

# Health Coaching Conversations: The Key to Therapeutic Lifestyle Counseling

Elizabeth Pegg Frates, MD  
Assistant Professor, Part Time  
Harvard Medical School

# Disclosure

I have a wellness coaching private practice, called Wellness Synergy, LLC.

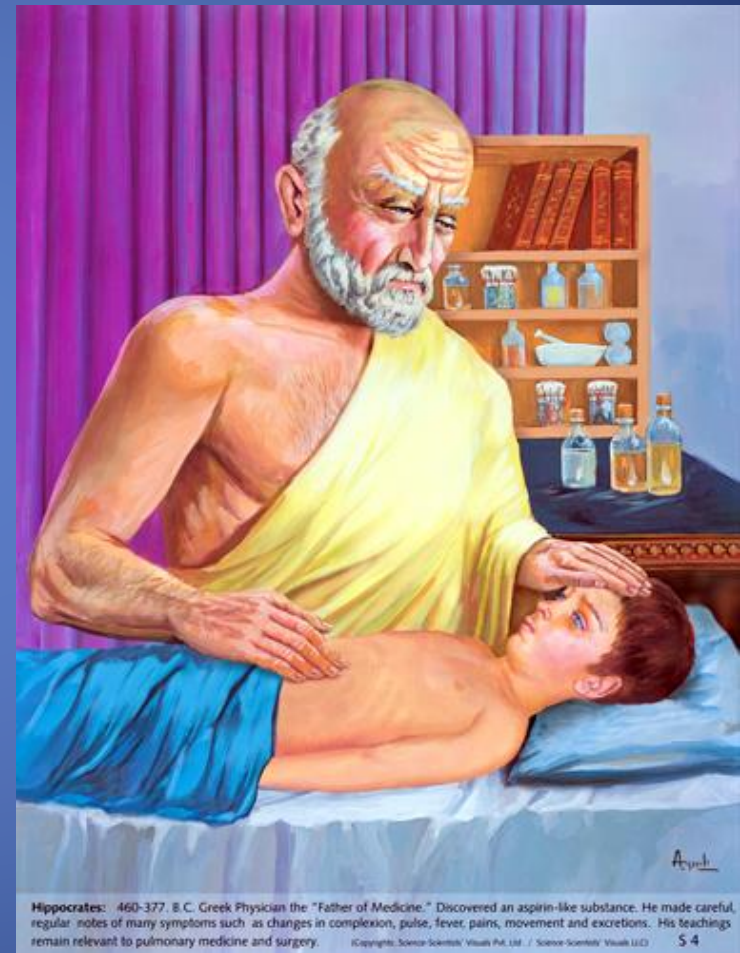
I am on the Scientific Advisory Board of Jenny Craig.

# There are 3 goals for this lecture.

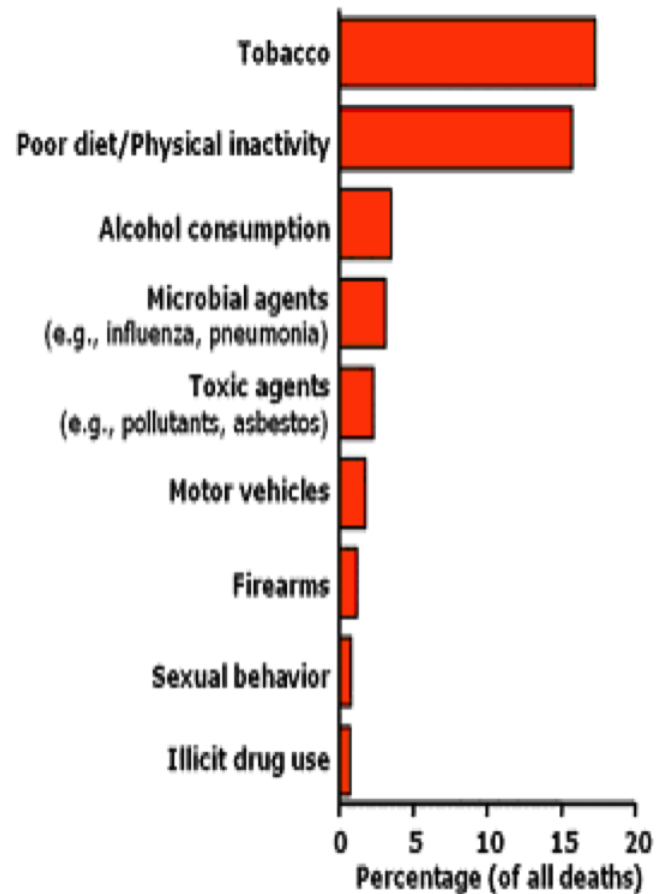
- 1) Contrast the expert and coach approach
- 2) Outline the basics of the coach approach
- 3) Review the evidence base supporting the coach approach

# The Foundation for Lifestyle Medicine

- “If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health.”
- Hippocrates
- 460 B.C. – 370 B.C.



# Our lifestyles are killing us.

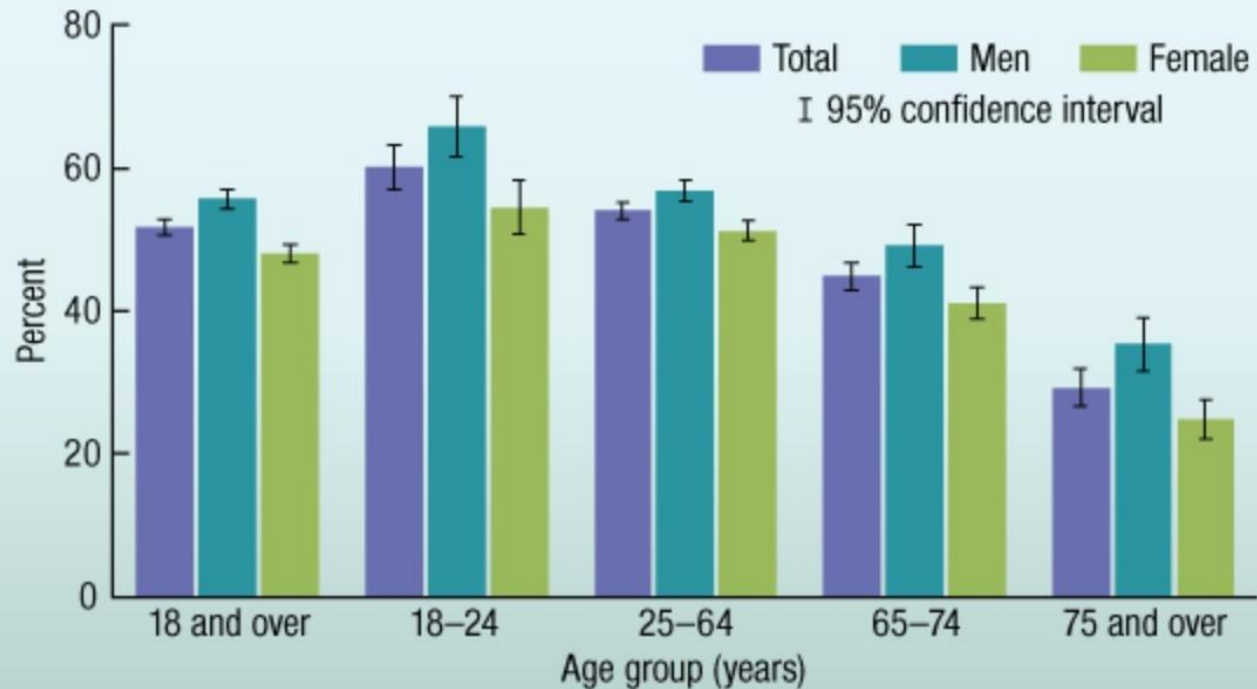


# How much should we eat?



# Physical Activity Levels

Percentage of adults who met the 2008 federal physical activity guidelines for leisure-time aerobic activity, by age group and sex: United States, 2016



SOURCE: CDC/NCHS, National Health Interview Survey, 2016.





# Research

## Patient Knowledge and Expectations for Functional Recovery After Stroke

### ABSTRACT

Stein J, Shafqat S, Doherty D, Frates EP, Furie KL: Patient knowledge and expectations for functional recovery after stroke. *Am J Phys Med Rehabil* 2003;82:591–596.

**Objective:** Understanding the causes and outcomes of stroke is important for stroke survivors and may affect their success in rehabilitation and their risk of recurrent stroke; therefore, this study was performed to assess the knowledge and expectation of functional recovery in stroke patients undergoing acute inpatient rehabilitation.

## Family Member Knowledge and Expectations for Functional Recovery After Stroke

### ABSTRACT

Stein J, Shafqat S, Doherty D, Frates EP, Furie KL: Family member knowledge and expectations for functional recovery after stroke. *Am J Phys Med Rehabil* 2003;82:169–174.

**Objective:** To assess the stroke knowledge and expectations for recovery among the family members of stroke patients in an acute rehabilitation hospital.

**Design:** Survey study of 50 family members of stroke patients undergoing inpatient rehabilitation at a single urban rehabilitation hospital.

“Knowledge is  
Power.”

Sir Francis  
Bacon



[http://www.bnl.gov/bera/activities/globe/bacon\\_files/bacon.jpg](http://www.bnl.gov/bera/activities/globe/bacon_files/bacon.jpg)

My mom was the wife coach for my dad.



# Time to Put on the Coaching Cap

- C = Curious
- O = Open
- A = Appreciative
- C = Compassionate
- H = Honest



The COACH Approach™ way of being

# Expert

- Examine
- X ray
- Plan
- Explain
- Repeat
- Tell and sell



# 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

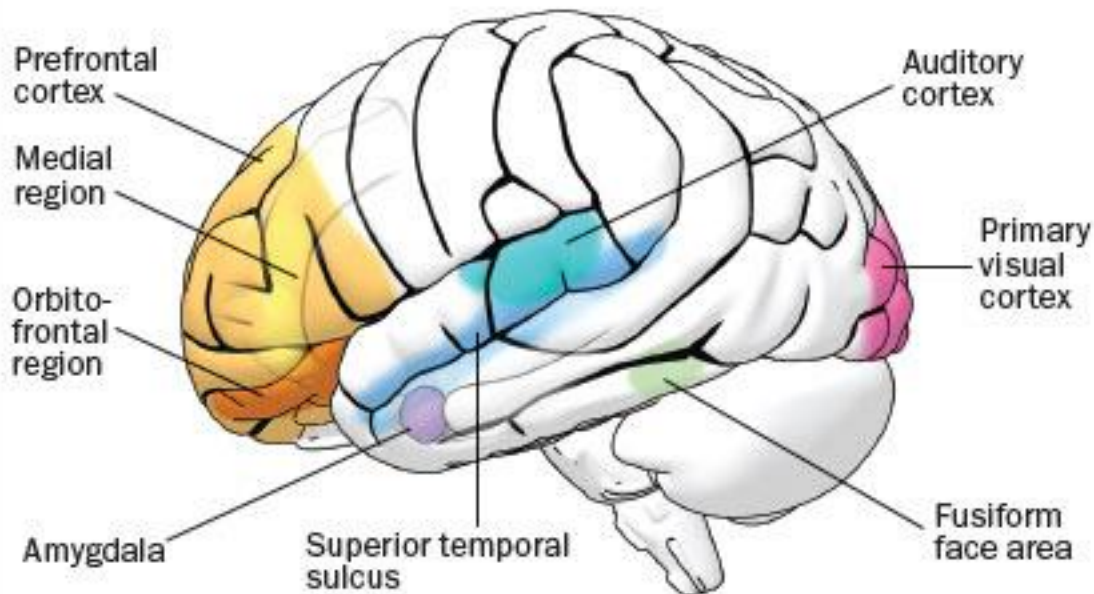
# Frates COACH APPROACH™

- Curious
- Open
- Appreciative
- Compassionate
- Honest
  
- The way of “being” with the Coach™  
Approach

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.





There are five main domains to focus on when switching from advising to negotiating/lifestyle counseling.

Holding Health Coaching Conversations--

- 1) Sharing Knowledge
- 2) Listening
- 3) Asking Questions
- 4) Addressing Problems
- 5) Taking Responsibility

# Walking in the patient's



<http://jonjdsbitsandpieces.blogspot.com/2010/04/grandma-shoes.html>

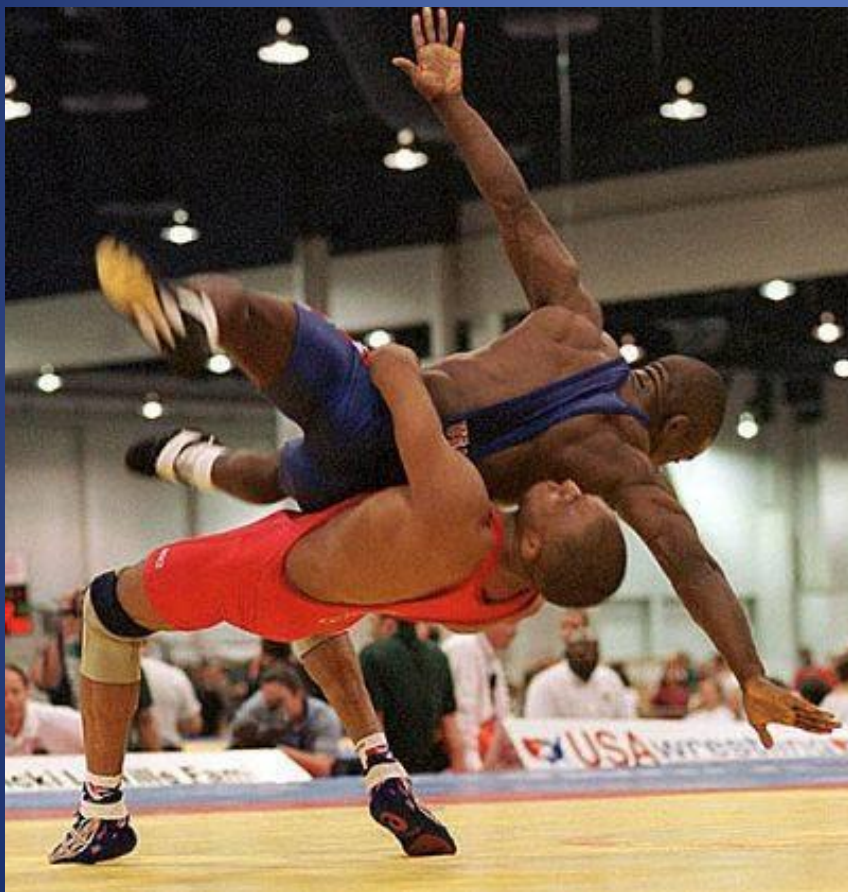


<http://www.telegraph.co.uk>



<http://grandmaideas.com/jumping-rope-with-grandchildren>

# Using the power of the synergy between patient and health care provider.



[http://mmamadness.com/images/mmagraphics/MMApedia\\_images/wrestling02.jpg](http://mmamadness.com/images/mmagraphics/MMApedia_images/wrestling02.jpg)



<http://www.alldancingonline.com/wp-content/uploads/2008/05/ballroom-dancing1.jpg>

# Coaching Research in Healthcare

- Randomized Controlled Studies (13)
- Non Randomized Study (1)
- Qualitative Reports (4)
- Case Study (1)
- Project Demonstration (1)
- Descriptive Articles (7)
- Medical Education (2)

Study	Number of subjects	Primary Outcomes
Vale et al.	792 patients with cardiac disease	Chol. drop 21 mg/dL vs. 7 mg / dL (p <.0001)
Whittemore et al.	53 women with diabetes	Better diet self-management, less diabetes related distress, higher satisfaction with care
Wolever et al.	56 patients with Type 2 diabetics	Significant reduction in Hemoglobin A1C among subjects with baseline $\geq 7$
Fischer et al.	191 children with asthma (parents and children coached)	Decreased re-hospitalization rate compared to controls 35.6% vs. 59.1% (p<.01)
Oliver et al.	67 cancer pain patients	Improved pain severity compared to control (p=.014)

# Conclusions

- Health coaching led to improved health outcomes in:
  - Cardiovascular disease
  - Diabetes
  - Cancer pain
  - Asthma

# Lessons learned from these seedling studies.

## Limitations

- Small sample sizes
- Lack of consistency with coaching specifics
- Lack of long term follow up (1 year, 3 years, 5 years)

## Common Threads

- 1:1 relationship
- Collaboration/negotiation
- Goal Setting
- Accountability

## RCT Table 2.2

- Frates EP, Moore MA, Lopez CN, McMahan GT. Coaching for behavior change in physiatry. Am J Phys Med Rehabil. 2011 Dec; 90(12):1074-82.



# Recent Systematic Review

- Patient Education and Counseling
- Volume 100, Issue 9, September 2017, Pages 1643-1653
- Long-term effectiveness of health coaching in rehabilitation and prevention

# Results

- Out of 90 RCTs, 14 studies were included.
- The high number of studies underlines the relevance of this approach.
- Six studies proved statistically significant long-term effectiveness.
  - Diabetes, depression, worksite/employees
- A research gap exists in regard to the long-term effectiveness of health coaching.

# More than RCTs = Compendium

- “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, G. A. et al.. (2017). Compendium of the Health and Wellness Coaching Literature. *American Journal of Lifestyle Medicine*. <https://doi.org/10.1177/1559827617708562>

# Collaborating with Patients



# Physicians' Empathy Influences Clinical Outcomes

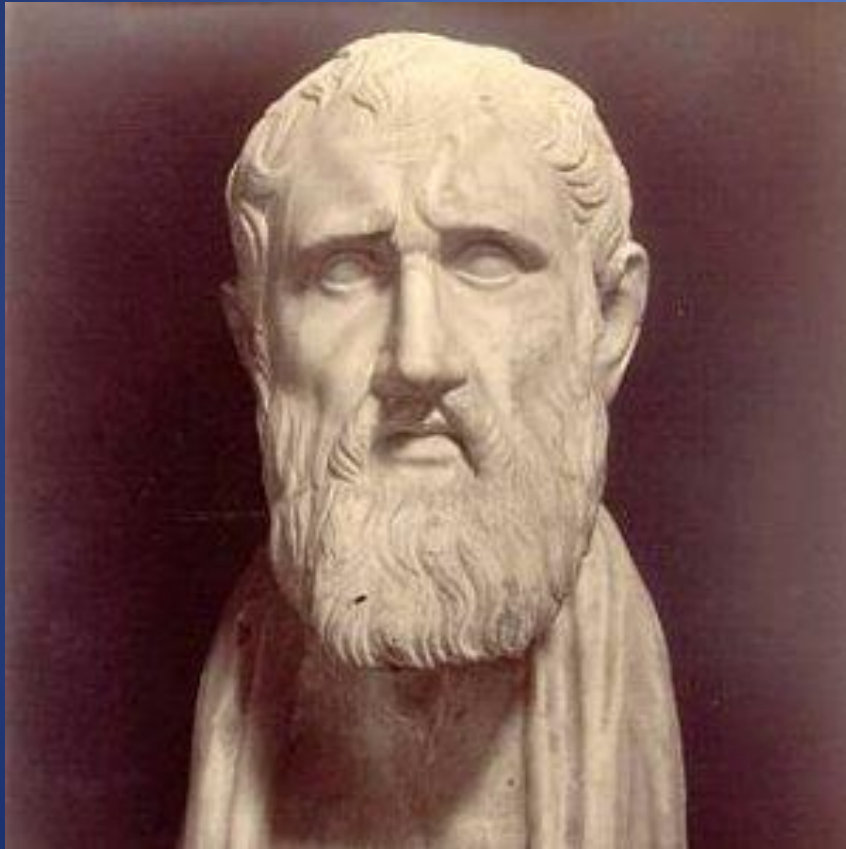
- 891 Diabetic patients
- 29 Family physicians
- Hgb-A1c, LDL-C
- Jefferson Scale of Empathy
- High empathy scores for MD correlated with good control of Hgb A1c and LDL-C in patients



# Empathy: The Keys

- Building a caring relationship
- Trusting and being trustworthy
- Reflections
- Being non-judgmental
- Being respectful
- Being supportive
- Being genuinely curious
- Listening

# The Power of Listening



- “We have two ears and one mouth, so we should listen more than we say.”
- Zeno Citium-Greek Philosopher
- 334 - 262 B.C.

# Three Levels of Listening

- Level 1 =
- Internal Listening = Awareness is on self
  - Listening to the words but focusing on what they mean to us personally
- Level 2 =
- Focused Listening = Focus on the other person
  - Impact of awareness is on the client and coach is like a mirror (unattached to own agenda or own thoughts)
  - Level of empathy, clarification, and collaboration
- Level 3 =
- Global Listening = Using all senses to to better understand—what you see, hear, smell, feel
  - Using intuition—“I get the sense that you are in an awkward place.” Is that accurate? What do you think is going on?



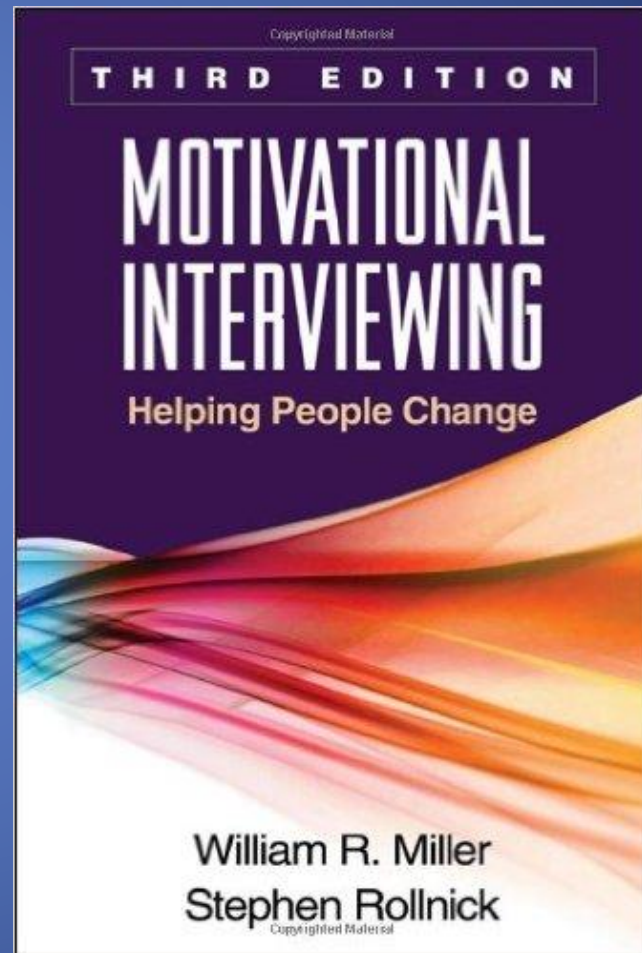
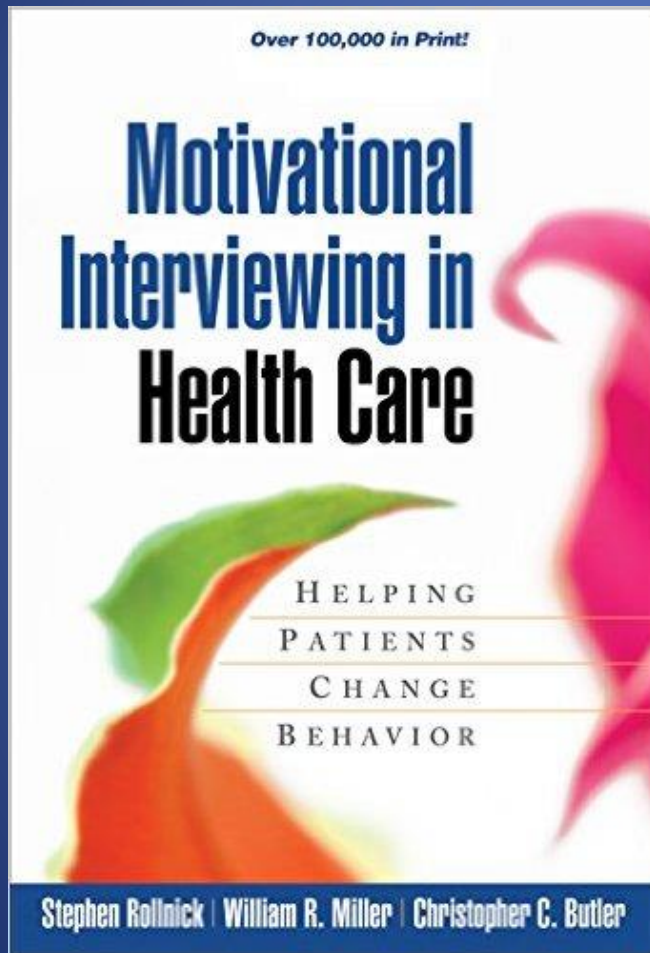
# Three different types of Empathy

- Cognitive
  - “I know how you see things; I can take your perspective.”
- Emotional
  - “I feel with you.”
  - Basis for rapport and chemistry
- Empathic need
  - “I sense you need some help and I spontaneously am ready to give it.”
  
- The Brain and Emotional Intelligence: New Insights by Daniel Goleman, PhD (page 61)

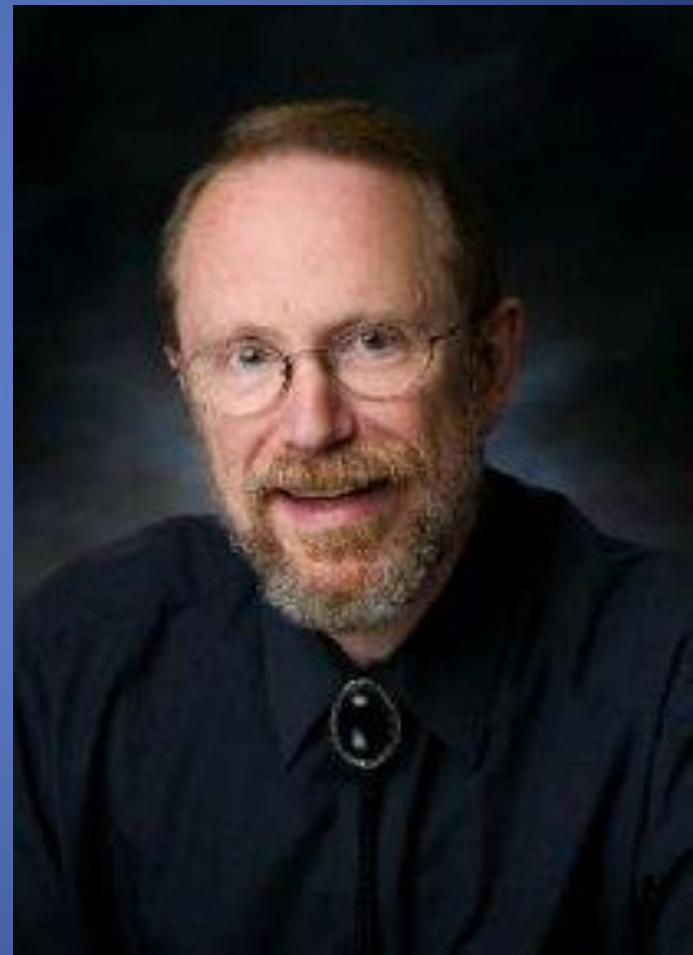
# Listening

- “What people need is a good listening to.”
- Miller and Rollnick, 2002

# Motivational Interviewing-MI



# Stephen Rollnick and William Miller



<http://www.accessevents.net.au/events/images/Pic-Stephen-Rollnick.jpg>

[http://g-ecx.images-amazon.com/images/G/01/ciu/7e/94/6337d850ada030f454a55210.L.\\_V192628391\\_SL290\\_.jpg](http://g-ecx.images-amazon.com/images/G/01/ciu/7e/94/6337d850ada030f454a55210.L._V192628391_SL290_.jpg)

# 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.”

# The Underlying Spirit of MI

## Collaboration

A partnership conducive to change, not coercive

## Acceptance

Honoring each person's own worth, internal perspective, right of self-direction, and strengths

## Evocation

“You have what you need and together we will find it.”

## Compassion

“..actively promote the other's welfare, to give priority to other's needs.”

# Motivational Interviewing and Weight Loss

- 40 Primary care MDs
- 461 over-weight or obese patients
- Measure MI consistent behavior (collaborating, reflective listening) vs MI inconsistent behavior
- Patients of MI consistent MDs had weight loss vs patients of MI inconsistent MDs who had weight gain or maintenance



# Motivational Interviewing and Stroke Patients

- Stroke 2011
- 411 patients from stroke unit
- Usual care vs Intervention
- 4 weekly sessions of MI
- MI improves patients' mood and reduces mortality at 12 months



<http://static.disaboom.com/content/images/articles/content/22785.jpg>



# Systematic Review and Meta-Analysis of RCTs in 2013

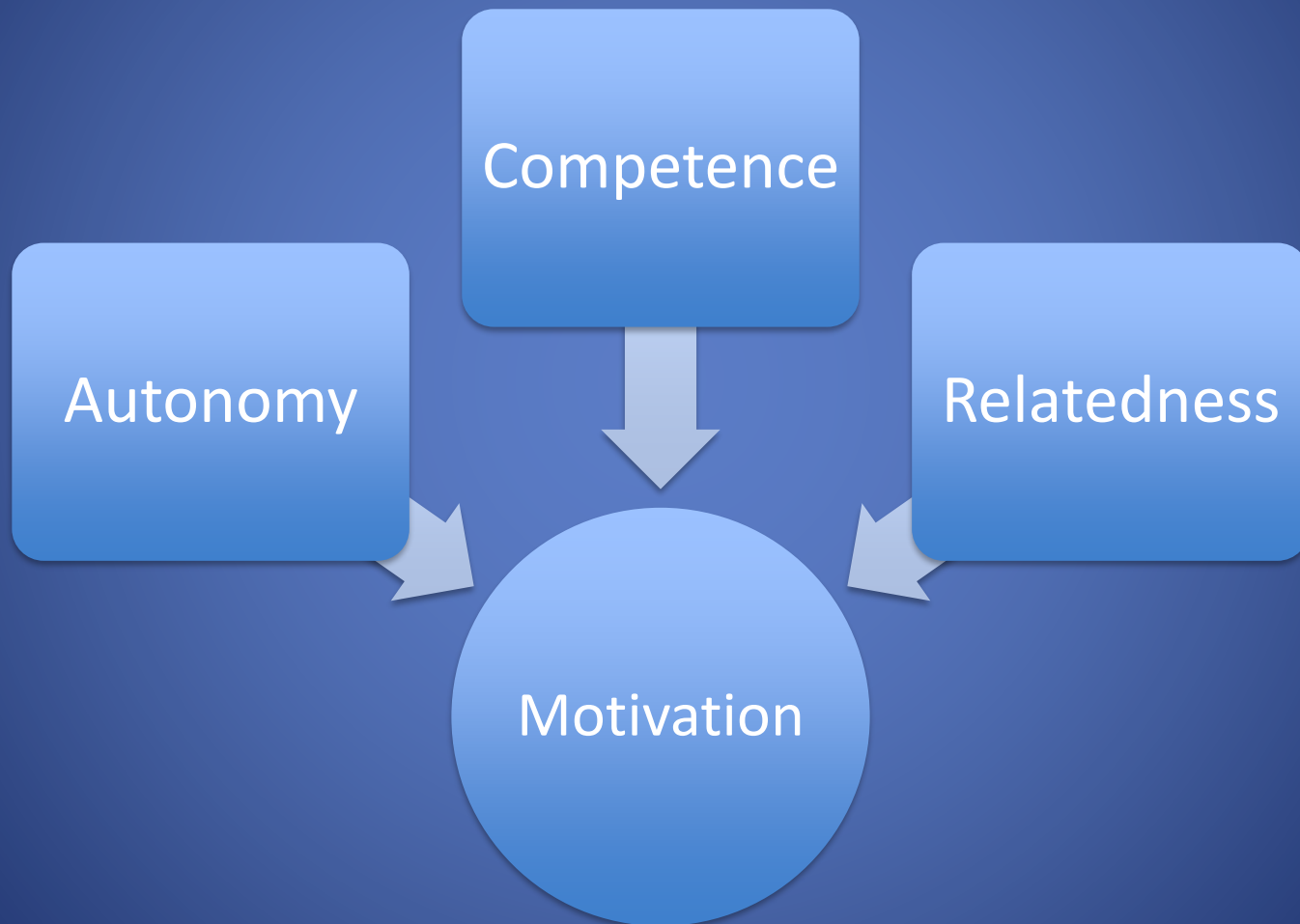
- Rollnick and researchers conducted review
- Examine MI's efficacy in medical care settings
- 48 studies were included
- Statistically significant, modest advantage for MI
- Areas of promise = HIV viral load, dental outcomes, death rate, body weight, alcohol and tobacco use, sedentary behavior, self-monitoring, confidence in change

# Self-Determination Theory

- Edward L. Deci, PhD and Richard M. Ryan, PhD
- University of Rochester
- Internal Motivation vs Extrinsic Motivation
- Satisfying the three core psychological needs for volitional motivation
  - Autonomy, competence, and relatedness

<http://www.selfdeterminationtheory.org/theory/>

# Enhanced Performance, Persistence, and Creativity



# Collaborating with Patients



# 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



# Accountability

- Check in with the patient
- Use the buddy system (Mate System)
- Use tracking systems
- Collaborate with  
care-giver, spouse, or friend

# Accountability for Patients

- **The Accountable Patient:  
The Patient's Role in the  
Era of Accountable Care**
- “Let’s begin to create a medical culture in which we expect patients to do things as full members of their care teams. As we advance into the age of accountability in health care, we will accomplish much more by looking to every person as an accountable patient.”



Don Kemper, MPH



# “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](http://en.wikipedia.org/wiki/Peter_Drucker)

“Founder of Modern Management”

# Empathy Propels the Cycle



How do you feel about your own lifestyle behaviors?



# Exercise and Physicians

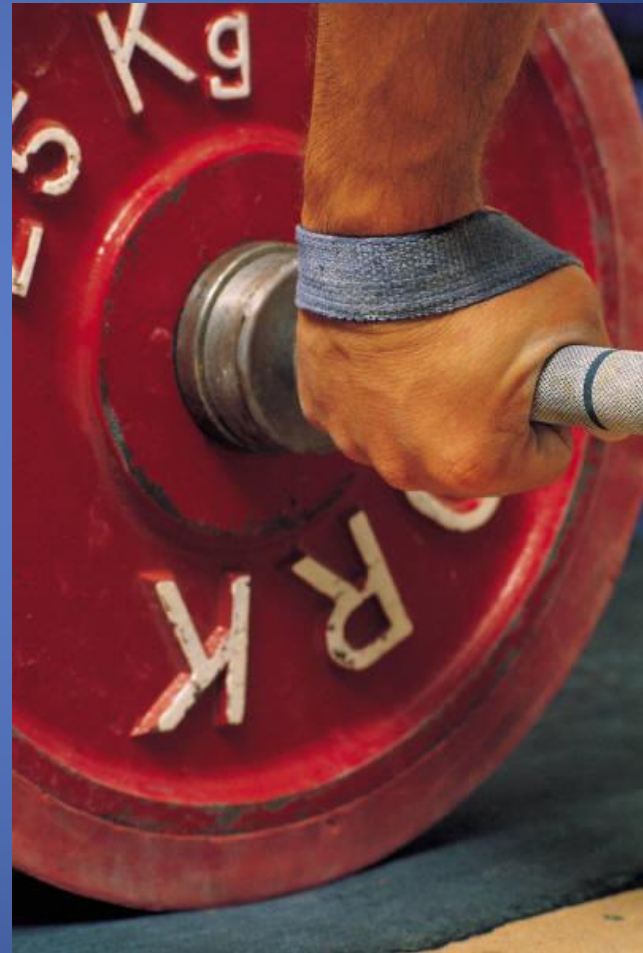
- Do physicians' exercise habits matter?
- Is there a relationship between the exercise habits of physicians and their practices in counseling on exercise?
  
- Abramson S, Stein J, Schaufele M, Frates E, Rogan S. Personal exercise habits and counseling practices of primary care physicians: a national survey. *Clinical Journal of Sports Medicine*. 2000;10(1):40-8.



# Results

- Physicians who exercise are more likely to counsel their patients to exercise.
- Those that do aerobic training counsel on aerobic training, and those that do strength training counsel on strength training.
- The main barriers to counseling on exercise were
  - inadequate time
  - lack of knowledge/experience with exercise counseling

■ Abramson S, Stein J, Schaufele M, Frates E, Rogan S. Personal exercise habits and counseling practices of primary care physicians: a national survey. *Clinical Journal of Sports Medicine*. 2000;10(1):40-8.



# A 30 second strategy.

- Can physicians who disclose their healthy personal behaviors to patients improve their credibility and their ability to motivate?
- Videos of physicians counseling patients
  - ½ minute of self disclosure re: dietary and exercise practices
  - Bike helmet and apple on desk



# Is disclosure of physician behaviors motivating?

## Subjects-

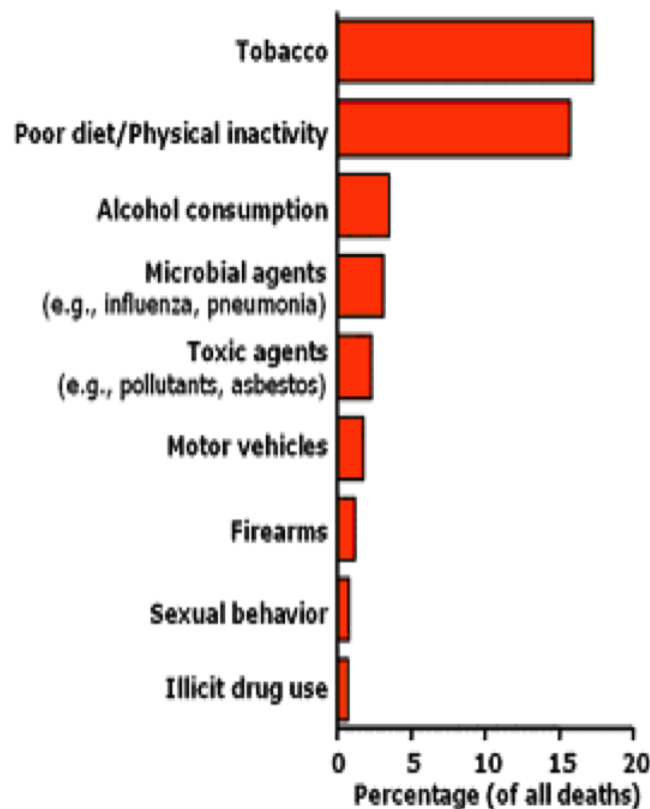
- Patients in the waiting room at an internal medicine clinic at Emory

## Results-

- Viewers of the physician disclosure video rated the physician as more believable and motivating regarding exercise and diet.

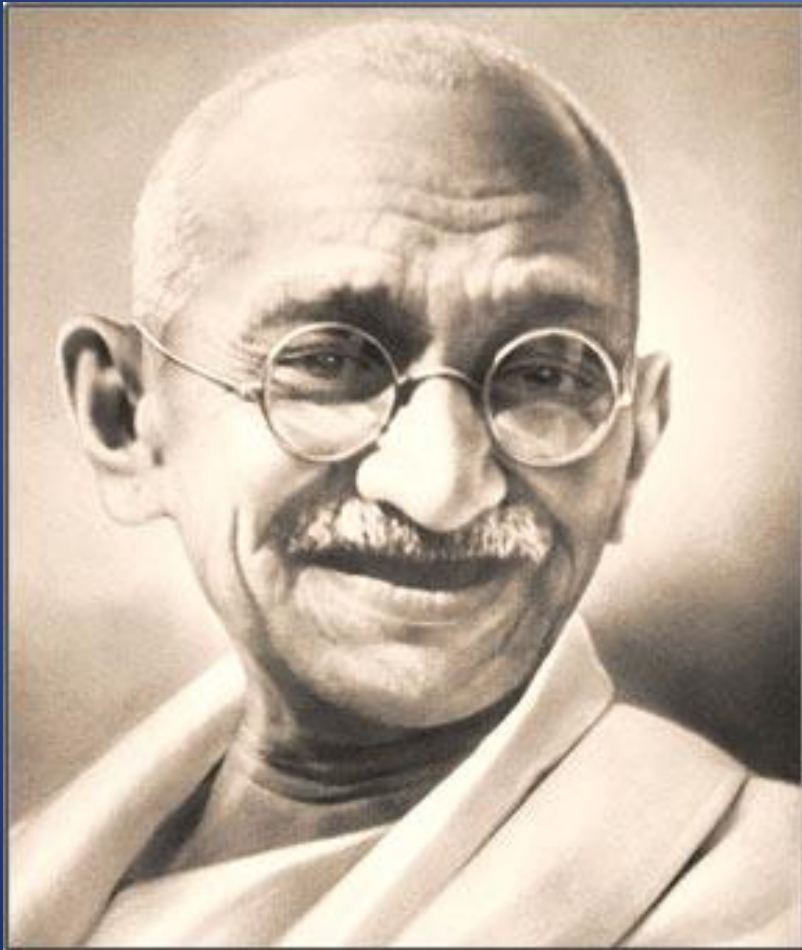


# These statistics include healthcare providers.





“Be the change you want to see in the world.”



**Mahatma Gandhi**

<http://4.bp.blogspot.com/-9LZ6UJGgA5w/TayAPrA12VI/AAAAAAAAAO0/lwsvMnT37S8/s1600/mahatma-gandhi-indian-hero.jpg>



www.shutterstock.com · 3980026