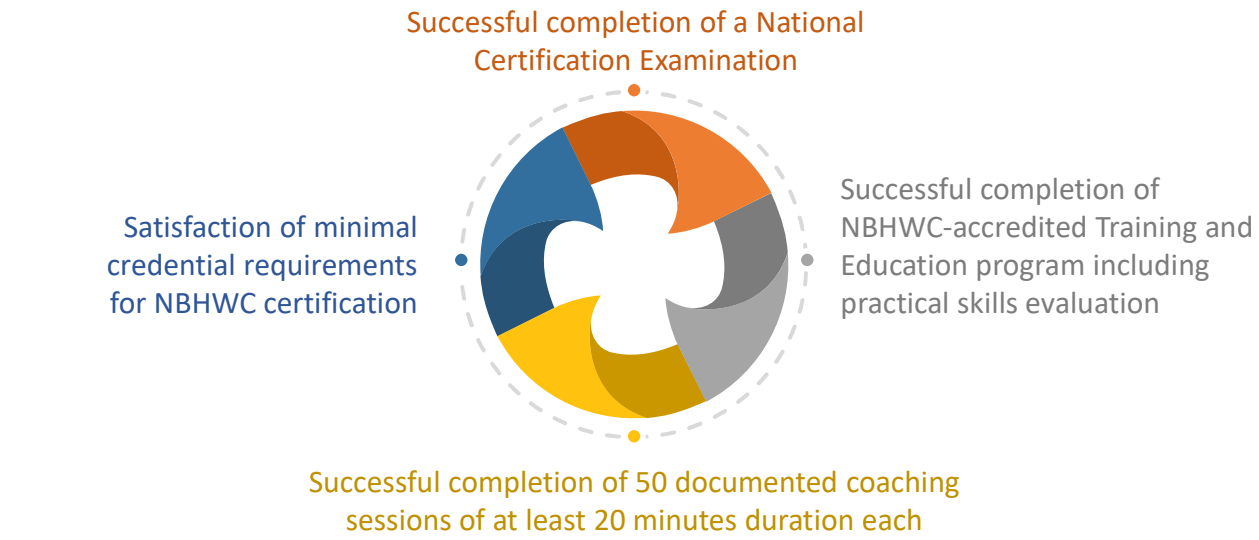
(Rippe, 2019)

The national coaching competencies for health and wellness coaches emerged from a rigorous and inclusive process designed by the NBME, building upon a best practice Job Task Analysis conducted by ICHWC. While competencies overlap significantly with those of ICF, additional knowledge of domains relevant to health behaviour change—including self-determination theory, the transtheoretical model, motivational interviewing, social cognitive theory, and positive psychology—is required. Twenty-six topical competencies are organised into four domains (coaching structure, coaching process, legal and ethical standards, and health and wellness knowledge, as well as evidence-based healthy lifestyle standards).



The training and education of health and wellness coaches is supported by ten textbooks authored by thought leaders on coaching competencies, motivational interviewing, and the transtheoretical model, plus a growing current peer reviewed literature base. In 2018, national HWC training and education program standards will advance to require a minimum of 60 hours of training in coaching competencies (40 hours must be synchronous, interactive training), and 15 hours of healthy lifestyle education, plus mentor coach feedback on three coaching sessions, and a pass/fail evaluation of a coach's demonstrated practical skills.

National Board for Health and Wellness Coaching



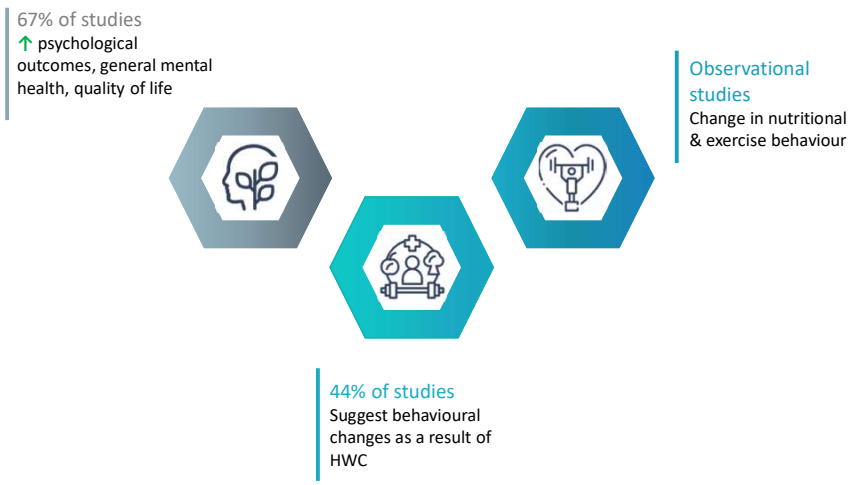
(Jordan, Wolever, Lawson, & Moore, 2015)

- NBHWC – National Consortium for Credentialing Health and Wellness Coaches

1. Satisfaction of minimal credential requirements for NBHWC certification
2. Successful completion of an NBHWC-accredited Training and Education program including passing of practical skills evaluation
3. Successful completion of 50 documented coaching sessions of at least 20 minutes duration each
4. Successful completion of a National Certification Examination

Summarise the evidence-base for effective coaching that promotes health behaviour change and improves health outcomes

Cancer



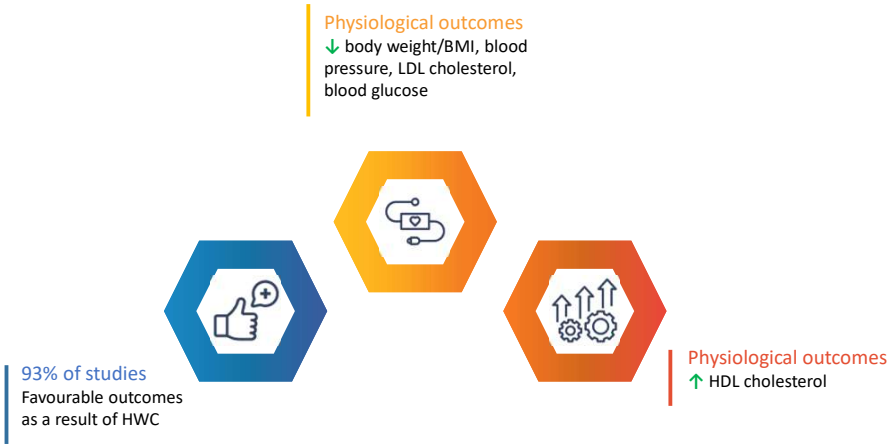
(Sforzo et al., 2018)

In general, considerable research is now being done into the application and use of health and wellness coaching in clinical settings. Despite this, the field of research is relatively young, the number of studies is relatively small, and caution should be taken in reading and interpreting outcomes.

Results mainly suggested psychological benefits of health and wellness coaching (HWC) for cancer patients. Most studies (67%) indicated an increase in favourable psychological outcomes (e.g., psychosocial outcomes, general mental health, quality of life). In addition, 4 studies (44%) suggested behavioural changes as a result of HWC. One study indicated an increase in patient questioning of their physician about their condition. In addition, 2 observational studies indicated a change in nutritional behaviour and one a change in exercise behaviour with HWC.

Cancer:
67% studies indicated an increase in psychosocial outcomes, general mental health, quality of life.
44% of studies suggested behavioural changes as a result of HWC.
Two observational studies indicated a change in nutritional behaviour and one a change in exercise behaviour with HWC.

Cholesterol



(Sforzo et al., 2018)

Cholesterol: Most of the studies (93%) reported favourable outcomes as a result of HWC with only one study (7%) reporting no effect of HWC. The main physiological outcomes of HWC were a reduction in body weight or BMI, blood pressure, and LDL cholesterol (each reported in 5 studies, 38%). Only 3 studies (21%) reported an increase in HDL, and 1 study (8%) reported a reduction in blood glucose. Behaviour change in nutrition (found in 5 studies, 38%) and exercise (reported in 4 studies, 31%) were reported with HWC. These findings indicate generally favourable outcomes of HWC in patients with high cholesterol.

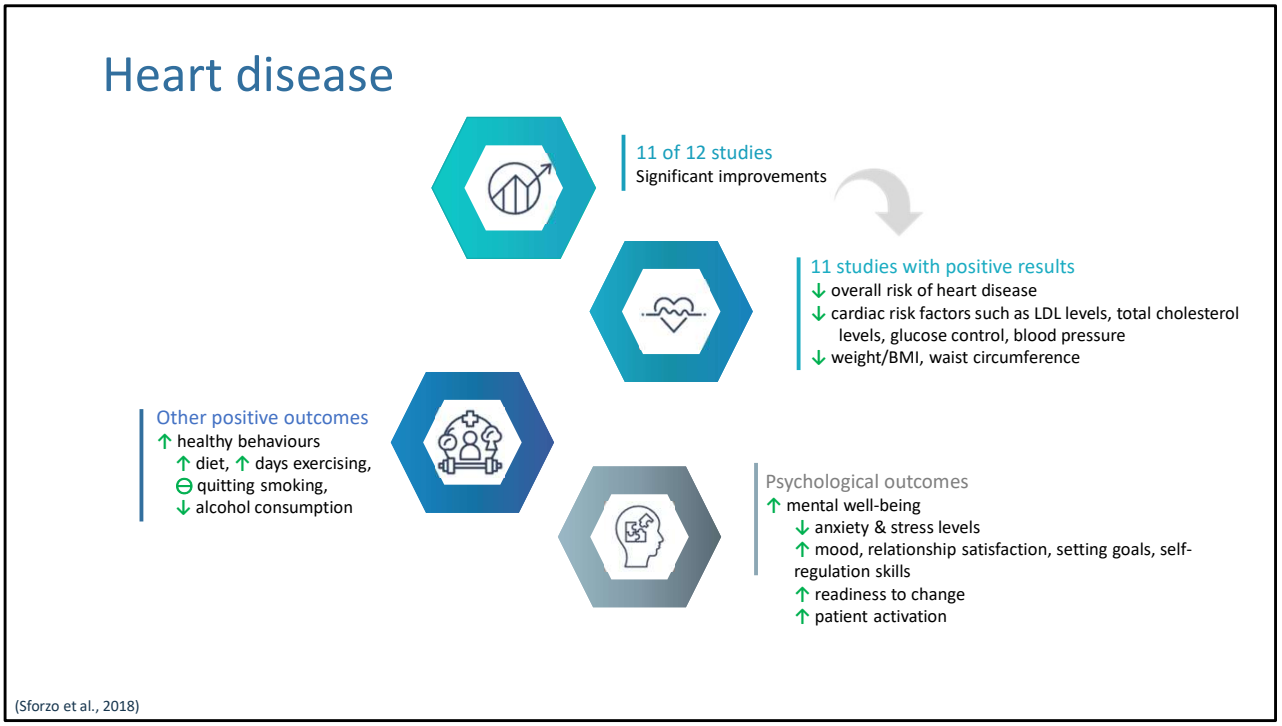
Diabetes

78% of studies
↓ A1c

7 of 9 RCTs
Positive impact on A1c

(Sforzo et al., 2018)

Diabetes: The diabetes articles in the compendium present an overwhelmingly positive group of outcomes for the effects of HWC. Most (78%) provided positive findings for A1C improvement with 5 articles reporting no effect and no articles showing a negative HWC impact on A1C. In one study showing no effect, A1C declined nearly 40% in both the control and HWC, while in another, 25% of patients received no HWC sessions. Of RCTs studying A1C, 7 of 9 HWC articles reported a positive impact on A1C.



Heart Disease: The HWC Compendium heart disease articles demonstrated a very positive outcome with 11 of 12 studies (91%) revealing significant improvements. The one study reporting no improvement used tele-monitoring and a mobile phone coaching protocol. The 11 studies with positive results employed traditional coaching methods, primarily face-to- face with one study using telephone delivered coaching. Specifically, the HWC group had lowering overall risk of heart disease (100% of 2 studies), lowered cardiac risk factors such as LDL levels (60% of 5), total cholesterol levels (67% of 3), glucose control (50% of 4 studies), blood pressure (60% of 5), weight (67% of 3), BMI (60% of 5), and waist circumference (100% of 2). Other positive outcomes include improving healthy behaviours: better diet (75% of 4), increased days exercising (100% of 6), quitting smoking (50% of 2), and lowering alcohol consumption (1/1). In terms of psychological outcomes, collectively the HWC articles reveal improved mental well-being including lowering anxiety levels (100%), stress levels (50% of 2), improving mood (33% of 3), improving relationship satisfaction (1/1), setting goals (100% of 2), increasing self-regulation skills (1/1), improved readiness to change (100% of 2), and increasing patient activation (1/1). One study looked at cardiac hospital admissions rates in postcardiac rehabilitation patients demonstrating lowered rates with HWC intervention.

Hypertension

Most studies show positive impact

However

Interventions often have multiple components and there are questions about properly controlling for the isolated effect of HWC

(Sforzo et al., 2018)

Hypertension: In summary, most studies tend to show a positive impact of coaching on hypertension. However, interventions often have multiple components and there are questions about properly controlling for the isolated effect of HWC. In practice, this is a common situation for health coaches in real-world clinical care settings as the coach is often a member of a multidisciplinary treatment team. While existing data are promising, to clearly evaluate the effect of HWC on BP there is a need for more well-controlled and designed studies.

Obesity

In addition to weight
studies often tracked exercise & nutrition behaviours
↑ effect of coaching on exercise activity
↑ changes in nutrition behaviour

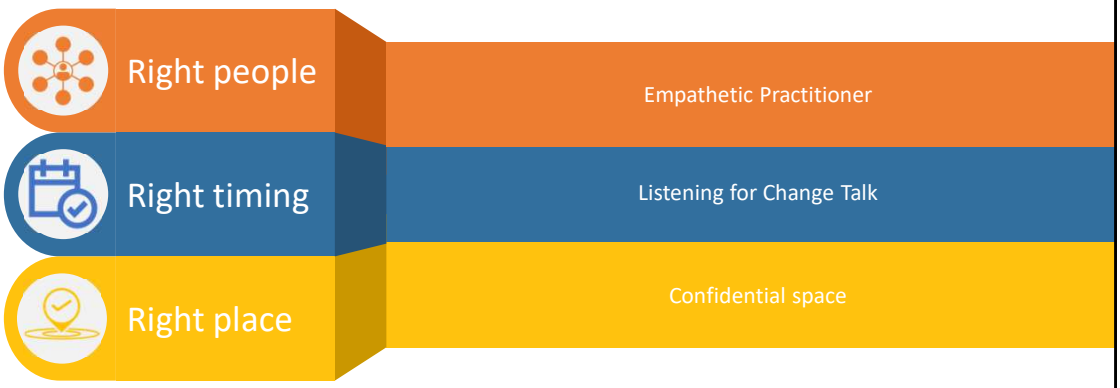
87% of studies
Found positive effect for weight reduction/BMI

(Sforzo et al., 2018)

Obesity: Of 32 HWC articles with outcomes related to weight, 28 (87%) found a positive effect for weight reduction and/or BMI. Of these, 14 are RCTs, 4 are pre-post studies, 3 are cohort studies, and 7 are case-control, including single-case studies. While the very well-powered and designed LOOZit study found reduction of weight, an additional impact of coaching was not found.
Two RCTs did not find changes in weight or BMI in the coaching compared to control group. In addition to weight, the reviewed studies also often tracked exercise and nutrition behaviours. Of these, 11 of 15 studies found a positive effect of coaching on exercise activity while 6 of 9 reported positive changes in nutrition behaviour.

Explain the practice considerations

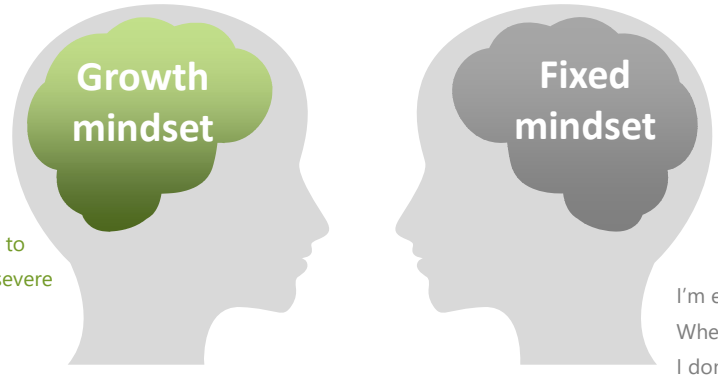
Practical considerations



- Opportunities at each consultation to have lifestyle and behaviour conversations

- Meeting clients where they are at, using empathy when having behaviour change discussions is imperative
- Empathetic practitioners
- Self compassionate
- Private and confidential

What kind of mindset do you have?



I can learn anything I want to
When I'm frustrated, I persevere
I want to challenge myself
When I fail, I learn
Tell me I try hard
If you succeed, I'm inspired
My effort and attitude determine everything

I'm either good at it, or I'm not
When I'm frustrated, I give up
I don't like to be challenged
When I fail, I'm no good
Tell me I'm smart
If you succeed, I feel threatened
My abilities determine everything

(Dweck, 2012; Farnam Street, 2015)

Change takes time and cycles through the stages of change as the client implements/adjusts and learns - empathy to cultivate and learn and grow mindset

Following up on goals that have been set and using an AI approach to find tease out success and progress that would otherwise go un noticed
Every team member armed with the coaching culture so that the client is receiving a consistent approach to their lifestyle and behaviour change approach to maximise success and to leverage the opportunities to have supportive structures around the client

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