

Health and Wellness Coaching in Day-to-Day Practice: Who, What, Why, When, and How

Beth Frates, MD FACLM DipABLM
Clinical Assistant Professor
Harvard Medical School
Department of Physical Medicine and Rehabilitation
President of American College of Lifestyle Medicine

Disclosures

I am on the Scientific Advisory Board of Jenny Craig.

I am on the Medical Advisory Board of obVus Solutions.

I am on the Medical Advisory Board of Clearing.Com

Objectives

- Answer the question, “What is coaching?”
- Identify the being of coaching with the COACH mnemonic.
- Explore the medical literature in health and wellness coaching.
- Provide a 5 Step Collaboration Cycle for the doing of coaching.

The Science and the Art of Behavior Change



Growth

The past 3 years have been full of opportunities for growth.

The Why, The Who, The When



Definition from the National Board of Health and Wellness Coaches

The What?

- “Health & wellness coaches partner with clients seeking to enhance their well-being through self-directed, lasting changes, aligned with their values. In the course of their work, health & wellness coaches display an unconditional positive regard for their clients and a belief in their capacity for change, honoring the fact that each client is an expert on their own life, while ensuring that all interactions are respectful and non-judgmental.”

The Who?



American Medical Association

AMA Journal of Ethics[®] principles more fully, a new model is needed

Illuminating the Art of Medicine 15-minute physician-visit syndrome. Such a model

requires that health care workers—called health coaches—with a collaborative style, good training, and ample time are available for patients who have inadequately controlled chronic conditions. In the remainder of this paper we explore how health coaching can improve our health care system's performance on the four ethical principles.



What Is Health Coaching?

Health coaching can be defined as helping patients gain the knowledge, skills, tools, and confidence they need to become active participants in their care so that they can reach their self-identified health goals. The familiar adage “Give a man a fish, and he eats for a day. Teach a man to fish, and he eats for a lifetime,” demonstrates the difference between rescuing a patient and coaching a patient [11]. For chronic conditions, patients make the salient decisions every day: what will I eat, will I exercise, will I take my medications? Patients with chronic conditions need to learn how to fish.

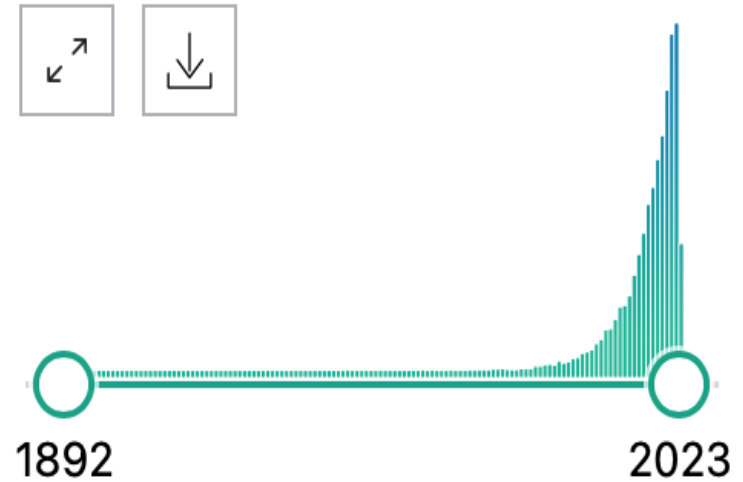


- April 2013
- Amireh Ghorob, MPH, Rachel Willard-Grace, MPH, and Thomas Bodenheimer, MD

Coaching Research in Pub Med

1990: 12 articles
1995: 46 articles
2000: 90 articles
2010: 485 articles
2015: 1048 articles
2020: 2143 articles
2022: 2656

RESULTS BY YEAR



Journal of Education September 1892

Health in School

“**Health Coaching:**

A Developing Field within **Health Education.**”

Find a Coach, Become a Coach



HOME

ABOUT

APPLY

FIND

LEARN

Q&AS

CONTRIBUTE

MEDIA

CONTACT

[Join Us for an NBHWC Certification Q&A: Click Here to Register](#)

Poll



Welcome to the
National Board for
Health and Wellness Coaching

The How, The Art How things have developed over the past 15 years.

National Certification and Credentialing for Health Coaching

- Report on best practices, standardization of training, credentialing, and national certification.



38 Skills from the Job Task Analysis Page 53

The How-The Art

- Establishing and maintaining rapport
 - Establishing trust
 - Providing support
 - **Displaying empathy**
 - Mindful presence
 - Respectful interaction
 - Active listening
 - Open ended questioning
 - Communicating
 - Information gathering
 - Assessment and evaluation
 - Interpreting assessment findings
 - Structuring the coaching process
 - **Recognizing emotions (coach and client)**
 - **Motivating for behavior change**
 - Applying change processes
 - Decision making
 - Evaluating research and resources
 - Providing information and resources within the coaching process
-
- **Building self-awareness (coach and client)**
 - **Self-care (coach and client)**
 - **Goal setting**
 - Selecting outcome measures
 - **Behavior tracking**
 - Observation
 - Responding to client resistance
 - **Enhancing self-efficacy**
 - Building positivity
 - **Building autonomy**
 - Reframing
 - Focusing and redirecting
 - Using metaphor
 - Time management
 - Stress management
 - Self-management
 - Setting boundaries
 - Documenting
 - Collaborating with other professionals

Work with a Coach

- Approved Category III Health and Well-Being Coaching Codes include:
 - 0591T Health and Well-Being Coaching face-to-face; individual, initial assessment
 - 0592T individual, follow-up session, at least 30 minutes
 - 0593T group (two or more individuals), at least 30 minutes

Table 1 in Coaching for Behavior Change in Physiatry- Expert vs Coach

Expert-Physician's agenda

- Treats patients
- Educates
- Relies on skills and knowledge of expert
- Strives to have all the answers
- Focuses on the problem
- Advises

Coach-Client's agenda

- Helps patients help themselves
- Builds motivation, confidence, and engagement
- Relies on patient self-awareness and insights
- Strives to help patients find their own answers
- Focuses on what is working well
- Collaborates

Time to Put on the Coaching Cap

- C = Curiosity
- O = Openness
- A = Appreciation
- C = Compassion
- H = Honesty

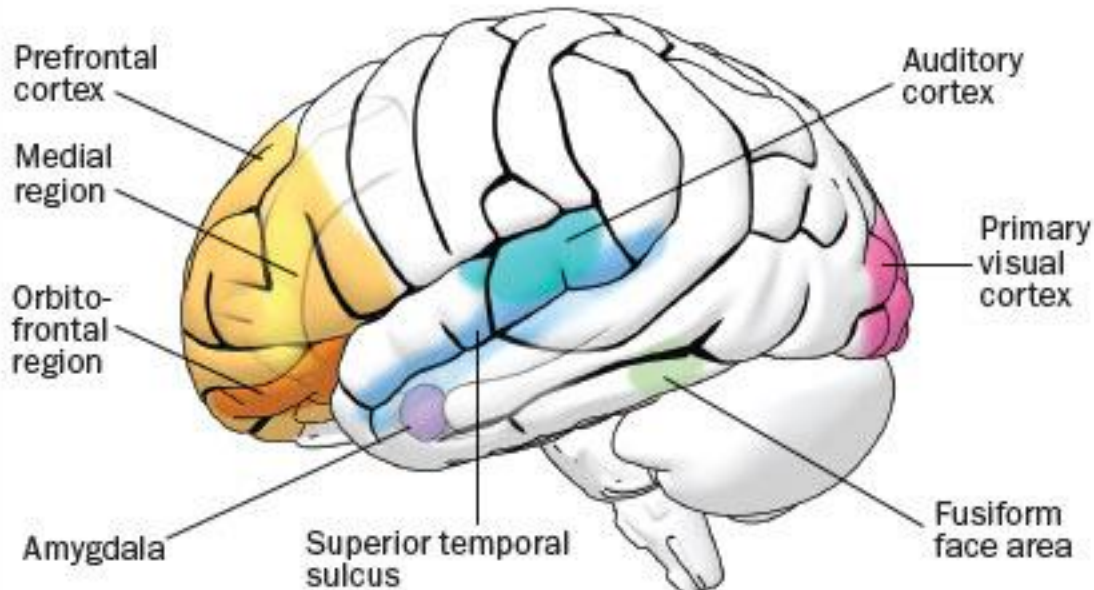


The Frates COACH Approach™ way of being

For Behavior Change Counseling, we need to use the social brain.

The Social Brain

Perceiving emotion in others requires the collaboration of disparate brain regions. To read feeling in a face, the amygdala, an emotion hub, works with the fusiform face area, which is dedicated to face recognition. The medial prefrontal cortex and superior temporal sulcus read mood regardless of whether the cues come from a face, body or voice. They receive data from visual and auditory cortices, which process sights and sounds.



Amygdala + Fusiform
= Feeling in Face

Medial Prefrontal Cortex +
Superior Temporal Sulcus =
Mood

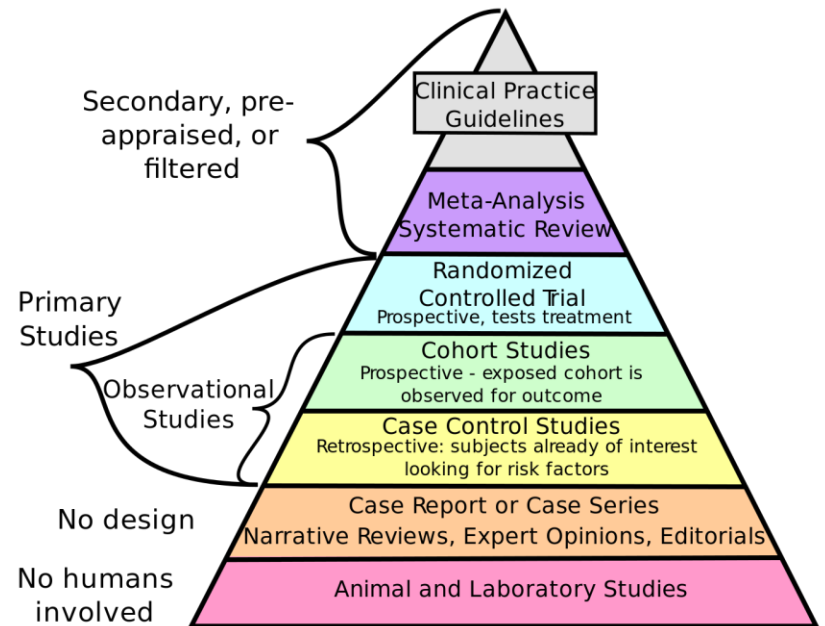
Visual + Auditory Cortex =
Process Sights + Sounds

When?

- When the patient is experiencing challenges due to chronic conditions.
- When the patient is at risk for chronic conditions.
- When a patient is working on behavior change.
- When you see an opening to put on the COACH Hat.

Improving Health Coaching Research

- Systematic Review of the State of the Literature
- 16 RCTs -Promising strategy for health improvements
- Future trials need
 - Intervention details, clearer definitions of health coaching, and consistency in reporting Behavior Change Techniques



https://commons.wikimedia.org/wiki/File:Research_design_and_evidence.svg

Call to action—

Will you write a case report?

Case Reports- BMJ

PubMed.gov

Advanced

Save

Email

Case Reports > BMJ Case Rep. 2016 Feb 1;2016:bcr2015213218.

doi: 10.1136/bcr-2015-213218.

Lifestyle medicine consulting walking meetings for sustained weight loss

Elizabeth Pegg Frates¹, Margaret E Crane²

Affiliations + expand

PMID: 26833954 PMCID: PMC4746522 DOI: 10.1136/bcr-2015-213218

[Free PMC article](#)

Abstract

With rates of obesity and diabetes rising worldwide, effective ways of managing weight are becoming more important. We present the case study of a middle-aged Caucasian-American

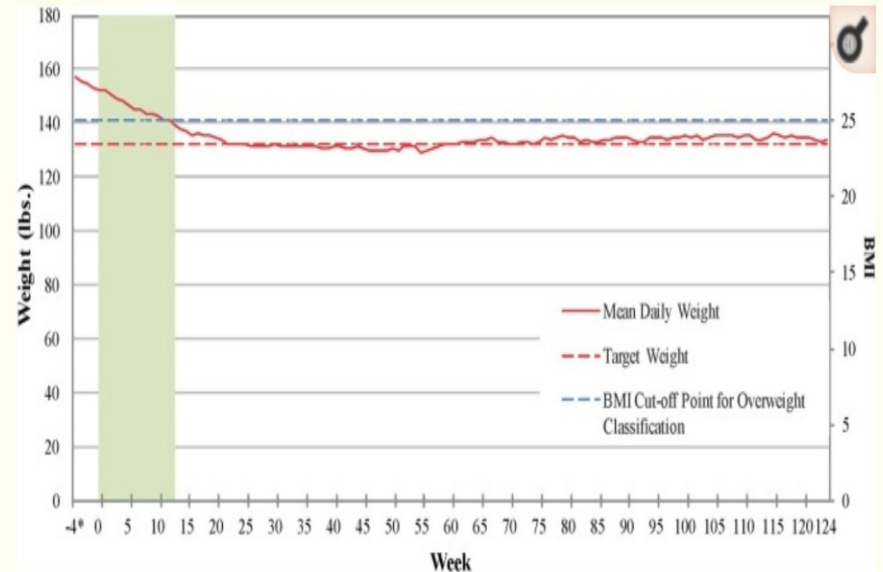


Figure 2

2.5 years

Patient self-reported mean daily weight. *The first weight measurement was taken 4 weeks before the start of the intervention. BMI, body mass index.

Frates EP, Crane ME. Lifestyle medicine consulting walking meetings for sustained weight loss. BMJ Case Rep. 2016 Feb 1;2016:bcr2015213218. doi: 10.1136/bcr-2015-213218.

Case Study in British Medical Journal

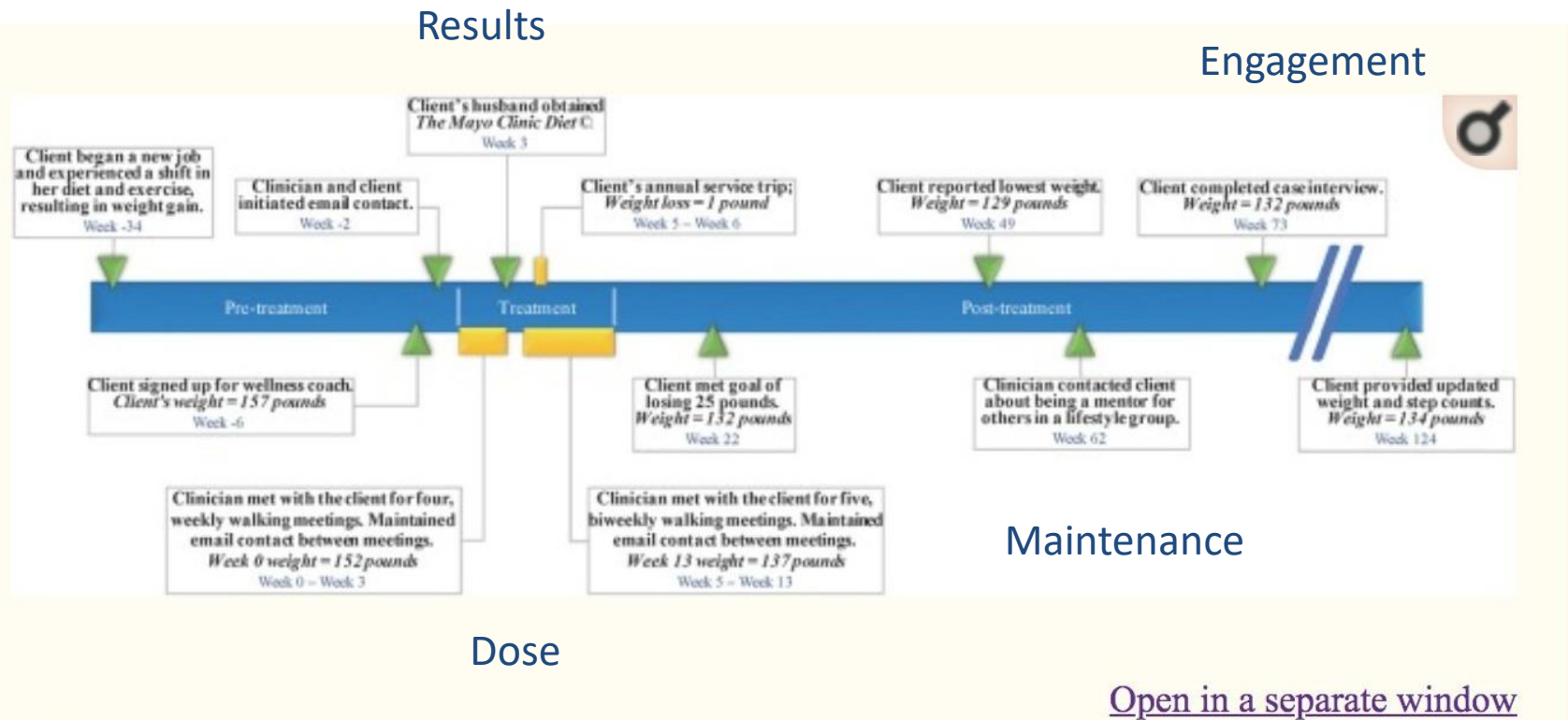


Figure 1

Timeline.

Explain and Send Screenshots

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4748522/>

Frates EP, Crane ME. Lifestyle medicine consulting walking meetings for sustained weight loss. *BMJ Case Rep.* 2016 Feb 1;2016:bcr2015213218.

More than RCTs = Compendium 2017

- “The Compendium results summaries point to HWC intervention as a treatment adjunct worthy of consideration for cancer, diabetic, and heart disease patients. Improvements in primary outcomes, such as A1C, risk factors, or psychological profile were often seen in these clinical populations.”

Sforzo GA, Kaye MP, Todorova I, et al. Compendium of the Health and Wellness Coaching Literature. *American Journal of Lifestyle Medicine*. 2018;12(6):436-447

Addendum 2020

- Categories examining HWC effects on cancer, cholesterol, diabetes, heart disease, hypertension, obesity, and wellness.
- Added another 104 peer-reviewed coaching-related articles to the HWC Compendium.
- This most recent research again describes HWC as a favorable intervention with treatment potential in all categories.

Sforzo GA, Kaye MP, Harenberg S, et al. Compendium of Health and Wellness Coaching: 2019 Addendum. *American Journal of Lifestyle Medicine*. 2020;14(2):155-168.

Recent Literature Reviews

	Study	Number of subjects	Primary Outcomes
2020	An & Song	Review of 15 studies of adults with cardiovascular risk	Significant effect on physical activity, dietary behaviors, management of stress, health responsibility
2020	Stara et al.	Two studies with aging workers	Improved well-being based on physical criteria
2020	Obro et al.	Review of 9 studies on chronic disease coaching	Patients prefer face-to face coaching
2020	Singh et al.	Review of 12 studies on Pharmacist coaching	Improved clinical and non-clinical outcomes
2020	Long et al.	Meta-analysis with 10 RCT's on COPD	Improved QOL & reduced COPD hospital admissions (p=.0001)
2020	Dejonghe et al.	Review of 14 (2 groups of 7) studies in preventive and rehab settings	Improved outcomes in 3 studies in each group
2020	Al-Khateeb et al.	Review of 12 studies including 1,038 cancer survivors	Improved physical activity, mood and QOL
2014	Kivelä et al.	Review of 13 studies on adults with chronic diseases	Improved weight management, increased physical activity, improved health status (physical & mental)
2013	Wolever et al.	Review of 284 studies	<u>Coaching Operationalization/% of articles</u> Patient-centered - 86% Patient-determined goals - 71% Self-discovery / Active learning- 63% Encourages accountability for behaviors - 86% Provides education and coaching - 91% Consistent ongoing relationship -78%

Health Coach Assessment Tool

- Long-term Vision, Designing Goals + Actions, and Self Monitoring
 - Use a Self-Discovery Process
 - Match Information to Client Interest and Needs
 - Have a Client-Centered/Mindful Approach
- Sohl SJ, Lee D, Davidson H, Morriss B, Weinand R, Costa K, In EH, Lovato J, Rothman RL, Wolever RQ.
 - Development of an observational tool to assess health coaching fidelity.
 - Patient Educ Couns. 2021 Mar;104(3):642-648.

Health Coaching Index

- Long-term Vision, Designing Goals + Actions, and Self Monitoring
 - Long-term Vision and Exploration of What Client Wants
 - Designing Long-term Goals, Short-Term Goals and/or Action Steps
 - Accountability and Self-Monitoring
 - Problem Solving
- Use a Self-Discovery Process
 - Values
 - Explores Different Perspectives
 - Elicits Learning and Insights
 - Amplify Positive Resources

Health Coaching Index

- Match Information to Client Interest and Needs
 - Sharing information with the client
- Have a Client-Centered/Mindful Approach
 - Mindful moment
 - Full presence
 - Collaborative Partnership
 - Support Autonomy
 - Express Empathy
 - Invite Session Focus
 - Open-ended questions
 - Active Listening and reflections
 - Timing and Structure

The How: 5 Step Cycle for Collaborating with Patients

Preparation:
Deep Breaths
Mindfulness
Self-care



Empathy

- Research has demonstrated that empathy can increase patient satisfaction.
- This increases connection and increases likelihood of follow up and engagement.
- "We often refuse to accept an idea merely because the tone of voice in which it has been expressed is unsympathetic to us."
-Friedrich Nietzsche

Definition of MI

- “...is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.”

Build Confidence

- What are your strengths?
- Think about a time when you were at your best. Tell me about it.
- When did you achieve a goal you were striving for? What strengths did you use? How can you apply those strengths now?



**Find
your
strength.**

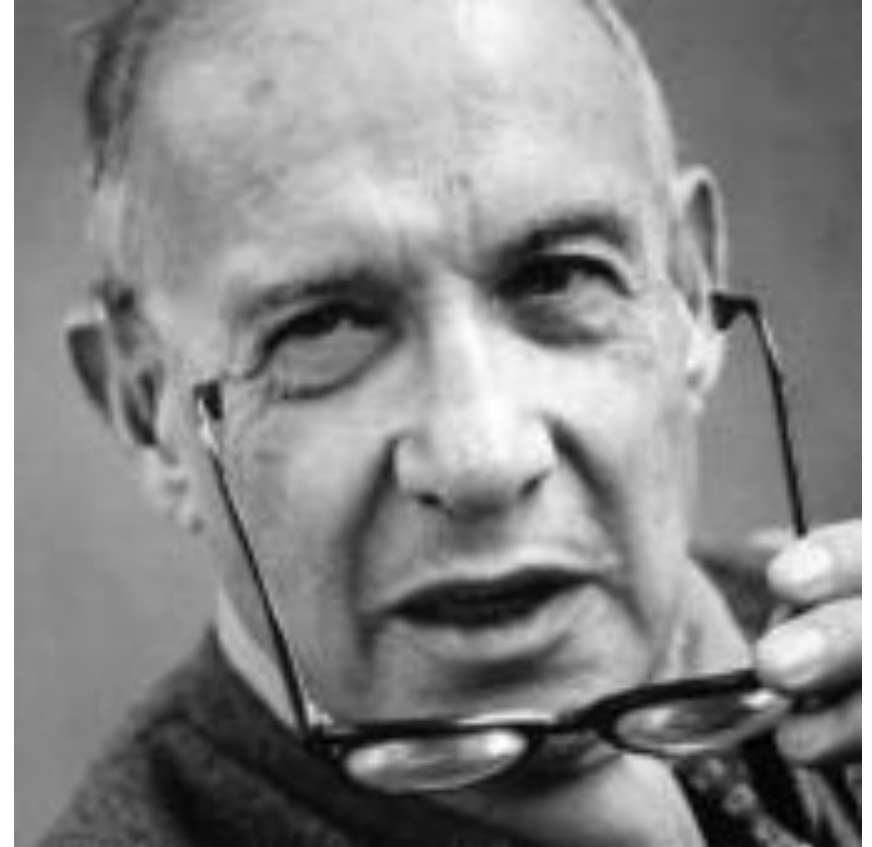
Set SMART Goals

- Specific
- Measurable
- Action oriented
- Realistic
- Time sensitive

“What gets measured, gets managed.”

Peter Drucker (1909-2005)

- Varies for each goal
- Journaling
- Log
- Pedometer
- Heart rate monitor
- Scale
- Blood tests
- Timed mile
- Number of fruits and veggies
- Number of push ups
- Hours spent sleeping
- Wearable devices for tracking



http://en.wikipedia.org/wiki/Peter_Drucker

“Founder of Modern Management”

Poll results: Strategy yes or no?

5 Step Cycle for Collaborating with Patients

Preparation:
Deep Breaths
Mindfulness
Self-care



Goal:
Person feels
Understood
Motivated
Supported
Engaged and
Has hope

Full References

- 1. Vale, Margarite J, Jelinek, Michael V, Best, James D, Dart, Anthony M, Grigg, Leeanne E, Hare, David L, . . . McNeil, John J. (2003). Coaching patients On Achieving Cardiovascular Health (COACH): A Multicenter Randomized Trial in Patients With Coronary Heart Disease.
- 2.. Whittemore, Robin, Melkus, Gail D'Eramo, Sullivan, Amy, & Grey, Margaret. (2004). A Nurse-Coaching Intervention for Women With Type 2 Diabetes. *The Diabetes Educator*, 30(5), 795-804.
- 3. Wolever, R Q, Dreusicke, M, Fikkan, J, Hawkins, T V, Yeung, S, Wakefield, J, . . . Skinner, E. (2010). Integrative health coaching for patients with type 2 diabetes: A randomized clinical trial. *The Diabetes Educator*, 36(4), 629-639.
- 4. Fisher, E. B., Strunk, R. C., Highstein, G. R., Kelley-Sykes, R., Tarr, K. L., Trinkaus, K., & Musick, J. (2009). A randomized controlled evaluation of the effect of community health workers on hospitalization for asthma: the asthma coach. *Archives of pediatrics & adolescent medicine*, 163(3), 225–232.
<https://doi.org/10.1001/archpediatrics.2008.577>
- 5. Oliver, J.W., Kravitz, R.L., Kaplan,S.H., & Meyers, F.J.. (2001). Individualized Patient Education and Coaching to Improve Pain Control Among Cancer Outpatients. *Journal of Clinical Oncology*, 19(8), 2206-2212.

Full References for the Chart

- 1. An, S., & Song, R. (2020). Effects of health coaching on behavioral modification among adults with cardiovascular risk factors: Systematic review and meta-analysis. *Patient education and counseling*, 103(10), 2029–2038. <https://doi.org/10.1016/j.pec.2020.04.029>
- 2. Stara, V., Santini, S., Kropf, J., & D'Amén, B. (2020). Digital Health Coaching Programs Among Older Employees in Transition to Retirement: Systematic Literature Review. *Journal of medical Internet research*, 22(9), e17809. <https://doi.org/10.2196/17809>
- 3. Obro, L. F., Heiselberg, K., Krogh, P. G., Handberg, C., Ammentorp, J., Pihl, G. T., & Osther, P. (2020). Combining mHealth and health-coaching for improving self-management in chronic care. A scoping review. *Patient education and counseling*, S0738-3991(20)30563-2. Advance online publication. <https://doi.org/10.1016/j.pec.2020.10.026>
- 4. Singh, H., Kennedy, G. A., & Stupans, I. (2020). Does the Modality Used in Health Coaching Matter? A Systematic Review of Health Coaching Outcomes. *Patient preference and adherence*, 14, 1477–1492. <https://doi.org/10.2147/PPA.S265958>
- 5. Long, H., Howells, K., Peters, S., & Blakemore, A. (2019). Does health coaching improve health-related quality of life and reduce hospital admissions in people with chronic obstructive pulmonary disease? A systematic review and meta-analysis. *British journal of health psychology*, 24(3), 515–546. <https://doi.org/10.1111/bjhp.12366>

Full References for the Chart Cont.

- 6. Dejonghe, L., Becker, J., Froboese, I., & Schaller, A. (2017). Long-term effectiveness of health coaching in rehabilitation and prevention: A systematic review. *Patient education and counseling*, 100(9), 1643–1653.
<https://doi.org/10.1016/j.pec.2017.04.012>
- 7. Barakat, S., Boehmer, K., Abdelrahim, M., Ahn, S., Al-Khateeb, A. A., Villalobos, N. Á., Prokop, L., Erwin, P. J., Fleming, K., Serrano, V., Spencer-Bonilla, G., & Murad, M. H. (2018). Does Health Coaching Grow Capacity in Cancer Survivors? A Systematic Review. *Population health management*, 21(1), 63–81.
<https://doi.org/10.1089/pop.2017.0040>
- 8. Kivelä, K., Elo, S., Kyngäs, H., & Kääriäinen, M. (2014). The effects of health coaching on adult patients with chronic diseases: a systematic review. *Patient education and counseling*, 97(2), 147–157.
<https://doi.org/10.1016/j.pec.2014.07.026>
- 9. Wolever, R. Q., Simmons, L. A., Sforzo, G. A., Dill, D., Kaye, M., Bechard, E. M., Southard, M. E., Kennedy, M., Vosloo, J., & Yang, N. (2013). A Systematic Review of the Literature on Health and Wellness Coaching: Defining a Key Behavioral intervention in Healthcare. *Global advances in health and medicine*, 2(4), 38–57.
<https://doi.org/10.7453/gahmj.2013.042>