



# Health psychology meets coaching psychology in the practice of health coaching

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**H**ealth coaching combines theory and practice from the fields of health psychology and coaching psychology to tackle lifestyle behaviour change for the prevention and management of chronic health conditions such as obesity, diabetes, asthma and cardiovascular disease. Health coaching has a particular style of interaction and use of evidence-based techniques that are relevant for health professionals who are working with individuals on their self-management of chronic illness. The principles and practices of health coaching can also be applied to prevent illness and to improve health and wellbeing generally.

Health coaching offers a more client-friendly, effective way of eliciting healthy lifestyle change and chronic disease self-management than the traditional medical model of education and directive advice from health professionals. There is evidence that education alone is insufficient for people to change their health behaviours (WHO 2003). The many barriers to health behaviour change have been well investigated; a large proportion of which are psychosocial in nature.

Currently, many health coaches are nurses or non-psychology allied health practitioners. As experts in the science of behaviour change, psychologists, provided that they have the requisite knowledge in medical conditions, health promotion and chronic illness management, are well placed to take a leading role as health coaches and as trainers of non-psychologist health coaches. This does not mean that psychologists should be training their health and medical colleagues to take the place of psychologists. All health practitioners need to know basic skills in motivational interviewing and solution-focused coaching in order to assist their patients to make the changes required to adopt recommended medical and health treatments. In this context the health practitioner balances providing critical medical information with coaching for successful health behaviour change.

The role of a health coaching psychologist is to help patients to identify potential and actual barriers to health behaviour change and to elicit change-facilitating strategies from the patient that will work (given their unique life circumstances). These barriers can be very complex, and include cognitive, emotional, behavioural and situational (medical, social, financial, and environmental) factors. These factors are consistent with

the biopsychosocial model of health behaviour change (Engel, 1980), and a five-factor model of adherence to health behaviours proposed by WHO (2003). Furthermore, there are a range of psychological models of health behaviour change that inform health professionals of the nature of relevant factors (see box for examples).

Health coaching is not about applying mental illness paradigms and diagnostic frameworks to physically ill patients. Health coaching involves the facilitation of health behaviour change in populations with chronic health conditions and lifestyle

disease risk factors. Health coaching does include coaching to decrease emotional distress and achieve cognitive restructuring about the physical health problem and about lifestyle change. The style and pace of health coaching acknowledges that many physically ill patients will have some level of depression and anxiety. It also acknowledges that in these populations, depression and anxiety are expected consequences of living with a chronic illness. The focus of health coaching interventions is on attaining better health outcomes. The challenge for health coaching

psychologists is not to take on the role of psychotherapist, but to stay in the realm of a health enhancement professional.

***'The challenge for health coaching psychologists is ... to stay in the realm of a health enhancement professional.'***

## Readiness to change

The 'readiness to change' literature convincingly argues that change interventions must be matched with a person's readiness to change in order to optimally assist the change process (e.g., Prochaska & Velicer, 1997). Health coaching by necessity places a heavy emphasis on motivational interviewing (MI) (Miller & Rollnick, 2002). MI techniques are crucial skills for health coaches to help break down resistance or ambivalence to change and to identify the individual's intrinsic motivation to change.

People with chronic health conditions are often embedded in the medical system and conditioned to expect treatment according to the traditional medical model. The medical model is one of education and advice, and the expectation that the patient will passively accept and act on these. Many patients who are referred for health behaviour change through the medical system bring with them a 'wall of resistance' to change their lifestyle habits. This resistance is often a result of an individual's failure to maintain previous health changes, such as losing and

then re-gaining weight. However, resistance can be created through interactions with well meaning partners or medical and health practitioners. Resistance can also be strongly reinforced by the social norms of the patient's reference group.

Once a behaviour has been identified as one the client would like to change, evidence-based coaching strategies are necessary to assist clients to move through the change process to achieve this goal: to operationalise the goal, to set the agenda for change, to identify and address barriers to change, to set and strive for goals, to monitor progress and maintain accountability. A useful model outlining the practice principles of coaching is Stober and Grant's Seven Principles of Effective Coaching (Stober & Grant, 2006). It is a common occurrence that individuals find it difficult to make and sustain lifestyle changes. Evidence-based coaching principles assist clients to make lasting health behaviour changes to manage chronic health conditions and control lifestyle disease risk factors. ■

### Seven principles of effective coaching (Stober & Grant, 2006)

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|-------------------|---------------|
| 1. Collaboration  | 5. Commitment |
| 2. Accountability | 6. Action     |
| 3. Awareness      | 7. Results    |
| 4. Responsibility |               |

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### Health coaching model for chronic condition self-management and lifestyle risk factor reduction

#### 1. Medical conditions knowledge, including:

- Aetiology, symptoms, treatment, and complications of major chronic illnesses (e.g., diabetes, heart disease, asthma, arthritis)
- Impact of chronic illnesses on health and quality of life
- Impact of lifestyle risk factors on health
- The role of health promotion in chronic disease reduction and management
- Adherence to medical and lifestyle prescription

#### 2. Behaviour change counselling techniques, including:

- Motivational interviewing skills
- Solution-focused coaching skills
- General counselling micro skills

#### 3. Psychological models of health behaviour change, including:

- Readiness to change framework (including relapse prevention)
- Models of barriers to health behaviour change and facilitators of change
- Theories of motivation
- Self-regulation and self-management models

#### 4. Behaviour modification and evidence-based coaching techniques:

- Goal-setting, action planning, goal striving techniques
- Learning and reinforcement principles
- Adult learning principles
- Behaviour modification and behavioural relapse prevention strategies

#### 5. Emotion management and cognitive change strategies:

- Depression and anxiety management strategies
- Anger and other negative affect management strategies
- Cognitive therapy techniques to address negative thinking patterns that act as barriers to health behaviour change, including cognitive relapse prevention strategies
- Positive psychology strategies and strengths focus to build hope, acceptance, optimism, and resilience and to develop positive affect