



# **Health & Wellness Coach Certification Training Manual**

Wellness Mapping 360<sup>o</sup>™ Methodology

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# Table of Contents

Chapter 1	
Wellness from the Inside Out.....	1
Chapter 2	
The Mind-set Shift.....	13
Chapter 3	
The Coaching Alliance.....	33
Chapter 4	
Readiness for Change.....	81
Chapter 5	
Wellness Mapping 360° Assess & Explore.....	101
Chapter 6	
Wellness Mapping 360° The Wellness Plan.....	131
Chapter 7	
Wellness Mapping 360° Accountability & Support .....	151
Chapter 8	
Wellness Mapping 360° Ongoing Evaluation.....	173
Chapter 9	
Wellness Mapping 360° Measurable Outcomes.....	187
Chapter 10	
Wellness Mapping 360° Time Limited.....	205
Chapter 11	
Powerful Coaching Tools and Methods.....	213
Chapter 12	
Review the WM 360 Competencies.....	231
Chapter 13	
Coaching Clients with Health Challenges.....	249
Chapter 14	
Coaching Clients with Specific Health Challenges.....	289
Chapter 15	
Coaching for Healthy Weight Management and Fitness.....	337
Appendix A.....	357
Appendix B.....	389



# Wellness Mapping 360° Certification

**The Wellness Coach Training Institute** *powered by*  
*Real Balance Global Wellness Services Inc*

Welcome! This training was developed focused on teaching the people who are in contact with those who have health challenges the coaching skills needed to effectively motivate people toward truly lasting lifestyle behavioral change toward greater health and wellbeing.

In this certification program you will acquire the coaching skills that will help you become a behavioral change specialist. Since so much of wellness and health is about a person's behavior, we want to develop professionals who are confidently equipped with behavioral change skills, tools, and strategies.

Real Balance Global Wellness Services, LLC. provides a unique, powerful delivery model for workplace and medical wellness...Wellness Mapping 360° Wellness Coaching. We assist you to improve employee and client health by training you in the Wellness Mapping 360o© wellness coaching model. Participants in this training are from many different professions and because of this we will begin with an overview of basic coaching skills.

As a learner your openness to your own journey of discovery will be a key in acquiring coaching skills because, if coaching is about nothing else, it is about genuineness. Being your true and authentic self, and being willing to look honestly at your own levels of wellness (in all dimensions) will be essential to this process. You are always free to choose what you want to share and what awareness you want to keep to yourself. What you do share will be kept within the confidential and professional boundaries of this course, and your agreement with this is required.

We urge you to discover moments where you are UNCOMFORTABLE, for this is where real growth occurs. That uncomfortable "edge" is the place where we develop our strengths. We urge you to invest in the process of group discovery and exploration, sharing of yourself, and supporting others in the class. We urge you to take risks that expand your definition of who you are.

We invite you to communicate with your instructor, contribute in class and to ask your questions. We invite you as a wellness professional to add your expertise to this body of knowledge and impact both the training as well as the field.

We are allies for a healthy world!

Thank you!

*Dr. Michael*

## **Guiding Values**

Our mission is to cultivate wellness and healthy living worldwide through consulting, training, speaking, and coaching.

“Educating, Certifying and supporting Great Wellness Coaches”

“Creating Allies for Healthy World”

- That healthy people are more effective workers, family and community members.
- That healthy people equal a healthy planet.
- That integrity is the product of an alignment of mind, body and spirit.
- That there is great value in mutually beneficial alliances.

The Wellness Mapping 360° Certification training was developed to connect the knowledge base of the wellness field with the essential skills of coaching. Through this training Dr. Michael Arloski and his faculty are spreading concepts that are valuable to both wellness professionals and the people with health challenges in need of their services.

The Wellness Mapping 360° Model is an exciting, compassionate, and effective way to support individuals who either want to live a healthy life or are addressing health challenges.

We commend you for joining the movement!

## **Training Outcomes:**

- Participants will have a foundation in wellness concepts and understand the impact of lifestyle on health and wellbeing.
- Participants will demonstrate knowledge of and competency in the use of wellness coaching skills.
- Participants will demonstrate knowledge of and competency in the use of wellness coaching communication skills.
- Participants will demonstrate knowledge of and the ability to use “Readiness for Change” to support a clients forward movement.
- Participants will demonstrate in-depth knowledge of “Wellness Coaching skills and their use in Medical Compliance”
- Participants will demonstrate they are proficient in the Wellness Mapping 360° framework for wellness coaching.
  - Participants will be able to create an effective wellness map / plan
  - Participants will gain the skills to move a client from reflection to action
  - Participants will learn how to create agreements that build in accountability

## **Navigating the Manual — Layout :**

The WM 360° Certification Training manual is divided into 11 Chapters with the first page of each chapter defining the following the contents of that chapter.



**Key Concepts**



**Connections for the Client**



**Applications or use in the  
Health & Wellness Fields**



**Readings from Wellness Coaching  
for Lasting Lifestyle Change, 2nd Edition,  
Michael Arloski Ph. D, PCC, CWP**

***At the end of each chapter you will find:***

A Summary and Exercises and/or Questions

## ***Appendix A:***

This chapter towards the end of the manual contains samples of the tools referred to in the body of the training as well as other support materials.

## *Preface*

### **CD Tool Kit**

On this disc you will find files that contain Wellness Mapping 360° tools and forms in a couple of different digital formats, articles of interest, and presentations that will support your wellness coaching journey. We are continually upgrading the materials and you will have access to the upgrades and new materials along with many support resources on our Student Center at the [www.realbalance.com](http://www.realbalance.com) website.

### **Intention/Purpose**

What are your hopes for this training?

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By the end of this training I want to... (be, know, be able to, etc.)

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I hope to use the Wellness Mapping 360° model I am about to learn in my work and am thinking it would look like...

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## What Makes a Good Coach?

Williams and Davis, in their book, *Therapist As Life Coach*, list 20 characteristics that people who are drawn to coaching tend to have.

1. They are well-adjusted and constantly seek personal improvement or development.
2. They have a lightness of being and joie de vivre.
3. They are passionate about “growing” people.
4. They understand the distinction and balance between being and doing
5. They are able to suspend judgment and stay open-minded.
6. They are “risk takers” willing to get out of their own comfort zones.
7. They are entrepreneurial-even if they do not have great business skills they are visionaries, able to see the big picture and reinvent themselves and their business to meet current trends.
8. They want to have a life and a business.
9. They have a world view and more global vision.
10. They are naturally motivational and optimistic.
11. They are great listeners who are able to empathize with their clients.
12. They are mentally healthy and resilient when life knocks them down.
13. Their focus is on developing the future, not fixing the past.
14. They are collaborators and partner with their clients, shedding the “expert” role.
15. A willingness to believe in the brilliance or potential for greatness in all people.
16. They look at possibilities instead of problems and causes.
17. They exude confidence, even when unsure.
18. They present as more authentic and genuine, with high integrity.
19. They are willing to say, “I don’t know,” and explore where and how to learn what is needed.
20. They enjoy what they do and are enthusiastic and passionate about life.

While wellness coaches may, or may not, have as many entrepreneurial and business-oriented tendencies, they do share these characteristics equally well. Ten more that wellness coaches tend to share would be:

1. They are committed to living the healthiest lifestyle possible themselves.
2. They have fairly low needs for control.
3. They tend to be very “centered” emotionally and calm in a crisis.
4. They are patient, but not indulgent or enabling with their clients.

## *Preface*

5. They tend to see patterns and be good “systems” thinkers.
6. They love to strategize and develop new ways to do things.
7. A belief that mind, body, spirit & environment contribute to health and well-being.
8. They embrace challenges instead of fearing them.
9. They are perpetually curious about life in general and human behavior in particular.
10. Have an interest in health and health systems.

How many of these characteristics can you identify with?

1. What are your three greatest strengths based on the checklist above?

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2. What are the three areas that hold you back from being more coach-like?

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3. At this point, knowing what you now know about coaching, what would it look like for you to be more coach-like in your work? What do you envision?

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## The ICF Code of Ethics

As helping professionals, our states and/or professional organizations hold us accountable for conducting ourselves according to a code of ethics. The ICF created a code of ethics for the coaching profession. All ICF certified professional coaches must adhere to this code:

“As a professional coach, I acknowledge and agree to honor my ethical obligations to my coaching clients and colleagues and to the public at large. I pledge to comply with ICF Standards of Ethical Conduct, to treat people with dignity as independent and equal human beings, and to model these standards with those whom I coach. If I breach this Pledge of Ethics or any ICF Standards of Ethical Conduct, I agree that the ICF in its sole discretion may hold me accountable for so doing. I further agree that my accountability to the ICF for any breach may include loss of my ICF membership or my ICF credentialing.

1. I will conduct myself in a manner that reflects well on coaching as a profession and I will refrain from doing anything that harms the public's understanding or acceptance of coaching as a profession.
2. I will accurately identify my level of coaching competence; and I will not overstate my qualifications, expertise or experience as a coach.
3. I will ensure that my coaching client understands the nature of coaching and the terms of the coaching agreement between us.
4. I will not intentionally mislead or make false claims about what my clients will receive from the coaching process or from me as their coach.
5. I will respect the confidentiality of my client's information, except as otherwise authorized by my client, or as required by law.
6. I will obtain informed permission from each of my clients before releasing their names as clients or references or any other client identifying information.
7. I will be alert to noticing when my client is no longer benefiting from our coaching relationship and would be better served by another coach or by another resource and, at that time, I will encourage my client to make that change.
8. I will seek to avoid conflicts between my interests and the interests of my clients.
9. Whenever any actual conflict of interest or the potential for a conflict of interest arises, I will openly disclose it and fully discuss with my client how to deal with it in whatever way best serves my client.
10. I will disclose to my client all anticipated compensation from third parties that I may receive for referrals or advice concerning that client.
11. I will honor agreements I make in my coaching relationships, and construct clear agreements that may include confidentiality, progress reports, and other particulars. I will obtain the express consent of the person being coached before releasing information to another person compensating me.

12. I will not give my clients or any prospective clients information or advice I know to be misleading or beyond my competence.
13. I will respect and honor the efforts and contributions of others.
14. I will respect the creative and written work of others in developing my own materials.
15. I will use ICF member contact information (email addresses, telephone numbers, etc.) only in the manner and to the extent authorized by the ICF. We've included the competencies and Code of Ethics to ground you in the professionalism of coaching.

## **Professionalism in Wellness Coaching**

You may be a health care professional who wants to be more “coach-like” in your work and have a more effective way to help your patients and/or clients succeed at lasting lifestyle improvement. You may be a person interested in developing an entirely new career in the field of coaching, and wellness coaching in particular. You may already be part of a profession that has standards, credentialing processes and ethical standards and you bring that with you. Regardless, as you proceed into this field of wellness and health coaching your commitment to professionalism is important to you and to this newly emerging field.

Efforts are under way to establish standards of practice and levels of credentialing that will help wellness and health coaching to be recognized as a valuable profession worthy of trust, respect and remuneration. RBGWS is positioned at the center of this effort and will keep it's training standards in alignment with the best of what is developed. (See the website for the National Consortium For Credentialing Health and Wellness: [www.ncchwc.org](http://www.ncchwc.org))

In the meantime we need to do our best to develop competencies that ensure our clients of the very best in wellness coaching. We need to behave in ways that respect our client's confidentiality and all of their rights. Currently the main professional organization we can look to for a code of ethics is the ICF, the International Coaching Federation, and we have included their material here.

Wellness and health coaching is a special part of the field of Life Coaching. It is not a form of treatment, but is categorized as consultation and education, so it is not regulated in the way that forms of treatment are. As the profession develops and as many health care providers are simultaneously in the role of treatment provider and coach working to help their patients to make effective lifestyle changes, this distinction becomes challenging. “Wearing two hats”, as we say, presents special challenges indeed. By taking this training you are taking an important step in developing the competencies you need to be a wellness coach who can deliver effective and professional help to people seeking to make lasting lifestyle change.

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Office hours are 8 a.m. to 5 p.m. (U.S. Eastern/New York) Monday through Friday.

We are accredited Approved Coach Specific Training Hours (ACSTH) provider with the ICF and our course hours may be used for the ACC credential or for Continuing Coach Education .



## *Chapter 1*

# Wellness from the Inside Out



### **Key Concepts**

- What determines our health?
- The Illness/Wellness Continuum
- Defining Wellness
- Taking Wellness One-on-one



### **Connections to be Made for the Client**

- Wellness Coach as Ally
- Who is in the Lead?
- Self Responsibility



### **Applications**

- Applying the Concepts to Your Wellness Work



### **Reading and Watching**

- Read Chapter 2: “Grounded in Wellness: Basic Wellness Principals”
- Watch “Speaking of Wellness”







## What is Wellness?

We are in a time when the field and practice of coaching and wellness are both growing and evolving. Professional coaches know the importance of identifying the characteristics which differentiate the different coaching practices. It is an exciting time to become a coach in the wellness field! Because the field is new, you'll find yourself in conversations with friends, colleagues and potential clients where you'll need to explain clearly to them, in layperson's terms, what wellness is and what you do as a wellness coach.

In this chapter we'll: look at definitions of wellness; seek to define wellness coaching; look at what really determines our health; understand the wellness continuum; complete our "Wheel of Life" as a start on our own Personal Wellness Foundation, and get excited about the "Wellness Revolution."

Like other service professions, wellness and wellness coaching may be described slightly differently by authors, speakers and professional groups, depending upon their audience and the particular type of coaching described. What is important for you at the outset of this training is that you first recognize the intrinsic similarities (and salient differences) among definitions you read, and also that you can clearly describe wellness coaching to your colleagues, friends and potential clients.

To get you started, read the definitions below. Note their intrinsic similarities and differences. Identify the aspects of each one that communicates most clearly to you.

### The Elusive Definition of Wellness

***When asked by the National Wellness Institute a few experts in the wellness field defined wellness as:***

The people who answered our questions are brilliant, caring and passionate about wellness. We are lucky to be in such good company. There appears to be general agreement that:

- Wellness is a conscious, self-directed and evolving process of achieving full potential.
- Wellness is multi-dimensional and holistic (encompassing such factors as lifestyle, mental and spiritual well-being and the environment).
- Wellness is positive and affirming. It is difficult to differentiate wellness from other disciplines, because wellness can be useful in nearly every human endeavor. Wellness is being applied in related fields, such as, health promotion and holistic health.

We can assess the degree to which wellness is incorporated into a particular approach or program by asking:

- Does this help people achieve their full potential (to be all they can be)?
- Does this recognize and address the whole person in all his or her dimensions?
- Does this affirm and mobilize peoples' positive qualities and strengths?

### ***National Wellness Conference Learning 2004 Definition of Wellness***

Within the 2004 National Wellness Conference learning communities, we are looking at how wellness adds to educational settings, communities, workplaces, coaching, health care, and personal growth.



We have adopted the following definition:

“Wellness is a process of becoming aware of and making choices toward a more successful existence.”

This definition does not contradict the input we received. Our NWI definition is very broad.

### **Expert Views of Wellness**

“Wellness is the experience of living life with high levels of awareness, conscious choice, self-acceptance, interconnectedness, love, meaning and purpose. Wellness is the individual's life journey (and our society's larger task) of taking Abraham Maslow's concept of Self-Actualization and applying it to mind, body, spirit and our interconnectedness with other people and our environment.”

— Dr. Michael Arloski

“John Travis still has the definition that works well for me:” “Wellness is a choice, a way of life, a process, an efficient channeling of energy, an integration of mind, body, spirit and a loving acceptance of self.””

— Elaine Sullivan

“What are the defining characteristics of wellness? Key components for me include: recognition of the holistic nature of health and wellness; a focus on optimal well-being for each individual; attention to and integration of many dimensions of health and well-being; individual and community responsibility for “choosing” to be healthy and the creation and maintenance of healthy environments; and encouraging and supporting others in the pursuit of “high-level wellness.” Wellness is not focused on the diagnosis and treatment of illness; rather, the goal is helping each individual and community achieve the highest

level of health possible. Figuring out how to motivate people to change their behaviors and engage in long-lasting healthy behavior patterns is a crucial and perhaps unique dimension of the wellness effort.”

— Dennis Elsenrath

“It is a positive approach that implies self motivated action. It implies the application of knowledge and information. Facts alone do not lead to a wellness life.”

— Bill Hetler

“The defining characteristics of a wellness lifestyle/mind-set are a strong sense of personal responsibility, exceptional physical fitness due to a disciplined commitment to regular/vigorous exercise and sound diet, a positive outlook and a devotion to and capacity for critical thinking, joy in life and openness to new discoveries about the meaning and purposes of life.”

— Don Ardell

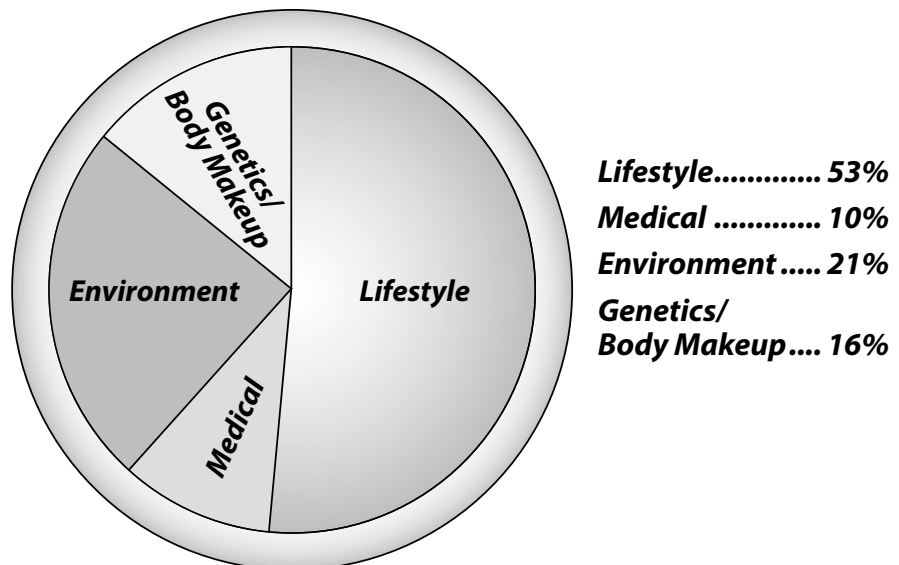
Here’s our quick definition:

“Wellness is living your life very consciously, in ways that enhance your health and well-being.” It’s all about the conscious lifestyle decisions we make every day that allow us to choose the wellness options.



## What Determines Your Health?

Mostly your lifestyle.



Center for Disease Control, 2004

## Blue Zones Life Style Study

“Blue Zones” are the places around the world identified by scientists where there is extraordinary longevity. The Blue Zone studies and current work on longevity have concluded that our length of life is determined mainly by culture and lifestyle.

- 80% culture and lifestyle
- 20% genetics

Dan Buettner author of The Blue Zones book says most people could live another 10 years, as well as look younger and feel younger at every age. A Danish twin study established that less than 25% of how long the average person lives is dictated by genes. In other words, most of how long and how well you live is up to you.

### *Move Naturally*

Make your home, community and workplace present you with natural ways to move. Focus on activities you love, like gardening, walking and playing with your family.

### *Right Outlook*

Know and be able to articulate your sense of purpose and ensure your day is punctuated with periods of calm.

### *Eat Wisely*

Instead of groping from fad diet to fad diets, use time-honored strategies for eating 20% less at meals. Avoid meat and processed food and drink a couple of glasses of wine daily.

### *Belong to the Right Tribe*

Surround yourself with the right people, make the effort to connect or reconnect with your religion and put loved ones first.

This may all sound too simple, but the payoff is huge. The average American could live up to 14 more good years by putting these habits to work.

Another way The Blue Zones summarize their tips is this list:

- Move Naturally
- Purpose
- Downshift Stress
- Eat Wisely – 80% rule
- Plant Slant Diet
- Wine at Five
- Faith Community
- Loved Ones First
- Belong to the Right Tribe! (Supportive Social Circles)

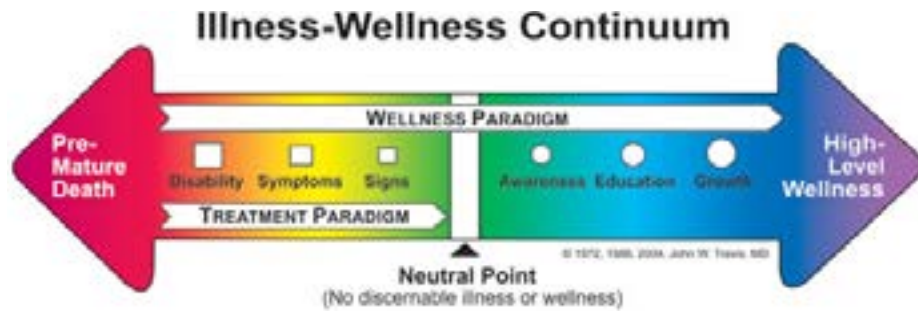


**[www.Bluezones.com](http://www.Bluezones.com)**

“I think we are on the verge of a major paradigm shift in promoting health and wellness driven by coaching. Coaching provides a positive connection — a supportive relationship — between the coach and the person who wants to make a change. That connection empowers the person being coached to recognize and draw on his or her own innate ability and resources to make lasting changes for better health and well-being.”

— Anne Helmke  
Member Services  
Team Leader, National  
Wellness Institute

## Illness-Wellness Continuum



### Wellness Paradigm

The Wellness Model can engage a person at any time on the continuum, moving them toward higher levels of wellness.

(The Illness-Wellness Continuum is used with the permission of John Travis, M.D.)

**Concept 1:** “Wellness is a process, never a static state.”

**Concept 2:** “Illness and health are only the tip of an iceberg. To understand their causes, you must look below the surface.”

— John Travis, M.D.



## Taking Wellness One-on-one

### Some History

The field of wellness emerged in the mid-1970s from the work of John Travis, Don Ardell, Robert Allen, Bill Hetler and others. They took the much neglected area of preventative health and infused psychological principles of behavioral change and development. Studying the relationship between health and behavior, largely through the actuarial tables of insurance companies (looking at cause of death) yielded the concept that our lifestyle choices affect our health in profound ways. The field of wellness began looking at health-risk behavior and tackles the challenge of helping our society reduce health risks. Smoking cessation and weight control were at the forefront of this early effort.

Over the years we saw that we needed to look at stress reduction, healthier interpersonal relationships, career satisfaction and other aspects of our lives to get a complete picture of one’s health and well-being. Various models of wellness emerged and the value of concepts like meaning and purpose in life emerged as central. Robert Allen pioneered looking at how the health norms of the people we live and work with affect our health. In the workplace programs were developed to influence

the culture of the work environment and many companies invested in physical fitness facilities. Health-risk assessments were used on a broad scale. The emphasis was on health education and affecting large groups of people through classes, incentive programs, and various wellness health promotion efforts.

### **Today**

Health educators have found that, in addition to the educational classes and health promotion approach, they are increasingly expected to work with individuals one on one. Sometimes they have the skills to do so, other times they apply the training that they have and attempt to simply educate the individual, hoping it will result in behavioral change. Also, there is an increasing demand by individuals, outside of the workplace, for alliances that can help them, once and for all, be successful in changing their lifestyle behavior.

The expressed feeling by many in the wellness field is that we have been successful in some ways, and unsuccessful in others. Perhaps our culture-wide, society-wide or company-wide health promotion efforts have not been able to significantly improve the health of our country. Where there is encouragement, instead of discouragement is in TAKING WELLNESS ONE-ON-ONE. The new trend in wellness is helping improve the health of our world, one person at a time.

“What is clear is that wellness coaching is the application of the principals and processes of professional life coaching to the goals of lifestyle improvement for higher levels of wellness”

### **What is Your own Definition of Wellness?**

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“It’s our duty as human beings to proceed  
as though the limits of our capabilities do not exist.”

— Teilhard de Chardin

## **Wellness Definitions**

### ***Wellness***

In the Wellness Mapping 360° approach we go from “Wellness” as a philosophy, a way of living, to looking at wellness as the art and science of lifestyle behavioral change.

### ***Wellness Coaching***

We look at wellness coaching as the application of the principles and processes of professional life coaching to the goals of lifestyle improvement for higher levels of wellness. It is an alliance between a professional coach and a person (or persons) who, through the benefit of that relationship, seeks lasting, lifestyle behavioral change.

### ***Lifestyle Medicine***

The American College of Lifestyle Medicine gives the following definition: “Lifestyle Medicine is the use of lifestyle interventions in the treatment and management of disease. Such interventions include diet (nutrition), exercise, stress management, smoking cessation, and a variety of other non-drug modalities. A growing body of scientific evidence has demonstrated that lifestyle intervention is an essential component in the treatment of chronic disease that can be as effective as medication, but without the risks and unwanted side-effects.” ([www.lifestylemedicine.org](http://www.lifestylemedicine.org))

Health educators, nurses, corporate wellness programmers and others involved in the wellness field over the past 30 years have long pointed to the consummate sensibility of prevention. Entire programs were built around the reduction of health risks and the prevention of illness. Now we see undeniable evidence that helping people change behaviors and reduce health risks, is an essential part of any wise treatment program for most, if not all chronic medical conditions (American College of Lifestyle Medicine).

As professionals in the wellness field, we now face the two-fold challenge of promoting prevention while also being part of the treatment solution. The people we serve span the entire continuum from those with severe health challenges to all who aspire for peak performance, and living joyful, meaningful and satisfying lives. In short, as we zero in on the behavioral nature of health, it is increasingly apparent that wellness professionals, are uniquely qualified to help.

While the wellness coach does not provide treatment, they can be a key part of the “treatment team” and support the efforts of the client’s health care providers. As an ally to both client and the client’s medical allies, the wellness coach is the “behavioral change expert” who helps their client succeed at lasting lifestyle improvement.

Lifestyle medicine is a fast-growing discipline within the medical field and is evidenced by the growth of institutes devoted to this cause. Check out the resource sections of these websites as they are full of both interesting material to expand your knowledge and also real evidence of how lifestyle affects the course of illness.

- American College of Lifestyle Medicine  
[www.lifestylemedicine.org](http://www.lifestylemedicine.org)
- Institute of Lifestyle Medicine — Harvard Medical School  
[www.instituteoflifestylemedicine.org](http://www.instituteoflifestylemedicine.org)

“I walked for miles at  
night along the beach,  
composing bad blank  
verse and searching  
endlessly for someone  
wonderful who would  
step out of the darkness  
and change my life.  
It never crossed my  
mind that person  
could be me.”

— Anna Quindlen  
in *The New York Times*



## Summary — Chapter 1

### Wellness from the Inside Out

- We talked about the Illness-Wellness continuum and the changing ideas about health.
- We learned that the primary determiner of health is lifestyle.
- Each of us defined wellness or decided on a definition that works for us.
- We learned about the benefits of individualizing wellness.

### Exercise

*Answer and be prepared to discuss the following questions:*

1. If MOST of what determines our health is our lifestyle, what are the implications for the way health care is practiced?

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2. How can the wellness coach position themselves as an important resource for both personal and public health?

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### *Buddy Coaching Expectations*

- Buddy Coaching Guideline are defined in Appendix A



### Digital Tool Kit — Articles

“Wellness Coaching as Lifestyle Medicine: Covering The Whole Continuum” by Michael Arloski Ph.D., PCC, Wellness Management, September 2008



## *Chapter 2*

# The Mind-set Shift



### **Key Concepts**

- Theory
- Methodologies
- The Coach Mind-set
- The basics of motivation



### **Connections to be Made for the Client**

- A More Genuine Connection — A True Ally
- Client-centered



### **Applications**

- Using the Motivational Mind-set and Strategies Within Coaching



### **Reading**

- Read Chapter 3: “Taking Wellness One-on-one: Changing the Health Promotion Model from Large Groups to Individuals”

# Theoretical Foundations of Coaching and Wellness Coaching



## Based in Behavioral Science

To make the mind-set shift needed to be an effective wellness coach one needs to understand the theoretical foundations of the coaching movement.

In Chapter 1 of *Wellness Coaching For Lasting Lifestyle Change* (Arloski, 2009), “Toward A Psychology Of Wellness,” the foundational concepts of Abraham Maslow are credited with laying much of the foundation for the wellness field today. That same humanistic psychology view of humanity was also foundational for the entire field of life coaching and eventually wellness coaching. The ground floor of that foundation, however, was laid long before Maslow.

While Sigmund Freud allowed us to finally acknowledge such concepts as subconscious motivation, and develop theories of neurosis and psychosis, etc., it was two of his contemporaries, Carl Jung and Alfred Adler who began to view human beings as something more positive than just subjects through which to study pathology. They shared a much more optimistic view of human potential and developed methods that credited people with the capacity to develop creative and fulfilling lives through their own actions and beliefs. Many of their theories and methods are indeed antecedents of our modern-day life coaching (Williams & Davis, 2002).

Adler, for example, believed that a sense of significance and social connectedness (belonging) contributed more to one’s happiness than simply achieving personal desires and accomplishments. He saw people as quite capable of charting the course of their own lives and often engaged them in goal setting, life planning and inventing their future. “Similarly, Carl Jung believed in the power of connectedness and relationships, as well as a “future orientation” or teleological belief that we create our futures through visioning and purposeful living.” (Williams & Davis, 2002). These methods are central to not only life coaching, but wellness coaching methods also.

A psychologist responsible for a huge shift that left an indelible mark on how helping professionals approach their clients is Carl Rogers. His therapeutic approach is based on the power of the relationship between therapist and client instead of the analytical approach of the Freudians, left over from the medical/pathology model. In contrast to the impersonal methods of the behaviorists (Skinner), here was an approach which posited that growth and healing was fostered in the therapeutic relationship itself. This was the beginning of “helper as ally!”

Rogers was quickly joined by other theorists and therapists who also saw the wisdom of a more humanistic approach to human helping. The work of gestalt therapists Fritz and Lara Perls, existentialist Rollo May, family therapist Virginia Satir, Sidney Jourard and his work on self-disclosure, and many others helped form the foundations for the movement that became known under names such as human potential, personal growth, and humanistic and transpersonal psychology. This all dove-tailed perfectly with Maslow's theories of motivation and self-actualization, developing a real methodology for how to translate theory into practice.

It is important to know that it was from these roots that more current theories such as motivational interviewing, appreciative inquiry, and the entire field of positive psychology evolved.

(See more about Carl Rogers and his influence on coaching later in chapter 3.)

What eventually became life and wellness coaching had even broader influences than we have named so far. The father of American hypnosis, psychiatrist Milton Erickson, "believed in the inherent ability of individuals to achieve wellness if the reason for an illness could be thwarted" (Williams & Davis, 2002). Building on an Eriksonian foundation, Bandler and Grindler (1975) developed neuro-linguistic programming (NLP) as a system using purposeful language, especially questioning and inquiry to focus on outcome and facilitate change. Again, foundational methods and techniques which wellness coaching has adopted.

The synthesis continued with additions from solution-focused therapies and related approaches. Reality therapy (William Glasser), rational-emotive therapy (Albert Ellis), family systems theory (Virginia Satir, Carl Whitaker, Jay Haley, et al.), and those contributing to solution-focused therapy itself (Bill O'Hanlon, Steve de Shazer, etc.) all influenced the developers of modern day life coaching.

## **Life Coaching Origins**

What we see as life coaching today developed out of the psychological foundations we have noted here and combined with contributions from the fields of organizational development, industrial psychology and business consulting.

As a field of it's own coaching really could be said to have started with the visionary work of Thomas Leonard who initiated telecoaching (over the phone coaching) and in 1992 founded Coach University (Coach U) which is still one of, if not the biggest coach training institution. At about the same time Laura Whitworth and her colleagues founded The Coaches Training Institute (CTI). The publication of Co-active Coaching

(1998), authored by Whitworth, Henry Kimsey-House and Phil Sandahl anchored the profession in a process of human helping that it could call its own. Coach training institutions and the professional organizations that evolved such as the International Coaching Federation (ICF) set forth professional methodology that integrated the best of behavioral science, communications theory and business knowledge. Soon numerous coach training schools evolved to meet the increasing need such as Pat Williams' Institute for Life Coach Training, Coach Training Alliance and others.

### Life Coaching and Wellness Coaching

The initial focus of the coaching field seemed to be on helping business people to grow their careers, their own businesses and achieve success. As life coaching evolved within the profession many more applications for coaching and the “coach approach” were found. Life coaching could be for anyone wanting to actualize more of their potential and live their dreams. Within life coaching there has always been a focus on “work-life balance” and it is here that we see more of a wellness and health perspective. Some coaches specialized in this, but usually found it was simply one aspect of helping someone to be more productive in their work and achieve more of their goals.



Today wellness and health coaching draws upon a number of influences. Wellness coaching combines the best of what we know from life coaching and the behavioral sciences with the best of the professional field of wellness and health promotion. Wellness coaching has been quick to embrace additional concepts and theories that are of particular value when helping people to change their lifestyles. Lifestyle improvement is about changes in attitude, belief and behavior. To help our clients do this we draw upon “what works!”

### Positive Psychology

The humanistic approach to psychology that formed the underpinnings of both the coaching and wellness fields has today continued to evolve, in part, under the new banner of Positive Psychology. What appears to have come forth as largely a new area of scientific research, led by psychologist Martin Seligman, has more recently sought ways to use this positive approach in the helping professions. Seligman developed Learned Helplessness theory and followed it with work on Learned Optimism. The field provides continuing validation for a strengths-based approach instead of a medical or pathological model and this validates the coach approach. In 2007, the book *Positive Psychology Coaching: Putting the Science of Happiness to Work for Your Clients* (2007) by Robert Biswas-Diener and Ben Dean was published.

The Positive Psychology Center at the University of Pennsylvania, says that “Positive Psychology is the scientific study of the strengths and virtues

that enable individuals and communities to thrive... This field is founded on the belief that people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves, and to enhance their experiences of love, work, and play.” Positive psychology is integrated throughout the coach approach and the scientific work of this field keeps us focused on ways to support optimism, happiness and does so by urging us to work with our clients to bolster their strengths and create the life they really want to live.

## **Change Methodologies**

### ***Transtheoretical Model of Behavioral Change***

The Wellness Mapping 360° methodology embraces the “Stages of Change” theory at its core. Originating in the field of addictions treatment this theory was developed by James Prochaska, Carlo Diclemente and John Norcross, (see *Changing For Good*, 1994) and has been applied throughout the health care industry worldwide. The coaching profession was actually very late in becoming aware of “Prochaska” (as the entire body of work is often referred to just by its primary author). Coaches often were taught to “jump to solution” and in the process pushed clients into premature action resulting in failure. Now it has been embraced by life coaching and by wellness coaching in particular. We devote an entire chapter to its study and use later in this manual (Chapter 4). See also Chapter 8 in *Wellness Coaching For Lasting Lifestyle Change*.

### ***Motivational Interviewing***

The wellness coaching field has also integrated other helping approaches that evolved almost simultaneously on parallel tracks, drawing upon the same psychological roots. Well known and widely taught in the medical world is the counseling method of Motivational Interviewing. “Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.” (Rollnick & Miller 1995). Excellent in the medical consultation situation, MI is not a complete coaching methodology, but rather a very effective set of principles and techniques that a coach can use to improve their effectiveness, particularly in helping the “stuck” client to resolve their ambivalence concerning change.

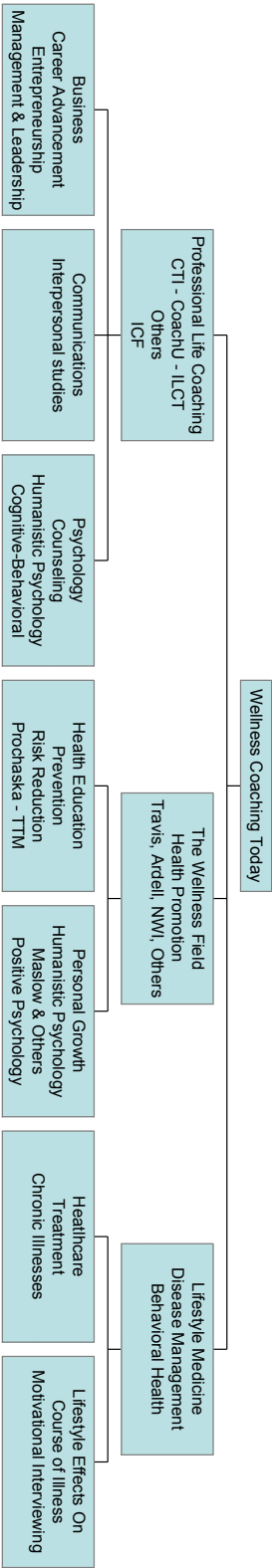
MI also came out of the addictions treatment field and when working with problem drinkers discovered that it was imperative to encourage “change talk” and avoid bringing out more “resistance talk”. MI defines itself as client-centered and one can see the influence of the same Rogerian forces that shaped coaching as well. The interesting paradox is that MI is simultaneously more directive!

The four general principles of MI could be described this way:

1. The coach expresses empathy, showing acceptance and using skillful listening.
2. The coach helps their client to develop discrepancy, allowing them to discover motivation by seeing discrepancy between their present behavior and what personal goals or values are important to them.
3. The coach rolls with resistance, avoiding arguing for change the coach shifts responsibility for finding answers back to the client.
4. The coach supports self-efficacy, embracing the fact that the client's belief in the possibility of change is a critical motivator and that the client themselves is responsible for carrying out change.



# Wellness Coaching Is Evidence-based, Rooted in Behavioral Science



## Wellness IS about Personal Growth

The wellness field has grown heavy (and perhaps a bit dreary) with methods and measurements, statistics and static. Foundational to good wellness coaching is to help your client remember that WELLNESS IS ABOUT PERSONAL GROWTH. When you help your client see that the best way to be well is to adopt the vision and goal of continually growing as a person, much of the motivation to be well will be achieved.

These passages are from *On Becoming a Person*, a collection of essays by Carl Rogers published in 1961. (Found at [www.panarchy.org/rogers/person.html](http://www.panarchy.org/rogers/person.html), where there is more on “The Good Life” and Rogers’ work.)

### ***The Good Life and the Fully Functioning Person***

“I have gradually come to one negative conclusion about the good life. It seems to me that the good life is not any fixed state. It is not, in my estimation, a state of virtue, or contentment, or nirvana, or happiness. It is not a condition in which the individual is adjusted or fulfilled or actualized. To use psychological terms, it is not a state of drive-reduction, or tension-reduction, or homeostasis.



The good life is a process, not a state of being. It is a direction not a destination. The direction which constitutes the good life is that which is selected by the total organism, when there is psychological freedom to move in any direction. This organismically selected direction seems to have certain discernible qualities which appear to be the same in a wide variety of unique individuals.

The good life, from the point of view of my experience, is the process of movement in a direction which the human organism selects when it is inwardly free to move in any direction, and the general qualities of this selected direction appear to have a certain universality.”

— Carl Rogers

### ***Working With The Whole Person***

Many times clients who are eager to improve their lifestyles have pinpointed something they want to do. That’s fine. If, however, they are rushing into some new lifestyle behavior (such as a new exercise program) as a potential solution to all their health concerns, they are likely to be disappointed.

Taking time to help the person to review their whole life is usually more than worth the time and effort involved, and it helps the client and coach to mutually determine both what really is going on, and where best to start. Help your client to do some foundational work on WHO they are, not just what they want to do.

“Tug on anything  
at all and you’ll  
find it connected  
to everything else  
in the universe.”

— John Muir

## **New Mindset, New Model**

From Prescribe and Treat, or Educate and Implore, to Advocate and Inspire!

### ***The People of the Waterfall***



There is a very instructive parable about a people who lived at the base of a great waterfall. One day a person floated over the waterfall and crashed among the rocks into the water below. The People of the Waterfall swam out and saved them. Before long another person came screaming over the waterfall, and again the people swam out to the rescue. This began to happen much too often and the people decided to station a rescue boat by the falls. The victims kept washing over the falls and the people eventually built first a rescue station, then a clinic, then a gigantic hospital at the bottom of the falls. As plans were being drawn up for a hospital expansion, someone looked up at the falls and wondered out loud...

"Don't you think we should go upstream, and see why these people are falling in?"

### ***The Mind-set Shift***

- Behavioral change requires a different role for the "helper."
- How "attached" are you to your "expert" role?
- When it comes to helping clients make behavioral change...  
"How's that working for you?"

### ***The "Prescribe and Treat" Mind-set***

By assessing someone's health and then "telling them what to do", treatment-oriented professionals think that people will change. They also became very frustrated as they see little change happen this way.

- Diagnose, prescribe and treat — works fine in the Treatment Model
- Relies on authority of position
- Assumes much responsibility
- Clients don't like to be told how to behave!
- Low compliance with low alliance!

### ***The “Educate and Implore” Mind-set***

Many wellness professionals come from a health educator philosophy. Thinking that knowledge is the golden answer, they do their best to provide great health information and then beg their clients to change their lifestyles. The “educate and implore” mind-set has been just about as effective as the “prescribe and treat” approach. Behavioral change is really an individual matter. There are so many personal factors that either facilitate or impede personal growth and change.

- Health Education Approach
- Relies almost totally on information
- Assumes that “If they know, they will do”
- Almost requires “begging!” “Please change!”
- Very easy for client to accept the information (much of which they knew) and then take no action

### ***The “Advocate and Inspire” Mind-set***

Working with a person more like a guide, the wellness coach stands side-by-side with the client and assists them to explore, set goals, and be accountable to themselves. The coach mind-set says you are not the expert and you are not responsible.

### ***The Coaching Mind-set***

- We see our clients in a whole-person way.
- Is devoted to building client self-efficacy (we don’t do it for them).
- Facilitates the client’s own process of growth and change.
- Act as a resource but not as a director.
- Acts as a guide, not a supervisor or “drill sergeant.”

### ***THE COACH’S CHALLENGE***

- To make the shift to Advocate and Inspire and remember it throughout the entire coaching process!
- To apply the Coach Approach and refer the rest.
- To remain an ally, not a treatment provider.

### ***The Wellness Ally***

The wellness coach, from first contact, begins to create an alliance. Many wellness clients have a long history of attempt and failure at lifestyle change. The diet and exercise programs that were started and then soon evaporated. The old joke about smoking: “Yes, I’ve quit smoking... many times!” As my coaching colleague Pat Williams likes to say “If you could have done it on your own, you probably would have done it by now!”

The missing ingredient in all of the myriad of self-help programs out there for lifestyle improvement is a professional ally. While “buddy” approaches are good, it is nothing like having a professional coach who has the skills and resources to help the client to assess their wellness, determine their readiness for change, create a wellness plan, implement the plan with coaching support and accountability and then support the maintenance of the behavioral change achieved so it will last.

Instead of being “treated” for what is “wrong” with them, clients (not patients) are accepted for who they are and their “problems” are reframed as “challenges”. Which is not to say that these “challenges” are taken lightly. The wellness coach supports the treatment process that their client might be engaged in. In fact, the wellness coach can become not only an ally to their client, but to the health care professionals treating that client as well. One way the coach is an advocate for their client is by helping them to take ownership of their health, and if they have chosen a particular treatment regiment, to help them comply with it.

- The wellness coach is not there to “fix” their client. Most lifestyle change clients have been told what to do many times and it has not worked.
- The wellness coach is there to help the client discover within themselves, their own motivation and really grow self-efficacy.

As your client’s wellness coach you are not there to be the “expert.” The nature of the coaching relationship is all about promoting the independence, self-sufficiency and self-efficacy of the client. It is the antithesis of codependency. The “prescribe and treat” mind-set brings us back into the medical expert role, the “educate and implore” mind-set pulls us into a teacher role, which can also be taken as another “expert” stance. The wellness coach works “shoulder-to-shoulder” with their client, not one-up/one-down in their roles.

You, the coach, either refer the client out to the “experts” for consultation, or, if you have an expert role to integrate into the relationship (e.g., fitness trainer, diabetes educator, etc.), you have to be extremely clear when you are “switching hats” with your client.

## Motivation — Intrinsic and Extrinsic

The perennial question for the wellness field is:

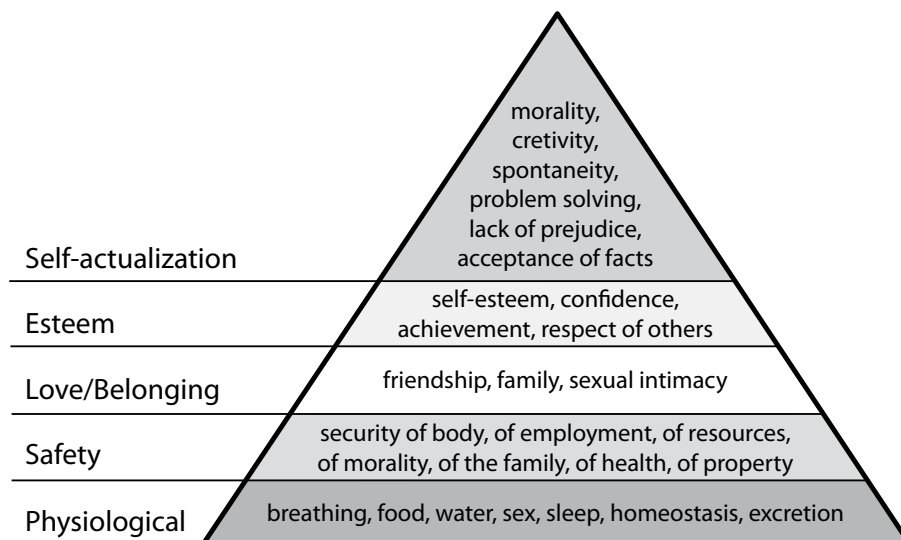
“Why don’t people do what they know they need to do for themselves?”

The conclusion many have come to is that it’s all more about **MOTIVATION** than it is about **INFORMATION**. Let’s go beyond the “Educate and Implore” model. As a wellness coach one of our primary values to our clients is that we are equipped to help them **FIND THE MOTIVATION WITHIN THEMSELVES TO BE WELL**. We really can’t “motivate” anyone. We can however, especially using the coach-approach, help them to discover the motivation that resides within them to change.

Let’s start with the premise that most of our clients have a pretty good idea of at least some important behaviors they know they need to change to be healthy. If most people truly want to be healthy and well, what is holding them back? We are after all, according to Abraham Maslow, motivated by a powerful internal push to actualize our potential and to grow. (*Toward A Psychology of Being*, 1962). So what gets in the way? Lots of things, both internal and external.

### CHALLENGES TO WELLNESS MOTIVATION

1. Position on the Hierarchy of Needs (Maslow)
2. Nature of motivation and how in touch the person is with it.  
(Fear-based vs. Development-based)
3. Ambivalence (Motivational Interviewing)
4. Readiness (Prochaska & Stages of Change)
5. External Pressure



### ***Position on the Hierarchy of Needs (Maslow)***

The basics of Maslow's theory of motivation (see Chapter 1 in the text) is that Deficiency Needs take precedence over all others. For survival we naturally need to take care of our Physiological Needs first, then our Safety Needs. When a client is threatened by illness, (sudden news of a diagnosis of themselves or others, sudden health event, like a heart attack, etc.) they are rightly more concerned with their own survival, ability to function, continue to make a living, etc.

### **Two Types of Motivation: Fear-based or Development-based.**

#### ***FEAR-BASED***

##### ***Type 1 — Deficiency-based***

Comes from a perception of lack, operates on a sense of what is “missing” in life.

Internal Sourced

Need fulfillment – deficiency needs (Maslow)

- “Trying not to die”— overcome the deficiency of lost health
- “Should’s” — internal pressure we put on ourselves
- “Identified regulation” — sheer self-discipline we impose

External Sourced (Extrinsic):

- Sociocultural learnings
- Norms, myths we are affected by
- “Identified regulation” — doing it because you are “supposed to,” possibly even under agreement with a trainer/coach

##### ***Type 2 — Threat-based***

- Known threats
- Unknown threats
- Illness Avoidance
- Environmental threats

In wellness coaching we often see the client who has begun an effort to improve their lifestyle because they were frightened by an experience of their own (health crisis, medical warning, etc.) or that of someone that they identify with (like a cousin the same age who just had a heart attack). This will often jolt them into some kind of action as they want to avoid illness and premature death. Unfortunately this type of motivation alone often does not last as the fear is temporary and the required lifestyle change needs to be sustained for the rest of their life.

“Old school” health education programs tried the fear-based approach. We found that frightening people away from risky behavior does not work well over all. While fear-based motivation may get you started, it does not do well at sustaining change over time.

### **DEVELOPMENT–BASED**

#### ***Personal Growth-based***

- Need fulfillment — being needs (Maslow)
- Self-actualization
- Human Potential
- Internal drive to be more
- Integration — seeking wholeness/completion

#### ***Love –Based***

- Movement to express love
- Movement to protect that which is loved
- Movement to receive love

#### ***Extrinsic or External Sourced:***

- Positive peer health norms
- Positive environmental conditions (safe, clean, friendly neighborhood; smoke-free public and workplaces)

#### ***Intrinsic or Internal Sourced***

- Inside-Out Motivation is from the inside first. (Jay Kimiecik)
- Joy — Pleasure
- Satisfaction
- Desire
- Stimulation — It just feels good!

Understanding the work of Jay Kimiecik is vital to understanding wellness motivation. The Intrinsic Exerciser (see bib.)

In effective wellness coaching, motivation is not about intellectually convincing someone of the benefits of a particular behavior, and then expecting them to agree and do! Wellness lifestyles may have an intellectual component, but wellness lifestyles are not often built simply on intellectual decisions. Clients benefit from looking deeper into their own motivation and trying methods that facilitate their own desire.



Kimiecik shares some research from a Canadian study, done by their Fitness and Lifestyle Research Institute, that found people who exercise regularly look to four primary sources of intrinsic motivation:

- fun, enjoyment, stimulation
- a feeling of accomplishment
- the pleasure of learning
- a concrete benefit, such as sleeping better and feeling calmer

Help your client to explore a new behavior from “the inside out.” What is their “experience” in doing the behavior? What do they imagine it will be like to do that behavior when their body is more used to it, or they are more familiar with it? Help them discover the intrinsic joys in movement, in the sense of taste (help them find healthy foods they actually love the taste of), in their feeling of accomplishment. Help them find healthy lifestyle behaviors that pay off now in benefits they can feel, see, taste, hear, smell and touch.

Motivation is perhaps the most important Foundational Work On Self that can be done. When “buy-in” is reached in this stage of coaching, everything else will flow so much easier!

In the best selling book “*Drive: The Surprising Truth About What Motivates Us*”, author Daniel Pink summarizing years of psychological research that effectively destroys our old ways of thinking about how to motivate employees. Rather than finding links between increased pay and increased performance, the research found the opposite! The reality is that people perform better when they are doing something that they truly want to do, something that gives them a sense of intrinsic reward. The book is very relevant reading for all in the health promotion field as Pink’s criticism of the incentive programs typically found in employee wellness programs is powerful.

## Ambivalence

Another factor that can affect a client's motivation is their sense of ambivalence over making a change in behavior. There are many factors that can contribute to this state of ambivalence including inadequate information, both internal and external conflicts and pressures to change. A client may “know” that they “should” change, but have very mixed feelings and beliefs about it.

*“If I try to be more active, how will I keep my friends who never like to be active?”*

*“Isn't it really expensive to join a health club, and isn't that the best way to get fit?”*

*“I know I should quit smoking, but I like to relax that way and I don't think it will really cause me problems.”*

Psychologist James Prochaska (Stages of Change) says that most people do not do a good job of weighing the pros and cons of changing because they “over-estimate the costs and under-estimate the benefits.” They think the change will be more difficult/expensive/time-consuming/painful than it really is, and they don't see the extensive benefits that change really will bring.

The process of resolving ambivalence, however, is often not so neat and logical. We are often puzzled as to why someone resists making lifestyle improvements that would be very beneficial for them when it “just makes good sense!” This often is because there are emotionally charged issues connected to the proposed or considered changes. Even though it might make “sense” to find friends with healthier habits, what are the emotional ties to the present group of friends and what does the client fear would happen if they did make changes? Exploring on the feeling level is just as important as the logical. Recent research concludes that 60% of all decision making is done on an emotional level and not on a logical level.

Motivational interviewing techniques can also help the client to work through the ambivalent impasse by helping them crystallize the contradiction between what they want and the way things currently are in their life.

A coaching approach to ambivalence that is in alignment with Motivational Interviewing is to:

- Realize it is the client's job, not yours to resolve their ambivalence. Give up any form of persuasion (including logical debate).
- In a respectful way, help them explore the conflict they are experiencing between the two courses of action they are ambivalent about. Each course has it's own perceived benefits and costs.

“The operational assumption in motivational interviewing is that ambivalence or lack of resolve is the principal obstacle to be overcome in triggering change.”

— Rollnick and Miller, 1995.

- Help your client explore their confusion, the contradictory nature of their ambivalence, the pros and cons and the personal/emotional reasons (again, not just the logic).
- Help your client give real expression to the conflict, let them emote, and guide them through a process towards resolution that is acceptable and triggers change.

### Coaching For Motivation

Here's a summary of some points to help you coach your client to discover and use more effective motivation for lasting lifestyle change.

*“Pulling” works better than “pushing.”*

- Help your client discover positive motivation that “pulls” them towards healthy behavior, rather than negative fear-based motivation that is supposed to “push” them towards healthy behavior.
- Fear may get them started, but they need something more to succeed.

*En-vision a healthy and well life.*

- Help your client create a vision of themselves being as healthy and well as possible. Encourage them to develop an image that gives them a “big picture” reason to make healthy lifestyle choices.

“You are not responsible for your illness, but you are responsible for your wellness!”

— Anonymous

*Clients get good at dodging fear-based motivation.*

- Denial and minimization are often used by clients to get around the intention of fear-based motivation. The fact that the client continues to live without the immediate manifestation of a health threat into an illness reinforces denial and minimization. “I’ll be OK.”

*Help your client shift the loving motivation to love of self.*

- Many clients will start out on their wellness journey doing it for the benefit of others in their lives (e.g. stopping smoking to avoid exposure of loved ones to second-hand smoke; wanting to “be around” to see their grandchild finish school, etc.). Help your client to WORK ON SELF-ESTEEM, SELF-WORTH, SELF-COMPASSION AND SELF-LOVE.

*Don’t be part of the problem.*

- Help your client choose actions that they are doing “for themselves,” not to please you or anyone else.
- Be aware of your own prejudices and ideas about how clients “should” go about being healthy and well.

*Challenge your client to be well!*

- From the foundation of a trusting coaching alliance, challenge clients who are afraid to leave their “comfort zone” of the status quo. Do this by sharing your belief in their abilities.
- When clients feel stuck, struggle to maintain an action plan or fail to see results after repeated tries, it’s often a clue that the action plan is not on target, and is, quite likely, completely incongruent with who your client really is.
- Help your client to create an action plan that is in line with their own values, interests and characteristics. The best plans come from within the client, not from some outside source.
- Sometimes it’s time to try something “completely different.” Stay on target with what you want to achieve, but really experiment with how to get there.

## Summary — Chapter 2

### Making the Mind-set Shift

- The foundation of wellness coaching is rooted in evidence based Behavioral Science.
- The Mind-set Shift is essential for wellness coaching to be effective.
- Fear, love and development are all motivators.
- Intrinsic and extrinsic motivation both get us moving with intrinsic motivation lasting.

### Exercise

*Answer and be prepared to discuss the following questions:*

1. Discuss the concept of RESPONSIBILITY and one's health. How can we work with clients to help them assume more responsibility for their own health, since their lifestyle determines it to a greater degree than anything else?

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2. How is this mind-set style different from what you use currently?

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3. How might the mind-set shift change how you work with your clients?

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## *Chapter 3*

# The Coaching Alliance



### **Key Concepts**

- The Coaches Personal Wellness Foundation
- Foundational Coaching Concepts
- The Four Cornerstones of Coaching



### **Connections to be Made for the Client**

- Co-creating a Trusting Relationship
- Basing the Coaching Relationship on Clarity



### **Applications**

- Wellness Coaching Skill



### **Reading**

- Read Chapter 4: Seven Steps to Lasting Lifestyle Change
- Read Chapter 5: Becoming a Wellness Coach

## Imagine...

Imagine... you are a person who is ready to change their life. Imagine that you want to feel fulfilled in some areas that now seem wanting, or even empty. While certain dimensions of your life are satisfying, even rich, others are the source of frustration at best, and increasing illness and loss at worst.

Imagine that you have expended, over the years, great energy to change and to grow. You have succeeded in some areas and remain stuck in others. Those stuck areas feel like boggy swamps where your progress is like walking knee to thigh deep in failure, sadness, regret and perhaps, even self-loathing.

Others have tried to help. At times you reached out to them and got information, treatment that kept you going, and all manner of advice, criticism, imploring, cheering on, discouragement, and the results of their own agendas in your life. Despite their efforts, and yours to work with them, you once again feel like you are essentially alone, as stuck as ever.

Now imagine that you begin talking with someone who approaches this process of helping you in an entirely different way. They listen, truly listen, not just waiting for their turn to talk. You feel really heard by them, understood. They don't stand above you, they stand by you, they stand with you, as an ally. Their only agenda is your agenda.

They don't live with you, they don't work with you, they work for you. You employ them to help you find your way through that swamp of stuckness. They require you to look long and hard at yourself, to acknowledge your strengths and build upon them, to confront your fears. They ask questions not so much to gain information for them, but to require you to seek the answers within yourself, for your own benefit.

They come equipped with tools that help you take stock of your life, with methods for change that really work and acknowledge how ready you are to make those changes. They ask your permission to push, to delve deeper. They treat you with respect and compassion, yet confront you and challenge you to do your true best for yourself. When you make a commitment for action, they help you hold yourself accountable so that you will actually do what you said you would do by when you said you would do it.

They go beyond information and stress instead motivation. They help you find within yourself the motivation it takes to initiate, sustain and maintain change. They are there to celebrate your success with you. They are your coach.



## **The Coach's Personal Wellness Foundation**

*There are a number of great rationales for continual work on your own Personal Wellness Foundation (PWF).*

- Doing so lends credibility and integrity to your work.
- Your level of empathy and understanding is increased
- Burnout prevention
- You continue to learn as both a provider and a consumer of wellness

Your credibility as a wellness coach depends to a great extent upon your dedication to your own wellness. This is truly an area where you must “walk your talk”. That doesn’t mean you have already achieved physical, mental/emotional and spiritual perfection, or complete self-actualization. It means you are dedicated to working on the process of improving your lifestyle, your health and well-being, your level of self-actualization. This will be quite evident to your clients and, actually, very inspiring to them.

Your ability to appropriately self-disclose about your own wellness journey can be a real asset to the client’s coaching experience. The worst coaching comes from someone who comes across as “my story is THE story” (the way it is for everyone). However, judicious and strategic use of self-disclosure builds trust, and conveys empathy by revealing that you have had (or have) your challenges too. Again, you are the ally, not the expert.

## **Insuring Your Own Personal Wellness Foundation**

Contrary to what one might imagine, not everyone who becomes a wellness coaching student is in stellar physical condition and optimal health. Not everyone in the wellness field runs marathons, meditates daily, eats a perfect diet, and climbs mountains on the weekends. We all tend, like our clients, to be incredibly... human! Our own wellness journeys teach us much that we can then apply to our coaching, but first of all they serve us ourselves.

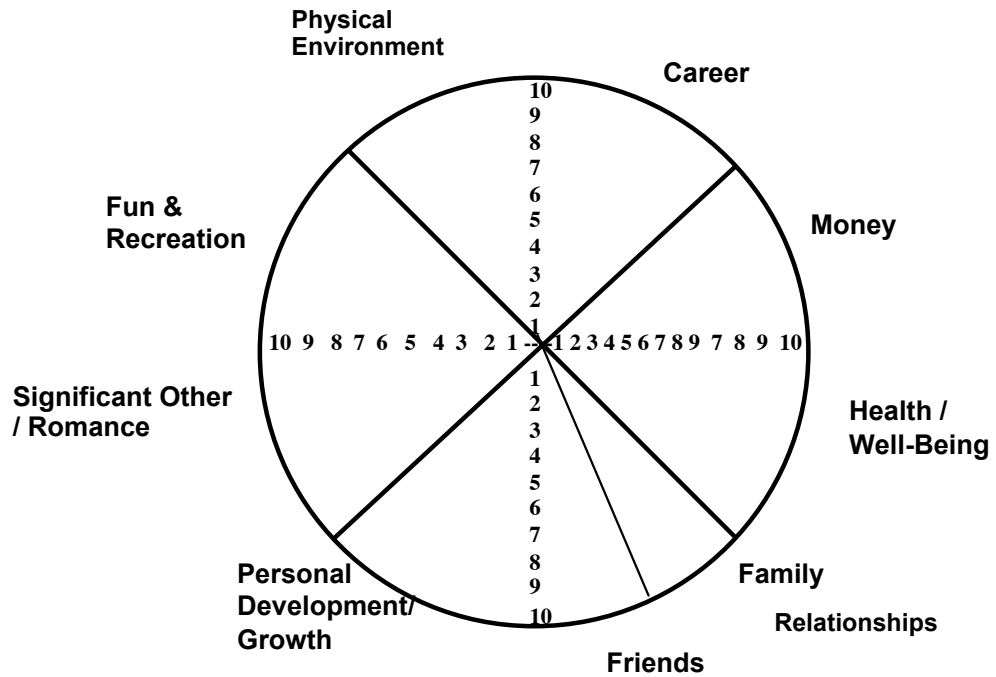
**Here are 12 quick guidelines for working on your own PWF.**



1. Read and apply “The Ten Tenets of Wellness” to your own life. (See text - Wellness Coaching For Lasting Lifestyle Change, p. 26.) This sums up a lot of good, basic principles for living your life well.
2. Work with a coach. Seems obvious, but it is important to not only buy into this concept and learn from it, but to benefit from it as well.
3. Value every aspect of your life; mind, body, spirit and environment. Many of us have learned to only value intellectual development. Embrace the side of you that you have been neglecting most.
4. Make sure your movement (exercise) includes all three areas; endurance, strength and flexibility. Do the things that challenge you, and that you tend to avoid.
5. Pay attention to current research and decide what to apply from it to your own life. Remember how the “food pyramid” has been recently turned upside down?
6. Increase connectedness in your life, in every way possible. Lubricate existing connections to friends, family, neighbors, etc. If you are self-employed this is especially critical.
7. Make it about your personal growth! Get excited about continuing to grow as a person and much of the motivation to be well in every aspect of your life will follow.
8. Practice “extreme self care.” Enough with the taking care of everyone else to the exclusion of yourself! Others benefit the most from a healthy and happy you!
9. Write it down. Maintain a personal wellness journal, or some kind of method that allows you to keep track of your wellness efforts. Use the same tracking forms that you use with your clients.
10. Move your body outdoors whenever possible. Make the natural world your ally.
11. Discover what “centers” you in your life and do more of it on a regular basis, be it reading, dancing, connecting with friends, gardening, hiking, etc. (Read “Simply Centered” on the CD or the coach center - under references.
12. Remember, you are not your work.

## The Wheel of Life in Coaching

### The Wheel of Life



The nine sections in the Wheel of Life represent Balance and Fulfillment. Rank your level of satisfaction in each life area by marking the number and drawing a line in each section to create a new outer edge of the wheel. The closer you are to a 10, the more fulfilled you are. The new perimeter of the circle you draw represents your Wheel of Life. How bumpy would the ride be if this were a real wheel?

## The Wheel of Life Worksheet

Write down the rating of satisfaction that you gave each area in your Wheel of Life. Do some reflection about each area. Remember “satisfaction” in each area is defined by you and only you. The challenge here is to see the glass half-full, but to not minimize a lack of satisfaction or fulfillment in any area. Answer these questions under each area. Feel free to keep your responses entirely confidential.



- \_\_\_\_\_ Career
- \_\_\_\_\_ Money
- \_\_\_\_\_ Health & Well Being
- \_\_\_\_\_ Family Relationships
- \_\_\_\_\_ Friends
- \_\_\_\_\_ Personal Growth
- \_\_\_\_\_ Significant Other/ Romance
- \_\_\_\_\_ Fun & Recreation
- \_\_\_\_\_ Physical Environment

### Career

1. How fulfilling is your career? Are you content? Is it a “good fit” for you?

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2. On a scale of 1-10 (1 = the least, 10 = the most) how motivated are you to change or develop this aspect of your life? \_\_\_\_\_

3. If you are up for some improvement, what is one small action you can take this week to either find out more about changing in this area, or to actually make a small behavioral change?

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### Money

1. Describe the stress (if any) that you experience around the issue of money. Describe your “relationship” with money (stable, unpredictable, volatile, rewarding, frustrating, etc.)... elaborate.

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2. On a scale of 1-10 (1 = the least, 10 = the most) how motivated are you to change or develop this aspect of your life? \_\_\_\_\_

3. If you are up for some improvement, what is one small action you can take this week to either learn out more about changing in this area, or to actually make a small behavioral change?

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### ***Health and Wellbeing***

1. Describe any health challenges that you currently face. Describe any particular joys you experience about your health. Describe the level of health you want to experience five years from now.

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2. On a scale of 1-10 (1 = the least, 10 = the most) how motivated are you to change or develop this aspect of your life? \_\_\_\_\_

3. If you are up for some improvement, what is one small action you can take this week to either find out more about changing in this area, or to actually make a small behavioral change?

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### ***Family Relationships***

1. How fulfilling is your relationship with your own immediate family and/or your family of origin? How satisfied are you with the level of closeness and support that you feel between yourself and others in the family. Are you able to get many of your needs met through your family?

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2. On a scale of 1-10 (1 = the least, 10 = the most) how motivated are you to change or develop this aspect of your life? \_\_\_\_\_

3. If you are up for some improvement, what is one small action you can take this week to either find out more about changing in this area, or to actually make a small behavioral change.

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### ***Friends***

1. Friendship is about both quality and quantity. Do you have enough friends, and close enough friends to meet your needs? Have you created any new friendships in the last two years?

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2. On a scale of 1-10 (1 = the least, 10 = the most) how motivated are you to change or develop this aspect of your life? \_\_\_\_\_
3. If you are up for some improvement, what is one small action you can take this week to either find out more about changing in this area, or to actually make a small behavioral change?

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### ***Personal Growth/Development***

1. Do you invest enough time, energy and even money in your own personal growth and development, even spiritual development?

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2. On a scale of 1-10 (1 = the least, 10 = the most) how motivated are you to change or develop this aspect of your life? \_\_\_\_\_
3. If you are up for some improvement, what is one small action you can take this week to either find out more about changing in this area, or to actually make a small behavioral change?

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### ***Significant Other/Romance***

1. Are you at peace with this aspect of your life? If this is still an active part of your life, are your needs getting met well in this area?

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2. On a scale of 1-10 (1 = the least, 10 = the most) how motivated are you to change or develop this aspect of your life? \_\_\_\_\_

3. If you are up for some improvement, what is one small action you can take this week to either find out more about changing in this area, or to actually make a small behavioral change?

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### ***Fun & Recreation***

1. Do you invest enough time, energy and even money, in having fun and “re-creating” yourself? Do you allow yourself to adequately value this way of re-energizing and re-vitalizing yourself?

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2. On a scale of 1-5 (1 = the least, 5 = the most) how motivated are you to change or develop this aspect of your life? \_\_\_\_\_

3. If you are up for some improvement, what is one small action you can take this week to either find out more about changing in this area, or to actually make a small behavioral change?

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### ***Environment***

1. How satisfied are you with the home, neighborhood, workplace, and surrounding landscape/environment where you live? Does it contribute well to your quality of life, or challenge it?

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2. On a scale of 1-5 (1 = the least, 5 = the most) how motivated are you to change or develop this aspect of your life? \_\_\_\_\_

3. If you are up for some improvement, what is one small action you can take this week to either find out more about changing in this area, or to actually make a small behavioral change?

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**Journal Below About Your Experience  
with The Wheel of Life**

How might a bumpy ride affect your health?

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What areas of life would you like to change? How could you use the Wheel of Life with clients you currently are working with? How could you use it with clients you would like to work with?

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How might a bumpy ride affect your health?

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What areas of life would you like to change?

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What are some advantages and disadvantages of such a quick, simple instrument?

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## **The Four Cornerstones of Coaching**

The way in which we view our clients and the way we see the coaching process affects everything we do as a coach. Foundational to the coach approach are the Four Cornerstones of Coaching, first presented by the authors of *Co-Active Coaching* (1998), Laura Whitworth, Henry Kimsey-House and Phil Sandahl.

The way we “see” our clients determines all of our interaction with them. The way we view the coaching process from a fundamental and philosophical perspective affects every bit of coaching we do. Develop a foundational understanding of these Four Cornerstones and you will be a better coach.

- The client is naturally creative, resourceful and whole.
- Coaching addresses the clients whole life.
- The agenda comes from the client.
- The relationship is a designed alliance.

Please read the entire description of these cornerstones and how they affect coaching on pages 42-48 in *Wellness Coaching For Lasting Lifestyle Change*.

The 2012 revised edition of *Co-Active Coaching* the authors present an updated version of their iconic Four Cornerstones:

1. People Are Naturally Creative, Resourceful And Whole. (This remains the same strong “stand” that coaches need to take.)
2. Focus On The Whole Person.
3. Dance In This Moment
4. Evoke Transformation

This update seems to convey both a validation of the client-centered foundation of coaching and an emphasis on how coaching is so much more than simple behavior change. Our job as coaches is to help people grow, change, and in fact, to transform their lives! In wellness coaching this can be especially true when one thinks of the client who finally conquers their lifestyle habits that have been setting them up for ill-health and now lives a whole new way. To do so we follow that client-centered, here-in-the-present-moment dance of shifting with our client, honoring what comes to us, and going with it.

## **Coaching Core Competencies**

The following 11 core coaching competencies were developed to support greater understanding about the skills and approaches used within today’s coaching profession as defined by the ICF (International Coaching Federation).

## ICF PROFESSIONAL COACHING CORE COMPETENCIES



### A. SETTING THE FOUNDATION

- 1 MEETING ETHICAL GUIDELINES AND PROFESSIONAL STANDARDS
- 2 ESTABLISHING THE COACHING AGREEMENT

### B. CO-CREATING THE RELATIONSHIP

- 1 ESTABLISHING TRUST AND INTIMACY WITH THE CLIENT
- 2 COACHING PRESENCE

### C. COMMUNICATING EFFECTIVELY

- 1 ACTIVE LISTENING
- 2 POWERFUL QUESTIONING
- 3 DIRECT COMMUNICATION

### D. FACILITATING LEARNING AND RESULTS

- 1 CREATING AWARENESS
- 2 DESIGNING ACTIONS
- 3 PLANNING AND GOAL SETTING
- 4 MANAGING PROGRESS AND ACCOUNTABILITY

### A. SETTING THE FOUNDATION

1. **Meeting Ethical Guidelines and Professional Standards** - Understanding of coaching ethics and standards and ability to apply them appropriately in all coaching situations
  - a. Understands and exhibits in own behaviors the ICF Standards of Conduct (see list, Part III of ICF Code of Ethics),
  - b. Understands and follows all ICF Ethical Guidelines (see list),
  - c. Clearly communicates the distinctions between coaching, consulting, psychotherapy and other support professions,
  - d. Refers client to another support professional as needed, knowing when this is needed and the available resources.
2. **Establishing the Coaching Agreement** - Ability to understand what is required in the specific coaching interaction and to come to agreement with the prospective and new client about the coaching process and relationship
  - a. Understands and effectively discusses with the client the guidelines and specific parameters of the coaching relationship (e.g., logistics, fees, scheduling, inclusion of others if appropriate),
  - b. Reaches agreement about what is appropriate in the relationship and what is not, what is and is not being offered, and about the client's and coach's responsibilities,
  - c. Determines whether there is an effective match between his/her coaching method and the needs of the prospective client.

### B. CO-CREATING THE RELATIONSHIP

3. **Establishing Trust and Intimacy with the Client** - Ability to create a safe, supportive environment that produces ongoing mutual respect and trust
  - a. Shows genuine concern for the client's welfare and future,
  - b. Continuously demonstrates personal integrity, honesty and sincerity,
  - c. Establishes clear agreements and keeps promises,
  - d. Demonstrates respect for client's perceptions, learning style, personal being,

October 14, 2008

- e. Provides ongoing support for and champions new behaviors and actions, including those involving risk taking and fear of failure,
  - f. Asks permission to coach client in sensitive, new areas.
4. **Coaching Presence** - Ability to be fully conscious and create spontaneous relationship with the client, employing a style that is open, flexible and confident
- a. Is present and flexible during the coaching process, dancing in the moment,
  - b. Accesses own intuition and trusts one's inner knowing - "goes with the gut",
  - c. Is open to not knowing and takes risks,
  - d. Sees many ways to work with the client, and chooses in the moment what is most effective,
  - e. Uses humor effectively to create lightness and energy,
  - f. Confidently shifts perspectives and experiments with new possibilities for own action,
  - g. Demonstrates confidence in working with strong emotions, and can self-manage and not be overpowered or enmeshed by client's emotions.

### C. COMMUNICATING EFFECTIVELY

5. **Active Listening** - Ability to focus completely on what the client is saying and is not saying, to understand the meaning of what is said in the context of the client's desires, and to support client self-expression
- a. Attends to the client and the client's agenda, and not to the coach's agenda for the client,
  - b. Hears the client's concerns, goals, values and beliefs about what is and is not possible,
  - c. Distinguishes between the words, the tone of voice, and the body language,
  - d. Summarizes, paraphrases, reiterates, mirrors back what client has said to ensure clarity and understanding,
  - e. Encourages, accepts, explores and reinforces the client's expression of feelings, perceptions, concerns, beliefs, suggestions, etc.,
  - f. Integrates and builds on client's ideas and suggestions,
  - g. "Bottom-lines" or understands the essence of the client's communication and helps the client get there rather than engaging in long descriptive stories,
  - h. Allows the client to vent or "clear" the situation without judgment or attachment in order to move on to next steps.
6. **Powerful Questioning** - Ability to ask questions that reveal the information needed for maximum benefit to the coaching relationship and the client
- a. Asks questions that reflect active listening and an understanding of the client's perspective,
  - b. Asks questions that evoke discovery, insight, commitment or action (e.g., those that challenge the client's assumptions),
  - c. Asks open-ended questions that create greater clarity, possibility or new learning
  - d. Asks questions that move the client towards what they desire, not questions that ask for the client to justify or look backwards.
7. **Direct Communication** - Ability to communicate effectively during coaching sessions, and to use language that has the greatest positive impact on the client
- a. Is clear, articulate and direct in sharing and providing feedback,
  - b. Reframes and articulates to help the client understand from another perspective what he/she wants or is uncertain about,
  - c. Clearly states coaching objectives, meeting agenda, purpose of techniques or exercises,
  - d. Uses language appropriate and respectful to the client (e.g., non-sexist, non-racist, non-technical, non-jargon),
  - e. Uses metaphor and analogy to help to illustrate a point or paint a verbal picture.

### D. FACILITATING LEARNING AND RESULTS

8. **Creating Awareness** - Ability to integrate and accurately evaluate multiple sources of information, and to make interpretations that help the client to gain awareness and thereby achieve agreed-upon results
- a. Goes beyond what is said in assessing client's concerns, not getting hooked by the client's description,
  - b. Invokes inquiry for greater understanding, awareness and clarity,
  - c. Identifies for the client his/her underlying concerns, typical and fixed ways of perceiving himself/herself and the world, differences between the facts and the interpretation, disparities between thoughts, feelings and action,

October 14, 2008

- d. Helps clients to discover for themselves the new thoughts, beliefs, perceptions, emotions, moods, etc. that strengthen their ability to take action and achieve what is important to them,
  - e. Communicates broader perspectives to clients and inspires commitment to shift their viewpoints and find new possibilities for action,
  - f. Helps clients to see the different, interrelated factors that affect them and their behaviors (e.g., thoughts, emotions, body, background),
  - g. Expresses insights to clients in ways that are useful and meaningful for the client,
  - h. Identifies major strengths vs. major areas for learning and growth, and what is most important to address during coaching,
  - i. Asks the client to distinguish between trivial and significant issues, situational vs. recurring behaviors, when detecting a separation between what is being stated and what is being done.
9. **Designing Actions** - Ability to create with the client opportunities for ongoing learning, during coaching and in work/life situations, and for taking new actions that will most effectively lead to agreed-upon coaching results
- a. Brainstorms and assists the client to define actions that will enable the client to demonstrate, practice and deepen new learning,
  - b. Helps the client to focus on and systematically explore specific concerns and opportunities that are central to agreed-upon coaching goals,
  - c. Engages the client to explore alternative ideas and solutions, to evaluate options, and to make related decisions,
  - d. Promotes active experimentation and self-discovery, where the client applies what has been discussed and learned during sessions immediately afterwards in his/her work or life setting,
  - e. Celebrates client successes and capabilities for future growth,
  - f. Challenges client's assumptions and perspectives to provoke new ideas and find new possibilities for action,
  - g. Advocates or brings forward points of view that are aligned with client goals and, without attachment, engages the client to consider them,
  - h. Helps the client "Do It Now" during the coaching session, providing immediate support,
  - i. Encourages stretches and challenges but also a comfortable pace of learning.
10. **Planning and Goal Setting** - Ability to develop and maintain an effective coaching plan with the client
- a. Consolidates collected information and establishes a coaching plan and development goals with the client that address concerns and major areas for learning and development,
  - b. Creates a plan with results that are attainable, measurable, specific and have target dates,
  - c. Makes plan adjustments as warranted by the coaching process and by changes in the situation,
  - d. Helps the client identify and access different resources for learning (e.g., books, other professionals),
  - e. Identifies and targets early successes that are important to the client.
11. **Managing Progress and Accountability** - Ability to hold attention on what is important for the client, and to leave responsibility with the client to take action
- a. Clearly requests of the client actions that will move the client toward their stated goals,
  - b. Demonstrates follow through by asking the client about those actions that the client committed to during the previous session(s),
  - c. Acknowledges the client for what they have done, not done, learned or become aware of since the previous coaching session(s),
  - d. Effectively prepares, organizes and reviews with client information obtained during sessions,
  - e. Keeps the client on track between sessions by holding attention on the coaching plan and outcomes, agreed-upon courses of action, and topics for future session(s),
  - f. Focuses on the coaching plan but is also open to adjusting behaviors and actions based on the coaching process and shifts in direction during sessions,
  - g. Is able to move back and forth between the big picture of where the client is heading, setting a context for what is being discussed and where the client wishes to go,
  - h. Promotes client's self-discipline and holds the client accountable for what they say they are going to do, for the results of an intended action, or for a specific plan with related time frames,
  - i. Develops the client's ability to make decisions, address key concerns, and develop himself/herself (to get feedback, to determine priorities and set the pace of learning, to reflect on and learn from experiences),
  - j. Positively confronts the client with the fact that he/she did not take agreed-upon actions.

October 14, 2008

### **Wellness Mapping 360° Wellness Coaching Competencies**

- **Coaching Mindset** — the coach operates from the mindset of a professional ally who provides support, accountability, tools and methods to enhance the client's process of improving the attitudes, beliefs and behaviors that lead to lifestyle improvement. Looking at the client holistically, they are clear about their role as a coach, not an educator or treatment provider.
- **Coaching Alliance** — the coach demonstrates ability to establish trust, be present with their client, create working agreements and clarify their role as a helping professional. They are able to distinguish when the client is better served by a process other than coaching and can make proper referrals.
- **Coaching Skills** — the coach is continually learning and refining their interpersonal skills of communication that demonstrate profound listening, appreciative inquiry, use of powerful questions, strategic thinking, empathic understanding and other skills of coaching presence.
- **Exploration** — the coach assists their client in taking stock of their current state of health and wellness, helping them with self-exploration and self-discovery looking at their whole life. The coach is familiar with health assessment tools and their usefulness in this process.
- **Visioning and Motivation** — the coach helps their client to discover within themselves motivation that pulls them towards living a healthy and well life. They are able to help their client to crystallize a vision of such a life. They help their clients to discover more intrinsic sources of motivation.
- **Action Planning** — integrating Readiness for Change theory, the coach is able to co-create with their client a wellness plan of action that leads to lasting lifestyle behavioral change that improves the client's health and wellbeing.
- **Ensuring Success** — the coach helps their client to find the resources, support and connections to help them succeed in their lifestyle improvement efforts. The coach provides processes that hold the client accountable to follow through with their action plans and navigate challenges to it. The coach helps their client track their progress to know when they are being successful.
- **Well Outcomes** — the coach helps the client to be clear about their gains and successes and can demonstrate measurable shifts in attitudes, beliefs and behaviors that reflect the accomplishments achieved and the challenges that remain.

## Coaching and Therapy: Critical Distinctions

Coaching and therapy are both vital professional services. Competent and ethical coaches easily refer clients to the valuable help therapy can provide. Savvy therapists refer clients to good coaches for life and lifestyle improvement. Here are some helpful distinctions.

- Coaches coach. In the coaching role you do not provide treatment. We view coaching, technically, as consultation and education, not treatment.
- Coaches hold their clients to be whole and complete. Coaching is not about detection and diagnosis of pathology. Coaching is not about looking to fix what is “wrong.”
- Coaching is about possibilities. What changes are possible in this person’s life? What could be? Therapy is more about healing and about solution finding. Coaches and clients strategize. Coaching helps clients use strategic thinking to open up possibilities. While this may all sound like semantics, solutions are found, but not in a “problem solving” way.
- Coaches aren’t afraid of feelings. Therapists certainly aren’t either, but here the distinctions go further:
  - Therapists (effective and well-trained therapists) can “go wherever the client needs to go” emotionally. Coaches are not trained to do this.
  - Coaches have to look at the depth of the feelings and at the repetition of the feelings. If the client can process feelings, gain insight and apply the learnings to their life to make changes, great! When they can’t it’s time for a good referral to a therapist.
- Study “The Top Ten Reasons To Refer” (Appendix B)
- Coaches are allies. The coaching relationship is one of equals. The coach is not “the expert” but rather the ally. The therapy setting, no matter how friendly, implies a “doctor/ patient” type of relationship where the “patient” or “client” (no matter what you call them) is looking to the expertise of the therapist for help.
- Coaching is about vision, planning and accountability. Coaching is about moving forward with a clarified vision and a co-created plan in hand. The coach helps the client hold themselves accountable to follow through with that plan. Therapy seldom does anything like this. Behavioral approaches to therapy can use behavioral contracts and such, but this is usually designed to help to “correct” a person’s behavior.

We will learn how to recognize when a referral to counseling/therapy is needed and how to make the referral - in a later chapter.

### Consultant-Therapist-Mentor-Expert or Coach?

There is an essential difference in the role we play as a coach than in any other helping role. At times we can wear two or more “hats” but it is important to understand the difference and to be clear with ourselves and our clients about which role we are playing at any moment. All roles work well and are effective for their intended use.

CONSULTING	THERAPY	MENTORING	COACHING
Deals mostly with problems and seeks to provide information (expertise, strategy, structures, methodologies) to solve them.	Deals mostly with a person's past trauma, and seeks healing.	Deals mostly with succession training and seeks to help someone do what they do.	Deals mostly with a person's present situation and seeks to guide them into a more desirable future
Expert — has the knowledge the person with the problem is lacking.	Doctor-Patient relationship (therapist has the answers).	Older/wiser-Younger/less experienced relationship (mentor has the answers).	Co-creative, equal partnership (coach helps clients discover their own answers).
Does not generally address or deal with emotions (information only).	Assumes many emotions are a symptom of something wrong.	Limited in emotional response of the mentoring parameters (succession, etc.).	Assumes emotions are natural and normalizes them.
The consultant stands back, evaluates a situation, then tells you the problem and how to fix it.	The therapist diagnoses, then provides professional expertise and guidelines to give clients a path to healing.	The mentor allows you to observe his/her behavior and expertise, will answer questions, provide guidance and wisdom for the stated purpose of mentoring.	The coach stands with you and helps you identify the challenges, works with you to turn challenges into victories and holds you accountable to reach your desired goals.

Additional Resource Jordan, Meg and Livingstone, John B. Coaching versus Psychotherapy in Health and Wellness: Overlap, Dissimilarities and the Potential for Collaboration. *Global Advances In Health And Medicine*, Volume 2, Number 4, July 2013. [www.gahmj.com](http://www.gahmj.com)

### The Wellness Coach

- Focuses on the who not the what
- Focuses on the whole person
- Might not be an expert in every area of wellness, but has skills to bring out the best in people and help them find and follow through on resources and solutions
- Provides resources
- Removes obstacles
- Support client's well-being so they can learn, solve problems better and enhance their own efforts
- Addresses and recognizes the emotional side of things
- Promotes personal and professional development and growth
- Creates agreements to hold people accountable
- Is a lifestyle behavioral change specialist.

## Basic Coaching Skills

- Designing the Coaching Alliance — developing a trusting relationship
- Listening as a Coach — listening with your heart and head
- Asking Powerful Questions that bring insight and have impact on perspective
- Forwarding the Movement — goal setting and action steps
- Accountability Through Agreements and Follow-up

## Designing the Coaching Alliance

- Getting clear on coaching.
- Who's responsible for what?
- Create agreements rather than having assumptions.
- Coaching formats - custom fitting your needs and those of your client.

***The coaching relationship is built on trust and trust is formed by the consistent presence of integrity, competence, and compassion.***

- Be honest
- Be yourself
- Do what you say you will do
- Be clear about what is expected and by when
- Listen with your heart
- Show up fully present even when you have other things going on in your life.

## Developing the Connection — Exploration of The Person's Story.

- Give evidence that you ARE listening. Use basic coaching skills to help the client feel truly heard. Listen without rushing in to “fix it.”
- Help your client stay focused during the telling of their story. “Do you realize you are talking about a different topic now? What about the main thing you were just talking about?” Help them avoid tangents.
- Ask some questions for your own understanding and developing empathy/compassion.
- Ask other questions for the benefit of the client...so that the question is not for YOUR information, it is for THEIR exploration.
- If you are pressed with a time-limit with your client, let them know how much time is available for them to tell their story.
- You may find that if you prohibit your client from telling their story (especially about a health concern) you will not get full engagement in the present moment and tasks until it is told!



## The Facilitative Conditions of Coaching: The Essence of the Coaching Relationship

“When we come into contact with the other person, our thoughts and actions should express our mind of compassion, even if that person says and does things that are not easy to accept. We practice in this way until we see clearly that our love is not contingent upon the other person being lovable.”

— Thich Nhat Hahn



Carl Rogers

- Empathy
- Warmth
- Genuineness
- Unconditional Positive Regard
- It all adds up to “Coaching Presence”

In the late 1960s and early 1970s, psychological research looked at what it was that allowed therapists of many different theoretical schools to get effective results. Three academics, Robert Carkhuff, Bernard Berenson and Charles Truax took the work of Carl Rogers and made it objective enough to study through behavioral science. What they found was that regardless of what approach to therapy someone took (psychoanalytic, behavioral, gestalt, client-centered, etc.), their effectiveness came down to their ability to provide what Rogers called “the facilitative conditions of therapy”. When a therapist provided empathy, unconditional positive regard, and was authentic and genuine in their interactions with the client, the therapy worked, regardless of theoretical orientation. Since those days we have seen other research substantiate this and point to the “therapeutic relationship” as the key determinate of therapeutic effectiveness (In 2001 Hazler and Barwick summarize much of this in their book, *The Therapeutic Environment: Core Conditions For Facilitating Therapy*.)

### Coaching Presence

As the field of coaching evolved the term that has often been used to describe this way of being as opposed to the techniques of doing is coaching presence. However even the ICF definition of coaching presence comes up short “Ability to be fully conscious and create spontaneous relationship with the client, employing a style that is open, flexible and confident.”

Coaching presence is about providing, through your own way of being with your client, the conditions which allow them to maximally open up to their own growth process. To do that your client needs to feel safe, to feel heard and understood. They need to feel in connection with, accepted by and receiving compassion from the coach. The coaching relationship is the heart and soul of the coaching process. Buddhist monk Thich Nhat Hahn provides a powerful description of unconditional positive regard. We

meet our client where they are at without judgment. We notice, we observe but we don't judge, even in our own minds. This is the separation between who a client is, and what they do. We may challenge them to look at how a particular attitude, belief or behavior is working for them or against them, but we are still accepting them as a person on the journey of growth.

Empathic understanding is a very direct way to express this unconditional positive regard. Empathy is conveying to the other person that you know, at least to some degree, what it is like to feel what they are feeling. You may have never had their exact experience (e.g. having a heart attack, being obese, etc.) but you know what it is like to feel fear, loss, shame, regret, etc. You put yourself in their place and see the world from their perspective tapping into your own feelings so as to connect with them deeply.

Authenticity and genuineness are not techniques, they are ways of being. Sincerity cannot be faked. If your heart is not in the coaching process, don't coach. Take a day off, or if it's not just a temporary experience, look for a new career. Most people, including all of our clients, have terrific "BS" detectors and know when someone is just going through the motions of being a helper. Likewise when they experience you being your authentic self it gives them someone they are attracted to working with and feel safe enough to trust with their feelings, hopes, dreams and fears.

In wellness coaching our clients have often tried and failed at lifestyle improvement before, sometimes many times. For them to go further towards success they have to feel like they can truly trust the ally that is journeying with them. They have to feel like this ally genuinely cares about them, completely accepts them as a person, understands their experience and is not afraid to go wherever the journey takes them. The coaching relationship is the heart and soul of the coaching process. A competent coach has skills, techniques, tools and methodology to help their client on their journey, but it is their way of being that is the crucial difference. The client/coach connection is omnipresent and foremost in the client's mind. For the coach it is as easy as just being real, it is as tough as Tich Nat Hahn says, loving what appears unlovable.

Empathic understanding builds the coaching relationship and facilitates the coaching process. When we feel heard and understood our defenses drop, our heart opens and we feel safe enough to share what is real for us and most important. We trust more deeply.

It is important to know that empathy is more than just showing respectful understanding, it is conveying that you can relate to the other person's feelings in a way that shows you know the essence of that feeling, even if you have not had that exact experience. The person who's never been significantly overweight can still be empathic when their obese client

expresses embarrassment and shame because these are feelings they have certainly experienced in their own way in their life.

An important distinction though is to remember that empathy is not the same as sympathy. Sympathy is feeling sorry for the other person, sad that they are having the experience they are having. You are giving your condolences. Sympathy is charitable but it is not empowering. Sympathy may also put the spotlight back on you as the one bestowing pity and the intention may be felt, accurately or not, to be an unequal relationship where you are looking down on the other person. Caught in your own feelings of sympathy, you may not be as effective of a listener to the other person. Sympathy is charitable but not empowering.

Empathy empowers. Experiencing empathic understanding, especially when it is delivered with genuineness, authenticity and unconditional positive regard, lifts the other person up, it tells them that they have a true ally with them.

Empathy, however, does little good unless it is expressed and doing that effectively is a skill to learn. Marshall Rosenberg, who earned his doctorate in psychology as a student of Carl Rogers, developed a communication process that has been used in the helping professions and in peace-making work around the world. Nonviolent Communication, or NVC, outlines what we might call the language of empathy and emphasizes compassionate, empathic understanding on both the giving and receiving side of communication. This can be seen in the four core skills of NVC shared on the website of the Center for Nonviolent Communication.([www.cnvc.org](http://www.cnvc.org)) Empathy is empowering.

“Treat people as if they were what they ought to be, and you help them become what they are capable of being.”

— Goethe

## **Listening as a Coach**

### ***The Power of Listening***

Truly being heard may be the best outcome you can have in a human interaction. Think of how you have felt and reacted when you were not heard in an important conversation. What makes the difference? As an effective listener what skills do you need to be showing?

Without effective listening:

- Unnecessary stress
- Resistance
- Less self-disclosure
- Critical information never comes out
- Trust suffers
- Relationship suffers

With effective listening:

- Greater satisfaction for all
- More openness
- More creativity
- More self-disclosure
- Important information is revealed
- Trust improves
- Relationship is enhanced

## **Designing the Coach Alliance**

### ***To Take it Deeper***

Urge your client to consider this idea: think of your life like it was a novel being written by someone who really knows how to write well. The “author” is very good at metaphor, symbolism, etc. Now, consider your story and what is happening right now in the current chapter. Does any deeper meaning become apparent?

### **Three levels of listening skills used in coaching**

#### **LEVEL 1 — Listening to...**

That is the kind of listening you do when you use active listening. You listen to what the client says — and does not say. You listen to the content and to what is beyond the words.

This is the kind of listening that most of us learn readily to do as students, as parents, as partners.

“The most precious gift we can offer others is our presence. When mindfulness embraces those we love, they will bloom like flowers.”

— Thich Nhat Hahn

- Listening to the content
- Information sharing
- Processing all of this information while continuing to listen
- Natural and self-focused

During Level 1:

- Take in information
- Be aware of how you are running it through YOUR “filters” (opinions, beliefs, judgments and reactions)
- Focus on the client and “getting” what they are saying regardless of your own “filters”

#### **LEVEL 2 — Listening for...**

The coach listens for clients’ vision, values, commitment, and purpose in their words and demeanor. To listen for is to listen in search of something. The coach listens with a consciousness, with a purpose and focus that comes from the alliance that was designed with the client. The coach listens for the client’s agenda, not the coach’s agenda for the client.”

One kind of listening which is not useful, however, is listening for “the solution.” As a coach, you do not need to be the expert.

- Getting beneath the content
- Determining what they are saying beneath the words.

During Level 2:

- Listening for the client’s values, purpose, life vision and agenda
- Listening for the client’s underlying issues and what the client needs
- Listening for where they may be off-track, or possibly not telling the entire truth to themselves
- Listening to where they may be missing important information
- Listening for the client’s agenda, NOT your own
- Tune in to all the power of the non-verbal messages

**LEVEL 3 — Listening with...**

There are many ways you can listen with: Two that are useful in coaching are listening with heart and listening with intuition. You are probably already very skillful at using these ways of listening with clients. They listen consciously to what is evoked in them by the client. They listen deeply from the heart, and attend to the images, feelings, and senses that arise — these are sources of insight and resources for you and the client.

Skillful coaches listen and resonate with the client's words, meanings, and tones.

- Listening with all your senses and your intuition.
- Listening in a way that takes in the person and the context they are in.

During Level 3:

- Listen “internally” while you listen “externally”. Be aware of shifts in your own “gut level” feelings.
- Realize you have intuition, and trust it. Let it work for you.
- Listen for the “big picture” or the “meta-view”. Listen to this person in the context of their whole life.

Adapted from Coaches Training Institute's Professional Coaching Course Manual by CTI trained coach Michael Arloski, Ph.D.

## Designing the Coaching Alliance

“Alliance: An association to further the members’ common interests.”

### ***Listening For the “Big Five”***

In early coaching sessions with a client, you are focused on understanding the client’s goals and discovering what needs to change so that the client can create what s/he most wants. Once a client has articulated the goals for change, it is time for you to start listening for the client’s strengths and any potential blocks she may encounter in achieving the goals. Discovering potential blocks helps you and the client identify what the client will need to do — or to become — to achieve her goal.

#### ***1. Focus***

The question for the coach is whether the client’s goal is reasonable — whether it is good and appropriate for the client at this time.

#### ***2. Mind-set/Attitude***

Mind-set/Attitude is the characteristic or current mental and emotional position from which the client views himself, other people, events, and our world. Mind-set and attitude can often be the source of — or impact — the client’s motivational patterns. For example, if the client is frequently fear-driven, it is hard to move toward things — like the goals the client has set. The key issue: Is the client aware of his mind-set and attitude? Are the mind-set and attitude appropriate, supporting the client to reach the goal?

#### ***3. Skills and Capabilities***

Given the client’s goal, the key question is whether the client has the necessary skills and capabilities required for success? First, identify what these are with the client. Can they acquire these skills? Can they develop them, perhaps “buy” them from someone else or find another person who has them?

#### ***4. Habits, Practices, and Patterns***

These are what the client does automatically — without thinking or planning. They can be habits, practices, and patterns in the mental, physical, emotional, and spiritual realms. Key questions are, “Are the client’s habits, practices, and patterns supporting him in achieving the goal? Do they need to be shifted in some way? Can they be unlearned, noticed, or developed into new patterns?”

Note: This is not an invitation to judge the client. Avoid labeling the habits as bad or good — simply discover whether they are useful or not, whether they support the effective attainment of the goals.

## **5. Energy**

This factor is the client's ability to bring forth, as needed, an appropriate amount of physical/emotional/mental/spiritual energy in a timely and appropriate way. For example, aging and illness can have an impact on available energy.

### **Active Listening:**

- Active, effective listening helps you get at what is really going on.
- Listen to, for and with the person. Listen for what is missing — what is not being expressed.
- Listen to the whole person.

To be a skillful coach, you must use advanced listening skills. When an individual feels heard they open up to possibilities and are given the space to grow and develop.

### **Practice Listening for:**

- What the person is saying
- What they are not saying
- How they are saying it — tone of voice, inflection
- What is behind the words — what are the feelings? What is most important to the client?

### **When Listening:**

- Be attentive — give the speaker your complete attention; make eye contact
- Block out distractions — including your own behaviors that might cause someone to feel not heard
- Provide cues — nods, gestures, mmm-hmms, “I see”
- Remain silent — don't interrupt
- Be empathetic and non judgmental
- Be in the moment — don't think ahead to what you'll be saying next

### **What Keeps Us from Fully Listening?**

- Prejudices
- Judgments
- Anticipating what to say next
- Not being in the moment
- Distractions and interruptions
- Our own agenda
- Jumping to conclusions — thinking we know the answer
- Rushing to solution — not being patient enough to let the story unfold



### **Giving Evidence of Listening**

How does someone know that you have heard them?

How does a person know that you are taking what they have to say to heart?

Giving evidence of listening involves observable behaviors.

#### **NON-Verbal**

- Eye contact
- Body is leaned forward or towards the client

#### **Verbal**

- Audible signs or cues that you are hearing them
- Questions line up with what is being said
- Paraphrasing what the client has said
- Tone of voice is important
- What you choose to say is important

Giving clear evidence that you hear and understand your client deepens the relationship and builds the trust.

### **Active Listening Skills used in Coaching**

These are great skills to use in addition to and instead of asking questions. Effective coaches use these more than using powerful questions.

- **Paraphrasing / Restatement** — stating back to the person the essence of what they have just said; reassures the person that they are being heard and understood; allows them to realize what they said; gives them the opportunity to clarify their true meaning. Clients are often surprised to realize what they just said. It also provides continual “evidence of listening.”

Examples:

*“What I heard you say was...”*

*“Am I correct in hearing that...”*

Simply repeating the person’s words verbatim in a tone of “checking it out” with them.

- **Reflection of feeling** — getting at the meaning behind the words and feeding it back to the person; mirroring back to the person more of the feeling that is present and being experienced rather than content (Level 2). This helps the client get across what they are often really trying to communicate with all of their words. They are essentially saying “I feel this way, please understand!” It also helps clients get in touch with what they actually are feeling at a deeper level. It takes the coaching to a deeper and often more effective level. This is not the same as interpretation. You are offering to the client your estimation of what feeling you are observing and reflecting back to the client what you are seeing.

Examples:

*“It sounds like this must be really difficult for you.”*

*“You seem really excited...”*

*“What I hear is perhaps you are worried about this.”*

- **Use silence** — wait about 10 seconds before responding; an extended silence will prompt the client to think more about the issue and add detail; it lets the story unfold; it puts the responsibility back on the person for them to develop the dialogue. Using a balance of active engagement and silence allows the coach to let the coaching be more client-directed, and often allows for deepening.
- **Rely on your intuition** or your gut feeling and share it; another form of reflection; always offer this tentatively allowing the person to correct you if you’re off target. Use this skill sparingly but learn to trust it more and more.

Example:

*“Joe, tell me if I’m off base here, but I’m getting the feeling that...”*

- **Requesting clarification** — asking for elaboration on anything you’re unsure about or anything that leaves room for error; reassures the person that you want to understand them completely; avoids assumptions.

Examples:

*“Tell me more...”*

*“What about this...”*

*“Can you tell me what you mean by...”*

- **Acknowledging** — Share with the individual the value of who they are and the validity of their experience, as well as what they did.

Examples:

*“I want to acknowledge the sensitivity you showed when you spoke with your spouse about the conflict over what foods to prepare that you two were having.”*

### ***Affirmations & Acknowledgements***

It is often helpful to create agreements with clients where they will, on a daily basis make powerful statements of self-affirmation.

For an even more effective assignment (that your client commits to doing) try ACKNOWLEDGEMENTS. Have the client make statements to themselves that acknowledge accomplishments, or even more powerfully, which acknowledge how some aspect of their character came through in their actions.

#### ***Have your client affirm who they want to be and what they do well:***

“I am competent and fully capable.”

“I did a great job on following through with exercise this week!”

“I am comfortable in my skin and do good things for myself”

If your client can not “buy into” the future “them” encourage them to affirm the direction they want to go and acknowledge the baby steps:

“ I am removing all barriers to my success at weight loss”

“I am moving towards a healthy lifestyle”

“ I feel good about looking up the location and times of the Weight Watchers meetings”

### ***Summarization***

Review in a concise way what has been expressed and experienced in the coaching so far. Do this at the end of every coaching session, but also periodically throughout the session itself. It is kind of like an author of a long novel refreshing the reader’s understanding of the plot. This also helps the client stay very focused and on task.

Summarization can be used effectively to set up a powerful question. It also allows the coaching to “respectfully interrupt” because it shows you’ve been listening well and then you can urge the client to get to their bottom-line point. Summarization also helps at the end of a session to clarify what was covered, and what has been agreed to for next steps.

## Active Listening Exercise

Active listening can help your client realize that their feelings are important and may assist them to clarify what is going on inside of them. In some cases the coach may be helping the client sort out thoughts and feeling that are getting all mixed up together and begin the process of making sense of it all. By the Active Listening, the client feels heard and knows they are important and the coach learns more about the client.

Respond to the client statements below using Active Listening skills:

- Paraphrase/Restatement
- Reflection of Feelings
- Use of Silence
- Rely on Your Gut
- Request Clarification
- Acknowledging
- Summarization

Client says: “I am never going to lose weight.”

Coach responds:

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Client says: “I hate my job! My boss doesn’t understand anything.”

Coach responds:

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Client says: “I am so stressed out, I can’t think about myself! I have too many things to do and can’t fit in exercise or even think about taking time to eat lunch.”

Coach responds:

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Client says: *“I did not get the Wellness Wheel completed this week. I started it an then felt so bad about myself that I just put it down and now it’s Friday.”*

Coach responds:

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Client says: *“I hate my body and that it’s sick and that I feel miserable. I hate my life — it’s just not fair!”*

Coach responds:

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Client says: *“I am so sad all the time. I can’t do what I used to do and all these meds just make me feel tired all the time.”*

Coach responds:

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### **Fieldwork**

- Practice listening for strengths and capabilities at work and at home this week.
- Practice listening for the Big Five this week.

### **Asking Powerful Questions**

#### ***Why Do We Use Questions?***

- Gather information we might not have gotten otherwise
- Develop rapport
- Allow the individual to go deeper inside to help clarify what the real issue is
- Keeps them focused on the solution
- Offer a possible new perspective
- Stimulate answers/possibilities
- May result in a greater focus about an issue.
- Honors client and empowers them. (They know the answers)
- Stimulate creativity

“The client has the answers, the coach has the questions.”

#### ***The Elements of Powerful Questions***

In order for a question to be powerful, it should:

- Open the individual up to possibilities
- Not presume an answer
- Promote deep thinking
- Be in positive terms
- Be delivered in an appropriate tone of voice

It is important that questions are not leading. The Coach needs to be in a centered place in order for this to happen.

- Stay in the present – don’t anticipate what to say next or to hand out the solution
- Listen without judgment
- Don’t be attached to the outcome
- Be more concerned about the person’s experience than the details and the drama of the situation at hand
- Work from the assumption that our natural state is curious
- Know that being wrong is a blessing in disguise and a learning opportunity
- Support the individual to see their own answer instead of giving them your answer

Use questions sparingly. Use your other coaching communications more of the time. (paraphrasing, reflective listening, etc.) Change questions into requests like “*Tell me more about...*”

Many new coaches believe that they have to continuously ask their clients questions and they often forget to use the other Active Listening Skills (paraphrase, request for clarification, etc.). Coaching is a very client-centered process and we want our clients to have enough freedom to talk about what is most important to them. We want our questions to aid in that process and not be so directive that our clients have to go where we want them to go in order to answer our questions. Mix it up! Pepper the coaching conversation with powerful questions, but use the Active Listening Skills at least 50% of the time, if not more.

### ***Types of Questions***

Open — Closed Questions

***Closed Questions*** require limited short answers from the client.

- *Did you run today?* Yes!

### ***Disempowering “Why” Questions:***

- Often begin with “Why”
- Point to a Yes or No answer and can be leading or directive
- Imply that the individual is wrong, incapable or lacking
- Shuts down the person – puts them on the defensive, can be accusatory.

Do not make suggestions by offering “Why don’t you try...? It takes the power away from the client and reduces buy in.

Rephrase the following “Why” questions to make them more empowering:

*“Why didn’t you complete that project like you said you would?”*

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*“Why is this difficult for you to understand?”*

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*“Why don’t you just tell him ‘No’?”*

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**Open-ended Questions:** Exploration that allows the clients to share information in their own words by asking them questions that require elaboration. Questions you cannot answer Yes or No to. (In our teaching about using Powerful Questions, Open-ended Questions is just one part.)

**Here are some samples of open questions:**

Who is the most important person in your life? And why are important to you?

How does being on probation affect your home/work life?

Who are the 5 most important people in your life?

How can I help you with \_\_\_?

Help me understand \_\_\_?

What was the best 5 minutes of your day?

What was the worst 5 minutes of your day?

How would you like things to be different?

What are the good things about \_\_\_ and what are the less good things about it?

When would you be most likely to \_\_\_?

What do you think you will lose if you give up \_\_\_?

What have you tried before to make a change?

Who in your life support you changing this behavior?

What do you want to do next?

How does your (behavior) affect your family?

“What do you know about the risks of (drinking/drugs)?”

How will getting off probation affect your home/work life?

**Open-ended Questions** require the client to look inside and reference their thoughts, feelings and experiences to give an answer.

- *What would change in your life if you woke up tomorrow and the problem was gone?*

In most cases the use of Open-ended Questions is more powerful in coaching, generating both conversation as well as exploration.

**“How”**

- *“How can I support you on achieving that goal?”*
- *“How would someone with that challenge...?”*
- *“How would things be different for you if you...?”*

**“What”**

- *“What changes do you need to make in your schedule to make room for this important goal?”*
- *“What would it look like if you were to not be so stressed?”*
- *“What resources do you need in order to make this work?”*



***“Who”***

- *“Who do you need to be in order to reach that goal?”*
- *“Who can best support you as you work on this?”*
- *“Who do you know who has achieved this before?”*

A question well asked is often the answer.

***Sample Questions - Circle your favorite question!***

1. How should I coach you now?
2. Whom do you most admire that does what you'd like to do?
3. How did you create that?
4. What is one thing that you felt real good about over this past week?
5. When did you last create exactly what you wanted? What did you do to do this?
6. And how do you intend to handle that?
7. Who do you know who's gotten through that the way you want to?
8. If you were the coach, how would you coach yourself to win here?
9. What is next?
10. What are the 5 steps to...
11. Can you see what is ahead?
12. Are you open to a completely different way of looking at it?
13. Is it time to take a break and come back and look at this later?
14. Five years from now, what will have been the better decision?
15. What will happen if you keep doing that for the next 10 years?
16. What is your vision for yourself and the people around you?
17. What do you really want?
18. Are you really doing what you are “meant” to do?
19. May I push you a bit here?
20. Do you mind if ...?
21. Can you have that completed/handled by?
22. How will you know when you're being successful with this?

***What other questions can you imagine that you would want to use?***

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***Powerful Questions***

In a recent book for corporate managers, *Choosing the Future*, Stuart Wells writes that strategic thinking is critical to the future. He offers three key questions that every leader must ask, over and over again:

- *What seems to be happening?*
- *What possibilities do we face?*
- *What are we going to do about it?*

These three questions mirror those asked throughout the coaching process. The coach's primary tool is asking powerful questions that reach deep inside the client and pull forward new possibilities.

How skillfully you navigate the Basic Coaching Conversation depends on your ability to ask questions—ones that form the foundation of coaching because they guide and focus the client's thinking.

Write down a powerful question someone asked you in the past, one that had a major impact on you.

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*What was the impact on you at the time?*

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*Was there a lasting impact?*

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*The Question — who asked it?*

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**Affirmations:** Acknowledgement of the client's positive behavior that provide encouragement, support and assists in building self-confidence throughout the change process. To be meaningful they must be genuine and appropriate to the positive behavior. (In our Active Listening Skills we learn about Acknowledgements.)

**Examples of affirming responses:**

I appreciate that you are willing to meet with me today.

You are clearly a very resourceful person.

You handled yourself really well in that situation.

That's a good suggestion.

Congratulation on your successful completion from drug treatment (or GED, class)

Your counselor informed me you participate well in her group...that is nice to hear.

If I were in your shoes, I don't know if I could have managed nearly so well.

I've enjoyed talking with you today.

"You are very courageous to be so revealing about this."

"You've accomplished a lot in a short time."

"You've tried very hard to quit."

**Reflective Listening:** A skill that creates authentic communication that establishes rapport, builds trust and facilitates the motivation to change. (In our Active Listening Skills we break this down into Paraphrase/ restatement and Reflection of Feeling.)

So you feel...

It sounds like you...

You're wondering if...

So what I hear you saying is...

This is what I am hearing, please correct me if I am wrong ...

**Summarizing:** Utilized throughout the conversation but especially effective at transition points. Ensures you are on track with where the client is going and then allows you to continue the conversation or follow elicited change talk. This is a particularly helpful technique that aids the client in staying focused.

Example of Summaries: Begin with a statement indicating you are making a summary

Let me see if I understand so far...

Here is what I've heard. Tell me if I've missed anything.

"What you've said is important."

"I value what you say."

"Here are the salient points."

"Did I hear you correctly?"

"We covered that well. Now let's talk about ..."

### **The Miracle Question**

As helping professionals, we're familiar with the power of a great question. Steve De Shazer, the father of Solution Focused Brief Therapy, is known all over the world for one single question he invented. His simple — but profoundly provocative — “Miracle Question” is used by thousands of therapists every day:

*“What if overnight a miracle occurred, and you woke up tomorrow morning and the problem was solved? What would be the first thing you would notice?”*

## **The Coaching Conversation — A Conversation for Change**

### **The Context**

Clients typically hire coaches because they want to achieve something that they currently do not have. Generally the results they want to create in their lives fall into three areas: Performance goals, Learning goals, Fulfillment goals.

### **The Situation and the Desire. “What Do You Want?”**

The flow begins when the coach begins the inquiry into the client's desire. The coach asks a powerful question that engages the client in articulating what he wants and in clarifying for him what that is. This question can be about a specific aspect of a current situation, or it can be about the entirety of the client's life. (For example, “What do you want from your vacation?” Or, “What legacy do you want to leave?”) In either case, a powerful question engages the client in identifying desires.

This question initiates a process of discovery and awareness for both client and coach.

### **Enter the Flow of the Coaching Conversation**

- **Listen and Clarify:** Like any great conversationalist, the coach pays exquisite, close attention. As Dave Ellis puts it, “listening fully is about softness, yielding, openness, and willingness to receive... When you pay attention, your world gets bigger.” The coach's ability to listen and reflect back helps the client's world seem more spacious, more alive, and more vibrant. In this step, the coach may reframe what the client sees by giving perspective and creating possibilities that mirror the client's statements.
- **Say What is So:** This is perhaps the point of most potency, the highest leverage for change because truth sheds a powerful floodlight on the story the client tells about his goal and his motivation. Coaches are truth tellers. We bring clarity to the client's situation by saying what we see — the gaps, the opportunities, the strengths and the possibilities.
- **Listen More:** Once you have acknowledged the reality, it is time to listen again. You may find yourself asking clarifying questions to deepen the

client's ability to listen to himself fully. Allow the client the time and the space to examine the “what is so,” to play with it, to explore it, and to discover its possibilities. Through the quality of your work in this step, you are inviting the client to listen to himself, too. Insight occurs when the client begins to see the situation freshly. He may reshape the “story” he tells himself about what is possible. This step frees the client to see the situation in a new way, and will free him to take new action.

- **Readiness for Change:** Meet your client where they are. Be clear on your clients readiness for change and match the conversation to that level of readiness.
- **Request Action:** The action we mean is not always about performance. The request for movement could lead to a shift in perspective. Essentially, it is a definite request for a change of some kind. It could be a change in behavior, a change in a way of being, or a change in a thought pattern or mind set — any change that creates momentum.

In this step, you stretch the client to do what she perhaps has been wanting to do but has never had the push to do it. You ask for a new way; the old way has not helped the client create what she wants.

- **You examine commitment:** Since the client will choose a path, her commitment to take action is important to examine. A conversation about what it would take to commit to a choice may be in order, as would one about why a choice is or isn't attractive to the client. Sometimes the choice gets modified in order to increase the client's level of commitment to it.
- **You identify the action(s):** The client is about to take an action that she feels some commitment to take. The coaching conversation needs to deal with the specifics of what the client will do, when she will do it, how she will do it.
- **You ensure accountability:** Accountability is the cornerstone of coaching. The client is accountable to the coach, but in a deeper level is accountable to herself.
- **The Bottom Line:** In any coaching session, you may repeat this basic coaching framework several times, or one basic coaching cycle may occupy the entire session.

Notice the energy in your client's voice. When do they get excited about what they are talking about? What are they talking about when emotion shows up? A trace of anger, resentment, or something more positive like joy or pleasure being evident as they speak about something is a cue to the effective coach to focus in on this area and encourage more exploration of it. A lack of energy is also noteworthy. When a client is bored, being “compliant”, but not well motivated, it's worth asking the client about how they are feeling talking about that

subject. You will find that coaching works best when engagement is higher and that will show up in the level of energy expressed by your client. An old adage from Gestalt therapy is “Follow the energy!”

### **The Coach’s Stance:**

#### **Be Willing To Be “In the Inquiry” Instead of “In the Answer”**

Coaches model for clients the ability and willingness to be “in the inquiry” through how we work with them. Like our clients, sometimes we just want to know, or wish we knew. Yet because coaching is a learning model at its roots, we give our clients a great deal when we stay willing to not know — even when we’d prefer to know.

### **Tips for Coaching With Powerful Questions**

- As a coach we ask few questions for our own information. Our job is to pose questions to our client for them to ask themselves.
- Avoid “Why” questions! Use “What?” and “How?” questions instead.
- Don’t over-rely on questions. Use all the other coaching skills as well.
- Be creative and even experimental with your questions.
- Use questions to stretch your client and their thinking.
- Use questions to challenge your client.
- Not all questions are asked in order to provide an immediate answer... leave your client with “an inquiry” to think about until the next coaching meeting.

*“Congratulations on taking the time for yourself to relax, on giving yourself permission to. I know it’s been really challenging to do much self-care as you grow your own business and raise a family too.”*

*“Even though you didn’t complete your action step five times this week like you had agreed to, getting out and exercising three times is a big step for you. Remember how seldom you exercised before we started coaching?”*

## Coaching Skills Demonstration

What specific coaching skills could you identify in the demo?

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Give up all hope...  
but have faith!  
Wishing and hoping  
doesn't get the job  
done. Faith in yourself  
and others (who have  
earned your trust) and,  
perhaps in "something  
greater," does work!

What specific coaching skills are you strong in already?

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What specific coaching skills do you want to improve upon?

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*"I don't know."*

*Clients often get stuck with "I don't know" responses to some of our questions. A great response is to compassionately say "I believe that right now you don't know. Let's work together to find the answer." Clients often doubt their own ability to solve their own challenges. Their self-efficacy may have been lowered by previous failure experiences. Instead of rescuing them by putting on your "Expert" hat, help them to explore new solutions with the help of their new ally – you!*

## Strategizing for Success

- Using available resources to execute a plan as effectively as possible
- How the client will reach their goal in the smartest way possible
- Your role as a coach is to support the development of a strategy
- It's not just the coach offering suggestion after suggestion

“Expect nothing.  
Be prepared  
for anything.”

— Ancient Samurai saying

### *Elements of strategizing:*

- Priorities — determining what's most important  
What to work on first and why
- Focus — where the client should put their energy  
Important especially for scattered/distracted people
- Direction — offer it, but don't take over  
Don't control or lead blindly
- Creativity and discussion between coach and individual

### *Types of Goals*

Clients generally hire coaches because they want to achieve something that they currently do not have. Typically the results they want to create in their lives fall into a combination of three areas:

1. Internal — clarifying your values, attitude shifts, behavior changes
2. External — goals that you can acquire: increase income, new job, get in shape, etc.
3. Skills — developing skills to do your goals better: communication, time management, computer/etc.
4. Combination — for example, improving your relationship with your supervisor might require some behavior changes on your part and learning communication skills

While strategizing you can ask for the individual to:

- Take action
- Make a jump – take big action!
- Consider their readiness for change.
- Create a shift in their attitude and/or behavior
- Stop doing something that is harmful, unproductive
- Make a commitment: determine a “to be done by” date and how the individual will let you, the coach, know when the commitment has been met. If the commitment is not met, the coach must address it; do not step over it; discuss in an objective manner what got in the way from the client following through.



### **Forwarding the Action**

Helping clients adequately explore is vital to help increase awareness and determine a course of action. Coaches show their value by helping clients complete that exploration and create some “Forward Momentum”. Move beyond simply summarizing, paraphrasing and asking questions that go deeper into the subject your client is exploring. At some point you reach the insight and awareness saturation level and it’s time for some action!

Use Powerful Questions to help set a focus. What does your client want to pinpoint as a direction to follow? What do they most want to see change about their current situation? If the client remains elusive in the thoughts, ask them what is the “bottom line” for them when it comes to this issue.

Requesting:

- When the client is “ready” request that your client take some form of action (even if that is such preparation to action as gathering more concrete information).
- Challenge your client! Based on your assessment of their capability and resources, challenge them to strive more for change and growth. The better your coaching alliance/relationship, the more you can challenge. Go easy on challenging early in the coaching relationship.
- Co-create specific action steps (often thought of as experiments).
- Link the action steps to their motivation to be well. They must see how it relates to them making progress. Use the Stephen Covey principle of “Beginning With The End In Mind”. (See Covey’s book *The Seven Habits Of Highly Effective People*.)

(See Dr. Arloski’s Blog: “Ten Steps To Forward The Action In Your Life”)

### **Inquiry:**

- Often it is not clear immediately what the appropriate solution or next action step is. Leaving the individual with an inquiry — a thought-provoking question for the purpose of introspection and reflection. This will give them the chance to consider new ideas or perspectives.
- There is not a right answer to an inquiry
- Evokes deeper understanding, new perspective, expansion of possibilities for the person
- Forwards their action and leads the individual to the next step
- Follow up with the person on this inquiry at your next meeting

### **Accountability:**

- How will the person let you know that they have followed through on their commitments?

- How will they let you know that they are encountering obstacles in their follow through?
- Complete each meeting with clarifying and reviewing what action steps are reasonable to take and a reasonable completion date. The individual should be the author of these steps.
- Set up the individual for success! Don't let them bite off more than they can chew. Make action steps realistic for the time frame involved.

We will talk more about Accountability in Chapter 7.

### Agreements vs. Expectations

To be more “coach-like” when working with people be very aware of what agreements have been made (and what you have not made) and what expectations are being operated upon.

“You are the author of your own life story and the only true authority on your life”

Expectations are much like assumptions.

You know what happens when you assume?

We expect (assume) that “Larry” will know the right thing to do. We expect (assume) that “Mary” knows that she is supposed to follow up after our meeting.

Expectations are much like wishing and hoping.

We “hope” that “Larry” will do what we talked about.

Unmet expectations are very disappointing.

The more we expect, the more we may be disappointed.

Unmet expectations are very hard to confront.

Failure to communicate the expectation properly will most likely be blamed instead of real responsibility being taken.

Agreements clarify the perennial question of “Who’s responsible for what?”

Agreements need to be fashioned continually even when it seems laborious to do so. Writing them down may help.

Agreements work best when they are “true” agreements... that is, the agreement is reached mutually.

“Broken” agreements are easy to confront.

“I thought we had an agreement that you would do...by....”

Agreements that seem impossible to be met can be renegotiated more easily and clearly.

Expect nothing. Be prepared for anything. This does not mean expect nothing to happen. It does mean do not have any expectations. Approach each person and each situation without assumptions or expectations. Make clear agreements.

***Making it Real for You!***

1. What is it like for you when you feel really heard?

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2. Describe a situation when you did not feel heard.

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3. What was your experience?

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4. How did you handle it?

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5. How did you know you weren't being heard or the person was not listening?

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6. What keeps you from being a good listener?

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### Chapter 3 — The Coaching Alliance

Please take time to answer the following questions:

Are you dedicated to our your own personal growth process as a life-long endeavor?

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Working on your own wellness helps you develop greater empathy — true understanding of the client's experience. How has this already become apparent to you?

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You don't have to be perfect, though working on a wellness lifestyle adds professional credibility. What aspects of your lifestyle are you ready, willing and able to improve starting today?

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Did you find role playing the coach or the client easier? Why?

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## **Summary — Chapter 3**

### **The Coaching Alliance**

- The Core Coach Competencies
- Coaching Concepts
- The importance of the personal wellness foundation of the coach
- The Facilitative Conditions of Coaching
- Basic Coaching skills
- Creating the coach alliance
- Listening
- Asking Powerful Questions
- Forwarding the clients movement
- Accountability



## Chapter 4

# Readiness for Change



### Key Concepts

- Prochaska's readiness for change model (TransTheoretical Model — TTM)
- Development and readiness for change



### Connections to be Made for the Client

- Letting the client do the work
- Responsibility



### Applications

- Applying a person's readiness to change theory to wellness coaching



### Reading

- Read Chapter 8: Charting the Course of Change: Wellness Mapping 360 Part II  
Pages 166-184

## Readiness For Change

What we have discovered does NOT work when it comes to CHANGE:

- Convincing
- Coercion
- Persuasion
- Manipulation
- Threats

Have you ever felt like you were trying to “talk someone into” changing their behavior? Perhaps with the very best of intentions you made a sincere effort to convince them of the great wisdom of the wellness way of life! Perhaps there is a better way.

Used by thousands of addiction treatment programs and wellness programs world wide, Prochaska’s work has had a profound impact. Deceptively simple at first, Prochaska reminds us that people don’t change until they are ready to.

Change is not controlled by a toggle switch that flicks on or off. Just because we, the health care provider, or the coach, see the need for change, and even if the client intellectually sees it too, will it automatically happen?

When we rush to action in the arena of the lifestyle change process we are often sabotaging progress.

Prochaska outlines six stages of client readiness for change

Our wellness coaching client can be at a different stage of readiness on each different behavior we look at. Just because someone is ready to exercise doesn’t mean they are ready to quit smoking.

- Lifestyle change is not an all-or-nothing proposition.
- When we plug in the stages of change approach we may see that many times we are doing our coaching job well when we help a person to simply advance along this change process. The client who is oblivious about their sedentary lifestyle, becomes aware of it, and merely begins to search out information about movement is, in fact, being quite successful at making progress in lifestyle change.
- Sometimes masterful coaching has taken place when we help a client move up one or two stages in this change process.
- Prochaska has found that this six-stage model is, in fact, a spiral model. People cycle and recycle through it.

“The Wellness Mapping 360° Model helps participants move along the continuum of change from not thinking about change to taking action and maintaining change”

Dr. Michael Arloski

“ Change is a process, not an event”

— James Prochaska



- The work of Prochaska and his associates is a deep resource. His transtheoretical model of change even matches therapeutic interventions with the appropriate stage of readiness for change. (Changing for Good, Prochaska, et.al)



***Readiness for Change  
is a Spiral Process***

6. Adoption or Termination
5. Maintenance
4. Action
3. Preparation
2. Contemplation
1. Pre-contemplation

***The TransTheoretical Model (TTM)***

## Coaching Up Prochaska: Adapting the Stages of Change Process to the Coach Approach.

SOURCE: *Changing for Good* by J. Prochaska, J. Norcross and C. DiClemente, published by William Morrow and Co. Inc, 1992, is available in paperback at several online bookstores.

### Prochaska's Stages of Change

- 1. Precontemplation** — The person has either no thought of changing, or no intention of changing now or in the foreseeable future. Others who care about them may repeatedly urge them to take action to improve their lives, but at this stage, they are truly deaf to their pleas. This is not resistance, just a complete lack of awareness, or complete belief that change is not possible. (Coaching it up: The initial exploration and assessment phase of coaching can often help a person to shake out of this lack of awareness about a particular behavior or behaviors. Use of informal and formal wellness assessments often jog the person into awareness.)
- 2. Contemplation** — The person is thinking about changing... considering it, can be quite ambivalent. “When in doubt, don’t act.” Introspection about why one follows a bad habit, what its payoff is. Bringing both the rational mind and the emotions into play helps to move the client to the next step. The pros seem to equal the cons of changing behavior.  
(Coaching it up: The contemplator can often stay here forever weighing the pros and cons. The coach-approach helps the person examine how their current behavior is working for them, or against them. It offers them an ally — the coach — to help them move forward. The ultimately critical area of motivation, both internal and external is explored.)
- 3. Preparation** — Getting ready to change. Gathering information about topics and/or resources (is there a pool/yoga class/hiking trail/bike path, etc. nearby?) Some preparatory steps might include: removing temptations, planning how action will be taken, arranging support and understanding from family, friends, perhaps a support group. When arranging substitutes for the missed habit or activity or substance, beware of substituting a new problem (over-eating, over-spending) for the old.  
(Coaching it up: Helping a client move from contemplation to preparation can be a huge accomplishment. Many times we feel we fail when we can’t get a contemplator to jump into action. The new “action” can be the preparatory steps of gaining information, etc. Agreements to do so can be developed in the coaching and methods of accountability set up so follow through by the client is maximized.)

4. **Action** — The stage most of us picture, actual practice of the new way of being.  
(Coaching it up: The coach is in the ideal position to insure that the action taken is one that the client feels is entirely congruent with who they are, and how ready for change they are. Coaches can challenge the “forever-preparing-client” to take action at a level they believe will work and then be a strong support during the process. Coaching accountability methods insure follow through. When the client fails to follow through, exploration of motivation, etc. can be of vital importance.)
5. **Maintenance** — The actual process of maintaining the action that has been taken. Remembering that the Stages of Change Model is a SPIRAL model, it is frequent for people to attempt a change, and then spiral back into earlier stages. Prochaska shows that many people benefit from learning the difference between a lapse and a total relapse, (a complete collapse back into the old way). Being prepared to recognize a lapse and take immediate action can save the effort.  
(Coaching it up: The wellness coach can play a vital role of support and accountability here. Tracking behavior consistently really increases awareness and brings positive results. Often the client has never been successful at maintaining a change by themselves. Having a true ally in their coach, their chances of success improve dramatically. When the client spirals back to an earlier stage on a particular behavior, the coach can follow this process and help the client to re-set their goals based on the stage they are now in.)  
(Recycling — back to one of the previous stages) Changing for Good shows that it is entirely possible for a person to fail at one stage or another, only to make a second or subsequent attempts that succeed.
6. **Termination or Adoption** — The behavior has become a regular part of the person’s life, they have truly adopted it. Without much effort or thought, they naturally, and regularly engage in the new behavior. Depending on the desired change and the person, total termination of the problem behavior may not occur. Instead, there may be a lifetime of careful maintenance. In other cases, the problem is conquered and temptation to renew the poor behavior ceases. Prochaska, et.al., States that confidence that one has really succeeded peaks  
(Coaching it up: The coaching process helps the person know when they have gotten where they wanted to go! The coach helps the client make distinctions between termination and on-going maintenance. Can the person let go of tracking behavior and remain successful? The coaching process helps the client focus on other behaviors they are working on and/or helps them become clear what they want to work on next. Coaching helps the client work towards independence and self-sufficiency — and the termination of coaching!

<b>Stages of Readiness</b>	<b>How it Looks</b>	<b>Intervention</b>
<b>Pre-Contemplation</b>	<p>The client is unaware and isn't concerned.</p> <p>"My health is just fine." Even though your doctor told you that your high cholesterol could lead to a heart attack.</p> <p>Not ready to change — You're in denial.</p>	<p>It may be possible for the individual to move from pre-contemplation to the contemplation stage by increased awareness.</p>
<b>Contemplation</b>	<p>Thinking of changing. Client becomes aware and begins to consider change.</p> <p>"I know I need to lose weight but it's just not something I can do right now." You may have good intentions but you haven't made the mental commitment to make change happen. But with a little gentle support and guidance . . .</p>	<p>The individual in this stage needs extra attention. Everything needs to be at his/her own pace and he/she doesn't need to be rushed into a behavior change that he/she is not ready for. Encouragement and motivational techniques can be used to persuade this individual to the next stage. Using things that are "tailor-made" for the individual work well now.</p>
<b>Preparation</b>	<p>Ready to change</p> <p>Client begins exploring change possibilities (looks for resources, accessibility, affordability, etc.).</p> <p>"I have decided to quit smoking." Now you're ready. You haven't started yet but you're committed.</p>	<p>In this stage the individual is most ready for a change. It is the job of the health professional to help the person manipulate their environment in order to make it conducive to the desired behavior change, thereby promoting the change.</p>
<b>Action</b>	<p>Client takes action for change.</p> <p>"I have been exercising twice a week at the gym and I stopped eating take-out fast food for lunch. I've already lost 10 pounds — now just 15 more to go." You're seeing the results of change but need to continue the commitment to stick with it.</p>	<p>The individual's perceived pros should outweigh the perceived cons if the individual is making an attempt at a positive behavior change such as exercise adherence. If the individual making the behavior change continues his/her pattern of behavior, he/she will move into the fifth stage, called maintenance.</p>
<b>Maintenance</b>	<p>Staying on track.</p> <p>Client works at maintaining the change</p> <p>"In less than one year, I quit smoking, started exercising, lowered my cholesterol and lost 40 pounds. I didn't realize how bad I felt until I started to feel good."</p>	<p>Congratulations! You have successfully overcome the challenge of change. Now the hard part is making sure that you don't fall back into old bad habits. Creating support systems to maintain the change are in order here.</p>
<b>Termination</b>	<p>The new behavior is now a part of their life. This involves 100% self-efficacy and absolutely no temptation to relapse. In some behaviors, it may be a more realistic goal to obtain lifelong maintenance since acquiring 100% self-efficacy and no temptation to relapse may be too much to handle for some individuals.</p>	<p>Relapse prevention "is a self-control program designed to teach individuals who are trying to change their behavior how to anticipate and cope with the problem of relapse" and is probably the biggest concern of the health professional in this stage.</p>

## Helping Your Client Determine Readiness for Change

### Readiness for Change Scale for Key Lifestyle Areas (Prochaska's method)

An important factor for successful wellness coaching is the Readiness for Change of the person being coached and the clients confidence in making the desired change. This scale assists the wellness coach identify an individuals Readiness for Change Stage in key lifestyle areas (pre-contemplation, contemplation, preparation, action, or maintenance). It also assists the wellness coach assess the individuals confidence in making the desired change or maintaining a healthy lifestyle in specific behavior area. Example: The type of strategies needed to get people to change their diets will depend on their current stage of change.

#### Basic Readiness Scale

Prochaska et al., 2002; Zimmerman et al., 2000.

<- 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 ->

#### Good Questions To Explore

- 1. Looking at one specific behavior, ask client to rate how ready he or she is for change by drawing an arrow to or circling a number in the appropriate area on the scale. (1 being low, and 10 being high)
  - 2. A score > 5 indicates client is ready to work toward changing behavior.
  - 3. Discuss the patient's ranking on the scale with the following questions:
    - a. How important is this change to you?
    - b. How confident are you that you can make this change?
    - c. Why did you choose a \_\_\_\_\_, not a 10?
    - d. What would have to happen to make it a \_\_\_\_ [choose number 1-2 up from patient choice]?
- make the changes.

***A Simple Way that Works!***

***Please list the behaviors you'd like to change and then rate your readiness to make changes on each of the identified behaviors you listed.***

1 = haven't even thought of changing this

2 = have given it some thought

3 = have started preparing to change — have looked up information, talked with others about it, etc.

4 = am already taking some action to change in this area

5 = have already made the change and want help maintaining my progress.

<b><i>What life style behaviors do you want to change?</i></b>	<b><i>Rate Readiness: 1-5</i></b>	<b><i>Comments</i></b>

### ***The Foundations of Change***

To walk the path of behavioral change and to learn a new skill a person has to believe they are capable of making the change, believe in their own self worth, and find both the internal and external motivation and support.

**Self-esteem:** is having a positive personal regard for self and believing one is capable of meeting their own needs most of the time.

Self-advocacy is the ability to understand and effectively communicate one's needs and desires to other individuals. Learning to become an effective self-advocate, especially for an individual with a health challenge is a very important aspect of becoming engaged in their health outcomes.

Knowledge and belief in one's ability to affect change are keys to self-advocacy. There are three parts to becoming an effective self-advocate: knowing yourself & believing in yourself, knowing your needs, and knowing how to get what you need.

**Self Efficacy** is defined as a person's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave.

A strong sense of efficacy enhances human accomplishment and personal wellbeing in many ways. People with high assurance in their capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided. They set themselves challenging goals and maintain strong commitment to them. They heighten and sustain their efforts in the face of failure. They quickly recover their sense of efficacy after failures or setbacks. They attribute failure to insufficient effort or deficient knowledge and skills which are acquirable. They approach threatening situations with assurance that they can exercise control over them. Such an efficacious outlook produces personal accomplishments, reduces stress and lowers vulnerability to depression.

In contrast, people who doubt their capabilities shy away from difficult tasks that they view as personal threats. They have low aspirations and weak commitment to the goals they choose to pursue. When faced with difficult tasks, they dwell on their personal deficiencies, on the obstacles they will encounter, and all kinds of adverse outcomes rather than concentrate on how to perform successfully. They slacken their efforts and give up quickly in the face of difficulties.

Through upbringing and experiences people form beliefs, the world and about what they are capable of. They anticipate likely outcomes of prospective actions. They set goals for themselves and plan courses of action designed to realize valued futures.

Through upbringing and experiences people form beliefs, the world and about what they are capable of. They anticipate likely outcomes of prospective actions. They set goals for themselves and plan courses of action designed to realize valued futures.

There is a growing body of evidence that human accomplishments and positive wellbeing require an optimistic sense of personal efficacy. This is because ordinary social realities are strewn with difficulties.

They are full of impediments, adversities, setbacks, frustrations, and inequities. People must have a robust sense of personal efficacy to sustain the perseverance needed to succeed.

Social learning theory or SLT is the theory that people learn new behavior through overt reinforcement or punishment, or if people observe positive, desired outcomes in the observed behavior, then they are more likely to model, imitate, and adopt the behavior themselves.

Bandura, A. (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), *Encyclopedia of human behavior* (Vol. 4, pp. 71-81). New York: Academic Press. (Reprinted in H. Friedman [Ed.], *Encyclopedia of mental health*. San Diego: Academic Press, 1998).

### ***Steps to Behavior Change***

1. Belief that one can learn the new behavior or skill
2. Motivation to learn the new behavior or skill
  - Intrinsic
  - External
3. Observe and learn the new behavior or skill
4. Try out the new behavior or skill
5. Experience positive reinforcement for the new behavior or skill
  - Intrinsic
  - External Support
6. Master the new behavior or skill
7. Based on new information — develop new beliefs about self

### ***Assessing Self Efficacy***

On a 1-5 scale with 1 being the least and 5 being the most:

“How capable do you feel of making the behavior changes needed to affect your health?”



## Factors Affecting Client Readiness

Many different factors affect a client's ability to choose and maintain beneficial lifestyle change.

We have learned from Prochaska and Social Learning Theorist, Bandura that adults need to:

- Be ready
- See the benefits as outweighing the risks
- Have the resources & opportunity
- Have the time & energy
- Have the support of family & friends
- Believe in their own capacity
- Have enough self-esteem

Based on research of  
James Prochaska and  
Albert Bandura.

The Readiness for Lifestyle Change Scale was developed by Dr. Michael Arloski to expand the coaching conversation with clients about their perceived ability to make the changes they would like to make. The answers to the questions give the coach insight into what challenges may come up as the client travels along their wellness journey.

## Readiness For Lifestyle Change

Readiness for change is a more complex concept than is sometimes presented. How “ready” someone is to move up or down on the Stages of Change spiral model is a combination of:

- Belief/awareness
- Belief in their own capability
- Belief that the change will make a difference (successfully yield change, improve their health, etc.) (Self-efficacy)
- Resources and opportunities (are these available in the client's life at this particular time?)
- Worth the time and effort (Like self-efficacy, but more as an evaluation compared to the time and effort required, benefits vs. costs.)
- Passion. To what degree is the client emotionally charged in a positive way to make this change. (change is not just all about logic!)
- Environmental support (Does the client believe that their changes will be met with support or criticism? How positive or negative an environment do they face?)
- Ownership. (Does the client feel that they are truly choosing to make this change themselves?)

Use the Readiness for Lifestyle Change Scale with your clients, especially when the coaching conversation alone doesn't explore change enough, or use it as effective homework for the next appointment.

### **Readiness for Lifestyle Change Scale**

Below is the short five-question scale and on the following page you will find the 10-question version of the Readiness for Change Scale.

(Appendix A / Tool Kit)

### **Readiness for Lifestyle Change Scale** Michael Arloski, Ph.D.

#### ***Working with the Readiness for Lifestyle Change® (short version)***

Use this tool after you have created your Well Life Vision and have decided the areas of your life you want to focus on. Explore each statement and rate how true each statement is for you at this time in your life and then talk about them with your coach. Once you rate yourself for each statement, add your numbers together to gain your Total Readiness Score.

This is a great tool to use during a coaching session, walking the client through completing it as you make it part of the coaching conversation. The total score is not as important as the process and what is revealed as the real barriers to readiness.

Please respond to each question answering:

1 = Not True   2 = Rarely True   3 = True at Times   4 = Mostly True   5 = Very True

1. I am ready to make the changes needed in this area of my life.

1                      2                      3                      4                      5

2. I am capable of making the changes needed in this area of my life.

1                      2                      3                      4                      5

3. I believe making these changes will improve my life.

1                      2                      3                      4                      5

4. I have the resources and opportunities that will make this change possible.

1                      2                      3                      4                      5

5. My environment supports me in making the changes in this area of my life.

1                      2                      3                      4                      5

Please total your score for this section \_\_\_\_\_

Readiness — What does your score mean?

20-25 pnts.      High level of Readiness — Congratulate yourself, you are ready to make the changes you have selected!

15-20 pnts.      Moderate level of Readiness — What would help you be more ready to make the changes you have selected?

10-15 pnts.      Low level of Readiness — Explore your answers with your coach, what is holding you back?

Below 10 pnts.   Very low level of Readiness — Explore your answers with your coach, consider choosing another focus area.

**Readiness for Lifestyle Change Scale** Michael Arloski, Ph.D.***Working with the Readiness for Lifestyle Change®***

Use this tool after you have created your Well Life Vision and have decided the areas of your life you want to focus on. Explore each statement and rate how true each statement is for you at this time in your life and then talk about them with your coach. Once you rate yourself for each statement, add your numbers together to gain your Total Readiness Score.

Please respond to each question answering:

1 = Not True 2 = Rarely True 3 = True at Times 4 = Mostly True 5 = Very True

1. I am ready to make the changes needed in this area of my life.  
1                      2                      3                      4                      5
2. I am capable of making the changes needed in this area of my life.  
1                      2                      3                      4                      5
3. I believe making these changes will improve my life.  
1                      2                      3                      4                      5
4. I have the resources and opportunities that will make this change possible.  
1                      2                      3                      4                      5
5. Making the changes in this area of my life is worth the time and effort.  
1                      2                      3                      4                      5
6. I have the time to invest in making the changes needed in this area of my life.  
1                      2                      3                      4                      5
7. I am excited to make the changes in this area of my life.  
1                      2                      3                      4                      5
8. I am fearful of what might happen if I do not make the changes in this area of my life.  
1                      2                      3                      4                      5
9. My environment supports me in making the changes in this area of my life.  
1                      2                      3                      4                      5
10. I am choosing to make the changes to this area of my life.  
1                      2                      3                      4                      5

Please total your score for this section \_\_\_\_\_

Readiness — What does your score mean?

- |                |   |
|----------------|---|
| 40-50 pnts.    | High level of Readiness — Congratulate yourself, you are ready to make the changes you have selected!     |
| 30-39 pnts.    | Moderate level of Readiness — What would help you be more ready to make the changes you have selected?    |
| 20-29 pnts.    | Low level of Readiness — Explore your answers with your coach, what is holding you back?                  |
| Below 20 pnts. | Very low level of Readiness — Explore your answers with your coach, consider choosing another focus area. |

### **Change Talk —Coach Talk**

Coaching is founded on the use of empathy and it is an essential aspect of the Wellness Coaching Relationship. Clients enter coaching looking for solutions. They often enter coaching wanting a safe place to explore, learn about themselves, and to make life or behavioral changes. The client is looking for the empathetic professional ally who supports their journey of personal growth. Often on the change journey the coach supports the client by helping them resolve resistance, ambivalence or internal conflicts concerning the direction or behavioral change they desire. Most internal conflict exists because of a lack of congruency between what a person is doing and what they value or believe.

Ambivalence is a normal experience in the change process and needs to be welcomed and explored. When a person is learning and changing behaviors there is a time when who they are becoming may not be congruent with who they were in the recent past or who they want to be. The very process of coaching assists a person in choosing and developing a fruitful and congruent life of their own design.

Express Empathy: Acceptance facilitates change and skillful reflective/active listening support safe exploration. Make Observations and not evaluations

Develop Discrepancy: The client is motivated by seeing or perceiving a difference between present behavior and what they value and want. Evaluating the pro's and con's helps adult learners develop buy in and helps them to develop problem solving skills.

Roll with Resistance: Resisting or opposing resistance and is not useful. Resistance is often a signal to try different approach. The client is the primary source of solutions and answers. MI holds that resistance talk by the client says more about the approach of the coach than about the clients' readiness to change. No one likes to be told what to do and generally they dig in. Maintain the coach mind set & listen like a coach. The use of empathy, inquiry, and reflective listening increase the likelihood of change talk.

Support Self Efficacy: The client and not the coach is responsible for choosing and following through with change. It is important that the client see the change as possible and that the coach believe the client is capable. The more a coach does to support the client's success and positive self regard the more the client will succeed. Meet the client where they are and let them lead!

“People tend to over estimate the cost and under estimate the benefits of change”

— Prochaska

## **Change Talk**

During all conversations with a client pay special attention to Change Talk. These are statements made by the client that point towards a willingness to change.

Miller and Rollnick (2002) have identified four types of change statements, all of which overlap significantly:

**Problem recognition:** “My tobacco use has gotten a little out of hand at times.”

**Concern:** “If I don’t stop, something bad is going to happen.”

Intent to change: “I’m going to do something; I’m just not sure what it is yet.”

**Optimism:** “I know I can get a handle on this problem.”

1) If the person expresses ambivalence, it is useful to include both sides in the summary statement. For example: “On the one hand you feel... on the other hand you want to...”

2) It can be useful to include information in summary statements from other sources to offer a full picture (e.g., your own professional knowledge, treatment, research, or family).

3) Be clear & concise.

4) End with an invitation. For example:

Did I miss anything?

If that’s accurate, what other points are there to consider?

Anything you want to add or correct?

5) Depending on the client’s response to your summary statement, it may lead naturally to change talk and/or show client’s ambivalence.

## **Decisional Balance**

Weighing Pros and Cons. Prochaska understood that at each stage, a person weighs the pros and cons of adopting a new behavior. For pre-contemplators and contemplators, the cons loom large. They may feel the change is too difficult or not worth the effort. Giving up pleasures be they food, alcohol, tobacco, or just the pleasure of being a couch potato is a lot to ask. For most behavior changes, the sacrifices are immediate but the benefits are not. Prochaska calls the weighing of pros and cons “decisional balance.” For counselors, health educators, and others who want to intervene in the change process and help people move along its continuum, the task is to tip the scales: to make the pros outweigh the cons. Prochaska is also fond of saying that far too often people contemplating change “over-estimate the costs and under-estimate the benefits.” The coaching style of Motivational Interviewing has numerous techniques for helping resolve the ambivalence that a person stuck here experiences.

## ***Self-efficacy***

Self-efficacy is the confidence that one will be able to take action — is a feature of many health education and health promotion models. It is incorporated as a key element of the Stages of Change model since one of the pros that outweighs the many cons eventually takes the form of confidence that one can try the behavior change and sustain it. Confidence can be built in a variety of ways — such as role playing and preparing for situations that may be difficult, or practicing specific skills (such as negotiation or refusal), or even giving oneself pep talks, “You’ve done this before — you can do it again!”).

## ***Temptation***

As mentioned previously, relapse is built into the Stages of Change model as a realistic sense that change is difficult and that a combination of cravings, emotional stress, and social situations or prompts can lead us back to old habits. Instead of viewing these events as failures, however, the model asks us to learn from each relapse: to recognize the signs of craving for what they are, to remove ourselves from social situations that don’t support our behavior change and/or to deal with stress in other ways.

## ***The Relevance of the Stages of Change Model***

The Stages of Change model is relevant to a wide variety of health promotion programs because it literally moves the goalposts. In the past, health educators and others seeking behavior change measured their success (and their clients’ successes) only in terms of whether or not the behavior changed. Because behavior change is complex and difficult, this attitude set up both program designers and their intended beneficiaries for failure.

By exploring and illuminating the nuances of the change process, the Stages of Change model gives us more opportunities to intervene successfully, and,

more importantly, to succeed. If a program's clients are mainly pre-contemplators, then an appropriate intervention might be one that helps raise their awareness of the relative pros and cons of changing behavior rather than one that focuses on the preparation or action stages of the change process.

Likewise, an intervention targeting people in the preparation and action stages would have more success recruiting people into a program. In this way, resources are matched to the right audience — and to that audience's stage of readiness for change.

## **Decisional Balance in Coaching**

To make the decision to change, adult learners weigh out the pros and cons of making the change and the potential impact on their own lives and those around them. MI as with Prochaska's TransTheoretical Model (TTM) uses a form of decisional balance to assist client resolution of resistance and development of self efficacy. Both are based on the following beliefs.

- Clients do not change until they are ready. (TTM)
- The more the client makes the case for change the more likely they are to make the change.(MI)
- When clients feel ready, willing and able behavior change is more likely to occur (MI & TTM)
- Assisting clients to weigh-out the pros and cons of change in a safe, empathetic environment helps a client identify discrepancy

Richard Botelho (2004) uses a rating system, along with the decisional balance conversation, in his tool for promoting change talk and increasing motivation. Coaches can use this tool during coaching conversations.(Next Page)

Clients are first asked to list the benefits and concerns about making a change, Once they generate their list, the client is ask to rate (on a 0-10 scale with 10 being the highest) what they think and feel about their lists. After looking at the thinking — feeling scores, clients are then asked to assign a composite score to their level of resistance and motivation.

Based on research of  
James Prochaska and  
Albert Bandura.

<i><b>Reasons Not to Change</b></i>	<i><b>Reasons to Change</b></i>
1. What are the benefits of staying the same? (list as many as possible)	2. What are your concerns about staying the same? ( List as many as possible)
3. What are your concerns about Making the change? (list as many as possible)	4. What are the benefits of the change? (List as many as possible)
Thinking Score =  Feeling Score =  Composite Resistance Score =	Thinking Score =  Feeling Score =  Composite Motivation Score =
0      1      2      3      4      5	5      6      7      8      9      10
None                  Low	Moderately High                  Very High



## Summary — Chapter 4

### Readiness for Change

#### What we know about Change

- Adults are motivated by events relevant to their lives
- There is a cycle to change
- Grief & loss are often part of change especially in health related issues
- It is valuable in coaching to assess a clients readiness for change
- Supporting a persons movement from one stage of Readiness to Change to another is beneficial in wellness coaching
- The coach gears their coaching to the level of readiness of the client
- Ambivalence is a normal part of the change process
- MI and other coaching techniques help the client resolve resistance

How do you see Readiness for Change being applicable to Behavior Change?

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In your own words explain the connection between motivation and readiness for change?

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## Chapter 5

# Wellness Mapping 360° Assess & Explore



### Key Concepts

- The Value of Assessment
- The Value of Exploration



### Connections to be Made for the Client

- Co-creating the Alliance — Trust
- Exploration of Self



### Applications

- WM360° Model — Assess and Explore
- The Foundation Session
- Defining the Coaching Relationship



### Reading

- Read Chapter 7: “Charting the Course of Change: Wellness Mapping 360° Part 1”

## Charting the Course of Change

### A Five Stage Process

1. **Assessment and Exploration**
2. Personal Wellness Map or Plan
3. Accountability & Support
4. Ongoing Evaluation
5. Clear Measurable Outcomes

“No bird can fly without opening its wings, and no one can love without exposing their heart.”

— Mark Nepo

Wellness coaches help their clients to see their health and well-being as part of an infinite and incredibly interconnected web. Our wellness is determined not just by ideas we have, or information we are aware of, but by every aspect of that web. When we tug on one strand, the vibration is felt in the entire web.

You may explain to your new clients that during the course of coaching we will at times roll up our sleeves and put our elbows on the table and really focus on one particular thing. At other times, we will shove away from the table and get into a hot-air balloon, where we will rise up into the sky and look at their life from horizon to horizon, three-hundred and sixty degrees.

In the medical model it is too easy to slip into an analytic, atomistic, sequential process that narrows down a wealth of information into a diagnosis. Even conventional medicine today is starting to realize that mere symptom reduction diagnosis and treatment are inadequate. The tremendous surge in the use of integrative medicine approaches in Europe and North America is evidence that the public sees increasing value in methods that work with the whole person. Since wellness is a holistic concept, wellness coaching, by its very definition is holistic.







## Creating the Alliance

A humorous definition of insanity is doing the same thing over and over and expecting different results. How many times has one of our clients attempted to change some aspect of their lifestyle and failed? How many times have they tried to do it all alone? How about trying something different... like making the change with an ally? That may indeed yield different results!

While self-sufficiency is a praiseworthy quality and something to continue to develop, the wise person recognizes when it is time to work “smarter, not harder” by engaging an ally. A true ally is someone you’d want to have in your lifeboat! An ally is someone who stands with you and stands by you as you face your challenges.

If there was a mountain that you had never successfully climbed to the summit because you had either tried it alone, or with others who were also not equipped for the climb, you just might want to hire a mountain guide! The guide, who is professionally equipped to do just this task, would help you by climbing the mountain at your side, but you would still have to climb it yourself. Your chances of reaching the summit would be dramatically increased!

## Getting Clear On Coaching

One of the first tasks in wellness coaching is getting completely clear with your client about coaching and making sure it is a good fit for them. This might be done through an informal chat where you explain what coaching, and wellness coaching in particular, is and what it can do for a client. During this conversation you explore and really listen to the needs that your potential client has for services.

- Is coaching the right service for them at this time?
- If so, are you the right coach for them?
- If not you, who might be?

It’s certainly about getting a good match formed where the client feels like they will be well served and progress towards their goals can be assured. A free mini-coaching session can be performed with the client at this time to give them a taste of what coaching is and contrast it with other helping experiences they have had.

## Groundedness

- In many spiritual traditions the purpose of ceremony is to ground you and orient you so that you have a solid sense of where you are, so that you can begin your journey to “higher places”. The coaching relationship itself helps to do this.
- As your client tells you their story, answers your powerful questions, and completes your assessment instruments, they do so only partly to provide you with information.

“Never assume the obvious is true.”  
— William Safire

*They do so to hear themselves. Sometimes they are surprised at what they discover themselves saying.*

*The “foundation session(s)” help them to organize their thinking and help them to review and take stock of their lives. This grounds them in the here and now and takes the focus off that desired outcome that perhaps brought them through the coaching door.*

- Coaches believe their clients. When your client speaks you are there to listen and work with them, not judge them. Since you are not in a treatment situation, you are not there to “figure out what is really going on.” Your job is not to dig for the truth, it is to create the container in which the client feels safe enough to reveal the truth, to you, and to themselves.
- Clients often come in to you with what we could call an “admission ticket” or sort of issue that it was less fearful to talk about.
- As trust was developed they often felt safe enough to talk about the more serious issue that was really bothering them.

In coaching:

- Do not sit in suspicion.
- Never make an assumption that what you’ve heard is the entire story.
- Likewise, never assume that every molehill is yearning to become a mountain.

Sometimes our clients know exactly what they want to work on, and sometimes getting clear about it is your starting point. Remember the “You Are Here” marks on maps in downtown areas or shopping malls? Every journey has to start from somewhere, but some of our clients come to us precisely because they know a journey is needed, but they really aren’t sure what port they are setting sail from.



## Conducting The Foundation Session

**Initial Contact:** Often coaches will meet with their clients either on the phone or in person and have a free informal meeting to see if coaching would be of value for this client at this time. Some coaches conduct this like a demo-session to show how coaching works, others prefer to have an informal conversation to explain the value of coaching and determine:

A) Is coaching the best path forward for this person at this time? Do they need another service instead (education, therapy, etc.)?

B) Is there a good match with this particular client and this particular coach? Would another coach (perhaps with a different specialty) serve the client better?

The client and coach reach an agreement to start, get clear on financial arrangements, etc., and the client is given a “Welcome Packet” to fill out by first official coaching appointment, the “Foundation Session”.

### First Session

**Time.** There is a lot to accomplish in a Foundation Session, so typically coaches like to have 60, 90 or 120 minutes for this foundational work with their new client. Even companies who limit coaching to just 15 min. appointments, will allow a 30 min. Foundation Session.

### Connection/Trust

Effective coaches develop the ability to connect with their clients and build trust quickly. This is mostly accomplished through the provision of “The Facilitative Conditions of Coaching” (see Chapter Three) and by making great use of the “Active Listening Skills” (also Chapter Three) that we learned earlier.

(then go right into the manual text section on Trust and Compassion)



“Trust men and they will be true to you; treat them greatly, and they will show themselves great.”

— Ralph Waldo Emerson

## Trust and Compassion

### *The Heart of Coaching*

What allows a client to walk into a room, or pick up a phone, and start trusting someone? Establishing trust is central to the coaching relationship. What do you, as a wellness coach, have going for you, to help establish trust from the beginning? What do you have to do to earn and grow that trust?

**Trust** is often difficult to wrap one’s arms around. What is it really? How can we define it? Merriam-Webster’s Dictionary defines it as “assured reliance on the character, strength, or truth of someone or something”. The question now becomes what is present in the character of someone that allows us to assign that assured reliance? One way of breaking it down is to look for the consistent presence of integrity, competence and compassion.

As a wellness coach you first convey integrity by simply “who you are”. Don Miguel Ruiz (The Four Agreements) calls it “being impeccable with your word”. You speak the truth, you say what you mean, and mean what you say. You are reliable and predictable. You can be counted on. You are the ally you purport to be.

**Integrity** also is conveyed by your level of professionalism. Your clients will be more likely to trust a health care professional (the good side of the “white coat effect”), and a truly professional coach who comes across as well trained, and preferably is certified in that training. Integrity also comes from the coach handling their business in a professionally business-like way with a business-like (yet caring) appearance.



**Competence** will also show through in the actions of the well-trained and professional coach. When coaches demonstrate the competencies listed by the ICF as central to the profession of coaching (see appendix), clients know they are in good hands and trust increases as the relationship goes on.

**Compassion** is the heart (and soul perhaps) of coaching. For someone who struggles to share compassion with others to be in the coaching profession is about the most incongruent career fit there is. If we are not being compassionate, are we being judgmental? It is hard to tread some kind of neutral space between the two. Having empathy and compassion is how we move out of judgment. They are how we train our psyche to avoid being judgmental.

## Designing The Alliance

“Our clients already know how to be patients, and students, we need to teach them how to be clients.”

When we go to a dentist, a massage therapist or any other common professional we know what to expect and what our role is. With wellness coaching it's usually brand new territory. Early during the Foundation Session we need to explain how coaching works, who's responsible for what, and the roles of coach and client in co-creating this new alliance. Role clarity, and clarity around responsibilities, expectations, etc. needs to be attained through direct, yet comfortable, conversation.

Logistical issues are addressed and the coach and client determine the length and frequency of appointments, and any other details. Everything is set forth as clear agreements.

How to coach this particular individual is explored as a mutual

conversation. The best coaching is not “one-size-fits-all”. Get to know your client and discover how self-directed they are, how tight or loose they want accountability to be, how self-reflective they are, etc.

### **The Client’s Story**

Eventually in life we all get to say the same thing as Jerry Garcia of The Grateful Dead – “Lately it occurs to me, what a long, strange trip it’s been.”

We all have a story, and your client wants theirs to be heard. If we handle the Foundation Session like an “Intake Session” where we are just gathering the facts to help form a good diagnosis, we will shatter the fragile alliance we are starting to form by giving our client the impression that we just don’t care.

As you “design the alliance”, let your client know that the way coaching works is different than how they may have worked with healthcare professionals in the past. Coaching is not about the client recounting all the information that they can about their situation so that the healthcare pro can solve it, its about sharing their story to help the coach understand their world, and its about the coach helping the client to explore it more thoroughly.

So listen well and give evidence that you are doing so. Acknowledge the client’s experience and help validate their feelings. We will help you in later chapters to learn how to help your client stay focused (laser coaching) during this sharing of their own personal story.

### **First Action Steps**

During an effective Foundation Session we are really in the Exploration Stage of the Wellness Mapping 360 process. We usually don’t even want to come out of the session with an entire Wellness Plan all figured out. Our clients do, however, want to get started! Help your client to determine what would be a couple of small action steps they could begin working on between the Foundation Session and the next appointment. Perhaps it’s about finding out more information and doing some research. Perhaps it’s something simple like committing to not pick up a salt shaker all week, or perhaps it’s a more serious step like having an initial conversation with their intimate partner about how they can help support the client’s wellness journey. Clients like to feel engaged in the coaching process. This helps them have more faith that it will work!

***The Foundation Session (Time-Limited Model) Is About:***



- Showing evidence that you are listening to the client's story and honoring it through acknowledgement.
- Grounding the coach in the world of the client.
- Building trust quickly and genuinely.
- Determining what works best for coaching this particular client.
- Getting clear on what the client is asking for in the coaching relationship.
- Conveying to the client what the coaching relationship can look like, given the time limited nature of this specific coaching situation.
- Evaluating the client's readiness for change on key area they want to work on.
- Co-creating an initial wellness plan based on areas of focus and readiness.
- Getting the client started with initial action-steps they are ready for.

As you can see, much of the same work needs to be done, but in a much shorter time-frame. The reality is that the same degree of depth and even accuracy of what really needs to be worked on will be less likely to be accomplished. This is one of the trade-offs that comes with the time limited territory. It is not a true substitute for the broader and deeper work that the conventional coaching model will bring.

***Foundation Session Road Map — Time Limited Model***

1. Connect with your client. Relate with genuineness, honesty and sincerity.
2. Give the client a quick introduction of the structure of your time together and how it can/will be used. Share the responsibility for keeping track of the time during the session.
3. Begin your exploration together. Ask directly what they would like to focus on in the session.
4. Bring the session into focus. If they have completed a tool like an HRA, begin to review it. Start by asking what the experience of taking it was like.
5. Taking stock. Help the client to recognize and acknowledge strengths they possess and where they receive support for a healthier way of living. What are they aware of (both within themselves, and in their environment) that is working for them and against themselves? How ready are they for change?
6. Make it more coach-like. Explain to the client how you can be more of a "coach" with them, instead of only providing treatment or education, and what that can look like.

7. Co-create an initial wellness plan. Strategize with the client to set up areas of focus, initial goals that are specific, practical, inspirational, realistic and obtainable (the SPIRO model). Agree upon action steps that the client is ready to initiate. Agree upon criteria that will allow for recognition of when the client has achieved those goals.
8. Secure an agreement of accountability.
9. Leave the client knowing exactly what to do next, and exactly how to prepare for the next session and securing a time for that to happen.
10. Leave them with an inquiry... something to ponder about themselves and their way of living.

## Assessment and Exploration

### A Five Stage Process

1. Assessment and Exploration
2. Personal Wellness Map or Plan
3. Accountability & Support
4. Ongoing Evaluation
5. Clear Measurable Outcomes

“Taking stock” or taking inventory is the first step in wellness work. This can be done informally through simple instruments such as the Wheel of Life that you worked with earlier. Structured interviewing techniques can also be developed and used.

“Don’t just  
do something!  
Sit there!”  
— Old Zen saying

More in-depth and comprehensive information can be obtained for the client through the use of more elaborate and formal wellness assessments. Remember...assessment is not done in a diagnostic style. It is much like biofeedback where the monitoring instruments and gauges are turned for the client/patient to see instead of the medical professional.

We work together with the client in the process of mutual exploration.

## Informal Assessment Techniques and Methods

### The Exploration Process

#### *The Value of Self-exploration*

The wellness journey, or quest, begins like any other classic quest, with self-knowledge. In this stage of the five stage process of Wellness Mapping 360° coaching – we start with exploration. Much of this exploratory process will take place through the coaching conversation itself.

Using all of our coaching skills, really listening, asking powerful questions and not interrogating, reflecting what we hear on all levels, we help our clients to get a picture of themselves and their lives that is:

- More complete (holistic)
- More in-depth
- More aware
- More inter-related (seeing how every part of their life affects every other part)

“The most fundamental aggression to ourselves, the most fundamental harm we can do to ourselves, is to remain ignorant by not having the courage and the respect to look at ourselves honestly and gently.”

— Pema Chodrin,  
When Things Fall Apart

Requests from clients need to be taken at face value. Coaches believe their clients.

They just might be so ready to change that all they need is some of the support and accountability aspects of coaching. They may also be doing what they think they “should” do, or what they have always done before (and usually failed at).

Invite them to take a good look at where they are right now before they launch off into their program. The wellness process begins with “taking inventory”. The coaching process can be the rare oasis where the client has complete permission to take a deeper look at their self. Avoid the paralysis of analysis. Instead of analyzing what the client brings forth, or even worse, interpreting it, help the client to “hear what they are saying”. Help them understand their own motivation, and the lack thereof.

Don’t be tempted to stay in the “diagnose and treat” mind-set and quickly set up a behavioral coach-knows-best program. Stay in the coaching mind-set of “wellness ally”, shift into a mode of facilitation and allowing, of assisting our client on THEIR journey.

Allow your client adequate time, to the degree you can, to tell their story. You are not there to be therapist-like or priest-like, but instead to be a witness. Your professional level of listening, your very genuine and human compassion, your challenging coach nature, will help them to feel acknowledged, validated and whole.

The breadth and depth of this self-exploration will certainly be determined by your work setting and the time-limits it places on you. Adjust accordingly, but don’t overlook this powerful area.

## **Tools for Self-exploration**

### ***The Welcome Packet***

Your client “welcome packet” (Appendix A & Tool Kit) should contain powerful, thought-provoking questions well beyond just assembling informational data. Ask your new client what their dreams are! Ask them what they know they must complete in this lifetime to feel fulfilled.

If your client skipped over the more reflective questions in your welcome packet, explore their experience with that. “Tell me about the questions you chose not to answer.” You may help them to slow down a minute and realize something about themselves. Are they in just so big of a hurry in life that it felt that they couldn’t slow down and reflect for a moment? What are they afraid of? Help them find out.

If your client is willing, obtain an agreement to complete the more reflective questions. Explain to them the benefits of doing so for both you and them. Set up a good way to hold them accountable for completion.

### ***Journaling***

When you sit around and think you engage in one type of cognitive process. When you speak with me you engage in yet another cognitive process. When you sit down and write, you engage in still another cognitive process. Why not use all three?

Encourage your client to journal in a way that fits for them. Secure a commitment from them, if they are up for it, as to how many times a week they will journal. Usually a commitment to write every single day is a set-up for self-failure. Committing to only once or twice a week probably deserves a challenge from the coach to examine what they truly would benefit most from.

### ***Life Review***

Another tool to offer is the “life review” process. You might start with a “time-line” of your life that indicates from the date of your birth onward, the significant events in your life. Space them across the time line to the present and leave the end open for the future. Then you might list the events in a column and across from them write down what you learned from going through that experience. How did you grow from it? What ways of living and coping did you adopt from it? Was your adopted behavior something that worked then, but doesn’t serve you now? Don’t get into the “paralysis of analysis”. Don’t use it as an opportunity for your inner critic/gremlin to beat you up with regrets.

Richard Bach in his little classic *Illusions* likes to say that everything we experience in life is either something we are learning from, or we are just having fun! Help your client in their exploration process to realize what they are continuing to learn today.



### ***Bibliocoaching.***

What we used to call “bibliotherapy” now serves us in the personal growth arena as well. Coach your client through the process of selecting and following through on reading (yes, there’s the value of a coach!), several titles that match their interest and the questions they hold for themselves. Sometimes good books on the very process of change, such as *Who Moved My Cheese* can contain great insights. I find myself making extraordinary use of the Don Miguel Ruiz book *The Four Agreements*.

Some books may be more for wellness information, but in this exploration phase, books that point the way into self-exploration/self-discovery are very valuable. Ask permission to make suggestions if your client has no idea of where to start, or sit down and do some exploration online with them.

#### **Readiness for Change Tidbit**

In the Pre-contemplation Stage a person is unaware, unconcerned, and basically not ready to make changes.

Assessment: A person could be in denial (the first stage in the grief process) after receiving a diagnosis.

Headway is made for the client by supporting the person becoming aware and assisting them in understanding their situation.

### ***Quieting Practice***

The process of change and self-exploration, insight and understanding requires patience. Sometimes it is like the old Japanese rice farmer story. The farmer was so anxious to have his fields produce a harvest that at night he would go out and pull on the rice stalks to make them grow faster! Sometimes we too are tempted to “push the river” and realize that all we can do is be aware and find a way to ride with the current.

You might ask permission and suggest to your client that they experiment with simply sitting and spending ten or fifteen minutes a day “doing nothing”. If they are already with some form of prayer or meditation that produces a sense of stillness encourage them to use it. What works here is not a reflective self-questioning process, which is much to mentally and psycho-physiologically active, but a simple emptying of the mind.

If the sitting meditation style doesn’t work well for them encourage them to spend fifteen minutes a day walking alone in silence, while letting thoughts to come in and then to evaporate as they focus on their breathing and their steps. Yoga, Tai Chi, and other “quieting practices” may be of interest to your client. Support their exploration.

The important thing here is that the quieting practice is not another thing to do to “work on yourself”. It is effortless effort. It is clearing the mind so that the work done later will be fresher and more focused.

### ***Solo Time***

If your client seems to never have time to reflect, perhaps they need to literally get away from it all. There is a rich tradition through history and all around the world that encourages the seeking soul to spend some time alone and away from business-as-usual. Christ’s forty days in the wilderness, the Australian Bushman’s “walk about”, the Native American vision quest, are all examples of processes that call upon solo time for insight and, often, breakthroughs.

There are ways in which a client may be able to engineer some time away from work/home that are safe, and practical for them. Coach them through the process of planning and carrying out such a personal self-exploration process. (See “Living The Ten Tenets of Wellness” on the Tool Kit)

## **Simple Assessments — Tools of Elicitation**

The assessment component of wellness coaching is not about pathological diagnosis, it is about increasing awareness. Here we find or create anew, tools that help us elicit from the client, for their own use, information that would not have been discovered otherwise. “Whatever works!” might be the motto here.

### ***The Wheel of Life*** (see Appendix A / Tool Kit)

A real stand-by of the wellness coach is the “wheel of life” tool, and one you may already be familiar with. This simple pie-chart approach to rating your own level of satisfaction in eight to nine areas of your life is not to be underestimated. At times I’ve been amazed at how startled a person can be once they see how out of balance their life really is by looking at it both graphically and holistically. It has some ever-useful advantages:

- It calls upon your client to do some self-directed reflection about each area.
- Their “satisfaction” in each area is defined by them, and only them.
- The degree of satisfaction in each area shows FULFILLMENT.
- The interrelationships between all areas shows BALANCE

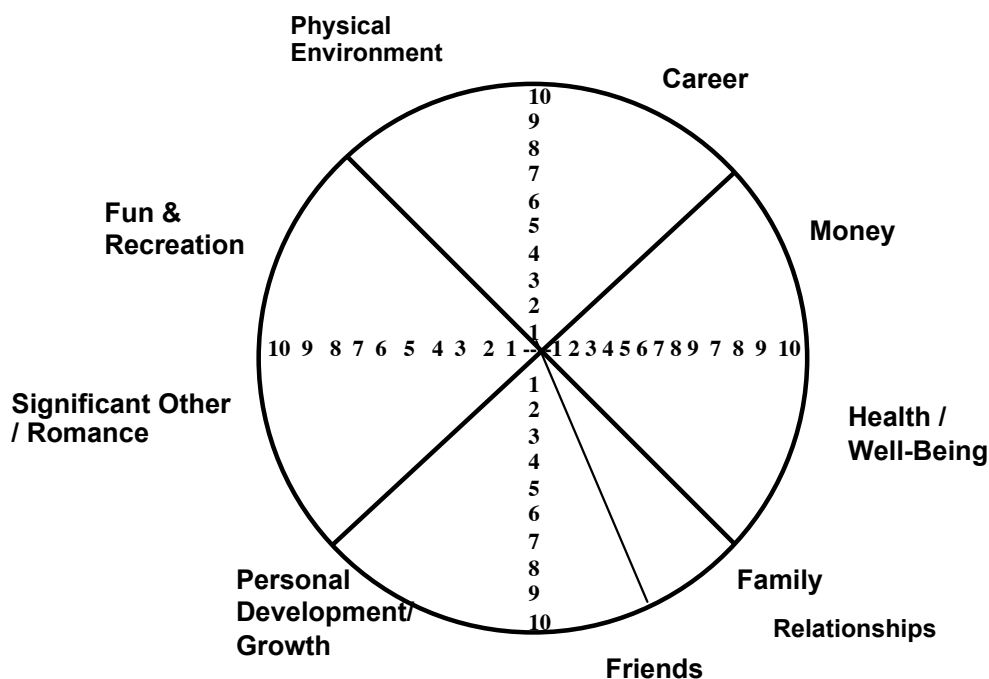
You can customize your own wheel of life to cover eight or nine dimensions of life that you believe are important to living a wellness lifestyle.

Using this format, adapt it to a particular focus that your coaching might be taking. Perhaps you have a client who is focusing on their own physical fitness. A quick snapshot of their satisfaction in this area can be obtained, with more accuracy and detail, by using a Wheel of Life modified for this purpose.

By working with this wheel we help our client see that physical fitness, and their satisfaction with it, is not a simple all or none concept. Ask a client how satisfied they are with their physical fitness, and you will trigger a different story in every person. For many clients the question will translate into “So! Just how fat are you?”, and all of the self-judgment that is carried with that.

Looking at physical fitness from an eight dimensional perspective gives the client the message that there is more to physical fitness than just strength, or waistline measurements. It also allows the client and coach to see ways to co-create a wellness plan that will really get at the dimensions where the least satisfaction is. (See the “Wheel of Physical Satisfaction” Appendix A / tool kit)

## The Wheel of Life



## The Wheel of Life in Coaching



The nine sections in the Wheel of Life represent Balance. Rank your level of satisfaction in each life area by marking the number and drawing a line in each section to create a new outer edge of the wheel. The closer you are to a 10, the more fulfilled you are. The new perimeter of the circle you draw represents your Wheel of Life. How bumpy would the ride be if this were a real wheel?

The Wheel of Life illustrates that wellness is composed of two major dimensions — BALANCE & FULFILLMENT. How satisfied we are in each area of our lives represent our level of FULFILLMENT in that area, and the relationship between all the areas (how bumpy our “ride” is) represents BALANCE

### *Coaching with the Wheel of Life*

- Begin very neutrally, by asking about their experience completing the Wheel of Life. What was it like? What did they notice or realize? What did they become aware of? What was it like to see these areas of life portrayed graphically?
- Use a strengths-based, positive psychology approach by exploring the areas with the most satisfaction first. Help the client to see these areas as ones that they have as assets. Ask them how they believe those areas of higher satisfaction will help them to make their new lifestyle changes succeed.
- Explore the balance aspects of the wheel. How “bumpy” would the ride be with the wheel that they drew?
- Make a request of your client to explore the areas where they rated the satisfaction low. “Tell me about some of the areas you rated lower.”
- Ask permission to explore further in low-rated areas.
- Respect your client’s reluctance to explore such areas this early in coaching. They might, for example, not want to talk about an unfulfilling marriage at this time.
- Look at the whole picture. Ask your client to share what perspective they have about how all the parts interrelate and what it is like to look at their life and lifestyle in such a 360° way.

### *Additional Tools of Elicitation*

The Wheel of Physical Satisfaction and the Wheel of Nutritional Satisfaction, as well as a number of other “Wheels” are in Appendix A of this manual and in your tool kit. The point of using these specialized tools is to enable you to explore with your client these areas of their lives in a way that allows you, the coach, to explore it in a very neutral and complete way.

“We shall not cease from exploration and the end of all exploring will be to arrive where we started... and know the place for the first time.”

— T.S. Eliot

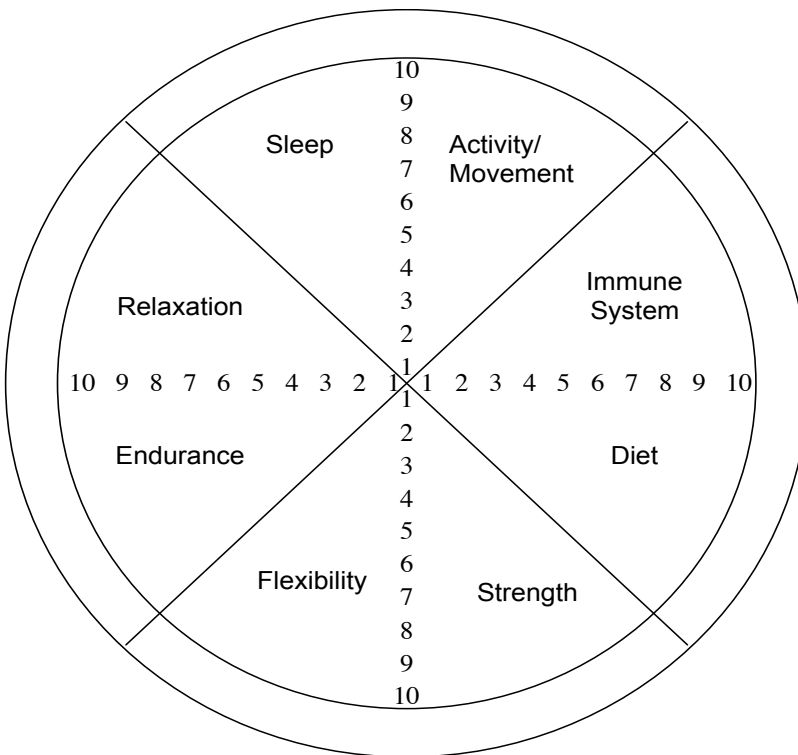
Some frequently used Wellness Mapping 360° tools include:

The “Connectedness Scale” — allows your client to explore the issues of connection and isolation along six different dimensions.

1. Connectedness to self
2. Connectedness to nature and my environment
3. Connectedness to family
4. Social Connectedness
5. Spiritual Connectedness
6. Connectedness at work

The “Self-Permission/Self-Denial Inventory” — allows your client to explore issues around giving themselves permission to do self-care activities, to take time for themselves, to do the things on their wellness plan. This allows an exploration of personal, familial and cultural factors that inhibit self-permission.

## The Wheel of Physical Satisfaction



Rank your level of satisfaction in each area on the Wheel of Physical Satisfaction. Once you have rated yourself connect the dots. Consider where you want to focus at this time.

Areas of Focus:

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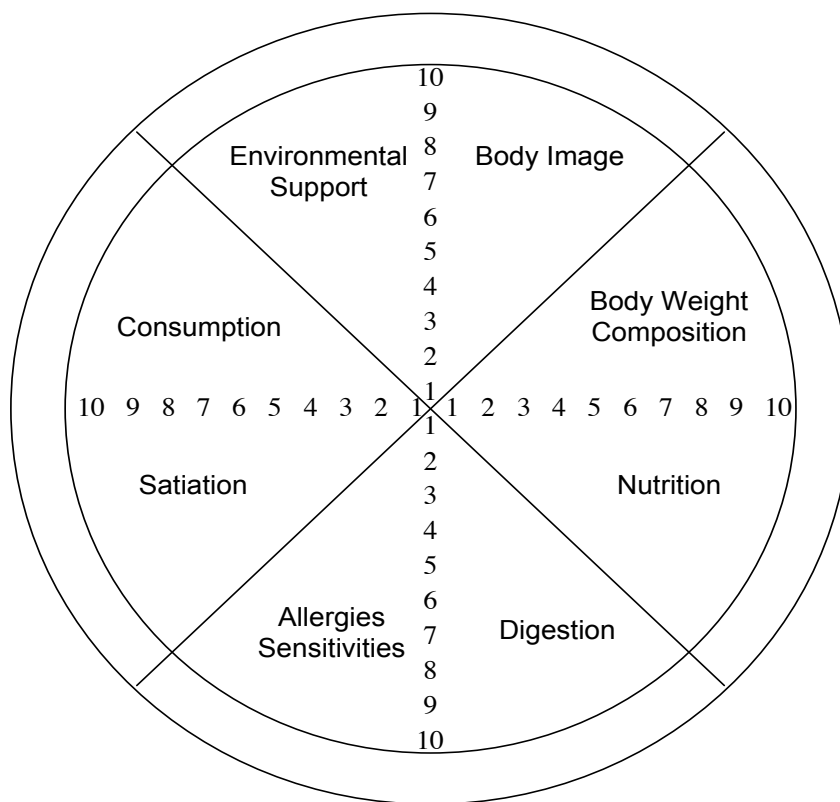
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## The Wheel of Nutritional Satisfaction

“Knowing is not enough;  
we must apply.  
Willing is not enough;  
we must do.”  
— Johann Wolfgang von  
Goethe



Rank your level of satisfaction in each area on the Wheel of Nutritional Satisfaction. Once you have rated yourself connect the dots. Consider where you want to focus at this time.

Areas of Focus:

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## Complex Assessments

- Wellness assessments allow us to get an actual measurement of where the client is to start with, our baseline.
- Wellness assessments give our clients feedback on a number of variables that are very relevant and often critical to their health. Wellness assessments often ask questions that would never occur to the client, or even the coach to ask. While more personal questions seem inappropriate early on in a conversation, an inventory can be more forthright.
- You would never want to ask your client one hundred questions in one session. However, a wellness assessment can do just that, especially when it is in the convenient form of an online inventory that can be partially completed, cached, and then finished later.
- A comprehensive wellness assessment can also be a great learning experience for your client. Some assessments teach as they assess. Clients can increase awareness and gain insight.
- When we have this base-line information to start with, it is possible to use the assessment instruments again at a later date to chart and measure progress

*Readiness for Change Tidbit*

*In the Contemplative Stage of change the person is aware, thinking, and talking to others.*

*Assessment: The client maybe angry at the new health challenge but beginning to take notice of the changes needing to be made.*

*Headway is made by attending to the client in an individualized manner. Take your time and listen and explore.*

## HRA's — Health Risk Assessments

Wellness programs found in corporations, hospitals, fitness centers, etc. are often built around the most basic of wellness assessments, the Health Risk Assessment, or HRA. You are probably already fairly familiar with them.

HRA's are used primarily as feedback devices for the people who take them. The key to their effectiveness is the nature and quality of that feedback.

Online-based, HRA's are often providing extensive links to support resources that provide the client with tons of health information and even tools for tracking their own lifestyle change attempts.

Better HRA's have built into them some form of change readiness scale (e.g. Prochaska, et.al.), or if not, change readiness may be assessed in feedback sessions through direct questioning.



One of the most common scenarios is for a company to require some or all of their employees to take an HRA. The employee/client is then given feedback a number of possible ways that range from low to higher effectiveness.

### **HRA's**

1. The client may simply be mailed the results, or be able to see them online with instructions written as to what the results mean.
2. The client is set up with a telephone appointment with someone who spends 15-20 minutes on the phone going over the results with the employee. This Person may have training that ranges from minimal to very good. In a good system these people are typically some type of health specialist, such as LPN's, fitness specialists, or trained health coaches.
3. Another step up is when HRA's are combined with the gathering of biometric data (actual measurements such as blood pressure, blood work results, BMI, etc.) taken by health specialists, and then either a telephone or, better still, live appointment, is made to review and interpret the results and answer questions.
4. If the program is fairly comprehensive and woven into the larger employee health benefits resources, the assessment may result in a referral to an Employee Assistance Program (EAP), an employee's clinic, a physician, etc. Here, an employee may get valuable help or medical intervention for a condition that was going undiagnosed and untreated. Wellness assessments can help us in ways that our reflective dialogue with our clients just often do not reach.
5. In the best programs, at least a taste of what we might call more complete wellness coaching takes place. If the educator interpreting results is a trained wellness coach, the results may go to a different level. Even in a system where time is severely limited, the coach approach may allow the client to build some trust with the wellness coach, and determine a direction of focus. After a brief exploration with the coach listening on a professional level, the coach helps the client to leave with a sense of ownership of their health, what they want to work on, and a system of accountability regarding it.
6. The system may opt for at least some participants (perhaps especially those at high risk) to have follow up sessions base do the results. Even brief phone follow up with ten minute calls every quarter and regular e-mails can have some effectiveness.

### ***The Down Side of HRA's***

Some critics of HRA's point out that there are disadvantages to HRA usage. When the first bit of feedback you get about your health is at what age you are predicted to die, it's not exactly a positive approach! Not all HRA's hit you with that message first, but a criticism of HRA's is that they can tend to paint a picture of morbidity and the postponement of the inevitable. While some hold that this point of view is merely a dose of reality therapy for us all, others would argue that it is a poor motivator. Do we change our health behavior out of fear alone? Can we be “scared straight” into buckling that seat belt, and eating our high-fiber vegetables?

One would think that an employee required to take an HRA would be happy that they are getting a free health assessment that is designed to help them be healthy and recognize ways to improve their health. However, in an organization where trust is an issue, and where there is fear that one's job may be in jeopardy if one's health is anything but excellent, how honest will answers be? How reliable is the HRA if an employee is “telling management what they want to hear”?

### ***Coaching With HRA's***

A challenge for the wellness coach working with an HRA with their client, is to maintain the wellness coaching mind-set of “advocate and inspire.” The temptation with the diagnostic nature of the HRA is to shift into the “diagnose and treat” model and start “prescribing” to our client instead of remaining their ally.

Instruments that point out what the client's risky behavior is, can come across like a judgment that this behavior is “wrong”. It is easy for some clients to then feel like THEY are wrong, and not OK. The coach's task is to be aware of this possibility and help the client to see that the instrument is not making it so “personal.” Certain behaviors are statistically correlated with increased incidence of illness/injury, etc., it's recommended that you, the client, behave this other way instead, and that's all that is being said. You can then integrate the results of the HRA into the Wellness Plan that you and your client co-create.

Recently one of the innovative pioneers of the HRA, Dr. Dee Edington, formerly of the University of Michigan Health Management Research Center, has essentially reversed his stance on the value of HRA's. Discouraged by their lack of success at helping to create a positive impact on population health he has voiced discouragement of the health-risk reduction approach . See Dr. Arloski's blog on this: “Forging A New Wellness Path: Leaving Health Risk Reduction Behind.”

<http://wp.me/pUi2y-d3>

## **Lifestyle Assessments**

### ***Working with Wellness Assessments***

#### ***Online Inventories***

There are many advantages to online inventories. The client can take them on their own, at their own convenience. There is excellent confidentiality. Following a particular wellness model, more detailed information can be obtained in areas where the client might not have thought to explore. They are usually extremely positive and not based on looking for pathology.

The key to working with online inventories is the interpretation/planning session with the wellness professional. Clients get more out of inventories when these sessions occur than when they are left to just do them on their own and there is no follow-up.

Begin by exploring with the client what their experience was like taking the inventory. Was it enjoyable, helpful, confusing, understandable? Do THEY feel that the results appear valid? What do they feel is missing? What would they like to add?

“Coaching is not telling people what to do; it’s giving them a chance to examine what they are doing in the light of their intentions”

— James Flaherty

**FOCUS ON THE CLIENT, NOT THE DATA!** Be “coach-like” in the WAY you work with the person and **ENGAGE THEM** in the process, allowing the whole session to be more client-centered.

Go through the results with your client and, as much as possible, take your time. Allow exploration of various areas to take place.

Work toward the development of a wellness plan, as we will see in the second stage.

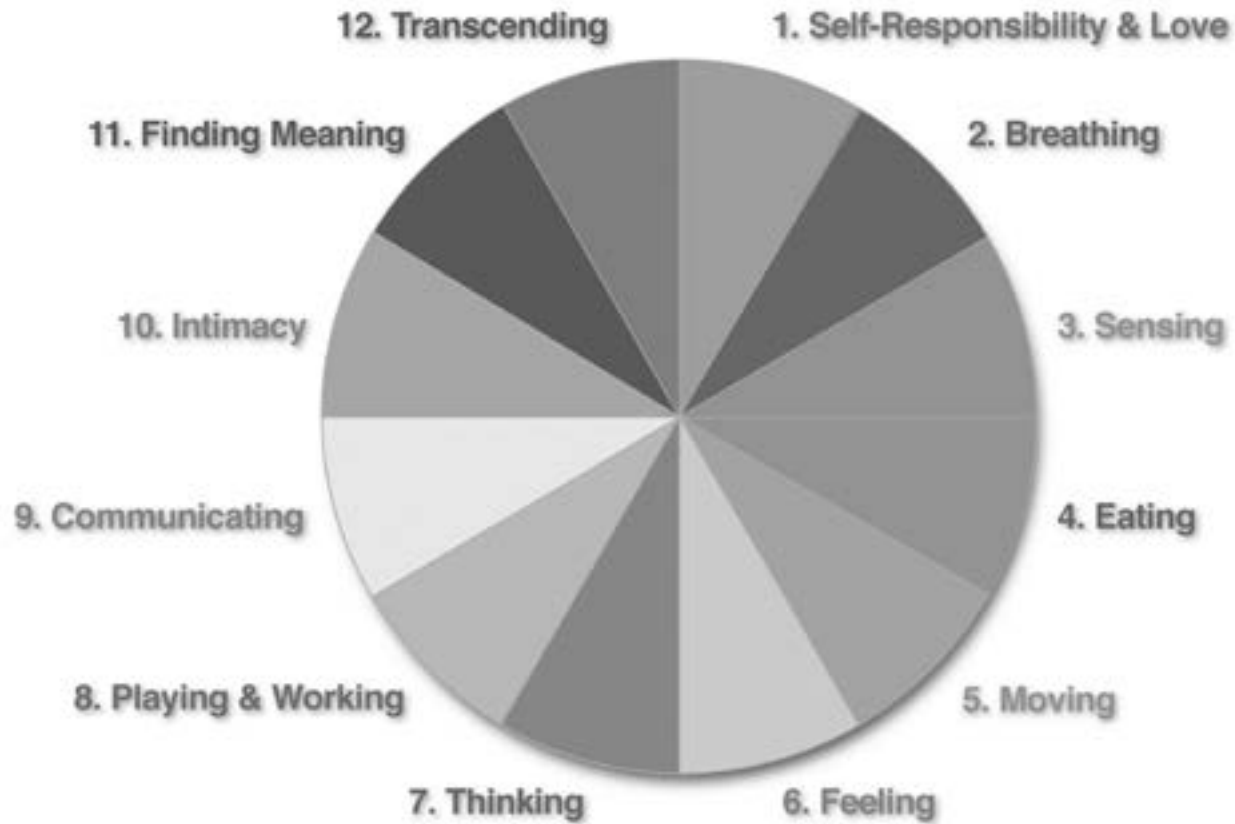
## **The Wellness Inventory**

The Wellness Inventory (WI) is the first true wellness assessment instrument created. It was developed initially in 1976 by John W. Travis, M.D. through HealthWorld Online ([www.mywellnesstest.com](http://www.mywellnesstest.com)) developed the extensive online delivery system it is today.

The WI conceives of wellness in a 12-dimensional model (wellness energy system) that gives a very inclusive and unique view of what healthy wellness lifestyles include. Taking the WI is a very self-educative wellness experience. All the questions are stated in positive statement terms.

The Wellness Inventory now features two scores. One is your “wellness score” which shows how close to the optimal wellness response the client has indicated their behavior is. The second is a valuable Readiness For Change score where the client has been asked to rate how ready they are (1-10 scale) to take action on changing that behavior in the next six months. This is a vast improvement over the inventory’s old “satisfaction score”, and will be very useful for the coach and client to work on together.

You might have your client complete the built-in wellness planning process and go over it together with them. Ask them in detail about it and look for ways to strategize with them to make it operational and build in the accountability they desire regarding their plan.



1. Self-Responsibility & Love
2. Breathing (and relaxing)
3. Sensing
4. Eating
5. Moving
6. Feeling
7. Thinking
8. Playing & Working
9. Communicating
10. Intimacy & Sex
11. Finding Meaning
12. Transcending

The language of the WI can help in coaching. Movement, not “exercise.”  
Eating, instead of “nutrition” or “diet.”

The inclusion of dimensions such as feeling, thinking, communicating, intimacy and sex opens up the more mental/emotional sides of wellness and reinforces that wellness is much more than just diet and exercise.

### ***Physiological/biometric measures***

The effective wellness coach helps their client work with physical measurements, but helps them put it all in the context of their overall health and wellness goals. The measurements can provide helpful benchmarks of progress, or reminders of extra effort required along the way. Again, maintain the COACHING MINDSET, not the prescriptive diagnose and treat mind-set.

What are the physical measures that your clients get the most value out of working with?

### **Coach First, Measure Second**

A word to the wise... If you are like many health educators, who typically begin an initial session with a client by taking physical measurements such as weight, height, waist circumference, etc., you might consider to not take any measurements at the first contact at all. While your client may expect this, give them the unexpected!

Talk to them. Coach them with great listening. Hear their story. Give evidence that you are truly hearing them by reflecting back and summarizing what they are saying. Coach them with powerful questions that help them to explore what their weight issue means to them. Explore all their “tried and failed” experiences. Ask how they hope this one will be different.

When we take biometric data upon first contact it can feel like we are judging the person. It may feel like we are evaluating them for diagnosis of what is wrong with them. It can put them through a process that reminds them of numerous times in the past where they have felt ashamed. In the coach mind-set, as opposed to the medical mind-set, we are here to form an alliance for change with them, not to provide treatment. Set the tone by being their coach first!

## Summary — Chapter 5

### Assess & Explore

#### Assessment & Exploration

- Creating the alliance grounds the coaching relationship
- There are a number of ways for the client to explore their life
- Assessment tools ask questions a coach might not and can get at more quickly
- Assessing a clients stage of Readiness for Change is part of the process
- It is important that the person come before the data when using assessments
- The Foundational Session includes defining the coaching relationship, exploration, the clients to tell their story, assessment, and creating the Well Life Vision if time allows.

“Coaching is not telling people what to do; it’s giving them a chance to examine what they are doing in the light of their intentions”

— James Flaherty





## *Chapter 6*

# **Wellness Mapping 360° The Wellness Plan**



### **Key Concepts**

- Vision to Application



### **Connections to be Made for the Client**

- Co-creating the Plan



### **Applications**

- WM360° Model — Wellness Map/Plan



### **Reading**

- Chapter 8 : Charting the Course of Change: Wellness Mapping 360 Part II  
Pages 153-166
- Chapter 10: Health and Medical Coaching – Coaching People with Health Challenges. Pages 252-258, A Case Example

## Creating the Personal Wellness Map or Plan



### A Five Stage Process

1. Assessment and Exploration
2. Personal Wellness Map or Plan
3. Accountability & Support
4. Ongoing Evaluation
5. Clear Measurable Outcomes

To get where we (the client and you) want to go, we need a map. Changing lifestyle behavior often begins with a baffling quandary of “Where do I start?” Co-creating a wellness plan or map with your client helps them to know what the “beginning, middle and end” will look like. Without it, there is a wilderness of options to choose from.

Wellness maps/plans are based on a set of AGREEMENTS, not ASSUMPTIONS, between the client and the “coach.” Once laid out, changes in course are made along the way as both unforeseen obstacles arise and new awareness emerges. Very often the “areas of focus” or “goals” often change as we see what the “real” issues are.

You’ve already helped your client to take stock of their life and identify where they want to go. Together you’ve set a firm foundation start from and helped them to see what their strengths and challenges are. You’ve established an alliance with them so they know they don’t have to take this journey alone.

Now is the time for a map.

### **Co-creating the Wellness Plan**

- The Wellness Plan gives the client a map to follow.
- Creating the Wellness Plan is a mutual effort between coach & client that supports commitment and motivation.
- Stay in the coach mind-set of “advocate and inspire” though it may be tempting to “prescribe and treat.”
- It is important for the client to take responsibility for their own health and wellbeing.



Many people have stood at the bottom of the mountain and told the client how to climb it. They’ve recommended a route, told them what equipment to carry, patted them on the back and wished them well. The wellness coach goes up on the mountain with their client. The coach doesn’t climb the mountain for the client, they serve as a guide to them.

- In the Wellness Mapping 360° model you systematically assist your client create their Well Life Vision and the Steps that will move them toward greater health.
- Your coaching skills come forth in helping them with strategies, prioritizing, challenging, encouraging and acknowledging.
- Help them identify “gremlin talk” and keep it out of the wellness plan.
- Make your approach to wellness planning growth oriented. When the client sees the connection between being well and their own personal growth, motivation will be even stronger.
- Actualizing potential in all dimensions of a person’s life as defined by the person is the ultimate wellness process.

- 1. Well Life Vision**
- 2. Focus your efforts**
- 3. Map it**
- 4. Track and Review**

### **Start with Vision**

- Vision — the client’s larger, over-arching image of themselves functioning at their best and living life at it’s fullest. It is an inspirational statement of what that would look like for them.
- Stated in the positive — present tense. “I am feeling fit and capable of dancing until the band goes home... if I want to!” Not “I want to prevent (avoid) another heart attack.”
- Great (and effective) visions are concise and “punchy”... and they have positive impact because they are related to what is important to the person.
- Great (and effective) visions bring forth images that can be easily

pictured in the clients mind.

- Great (and effective) visions are more about WHO you want to be, rather than WHAT you want to do.
- Great (and effective) visions may describe something specific (like dancing or hiking in the mountains), but they IMPLY a level of wellness that is possible and attractive.
- Vision gives a person something to move towards and a coach assures that what they aim for is possible and that they take it step by step.

### **Readiness for Change Tidbit**

In the Preparation Stage of change the client is ready, exploring, and checking out the resources that are available to them. Diagnosis: At this stage a person with a health challenge may feel like they need to gain control in their lives. They are also trying to understand how and why the health challenge occurred. Headway is made with energy at this stage. The client may state that changes need to be made and is often actively looking for the support to change. This is often when a client begins coaching.

## **Well Life Vision — Sample Questions & Process**

Work with your client to create their vision of a well life. The closer the vision is to what the client values the more motivating it will be.

(Well Life Vision Tool — Appendix A)

- Relax in a comfortable place. Breathe deep and imagine what your life would be like if you were living it to the fullest and functioning at your very best?
- What would your life look like at your ideal level of wellness?
- What are the key aspects of your vision?
- What would you be doing more of?
- What would you be doing less of?
- Why is your vision important to you?
- When in your life have you experienced aspects of your vision?
- What do you value most in your life?
- What strengths can you draw from to achieve your vision?
- Either on your own or working with your coach, arrive at a statement that sums up your idea of what it would look like to be living your Well Life Vision. Be realistic and yet, inspiring!

### **A Scene In A Movie**

As clients begin to create a Well Life Vision, they usually start by generating a list of qualities they would like their best-life-possible to have. It all starts to sound like a dream to-do list, and the temptation might be to jump into goal setting. Instead help your client generate that list, but with the purpose of shaping an image of how that life would look. Work towards a motivating vision of what appearance their best-life-possible would have. Help them create a “scene in a movie”, like a still picture of them actually living that life.

A client might get clear that they want their life to be more relaxed, more spontaneous, with time to spend with family and friends. They value gardening and have an attraction to a Mediterranean way of living. Their Well Life Vision is seeing themselves vibrant and healthy, relaxing with friends in their backyard, sipping some wine and enjoying fresh produce from their own garden.

**Coach Note:** Summarize and clarify the Well Life Vision with your client.

### **Examples of Motivating Well Life Vision Statements**

- In my Well Life Vision I am at my ideal weight, exercising regularly, feeling better and aging gracefully.
- In my Well Life Vision I have attained a healthy weight and have lowered my risk for diabetes and feel more in control of my health .
- My Well Life Vision is to be fit, energetic and able to run and play with my grandchildren.
- In my Well Life Vision, I see myself healthy and well, having developed a thorough understanding of my heart challenges and how to live my life as fully as possible.
- In my Well Life Vision I feel light, organized, calm and energized.
- In my Well Life Vision I am dancing weekly, playing with my grand babies and spending time in nature.



## Setting the Focus

A great little story about coaching starts with a fellow standing night-time guard duty at the boundary of his camp. As a stranger approaches through the darkness the guard yells out:

“WHO ARE YOU?...”

“WHERE DO YOU COME FROM?...”

“WHERE ARE YOU GOING?...”

“WHAT DO YOU WANT?”

The question is, is this a coaching conversation?

We’ve helped our client explore WHO they are, helped them take stock of their wellness, gain a sense of WHERE they come from, now we help them to get clear on WHERE THEY ARE GOING, and WHAT THEY WANT!

Many times the first and the primary job of the wellness coach is to help their client to achieve CLARITY on what they want to work on. The topic of “wellness” is a vast wilderness of topics. Lifestyle improvement can be as confusing a topic as it is fascinating.

## Coaching To The Gap

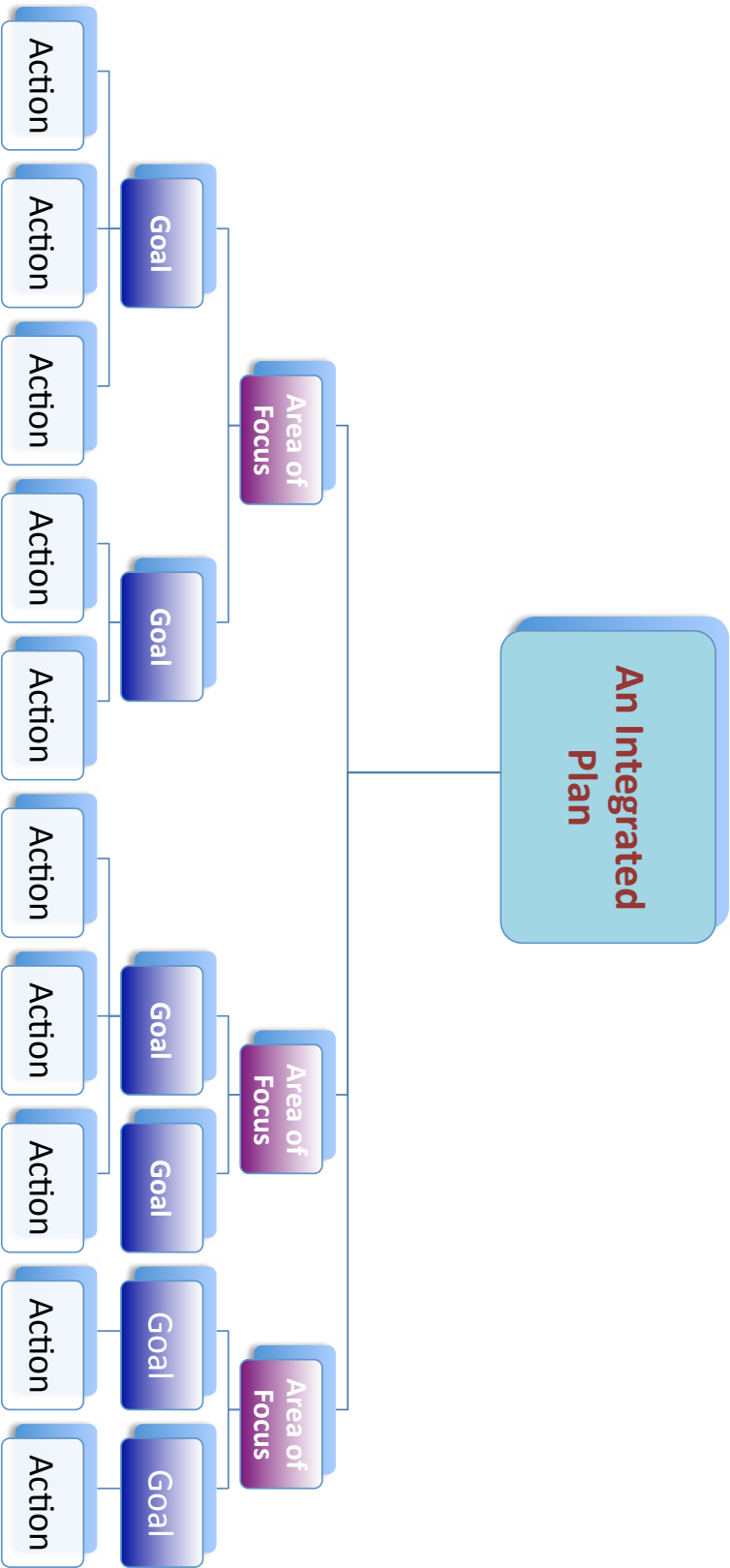
People come to coaching because, in one way or another, there is a gap between where they are, and where they want to be. In the Wellness Mapping 360 Methodology we help people

- Get clear about where they are (Their state of health and well-being.) through a great process of exploration and self-assessment.
- Get clear about where they want to be (their Well Life Vision).
- Then have them ask themselves the critical question:  
What in my life has to change for me to bridge the gap, to attain my well life vision?

What they determine has to change in their way of living (their lifestyle), and that they are ready to change, becomes the Areas of Focus for The Wellness Plan.



# THE MAPPING PROCESS



There may be more than one area of focus that we want to work on and each of these may have one or more goals. For each goal there will be a number of actions that can be used to reach that particular goal.

## The Mapping Process

**Areas of Focus** – Areas of the client’s lifestyle where they are seeking improvement. (e.g. smoking cessation, weight loss, improved stress management, improved sleep, improved social connectedness)

**Goals** – The changes the person wants to realize in this Area of Focus, the outcomes they want to see. This is what they wish to accomplish. (e.g. become tobacco-free for life, attain and maintain a healthy weight, experience adequate and restful sleep on a consistent basis)

**Action Steps** – The behavioral actions that will bring them closer to realizing their goals. (e.g. researching smoking cessation programs available to me, exercising at least four times in the coming week, attending at least two meetings of social clubs I’m interested in, going to bed by 10:30 at least four nights this week)

Great wellness coaching takes place when the client and coach have co-created an Integrated Wellness Plan. It’s important to have more than “just a bunch of goals”. Poor coaching is often made up of quick goal setting that is often confused with the action steps that help us get to our goals. Throw out the term “goals for the week”. You and your client will have already arrived at the goals they are working on, now you can co-create the Action Steps for the week that will help them to get there.

### Areas of Focus

For maximum success, prioritize this to no more than three to five Areas of Focus, and make those areas the ones where there is the greatest desire and readiness for change. “Lifestyle prescriptions” from health care providers and results/feedback from wellness assessment instruments can also factor into the prioritizing process.

#### *Determining Areas of Focus*

- Operate on “TRUE PRIORITIES”. True priorities are ones that are congruent with “who” the person is, and “what” they want. They reflect the values that the client considers most important to them.
- Factor in READINESS FOR CHANGE.
- Integrate all the work done in the assessment and self-exploration phase. Use a “whole person approach”.
- Factor in “Lifestyle Prescriptions” from health care providers.
- CO-CREATE the areas with your client. Stay out of the “Prescribe and Treat” mind-set.
- LIMIT SELECTION to no more than three to five Areas of Focus. Limit how many areas to work on at the beginning. (Classic self-defeating behavior for many people is to take on too many things to work on and not doing well at any.)



**Use the “MAP” approach:**

**M** easurable

**A** ttainable

**P** assionate

**Measurable:** This always answers the persistent coaching question: “How will we know when we’ve arrived at our destination?” It also helps “steer the course” through a continual or periodic feedback methodology. This assures accountability.

**Attainable:** How realistic is what they want to achieve? Work on the achievable first, experience success, then reset the sights for a higher target. Sequential stair-step processes work well.

**Passionate:** To what degree does the client “buy in” to the area of focus? Is there sufficient motivation present in this area? What could help them nurture and build passion?

## SMART Goals

Another classic acronym to help with goal-setting is SMART or “SMART Goals”.

**S** pecific

**M** easurable

**A** ttainable

**R** elevant

**T** imely

**Specific:** To get to the goal (the desired outcome) it needs to be targeted accurately and specifically. The Action Steps used to get there especially need to be stated in very concrete terms.

**Measurable:** The criteria set for attaining the goal need to be stated in terms that can be measured. (Ex. Instead of “get more sleep”, go for “I will commit to going to bed by ten pm at least four nights in the next week.”)

**Attainable:** Are the goals realistic given the environmental, financial, and other circumstances? Are they within the capacity of the client mentally, emotionally, physically? Is this the right time for this goal? Is there adequate time to achieve it? (Ex. A non-exerciser wanting to run a marathon but waiting until only one month in advance to start training makes running the marathon a very non-attainable goal.) This criteria of attainability helps prevent clients from setting themselves up for failure.

**Relevant:** Is the goal worthwhile to the person? Do they see how it helps them move forward? Does it “make sense”? Is it connected to their larger desires and their Well Life Vision?

**Timely or Time-bound:** To get goals accomplished, setting time-bound criteria really helps. Instead of an open-ended “I’m going to someday, I hope, camp in Alaska (or dance under the Eiffel Tower)” type of goal, set a “due-date”. “I’m going to camp in Alaska next summer!” Or “I’m going to make it to Paris within the next two years!” This is a big part of getting things done!

SMART Goals sound great, but don’t approach them myopically. Don’t do goal setting in a vacuum, just for the sake of goal-setting. Remember that GOALS need to be part of an overall greater PLAN (the Wellness Plan). A good guideline here is to use the Stephen Covey “Habit # 2” – Begin With The End In Mind”. Goals need to be outcome-based and set up with the motivational link in place so that the client sees why they are working towards this goal.

Remember the difference between a GOAL – a desired outcome, something you want to see happen, and an ACTION STEP – the actions needed/performed to attain the goal. As your client is, for example, walking on a boring treadmill, or outside in an area that seems very dull, their motivation to continue to put one foot in front of the other links back to “why” they are doing this. “I’m walking here in order to...be more active (my Goal) so that I can...attain and maintain a healthy weight (my Area of Focus) in order to...attain my Well Life Vision of being physically strong, active and flexible so I can enjoy my life as I age and be playful with my grandchildren!”

## **Using the Wellness Mapping 360° Process**

### ***The Wellness Map*** (Appendix A)

In the Wellness Mapping 360° process we use the Well Life Vision Tool that structures the clients visioning process and allows them to see it in more concrete terms. Once they create their Well Life Vision the next step is to focus their efforts.

**Focusing Your Wellness Efforts** (Well Life Focus Tool — Appendix A)

Current Life Status: With their Well Life Vision in mind support your client as they take inventory of their current health and wellness.

Areas of Focus: What life changes is the client ready and motivated to make?

- **Desires:** What do you want? In the client's own words, what are your stated desires for this area of focus? This is good to state as both an immediate goal (e.g. lose ten pounds) and a longer-term, more motivational goal (e.g. I want to climb a 14,000 foot/4,267meter peak this summer).
- **Current Location:** Where are you now? Current status of the area of focus. For example, current percent body fat; hours of sleep/night; 1-10 scale self-ratings of situations or levels of conditioning, etc.
- **Destination or Path** (goals): What do you need to do? What needs to change in your life for you to realize your desire for this area? What will the changes look like, stated specifically and as measurably as possible.
- **Committed Course** (action steps): What are you, the client, making a commitment to do? The action steps involved, stated very specifically. Through coaching the client arrives at success, insuring action strategies that are challenging enough without being too much.
- **Challenges:** What are you up against? What obstacles are in the way? What blocks your path? Important to speak about these in the language of "challenges" instead of "problems."
- **Strategies To Meet The Challenges:** What are some ways to overcome the hurdles that are blocking you presently? Strategies of how to adjust and flex, to bend without breaking from the commitment. For example: when under a work deadline I will make my exercise session briefer, but not skip it.
- **Sources of Support:** Who can go on this journey with you, to help you out? State specifically who/what are your sources of support, encouragement, and accountability as you follow your wellness map into new territory?

Help your client to identify and to build sources of support for change. This may, in fact, be the first task on their wellness journey. Who can they get to walk with them, beyond the coach?

**Focusing Your Wellness Efforts** (Well Life Focus Tool — Appendix A)

After a motivating and compelling vision has been created by your client, review and focus on the three month planning process. Explain that three months is enough time to see meaningful progress and yet still a short enough time for completion to be on the visual horizon and feel motivating. It is also often within the time frame of the coaching relationship.

Help your client determine what life changes they are ready and motivated to make over the three month time frame and the time you will be working with them. Always be answering the questions:

*What do you want?* This is good to state as both an immediate goal and a longer-term, more motivational goal

*What needs to change in your life for you to realize your desire for this area?*  
What will the changes look like, stated specifically and as measurably as possible.

*What are you, the client, making a commitment to do?* The action steps involved, stated very specifically. Through coaching the client arrives at success, insuring action strategies that are challenging enough without being too much.

Move at the clients pace always being aware of the clients stage of readiness or any hesitation or resistance.

Goals: Describe the actions and behaviors that the client wants to be doing consistently. These agreed upon goals move the client closer to their Well Life Vision.

*“I want to have enough physical stamina to be able to actively play with my grandchildren for an hour without getting tired.”*

Weekly Action Steps: Setting weekly action steps allows the client to accomplish small, manageable steps towards their three month goals. When the client accomplishes the smaller goals weekly they feel more confident and more capable and this is very motivating.

*“I will walk at a fast pace around the two mile loop at the track M/W morning before work.”*

## Indicators of Success

A really excellent question to ask your client when they have determined the action steps they want to take to work on an area of focus is: “How will you know when you are being successful?”

Indicators of success (see your Wellness Map Tool) are basically about setting criteria for what will constitute a level of performance/achievement that will satisfy real progress towards a goal (even if you don’t call it a “goal!”).

Setting the action step in more measurable language sets the criteria.

Instead of: “I will write in my journal more often.”

Use: “I will write in my journal at least four times this week.”

Indicator of success: At least 4 journal entries weekly for four weeks in a row.

Instead of: “I will make every attempt to talk with my supervisor about my workload.”

Use: “I will contact my supervisor daily until an appointment time is set for us to discuss my workload.”

Indicator of success: Appointment set with supervisor, or at least consistent contact made to set the appointment by the client = once a day for a solid work-week. (We never hold the client responsible for someone else’s behavior or responses.)

Instead of: “I will work on getting more sleep on a regular basis.”

Use: “I will get to bed by at least 11:00 pm and follow the sleep recommendations I am aware of.”

Indicator of success: Sleeping a minimum of seven hours per night for at least five out of seven nights per week.

(This last example shows the difference between the behavior required (which is the action step) to achieve the goal and the criteria for success which is the amount of time slept consistently.)

**Wellness Map Tool****Date:** \_\_\_\_\_

All aspects of our lives are connected and affect one another. As we work on our relationships the workplace feels the positive outcomes. As we build strength at the gym we also build confidence and inner fortitude to complete a job. Use the Wellness Map Form to chart your own success. It is the agreement with yourself that brings clarity to what you desire to accomplish and creates a reference for you and your coach. Use your Well Life Vision and Areas of Focus to guide the way.

**Name:** \_\_\_\_\_**Coach:** \_\_\_\_\_

Focus Area/ Change desired	Readiness? (1-5 scale with 5 being the most ready)	Action Steps	Indicators of Success	Who will Support You?	Accountability	Completion
(Attain a healthy weight)		1.	1.			
		2.	2.			
		3.	3.			
		1.	1.			
		2.	2.			
		3.	3.			
		1.	1.			
		2.	2.			
		3.	3.			
		1.	1.			
		2.	2.			
		3.	3.			

**Comments:****Focus Area:** What you want to change or accomplish?**How ready are you?** How ready are you to make the changes you have identified? Rate your readiness on a 1-5 scale with 5 being the most ready.**Action Steps:** The steps that will walk you to your desired change.**Indicators of Success:** These are the mile markers along your path to reaching your desired changes and Well Life Vision

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## Wellness Mapping 360° in Health Coaching

A part of the Mind-set Shift is to understand that you are stepping out of the expert role and into the support or ally role. You are always coaching your client toward understanding or developing what they need. You support the client to find the information & resources they need. You support the client to develop their personal visions and create the map that will guide them to their wellness vision. The Wellness Mapping 360° model gives both the coach and the client the environment for this to occur.

### *Case Example 1*

In *Wellness Coaching for Lasting Lifestyle Change*, in chapter 10, you will find the story and case study of Ken Black. Here is an example of what a completed Wellness Map might look like for a client who is facing a health challenge. In this example we talk about the experience of a man in his mid-fifties who has undergone successful heart surgery for mitral valve repair.

Client Description: 56 year old male whom we will call Ken Black. He is remarried, with children and stepchildren who are grown and on their own, but remain nearby the small town he lives in. His wife is very supportive and understanding. Ken is a college biology professor who successfully underwent Mitral valve repair surgery four months ago. This open-heart procedure was preceded by an experience with congestive heart failure where his lungs were filling with fluid, threatening his life. Ken was in very good health before the surgery and exercised regularly then and enjoyed hiking and many outdoor activities.

Thirty-six sessions of cardiac rehabilitation (CR) were very beneficial for Ken. He completed this program recently and has been having a hard time maintaining the progress and regularity he achieved physically while attending the CR session three times a week. Ken is also finding that returning to work is not as easy as he thought it would be. The new school year brought its usual stress and accelerated pace which he was not ready for.

Ken is looking to coaching for help in adjusting to his full-time work, and to balance that with an adequate program of healthy self-care that will help him with his recovery.

This case study is intended to demonstrate how to use the Wellness Mapping 360 Focus Tool and how to take a client through the exploration and mapping steps of the model.

### **Case Example 2**

Coaching with a client who has always been reluctant to do any self-care.

This case study portrays a client who faces a serious health challenge yet struggles with making needed lifestyle changes.

#### **A Reason To Be**

“Bill” is a 59-year-old man who works as a personnel manager for a medium-sized company. Last year he experienced triple-by-pass heart surgery. He has made a good recovery overall, but progress has been slow in the last few months. His physician wants him to exercise regularly, but despite a variety of efforts, his exercise pattern is inconsistent enough to be of minimal value. Despite “knowing” how important the exercise is for him, he still struggles with it. He participated sporadically in the hospital’s out-patient cardiac rehabilitation program, but has not continued with that for at least three months now.

Bill grew up the eldest of three in a modest, but comfortable, middle-class family. His small-town upbringing was fairly positive and he enjoyed school and was very active and successful in sports.

Bill did well in college majoring in liberal arts. A renaissance man, of sorts, Bill found a wide variety of subjects fascinating and to this day can talk with most anyone about any topic. In college he only participated in intramural sports in his freshman year and then, other than an occasional game of tennis or golf, became fairly sedentary. Bill gained about twenty pounds after his first divorce. He continued to add about five to ten pounds a year, and became less and less active. Before the heart surgery he was about forty to fifty pounds overweight. He would become short of breath climbing just one flight of stairs and found that he needed lots of extra time when he would have to walk through an airport while traveling.

Bill describes himself as a “man of creature comforts” and laughs about how he enjoys indulgences in rich foods, and plush and relaxing furnishings. He eventually admits that he has tried and failed many times at diet and exercise programs. Nothing seems to stick.

Though he attempts to make light of it at first, the heart surgery was a real “wake-up call.” It alarmed him very much and he is motivated by wanting to be around for his children and someday, grandchildren.

He hopes that working with a wellness coach will help him be successful in complying with his physician’s “lifestyle prescription” of a more active lifestyle and the attainment of a healthier weight.

(Note: this is a fictitious case, though typical of wellness coaching clients)



## Thoughts to Ponder

1. What are some of your personal reactions to “Bill”? Does he bring up any of your own issues, prejudices, or judgments? Does he remind you of anyone you know?
2. Remember to approach this case from the COACHING MIND-SET, not the “Prescribe and Treat” mind-set.
3. Describe the nature of Bill’s motivation to change, and his readiness that you can determine just from reading this.
4. What do you think might be some things a coach might do that would turn Bill off and perhaps cause him to not follow through with coaching?
5. What are some areas you would want to explore more and find out information about how Bill sees his situation, how he feels about it?
6. What are some “experiments” you might suggest or pursue with Bill?
7. What are some limits, cautions, or concerns you might have when dealing with a post-cardiac surgery patient? What role should coaching limit itself to?

## Coaching Applications

Wellness Mapping Process: Vision and Focus

The Second, or possibly the third Session: Dependant on time allowed for each session the Well Life Vision may be completed in either the Foundation Session (longer sessions) or in the second session.

The Work of the Session: To co-create the Wellness Map/Plan

- Well Life Vision: After the client has had time to explore their current well life status and the coaching alliance has been formed walk the client through the Visioning Process using the Well Life Vision Tool . Work with your client to generate their personal and motivating Well Life Vision. Encourage your client to state their vision in present time, make it jazzy and motivating. (Appendix A /Tool Kit)
- Co-create the Map/Plan: Using the Well Life Focus Tool assist your client in determining where to focus their wellness efforts. (Appendix A or Tool Kit)
  - 3 months
  - This week

### ***Creating Focus and Momentum***

Coaching Action: Wellness Coaching Session Two (30-60 minutes)

Reconnect with the client

- Review their week
  
- Using the Well Life Vision Tool
  - Well Life Focus Tool — The Wellness Map Tool
  
- Co-create the Plan:
  - Listen to the client — Let the client lead — Maintain coaching presence / coach mindset
  - Support the Client in taking inventory of their current health and wellness
  - Support the client in choosing their areas of focus
  - Assess the clients readiness for change in that life area
  - Co-create a step by step plan for success — small, doable steps
  - Plot the steps out on the Wellness Map Tool
  
- Summarize the Session:
  - Express appreciation for the clients hard work
  - Recapitulate what has been learned and confirm the agreed upon actions
  - Ask the client “what was the most valuable part of today’s session?”
  - Ask the client if there is anything else you should know that was not talked about
  - Re-affirm or set the next session date and time

Accountability & Support — Next chapter

## Summary — Chapter 6

### The Wellness Plan

#### The Personal Wellness Map / Plan

- Wellness Maps/Plans are based on agreements and not assumptions
- Co-creating the wellness plan offers your client a framework
- A Wellness Plan is a Growth plan
- The first step after creating the alliance + assessing readiness for change is to decide what to Focus on first.
- There are seven steps to creating the Wellness Plan for each area of focus

(Find a copy of the Well Life Vision Tool and Well Life Focus Tool — Appendix A and on the tool kit)



## Chapter 7

# Wellness Mapping 360° Accountability & Support



### Key Concepts

- Building Accountability into the Plan
- Building Support into the Plan
- Importance of Steering the Ship



### Connections to be Made for the Client

- How to Create Your Circle of Support
- The Commitment is to Yourself
- Self-efficacy



### Applications

- Coaching for Connectedness



### Reading

- Chapter 8: Charting the Course of Change: Wellness Mapping 360 Part II  
Pages 198-200, 224-236



## Accountability & Support

### A Five Stage Process

1. Assessment and Exploration
2. Personal Wellness Map or Plan
3. **Accountability & Support**
4. Ongoing Evaluation
5. Clear Measurable Outcomes

“If you could have done it yourself, you probably would have done it by now!”  
—Dr. Patrick Williams

Really being “coach-like” means helping the person to hold themselves accountable to themselves to do what they say they will do. The accountability really is to themselves, not the “coach,” but by creating agreements with another person (or group) the client is far more likely to complete the agreed upon assignment or behavior.

Instead of a pat on the shoulder and a “Now go forth and do!” approach, the “coach” stands with their client and stands by them through the process, both holding them accountable and providing continued support.



### Supporting the Client Through The Behavioral Change Process

- Coach through the time-span of the change process. Make an effort to schedule your coaching to cover the **THREE MONTH PERIOD** when change takes root. If your number of sessions are limited, then spread them out to cover the three months, or for as long as you can up to three months.
- The deeper a client gets into the change process, the more likelihood there is for issues and concerns to come up. They may be journeying into country that is unknown to them, past the “fence” where they’ve always turned back before. Help them work through their fears and self-doubt. Help them with the gremlin fighting process. A bit of success usually alarms feisty gremlins and gets them active trying to protect the old status quo!
- Encourage them to “**GIVE UP ALL HOPE**”... but have **FAITH!** Wishing and hoping don’t get anywhere. Faith in yourself can persevere where wishing and hoping fail again, and again.
- Reassurance goes a long, long way. Demonstrate **YOUR BELIEF IN THEM.**

## Accountability in Coaching

Accountability is what literally put life coaching on the map because it is valued so much by clients. People want to succeed and they know that their own lack of follow through is usually their own worst enemy.

- Clients appreciate it when someone helps them be accountable to themselves (not to others).
- Clients will commit to an action step when they see the value in doing so (when they have “buy-in”). (Self-determination theory supports this.)
- Clients appreciate very clear and specific agreements as to what the action step they are committing to will be and how the accountability will work.
- Clients appreciate being challenged to stretch and grow. Come to a negotiated agreement on what the commitment will be. (Ex. Instead of committing to exercising twice a week, see if the client feels they can go for three.)
- Clients appreciate coaches who follow through on their side of the agreement. If you promise to respond to e-mails, follow up at the next coaching session, etc., be sure you do it.

Accountability that is thought out and clearly agreed upon helps clients to combat the part of themselves that is afraid of change and will sabotage efforts at disturbing the status quo.

### ***Accountability begins with realistic and outcome based goal setting.***

- The content of the goals — what will be done?
- The degree of the goal — how much will be done?
- The duration of the goal — how often and how long it will occur?



When agreements are concrete and measurable it is easier for the client to understand what they need to do and it is easier for the coach to know when the client is not doing what they agreed to.

- Accountability is based on the client's desire for and commitment to the goal.
- You are coaching for personal responsibility.
- You are often assisting a client in seeing and removing barriers to success.
  - Gremlin beliefs and sabotaging behaviors
  - Relationships that do not support
  - A lifestyle that does not make room
- The coach works for the client, and not the opposite.
- Create agreements of accountability - do not assume accountability. It is all about Agreements not Expectations.



- Your client is not accountable to you!
- Convey to your client that you are there to help them hold themselves accountable to themselves.

***For “loophole-free” accountability follow these guidelines:***

1. Start with good, attainable goals, and action steps.
2. Match the degree of accountability to the client, the situation, and what they are asking for. Simply reporting back verbally at the next session may be entirely adequate for a specific goal with one client. Another goal in another situation, or with a very different client may require very stringent accountability. Ascertain what degree of accountability a client wants and needs in your foundation session with them, then keep observing and experimenting and see what really works.
3. Keep closing the escape routes. When a client is vague about when or how they will report back to you, require them to clarify it and nail it down. Help your client explore their “Yes, but...” excuses and see how really valid they are.
4. If they are having trouble committing ask your client what you should do if you don’t hear from them by when they agreed. “What if I don’t get your e-mail by the end of the day on Monday. What should I do?” Keep “What if-fing” them until you get a clear response.
5. Offer to connect but keep the responsibility on the client. “OK, if I don’t get a response to my reminder-e-mail that I’ve sent back to you, what should I do?”
6. Keep removing the barriers to success.
7. Track for success.
8. Set the client up for success by making goals small steps to success.
9. Celebrate successes — nothing motivates like success!

**When your client does not meet their commitments**

- Sometimes life does happen. No shame.
- Be empathic but don’t collude.
- It’s not about the coach being disappointed.
- Keep responsibility on client: “How did you allow that to get in the way?”
- Reset, re-commit, or shift
- Reset the level of commitment. Perhaps three times per week is more realistic.
- Re-commit to the same commitment.
- Shift to a whole new strategy and commitment!

## Tracking & Reviewing Behavior: Self Monitoring for Success

“How will you know when you are being successful?”

This question is a great way to introduce the technique of behavioral tracking or self-monitoring to your client. Work with your client to help them find a way to make their desired changes show up in measurable ways. This can be a lot simpler than it sounds.

- The Wall Calendar
- Use a plain old wall calendar to keep track of days that you have performed the desired behavior or not. (e.g. write down number of miles walked/biked/run or a zero when you skipped that day)
- Use the Wellness Mapping 360° Weekly Plan & Review Tool to have a day-by-day account of activity towards desired behaviors.
- Use a pedometer, or more sophisticated activity monitoring device, and write down results on Weekly Tracking Form.
- Use online logs such as activity logs, food diaries, etc. found on various websites. Online record keeping methods are continually expanding and include applications for iPhones, GPS devices, etc.

The key is to link tracking to accountability in coaching! Set up agreements with your client that will help them insure their success.

### **Ask your client:**

“How can I help you really be successful at this?” (and have a few suggestions for accountability on hand!)

*A client recently said “Tracking is fine when I’m losing weight and making progress, but not when I’m gaining! I’d rather not know!” She had feared that over a stressful two-month period in her life she had re-gained at least 20 pounds. When her physician insisted that she get on the scales at her office, the client was relieved to see that she had only gained 13 pounds. While certainly not the progress she wanted, her fear had combined with her ignorance to cause a real loss of motivation. Knowledge, even of a 13-pound gain, rejuvenated her motivation and she recommitted to her wellness plan.*

### ***Tracking client progress... or not!***

#### ***The Benefits for the Client***

The benefits of knowing exactly where they are on the map seems obvious. Tracking client progress lets you and them know how far they've come and how far they have to go. It seems obvious that knowing how much you have in your bank account really helps you manage your money better, even when your account is very low. However, when it comes to tracking change on the lifestyle behavior front, some folks would rather not know!

Help both coach and client to make efficient use of the time in the coaching appointment by giving the appointment more focus and clarity.

The client needs to include as much of the weeks accomplishments as possible. The Tracking & Review Tool combines weekly tracking of agreed upon action steps along with the client self reflection and goals for the session setting the stage for information sharing between coach and client.

The challenge is maintaining motivation when forward momentum (progress in achieving change) is stalled. Clients who fear that they are not losing weight, for example, avoid the discouragement of seeing the weight numbers creep back up by choosing to remain unaware. They avoid the scales and the skin-fold calipers. They are afraid that if the numbers are too great that their fragile motivation will take a serious hit.

#### ***Tracking***

Many of the behaviors that our wellness coaching clients seek to change can be tracked easily. Frequency, intensity, duration, and the nature of exercise can be written down, preferably each time it happens. Your client can gain knowledge about themselves as they document what it is they agree to do.

Simpler is better for some clients. Wall calendars and journals work and can be kept in a visible easy place to see and remember.

The task of tracking raises awareness of what one is actually doing and what is working, when, and possibly even why. Tracking reduces self-deception and increases self-efficacy. The knowledge gained can also be useful to other medical professionals your client is working with.

### ***The Coaching Prep form or Tracking & Review Tool***

A tool that experienced coaches find great value in is the coaching prep form or in our case the Weekly Tracking & Review Tool (Appendix A). Both a tool of accountability and a tool to facilitate the coaching process at each appointment, the tool helps with effective time use during the session and encourages the client to self reflect, self monitor and to guide the sessions.

These forms help the coach get ready for the upcoming coaching appointment with their client.

- The prep form serves to give some structure to the appointment.
- It is an update on progress, challenges, etc. that the client is experiencing.
- The coach gets to see exactly what the client is looking for in the upcoming appointment.

### ***Coaching preparation forms (prep — review — tracking forms):***

Help your client prepare for the upcoming coaching appointment.

- They mentally prepare by becoming more mindful as they review their own work on their wellness plan throughout the week leading up to the coaching appointment.
- The client gets more clear on exactly how they want to make use of the coaching appointment.

Help the coach get ready for the upcoming coaching appointment with their client.

- The prep form serves to give some structure to the appointment.
- It is an update on progress, challenges, etc. that the client is experiencing.
- The coach gets to see exactly what the client is looking for in the upcoming appointment.

**Weekly Tracker & Review Tool**

Week: \_\_\_\_\_

Next Coach Meeting: \_\_\_\_\_

1. Focus Area / Desire Change: \_\_\_\_\_

2. Focus Area / Desire Change: \_\_\_\_\_



Action Steps	What I agree to do this week	Focus Area	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Did you complete? Yes / No	Progress Notes
Step 1)											
Notes:											
Step 2)											
Notes:											
Step 3)											
Notes:											
Step 4)											
Notes:											
Weekly Review:											
What have you accomplished this week?											
What challenges came up for you this week?											
What worked well for you this week?											

**Action Steps:** Actions steps walk you towards accomplishing your desired life change. Write down the Action Steps you committed to accomplish this week. Make each step small and specific.

**Focus Area:** These are the areas in your life that you decided to focus on and the lifestyle changes you desire. In this section write down the focus area the associated Action Step is moving you towards.

**Days of the Week:** When you complete an action step write it down under the day it was completed. Be specific and give yourself credit due.

**Weekly Review:** Answer the questions and review your week. Use what you learned this week to help plan for the upcoming week. What will you change? What will you add? What do you want to share with your coach?

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## High Tech Tracking

If our clients are tech-savvy they may already have some experience using some of the thousands of free health and fitness apps available for smartphones, tablets, etc. Savvy coaches stay informed about what is out there and can help their clients make the most of such apps as part of their Wellness Plan. Apps can help clients to track their workouts, runs, and walks, and can also help them count calories, do effective meal planning, scope out restaurant menus, shop more wisely, and more. Calorie counting for example, is so much easier using an app than the old-fashioned way of looking everything up in a book.

The key is to make it part of the coaching process. Left alone clients they may drop off in their use or quit entirely. Set up accountability that links in with their use of their apps.

Encourage your client to use the social connectedness features on some apps. One company found that when their users opted to share their progress with others they were 40% more successful than users who skipped this feature.

Read “Being Well. There’s an app for that!” at Dr. Arloski’s blog:  
<http://wp.me/pUi2y-5R>

Tracking Resources:

- [www.loseit.com](http://www.loseit.com)
- [www.runkeeper.com/](http://www.runkeeper.com/)
- [www.sportypal.com](http://www.sportypal.com)
- [www.fitday.com/](http://www.fitday.com/)
- [www.myfitnesspal.com/](http://www.myfitnesspal.com/)
- Many are totally free. Thousands are available.
- Some require GPS and phone connection

### ***Self-directedness Varies***

All of our clients fall somewhere on a continuum from very high levels of self-directedness to very low levels of self-directedness and they are all OK! As a coach we are not here to judge our clients. The effective (and ethical) coach accepts the client exactly where they are. If they are indeed a candidate for coaching, not referral, then we work with them and respect their need for direction, guidance and suggestion, all done with their permission.

More self-directed clients love to chart their own course, take initiative and don't always wait for direction. They go for it! They are great candidates for coaching systems that are supplemented by online features for communication and tracking. Less self-directed clients may be very motivated, but will look for a "go-ahead" from the coach before taking action. They appreciate more structure, in fact they thrive on it. Remember, the difference here is not good and bad, it's just differences in style.

An example would be a wellness coaching client who has as part of their wellness plan, attaining a healthy-for-them weight. Chances are good they have already tried and failed at some sort of weight-loss program before. They may show up for coaching hoping that our program will be better than the last one. Even if we provide an excellent coaching structure and methodology for change such as the Wellness Mapping 360° method we are still not telling them what to eat and how to exercise (like they may be asking for). Helping them build their own Wellness Plan may still seem like it is too vague for some clients where others will revel in the freedom to do it themselves. Our hope is that with their increased input to the co-creation of a plan there will be much more "buy-in" and motivation to succeed. With their own customization there will be a better fit and a greater probability of success

### ***Co-creation***

Let's say however, that our client is not very self-directed. They may be very good at working with their coach, and at keeping track of their behavior (self-monitoring), but unless we fill the gap with some direction, little action takes place towards the next step. This client is good at working with agreements that we set in coaching. The sharp coach keeps track of these agreements and makes sure we have them in place for the next coaching meeting. The client is clear about exactly what they need to do, to work on, to follow through with, to find out information about, etc. and we follow through with the accountability that they thrive on. But, how are these agreements set? How are they co-created?

Recognizing the level of self-directedness of our clients comes from experience and experimentation with our clients and by directly asking them. After we have pursued powerful questions to help them explore a new direction or sought new information we can ask permission to provide some suggestions. “Would you like some good resources on effective nutritional guidelines?” If your client isn’t going to go and see a registered dietician that you recommend, have some resources you know are recognized to be valid and respected to turn them on to.

Instead of telling your client

“You should (a taboo word right there!) eat more of this and less of that!,” ask them what has worked for them before.

Are they aware of their choices and resources?

When you are asked directly for guidance, don’t be afraid to “guide”. Coaches are also on a continuum from very non-directive to rather directive (at some point this end of the continuum ceases to be coaching and become consulting). Do your homework and make sure your resources are valid ones. Help your client to co-create with you the components of their wellness plan and keep them in the drivers seat.

(Use the Weekly Plan & Review Tool at the end of each session and reference the Wellness Map to insure agreement about what steps are next and the accountability needed with them.)



### ***The Coach's Documentation — Keeping Good Notes***

Documentation (note taking) serves three important functions:

1. They are “notes to yourself” to help you stay focused, organized and current with your client. They help you prepare for the next session and help hold your client accountable to themselves.
2. They are notes for your client. You can use them to summarize for your client commitments, list good ideas that came from possibility thinking and list strategies that evolved during the session. These can be sent to your client to help them if their own note taking during the session wasn't adequate.
3. They are notes to help record what took place during the session, any recommendations that were made (including those for referral), etc. This can help settle any questions that might arise in the future (including any legal ones).

Tips for effective coaching note taking:

- Maintain a “Coaching Mindset” even during your note taking. Don't get into diagnostic analysis. Remember, you aren't providing treatment, and any signs of pathology are for you to refer (or to switch roles if you are a treatment provider also).
- Write notes your client could read. They really do have a right to ask to do so, and it helps keep you in the role of a true ally.
- Coaching notes are confidential at a professional level. Keep computer-based notes password protected. Keep paper notes locked safely away. Shred old notes that you might discard years later.
- Find your own style. Develop a way of note taking that works for you. You might want to do in-person appointments with minimal note-taking and write up more after the appt. You might want to do some note taking during the appointment, especially on a telephone appointment.

(See the Coach Notes Form in your Appendix and digital tool kit.)

<i>Wellness Coach Notes</i> <b>Coach Notes</b>	
Name:	Client commitment/agreement from <b>previous session</b> (taken from last week's progress notes):
Date:	
Client stated direction or agenda for <b>this session</b> (direction for discussion based on client's current agenda.):	
<b>Progress Notes</b>	
Connect/ Review	
Tools / Techniques	
Opportunities	
Challenges	
Accountability	
Support	
Client commitment / agreement for next session:	Review/evaluation (key points from session, what worked and what did not, modifications for next session, etc.):

## Environmental Support

In the Wellness Mapping 360 process for Wellness Mapping we saw that planning how, where, and from whom the client will be getting additional support for their wellness journey was very important. You, the coach, only have brief moments with a client compared with the rest of their week or month. Helping them consciously create the support they need assures greater success.

### Coaching for Connectedness

1. **Ascertain environmental sources of support** in family, home, community and work. Really INQUIRE, ask powerful questions and help the client to see the degree to which they are already supported in their lives, and what the potential may be for expanding that. Use the CONNECTION SCALE (Appendix) to help explore this with your client. Our modern lives are increasingly isolating, and many researchers are seeing that this is a huge health risk. Combat isolation and potential discouragement and depression through Connection - the “currency of wellness”. The Connection Scale looks at these six dimensions of connectedness in a person’s life:

- Connection to self
- Connection to nature and my environment
- Connection to family
- Social connection
- Spiritual connection
- Connection at work

Through the coaching conversation explore with your client their experience completing the Connection Scale. What items stood out for them, which ones got them thinking? Use this to catalyze an extended exploration of the issue of connectedness in their life.

You can also use the Wheel of Satisfaction with Connections to explore this with your client.

2. **Positive Peer Health Norms** (see the work of Robert Allen and Judd Allen) have been shown to help people reduce their health risks and make positive lifestyle changes.

- Explore with your client this topic in depth.

They may be well connected with others, but do the connection serve their wellness?

*Are their friends and colleagues fairly physically active?*

*Does your client eat well when they are with them?*

*Do they value the healthy expression of emotions?*

### 3. Make gathering support a very conscious process.

- Help your client to ASK FOR WHAT THEY NEED from those around them.
- Explore with them how they hold themselves back from doing this.
- Set up accountability around actions they commit to taking to increase their environmental support for wellness.
- Make it part of their Wellness Plan/Map.



For many clients creating a sense of supportive community, and achieving greater connectedness in their lives may be the single-most important area to focus on for truly lasting success at lifestyle improvement.

### Balancing the Challenges and Benefits of Connectedness

For many people lifestyle improvement is an area where they have already experienced the pain of many failures. Why try again? Discouragement feeds the fear and unfortunately there is much in the world around us that reinforces a very unhealthy lifestyle.

- Our peer group only seems to get together to drink or party.
- Our family may exhibit unhealthy habits and find connection with us through these habits.
- It's hard to be the only person in a work group who brings their own bag lunch.
- Why get out and hike or bike on the weekend when no one wants to go with you?
- We have the impact of a culture where gigantic profits are made from the promotion of unhealthy living.
- Mass media challenges our efforts at a healthy lifestyle constantly with billions of dollars of advertising promoting industrialized food, gas-guzzling pollution-mobiles, sugar-loaded beverages, and the message that materialism is the way to true happiness.
- A quick review of Eric Schlosser's book *Fast Food Nation*, or Morgan Spurlock's film *Super-size Me* raises awareness of how the simple goal of greater profitability has cast human health aside.
- The bottom line is that these forces in our society do have an impact on us, even though we all certainly have the ability to make our own choices. Free will may be a reality, but it's not that simple. There are many ways in which our present lifestyles, even the unhealthy aspects of them, are reinforced.

Who has read the book *Fast Food Nation* or seen the movie *Super Size Me*?

How did the book or the movie impact you?

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How do think cultural and family norms affect a client who want to become healthier?

“Mitakaue Oyasin” -  
“For all my relations.”  
— Lakota Prayer

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### **Support and Connectedness**

*“When we come into contact with the other person, our thoughts and actions should express our mind of compassion, even if that person says and does things that are not easy to accept. We practice in this way until we see clearly that our love is not contingent upon the other person being lovable.”*

— Thich Nhat Hanh

Sources of Support: Who can go on this journey with you, to help you out?

- State specifically who/what are your sources of support, encouragement, and accountability as you follow your wellness map into new territory?
- Encourage your client to think outside their typical or normal set of family and friends.

A sense of connectedness to other people, other species, the earth and to “something greater”, grounds us in our lives. We are all of one heart. Consciously expanding our web of interconnectedness may be one of the most powerful acts we can take for being well. Allowing ourselves to move beyond fear and connect with others, to reduce our sense of isolation, can vault us forward in succeeding at lasting lifestyle change. There is a huge difference between Illness and We-llness.

Much of this sense of connection can also come out of the land we live on. By identifying with where we live and getting to know the plants, animals, weather patterns, water sources and the landscape itself, we develop not only a love for it, but feel that love returned. Through our commitment to our place on earth we value and protect our environment by the way we live our lives, and by how we speak at the ballot box. Through our contact with the natural world we experience a solid sense of belonging, peace and harmony.

Theologian Matthew Fox likes to say that we can relate to the earth in any of three ways. We can exploit it, recreate on it, or we can be in awe of it. I believe it is within a sense of awe that our potential for growth and healing is multiplied. From such a state of wonder it is easy to see all other species as relatives.

*“The essence of the law is this: I am complete but not finished. This is a statement of powerful truth. You are complete, whole, and fully alive right now! You need no more for life to be happy. You can be completely fulfilled with what is, now. We are complete now, yet our natural development calls for further growth. This shift in thinking is critical. Lacks become impossible. When we can see the inevitability of growth and change, we begin to become motivated by our dreams, not our deficiencies. Satisfied needs, be they physical, psychological, or spiritual, do not motivate. Only unsatisfied hungers move people. This is one of the most powerful understandings we can have of ourselves and of others.”*

— Greg Anderson

## **Coaching for Connectedness and Having Fun with it!**

### ***Allowing Connections to Grow:***

Have your client explore who in their lives or neighborhood may be able to support them on their wellness journey:

*Who do they know that will support them on their journey toward wellness?*

Often the closest people around us have the hardest time as we change. When we make changes it impacts their lives. Even those who want the best for us have to admit they may not want changes that impact them. Sometimes we need to begin to build social support with organized or formal relationships first. Your client may need to develop formal support systems in their lives first.

### ***Formal Support Systems Examples:***

- Churches
- Fitness centers
- Support groups focused on specific medical challenge
- Clinic or medical groups
- Hospital or medical personnel
- Rehabilitation Centers
- Community Groups or Not for Profit organizations

As your client becomes more comfortable with the changes they are making and can speak about them with more ease, they will find that those closest to them will become more at ease also. The people who can't support their new path of health will become more distant and new, more healthy friends will emerge. This is a natural, though not always comfortable step that occurs as we make changes in our lives.

*Ask your client if they can recognize anyone in their life that may not be able to sustain or support their changes?*

Perhaps the activities they have shared in the past are ones they no longer want to do? Perhaps the relationship is based on one aspect of them and that aspect is the part they are making a choice to change?

*Can they identify anyone who may become closer to them or who they may want to spend more time with as they make the chosen change?*

This person could be a neighbor, or an old friend, or just an acquaintance that is on the same journey that they are on? If no one comes to mind, tell them not to be discouraged, often big changes need a time of reflection and this often takes a time of incubation — more alone time.

## Coaching Applications

Wellness Mapping Process: Accountability & Support

The Work of the Session: To complete the co-creation of the Wellness Map/Plan

- Complete the Map/Plan: Well Life Focus Tool (Appendix A or Tool Kit)
  - 3 months
  - This week
- Complete the agreements of accountability
- Complete the support aspects of the plan
- Explore with client how to track progress and make agreements as to the method

**Coaching Action:** Keeping the clients Well Life Vision in mind — work with the client to complete the accountability and support aspects of the Wellness Map / Plan

- Connect and listen to the client — Let the client lead — Maintain coaching presence / coach mindset
- Review the past week
- Sources of support for the Journey — use the Connection Scale
  - Formal supports (organizations, groups, programs)
  - Informal supports (family and friends)

- Connections that feed the soul and reduce stress (nature, spiritual)
- Explore — how the client will ask for what they need?
- How will the client know when they are going in the right direction?
- How will the client let the coach know they have completed their agreement?
- Complete the Wellness Map Form — copy for coach
- Begin to use the Weekly Tracker & Review tool — Summarize the session:
- Express appreciation for the clients hard work
- Recapitulate what has been learned and confirm the agreed upon actions
- Ask the client “what was the most valuable part of todays session?”
- Ask the client if there is anything else you should know that was not talked about
- Re-affirm or set the next session date & time
- Coach — Documents and plans for Sessions using the Coach Notes Form (Appendix A or Tool Kit)

**Ask your client:**

*“How can I help you really be successful at this?”*

Remember the coach holds the client accountable to themselves.

**Supporting and Strategizing**

Help your client to anchor their wellness plan through any initial resistance in their environment. Help them anticipate that their new dietary ideas may not be shared by their whole family, etc. (The unknown joys of fried tofu!) Work with your client to strategize ways to hold on to their progress as others get used to their new behavior. Sometimes this may involve fairly serious emotional issues. Changes in one’s friendship circles and even relationships can result. Always refer when your client needs more help. Change is big stuff!



## **Summary — Chapter 7**

### **Accountability & Support**

- Accountability means the coach holds the client accountable to agreements they make with themselves.
- The change process takes a minimum of 12-16 weeks.
- We are social creatures and need support to change
- Not all our closest people will support our change.
- A client may need to cultivate new relationships that support their growth.



## Chapter 8

# Wellness Mapping 360° Ongoing Evaluation



### Key Concepts

- The Importance of Ongoing Evaluation



### Connections to be Made for the Client

- Gremlin Fighting
- Deeper Work on Self
- Teaching People How to Treat You



### Applications

- WM 360° Model — Building in Evaluation to the Plan



### Reading

- Chapter 8: Charting the Course of Change: Wellness Mapping 360 Part II  
Pages 187-196, 201-202



## Ongoing Evaluation

### A Five Stage Process

1. Assessment and Exploration
2. Personal Wellness Map or Plan
3. Accountability & Support
4. **Ongoing Evaluation**
5. Clear Measurable Outcomes



### Knowing Where You are on the Map!

In the long journey between the start of coaching and the successful arrival at the client's intended destination, the wise client or traveler will often look at their map and make sure they are on course. Don't let the evaluation process wait until the end of coaching. Remember we are providing a service here to help people change, not just executing a research project.

Evaluation in this context is intended to be used as a compass to guide the client on the journey and the coaching process. If what you are doing does not seem to be working this is the time to make changes. This is also the time to celebrate changes and steps made.

How will we know when we get there? By having a way to evaluate the changes, progress and challenges that have taken place all along the way. This is really a "self-evaluation" where the client looks honestly at themselves, with their coach's help.

This may mean doing a second test with the Wellness Inventory, doing "The Wheel of Life" again, or using any number of formal or informal instruments. Feedback from other significant people in the client's life may be used. Medical measurements may show clearly what changes have taken place.

### Indicators of Initial Behavioral Change

Your client takes some action towards a healthier lifestyle and actually succeeds in making some changes! Celebrate!... and realize, coach, that your job is NOT done!

- Is the change bringing the results wanted? Look for answers in two places here.
- Client self-report data. Yes, the subjective "I feel better" answers count!
- Measurements you have set up ahead of time in your wellness plan. What is noticeable and measurable? Percent body fat change. Hours of sleep. Biometric data.

- How are others in the client's life reacting to the change? Are they reinforcing of the progress, or critical of it? For the person who enjoys going to a stressed-out “yes-woman” or “yes-man” to get things done, being met with an assertive (and hopefully appropriate) refusal may bring out anger. People aren't used to the “new you”. Consciously involve others in your change process where the trust is adequate. Let them know you are working on quitting smoking, eating in a more healthy way, etc.
- Are you “retraining” the people in your life? We certainly “train” people in how to treat us. An exercise I often do with group and individual clients is called the SANDWICH BOARD SIGN.



### ***The Sandwich Board Sign Exercise***

- Introduce to your client(s) the idea that we “train” others how to treat us. Help them imagine that they are walking around through life with a “sandwich board” sign on. You know the kind that somebody downtown is paid to wear with advertising on the front and back. (Eat at Mary's Diner, Go To Joe's Car Wash, etc.)
- Have your client write down on the front their own sandwich board, what “message” they believe they are saying to the world about how to treat them. (Kick me! Take advantage of me! Back off! Keep your distance! Don't bother me! I'm too busy., etc.) Let them know it can be one or two short sentences, but nothing long.
- Process with them their thoughts and feelings about their front “sign.” How does it serve them in their lives/how does it work against them?
- Now have them imagine what they are afraid might be written on the back. The sign on the back is the one they can't see. They can only guess from the way others treat them. (Getting kicked a lot and don't know why?)

### **Exercise: Experience the Sandwich Board**

Discuss your Feelings from the exercise in the larger group.

1. What did you learn about yourself?
2. How would you benefit from changes you could make to your “sign?”
3. What if anything, are you willing to work on in the next week?

Readiness for Change Tidbit

In the Maintenance Stage of change it is about staying the course. A person needs to maintain the change of behavior for at least 4 months for it to become normalized.

Assessment: The client has adapted to their health challenge and the lifestyle changes necessary to live well.

Headway is made by celebrating success while developing strategies to handle setbacks. Support systems other than the coach become paramount.

**Example**

A client's spouse is expressing how thrilled they are that the client is losing weight, yet without realizing it, brings home more ice cream than ever before. A co-worker has become completely used to dumping extra work on your formerly acquiescent client and now they are hearing the word "No.". Many of our client's efforts at change are stopped in their tracks in order to avoid conflict and to please others. Through the coaching conversation it is critical to help your client explore and process their experience with change. They may need coaching about these interpersonal relationships at home and/or work and how to shift them from sources of discouragement into sources of support.

- Explore their fears. What are they afraid of?
- Explore feelings of embarrassment.
- Explore their reluctance to asking for the support they need.
- Help them to involve others by telling others exactly how they can be of support.
- Help your clients to see that "making it safe" for others to talk about their wellness goals is critical to getting the support they need. (Classic example is the spouse who has learned that it is not safe to discuss weight loss efforts.)

**Supporting and Strategizing**

*Help your client to anchor their wellness plan against any initial resistance in their environment. Help them anticipate that their new dietary ideas may not be shared by their whole family, etc. (The unknown joys of fried tofu!) Work with your client to strategize ways to hold on to their progress as others get used to their new behavior. Sometimes this may involve fairly serious emotional issues. Changes in one's friendship circles and even relationships can result. Always refer when your client needs more help. Change is big stuff!*

## Deeper Work on Self

As your client makes significant lifestyle change they may come to a very familiar stopping place. Our clients may have come to this “turn-around” point often in life and in the past it has resulted in what they have labeled “failure.”

- They get afraid. They get discouraged. They get impatient.
- They need encouragement and support at this time and reminders of the steps they have taken already and how close they are getting to their goal. They will learn self compassion and self-forgiveness as you treat their heart gently & firmly.
- Everything counts — small steps equal a great journey.

To develop that deeper confidence in self, that deeper understanding, we often find that deeper work on self is extremely helpful at this point.

### *Eight Techniques for Deeper Work on Self*

1. Explore the impact of change on the self. Help your client to reflect on the effects their lifestyle improvement experience has had on them. Celebrate the successes, and honor the fears that may have come up. What effect has there been on self-concept, self-esteem, self and body image?
2. Review motivation. Help your client to shift as much as possible to motivation from the inside-out.
3. Explore the spiritual quest; a road the client may choose to travel. All of this changing one's life “stuff” may have yielded a greater need to look at MEANING AND PURPOSE in life. Without judgment, be your client's ally as they choose to explore this aspect of themselves.
4. Work with your client on their blocks, beliefs and self-sabotage, with what holds them back. Encourage them to JOURNAL, to reflect on their behavior and their thoughts, without obsessing about them. Put the emphasis on NOTICING, as the first step. Ask them to ask themselves “How does this serve my health and well being?” “What am I getting out of staying the same?”
5. Help your client to work on Perfecting The Present — help them to live the life they really want right now and not being too future-only-oriented.
6. As a coach we can bring a different perspective to the coaching experience. We often see that a supportive nudge, in the form of a Challenge to be more, can work wonders. Like the athletic coach who challenges a good athlete to be great, this non-critical, caring, yet confrontational approach can bring out one's best. The challenge is centered in your belief in your client.



7. Help clients with self-actualization, not self-image actualization.

Abraham Maslow makes a real distinction between these two terms. We can really help our clients by helping them see that bringing out their potential is about them being who they are, not what they think they ought to be! Weight-loss clients for example, often have bought an image of who they should be, how they should look, that was sold by the media and culture. It may be very unrealistic, and even unhealthy, for any of us to seek to replicate the image of the malnourished high-fashion model, or the “six-pack abs” male model who only achieves this look for a week or so (when the pictures are taken) by going through a month of self-starvation.

Beyond body image, the idea of “who you ought to be” can take many forms. The key is to help our clients discover who they truly are... who and what their “true nature” really is, and be congruent with that.

8. Coach Gremlin Fighting!

***Coaching Through Internal Barriers To Change***

Dealing with external barriers to change is usually about strategic thinking with your client and setting up experiments. The internal barriers to change require a shift in one’s beliefs about themselves and the world around them.

- Belief Systems
- Self-esteem and Self-worth
- Self-doubt around Self-efficacy
- Fearful misperceptions
- Negative Self-talk
- Irrational Beliefs

Coaching cannot delve into the realm of psychotherapy on these fronts, but it can encourage a client to question how their current way of behaving in the world (based upon their beliefs, perceptions, etc.) is working for them or against them and let them consider new choices in behavior.

One area where coaches can be especially effective is by helping our clients counter the negative thinking of the “Inner Critic” or the so-called “Gremlin.”

## Wellness Coaching and the “Inner Critic” or “Gremlin”

Recognizing the power of what we say to ourselves about ourselves, cognitive behavioral psychologists developed an entire therapeutic approach based upon our Self talk. It seems that all of our self doubt and self criticism is especially aroused when we try to make changes in our lives, and especially when we actually make progress! Coaching clients have found that there is usually a point where they have to “face their own gremlin!”



One of the greatest ways that we “dis-empower” ourselves is through allowing the inner-critic to rule. Each of us has a part of our thought patterns that we refer to as the “inner-critic” or the “gremlin.” Operating out of fear, this part of us vehemently holds to the status quo and fights change... even change that is good for us.

- Your gremlin or inner-critic is not your inner child, it is the accumulation of lies and distortions of reality that frighten and weaken your inner child. The inner critic is just that...a critic! “It” constantly criticizes our actions, decisions and even our feelings and labels them not as just ineffective, but as wrong and stupid.
- When we engage in conversation with our gremlin, even if we think we are making peace or reassuring it that all is and/or will be OK, we give it attention, and it grows.
- When we notice, and “catch” the gremlin in action and then employ the “Five R” process above, we shut it down early, before it can gain strength. Have a “zero tolerance” of the gremlin’s presence.
- As your client progresses through the stages of change the gremlin will grudgingly take the journey with them, complaining and attempting to sabotage progress all the way.
- The gremlin gets really scared when you are being successful at change!

### *The Inner Critic*

Your client may struggle with this concept of the inner-critic or gremlin. Recommend that they read the extremely insightful and entertaining little book by Richard Carson, “Taming Your Gremlin”. Have some coaching conversations around what they’ve learned and how it applies to them.

“I free myself not by trying to be free, but by simply noticing how I am imprisoning myself in the very moment I am imprisoning myself.”

— Rick Carson (Taming Your Gremlin)

The inner-critic is our inner-voice of self-doubt and fear.

- When we listen to it we hear voices from the past, that we have taken in, that tell us we aren’t good enough, beautiful enough, smart enough, etc..

- The inner-critic destroys our confidence and causes us to withdraw from opportunities, or at least to perform poorly.
- The key in “gremlin fighting” is to catch yourself early and not give the gremlin your ear.
- As you listen to it, it grows. You cannot kill it! It is really a part of you and will always make it’s attempt to gain your attention.
- Giving yourself a hard time for not keeping your gremlin/inner critic in line is what I call “advanced gremlin activity”.

Rick Carson, author of *Taming Your Gremlin*, says that we are best off when we realize that the gremlin does NOT have our best interest at heart. We have to recognize when we are listening to the self-doubter within, and quickly silence it. Here is one method for doing just that.

### ***Five R Process® for Gremlin Fighting***

1. RECOGNIZE when what you are saying to yourself IS Gremlin-Talk.
  - Know ahead of time what are some of your Gremlin’s favorite lines are.
  - Distinguish between Gremlin Talk and good problem-solving reflection.
  - Identify if this is a particularly gremlin-vulnerable time for you. Use the H.A.L.T. Self-Quiz (below)
2. REFUTE the Gremlin Talk.
  - a. “This is NOT true. What’s true for me is...”
  - b. Don’t get into a debate with your Gremlin
3. REMOVE the Gremlin from your awareness.
  - Use your own favorite “gremlin-removing fantasy” (gag ‘em, bind ‘em, throw ‘em in the dungeon and lock them up again!)
  - Don’t let the gremlin “travel with you.” “Throw” them out of the car, out of your workplace, or wherever you are.
4. REGAIN your self-confidence. Remember how you have been successful in the past and affirm your abilities and talents.
5. RETURN to the present. Focus on the here and now.

### **The H.A.L.T. Self-Quiz**

A valuable little tool from the addictions field is The H.A.L.T. Self-Quiz. Whenever you have identified your Gremlin, or Inner-Critic as being active, or you seem to be starting the process of reviewing your entire life in retrospect...

*Ask yourself... am I:*

*Hungry?*

*Angry?*

*Lonely?*

*Tired?*



If so...HALT! Stop the self-review process until you are no longer hungry, angry, lonely, or tired.

One of the best ways that a wellness coach can continue to be of value to a client is to help them spot the gremlin when it shows up. Gently challenge your client to examine something that they have just said. “Could what you are saying be “gremlin-talk?”

*What other conditions lead to vulnerability to the Inner Critic?*

As your client progresses through the stages of change the gremlin will grudgingly take the journey with them, complaining and attempting to sabotage progress all the way. In fact, one of the ways to be most helpful with your client is to help them see how often their very success triggers the self-doubt, self-worth questions of the inner-critic. The gremlin gets really scared when you are being successful at change!

### **Know When to Refer — and do so!**

There are the psychological reasons to refer (listed below by the ICF), but there are also lots of other times the wellness coach refers.

- Maintain your role as coach, ally, not expert. Don't try to recommend courses of action you are not qualified to recommend. Your primary “expert” role is as a lifestyle behavior change specialist.
- DO NOT PERFORM ANY KIND OF “TREATMENT.” Coaching is considered “consulting” and “education”. Keep it that way.
- Have a good list of trusted health care providers, alternative health care providers, fitness trainers, nutritionists, etc. that you know and have established a good mutual referral network with.
- Have knowledge of high quality psychologists, counselors, and psychiatrists to refer to.
- When clients are questioning the need for psychiatric medication, refer them to a psychiatrist, not any other type of M.D.

***The International Coaching Federation's Top Ten Reasons to Refer:***

Your client:

1. Is exhibiting a decline in his/her ability to experience pleasure and/or an increase in being sad, hopeless and helpless.
2. Has intrusive thoughts or is unable to concentrate or focus.
3. Is unable to get to sleep or awakens during the night and is unable to get back to sleep or sleeps excessively.
4. Has a change in appetite: decrease in appetite or increase in appetite.
5. Is feeling guilty because others have suffered or died.
6. Has feelings of despair or hopelessness.
7. Is being hyper alert and/or excessively tired.
8. Has increased irritability or outbursts of anger.
9. Has impulsive and risk-taking behavior.
10. Has thoughts of death and/or suicide.

Prepared by: Lynn F. Meinke, MA, RN, CLC, CSLC, Life Coach, Chair:  
Life-Personal Coach Committee of ICF (Read the entire article in Appendix B)

**Coaching Through The External Barriers To Change**

- Changes in environmental demands
- Criticism instead of support at home, at work, with friends.
- Peer Health Norms
- Affect upon interpersonal dynamics in relationships.

**Ten Ways To Coach Through The External Barriers To Change**

1. Use a strengths-based, positive psychology approach.
2. Process the feelings behind the challenge.
3. Employ strategic thinking.
4. Don't "jump to solution", use Readiness for Change Theory.
5. Co-create a plan with an "experimental" attitude.
6. Link action steps with motivation to be well.
7. Congruent, but not necessarily comfortable.
8. Help your client succeed by helping them be accountable to themselves.
9. Coach For Connectedness.
10. Celebrate success.

## Coaching Applications

### Wellness Mapping Process: Ongoing Evaluation

#### ***The Work of the Session:***

- Review Weekly Plan & Review Tool
- How did the agreements of accountability work for the client?
- Did the client find the support they needed?
- How did the tracking work for the client?
- What came up for the client — Take the learning deeper

Coaching Action: Keeping the clients Well Life Vision in mind - work with the client to review the past week — guide by using questions and responses to their comments and views. Be aware that as a client is moving towards their vision — ambivalence, fear and gremlin talk are normal. Often the change in lifestyle or behavior also means a shift in who you spend time with and can be perceived as a loss of friends and even identity. There are times that the people you think will support you do not.

- Connect — Listen to the client — Let the client lead — Maintain coaching presence /coach mindset - acknowledge successes — focus on client strengths
- Review the past week as well as how the plan is working for the client
- Develop Strategies to meet potential challenges
- Problem solve with the client to meet current challenges
- Be the non-judgemental Ally
- Use Powerful Questions to move the client deeper — what get's in the way?
- Use powerful questions to resolve resistance
- Agreements for next session
- Summarize the session:
  - Express appreciation for the clients hard work
  - Recapitulate what has been learned and confirm the agreed upon actions
  - Ask the client “what was the most valuable part of todays session?”
  - Ask the client if there is anything else you should know that was not talked about
  - Re-affirm or set the next session date and time
- Coach — Documents and plans for sessions using the Coach Notes Form (Appendix A / tool kit)

#### ***Ask your client:***

“What inner strength can you draw upon now?”

## **Summary — Chapter 8**

### **Ongoing Evaluation**

- There are indicators of initial behavior change
- We train the people around us “how to treat us”
- Deeper work on self maybe needed when fear and ambivalence arise
- There are 8 techniques that can be used in coaching to support deeper work on self





## *Chapter 9*

# Wellness Mapping 360° Measurable Outcomes



### **Key Concepts**

- Creating Clear & Measurable Outcomes
- Putting it All Together



### **Connections to be Made for the Client**

- Benefits of Knowing Where You are Going and When You Arrive
- Programs Know When They are Successful



### **Applications**

- Using the WM360° model to Support Lasting Lifestyle Change



### **Reading**

- Chapter 8: Charting the Course of Change: Wellness Mapping 360 Part II  
Pages 202-205





## Clear Measurable Outcomes

### A Five Stage Process

1. Assessment and Exploration
2. Personal Wellness Map or Plan
3. Accountability & Support
4. Ongoing Evaluation
5. **Clear Measurable Outcomes**

With the information from evaluation the client and coach can see what has been accomplished, and what remains. Success is celebrated and acknowledged (which is incredibly important), not minimized. Remaining challenges are addressed.

Often the Wellness Map or plan goes back to the drawing board. Areas of focus are reset, motivational strategies are reconsidered, and new experiments developed. Or, the acknowledgement of the success of the work together is celebrated and the final work with the “coach” may be setting up strategies for MAINTENANCE of the accomplishments made. This may involve a lot of strategic thinking and pursuing ways to replace the support of the “coach” with a strengthened support system in the clients life.

### Clear Measurable Outcomes

How can our clients know when they have arrived at their destination? How can they answer the classic question from the back seat of the automobile “Are we there yet?” When we may have never been there before, how can we know what the “X-marks-the-spot” on our pirate’s wellness treasure map looks like?

At the onset of our quest, the destination needs to be adequately described. The more concrete goals, like percentage of body fat reduction, are easy to determine. The more elusive destinations that depend on subjective self-assessment may be just as valid, but now both the client and the coach may find harder to measure. To bolster your client’s confidence and help them recognize success, lobby for at least some clear measurable outcomes in the wellness plan to begin with.

Evaluation provides feedback.

It asks “Are we on the right path?”

How are we doing?”

Good coaching is always examining road traveled and the results. We ask and we measure. We constantly seek to find the value in what we have done.

### **Why Evaluate Outcomes?**

Clear Measurable Outcomes are for:

- The Client
- The Coach
- Third Parties

The Client — needs to know when they have arrived at their destination! Outcomes reinforce the success and progress they have shown. Time to celebrate and/or move on to new challenges.

The Coach — needs to know that their coaching has been effective. Client success is very reinforcing for the coach. Nothing helps a coach improve like feedback about the coaching process.

Third Parties — need aggregate data about the effectiveness of wellness coaching programs. What's working? What needs to be improved? Success data can be used to make the case for more wellness coaching in a wellness program.

### ***What are the Benefits of Evaluating Outcomes?***

- We want to know that our — your coaching efforts are making a difference.
- We also need to be able to make the case to companies and the medical community that Wellness Coaching is an effective intervention model for them to use.
- Because you want to see if your intervention worked!
- Did you achieve your objective — whatever it was?
- Did your coaching clients learn about their health risks, get stronger or more flexible, or use the stairs more often, lose weight, change health norms or behaviors?

### ***Clear and Measurable Goals and Outcomes***

What did you want to achieve? Increased knowledge, behavior change, decreased cholesterol levels, higher morale? You've got to know where your target is before you can count how many arrows hit it.

Both goals and outcomes are statements of the desired results of the learning and change process.

1. Goals are more general statements of desired results.

2. Outcomes are more specific, narrow and measurable. They express a benefit or “value added” that a person can demonstrate upon completion of an program or course of action. An outcome contains all three of the following elements:

- what is to be learned (knowledge, skill, attitude),
- what level of learning is to be achieved (criteria, standard), and
- under what conditions is the learning to be demonstrated (environment, support, etc.).



### **What to Evaluate?**

Here’s the heart of the matter. What exactly do you measure and evaluate? Your choices will depend on the goals and needs of your clients. Here are some of the common targets of evaluation in Wellness Coaching:

#### ***Absenteeism/Presenteeism***

Reduction in absenteeism due to illness. Increase in Presenteeism when at work.

#### ***Knowledge and Skills***

Before and after data can demonstrate that participants learned or developed skills as a result of your work with them.

#### ***Reduction of Risk Factors & Biometrics***

If you implement a comprehensive program aimed at reducing specific risk factors among employees, an HRA (or a specific questionnaire) could show that you succeeded. Example: weight reduction, increase in exercise or reduction in cholesterol readings.

#### ***Changes in Behavior and Lifestyle***

What was client / patient doing before and how has this changed. Often this is related to behaviors that have been related to medical risk factors.

#### ***Participant Satisfaction***

Participant evaluations indicate client satisfaction in their own progress.

#### ***Participation Rates***

The number and percentage of clients who participate can demonstrate employee interest and how well your program is being promoted and supported. You can also set “Increased Participation” in existing company wellness efforts as a goal.

#### ***Effects on Corporate Costs***

Broader goals of health promotion programs may include helping to contain or even reduce costs. These goals usually take a longer time to impact.

### ***Absenteeism rates/ Workers compensation claims***

Happy, healthy workers who are informed about self-care are absent less often. Programs that help provide emergency child and elder care can be evaluated by their effect on absenteeism, too. Safety is an important component of health promotion, and successful interventions can reduce injuries and disability claims significantly.

### ***Productivity***

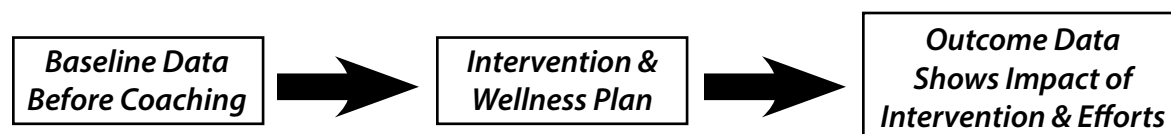
Many health interventions address causes of “presenteeism” (employees who are present in body but aren’t productive). Depression, stress, financial and health problems are all known to decrease productivity. Effective programs may positively impact productivity.

### **Baseline Data**

To know when your intervention or program has made an impact on the client you must have documented pre-intervention data to compare with the new data after your intervention. Health Risk Appraisals, HRAs are health questionnaires that may contain from 15 to 50 questions which clients/patients answer about their health habits and histories.. HRAs should be done annually so you can track the health of your employee group, and alert individuals to their health risks. Often companies and medical practices use these as a baseline for evaluation.

Lifestyle Change and goal accomplishment are solid usable data and useful to track.

Self Perception data from the client is useful. An Increase in Well being or a Reduction in Feeling of Stress tells us that the client’s lifestyle changes are having an impact on their overall health and ability to cope in life.



## **Clear Outcomes Begin With Good Goals**

### **Outcomes:**

An outcome is a clear statement of the impact or outcome of behavioral goals. It is what the client is wanting to see in their life as a result of the wellness plan. It is what we want the individual to be able to feel, know, demonstrate or exhibit at the end of coaching.

These include:

- Actual impacts or benefits to the client's life or quality of life
- Changes in lifestyle for participants during or after your coaching
- Knowledge gained by the client
- Skills learned by the client
- Behavior changes made by the client
- Changes in beliefs, values, conditions and status (these are often considered to be rather long-term outcomes)

### ***Here are Some Guidelines for Coaching Around Outcomes and Goals:***

Behavioral Goals state what the client wants to be doing consistently at the end of the designated time frame. Cognitive goals need to be tied to an action or behavior that the client will and can accomplish.

Goals contain four qualities:

- The content of the goal — what will be done?
- The degree of the goal — how much will be done
- The duration of the goal — when it will occur, how, by when, and how often?
- Behavioral in nature — what will the client do? (action steps)

### ***Measureable — Attainable — Passionate (MAP)***

Health related behavioral change goals need to follow the MAP:

- **Measurable:** Goals / outcomes need to be written in a measurable way.
- **Attainable:** Goals / outcomes need to be attainable in a short period of time to ensure the client feels success and the program is successful. Success brings more success!
- **Passionate:** The client needs to be passionate about accomplishing the goals / outcomes to be able to maintain motivation. Keeping the passion burning is part of the coach's job.

## Clear Measurable Outcomes

In the U.S.A. most companies that support wellness coaching programs are looking for help with the bottom line of healthcare costs. They want to employees to be healthier so that they will see:

- Reductions in healthcare claims.
- Reductions in usage of emergency rooms.
- Reductions in pharmaceutical costs.
- All leading to reductions in insurance rates

Outside the United States most companies that support wellness coaching programs are looking for help instead with increased productivity. U.S. companies want to see these positive results as well. They all want employees to be healthier so that they will see:

- Lower absenteeism
- Higher Presenteeism
- Lower employee turnover
- Lower accident rates
- More creativity and production

What companies (whomever is paying for the wellness/health coaching) often measure depends upon the structure of their wellness program. If the company is very Health Risk Reduction oriented, they will be administering HRA's pre and post and looking for reductions in the number of health risks employees have. Some programs may be looking more at the participation rates of employees in their wellness program activities. Most also look very closely at the BIOMETRIC measures that show bottom-line success. They will be evaluating wellness coaching programs on aggregate data that shows:

- Reductions in the number of risk-factors.
- Perceived satisfaction with the coaching process and their coach.
- Group reductions in:
  - o Pounds/kg.
  - o Percent body fat
  - o Blood pressure points
  - o Blood sugar levels
  - o Hemoglobin A1C scores
  - o Blood lipid levels (LDL, triglycerides, etc.)
  - o Smoking and tobacco usage
- Improvements in sleep
- Improvements in activity levels (especially when this can be measured objectively through the use of pedometers or activity monitoring devices).



### **What this means for the coach**

As you can see wellness coaching programs exist, or continue to exist because and when they get measurable results. This translates into a way of coaching with your clients that takes the vague and elusive and makes it rather concrete. Your clients want clear measurable results also. Your wellness coaching will deliver measurable results when you support your client in setting clear and measurable INDICATORS OF SUCCESS.

- Make outcomes behavioral - have them be indicators of success!
- Great outcomes begin with good goals

Instead of “I want to improve my sleep.” as a goal, help you client spell out what success would look like. “I want to improve my sleep to where I sleep at least seven hours a night for at least four nights a week.”

“How will you know when you are being successful?” is the question the coach can gently ask to help their client get specific and have something to measure.

**Sample Behavioral Goal:**

“I will walk 3 times a week at a quick pace for 30 minutes with Jonie”

**Sample Outcome**

“Client will increase fitness as seen in body — weight composition.”

For a wellness plan to work well, the goals have to be:

- Realistic and obtainable.
- Completion time needs to be short enough to reinforce success.  
Quicker success = greater reinforcement and that means create baby steps and let your client succeed at every step.
- Imperative enough that the person really wants to succeed in this area.
- Imaginable. Your client has to be ready to see themselves succeeding in this area.
- Specific. Keep it simple, to the point, and, as the British say, “Spot on!”
- Client generated. The goal has to be the client’s goal for themselves, not the coach’s goal.
- Challenging enough to bring out the best in your client.
- Not so challenging that it works against your client.

**Tracking**

Many of the behaviors that our wellness coaching clients seek to change can be tracked very easily. Frequency, intensity, duration and the nature of exercise can be written down, preferably each day it happens. Clients who track well end up with data that shows them that they have arrived at their destination. The coach needs to be tracking right along with the client to help the client stay on course, but also to yield the outcomes that they both are striving for.

The task of tracking raises awareness. It brings new consciousness to the process of change and helps the person to be more accountable to themselves. It helps the person to see their improvements in black and white and celebrate them. It reduces self-deception and increases self-efficacy. It also allows the coach and client to know when goals are being reached and when they remain elusive.

## **Lasting Behavioral/Lifestyle Change Success!**

Nothing succeeds like success! Celebrate it every step of the journey!

- Acknowledge your client's character in arriving at this successful lifestyle improvement. Validate them. Be genuine.
- Set up follow up methods for maintenance and accountability. Inquire of your client how they plan to maintain the change. Strategize with them ways to do so. Offer to be part of the accountability for keeping them on track. You might need to "stretch out" the period of time that the coach will keep in touch with the client.
- Help them identify other sources of support (family, friends, co-workers, church or community groups, etc.) that can help them to maintain the change.
- Identify any other areas for change that your client wants to explore. Begin work on these.
- Do the "post" measurements of change. Have your client rate their change, have them take another wellness inventory, HRA, etc. Have them do a final round of biometric measures.
- Seek feedback from your client and pay attention to it.

### **Readiness for Change Tidbit**

*We move to the Termination stage of change once the desired new behavior has shown to truly be part of the client's life. The change has occurred and has been maintained over time. Results: The client has taken control of their health and has integrated the new health challenge into their view of themselves and life in a healthy way.*

*Headway is made during this time by supporting the client to self-structure.*

- *Informal supports in place.*
- *Strategies for coping and self-control when feeling stress are developed.*
- *Check in times and methods are in place*

## Knowing That Wellness Coaching Works

As with any young field the data showing success is slow to accumulate. Right now we can look in these three directions:

- Academic studies – small in number but very positive
- Corporate cost studies are more abundant and very promising! (Often this data is not made public unfortunately.)
- Growth among disease mgmt./coaching firms is only possible because they pay for it themselves!

As academic institutions continue to get more involved in wellness coaching we will see even more journal articles arriving. The website of The National Consortium for Credentialing Health and Wellness Coaches has put together a good repository of wellness coaching studies assembled by some of the best academic researchers in the country. Take a look at their latest update at [www.ncchwc.org](http://www.ncchwc.org)

## **Putting it all Together — Implementing The Wellness Mapping 360° Process**

### *All of Life is a Circle and so is Wellness*

We illustrate the Wellness Mapping 360° process with a circle because it is a dynamic, not static or linear process. You will find your own style, your own way of implementing this wellness coaching process, but for best results stay with the Five Stage Process:

1. Assessment & Exploration
2. Personal Wellness of Plan
3. Accountability & Support
4. Ongoing Evaluation
5. Clear Measurable Outcomes

Having a methodology to rely on is like having a map of your own to follow as you head off with your client into the wilderness of their own health challenges. You and the client must determine what path you will follow, but now you have the skills, equipment and knowledge to go wherever the coaching process leads you both. With a solid methodology, however, you also know the “lay of the land,” you know the terrain, and you have a way to move through it.



## Wellness Coaching is Whole Life Planning

Coaching is not management. It is more than the wellness coach and client setting a number of goals and applying accountability to get them completed. Wellness coaching is about motivating the client to create the kind of life that they want to live and achieving a greater sense of wellbeing. As the wellness coach, be very behavioral in your push for concrete plans, action steps, tracking, etc., but be very holistic in your view of your client and your way of inviting them up to look at their whole life and all the amazing interconnections.

Steps to Wellness Coaching Success:

1. The client takes Inventory of their health and wellness.
2. The client creates a motivating vision of living the healthy well life.
3. The client answers the question “What has to change about my current life for me to attain my well life vision?”
4. With support from their coach the client assesses their readiness to address specific areas of their life.
5. The wellness coach and client use the answers to the question above to help co-create the Wellness Plan.
6. The client and wellness coach build support and accountability into the Wellness Plan.
7. The wellness coach helps the client work through the internal and external barriers to accomplishing their wellness plan.
8. The client and wellness coach create the weekly Plan and the client Tracks the weekly progress to review with the wellness coach.
9. The client and wellness coach make sure that each step of the plan has support and connectedness for making the changes last.
10. The client & wellness coach review and revise the journey as needed to ensure success.
11. The client and wellness coach celebrate every success!

## Coaching Applications

The work of the session: Wellness Mapping Process: Solid goals and outcomes make accountability easy. Often when a person is not feeling successful or the accountability portion of the Wellness Mapping 360 process does not seem strong enough — taking a look at the goals for clarity is important. Ongoing evaluation of the Wellness Map is part of the process and needs to be looked at and adjusted to meet the clarity/accountability needs of the client.

- Review Weekly Plan & Review Tool
- How is the Wellness Plan working for the client?
- Make adjustments to the Wellness Plan and the Weekly Plan

**Coaching Action:** Keeping the client's Well Life Vision in mind — work with the client to review the past week & overall direction of the three month Wellness Plan. Guide by using questions and responses to their comments and views. Set up little experiments that allows the client to try another direction.

- Listen to the client — Let the client lead — Maintain coaching presence / coach mindset
- Be the non-judgemental Ally
- Review current goals and the client's feelings of success
- Set up experiments
- Challenge the client if appropriate
- Coach through resistance
- Agreements for next session

**Consider:**

- Tightening up the goals
- Are you focused on the most effective change?
- Do the steps need to be smaller and more easily accomplished?
- Who can support your client when you are not there?
- Look for obstacles and resistance
- Re-assess readiness — based on new information

**Ask your client:**

*What would happen if you exercised before work?*

*If you asked your boss for her support what do you think would happen?*

*Who in your life has been an unconditional support during this change?*

**Coaching Applications**

Wellness Mapping Process: Moving the client toward self efficacy — the final coaching sessions.

The work of the session:

- Weekly Plan & Review Tool
- Review the Wellness Plan and what the client has accomplished in the three months
- Co-create a plan for support outside of the coaching relationship and ending coaching sessions

**Coaching Action:** The ultimate job of coaching is the development of self efficacy. Every step along the wellness journey is intended to increase client's self esteem and capacity to act on their own behalf. As the coaching relationship moves towards its end and the client approaches the end of their three month wellness plan the focus of the coaching conversation turns to the client maintaining the behaviors with support from other sources.

- Connect with client — listen to client — coach mindset
- Coach for capacity building and self awareness
  - Self tracking
  - Self monitoring
  - Self guiding
  - Self celebrating (in conjunction with others)
- Wellness Map / Plan extension — guided by the client
- Coaching for continued support
  - Client will have identified support systems in place beyond the coach
  - Client will have identified support systems in place for Accountability
- Coaching for self-efficacy and self advocacy
  - The client will have trained the people around them to accept the new behaviors.
  - The client will be able to predict challenge times and use tested strategies to handle setbacks.
  - Client self confidence will be high and they will feel energized and capable of advocating on their own behalf.
- Express appreciation for the hard work the client has done and the experience of being their coach. Let the client know in what ways you can be available to them in the future.
- Ask for feedback.

### **Ask the Client**

*What was a turning point moment for you in this process?*

*What did you like best about the process?*

*What did you like least about the process?*

*How will you celebrate?*



## Summary — Chapter 9

### Measurable Outcomes

- What you choose to measure is important
- Tracking gives you the data needed to evaluate change
- Nothing feeds success like success — set the steps small
- Medical personnel can use the information gained from tracking
- Moving the client to self-efficacy
- The final coaching session

#### *Practice in Developing Goals and Outcomes*

(work with your buddy coach)

- Write one clear outcome statement about your health.

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- What types of health/wellbeing outcomes might your program measure? Why?

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- How can you build self-efficacy into the Wellness Map/Plan?

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## *Chapter 10*

# Wellness Mapping 360° Time Limited



### **Key Concepts**

- Laser Coaching



### **Connections to be Made for the Client**

- Keeping the Focus



### **Applications**

- Using the WM360° model  
in a limited time setting



### **Reading**

- Chapter 6: Creating the Alliance: Let the Coaching  
Begin  
Pages 110-121





## The Limited Time Wellness Mapping 360° Model

In the situation where a wellness professional is individualizing the wellness services that they provide through using wellness coaching and/or wellness coaching skills, time is often limited. A very common scenario is where employees are given some form of wellness/health assessment (usually an HRA- health risk assessment), and a follow-up session is provided. The wellness professional usually has somewhere between 15 and 55 minutes with that person, with 20-30 minutes being most common. Another scenario is where an employee is attracted to individual (or group) wellness coaching services through contact with some other aspect of the wellness program. Lastly, the employee may have been referred for wellness coaching by the medical/health program of the organization, but the system only allows for very brief sessions.

In the role of the wellness professional you are faced with many of the same tasks outlined above, connecting with the client, building trust, etc. Your real challenge is that you have to do this in much less time, and yet still be effective.

### Laser Coaching

Fortunately the profession of coaching has developed some key skills that are more central to coaching and serve this time-limited situation well. Thomas Leonard, one of the founders of the coaching movement, liked to urge coaches to use “laser coaching”.

- The key here is for you to maintain empathy and compassion, and yet cut through the client’s “story” and maintain laser-like focus without any distracting tangents being allowed.
- The more masterful coach can acknowledge the client’s experience and help them feel heard, yet will continually guide the client to stay on the subject at hand, get to the point (which can be fact or feeling), and help the client assess what action they are ready to take (or not).

Often the content of the client’s story is not as important as how they feel about it, or what they have concluded about it in their lives. There may be a very long and drawn out story about how someone became overweight that a client feels compelled to share. Your client may actually not feel so much of a need to share it anymore (having done so with many others before you), but may assume that you want to hear the entire tale. You may have to interrupt this process and, after acknowledging their experience and its importance to them, urge them to move ahead in the story to the most recent “chapters.”

## Focusing in on Laser Coaching (LC)



- Laser Coaching does not mean hurrying.
- It is about efficiency, not speed (even though you usually get where you need to go faster!).
- Maintain empathy and compassion while you cut through your client's "story."
- Help your client maintain focus.
- Don't "permit" tangents, unless they can be quickly justified.
- Acknowledge the client's experience — help them feel heard.
- Continually guide your client to
  - Stay on task
  - Get to "the point" (can be fact or feeling)
  - Assess what action they are ready to take (or not).
- Learn how to be interruptive in a kind way that demonstrates that you have the client's agenda, goals, etc. foremost in mind.
- Help your client to "presentify" their experience, and urge them to relate how it affects their lives in the present.
- Ask powerful questions to help them focus on what is important in the present.

### Key Coaching Points

Let your client know that you really care about how their experience is affecting them NOW.

Ask powerful questions that help them focus on what is important in the Present.

Be Very Present in the Moment!

- Maintain your own centeredness and don't rush or be pushy. Remember, coaching is not about your own anxiety.
- Share responsibility for time-keeping/time-awareness with your client. clock/watch, etc.
- Mention how much time is left when you are down to your last five or ten minutes.
- Ask your client "How would you like to make the very best use of the ten minutes we have remaining?"
- Homework saves session time! If a subject such as connectedness comes up with only part of the session time left, urge your client to complete the "Connectedness Scale" as homework to discuss at the next session.

- Use a coaching prep form or the WM360 Planning& Review tool with your client for each session. When they fill it out ahead of time they get much more focused and organized so they make much better use of the limited time you have together.
- Review your Coach Notes prior to your wellness coaching session and be prepared.

#### **Time Management — Wise Time Use**

When a coach meets with a client for 10-20-30 minutes weekly or bi-weekly it is important to stay focused and accomplish the following in a coaching session.

- Session opening — creating connection (8%)
- Weekly review — what has worked well & not? (20%)
- Progress review (make it part of the weekly review-monthly)
- Being present — exploring (40%)
- Next steps — agreements with accountability/support (20%)
- Leave client with homework (4%)
- Close the session (8%) get feedback on session

Whenever possible get the Weekly Plan & Review with Homework before the wellness coaching session.

## Laser Coaching In Wellness Coaching

Laser coaching doesn't mean you are in a HURRY! You don't have to speak faster. It's like being on an archery range and taking your time with each shot, but aiming better! Have enough trust with your client to be blunt and trust yourself enough to be more directive. Stay on the path and allow no tangents. Be clear about the time constraints and the focus of your time together. Use the client's agreement to rein them in!



Ask the client to answer basic questions that appear to underlay what they are talking about:

1. What do I really want?
2. Does this serve my health and wellbeing?
3. Who is responsible for what in this situation?

### *Focusing Your Laser*

- Confront gremlin-talk.
- Confront the SHOULD'S.
- Distinguish between when the “story” needs to be told, and when it DOESN'T!
- Do the details serve a purpose? ASK: “Is there a point we need to get to in these details?”
- Reinforce brevity and clarity when your client demonstrates it!
- When session time is limited have the client/patient do explorative work on their own.
- Expect your clients/patients to show up ready to work.

### *Ways to Play*

1. With your client's permission, PLAY with a statement they've made or a position they've taken: Take the exact opposite position. Exaggerate their point of view is.
2. Use aikido! Acknowledge what they are saying again and again, and then, suddenly ask them to now speak about it from a (180 degree) different position.
3. Instead of “What do I need I do?” urge the client to ask themselves, “WHO DO I NEED TO BE? (in this situation).” (“What aspect of my character needs to show up here?”)

### *Brevity And Boundaries*

Beginning coaches sometimes begin by working with pro bono volunteer clients, often people they already know. The temptation is to treat the coaching like a friendly conversation and before you know it the session has gone on for over an hour! Right from the start set up clear agreements about how long a session will be and honor it. Be professional from the beginning and setting boundaries will be easier.

Practice getting your coaching sessions down to thirty minutes in length. Learn how much you can actually accomplish in half-hour sessions (even when meeting in person). Record some of your coaching sessions (with client permission) and study your work, noting ways you can be more laser-like!



## Summary — Chapter 10

### Time Limited

“Forgiveness is giving  
up all hope for a better  
past.”

— Jack Kornfeld



#### Time Limited Wellness Mapping 360

- Use laser coaching when time is limited.
- Keep the coaching focused.
- Be clear with client about time constraints.
- Give the client exploration work to do on their own.
- Be available by email or forum.
- Buddy them up — the power of supportive connections.

#### Practice Using the Time Limited Skills in Coaching

Buddy Coaching: With a buddy each person take turns being the coach and the client. Each choose a topic or issue that you would each like to work-on immediately and have a 10 minute coaching conversation that includes:

- Listening and being heard
- Focusing on the outcome desired
- Creating the next steps

How challenging was it for you to stay focused while listening well?

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Can you think of strategies you might use when under the time clock gun?

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When you have time limitations what might you have your client complete or explore on their own?



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Do you anticipate using the Wellness Coaching in a time limited setting?

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## *Chapter 11*

# **Powerful Coaching Tools and Methods**



### **Key Concepts**

- The Power of Habit
- The Impact of Stress
- Applying Wellness Coaching to Your Delivery System



### **Connections to be Made for the Client**

- The Self Care Continuum
- Impact of Beliefs and Values



### **Applications**

- Assisting Your Client Find Life Balance



### **Reading**

- Chapter 8: Charting the Course of Change: Wellness Mapping 360 Part II  
Pages 184-187, 209-224





## The Power of Habit

Many times clients will say they have “made up their minds” to change. They have determined that a change is needed and they have decided to change an old habit that has been around for a long time (overeating, being sedentary, smoking, etc.). They appear motivated to change and vow to stop a certain behavior from occurring any longer.

Before long they are disappointed that the behavior that they decided to end has resurfaced once again. Often the client is very disappointed not only that the behavior was back, but mostly disappointed in their own “lack of willpower”. They had thought, contrary to what we’ve seen Prochaska teach us, that change was an event (a decision) not a process. They made it about strength of character and gave their own inner critic plenty to berate them with.

Don’t underestimate the power of habit! Once we have adopted a new behavior there are actually neural pathways set up in our nervous system related to this behavior. Our habits are part psycho-physiological! Our bodies, as well as our minds, are “in the habit” of reacting a certain way, so no wonder changing a habit is not as simple as making a resolution.

### Neuroscience and The Power of Habit

The development of the Functional MRI changed the landscape of brain research. By watching in-vivo video of our brains in action, scientists have been able to develop a better understanding of just how our brains are “wired” and, how capable of growth and change they really are.

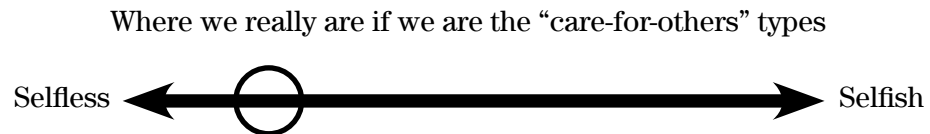
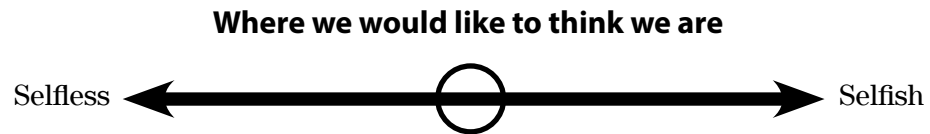
The neurons that fire together, wire together. As we repeat mental and/or physical habits we build neural pathways that get bigger and stronger the more we use them. Once a habit becomes an everyday part of our lifestyle, much of how it operates travels along the equivalent of giant multi-lane highways in our brains. So when our clients take on the task of changing habits they are literally re-wiring their brains. As you might expect, this takes time and many repetitions. Their attempts at building new neural pathways are like hacking new trails in the jungle! Helping them understand how this works can help them be more patient with the process of changing life-long habits.

*Urge your client to consider these quick tips for changing habits.*

1. Practice patience. Research tells us that it takes as much as 180 days to truly drop an old habit and adopt a new one. So stay with it.
2. No beating yourself up! Don't put yourself down because you find yourself engaged in the old habit. Repeating the old habit just shows that you are truly dealing with a habit. Be compassionate with yourself instead.
3. Celebrate catching yourself! Take the repetitions in stride. Realize that despite the old habit showing up again, you are committed to changing the habit. Instead of putting yourself down ("There I go again!"), celebrate the fact that you managed to "catch" yourself and become aware of it. As you catch yourself earlier in the practice of the old habit, you'll have even more to celebrate!
4. Use "structures" to help remind you of the new habits you want to adopt. Structures are little physical reminders that help you remember your goals. They may be little signs you print up for yourself reminding yourself to: "Wait to answer the call after two rings, not sooner!;" "Breathe!;" "Call a friend today!;" "30 min. of writing every day." Another hint about structures... move them around, change the look of them so they don't start blending in with the background again (out of habit!).
5. Involve others in your goals. Let co-workers, friends and family know what you are working on changing. Enlist their support and feedback to stay in the change process.
6. Get a coach! Working with a coach gives you someone to: help you get clear about what behaviors you really want to change; give you support in the process; hold you accountable to do what you say you will do to change the habits.



## Self-Care Continuum



If you take many steps to the right, towards being more “selfish,” you would come closer to being in balance, truly in the middle. Think of it as taking steps towards being more SELF-FULL.



For many people to take enough steps back to the middle, it will feel extreme! But it is necessary in order to be more satisfied in life.

Practice Extreme Self-Care!

All rights reserved: Michael Arloski, Ph.D.

## Self-care/Self-permission

Coaching often helps people realize their need for greater self-care. Clients often neglect their own needs putting everyone else’s ahead of their own continuously. Many times coach and client co-create a great Wellness Plan that includes lots of great commitments to Action Steps that involve self-care. Setting up a massage appointment, taking time to garden or read a novel, taking a long, hot and relaxing bath, etc. Sounds great, but far too often the client returns the next week and says something like: “I just couldn’t take time for myself. I felt guilty when I did. There’s always so much else to do. My children/spouse/friend/pet/you-name-it needed my time instead.” Coaching for greater self-care is about overcoming what for many is a huge Internal Barrier To Change.

One way to help a client explore this is by using The Self-Permission/Self-Denial Inventory. Have your client fill this out at home when they have more time to thoughtfully complete it. Explore what they became aware of as they completed it. Inquire about which items really stood out for them. Coach with resulting discussion to help your client work through what holds them back. Help them create “experiments” in self-care. Often by having honest conversations with others in their lives they often find more support for taking care of themselves than they thought was present.

- Coach for greater Self-Care and Self-Permission
- How - not Why - the person holds themselves back?
- Use the Self/Permission/Self-Denial Inventory tool
- Encourage “experiments”



## Working With Your Client

Many clients will be the kind of people who helps others, but do little for themselves. They have been taught, and they have bought the notion that self-care is selfish, instead of “self-full”. Encouraging them to be kinder to themselves is a powerful, important, and sometimes very challenging process. Sometimes this graphic explanation helps.

- Explore with the client where they think they are on this continuum.
- Explain to the client that they can take many steps towards being more self-fulled, even though it may feel like they are being too extreme.
- Ask your client: “What would a step in the self-full direction be for you?”
- Have them list some small concrete steps in the realm of self-care, that they could do very soon.

In the excellent book, *When Things Fall Apart: Heart Advice for Difficult Times*, the author, Buddhist nun Pema Chodron, offers some great coaching for anyone, Buddhist or not.

“It is said that we can’t attain enlightenment, let alone feel contentment and joy, without seeing who we are and what we do, without seeing our patterns and our habits. This is called maitri developing loving-kindness and unconditional friendship with ourselves.”

## Family and Cultural Factors

There are many family and cultural factors that people allow to hold them back from giving themselves permission for self-care. Sometimes these run so deep that the client cannot shake them. They may have a life-threatening illness that absolutely requires “extreme” self-care, but they won’t do it.

## Working With Your Client

- Have your client complete the Wellness Mapping 360° © tool, the Self-Permission/Self-Denial Inventory©. (see Tools)
- Process their experience with it. What thoughts and feelings did it bring up.
- Encourage them to journal about it.
- Encourage them to discuss this topic with others in their family and/or cultural/sub-cultural group.

Spend the next 5 minutes completing the Self-Denial Inventory — be prepared to discuss the experience in class.



## **Do What You Can about the Stress You Can Do Something About Changes That Make Your Life Better**

Wellness is not just about diet and exercise; often a crucial part of a client's wellness plan is taking action to reduce the stress that they experience in their life. We know that stress either causes or makes worse just about every medical problem we come across, so let's look at practical ways to help our clients deal with it. They will be looking to us for help in this area very often.

Let's face it, there are a lot of factors that add stress to our lives and the lives of our clients, that we really can't do much about. Stress happens! It would be "nice" if the system we worked in functioned the way WE think it should. It would be nice if...etc., etc., etc.!

Well, it all comes down, very simply, to the questions: "What CAN I do about the stress in my life?" "What CAN I do to make my life better?"

One size does not fit all, but here are 15 concrete ideas that you can actually do about stress. (1 through 4 are adapted from *The Four Agreements* by Don Miguel Ruiz)

1. Be Impeccable With Your Word.  
Say what you mean, and mean what you say. Speak with integrity. Speak the truth to others and to yourself. Speak your truth!
2. Don't Take Anything Personally.  
It's not about you! What others say and do is really about them, not you. Very little in the world is personal even when it feels like it is.
3. Don't Make Assumptions.  
Repeat! Don't make assumptions! Period! Ever! Don't assume you know another person's intentions -check it out. Ask for what you need. Create agreements with others and operate ONLY on agreements.
4. Always Do Your Best.  
Realize that your "best" is not always the same. Put the best you can out there but realize it won't be the same when you are ill, etc. Be compassionate with yourself.
5. Own Your Choices.  
Own the fact that you are choosing to work where you work, live where and with whom you live, etc. Taking responsibility for your own choices helps you let go of feeling like a victim, and reminds you that you can make changes.
6. Hang Out With People Who Are Good For You.

Choose to spend time with friends and colleagues who support you and your health. Connect with them. Give to them. Receive from them.



7. Get Enough Vitamin T.

Touch! Good, healthy, appropriate touch, is absolutely, physiologically essential! Heal any old wounds that keep you from this vitamin supply. Give yourself permission.

8. Get Enough Sleep.

You are not Thomas Edison! (who supposedly only got 2-3 hrs. per night) Research tells us that less than 7-8 hrs. dramatically ups our risks for heart disease and diabetes. Even 6 hrs. is not enough. We all sleep better with better diets and more movement in our lives.

9. Move Your Body.

Forget “exercising.” Move! Think in terms of maximizing movement in your life. Make it fun. Dance. Park further and walk further. Stairs, not the elevator. It all counts.

10. Eat Like Your Life Depended On It.

It does! Forget diets. Create a way of living that you can do for the rest of your life, and be patient and persistent.

11. Get Out On Your Own.

Solo time. Decompress. Unwind. Reflect. Relax. A great way to do it, is by spending some time by yourself with no distractions. Do it out in nature. Do it at home, if that works for you. Do it at the mall. Just do it.

12. Radically Reduce What You Tolerate.

Eliminate physical tolerations (repair the broken windshield wiper, move your computer to a comfortable height, etc.). Work on eliminating interpersonal tolerations. Quit “putting up with it”.

13. Do What Gives You What You Need In Life.

Do what meets your needs in a healthy way. Practice what “centers” you in your life, be it prayer, movement, reading, nature contact, etc.

14. Go For Number One.

Remember that list of things to take care of? First step is putting yourself ON that list. Second step is working towards putting yourself first on it. You can help others better when you are healthy and happy.

15. Get An Ally.

“If you could have done it by yourself, you probably would have done it by now!”

Improving a lifestyle is not always easy. You’re working at overcoming very old habits. Work with a pro who knows how to help and holds your agenda as THE agenda. Work with a coach.

### **Working With Your Client**

- Use the 15 Tips as a handout.
- Discuss and process it with your client.
- Learn the language and concepts in the book *The Four Agreements* and coach with them. They are so universally applicable that your clients will all benefit from them and the process will have a definite impact on their stress levels.
- Integrate some of the items that your client is attracted to into their wellness plan.

### **Lesson From Stress Thrivers**

#### ***Factors That Determined Health During Extreme Change***

In the early 1980s there was a combination of economic and political events that drove extreme change into and through several industries. The banking industry went through deregulation and the huge monopoly AT&T went through divestiture, allowing the growth of numerous competing phone systems.

Top level executives at the Bank of America and at AT&T were studied to learn the effects of such a high degree of stress as they experienced during these unprecedented changes. Many of the employees (approximately 20% became ill during this stressful time. 5% of that group of 20% died. A study team from the Univ. of California at San Francisco, headed by Dr. Kenneth Pelletier discovered that those who made it through this experience in good health, and in fact “thrived”, all shared several attitudinal and lifestyle factors.

As valid today as they were at the time of this study, fourteen factors emerged as being the common ground upon which the “thrivers” stood. Look for ways to benefit from what was learned, and how to apply it to your life, your stress, and your changes.

(Throughout the text below, those who were identified in the study as doing well will be referred to as “thrivers” and those who became ill as the “ills”)

***ATTITUDE — Belief Systems were fundamentally different for thrivers.***

## The Three C's CHALLENGE — COMMITMENT — CONTROL

1. Challenge — Thrivers saw life (and the stressful change) as a challenge to be met. Ills saw the stressful change as a problem, a threat, a nightmare. Thrivers saw it as an interesting opportunity to make some good changes, to benefit.

2. Commitment — Thrivers had a commitment to action: taking a risk, getting involved. Ills operated out of denial and evasiveness. “It’s not really going to happen, especially to me!” Ills sometimes sought (unconsciously?) secondary gain through disease, passively removing themselves from dealing with the problem.

Some Ills turned mercenary and would lie, scapegoat... “Anything to keep my job!”

Thrivers kept a high degree of internal commitment. Thrivers did not compromise their values. They might modify, but would not let go of commitments to family, regular exercise, etc.

3. Control — Control of their lives.

Ills felt helpless and hopeless (one definition of depression). “I don’t LIKE the changes. I don’t know where I’m going. I feel adrift, like giving up, overwhelmed.”

Thrivers felt more in control. Despite being in the midst of circumstances where they had no control, they felt like they still could control the direction of their own lives. They did not resort to manipulation. “I feel like I’m the director of a play, rather than an actor in it.” Thrivers functioned from some higher vision.

One conclusion is that the level of control that you perceive affects the level of stress that you experience.

4. Social Support (SS)

The study found the idea of having a supportive spouse as all that’s needed is a myth. SS within the work environment was found to be more important than at home (though both are of help).

Those with the highest SS at home combined with the lowest ratings of SS at work had the worst health rates. This was known as the “Poor Dear” syndrome. “You’re right dear, they’re all wrong at work.”

- Those with the highest SS at both home and work had the best health.
- Isolated individuals were most at risk. (Pelletier quotes a separate study that shows that isolated working women have breast cancer rates twice normal.)

5. Stress Management — The major precondition for illness or health

Thrivers recognized the imperative value of doing some kind of practice on a regular basis to relax. They more consciously created opportunities to balance themselves out.



6 Exercise

Thrivers almost all had some sort of regular exercise practice. They tended to be life-long exercisers and their commitment to their involvement in exercise did not diminish during high stress times. Ills tended to let what exercise routines they had go by the wayside during stressful periods.

7. Breakfast

Thrivers tended to eat breakfast regularly. Ills did not.

Ills had higher levels of caffeine intake and this increased under stress.

8. Fiber

Thrivers had markedly higher fiber intake. They were more conscious of what they were choosing to eat.

Ills had a higher incidence of gastrointestinal problems and concerns. Their fiber intake was very low.

9. Meals At Regular Intervals

Ills under more stress began skipping meals. Their patterns of consumption changed a lot. Thrivers kept on their own regular patterns even during increasing stress.

10. Vitamin & Mineral Supplements

Thrivers used them regularly. Ills did not.

11. Limits on Alcohol

Thrivers were not necessarily teetotalers but did regulate their alcohol use and did not increase it under more stress.

12. Smoking

A disproportionate number of thrivers never smoked or virtually all had quit. More Ills were smokers and their smoking increased under more stress.

13. Regular Sleep Pattern

Most Americans are chronically sleep-deprived. Thrivers maintained their regular pattern though the number of hours between individuals varied.

14. Sense Of Humor

Thrivers were known for their sense of humor. They often used modest, slightly self-deprecating humor. They did not put others down. Thrivers loved telling stories.

Ills were too serious, dour, never used humor towards themselves.

The factors discovered in this study correlate nicely with the factors found in other health risk reduction studies and studies that Kenneth Pelletier has been involved in regarding longevity. In fact, Pelletier states that the same factors that determine quality of life also determine quantity of life.

This information is from *Healthy People In Unhealthy Places: Stress and Fitness at Work*, Kenneth R. Pelletier. New York, N.Y.: Delacorte Press/Seymour Lawrence, c1984.

Increasingly clients are recognizing the value of and being attracted to such methods as:

- Using relaxation and/or guided imagery recordings (CD's, DVD's, MP3 Player downloads)
- Meditation
- Yoga
- Tai Chi
- Xi Gung (Chi Gong)

## **Honoring the Yin**

The entire Chinese system of medicine is set up to achieve and/or regain balance between the polar forces of life...the “yin” and the “yang.” In Western Society “We know yang!” We push, we try hard, we work hard, we’re active, and we’re into stimulation (big time!). We jazz up our sympathetic nervous system to overload quite regularly.

One of our absolutely huge health and wellness challenges is that our society values the “yin” far too little. To bring our lives back into balance most of us need to allow more time for true rest, relaxation and recreation (no accident it’s spelled re-creation!).

In coaching we often emphasize the cognitive aspects of stress management without enough attention to the psycho-physiological. If a client has no idea how to calm themselves, or center themselves, how can they do so through thinking only? Combining good thought processes with some physical, mind/body techniques is much faster and effective.

## ***Working With Your Client for Mind/Body Wellness:***

- If you have time, do a brief demonstration with your client of a quick relaxation method during your coaching session. Process their response. (Example: see the 360 relaxation method in the Appendix)
- Suggest resources to your client for learning methods of relaxation, finding ones that they feel attracted to, or at least not very resistant to. (CDs tapes, DVDs, videos, classes, not just books.)
- Help them explore these new methods. Set up commitment agreements and accountability around their exploration process.
- Once your client is practicing a quieting skill (relaxation, meditation, yoga, tai-chi, guided imagery, etc.) set up commitment agreements and accountability around their practicing.

## **Wellness Mapping 360° — Quick Relax Breathing**

One of the few things most people know to do to relax is to “take a deep breath.” However, when someone is very anxious, upset, and/or fearful, taking a “deep” breath is very difficult.

Here is a quick and simple method anyone can learn to relax and calm themselves with. This is especially helpful in situations where a person feels worry, panic, anxiety, etc.

### ***Quick Relax Breathing Script***

- Sit in an upright position in a simple chair, or on the edge of an office chair.
- Without changing it, notice your breathing.
- Now, close your eyes, or at least let the eyelids relax.
- On your next breath, make the inhalation just a little bit longer than the last breath.
- Let it out, just a little bit longer than before.
- On your very next breath, inhale again, just a very small amount of time longer than the last breath.
- Let it out slowly, and a bit more fully.
- Bring in your next breath to a slightly deeper level than your previous breaths.
- Let it out even slower, and more completely.
- Now, scan over your body with your awareness and notice how it feels.

- Bring your awareness to where there is tension and allow it to let go as you breathe out your next breath slowly.
- Allow your shoulders to drop down, your jaw to relax, your stomach to let go.
- Take in your next breath slowly, but very fully and deeply.
- Let it out slowly and very, very completely.
- Breathe in your next breath as completely as you can.
- Hold it for a moment.
- Now, let it go, very naturally and completely.
- Begin breathing in a natural way now, but a bit more deeply, slowly and completely than before.
- With your eyes still closed, scan over your body once again.
- Bring your attention to any place that is still tense and imagine breathing into that area and out of that area as you exhale.
- Let the last bit of tension go out with it.
- On your next breath, really feel new energy coming into you with the breath.
- Take it in fully and let it out naturally.
- Take another breath like the last and really feel the energy returning to your whole body, but not the tension.
- Open your eyes slowly and become aware of all that is around you in the present moment.

### **Questions to Ponder:**

What purpose does “doing nothing” serve?

What happens when you give yourself permission to relax and “do nothing”?

What type of client might benefit most from slowing down and just being?

How might you encourage a client to slow down and be introspective without trying to convince him/her of its value”?



## The Way We're Working Isn't Working

Why is it that there is complete consensus that life is far more stressful than it was twenty years ago? What keeps driving stress-related disorders to record incidence? Life has always been stressful whether it was eluding saber-toothed tigers, worrying about the plague, the harvest or if our ill child will get better. Well, the fact is we are built to handle stress. Our psychophysiology is geared for it. Stress actually builds greater resiliency. So what's the problem? To quote Tony Schwartz and his colleagues at "The Energy Project" the problem is "insufficient volume and intensity of recovery."

We just don't have the time and/or take the time to let down, to bring out the counter-balancing relaxation response. Instead we fire the stress response over and over and the wear and tear on our minds and bodies is evident. Work conditions have changed and often people have fewer breaks, fewer days off, and are often in work environments where even if they have time-off they feel taking it would endanger their jobs. One third of all vacation days in the United States are left unused at the end of each year (and the USA has among the fewest vacation days of any developed country in the world).

- Handling stress well builds resiliency.
- Insufficient volume and intensity of recovery.
- Managing Energy, not time may be key.
- Help your client to look at what steps may be needed for them to deal with time-off better.
- Help you client to consider learning relaxation methods that allow them to experience greater "intensity" of their recovery time.
- Help clients explore how they can build "recovery time" very consciously into their week.
- Help self-employed clients to see the value of recovery time as well. Help them explore how their fears about their business may be driving the stressful self-defeating behavior that may be an even greater danger to their success.

**“It is natural to resist change — for better or worse.**

*This resistance to change is called homeostasis...*

*your body has billions of feedback loops that keep*

*your physiological functions within a narrow, normal*

*equilibrium. And it's a good thing, or you might die...The*

*same is true on the emotional and spiritual levels. We*

*tend not to question our beliefs, our perceptions, and our*

*patterns of behavior, even when they are causing problems*

*for us. The same homeostasis that protects us from change*

*also makes it more difficult for us to transform even when*

*it's in our best interest to do so.”*

— Dean Ornish, M.D. (*Eat More, Weigh Less*)

### **STRESS RESOURCES:**

Blog post – Simply Centered. <http://realbalancewellness.wordpress.com/2010/05/07/simply-centered/> **S**watch?v=hp3rIgFtUVY&NR=1

Our Four Core Needs. <http://www.youtube.com/watch?v=UOMPx5APtL4&NR=1>

The Role of Renewal. <http://www.youtube.com/watch?v=VLLJfhWzOoY&NR=1>

Interview with Ken Pelletier (I think this was on our website/resources)

Summary of The Way We're Working Isn't Working: <http://www.polarunlimited.com/2010/09/the-way-were-working-isnt-working-summary/>

Video series by Tony Schwartz on The Way We're Working Isn't Working. Each is very short in length. Watch in this order:

The Way We're Working Isn't Working. <http://www.youtube.com/watch?v=VrO1GUfVzlg>

Myth#1: Managing Time. <http://www.youtube.com/>

## Summary — Chapter 11

### Powerful Coaching Tools & Methods

#### Powerful Coaching Tools

- We learn our beliefs and values from our families and culture
- These values & beliefs reflect in how we address our health
- For lifestyle change to occur we have to replace old habits with new ones
- There are many lessons to learn from those who deal with stress well
- Living life in balance means a person has time to be and to know themselves
- Applying Wellness Coaching to your setting

Name three ways your family and or cultural beliefs and health norms have affected you or others who you know.

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2. \_\_\_\_\_

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3. \_\_\_\_\_

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How can beliefs and cultural / family norms get in the way of clients making healthy lifestyle changes?

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Do you plan on adding wellness coaching to your current profession?

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What potential applications of Wellness Coaching can you imagine in your work setting or in the the work you'd like to be involved in?

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## Chapter 12

# Review the Lifestyle and Wellness Coaching



### Key Concepts

- Lifestyle Medicine
- The behavioral nature of health



### Connections for the Client

- Wellness and Health Challenges
- Self efficacy



### Applications

- Wellness Coaching is Lifestyle Medicine and evidence-based



### Reading

- Explore the website of The American College of Lifestyle Medicine: [www.lifestylemedicine.org](http://www.lifestylemedicine.org)
- Read Chapter 10: Health and Medical Coaching – Coaching People with Health Challenges

## The Behavioral Nature of Health and Wellness

The last 10 years have seen the synthesis on several fields to form what we might call the best of health coaching today. Wellness coaching, disease management, positive psychology, lifestyle medicine, integrative healthcare, and other disciplines have evolved a way of helping people to face the worldwide challenge of lifestyle-related illness.

We face a “world-wide” problem. What the WHO (World Health Organization) calls “lifestyle diseases” \* are now the leading cause of death worldwide. They now account for nearly 60 percent of deaths and, if things keep going the way they are, by 2020 will account for an estimated 73 percent of deaths. These are deaths due to the lifestyle choices that people make and the changing nature of their workplaces, homes and communities that affect their lifestyle and therefore their health.

In the U.S. chronic illness accounts for a shocking 80 percent of the healthcare expenditures. Many of these illnesses were either caused or exacerbated by lifestyle effects and almost all could see an improvement in the course of that illness with successful lifestyle improvement.

Medical Non-compliance costs literally billions of dollars per year in the USA alone. The cost is probably impossible to fully estimate. Yet, medical non-compliance is ENTIRELY BEHAVIORAL.

## Not Just a “Western” Problem

Lifestyle diseases are a major challenge in the “Developing World” also. Here is a wake up call from the World Health Organization and other sources:

- Deaths from “lifestyle” diseases will double by 2015 unless all-out efforts are taken to combat them.
- Approximately 17 million people die prematurely each year of largely preventable chronic diseases making this the leading cause of death in the world today.
- Surprisingly, it is not the industrially developed but the developing countries that have recorded a greater increase in non-communicable diseases. In 1999, developing countries accounted for 79 percent of deaths from non-communicable diseases. The figure is expected to rise to 85 percent by 2020.

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\*Lifestyle disease: A disease associated with the way a person or group of people lives. Lifestyle diseases include atherosclerosis, heart disease, and stroke; obesity and Type 2 diabetes; and diseases associated with smoking and alcohol and drug abuse.

[www.medterms.com/script/main/art.asp?articlekey=38316](http://www.medterms.com/script/main/art.asp?articlekey=38316)

Any condition — eg, obesity, HTN, cardiovascular disease, sports injuries, and some cancers—attributable, in part, to lifestyle choices, including diet, smoking, exercise, etc.  
[medical-dictionary.thefreedictionary.com/lifestyle+disease](http://medical-dictionary.thefreedictionary.com/lifestyle+disease)

- The incidence of diabetes is the highest in India with 20 million contracting a disease that in 50 percent of cases can be avoided through a healthy lifestyle. By 2020, the number of diabetics in India is expected to touch 58 million.

The old biblical story of The Four Horsemen of the Apocalypse told of the demise of humankind through the sequence of Pestilence, War, Famine and Death.

Today's New Four Horsemen of the Apocalypse appear to be:

1. Sedentary lifestyles and workstyles
2. Health-destructive diets
3. Isolation
4. Stress

How can we help our clients to deal with these ever-present challenges to health and well-being? Health coaching needs to address these “four horsemen” and more to be truly effective. It's not just a simple matter of diet and exercise alone. Our clients need more than just information. They need skills, plans, and allies!

### **Self-efficacy**

THE SINGLE MOST IMPORTANT QUESTION FOR YOUR HEALTH COACHING CLIENT IS:

“Do you believe you can affect your health?”

A positive response should bring an optimistic smile to the health coach's face.

A negative response means you are in for a much greater challenge.

### ***Health and wellness coaching is about:***

ATTITUDE

BELIEF

BEHAVIOR

While we are always focusing on the outcome of changed lifestyle behavior, it is attitude and belief that get us there.

## Lifestyle Disease

“Lifestyle disease: A disease associated with the way a person or group of people lives. Lifestyle diseases include atherosclerosis, heart disease, and stroke; obesity and type 2 diabetes; and diseases associated with smoking and alcohol and drug abuse. Regular physical activity helps prevent obesity, heart disease, hypertension, diabetes, colon cancer, and premature mortality.”

From Medicine.net, [www.medterms.com/script/main/art.asp?articlekey=38316](http://www.medterms.com/script/main/art.asp?articlekey=38316)

In this World Health Organization (WHO) article we see just how behavioral health really is.

“Largely preventable chronic diseases cause 86 percent of deaths in Europe: 53 WHO European Member States map a strategy to curb the epidemic.”

Press Release EURO/05/06  
Copenhagen, 11 September 2006

“As many chronic diseases are closely linked to lifestyles, an estimated 80 percent of heart disease, stroke and Type 2 diabetes, and 40 percent of cancer, could be avoided if common lifestyle risk factors were eliminated.”

Today, non-communicable diseases cause 86 percent of deaths and 77 percent of the disease burden in the WHO European Region. This group of conditions includes cardiovascular diseases, cancer, mental health problems, diabetes mellitus, chronic respiratory disease and musculoskeletal conditions. Cardiovascular diseases are the number-one killer, causing more than half of all deaths across the Region, with heart disease or stroke the leading cause of death in all countries.

## Links to Lifestyle

Seven leading risk factors — high blood pressure, tobacco, alcohol, high cholesterol, overweight, low fruit and vegetable intake and physical inactivity — account for almost 60 percent of all ill health in the Region. The leading risk factors are high blood pressure for death, and tobacco for ill health. Alcohol is the leading risk factor for both ill health and death in the Region’s young people, experts stress.

(The World Health Organization)

Again, when we look at these risk factors we see tremendous determinants coming from culture and behavior, from attitude, belief and practice. This ushers in the opportunity for a behavioral solution to a largely behavioral problem.



## **Lifestyle Medicine is Evidence-Based**

WE KNOW that lifestyle behavior affects the course of an illness.

The newly emerging field of lifestyle medicine recognizes the behavioral nature of health and has accumulated extensive evidence that lifestyle behavior does indeed affect the course of illness. The data is overwhelming. Listed in resource sections, literature reviews and bibliographies (see below), organizations such as the American College of Lifestyle Medicine, The American College of Preventative Medicine, and the newly formed Institute for Lifestyle Medicine at Harvard University, this convincing evidence shows us the value of lifestyle improvement for most patients with chronic illness and “lifestyle diseases.”

### ***Lifestyle Medicine Resources:***

- American College of Lifestyle Medicine:  
[www.lifestylemedicine.org](http://www.lifestylemedicine.org)
- Institute for Lifestyle Medicine at Harvard University -  
[www.instituteoflifestylemedicine.org](http://www.instituteoflifestylemedicine.org)

### ***Lifestyle Medicine (From the American College of Lifestyle Medicine)***

“Recent clinical research provides a strong evidential basis for the preferential use of lifestyle interventions as first-line therapy. (e.g. The Lifestyle Heart Trial, the Lyon Diet Heart Study and the Dietary Portfolio study) This research is moving lifestyle from prevention only to include treatment—from an intervention used to prevent disease to an intervention used to treat disease. This represents a fundamental change in the way medicine views lifestyle medicine, but one not yet well understood or appreciated.”

All of this research is showing us the behavioral nature of health. The process of health and wellness coaching allows our clients to have real methods and professional allies to help them succeed at behavioral change. These behavioral changes are seen as lifestyle improvements and NOT as pathological behavior to be modified.

Health and wellness coaching can help lifestyle medicine evolve a whole new layer of care, which, though not treatment in itself, supports the treatment team and their efforts. Health and wellness coaching goes beyond disease management approaches which focus on sound medical management of disease through medical compliance and great case management. Health and wellness coaching integrates the lifestyle prescription into the picture and helps with behavioral compliance.

## The Behavioral Skills Gap

Most healthcare professionals (with the exception of counselors and therapists) receive great training in science, but little or no training at all in helping effect behavioral change. Today nurses, health educators, physical therapists, dieticians, fitness trainers, etc., are being thrust into the role of health and wellness coach with no skill base to draw upon and no methodology to follow. This is where health and wellness coaching training can fill the gap.

## Wearing “Two Hats”

Many healthcare professionals will still be working primarily in the profession they are part of but they need to continually make a distinction when working with their patients/client. They need to ask themselves:

Am I facing a medical/treatment question of challenge here?

OR

Am I facing a challenge that is about helping someone change behavior?

Answer:

Medical/treatment situation = be a treatment provider.

Behavioral change = be a coach!

Many healthcare professionals are functioning in positions where they are wearing “two hats” much of the time. You may be working in your primary treatment or education job and being more “coach-like” in the way you do it. If you have an actual agreement to work with you client primarily as a coach (helping them with lifestyle improvement) you may at times find it very functional to “switch hats” (doing so with an actual announcement that you are doing so) and respond to your client with your treatment/educator hat on. Example: the dietician-coach can provide direct service helping the client formulate an effective dietary plan (and even there, being more coach-like) and then “switch back” to being primarily in the coaching role to explore how the client can effectively implement that plan behaviorally. The key is to “switch back” to coaching and not persevere in the more familiar treatment/educator role.

The one combination of roles that does not lend itself to “two hats” is counseling/psychotherapy and coaching. While many therapists have found that their coach training has actually helped them be better therapists, it is confusing to the client if you are in the coach role and then let your client go into therapeutic issues. It’s a very different agreement and better to keep these two hats on different hat racks!

## Case Study 1 “Martha”

### *Multiple Illnesses and Low Social Support*

This case study is based on a report from a WM360° graduate of a real client. All identifying information has been changed to protect anonymity.

The coach in this case is a nurse who works for a telephone based disease management company who holds a contract with the company that “Martha” works for and supplies wellness coaching services. This report was written just after the nurse received WM360° training and is only beginning to apply it.

Martha is a 43-year-old woman. This woman works at a major discount store full time as a cashier and stocker. She is on her feet all day long. Martha feels that her insurance does not enable her to take adequate care of herself. She has multiple health issues such as diabetes, asthma, hypertension, overweight, and is a smoker.

She came to coaching because she is angry that her insurance does not cover her diabetic testing supplies, her yearly eye exam, and her semi-annual dental exams. She feels that this program will help her to better manage her health issues through education. She feels that her health issues are out of control, especially her diabetes.

Martha’s support systems: She lives with her boyfriend, whom she has been dating for 3 years. She has children that are 16 y/o, 11 y/o, and 5y/o. They live with the Martha and her boyfriend. From what Martha says her boyfriend does not understand her health issues and does not support or encourage her to take better care of herself. She has limited contact with her mother and sisters. She has friends at work but they also are not supportive about living a healthy lifestyle.

Martha’s presenting problem was that she felt that her diabetes was out of control. Her blood sugar was over 250, she has multiple abscesses, she was having frequent shortness of breath from her asthma, her blood pressure was 157/100, and she felt her health was getting worse.

Some health and wellness concerns: She smokes a pack of cigarettes daily and has asthma. She has

hypertension and her blood pressure is not under control, it was 157/100. She is overweight and has a BMI of 32.42. She has not always been compliant with taking her medications, checking her blood sugar, and eating correctly. She says that she knows that this has to change.

A. Setting the foundation

Martha had called in because she felt that her diabetes and asthma was out of control. I made it clear to her when explaining the program that our conversations are confidential and I am not trying to replace her doctor. I told her that the purpose of this program is to educate her and to help her figure out what changes she can make in order to live a healthier life. She said that she knew her diabetes was out of control because she was not taking care of herself. I told her that I would be acting as her health coach, cheering her on when she makes progress but also holding her accountable if she doesn't do something that she committed to doing. She agreed to this saying that she knew she had to make changes because her health was worsening. She also said that she knew she was setting a poor example for her kids.

B. In meeting ethical guidelines and professional standards

I told Martha that I was not trying to replace her doctor but to support her relationship with him. I also told her that her employer is unaware of her participation in this program and that we do not communicate with her employer or her insurance. I also told her that I would not be calling her doctor without her knowledge.

C. Co-creating the relationship

I told Martha that any information that she told me would be confidential. I told her that I can understand many of her frustrations with her health. She tends to put her children and boyfriend's needs ahead of her own. She has financial issues, her insurance does not cover the full cost of some of her medical supplies: Her test strips for her glucometer, her yearly eye exam, and her semi-annual dental exams. I asked her for her permission to refer her to a person who could help her with her financial issues. She gave me her permission. I also gave her a phone number for an employee assistance program. I voiced understanding of her financial issues and challenges and tried to encourage her to come up with ways to be able to afford the healthcare that she wasn't receiving. I also told her that her health is a priority and she needs to take care of herself properly so she can take care of her family. This member and I connected easily because we are close in age, have children and work fulltime.

D. Communicating effectively

I feel that I have been a good and active listener by paraphrasing and asking persistent questions. When she did not honor a commitment to make changes to improve her health I was direct in asking her if she was interested in continuing to work on this goal and what does she need to do differently to achieve the goal.

E. Facilitating learning and results

I thought this was accomplished by increasing Martha's awareness of how some of her behaviors negatively affect her health. She told me how decreasing and eventually quitting smoking would improve her health by making it easier to breathe, decrease how often she uses her inhaler, and it would also help her save money so she can afford medical supplies. She decided she was going to allow herself a certain amount of cigarettes daily. She would put those cigarettes aside and not have anymore when they were gone. She said she would keep the remaining cigarettes in her car so they would not be readily accessible. She also set a goal of taking her medications as prescribed and checking her blood sugar four times daily. She decided she was going to put her medications on the sink in the kitchen. The point of this was that in the morning while making breakfast and in the evening while making dinner she would remember to take her medications. She decided she would carry her glucometer with her and test her blood sugar at appropriate times, and when she doesn't feel well. She was not successful in accomplishing these goals.

On the next call we added visual reminders for her to remember to take her medications. She thought of giving her extra cigarettes to a co-worker to hold for her until the next day, so she wouldn't smoke more than her allotted amount. She thought of setting her alarm on her cell phone to remind her when to check her blood sugar. Unfortunately, Martha was not successful in achieving these goals either. Although she told me she was committed to making these changes to improve her health, she had a variety of reasons why she was unable to do so. She blamed her boyfriend's unwillingness to reduce his smoking, her kids were supposed to remind her about the notes for her medications, and she only tested her blood sugar twice weekly.

F. What I have learned from this client is that the drive for change has to come from the client themselves. While Martha verbalized making changes to be healthy ultimately she was unwilling to make the changes that were necessary. The client has to be fully committed and having a strong support system makes success more likely.

G. Martha was unwilling to make the changes necessary to improve her health. The last time I talked to her, she said that she now understands how important it is for her to make significant changes to improve her health. She had an open sore on her leg that her doctor says is a complication of her diabetes. She is afraid that she may need to have her leg amputated below the knee. She continues to smoke, but says she knows she has to quit. She says she is going to test her blood sugar four times daily. If when I talk to her again, and she hasn't at least begun to change, I will step her down to a status in our system where she does not receive wellness coaching but is kept on our list for minimal service until she is really ready to change.

## Chapter 12 — Review the Lifestyle and Wellness Coaching

Reflect on this case study and share with the group what it brings up for you.

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What is/was the clients readiness for change?

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What could the coach of done differently?

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## Case Study #2

### *A Positive Pre-Diabetes Lifestyle*

We know that someone diagnosed with “Pre-diabetes” can prevent the full-blown development of diabetes 70% of the time when they are successful at lifestyle improvement.

Am. Diabetes Assoc.  
[www.diabetes.org/diabetes-basics/  
prevention/pre-diabetes/  
pre-diabetes-faqs.html](http://www.diabetes.org/diabetes-basics/prevention/pre-diabetes/pre-diabetes-faqs.html)

This actual case study client, while not officially diagnosed as pre-diabetic, knew she was on her way there. Coaching was skillfully conducted by a Wellness Mapping 360° student who completed this case study and became a Wellness Mapping 360° Certified Wellness Coach. The coach was also an R.N., and did a good job of being clear about these two roles. Names and some details have been changed to respect confidentiality, but this is a real case.

### **Wellness Mapping 360° Case Study — Coach Shirley**

Client Information — My client is age 64. “Angelina” is a retired executive and lives in an active adult lifestyle community. She is a past participant in our “Healthy Self” weight loss program. She came into The Center (where I work) to sign up for another program and shared that she had had a “bad year” related to her weight loss effort. After some discussion, I asked her if she would like to have wellness coaching to help support her efforts. We discussed what Wellness Coaching is and she agreed to try it.

Over the past year my client has been involved in a financial dispute involving thousands of dollars in which she is being denied payment so far. This has totally consumed her thoughts and energy. As a result she returned to unhealthy eating habits and lack of exercise.

My client is single (never been married) and lives alone. She has several close friends and belongs to a Singles Club in the community. She gets support from her friends but does rely on herself a lot.

Her main health concern is obesity. She started out over 300 pounds (136 kg.) when she initially participated in our weight loss program. She lost 20 lbs. in eight weeks and then went on to lose 40 more pounds. Currently, she states she has gained 20 lbs. back over the past year, and her fasting blood glucose was 120 when she had it checked at

a local screening. She is concerned that she is on the path to diabetes.

A. Setting the Foundation – Meeting Ethical Guidelines and Professional Standards

I informed the client when we initially discussed the option of Wellness Coaching that I was in the process of completing my certification for Wellness Coaching. I also told her that I had to complete a case study and would be using our experience to fulfill this requirement.

I discussed the basics of coaching – informing her that I would be offering support and accountability, not information. Angelina thought this would be perfect because she has been through two structured weight loss programs and knows what she needs to do. She was looking for accountability. We agreed that coaching would be a good resource for her.

We established frequency of appointments and her responsibilities as a client. I gave her the welcome packet to complete and established our first appointment. During our first appointment, we reviewed information she shared in the welcome packet.

“The most precious gift we can offer others is our presence. When mindfulness embraces those we love, they will bloom like flowers.”

— Thich Nhat Hahn

B. Co-Creating the Relationship

At our initial meeting we reviewed information in the Wellness Packet. As she handed me her packet, she asked in a joking way if her information was going to be published in the community. I took that time to seriously review that all of the information that was shared would be handled in strict confidence.

All of our appointments have started on time. During our first session, we reviewed her “Wheel of Life”. She discussed prior times in her life when she volunteered and helped people in her neighborhood. As she was creating her action plan, she had not mentioned volunteering. I asked permission to suggest adding something to her plan. I pointed out that she “lit up” when she talked about volunteering and helping others and offered that she might consider exploring new volunteer opportunities in her action plan. She said, “Oh, yes...this is about more than just discussing my food and exercise plan.” I think this demonstrated to her that I was listening to her story and helped build the coaching relationship.

C. Communicating Effectively

The previous story illustrated listening and exploring my client’s values. I worked at paraphrasing and reiterating what my client was saying. I allowed her to vent about her insurance issue that has



consumed her thoughts and energy the past year. Then I asked my client the “how is it working for you” question. She acknowledged that it hasn’t helped her overall health and was ready to move on. It was the perfect time for a powerful question.

D. Facilitating Learning and Results

I have helped my client become increasingly aware of how her whole life affects her wellness. I believe she has viewed various aspects of her life compartmentally, so I have helped her explore how fulfilled she is in each area and how it effects her overall wellness.

When designing actions, I have challenged my client when she seemed over zealous in her action plan (going from a year of not exercising to stating she was going to exercise 5x/week). She has been very diligent about setting goals each week. These goals have focused on exercise, food journaling, and exploring volunteer opportunities. In managing her progress and holding the client accountable, we discuss the previous goals set. She has met her goals each week. We celebrate these successes and look forward to the next week.

She has attended nutrition lectures, a diabetes fair, and a diabetes support group. She has not been diagnosed as having diabetes, but she sought out information because she felt she was on the road to pre-diabetes. After attending the support group, she shared that it was very motivating because she didn’t want to have to deal with the issues that were discussed. She has since had a physical with her primary care physician. Her fasting blood glucose was 106. She asked me some questions about her lab work. Before discussing her blood work and answering her questions about diabetes, I told her I was “switching my hat” from coach to “Nurse Shirley”. Then I made it very clear when we were switching back to coaching.

As we finished our most recent session, we took some time to evaluate the overall coaching process. Angelina paused and said, “You know...one of the most amazing things is that I don’t think about the financial problem I’m facing anymore. Whatever is going to happen, will happen, and I will deal with it then. But, I don’t think about it every day. My focus has changed.” She has lost weight, started volunteering at a local animal shelter (she loves dogs), and is seeking more social opportunities. She feels the coaching process has really helped her.

E. Insights Gained and Lifestyle Changes

Learning about Wellness Coaching and actually implementing it has been very rewarding for me. It has “given me the permission” to focus on my own wellness. I can certainly empathize with my client

when something in your life becomes all consuming. She reminds me that my life and lifestyle are more important than one specific issue that is going on at a particular time. There will always be something that can distract you.

Learning to apply the stages of change with weight loss has also been very enlightening. My spouse has also been somewhat of a “case study” for me. I never really understood before when he would discuss “thinking” about losing weight. This was a big ah-ha moment for me. His ah-ha moment was when he said, “You really have to work at this every day, don’t you.” It isn’t – go on a diet, lose weight, and you are done. It is truly about a lifestyle change.

A lifestyle change for my client has been the change in mental focus as discussed before. Angelina has completely changed her focus. She also has a broader view of wellness. She has been so focused on her weight and hasn’t really related how the rest of her life can affect her weight problem. We will continue to explore this because in our most recent coaching session, we were discussing what spirituality means. She has taken this very literally and has felt she wasn’t spiritual because she doesn’t go to church. I think as she researches this and I challenge her, she will change her perception.

In comparing this case study with Case Study #1 you quickly see that the client’s situations are very different, but the coaching that took place is very different also. The coaches both were new to the Wellness Mapping 360 process, but “Coach Shirley” (#2) quickly embraced the new model, while “Coach #1” continued to largely cling to the disease management model that she had been working in before the training.

1. Below please contrast case study #1 and case study #2. What are the differences that you see?

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2. How did Coach #2 address the emotional/cognitive issues of worry with her client and how did that change the results for the client?

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3. What role did “meaning and purpose” play in the wellness of client #2? Wellness is so much more than just diet and exercise.

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4. Consider where you are on the continuum of learning and application between Coach #1 and Coach #2? Where are your challenging spots when it comes to applying the Wellness Mapping 360 model?

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## Summary Chapter 12

### Review the Lifestyle and Wellness Coaching

- Coaching Skills Review
- Reviewed the Wellness Mapping 360© coaching competencies
- Keeping the Coaching Mindset
- The Behavioral Nature of Health & Wellness
- Lifestyle Medicine is Evidence Based
- Case Study Review

### Wellness Mapping 360° Coaching Competencies

#### Self-rating

On a scale of 1-10 (1 = lowest, 10 = highest), rate your own level of competency in each of these areas and discuss it in class.

1. Coaching Mindset \_\_\_\_\_
2. Coaching Alliance \_\_\_\_\_
3. Coaching Skills \_\_\_\_\_
4. Exploration \_\_\_\_\_
5. Visioning and Motivation \_\_\_\_\_
6. Action Planning \_\_\_\_\_
7. Ensuring Success \_\_\_\_\_
8. Well Outcomes \_\_\_\_\_

How confident do you feel working with clients with health challenges?  
What are your concerns?

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What are the top three areas you need/want to improve as a coach?

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How, specifically, will you develop greater competency in these areas?

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## Chapter 13

# Coaching Clients with Health Challenges



### Key Concepts

- WM 360° model from Prevention to Rehabilitation



### Connections for the Client

- Readiness for Change as it applies to adaptation
- Finding the Motivation for Change



### Applications

- Support for individuals with diagnosis and health challenges
- Medical Compliance



### Reading

- For inspiration: [www.youtube.com/watch?v=ngvkj3IAb-I](https://www.youtube.com/watch?v=ngvkj3IAb-I) and, <https://www.youtube.com/watch?v=qX9FSZJu448>
- A work about attitude, belief and health challenges: [www.marknepo.com](http://www.marknepo.com)

## Wellness Coaching and Health Challenges

### *Health and Medical Coaching — Coaching People With Health Challenges*

“And so I feel compelled to inquire into the art of facing things – facing ourselves, each other, and the unknown. It is something we cannot do without, for facing things is what courage, at its most fundamental level, is all about. Without this, we replay and pass our suffering on to others repeatedly...every time we face our own pain at being broken, we dissolve the heart's need to relive the break.”

— Mark Nepo from the Art of Facing Things

### Facing The Challenge

Health challenges can take on many forms. We are all faced with the challenge of living well in a world that doesn't always support healthy lifestyle choices. There are times in our lives, however, when the challenge might be much greater.

- The news of a close relative dying of a genetically linked disease
- A diagnosis of heart disease, cancer, diabetes, osteoporosis, or arthritis just to name a few.
- A recent heart episode or other health issue
- Finding age related issues catching up with us.

This type of news really changes people's lives. How we speak of and view these health challenges is important right from the start. In coaching vernacular “problems” are translated into challenges. We are not always doomed by our problems, conditions, and diagnoses. It is extremely easy to lose hope and feel victimized by a lab result if we take such news as a final condemnation.

Speaking of a cancer diagnosis as a “challenge” is not to diminish the seriousness of it. We know, however that the people who face their fears and their diagnosis, tap into their will to live and be well, and when they don't have to do it alone, often conquer more than just their own fears.

As a coach you have the honor of being a person's ally through this process.



## Where Do You Fit In?

### *Coaching and Coaching Skills*



For many of you who are attracted to doing wellness coaching, people who have health challenges are not new, you work with them all the time. As a medical professional you continuously face the challenge when working with your patients...when to stay focused on the treatment methodology and when to recognize that what you are dealing with has crossed over into the world of behavior.

- The coaching mind-set coupled with coaching skills allows you to support people as they change their lifestyle behavior. As we have said frequently, most wellness and medical personnel discover that just telling people what to do seldom works.
- For the health care worker already inside the medical system coaching skills can transform the way you do one-on-one work.
- For the wellness coach seeking entry into the system it is a matter of finding forward thinking programs.

### **Wellness Coaching as Lifestyle Medicine: Covering The Whole Continuum**

Prevention was always the touchstone used to define and justify the *raison d'être* of the wellness field. Health educators, nurses, corporate wellness programmers and others involved in the wellness field over the last thirty years could always point to the consummate sensibility of prevention and health. Entire programs were built around the reduction of health risks and the prevention of illness. Now we are seeing that undeniable evidence concludes that wellness, i.e., helping people improve their lifestyle behavior, is an essential part of the wise treatment program for many chronic medical conditions (American College of Lifestyle Medicine).

- Considering lifestyle behavior factors in diseases is critical.
  - increasingly sedentary lifestyles & workstyles
  - poor diet (increasingly uniform worldwide - industrialization of food manufacture, distribution and sales, e.g. convenience and “fast foods”)
  - greater isolation
  - increasing stress
- These factors contribute to both the onset and the course of such chronic diseases as diabetes, heart disease, asthma, cancer, hypertension, etc.
- The Center for Disease Control estimates that chronic illness consumes 82 percent of healthcare resources and costs in the U.S.A. (Center for Disease Control, 2004)

- A New England Journal of Medicine article estimates that people with chronic conditions receive only 56.1% the recommended care for their health challenges.
- The costs of medical non-compliance (which is entirely behavioral) is in the billions. (McGlynn, Asch, et. al., 2003).

Clearly with such high rates of incidence the wellness field now faces a two-fold challenge of prevention and being part of the treatment solution.

The people we serve span the entire continuum from those with severe health challenges to all who aspire to peak performance, and living joyful, meaningful and satisfying lives. We are zeroing in on the behavioral nature of health and those in the wellness field are uniquely qualified to help, if we follow a model that is effective.

The last several years has seen the development of new health and wellness coaching strategies for addressing the lifestyle behaviors that impact healthcare costs and public health. Making widespread use of health and wellness coaches, disease management companies have become a growing part of the healthcare industry that seeks to implement some of these new strategies. Employee Assistance Programs (EAP's) are beginning to include health and wellness coaching in their services. Self-insured companies are exploring these same strategies to improve the health of their populations and thus contain rising healthcare costs. Increasingly, wellness professionals in hospitals and corporate wellness programs are being asked to work with clients one-on-one, using a coach approach to increase the probability of real success. Wellness coaching has arrived and is already an integral part of lifestyle medicine.

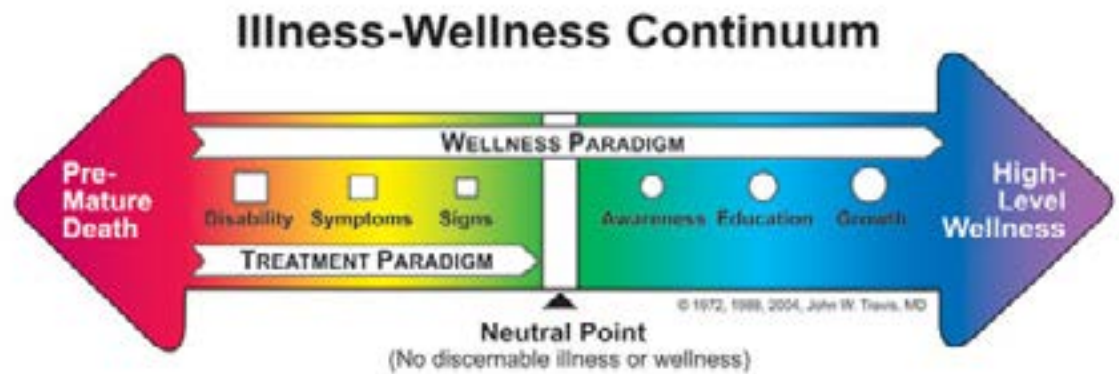
## The Wellness Continuum

### Concept 1:

*Wellness is a process, never and static state"*

### Concept 2:

*Illness and health are only the tip of an iceberg. to understand their causes, you must look below the surface"*



## Coach As Lifestyle Change Expert

The entire field of wellness is much too broad and much too deep for anyone to be an expert in “everything” lifestyle related. The field of medicine is just as infinite. As a wellness coach, your job is to be a lifestyle change expert.

What professional wellness coaching does not look like:

- A prescribed program of specific diet and exercise (and perhaps other methods) that a client must follow.
- A regiment or training regime of how to be healthy and well.
- A consulting relationship
- An endless attempt to provide suggestions and solve problems
- Continually “explaining” to the client what to do to be healthy and well.
- Attempting to provide all the answers or even all the information.

While this might be “wellness” it is not “wellness coaching.”

The expertise you provide is all about how to change behavior in a way that lasts: lasting lifestyle change.

Your value as a wellness coach lies in your abilities to help someone:

- Feel like they have an ally in the wellness journey.
- Take stock of their health and wellness.
- Develop a concrete plan for lasting lifestyle improvement
- Overcome the power of habit.
- Discover and develop the sources of connection and support that they need to achieve and maintain lifestyle improvement.
- Strategize effective new ways to creatively solve problems and eliminate barriers.
- Eliminate tolerations and get their needs met!

***Assessing the motivation for lifestyle change is important.***

How strong is it?

How much is it based on fear?

Is the person committing to change for themselves or for others?

What do they believe the health challenge is linked to?

Do they really believe that improving their lifestyle will help?

**Working With Your Client:**

- Explore and improve their mental/emotional connection to their health challenge.
- Help them evaluate their readiness for change.
- Obtain commitment and create agreements about medical compliance.
- Obtain commitment and create agreements about implementing ways to improve their lifestyle that will positively affect their health challenge condition.
- Create a supportive alliance that will help them to maintain positive changes they have made.
- Serve as a resource for more information and help them follow through on continually educating themselves about their health challenge.
- Help them to discover or re-discover fun and joy in their lives!

Once again the most important self efficacy question is:  
“Do you believe you can affect your health?”

## **Astonishing Non-compliance**

### ***Understanding Readiness for Change in the Health Challenged Client***

Working with clients around medical compliance and adherence to the lifestyle prescription is the place where Prochaska's "Readiness for Change", Elizabeth Kubler-Ross's "Stages of Grief," and Maslow's "Hierarchy of Needs" all intersect. What we, the caregivers often fail to understand is that when a person has experienced a truly life changing event, like the onset or worsening of a health challenge they feel a loss of control that may threaten their safety, they experience grief at the loss of health, ability, or dreams, and often need to redefine their identity.

As wellness and health coaches are given more opportunities to help people, especially people who have, or may soon develop, a chronic illness (heart disease, diabetes, cancer, arthritis, COPD, etc.), we will face again and again what has stymied health care professionals for decades; the patient who has heard the diagnosis, but has made virtually no changes to improve their health. They have gotten the news, but haven't woken up and smelled the coffee. The story is far too familiar. You may have seen it amongst the people you work with, your friends or in your own family. It may have been what you have experienced yourself. The person gets a new diagnosis of a life-threatening disease, or is warned that a life-threatening disease is immanent (such as being told that one is pre-diabetic) unless they make significant lifestyle changes. Or, perhaps they experience a sudden health event like a heart attack. They are given medical treatment and also given the "lifestyle prescription". They are told to make lifestyle changes: quit smoking; be more active and less sedentary; improve their diet; manage their stress better, etc. They may even be told that immediate lifestyle changes are absolutely essential to their continued survival: a low-sodium diet for the hypertensive patient; lower stress levels for the post-heart attack patient; complete restructuring of the diet of the newly diagnosed diabetes patient, etc. Then, far too often, the health care professional watches, as do family and friends, in total astonishment, as the patient makes none of these changes. So, when lifestyle changes are necessary what determines a person's ability to make the needed changes in the quickest way possible?

We have long tried to understand people's adherence to recommendations for lifestyle improvement through the lense of Prochaska's Readiness For Change model (Changing For Good, Prochaska, et.al. 1994). This model, though primarily tested with addiction clients, revolutionized how we think about behavioral change in the health care world. James Prochaska and his colleagues reminded us that change is a process, not an event and that people change when they are ready to, not before. Furthermore the change process is made up of six stages, not just ready or not-ready.

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Termination (Adoption)

This is certainly a helpful way to understand where someone is regarding a particular behavioral change. Knowing if they are in the Contemplation or Preparation stage, for example, helps us know how to work with them. This single lens, however, is not enough. In the patient/client who astounds us with their level of non-adherence we find we are encountering more than just lower levels of readiness, we are encountering grief and loss.

### ***A Loss is a Loss***

The loss of a loved one through death, the loss of one's health, or the loss of the dream held for how life would be, is all perceived as losses to be grieved. To help you understand a person's reaction to a health challenge, diagnosis, etc., and to help you respond more compassionately and effectively, put all of it in the perspective of the classic stages of grief. The work of Elizabeth Kubler-Ross, Stephen Levine and others have shown us that the grieving process is a multi-layered experience that affects us powerfully.

Kubler-Ross identified the five stages of grieving that are present for any significant loss:

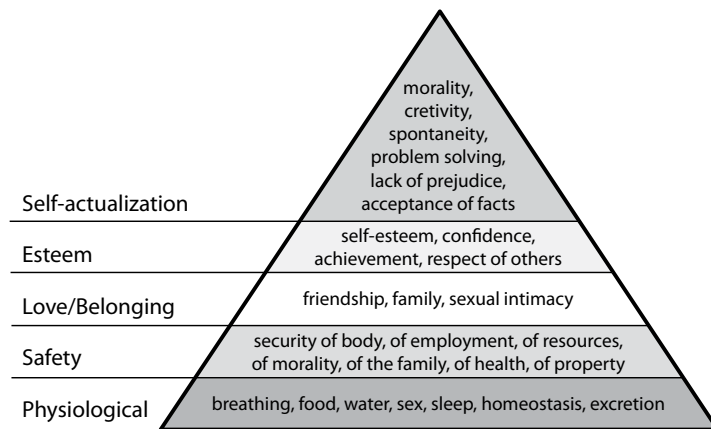
1. Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance.

I talk about this extensively in Chapter 10 (“Health and Medical Coaching — Coaching People With Health Challenges”) of my book, *Wellness Coaching For Lasting Lifestyle Change*. When we see the astonishingly non-compliant patient/client, they are often experiencing this first stage of denial. They minimize the importance of the event, downplay its seriousness, and do all they can to return to “business as usual.” Talking about the event or diagnosis becomes a forbidden subject and the person may become quite defensive. The experience of a “brush with death,” or even the news that such a threat is imminent, can automatically push us into survival mode. No matter at what level we were getting our needs met on Abraham Maslow’s Hierarchy of Needs (see Chapter 1 — “Toward A Psychology of Wellness” in my book, *Wellness Coaching For Lasting Lifestyle Change*.) such an experience necessarily drives us down to the survival need level. We feel profound threat to our “safety needs” and “physiological needs,” our very physical existence is threatened. Life becomes about the real basics of survival; the next breath, food, water, shelter. It becomes about the basics of safety; feeling secure, going back to the familiar, whatever reassures us that we will be OK. It is no wonder that people going through such an experience may embrace the status quo, resist change and psychologically minimize the threat that they perceive.

This brings up questions about the health challenged persons readiness to change:

- How long will they stay at these survival levels seeking to meet their physiological and safety needs when they are encumbered by the initial stages of grief?
- How effective can one be at functioning and rising up through both the stages of readiness for change and the lower levels of the needs on Maslow’s model if they are in denial and minimizing, acting out in an angry manner or shackled by depression?

What needs to be considered to work effectively with health challenged clients is the intersection of these three widely accepted psychological theories. Once understood, a Wellness Professional can truly motivate their client towards lasting lifestyle change.



Maslow's theory of motivation contends that as people get their needs met at the lower levels of the Hierarchy of Needs Triangle they naturally move on up to the higher levels (their being needs). When we encounter a patient/client who fits the picture we are talking about here, do we acknowledge where they are at and do we help them get their needs met at that level? Or, do we demand immediate behavioral change just because the value and urgency of it is so great?

Our first job is to help them feel like they have an ally, someone who supports them and has their best interests at heart. This helps meet their safety needs and even some of their social needs. We then need to check in with the person and see how they are doing at the survival level. Are they receiving the medical care they need? Is their living situation allowing them to cover the basics of shelter, food, and safety? Much of this comes down to how their health challenge affects the security of their way of making a living. How do they perceive (and it is their perception that counts) their health challenge as a threat to their livelihood? Do they fear losing their job, falling behind in production, having their business falter or fail? How much are they into catastrophic thinking about all of this?

What is more frightening than to believe we are powerless? The threat to our very survival is there, like a cave bear at the mouth of our cave, and we believe we can do nothing to stop it. If our patient/client feels powerless to affect the course of their illness then they wonder why should they make all the effort required to achieve lifestyle improvements? When we feel powerless we often don't go to fight or flight, we freeze. The reflexive response to fear is contraction. Hear a sudden, loud noise and we instantly tense up and contract all our major muscle groups. When we are scared, we hold on. We reflexively hold on to what we have and to the way things are. Change seems even scarier than what frightened us to begin with. We are like the person in the path of a hurricane who won't leave the safety of home, sweet home, even though it will probably be flooded and blown away.



For our client to “let go” and trust in the change process their physiological and safety needs have to be met. If they doubt this they may give the appearance of compliance, but their follow-through is questionable.

Beyond the very basics of survival, we can help our client then to get their needs in the next two levels met: Social Needs (sense of belonging, love) and Self-esteem Needs (self-esteem, self-worth, recognition, status). This is where coaching for connectedness plays a priceless role. We know that isolation is a real health risk and at this crucial time the presence and engagement of an extended support system can provide huge benefits. Our client will need the help of others in many practical ways, but they will fare far better if they are getting the emotional support that comes with getting their needs for belongingness, acceptance and compassion met. We, the helper can only provide a very small part of this and some of our best efforts may be to help the person we are working with to find, develop and expand sources of support in their lives. The nature of the support they receive from others is important as well. This person needs understanding, empathy and support, not criticism and pressure to make lots of changes immediately. We need to encourage our client to ask for the support they need in the ways that they need to receive it.

Coaching to improve self-esteem allows the client to move on up through Maslow’s triangle through the next level. We all need to feel good about ourselves, to receive recognition and praise. When one is hit with a health challenge they may feel anything but good about themselves. Perhaps they are framing the health event or onset of an illness as a personal failing. There may be embarrassment and/or shame that they are no longer completely healthy. Their own “inner-critic” may be very harsh on them, filling their mind with self-critical thoughts that, again, cause them to do anything but take action for change. Helping the person to regain a sense of power and control in their life can also reclaim self-esteem. When we feel powerless to control events and circumstances in our lives we feel weak, vulnerable and impotent. When we discover what we can actually do through our own lifestyle choices to affect the course of our illness for the better, we feel empowered and regain confidence and strength.

## Ten Ways to Effectively Coach the Health Challenged Client: Coaching Up Through the Hierarchy of Needs

When we encounter the person who has had a heart attack and is still downplaying the importance of it, almost pretending that it didn't happen; the person diagnosed as pre-diabetic who has made no dietary changes at all and remains as sedentary as ever; the person diagnosed with COPD who is still smoking, etc., we need to respond to them in a more coach-like way. In each step consider that their readiness for change will be determined in part by their stage of grief and where they fall in Maslow's hierarchy of needs. How quickly they move through the change process will be in part determined by past experiences and in part by the support they have in the present to change.

Part of being  
an effective  
coach involves  
understanding  
the change  
process  
for adults.

1. Meet them with compassion not judgment.

Catch yourself quickly before you criticize their lack of adherence to the recommended lifestyle changes they have been told to do. Bite your tongue, so to speak, and instead of forcefully telling them what they should be doing, and warning them, once again, of the dire consequences of non-adherence, respond with sincere empathy and listen.

2. Acknowledge and explore their experience.

Ask them what it was like when they found out about their health challenge; diagnosis, or what it was like when they experienced this health event. Don't jump to solutions or start problem solving. Just listen and really listen. Reflect their feelings. Acknowledge what was real for them. Explore it with them and see if there isn't some fear that needs to be talked about here.

3. Don't push, stay neutral in your own agenda, and explore more.

While it may feel like this person needs to take swift action with tremendous urgency, be patient. Readiness for change grows at a different rate for each step of the journey.

"I have come to know  
that the single most  
important factor in a  
person being able to  
make lasting lifestyle  
change is their belief  
that it is possible."

4. Be their ally.

Help them feel that they are not facing this alone. This helps meet their need for safety and even some of their social needs. Does the client understand their health challenge? To what degree does the client understand and buy into the lifestyle changes suggested?

—Dr. Michael Arloski

5. Address survival first.

Make sure they are getting all the medical help they need. Explore their fears about income, job, career, business, and how it all will be impacted by their health challenge. Help them gain a sense of control and feel more safe and secure in all ways. Help them to see that they are not completely helpless and vulnerable, but that there are ways they can affect their situation.

6. Help them process the loss.  
Talking through the grief is very powerful. The loss of health is felt to the level that it is perceived. That perception will be part reality and part fear. Help your patient/client to process their feelings, to give a voice to the part of them that is afraid. Accept their initial tendency to minimize but slowly help them feel safe enough to move through the other stages of grief (anger, bargaining, depression and finally, acceptance).
7. Help them form a plan.  
Even if it is very basic, help them develop a plan for becoming healthy and well again and how to face their health challenge. Meet them where they are currently remembering that Preparing to take action is a vital readiness for change stage. What do they need to know? Having a plan will give them both hope and a sense of purpose and direction, a map to find their way out of their current situation. It is something to hold on to.
8. Coach for connectedness.  
If the basic survival needs feel met the person can reach out to others and will benefit from a sense of belonging. Family and friends need to be inclusive and not critical. Support from co-workers is also extremely helpful. The fear that is brought up by the onset of serious health problems sometimes frightens others and efforts need to be made to break through this initial resistance. Coach them through their own reluctance to asking for support.
9. Build self-esteem.  
Recognize, acknowledge and reinforce all progress. There is no wrong! Help your patient/client to exhibit greater self-efficacy because as they take charge of their health and their life, their self-esteem grows.
10. Nothing succeeds like success.  
Help the health-challenged person to take small steps to prepare for change and then experiment with actions where they are most ready. Build on these easier successes and leave the tougher challenges for later after confidence has been built.

Maslow reminds us that “growth forward customarily takes place in little steps, and each step forward is made possible by the feeling of being safe, of operating out into the unknown from a safe home port, of daring because retreat is possible.” (Toward A Psychology of Being, 1962). To emerge from that home port, our client needs to be in the process of working through their grief, they need to be moving up the spiraling stages of change, and how better to set sail towards the unknown lands of change than with a good ally?

Arloski, M. (2007) *Wellness Coaching For Lasting Lifestyle Change*. Duluth,

## **Change and Grief — A Normal Life Process**

In coaching we work with the Readiness for Change stages put forth by Prochaska and must also understand how health related losses effect people and their Stage of Readiness to change.

At some point in our lives, each of us faces the loss of someone or something (including our health) dear to us. The grief that follows such a loss can seem unbearable, but grief is actually a healing process. Grief is the emotional suffering we feel after a loss of some kind. The death of a loved one, loss of a limb, physical illness, even intense disappointment can cause grief. Dr. Elisabeth Kubler-Ross has named five stages of grief people go through following a serious loss.

### ***Grief And Stress***

During grief, it is common to have many conflicting feelings. Sorrow, anger, loneliness, sadness, shame, anxiety, and guilt often accompany serious losses. Having so many strong feelings can be very stressful.

Yet denying the feelings, and failing to work through the five stages of grief, is harder on the body and mind than going through them. When people suggest “looking on the bright side,” or other ways of cutting off difficult feelings, the grieving person may feel pressured to hide or deny these emotions. Then it will take longer for healing to take place.

### ***Loss Defined***

Loss is the experience of parting with an object, person, belief, or relationship that one values. There are many causes of loss, which can range from changes in health and ability, to the death of a loved one (including a pet).

- Losses are encountered daily by each of us.
- The experience of loss must be defined broadly and with a clear understanding of the personal pain and disruption that can accompany it.
- Losses can be minor or major.
- The impact of loss depends upon the value the person placed on what was lost.

### ***Types of Loss***

- Tangible (actual or physical) losses are apparent and easily recognized: death, loss of a body part, changes in physical health.
- Intangible (perceived or psychological) losses are less obvious: May be tied to personal perceptions such as one’s prestige, power, dreams, plans, security, etc. Because these losses are less likely to

be acknowledged, admitting to the accompanying feelings of loss can be difficult or embarrassing. Consequently, emotional support may be inadequate.

### ***Recovering From Grief***

Grieving and its stresses pass more quickly, with good self-care habits. It helps to have a close circle of family or friends. It also helps to eat a balanced diet, drink enough non-alcoholic fluids, get exercise and rest.

Most people are unprepared for grief, since so often, tragedy strikes suddenly, without warning. If good self-care habits are always practiced, it helps the person to deal with the pain and shock of loss until acceptance is reached.

*Maslow reminds us that “growth forward customarily takes place in little steps, and each step forward is made possible by the feeling of being safe, of operating out into the unknown from a safe home port, of daring because retreat is possible.” (Toward A Psychology of Being, 1962). To emerge from that home port, our client needs to be in the process of working through their grief, they need to be moving up the spiraling stages of change, and how better to set sail towards the unknown lands of change than with a good ally?*

— Michael Arloski, Ph.D., PCC

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Prochaska, J., Norcross, J., & Diclemente, C. (1994) Changing For Good. New York, NY: Harper Collins/Quill. 1994 Harper Collins, 2002 Quill reprint.

### ***The Five Stages of Grieving***



1. Denial, Shock and Isolation: The first reaction to learning of illness or death is to deny the reality of the situation. It is a normal reaction to rationalize overwhelming emotions. It is a defense mechanism that buffers the immediate shock. We block out the words and hide from the facts. This is a temporary response that carries us through the first wave of pain. The reality of the health issue has not yet been accepted by the person. He or she feels stunned and bewildered as if everything is “unreal.”
2. Anger: As the masking effects of denial and isolation begin to wear, reality and its pain re-emerge. We are not ready. The intense emotion is deflected from our vulnerable core, redirected and expressed instead as anger. The anger may be aimed at inanimate objects, complete strangers, friends or family. Anger may be directed at our loved ones or our God. Rationally, we know they are not to be blamed. Emotionally, however, we may resent God for causing us pain. We feel guilty for being angry, and this makes us more angry. The grief stricken person often lashes out at family, friends, themselves, God, or the world in general. Bereaved people will also experience feelings of guilt or fear during this stage.
3. Bargaining: The normal reaction to feelings of helplessness and vulnerability is often a need to regain control. If only we had sought medical attention sooner. If we got a second opinion from another doctor. If we changed our diet, maybe it will get well. In this stage, the bereaved asks for a deal or reward from either God, the Doctor or the Clergy. Comments like “I’ll go to Church every day, if only my health will come back to me” are common.
4. Depression: Depression occurs as a reaction to the changed way of life created by the loss. The bereaved person feels intensely sad, hopeless, drained and helpless. The way we use to view ourselves is missed and thought about constantly. Our reaction is to practical implications relating to the change. Sadness and regret predominate. We worry about the cost of treatment and the effect the illness will have on our lives and those we love. We worry that, in our grief, we have spent less time with others that depend on us. This phase may be eased by simple clarification and reassurance. We may need a bit of helpful cooperation and a few kind words.
5. Acceptance: Acceptance comes when the changes brought upon the person by the loss are stabilized into a new lifestyle. It is not necessarily a mark of bravery to resist the inevitable and to deny ourselves the opportunity to make our peace. This phase is marked by withdrawal and calm. This is not a period of happiness and must be distinguished from depression. Usually, children recover more quickly, while the elderly take the longest. This is a time of integrating new information into a lifestyle or way of being in the world that works for the person.

## The Change Cycle

The Change Cycle is very similar to the Grief Cycle. One goes through the same stages during change or transition as when they grieve. A change — whether it's planned or unplanned, positive or negative — often includes leaving something behind and adapting to a new situation. People will often experience grief as they leave or lose the “old way” even if they're looking forward to the change. These could be things like losing relationships, community, a certain routine, familiar surroundings, behaviors, financial stability, etc.

As you read through the following stages, consider the change you are going through and how it parallels grieving. What are you losing or grieving as you make your change?

### ***Stage 1 — Denial***

The first response to change is usually to deny or minimize the extent of the proposed change. It is similar to a shock reaction that lets us continue functioning until we can make sense out of the news. Although there is activity and things might look like “business as usual,” productivity suffers because it requires energy to remember to forget about the changes.

### ***Stage 2 — Resistance***

After the reality of change sinks in, the next stage is Resistance where anger, depression, anxiety, uncertainty and self-doubt are experienced. People focus on the impact the change is having on them and their lives. Things seem to get worse as complaining, illness and stubbornness increase. Although Resistance can be unpleasant, it's a natural reaction when security and competence are threatened. There's a fear of failing at the new requirements, and a reluctance to give up the status quo.

### ***Stage 3 — Exploration***

After a period of struggle and doubt, there is a shift to a more positive, optimistic and future-oriented stage. There is growing confidence that we can survive the change.

Energy to explore and find new ways is now available. There is an openness to change and the motivation to explore possibilities. The system is more tolerant of experimentation, the range of opportunities and options increases, and enthusiasm and creativity are more likely. There may be time management problems or information overload, but the overall stage is a positive one.

### ***Stage 4 – Commitment***

In the final stage of the change process, new form and cohesion begin to emerge. People are now prepared to work together to create stability out of the chaos of the Exploration Stage.

Commitment to the goals and objectives of the organization dominate over personal concerns and the focus shifts from anxiety to confidence. If the change process has been successfully managed, productivity and efficiency may be even higher at this point than before the change started.

### ***Coaching People With Health Challenges***

A careful examination of Travis’s Wellness/Illness Continuum reveals that the work of wellness begins long before a person becomes ill.

In the Wellness Mapping 360° Health Coach Certification Training we will explore how to coach people with health challenges and how to apply wellness and health coaching to group methods of delivery.

### ***Challenges of Working with Your Client Population***

The Wellness Mapping 360° training is designed to equip you with the concepts, tools and the understanding to be an exceptional wellness coach. Let’s talk about applying the Wellness Mapping 360° methods to your particular setting.

1. List the specific characteristics that make your client population challenging.

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2. How can you use wellness coaching to help your clients improve their lifestyles?

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3. List the specific characteristics of your work system that make coaching more challenging.

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4. If you “ruled the world” what changes would you make to your work system to make your work more coach like?

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Medical Issues and Grief	Readiness for Change	How it Looks	Health Coaching Intervention
<p><b>1. Denial, Shock and Isolation:</b> The first reaction to learning of illness or death is to deny the reality of the situation. It is a normal reaction to rationalize overwhelming emotions. It is a defense mechanism that buffers the immediate shock. We block out the words and hide from the facts. This is a temporary response that carries us through the first wave of pain. The reality of a health issue has not yet been accepted by the person. He or she feels stunned and bewildered as if everything is "unreal."</p> <p><b>2. Anger:</b> As the masking effects of denial and isolation begin to wear, reality and its pain re-emerge. We are not ready. The intense emotion is deflected from our vulnerable core, redirected and expressed instead as anger. The anger may be aimed at inanimate objects, complete strangers, friends or family. Anger may be directed at our loved ones or our God. Rationally, we know they are not to be blamed. Emotionally, however, we may resent God for causing us pain. We feel guilty for being angry, and this makes us more angry. The grief stricken person often lashes out at family, friends, themselves, God, or the world in general. Bereaved people will also experience feelings of guilt or fear during this stage.</p> <p><b>3. Bargaining:</b> The normal reaction to feelings of helplessness and vulnerability is often a need to regain control. If only we had sought medical attention sooner. If only we had gotten a second opinion from another doctor. If we changed our diet, maybe we would have gotten well. In this stage, the bereaved asks for a deal or reward from either God, the Doctor or the Clergy. Comments like "I'll go to Church every day, if only my health will come back to me" are common.</p> <p><b>4. Depression:</b> Depression occurs as a reaction to the changed way of life created by the loss. The bereaved person feels intensely sad, hopeless, drained and helpless. The way we used to view ourselves is missed and thought about constantly. Our reaction relates to the practical implications connected to the change. Sadness and regret predominate. We worry about the cost of treatment and the effect the illness will have on our lives and those we love. We worry that, in our grief, we have spent less time with others that depend on us. This phase may be eased by simple clarification and reassurance. We may need a bit of helpful cooperation and a few kind words.</p> <p><b>5. Acceptance:</b> Acceptance comes when the changes brought upon the person by the loss are stabilized into a new lifestyle. It is not necessarily a mark of bravery to resist the inevitable and to deny ourselves the opportunity to make our peace. This phase is marked by withdrawal and calm. This is not a period of happiness and must be distinguished from depression. Usually, children recover more quickly, while the elderly take the longest. This is a time of integrating new information into a lifestyle or way of being in the world that works for the person.</p>	<p><b>1. Pre-contemplation.</b> Unaware and unconcerned and basically not ready for addressing their health challenge head on. The person may need some time to let the new information settle in. "This can't be real!" "this can't be happening to me" sound like a person with a new diagnosis.</p> <p><b>2. Contemplation:</b> Even though angry the person is beginning to think about the new diagnosis. What will it mean and how will it change my life? Anger and fear are very connected. What do I need to know or to learn? Who can I go to? Often a medical diagnosis is both scary and embarrassing. The client is looking for the motivation, reason, and support to make changes.</p> <p><b>3. Preparation:</b> The person with the medical challenge is beginning to understand that they need to make changes. They want to organize their lives and gain some sense of control. In this stage, knowledge may feel like power. Lets set up and get ready!</p> <p><b>4. Action:</b> The person with the medical challenge has decided that the Pro's of action outweigh the Con's of change. The person begins to set action steps to make the changes needed. They need support and are often discouraged that they are in the health situation they are in. They may feel clarity interlaced with sadness.</p> <p><b>5. Maintenance:</b> The person with the medical challenge is doing well sticking to their lifestyle change plan and now needs to stick with it. It takes at least 16 weeks to change the negative habituated behavior or to develop a new more healthy one.</p> <p><b>6. Termination:</b> The person has integrated the experience into their self image and is addressing their health in a positive manner. Support systems are in place and the coach relationship is ended.</p>	<p>The client is unaware and isn't concerned. "My health is just fine." Even though your doctor told you that your high cholesterol could lead to a heart attack. Not ready to change - <b>You're in denial</b></p> <p>Thinking of changing Client becomes aware and begins to consider change. "I know I need to lose weight but it's just not something I can do right now." You may have good intentions but you haven't made the mental commitment to make change happen. But with a little gentle support and guidance...?</p> <p>Client begins exploring change possibilities (looks for resources, accessibility, affordability, etc.) They state their intentions. "I have decided to quit smoking." Now you're ready. You haven't started yet but you're committed. Client takes action for change. "I have been exercising twice a week at the gym and I stopped eating take-out fast food for lunch. I've already lost 10 pounds – now just 15 more to go." You're seeing the results of change but need to continue the commitment to stick with it.</p> <p>Staying on track Client works at maintaining the change "In less than one year, I quit smoking, started exercising, lowered my cholesterol and lost 40 pounds. I didn't realize how bad I felt until I started feel good." "New Self Image" You may be a heart attack survivor but you are health again!</p> <p>The new behavior is now a part of their life It may be realistic to obtain lifelong maintenance since acquiring 100% self-efficacy and no temptation to relapse may be too much to handle for some individuals.</p>	<p>Coach to move an individual from pre-contemplation to the contemplation stage by increased awareness and lots of listening. People do not often enter coaching at this time unless prompted to.</p> <p>The individual in this stage needs extra attention. Everything needs to be at his/her own pace and he/she doesn't need to be rushed into a behavior change that he/she is not ready for. Encouragement and motivational techniques can be used to persuade this individual to the next stage. Using things that are "tailor-made" for the individual work well now. Listen, explore, and give credit for the smallest of steps.</p> <p>In this stage the individual is for a change. It is the job of the health professional to help the person manipulate their environment in order to make it conducive to the desired behavior change, therefore promoting the change. Coaching a person who is preparing is about setting things up and gaining the big picture. Coaching a person toward health in the action phase can be fun. It is time to set up the Wellness Plan and the sources of accountability and support systems.. It is important to celebrate the small successes when they occur and to understand the impact of habituated behaviors. It is important to be sensitive to the clients needs and to re-evaluate as needed.</p> <p>Congratulations! You have successfully overcome the challenge of change. Now the hard part is making sure that you don't fall back into old bad habits. Coach the client to create support systems to help maintain the healthy lifestyle. Coach the person toward seeing themselves in the light of the new behaviors.</p> <p>Relapse prevention "is a self-control program designed to teach individuals who are trying to change their behavior how to anticipate and cope with the problem of relapse". It is usually needed..</p>

## Working Through The Emotional Side

Coach your client to:

- Talk, talk, and then talk some more.
  - They need to process, cathart, and vent.
  - Better “out” than “in.”
- Gather the support they need.
  - You will be coaching them a very small part of their week. Make the assembly of a support-team a primary job of coaching.
  - Help them work through feeling OK about doing this.
- Explore what other services are available to them for support.
  - Groups, career guidance, rehabilitative services, home support services, home nursing, etc., etc.
- Discover and make use of other resources and guides such as:
  - Maggie Lichtenberg’s book, *The Open Heart Companion*
  - Help your client check out the huge field of books, websites, and other products out there that focus in on their particular health challenge.
- Help them separate “the wheat from the chaff”.

Oh! That Post-Op Feeling: dealing with issues around fatigue, disorientation, depression and more.

Post-surgery (or other treatment) effects can last longer than one might think. It’s really important for your client to continue their medical follow up and for them to be communicating their symptoms, including the psychological, to their medical team.

- It’s not always psychological.
  - Many different psychological symptoms can be rooted in physiological causes.
- Dehydration
- Mineral deficiencies
- Drug interactions, etc.
- Coach your client to be a great self-advocate with their medical team by sharing information effectively and asking for what they need.
- The sheer effects of the stress of such medical/physical trauma have huge effects on mind, body and spirit.
- Your job is to coach, not diagnose.
  - Refer and defer to the proper medical resources.
  - Stick to what you’re good at...lasting lifestyle change.

When a person finally accepts primary responsibility for their own health (regardless of what has befallen them), everything changes, everything. Doors that were closed, open, and clouds almost literally disperse to let more sunshine in. A totally socked-in fog lifts and the horizon can be viewed. Life again, becomes about possibilities!  
— Michael Arloski

## Thriving With A Health Challenge

When someone is confronted with a diagnosis of a life-threatening illness, or gets hit with a severe accident, a sudden heart attack or major surgery the effect is only partly physical, it's psychological as well. Like we've explored already, there is a LOSS involved here. The person may perceive not just a loss of health, but a loss of many things: their dreams of being able to do certain things such as travel, exercise vigorously, participate in sports or hobbies; their ability to continue to bring in an income, at least temporarily; loss of the sexual side of life, etc.

Coaching with such a person requires us to help them deal with their loss, but it also, eventually requires us to help them to attain a mindset that will work for them, not against them. It would be nice if we could strike them with a magic wand and have them immediately see the cup half-full instead of half-empty, to see the “blessing in disguise” that their illness might be, to have them let go of their anger and begin to ask “What can I learn from this?” Well, if you've got such a wand, please clone it and share it with all of us, will you please? Expect this process to take a while. This is when your client needs you to really be an ally with them and hang in there as they work their way through lots of feelings.

If you are not seeing your client benefit from talking about it, if they are not working their way through it with the coaching process, they probably could benefit much more from counseling than from coaching. If you see that make a good referral.

## Shifting to a Thriving Not Just Surviving Attitude

Once your client is through the recovery process enough to work with you on something besides just coping with their condition, the focus needs to be on attitude first and behavior second.

- Meet discouragement, cynicism, sarcasm, and negativity with acknowledgement of feelings, reflection of feelings, validation of their experience, without at the same time agreeing with the negativity. Don't collude!

- Gently confront negativity later on with the good ol’ “So! How’s that working for you?” question!
- Help your client do some “soul-searching”. Encourage them to explore the “big” questions that their encounter with mortality brought up for them. (Nothing like a glancing blow from the “Grim Reaper” to get somebody thinking!)
- It’s all about making peace. Peace of mind is “priceless”!
  - Explore this with powerful questions.
- Help them find inspiration and hope from the writings of survivor/ thriver authors.
  - Such as Mark Nepo, Greg Anderson, and many more.
- Carpe Diem! Seize the day! When your client has moved into the acceptance stage of the grieving process jump on the opportunity to encourage an adoption of a positive make the best of a bad situation attitude.
  - The shift here is to a view of being as healthy as possible given the limitations of the illness, and not over-estimating the limitations of the illness.
- Zero point zero assumptions! Help your client to catch any assumptions they are making.
- Have them continually check things out medically.

### **Coaching for Prevention After a Warning Signal**

There is an old saying that “heart attacks usually don’t just happen overnight.” Progressive diseases such as coronary artery disease are slow in development and sometimes go unnoticed until a serious condition has developed. Often though, for many health challenges there are some warnings that show up earlier.

In my stress management seminars I would often have people imagine driving a car down a highway and have them look at the gauges on the car’s dashboard. I would ask them to imagine seeing the temperature gauge cause the red warning light to come on, and then ask them “What do you do?” Most people would say, “Pull off the road and check it out!”, but others would humorously, but honestly admit that they would just keep on driving! Unfortunately this same approach applies when it comes to the red lights on our own control panel of health.

## Coaching for Medical Compliance

The other aspect of medical compliance is behavioral lifestyle compliance. This is compliance with the “lifestyle prescription”. Over half of what determines our health is our lifestyle so the Wellness Coach can:

- Urge compliance with the pharmaceutical prescriptions
- Support compliance with prescribed self-testing/self-treatment directives
- Support the doctors directive to make certain lifestyle improvements...

Coaches find they are well equipped to establish a trusting relationship, focus the conversation and zero in on key issues (vital with severe time limits), and hold clients accountable in effective ways.

When the coach has more contact time, professional training, and has set up a coaching alliance with their client, so much more behavior can be addressed.

As a nation we need to look at the effect of having a coaching ally on adherence to both treatment programs and the lifestyle prescriptions that accompany them.

There is evidence that shows that corporate based wellness programs that used a Wellness Coach Model saw an increase use of existing health related services and facilities and a reduction in health related risk factors.

— Larry Chapman, Proof Positive

One immediate way that a wellness coach can be a true ally of the client is to create agreements with them about how the coach can help them to become fully medically compliant. That is, help them to follow and follow-through on, the instructions of their physician for their medical treatment. Sometimes the steps involved in treatment are new behavioral habits. The newly diagnosed diabetic is not in the habit of testing their own blood sugar levels regularly. The young heart-attack client is still eating the super-high cholesterol foods that they always have.

The wellness coach can be of real value by:

- Helping the person to comply
- Helping the person remove the barriers to compliance.

**Barriers to medical compliance:**

- Fear of side effects
- Costs
- Inadequate instructions/education
- Difficulty organizing/planning
- Family dynamics
- Cultural/religious beliefs
- Logistical/strategic
- Faith in ability

***Beyond Compliance: Thriving With a Health Challenge***

A patient at their physician's office receives their first piece of health information after being diagnosed with diabetes. It is entitled "How to make a Living Will."

OK! What message does that deliver?

The mental attitude of a patient plays a huge role in the progression of their condition for the better or for the worse. Studies of HIV/AIDS patients have revealed huge differences (in years) in longevity based entirely upon their mental/emotional orientation to the disease. Those who viewed it immediately as a hopeless death sentence, died much sooner.

- How can a person with a health challenge still live WELL?
- How can they work to heal themselves, and/or, reduce the effects of the condition?
- How can they maximize their potential in all other aspects of their life?

Most health challenges have a lifestyle component. Lifestyle change — improvement is seen as an effective strategy in the treatment, maintenance and management of the condition. Now we shift from the medical to the behavioral. Now we shift to the area where the wellness coach is ideal for the job.

## Coaching on the Comeback Trail

When a person has undergone major surgery or a health incident and has to adapt to pain, medicines, and a recovery process that launches them into unknown territory it comes with many trials.

- A person who might otherwise be very independent has to adapt to allowing and asking for help.
- There are fears every step of the way — fear it will happen again and fear that you won't recover, even some of the side effects of new medications range from bothersome to terrifying.
- The person often yearns for more information about what is “normal” in the recovery process and has trouble finding clear answers to the questions.
- It often takes time for the person to trust their own body or capabilities again.

There have been many changes in the world as we know it; people are living longer and medical technology is and has grown by leaps and bounds. Out of the need to address the issues of a population living longer and the development of major epidemics such as obesity and diabetes the medical field has had to adapt.

- The medical field knows now that movement is good, even vital to the healing and recovery process.
- Lifestyle improvement is now seen as an essential component of practically all recovery processes.
- Lifestyle is now known to be a large part of most of our current epidemics.
- The power and effect of connection is now recognized as is the effect of social norms. Traveling with support and companionship makes the challenging journey easier and helps the person arrive more surely at their successful destination.
- The medical community now understands that their clients have access to information about medical conditions and treatments on the internet and through many different sources other than through them.
- The medical community is dealing with an educated, capable and at times more demanding population.

“The Comeback Trail” really has three phases to it. Lifestyle, behavioral and psychological elements play a vital part in all three. Each have their challenges and their opportunities for wellness coaching to be of real value.

## Recovery — Rehabilitation — Reclaiming

## **Recovery**

### Challenges:

- This is usually a bigger job than whatever procedure or treatment was experienced... it lasts longer and can be very complex.
- “The end of life as we know it.” At least temporarily we are not able to function as we are used to.
  - Mobility
  - Self-care
  - Limitations - can't do usual work
  - Pain
  - Interruption of bodily functions
  - Isolation
  - Dependency

### Medical Compliance:

- New medication and self-care procedures
- New dietary guidelines
- Slow increase in exercise

### Opportunities for Wellness Coaching

- Talking! Processing the experience to deal with the trauma and emotions of it.
- Support system. Ensuring caregiver resources. Being of help for caregiver(s) with guidance. (See Lichtenberg in Resources section)
- Help organize methods for seeing that medical compliance happens, especially follow-up appts., etc., Set up accountability.
- Helping client to find the information resources that they need.

“Open-heart surgery presents unique challenges. The heart — which some would say is the cradle for the soul as well as a muscular organ — is exposed and disturbed. During an open-heart operation the breastbone is divided, then the protective sack around the heart is cut open. The heart lies naked, most often stilled as its functions are turned over to a heart-lung machine for several hours while arteries are reconfigured or valves repaired or replaced. Does the essence of the heart's experience during surgery permanently change us? We may never know.”

— Maggie Lichtenberg, PCC,  
The Open Heart Companion: Preparation and  
Guidance for Open-Heart Surgery Recovery



### **Rehabilitation**

Recovery is, of course, still going on when the rehabilitation process begins... all three “R’s” overlap with each other.

Challenges:

- Availability and access.
- Getting started and completing the program.
- Seeing the value in a rehab program.
- Follow through and participation on a regular basis.
- Getting support for it at work (time off to participate, leave of absence for health, etc., and a supportive attitude by peers and those supervising).
- Carrying over the rehabilitation process (activity) to everyday life after the rehab program sessions are over.

Opportunities for Wellness Coaching

- Help your client make use of rehabilitation services if they are available to them. Help them develop the self-advocacy necessary to ask for what they need and to get it! (Some physicians for example do not prescribe cardiac rehab, even post-heart surgery unless requested to do so.)
- Strategizing new ways to approach new goals such as dietary and movement changes.
- Work/Life Balance takes on a “whole new meaning”! Client will need lots of coaching around returning to work and no longer letting healthy self-care be short-changed.
- Helping your client get find, ask for and create the physical, practical and emotional support they need at home, at work, and in their community.
- Making the shift from a rehabilitation program (such as exercising three times a week at the rehab facility) to the client’s own wellness lifestyle improvement program. Usually more rehabilitative work is needed after the approved number of sessions is over.

“You are not responsible for your illness. You are responsible for your wellness.”  
— Anonymous

### **Reclaiming**

The desire to “just get back to normal” is very, very powerful. Fear is greatly reduced with each bit of territory reclaimed. It is reassuring to be able to do some everyday process independently again. Walking around the block becomes a milestone worthy of celebration. Hiking to the top of a nearby hill feels like conquering Mount Everest!

Losses need to be grieved. Some of your clients may have permanently lost certain functioning. This needs to be recognized, acknowledged and the emotional side of it dealt with directly with compassion and support. Counseling can often be of benefit here.

Reclaiming is about reclaiming all you can reclaim! The tragedy is when someone who, through lifestyle change, could have reclaimed let's say 80% of their former health and activity level, and instead, they only reclaim about 50%. The difference in quality of life is huge.

Challenges:

- Recognizing the need/opportunity to fully reclaim one's life. (as much as possible!)
- Motivation and self-confidence may be lacking, especially after a very serious illness or operation, etc. Self-doubt never had it so good!
- Mindset shift from “getting fixed” to taking ownership for one's health and making it a lifelong commitment.
- Follow through on “good intentions”.
- Many of the challenges of the rehabilitation phase continue.
  - Work/life balance.
  - Support at work & home, etc.

Opportunities for Wellness Coaching

- The ongoing and supportive nature of a coaching relationship over an extended period of time can insure the transition into the reclaiming phase.
- Taking the imagined and making it happen. Getting real and specific about what is desired to be reclaimed and tapping into the motivation to do so.
- Coaching for connectedness. Helping your client to reach out and set up ongoing relationships and opportunities to continue the reclaiming process.
- Celebrating milestones no matter how big or how small! The first bike ride, the first swim, the first night out dancing post-surgery, etc.
- Making maximal use of a wellness plan that was co-created with your client and contains all the effective components of such a plan.
- Helping your client to pace the reclaiming process and keep it congruent with their medical guidelines.
- Helping your client self-advocate for the best possible medical care and advice for maximal reclaiming of their life!

## Milestones Reclaiming Tool

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“Ultimately, we have just one moral duty: to reclaim large areas of peace in ourselves, more and more peace, and to reflect it towards others. And the more peace there is in us, the more peace there will be in our troubled world.”

— Etty Hilsum,  
Holocaust survivor and  
author of *An Interrupted  
Life*

Keep steps small and doable. Coach for success! Take your lead from other medical professionals and the client.

Historically milestones have been used to “mark the way” to one’s destination, often letting you know how far you have come, or how far you have to go. Use this tool to help you understand where you are at on your own reclaiming journey. Let them help you to be successful at getting to your destination.

List (in no particular order) personally meaningful/fun/rewarding activities that you used to do, but have not done since your health challenge appeared. (Examples: dancing, bicycling, having sex, visiting friends, air travel)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

## Chapter 13 — Coaching Clients with Health Challenges

Choose 5 activities from the list above and rate them using the following scale.

Activity 1. \_\_\_\_\_

Doing this activity again will is:

Medically not possible      A big challenge      Possible      Doable      Likely

How important is reclaiming this activity as part of your life?

Not important      Some what important      Important      Very important      Extremely important

Notes: \_\_\_\_\_

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Activity 2. \_\_\_\_\_

Doing this activity again will is:

Medically not possible      A big challenge      Possible      Doable      Likely

How important is reclaiming this activity as part of your life?

Not important      Some what important      Important      Very important      Extremely important

Notes: \_\_\_\_\_

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Activity 3. \_\_\_\_\_

Doing this activity again will is:

Medically not possible      A big challenge      Possible      Doable      Likely

How important is reclaiming this activity as part of your life?

Not important      Some what important      Important      Very important      Extremely important

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Activity 4. \_\_\_\_\_

Doing this activity again will is:

Medically not possible      A big challenge      Possible      Doable      Likely

How important is reclaiming this activity as part of your life?

Not important      Some what important      Important      Very important      Extremely important

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Activity 5. \_\_\_\_\_

Doing this activity again will is:

Medically not possible      A big challenge      Possible      Doable      Likely

How important is reclaiming this activity as part of your life?

Not important      Some what important      Important      Very important      Extremely important

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Chapter 13 — Coaching Clients with Health Challenges

Now, identify your three most important and doable activities.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### ***My Milestones***

Next list your first activity that you want to reclaim and identify three milestones that will be “markers” or steps along the way towards completing the task of doing that activity again.

Example:

Activity #1 = hiking in mountains

Milestones along the path toward my goal:

1. Walk on my own
2. Walk around the block
3. Walk one mile on flat ground
4. Hike to top of a small hill
5. Hike to top of challenging hill

Activity 1. \_\_\_\_\_

Milestones along the path toward my goal:	Date I reached it!
---	--------------------

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Activity 2. \_\_\_\_\_

Milestones along the path toward my goal:	Date I reached it!
---	--------------------

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Activity 3. \_\_\_\_\_

Milestones along the path toward my goal: \_\_\_\_\_ Date I reached it! \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Coaching the Re-integration of Work, Family and Self-care**

The field of coaching has long specialized in helping people to achieve their goals in their careers and with their businesses. Coaches help entrepreneurs to work smarter and more profitably. When a person goes through a major health challenge, such as heart surgery, etc., and eventually both needs and wants to return to work, as a well-trained wellness coach you are well suited to help them do this in a way that is both productive and healthy.

We've all heard stories about remarkable people who, for example, suffered heart attacks and didn't change their lifestyles or way of working one bit. I remember hearing of a high school principal who had an impressive reputation as a hard-charging, high stress, get-things-done-now kind of guy. After his heart attack, at about age 45, he returned to work almost immediately and absolutely reveled in showing everyone how little he had been affected by this blow to his health. He told everyone that the key to success in life was to work hard and when trouble arose, just work harder. He died within a year or two of yet another heart attack. Take a look at the 1979 movie *All That Jazz!*, for an amazing dramatization of this kind of approach to life.

- Behavior change is a very large part of everyone's rehabilitation process.
- Compliance with a treatment program means taking medications, doing tests, following up with doctor visits, etc. in an effective manner.
- It also means, in most cases, lots of recommendations for lifestyle change. New diets, new exercise regimens, breathing exercises, relaxation training, using stress management strategies, are all behaviors.

In addition to the usual challenge of how to keep up with doctors visits and rehabilitation visits, in this situation your client also has to find a way to do more behavioral self-care than ever before, and at the same time re-integrate themselves back into the world of work, and to the demands and dynamics of their families. What seemed like a tricky balancing act before may feel like a juggling act in a circus now!

If your client has suddenly been given a shocking message about their health like we've described here, how they deal with it will depend largely on what stage of readiness for change they are at. It would be easy to assume, and I think most health care professionals do, that the seriousness of the diagnosis would prompt immediate action yielding all the needed behavioral change. Ah, if it were only true all the time! Astonishingly some people do not take action

Your client may have come to you when they are still motivated by the frightful health news. Or they may be at a point where the fire is out, but the health challenge remains. A clients readiness for change and their feelings of grief and loss may all play a complicated role in the individual's motivation to make true changes.

A concept that needs to be understood is found in the work of Elizabeth Kubler-Ross (On Death and Dying). What we perceive as loss — is loss. The perceived loss of our health activates the same process of grieving that we experience with other losses as well. The coaching work you do with your client will benefit from integrating what we know about the grieving process with what we know about readiness for change.

Prevention takes on a new dimension once a health challenge arises.

- Instead of exercising to feel better and hopefully prevent the onset of some health challenge in the future or the reoccurrence of current problems, self-care behaviors need to be done now, or there may be much more immediate losses.
- Lung capacity may not return well unless certain breathing exercises are done regularly.
- Muscle atrophy may increase, joint flexibility may be lost, stamina may not return if the prescribed movement program is not maintained.
- Weight loss maybe imperative for a multitude of reasons.
- Blood sugar levels need to be stabilized through consistent and proper diet and exercise or insulin levels will shift the person into immediate and negative consequences.







- Work/life balance takes on new and even deeper meaning when your client is recovering from surgery and/or dealing with a new and major health challenge.
- Very often a major contributor to the health challenge they face is the former strategy of sacrificing one's health for one's job, or for the benefit of others and not taking enough care of themselves.

Perhaps even more insidious is the client who can return to their old lifestyle patterns and seems to get away with it for a while.

There are no immediately apparent consequences, so there is a natural tendency to return to business (and life) as usual. Even though your client may have been told that they will “pay later” for not changing their lifestyle behavior, the old habits are most likely to return.

A pattern of letting self-care go in order to have more time for work and family, etc., may have become deeply ingrained and socially reinforced. Now the sudden realization that self-care behaviors are more critical than ever may, or may not produce the needed change.

Every client will have a unique experience when it comes time to begin re-integrating themselves back into their world of work.

- Self-employed people make up a larger portion of the population than ever before. When they don't work, there is, of course, little if any income.
- The same may be true for many blue-collar workers as well. Not everyone has disability insurance, qualifies for worker's compensation, or has solid company or union benefits behind them.

In addition to the obvious pressure to restore income, there are a variety of both external and internal pressures to get back to the life they knew.

- Marital balance and family demands
- Friends may not understand why a person does not participate as they did.
- The internal need to create structure or order may push a person to go back to doing the things they have always done.
- A person's need to prove that they have not lost anything could push them back to work before they are ready.
- The scare or loss of control may bring up mortality issues and a person might work harder or keep moving to avoid the feelings.

## What is Self-advocacy?

- Self-advocacy means speaking up for yourself
- Knowing how to negotiate in your own best interest
- Having the confidence to ask for what you need
- Questioning what you may not understand
- It's about knowing your rights and responsibilities
- It's about properly using the resources that are available to you.

The ability of individuals to self-advocate in health care decisions is critically important to achieving positive clinical outcomes and properly utilizing health care benefits and resources. This is especially true for individuals diagnosed with a chronic disease or serious illness.

Unfortunately, often when people are first diagnosed or experience an event, the newness of the situation and emotional stress leave them not knowing what to do. Even well educated people may struggle to communicate their health-related needs, questions and fears. As a result, too often people fail to understand their choices or make informed, educated decisions.

A Wellness coach can help clients improve their health and demonstrate self-advocacy. The result is individuals who:

- Actively participate in their own health care decisions.
- Take better care of themselves
- Are more likely to comply with treatment therapies.

Self-advocacy is also about self-responsibility. When people are able to understand their health issues well enough, they are more likely to take responsibility for them.

Working With Your Client:

- Explore and improve their mental/emotional connection to their health challenge.
- Help them evaluate their readiness for change.
- Coach them to make the best possible use of their time with their physician and help them to prepare for appointments.
- Obtain commitment and create agreements about medical compliance.
- Create agreements about implementing ways to improve their lifestyle that will positively affect their health challenge condition.
- Create a supportive alliance that will help them to maintain positive changes they have made.

- Serve as a resource for more information and help them follow through on continually educating themselves about their health challenge.
- Help them to discover or re-discover fun and joy in their lives!

### **Coaching For Connectedness**

In Wellness Mapping 360° Part One, you learned about the value of connectedness. You learned how to coach for it and how to use the Connectedness Scale to facilitate discussion about it with your client. Here in Part Two, we'll take another look at the concept and focus especially on how it applies to working with clients with health challenges.

Here are some key points about coaching for connectedness with clients with health challenges.

- Coach for connectedness early and often.
  - Right from the start, help your client explore their support system and establish with them that this is a major area where your coaching work will focus throughout the entire coaching process.
  - Perhaps use the Connectedness Scale early on and discuss what it brings up for your client.
- Deal with the feelings and values about it.
  - Help your client explore how emotionally-loaded the topic of connection/isolation is for them.
  - Help them explore family, cultural, ethnic and sub-cultural values and norms about asking for help, etc.
- Strategize
  - Use strategic thinking to explore possibilities
  - Explore access and barriers to connection
  - Help them create their own support team both for on-going support and to deal with the practical considerations (rides, food etc.)
  - Make seeking solutions and further exploration part of the coaching tasks the client commits to doing and set up accountability about it. (e.g. "I commit to researching the social clubs in my community that hold interest for me, and doing so for at least three hours in this next week.")
  - Help them check out the value to them of organizations, both local and national/international that focus on their health particular health challenge.

- If they are web-savvy, help them explore online-resources that focus on their health particular health challenge, discussion groups, etc.
- Set up Experiments
  - Help your client create experiments and have an “experimental” attitude about them! Try out various ways to connect more with others, nature, etc., and report back and process them in the coaching session.
- Make support and connection a key part of long-range planning for how your client will maintain the lifestyle changes they have started.
  - Help them secure LASTING lifestyle change with more connectedness.
  - Help them make the shift from “maintenance” to “adoption” by including the element of connectedness.

***Please give some thought to and answer the following questions.***

What potential applications of Wellness Coaching can you imagine ?

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The use of coaching in health treatment or medical compliance is currently growing, can you state two reasons this might be so?

1. 

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2. 

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What challenges do you see in growing the profession of wellness coaching as it applies to health coaching?

“We are what we think.  
All that we are arises  
with our thoughts. With  
our thoughts, we make  
the world.”

— Siddhartha Gautama,  
The Buddha

How might we address these challenges?

“It is natural to resist change — for better or worse.  
This resistance to change is called homeostasis...  
your body has billions of feedback loops that keep  
your physiological functions within a narrow, normal  
equilibrium. And it’s a good thing, or you might die...The  
same is true on the emotional and spiritual levels. We  
tend not to question our beliefs, our perceptions, and  
our patterns of behavior, even when they are causing  
problems for us. The same homeostasis that protects  
us from change also makes it more difficult for us to  
transform even when it’s in our best interest to do so.”

— Dean Ornish, M.D. (Eat More, Weigh Less)

## Summary — Chapter 13

### Coaching Clients with Health Challenges

1. As with any health challenge the readiness for change stage (Prochaska, et.al.) that the client is in determines where to start, and really what to do with the client. Your job as a coach may be successful if you just help your client to move up one or two stages. Don't expect someone to fly from contemplation all the way to taking action.
2. Following the readiness for change stages, if your client is in contemplation or preparation, perhaps the best "action" they can take is further preparation. Create commitment agreements around finding out more information, resources, etc.
3. Understand your client's experience with exercise and nutrition. Many newly diagnosed diabetics have either no or very negative experience and associations with exercise and with attempts at dietary changes. Did they have negative experiences with peers and school teachers? The attitude and beliefs that they have held for many, many years actually has more staying power than the news that they have a life-threatening disease and need to manage it through major lifestyle changes.
4. Emphasize MOTIVATION OVER INFORMATION. Coach from a coaching mind-set not that of the educator or the treatment provider.
5. Never ask "Why?"... or "Why don't you...?" Ask "How" and "What" questions.
6. Distinguishing between "COACHING" and "TREATMENT". As a coach we educate and consult we don't dispense treatment.
7. Be an ally to your client and to their treatment providers. Coach for medical Compliance and for effective self advocacy.
8. Coach your client towards Work-Life balance that works and allows them to recover and to heal.
9. Help your client "Re-claim" their life!

Visit the WELCOA site and read Proof Positive by Larry Chapman and be ready to discuss the studies findings with the class. [www.welcoa.org](http://www.welcoa.org)

## Chapter 14

# Coaching Clients with Specific Health Challenges



### *Key Concepts*

- Coaching people with health challenges



### *Connections for the Client*

- Support in preventing, onset, or adapting to health challenges



### *Applications*

- Supporting the Lifestyle Prescription
- Being part of the solution



### *Reading*

- Get familiar with the work of David Servan-Schreiber and his work on cancer:  
<http://www.anticancerbook.com>
- Explore the website of Maggie Lichtenberg:  
[www.openheartcoach.com/](http://www.openheartcoach.com/)

## Health Challenge Specializations



In your health care work, or in the wellness coaching you choose to do, you may be working with people with particular health challenges. In the United States the statistics on the occurrence of obesity, cancer, heart disease and diabetes (with it's epidemic numbers) are one indication of the tremendous need out there.

You may, or may not, have personal experience with one of these challenges yourself. Frequently the wellness coaching classes and trainings I have led have included coaches and health care workers whose interest in health and wellness was initiated by their own personal experience. We discovered years ago in the addictions field, you don't have to be a recovered drug addict or alcoholic to be an effective counselor to someone with that current challenge. Having experience "in the area" does help though, with establishing trust, inspiring hope, setting intrinsic empathy, and familiarizing the coach with the life of a person with that health challenge.

As a wellness coach you need to familiarize yourself with what your client's personal and medical experience is. Coaching a post-heart surgery client, you might benefit greatly from knowing:

- What someone goes through with blood thinning medications.
- What their medication are, what the generic names are, how they work, how blood levels are tested, what that testing is called, what scores they have been told to shoot for mean, what the most common side effects are.

*Example:* when your client begins to talk with you about working with a nutritionist to eat healthy, yet reduce their vitamin K intake, it would be a good idea to know that vitamin K increases the clotting factor in the blood.

Your specialized knowledge is not there for you to make any treatment decisions (unless that is your qualified health care job). It is there to provide empathy and understanding and increase trust.

Sometimes clients come to health coaches because of health challenges. They may have a condition that requires them to make lifestyle changes, but they don't know how, or have tried on their own and failed.

They need an ally... you!



## Specializations

Some coaches are particularly attracted to working with clients with health challenges. Most of them specialize in a select few areas of focus. By becoming thoroughly familiar with the experience of these clients and their typical course of treatment, the wellness coach can empathize more and help strategize more creatively and effectively. Such a coach can be a better resource for the client and help shorten the learning curve for the newly diagnosed client. Coaches are sometimes attracted to this work due to their own experience with the particular health challenge. They can be great models for thriving with a health challenge. Their main challenge as a coach is to remember that their experience is not the experience! That is, their path to success may not be the same as their client's.

There are numerous ways to use Wellness Coaching to support people as they experience health challenges. The Wellness Coach supports the individual prevent onset of a disease when ever possible, and to regain and adapt once onset is experienced. The Wellness Coach coaches a person towards greater self awareness & self advocacy.

### ***When a Client who comes to you has a health challenge:***

A careful examination of Travis's Wellness/Illness Continuum reveals that the work of wellness begins long before a person becomes ill.

- Preventing the onset of detectable disease is always preferable.
- When treatment is needed the work of wellness and the wellness coach is most beneficial when it engages a person early in the treatment process. Either as soon as an issue has been identified through a Health Risk Assessment or early in treatment.
- The ideal to strive for is where the coach assists the client in accomplishing the goals of the lifestyle prescription that the medical professional has prescribed. I call this Coaching for Medical Compliance and in this role the coach supports both the client and the medical professional.
- The use of the Lifestyle Change Expert along side treatment speeds and insures greater probability of treatment success and reduces present or possible risk factors.
- In addition to the internal healing process, it is important for medical professionals engaged in the treatment methodology to work hand in hand with behavioral change specialists to bring an ill person back to the midpoint, the point of “no discernible illness.” The Wellness Coach is a vital part of is the process.

## A “To Do List” for the Health Coach

1. Proceed as a coach.
  - a. Connect personally and genuinely
  - b. Begin creating the coaching alliance
2. Listen deeply and use active listening skills as your client tells their story related to their health challenge.
  - a. Note time of onset
  - b. Development and progression
  - c. Current status
3. Explore and assess how much health education the client has received or not received about their health challenge. (This can vary from excellent to almost totally absent.)
4. Determine their degree of involvement in the treatment process.
  - a. Client **MUST** be actively involved in a treatment process if they are seeking your help with the lifestyle and behavioral aspects of dealing with a health challenge.
  - b. Refuse to see anyone who is not actively involved in the treatment (through medical professionals, which can include integrative medicine) of their health condition/challenge.
  - c. Consider integrating better involvement with their medical treatment as part of the coaching wellness plan.
5. Then go on to assess their motivation for lifestyle change.

## Understanding Your Client and Their Health Challenge(s)

What do you need to know?

Client's name:

General Medical Information

1. Known Medical Conditions:
2. Medications Currently Prescribed:

Degree of medical compliance:

My client is currently self-testing/self-monitoring for medical procedures:

Yes      No

My clients degree of knowledge/comfort in this area is:

High      Medium      Low

My clients degree of medical compliance in this area is:

High      Medium      Low

Does the client perceive side affects to medical compliance?

What are Treatment procedures recently experienced by the client?

Is the client Currently experiencing on-going treatment procedures?

Does the client have current limitations on mobility, functioning, etc.?

## **Lifestyle — Behavior Connection**

### ***The Lifestyle Prescription***

What behaviors have healthcare providers recommended that your client change?

What degree of medical compliance success with this lifestyle change has your client experienced?

What is your client's history with/attempting this lifestyle change?

What is the client's support systems and/or degree of connectedness vs. isolation?

What is client's situation with work/career, etc.?

### ***Questions to Answer to Prepare for Further Coaching***

What medical information do I need to ask my client about?

What medical information do I (the coach) need to become familiar with regarding my client's health challenge(s) and where do I need to look?

What needs to be explored around the issue of medical compliance/non-compliance?

## **Proceed as a Coach**

Each health challenge can be coached with a similar process of wellness coaching emphasizing the lifestyle, behavioral and emotional aspects of the client's experience.

While you need to understand your client's medical challenges to a degree, that degree is not that of a treatment provider, it is the degree of a coach. You want to “speak the same language” as your client. To use our coach-as-mountain-guide metaphor, you want to be familiar with the lay of the land, and most common “routes” up this particular mountain. For example, if your client is on blood thinning medication, you might want to know some of what your client is facing, such as needing to adjust their diet to avoid blood clotting substances, like lots of vitamin K in their diet. Otherwise, be a coach about it! Coach for medical compliance, be a true ally of not only your client, but of their treatment team.

## ***Proceed with a Organizing Methodology***

Use the following methodology, or a wellness model that you like best to cover all the topics of a healthy lifestyle and build them into your client's wellness plan and work together.

## ***Coaching for Strategic Lifestyle Change (on the following page)***

- CHOOSING (Strategic)
- LIVING (Lifestyle)
- LOVING (Interpersonal)
- BEING (Intrapersonal)

## **Highlights From Chapter 9 In Wellness Coaching For Lasting Lifestyle Change**

You can explore these concepts in more detail in Chapter 9, but here are a few excerpts that coaches find especially valuable when working with their clients.

### **CHOOSING – The Strategic Aspects Of Wellness**

Selecting goals based on one's “true priorities” can be a real challenge. Even constructing a “To Do List” means prioritizing what “needs” to get done. Priorities can guide us in our selection where to put our energy (time, attention, effort, resources). However, not everything can be a priority!

To help make the process more manageable and more in line with your values, use the “Urgency-Importance” Matrix.

### The Urgency-Importance Matrix

(INSERT the graphic Figure 9.1 same as book)

Urge your clients to try this simple tool and help them avoid the anxiety-driven feeling that “everything is urgent”.

### Conscious Calendarizing

Help your clients discover the value of “calendarizing”. They can experiment with putting both work and wellness self-care items on their calendar. Urge them to make an appointment with themselves for their own good! The key, as you will see in this section in the book, is to avoid “Action Evaporation”. When a committed action is canceled due to “life happening”, make sure it is rescheduled for the same calendar week so it doesn’t “evaporate”.

### LIVING - The Lifestyle Aspects Of Wellness

This section of Chapter 9 explores many ways in which we can help our clients increase their “nourishment” on several different levels. Read through this chapter and see how you can integrate the concept of increasing the nourishment they get not just from their diet, but from their environment, their movement, and their spiritual connectedness.

Help them explore the potential benefits for them of adopting some sort of practice that allows them to be more “centered” in their lives. Practices such as Yoga, Tai Chi, Relaxation Training, Mindfulness, Contemplative Prayer, and other methods have proven health benefits for reducing stress, building immunity, increasing flexibility, strength, and more. Help your client to see that “lifestyle improvement” is not just about behavioral goals, it’s about living your life in the healthiest and most fulfilling way possible for the rest of your entire life!

### LOVEING - The Interpersonal Aspects Of Wellness

We all have needs for inclusion and belonging, to nurture and be nurtured. When we look at health statistics it’s clear we just don’t do well alone. Partnered people live longer and have better health. We know that social isolation is an absolute health-risk. This section helps you deepen your knowledge about Coaching For Connectedness.

## BEING – Coaching The Intrapersonal Self

This section helps the coach become aware of how much we all create our own reality. Our self-talk, our belief systems our attitudes determine much of our self-efficacy around improving our lifestyles. We also know that clients who have developed more of a sense of meaning and purpose tend to be more motivated to improve their lifestyle. The way we erect internal barriers is a key part of what holds us back from being effective at lasting lifestyle behavioral change.

### ***Coach to Where the Client is on the Continuum***

Coach a Client with any Health Challenge from one of the following three aspects of the Client's Experience.

- PREVENTION
- ONSET
- ADAPTATION

### ***Adaptation is really about “The Three R’s”***

RECOVERY — REHABILITATION — RECLAIMING

## Coaching for Strategic Lifestyle Change

Chapter 9 in *Wellness Coaching For Lasting Lifestyle Change*, is entitled “Choosing, Living, Loving, Being: Coaching The Strategic, Lifestyle, Interpersonal and Intrapersonal Aspects of Effective Change.” In the field of wellness you need some kind of organizing methodology or you will flounder in a sea of possible healthy choices.

You may already be very happy with another wellness model, there are lots of good ones out there. Everyone seems to have six, eight, ten or twelve dimensions of wellness for us to look at. Clearly we know that wellness is not just diet and exercise!

***Consider: Choosing, Living, Loving, Being — as one way to organize your work with your client as they work with their health challenge.***

<b>Choosing Strategic</b>	<b>Living Lifestyle</b>	<b>Loving Interpersonal</b>	<b>Being Interpersonal</b>
Strategic Thinking	Environment	Love or Fear	Internal Aspects
Strategizing	Breathing	Conflict Skills	Belief Systems
Conscious Living	Moving	Conflict Resolution	Cognitive Thinking
Awareness	Eating	Communication Skills	Spiritual
Delegation	Centering & Relaxation	Connectedness	Self Talk
Values	Yoga	Support	Gremlin Fighting
Goal Clarification	Tai Chi	Inclusion	Self Worth
Priorities	Medication	Camaraderie	Self Esteem
Thrive not Survive	Exercise	Family	Self Expression
Re-owning Urgent/important		History	Play
Travel Time			

### **How Much do You Need to Know?**

It is not possible or desirable to address every diagnosis or health challenge that human beings experience in this training anymore than it is possible or desirable for a Wellness Coach or professional to stay on the cutting edge of all health specializations. In the Wellness Coaching process the coach is the guide and while the experience and knowledge can help, you are part of larger medical team of specialists and do not need to and can not “know it all.”

Stay with the Wellness Mapping 360° “Wellness Coach” process, maintain the coach mindset, support your clients self efficacy and you will learn together.

### ***Specific Health Specializations addressed in the remainder of this chapter are:***

- Coaching Clients with Heart Challenges
- Coaching Clients with Diabetes
- Coaching Clients with Cancer
- Coaching Clients with Nutrition - Fitness Challenges

Remember it is about using the “Wellness Coaching” process and the process can be used with any health challenge including the normal aging process.



## Coaching Clients with Heart-related Issues

These issues may include (and not be limited to):

- Heart attack
- Stroke
- Atherosclerotic heart disease
- Heart surgery: by-pass, valve repair and replacement, defect correction, etc.
- Congestive heart failure
- Heart arrhythmias
- Hyperlipidemia (High cholesterol levels)
- Chronic Hypertension (High Blood Pressure)

Each Health Challenge can be coached from at least three different aspects.

PREVENTION — ONSET — ADAPTATION

Ask, which is your client experiencing now?

### PREVENTION

Clients who come to you with concerns about heart issues at the Prevention stage are concerned about avoiding problems in the future, but have probably been made aware of tendencies to have problems in that direction.

- They may have family history that concerns them.
- They may have high blood indicators such as high LDL cholesterol (that works against you!) scores and low HDL cholesterol (that works for you!) scores, and/or higher triglyceride levels.
- They may have high calcium scores which indicate high levels of inflammation in the arteries and are becoming recognized as one of our best warning signs of impending heart disease.
- Their blood pressure levels may be on the rise.
- They may have already experienced some sort of “heart incident” such as a mild heart attack and want to prevent any worsening of their condition.
- They may have already experienced some sort of surgical heart procedure, such as the implanting of a stent, and want to avoid major heart surgery in the future.

Prevention is, of course, the forté of wellness. When it comes to heart disease prevention there are libraries overflowing with information on this topic, some of it contradictory and confusion can rule. Remember it was only in the 1950s when physicians were “prescribing” smoking as a

great way to relax! The link between heart disease and smoking came out of the famous Framingham studies and began the exploration of health risks.

We certainly do know some basics about a healthy heart and cardiovascular system that are related to lifestyle, and you clients will probably already know about and want to work on reducing risks by:

- Quitting smoking
- Managing stress better
- Increasing movement/exercise
- Improving diet
  - Reducing saturated fats- Eating more fiber: Increasing high omega 3 fatty acids
  - Reducing sodium: Reducing caffeine

### ***Maintain the Coaching Mindset***

As tempting as it is to rush forward as teacher/health educator here, and slip into the “Educate & Implore” mindset and method, resist temptation!

- COACH your client through the process of EDUCATING THEMSELVES. Make exploration and research part of the coaching tasks that the client is committing to do. They need to find out more about what they can do in the realm of prevention.
- Coach your client to make use of the health professionals who can really instruct them in how to proceed with healthy prevention plans:
  - Dietitians and nutritionists
  - Physical therapists, rehabilitation therapists
  - Fitness Trainers with experience working with heart-related issues.

### ***Use the WM360° Model***

- Vision: Prevention is part of the client’s healthy life vision. Being “heart-healthy” means being able to function and be active, to be able to do so many of the things that your client imagines and dreams of.
- Map: Make it part of the Wellness Map. Plan out how their lifestyle changes will help them with prevention. Tracking will be key here to lifestyle change.
- Motivation: Prevention Plus

As we’ve learned earlier about motivation, there needs to be more going for the person than just the thought that they are avoiding illness. Even if the person is in the “prevention” stage, they need to motivate themselves with more than just the idea of preventing illness or further problems.

- Work towards intrinsic motivation. Apply all you’ve learned about helping your client gain motivation that is intrinsically effective. Shift from FEAR TO LOVE based motivation.

### ***Ongoing Evaluation***

Heart related issues are sometimes sudden and stop you in your tracks. Other times they seem to circle us beneath the water level out of sight until they make their presence known and we regret not noticing the warnings, or staying on our program of working to be healthy and well. Often there is some kind of “wake-up call” that is initially heeded and action taken, but then is forgotten as we feel better and are not appearing to continue to suffer any consequences. Sneaky stuff! This is where coaching can really help by keeping the person on task and following through on their wellness plan.

- Help your client to track behavior and continue to monitor biometric measures
- Help you client to continue to follow up with their physician and others on their healthcare team.

### ***Prevention Works In The Cardiovascular World***

While there are determinants of heart disease that we are continually discovering, we do know that prevention works. It is worth going “upstream” and seeing why all these people are falling in! Much of the whole field of health-risk reduction has been about cardiovascular health, and we have definitely associated certain behaviors with increased or decreased probabilities of health or illness. So, when your client asks themselves, and sometimes you, “Is it all worth it?”, you can definitely answer, “YES!”

## **Case Study 3**

### ***“Bernice” Slim and Stressed***

Bernice is a 48-year-old woman who is a project team leader for a medium-sized marketing company. She has lived alone now for five years since her divorce and seldom has contact with her grown-and-gone children who live out-of-state. In Bernice’s own words her “career comes first”. She often works ten or eleven hour days and commutes about one hour each direction to and from work. Her company, though medium in size, holds a large market share of the restaurant and food industry in the metropolitan area that they are located in. There is continual pressure for performance and management has a “of course she’s doing well, that’s her job” attitude towards Bernice’s consistent high performance.

Bernice is a moderately tall woman, 5’ 9”, and has a fairly slim body type. Her percentage of body fat is about 21 percent. Her strength level is fairly low and her muscle tone is poor. While she was active in tennis as a youth, she is very sedentary due to her long work/commute day and seems to have few physically active interests now. She has a few girlfriends whom she enjoys movies and socializing with occasionally. Bernice’s diet is not excessive in calories, but lacks balance. She is

rather bored with food preparation and if she is not eating out, which she does for all lunches and about four dinners a week, she makes very simple meals and often resorts to frozen dinners. She often skips breakfast entirely, starting the day with coffee, which she drinks about five cups of daily. While she smoked from age 19 to 38, she quit and has not smoked since. Bernice avoids alcohol completely. She attends church regularly but is not involved in any of the social activities there.

Bernice has frequent muscle-tension headaches as well as pain in her neck and back about every other week. She deals with this by taking ibuprofen. Bernice experiences insomnia about once or twice every week, and more often when there is more stress at work.

Bernice was alarmed by the scores on her blood work that was done after her last annual physical exam. Her doctor spoke to her briefly after the results were known and added into the picture with her blood pressure readings which have been increasing each year. The physician was concerned about her cholesterol levels and referred Bernice to talk to her nurse in the office about the information in more detail. The nurse explained that her already borderline scores from last year were up significantly and that it was imperative that Bernice take steps to reduce them by changing her lifestyle. The nurse explained to Bernice that she must learn to manage stress better and improve her diet.

Bernice has come to you for help, though she believes there is absolutely nothing she can do about the unrelenting stress at work. She is genuinely frightened by the prospects of heart disease as her ex-husband and her mother both have suffered from it and have had bypass surgeries. She is moderately open to considering dietary changes but believes that time issues will make changing that difficult.

A very common misconception is that cardiovascular disease is all about being overweight. In this fictitious case study “Bernice” represents the person at risk for heart disease and related problems who, though having a slim body type, has many other risk factors in progress threatening her health and well being. Stress is an underrated, yet profound, factor in the development of CVD (cardiovascular disease). Stress exacerbates cholesterol levels, raises blood pressure and heart rate, and often creates the kind of pressure that prevents a person from engaging in enough healthy self-care activities.

1. Bernice is the classic “Yes, but...!” client. She knows she has to do something about her situation, yet is excluding key areas from attention (stress at work, time management, etc.).

How would you connect with Bernice, and where would you begin?

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2. How would you work with helping her develop a Well Life Vision?

What would be the next step?

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3. What strengths does Bernice have to build on?

What does Bernice have going for her?

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4. How will “coaching for connectedness” help Bernice, and how would you do it?

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5. How you would coach Bernice? What would you focus on?

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## ONSET

The onset of a heart-related issue can vary from the stunningly sudden to the gradual emergence that can no longer be ignored. Once someone comes face to face with such an issue the front lines are handled by the medical professionals, and should be! However, other than when the client/patient is unconscious, there is a behavioral/emotional component to deal with.

### *Dealing with the Diagnosis*

Imagine hearing such news as:

- “You’ve just had a stroke.”
- “Well, the heart catheterization confirmed what we already suspected from the lab work, and you do have heart disease.”
- “Your heart disease is going to require surgery.”
- “The little cords that hold your valve in place have come loose and we’ll need to operate to fix it. If we don’t perform the surgery within a week, you’ll most likely die.”
- One person said that the news they received, “shattered my assumptive world.”

Cardiovascular disease and various heart issues are the number one cause of death in the United States and many other countries. Many thousands of people hear lines like those above every year. Regardless of whether your client was caught off-guard or the diagnosis just confirmed what they had been afraid of for years, it always hits hard.

What’s more basic to life than the health of our heart?

Coach your client with the concept of The Stages of Grief in mind. Be understanding of how they are handling it by seeing where they may be in those stages. Remember, not everyone follows a 1, then 2, then, 3 stage predictable process. One person will jump to anger quickly another will stay in denial for a very long time.

Coach your client through the feelings. Normalize their experience. Validate the legitimacy of their feelings. Help them to minimize catastrophic thinking. Help them catch their inner-critic when they say negative things about themselves, how well they’ve run their life up to now, etc. Help them talk through the whole upcoming experience. Each time they talk through what they already know about their diagnosis some of the emotional “charge” goes out of it.

Coach your client to take action. Once you have dealt with the feeling level there are practical “OK, so what happens next?” questions to be asked. Having a plan of how to deal with their diagnosis will help them to feel less helpless and hopeless. Knowing that there is something they can do about it is very, very empowering.

Coach your client to build their support team. Coach them through the process of identifying who they can already count on and who they can reach out to. They will need both emotional support and at times, very practical support, like someone to drive them home and be there after surgery.

### ***Preparation for Surgery***

Referring to coach Maggie Lichtenberg’s book (*The Open Heart Companion*) you realize that a coach can serve someone well as they prepare for surgery. It is a combination of both emotional support and the practical, logistical preparation that pays off. You are establishing an alliance with your client before the surgery and you will be there after the surgery. While your role is different than whatever family members may be involved, your support will be valuable as well. Remember, many people live alone and have few if any family resources for support.

Some ways you can immediately be of help to the client preparing for surgery are:

- Coaching your client to be sure they have all the information they need about the surgical procedure.
- Coaching your client to be sure they have all the information they need about post-surgery:
  - what to expect to experience both physiologically and psychologically
  - what they need to line up to prepare for returning home, etc.
- Coaching your client to be sure they have a “caregiver” in the home, in fact a whole “home team” organized.
- Processing their fear with them. Helping them deal with the whole emotional side of things.

Lichtenberg describes many of the incredibly practical preparation steps that can be taken. These are the “Gee! I wish I would have thought of that ahead of time!” items that can not only reduce stress, but facilitate a healthier post-surgery experience.

## **ADAPTATION**

Adaptation is really the world of “The Three R’s” that we talked about earlier:

RECOVERY — REHABILITATION — RECLAIMING

### **RECOVERY**

Well, our first distinction here is recovery from what? The wide range of heart-related issues bring on very different scenarios. We’ll look at this generally, and bring in some specific examples where we can.

#### ***Recovery from Various Heart Procedures***

There are many “heart procedures” that are not as invasive as full-blown open-heart surgery. The popularity of the insertion of stents to open up blocked arteries is still high, though declining somewhat. Some patients have multiple stents put in over time, or sometimes have the angioplasty procedure where a balloon is inserted, inflated in the area of blockage, deflated and withdrawn.

One danger in all procedures and surgeries is the potential for all concerned to fall into a mentality that once the procedure is completed, the cure is in place. This is seldom the case, and where actual heart disease is concerned, it is never the case. Surgery does not “cure” heart disease. The person still has this condition and an improved lifestyle is more imperative than ever. Cardiologists do follow up with surgery patients for years afterwards and for good reason. There are often reminders later on, even after remarkably improved health that the person is still a “heart patient”. Irregular heart beats develop in 40% of all heart surgery patients. Medications need to be adjusted, use of blood thinners carefully monitored, etc., etc.

Coach your client for medical compliance. Help them structure their time to effectively plan on all follow-up appointments and additional consultations, and help them hold themselves accountable to themselves to follow through on all of this. Strategize with them to get the help they need to be at those appointments. Help them be in pharmaceutical compliance.

Coach your client to be very clear with their treatment team on what they can and can’t do physically, what they should and should not eat, etc. Help them be very clear on what their “lifestyle prescription” should look like during recovery.



### ***Recovery From Open Heart Surgery***

This is, of course, the big leagues. Many who experience open heart surgery term it something like a “train wreck”. As big as surgery is, recovery is even “bigger”!

- Recovery in the hospital will pretty much be in the hands of the medical team there and the family/caregiver(s) involved. Coaches seldom are engaged through this part of the process.
- Recovery at home is where you can begin or continue to be of real value. Telephonic coaching can facilitate this process.
- Recovery at home is for many, the long haul that is the most challenging part of the whole experience. Just after surgery it is mostly a matter of survival and endurance. Now you are home and immobilized much more than you are used to. You have probably been instructed to lift no more than five pounds, or even hold open a door with more than a five-pound push on it. You have to deal with being completely vulnerable and dependent on others.
- Lichtenberg’s book provides excellent guidance for the recovery period.

Coach your client to clarify with their treatment team exactly what they need to be doing and not doing in terms of diet and exercise.

Coach your client to research all they can and find out information about what to expect and to get a sense of what is “normal” for someone who has gone through what they went through. Help them eliminate assumptions by checking things out. For example, valve-surgery patients have had the wall of their hearts sliced through whereas by-pass surgery patients have not. Recovery, in terms of the actual healing of the heart as a muscle, is often significantly longer and slower.

Coach your client for a high degree of self-efficacy. Help them make the very best use of the time they do spend with their physician(s). Help them prepare for those appointments and be satisfied with the questions they asked and the answers they received.

Coach for connectedness. Both the practical/logistical and the emotional support are huge right now. Your client may help themselves avoid becoming depressed by more contact with others.

Coach your client through the spiritual and the philosophical that brushes with mortality and “time on your hands” seem to engender.

## **REHABILITATION**

Post-heart attack, post-surgery or after various physical set-backs, time spent in actual Cardiac Rehabilitation is invaluable. Despite it's effectiveness, many patients do not have CR prescribed for them. Many more do not have an adequately long enough course of CR. Some others actually get it prescribed simply by asking for it.

When people experience Cardiac Rehab they have the peace of knowing that they are resuming the process of moving again under professional supervision. Heart telemetry systems monitor the performance of the heart throughout the session and CR therapists help patients adjust to safe levels of movement that will help them to heal and regain their strength and vitality. Most CR programs also offer various instructions in relaxation methods, stretching, stress management, etc.

Coach your client for self-efficacy. Urge them to ask their physician if some kind of cardiac rehabilitation is right for them.

Coach your client to see the responsibility for “rehabilitating themselves” as theirs. Coach for compliance, but also for taking on responsibility for continuing a rehabilitative exercise program on their own after CR is finished. 12, 24 or 36 sessions is not a “cure”, it's just a start! Help them avoid becoming what the CR therapists refer to as a “repeat customer!”

Coach your client into and through an on-going exercise program that was recommended by the CR therapists or other medical personnel. This may include working with a personal fitness trainer.

Coach your client through the process of discovering what they need to do to manage stress better in their lives.

Coach your client through the process of discovering with all the dietary changes they need to make and following through on making them. This may include working with a dietician.

## RECLAIMING

This really is about reclaiming “the heart of your life”. Whether it is the shock of diagnosis or an actual “heart event” or surgery, there is loss. There is a setback. Somewhat like a deer in the headlights you freeze and are not sure what to do. In fact you’re really not sure what you can and should do, or not do! There are the real setbacks, like not being able to lift more than five lbs. post-surgically. There are the imagined ones that we’re really not sure about. We quit hiking because we don’t want to cause another heart attack. We quit dancing, we quit bicycling, we quit having sex, etc., etc. Fear rules along side a royal court of ambiguity, confusion, mis-information and prejudice.

Eventually as your client moves through the rehabilitative process they begin little by little to reclaim parts of themselves and their experience that they had lost or given up. As they heal they really are able to increase their physical activity and dance again in many ways!

Returning to work is also what a big part of reclaiming means to a lot of clients. Returning to work means reclaiming income and also reclaiming self-worth. It means feeling like you are “well enough” to be working again, a real milestone on the “Comeback Trail”. It now adds a whole new meaning to work/life balance.

- Coach your client to address work/life balance in a whole new way. Returning to work like nothing ever happened is a number one mistake, often inviting a return of the same conditions that exacerbated the heart problems to start with.
- Coach your client to operate on true priorities. Health comes FIRST, now more than ever.
- Coach your client in developing new strategies for improving conditions at work and the way they work. Help them develop new skills in delegation, prioritization, streamlining, etc.
- Coach your client to examine old irrational beliefs about themselves, such as:
  - You are only worthy when you are constantly achieving.
  - You are “super-woman”/“super-man” — able to excel at work and at home all the time!
  - You can do it all yourself.

## **Reclaiming the Heart of Your Life is About:**

- Honoring and grieving the losses of that which you really are not going to get back.
- Being realistic about what it is possible for you to reclaim.
- Reclaiming all that you possibly (with medical safety) can!
- Setting your sites on those reclaiming goals and coaching towards them.
- Being patient and persistent in getting there.
- Celebrating every time you arrive at those milestones!

Coach your client to write out what they want to reclaim in their life.

Coach your client to explore their fears, to check out their assumptions, to deal with what is holding them back from being as healthy and well as they possibly can be.

Coach your client to be a thriver not just a survivor!

### ***Adaptation***

Adaptation does not have to mean submission, toleration, acquiescence, or defeat. Your client may have to “surrender” in ways they may have never considered before. They may have to give themselves up to reality and trust completely in the skills of people they barely know. Yet as they “adapt” to their “condition” their attitude about what is truly possible is so critical. Life is still about maximizing our potential and living the most fulfilling life possible. Yet as you coach them, preaching and cheerleading will not get the job done. Help them to move through this experience of recovery, rehabilitation and reclaiming with a coaching process, with an ally and a plan.

## Coaching the Client with Diabetes

Statistics in the U.S.

- The American Diabetes Association (Association) estimates the total costs of diagnosed diabetes have risen to \$245 billion in 2012 from \$174 billion in 2007, when the cost was last examined. This figure represents a 41 percent increase over a five year period.
- “The cost of diabetes is rising at a rate higher than overall medical costs with more than one in 10 health care dollars in the country being spent directly on diabetes and its complications, and more than one in five health care dollars in the U.S. going to the care of people with diagnosed diabetes.”
- Diabetes, a serious and life-threatening disease, has reached epidemic proportions in the U.S. with nearly 26 million adults and children living with the disease. An additional 79 million have prediabetes, placing them at increased risk for developing type 2 diabetes.
- The total cost includes direct medical costs of \$176 billion, which reflects costs for hospital and emergency care, office visits and medications, and indirect medical costs totaling \$69 billion, which includes absenteeism, reduced productivity, unemployment caused by diabetes-related disability and lost productivity due to early mortality.

Source: <http://www.diabetes.org/for-media/2013/annual-costs-of-diabetes-2013.html>

### ***Diabetes Complications***

- Common complications of type 2 diabetes include heart disease, stroke, eye damage which can lead to blindness, kidney disease, and vascular (blood vessel) problems that can lead to foot amputation.
- The risk of death for people with diabetes is about twice that of people without diabetes of a similar age,” said AACE spokesman Daniel Einhorn, MD, FACP
- And he noted that death rates from heart disease are two- to four times higher in diabetes patients than in heart patients without the disease.

From: “State of Diabetes Complications in America,” issued by the American Association of Clinical Endocrinologists (AACE) (April 2007).

### ***Major Types of Diabetes***

#### **Type 1 Diabetes**

Results from the body’s failure to produce insulin, the hormone that “unlocks” the cells of the body, allowing glucose to enter and fuel them. It is estimated that 5-10% of Americans who are diagnosed with diabetes have type 1 diabetes.

### Type 2 Diabetes

Results from insulin resistance (a condition in which the body fails to properly use insulin), combined with relative insulin deficiency. Most Americans who are diagnosed with diabetes have type 2 diabetes.

### Gestational Diabetes

Gestational diabetes affects about 4% of all pregnant women - about 135,000 cases in the United States each year.

### Pre-diabetes

Pre-diabetes is a condition that occurs when a person's blood glucose levels are higher than normal but not high enough for a diagnosis of type 2 diabetes. There are 54 million Americans who have pre-diabetes, in addition to the 20.8 million with diabetes.

### ***Coaching Clients with Diabetes***

Recent studies indicate that the early detection of diabetes symptoms and treatment can decrease the chance of developing the complications of diabetes.

Some diabetes symptoms include:

- Frequent urination
- Excessive thirst
- Extreme hunger
- Unusual weight loss
- Increased fatigue
- Irritability
- Blurry vision

Which is your client experiencing now:

PREVENTION — ONSET — ADAPTATION?

### **PREVENTION**

Diabetes cannot be prevented in all cases particularly if one has a very strong family history, but the common type of diabetes - Type 2 diabetes -- may be prevented or delayed by proper diet which is low fat and high fibre foods, avoidance of excessive weight gain, regular physical exercise, and avoidance of aggravating factors such as smoking and stressful lifestyle. Unnecessary worry can lead to earlier development of diabetes as well as several other diseases like heart disease. Most important is to learn to reduce stress.

- It is now estimated that more than 41 million Americans have pre-diabetes. [www.people.isletsofhope.com](http://www.people.isletsofhope.com)
- Successful lifestyle change prevents the development of diabetes from pre-diabetes 70 percent of the time!
- People with pre-diabetes can often prevent or delay diabetes if they lose a modest amount of weight by cutting fat and calorie intake and increasing physical activity — for example, walking 30 minutes a day 5 days a week. Losing just 5 to 7 percent of body weight prevents or delays diabetes by nearly 60 percent.

NDIC -<http://diabetes.niddk.nih.gov/DM/pubs/insulinresistance/>

## ONSET

Diabetes mellitus is a disease in which the blood glucose levels become higher than normal because of reduced quantities of a hormone called insulin, which is essential for proper utilization of glucose. Glucose is a 'fuel', which is burnt in the body to provide energy for our daily activities. When the level of this 'fuel' exceeds the normal levels it starts acting as a poison and harms almost all cells of the body. The major effect is on the fine blood vessels, and several enzymes in the cells (biochemical proteins); that are essential for supplying blood and carrying out normal tissue processes respectively. Uncontrolled or improperly controlled diabetes can give rise to heart disease, eye disease, kidney disease, and degeneration of nerve fibers.

A person newly diagnosed with Type 2 Diabetes should seek expert medical advice. The doctor will educate them about the nature of the disease and its treatment. For the more common Type 2 diabetes with no complications and moderately elevated blood sugar, the doctor will most likely initially try out treatment with diet control and suitable physical exercise aimed at normalizing body weight, and improving insulin action. If this does not work medication maybe prescribed to reduce blood glucose.

The client may need to have or learn how to self check their blood glucose levels at specified intervals. This will help the client understand how well their diabetes responds to diet, exercise and the medication; and permit the doctor to advise further changes in the treatment.

Once the condition stabilizes the treatment is continued with regular monitoring of blood glucose.

The doctor may also order some tests to detect whether or not you have any complication e.g. heart disease, eye disease or kidney disease, so that additional treatment and advice can be provided.

The coach is the physician's and the client's ally in the implementation of the Lifestyle Prescription or the behavioral aspects of the treatment plan.

## ADAPTATION

Adaptation is really the world of “The Three R’s” that we talked about earlier:

### RECOVERY — REHABILITATION — RECLAIMING

When a person is newly diagnosed with Diabetes they will move through the loss process and you as their wellness ally can assist them in adapting more quickly and quicker adaptation means less loss of health.



A person with diabetes must lead a healthy lifestyle.

The major lifestyle alterations usually advised in persons with diabetes are:

- Relief of stress by relaxation exercises or yoga
- Increased physical activity
- Stop smoking and tobacco consumption in any form
- Stop alcohol consumption or limiting it to small quantities
- Eating at regular intervals, and in proper quantities and composition that ensures a balanced intake of all nutrients
- Drastically reduce intake of saturated fats and simple sugars
- Weight reduction if you are overweight

These are all Behavioral — Lifestyle changes that when made greatly improve a persons probability of having a healthy life. The longer a person ignores the lifestyle changes needed to be healthy the greater the chances that Heart disease, Circulation issues leading to bruising and loss of body parts, loss of eye sight (and other issues) might develop.

You Coach a client with Diabetes to Adapt Through:

- Medical compliance
- Greater self awareness
- Increased knowledge of the disease
- Increased knowledge of what impacts the disease and how
- Integrating the new information into their self image in a healthy, productive way
- Increased support for lifestyle change
- Making the lasting lifestyle changes needed to be healthy
- Greater self-advocacy





## Maintain the Coaching Mindset

As tempting as it is to rush forward as teacher/health educator here, and slip into the “Educate & Implore” mindset and method, resist temptation!

- COACH your client through the process of EDUCATING THEMSELVES. Make exploration and research part of the coaching tasks that the client is committing to do. They need to find out more about what they can do, what they can eat and how exercise impacts Diabetes.
- Coach your client to make use of the health professionals who can really instruct them in how to proceed with healthy prevention plans:
  - Dieticians and nutritionists
  - Physical therapists if injuries or joint issues exist
  - Fitness trainers
  - Support and healthy weight loss groups
  - Certified diabetes educators

### *Use the WM360° Model*

Vision: Prevention is part of the client’s healthy life vision but healthy adaptation can be also. Being “healthy” means being able to function and be active, to be able to do so many of the things that your client imagines and dreams of. For individuals with diabetes it is important that they integrate the new information but also be able to see themselves as healthy and living well with diabetes.

Map: Co-plan how your client will make their lifestyle changes and adapt to the health challenge or prevent further issues. Tracking is the key to lifestyle change. Plan for the client to become educated in aspects of their disease.

### *Motivation — Prevention Plus*

As we’ve learned earlier about motivation, there needs to be more going for the person than just the thought that they are avoiding illness. Even if the person is in the “prevention” stage, they need to motivate themselves with more than just the idea of preventing illness or further problems.

- Work towards intrinsic motivation. Shift from FEAR TO LOVE based motivation. See Jeff’s ideas in the next pages.

## Ongoing Evaluation

This is where coaching can really help by keeping the person on task and following through on their wellness plan.

- Help your client to track behavior and continue to monitor biometric measures
- Help you client to follow up with their physician and their healthcare team.
- Help your client build their support system
- Encourage your client to become educated regarding their health challenge.
- Help your client become their own best advocate

People with diabetes lead normal healthy lives when well adapted!

A person with diabetes can lead a normal healthy life, if his diabetes is well under control. This can be achieved by closely following the advise of the doctor, balancing the diet, medication and exercise, reducing stress and having a positive outlook to life. Certain occupations though are not advisable for persons with diabetes like being a pilot, armed forces, deep sea diving and working on a ship.

## Coach's Guide to Diabetes

Based on Life Coaching and Diabetes and 6 Steps To Diabetes Life Success by Jeffrey C. Myers and modified as a guide by Michael Arloski, Ph.D., PCC

### *Motivation from the Inside Out*

When people learn they have diabetes, some quickly find the inner motivation to act and integrate effective diabetes management into their lives. Others struggle with this over many years, and may never make the necessary changes in thinking and lifestyle choices.

### *Fear Works at First, But Not Long Enough*

When diagnosed with diabetes, fear serves as a strong motivator for learning and change in the short term. However, fear quickly loses its power as a motivator. Once the newness of the diabetes diagnosis wears off and we find ourselves still breathing and alive, we must find a lasting source of motivation to weave effective diabetes management into the fabric of our lives.

## **Unique Motivators**

Each person has their own unique blend of motivations to be active and maintain good blood sugar control.

These motivators include:

- Athletic competition
- Being there for family
- Enjoying the feeling of a healthy and vibrant body
- Being an inspiration to others
- Activities that demand sustained energy and alertness such as flying an airplane, or guilt-free enjoyment of gourmet food!

## ***Six Steps to Diabetes Life Success***

### ***Guiding Principles***

There is something here about helping people experience their power, getting early results that sustain motivation and action, providing “best in class” resources, filling the gap between medical resources and tailoring them to a person’s real life, etc.

### ***Summary of the 6 Steps***

1. Assess where you’re starting from. Candidly learn about your where you are with self-care, your strengths, your fears, your thoughts about having diabetes, and external demands from work, relationships, family, friends, home, etc.
2. Determine what you want. Step out of today’s reality and envision exactly what you want, be inspired by others who are living well with diabetes, and identify what areas of life you most want to see improvements right away.
3. Take ownership for your success. Take responsibility for how you got where you are, without guilt trips and decide how you can create a new result. Set meaningful goals and decide how you want to move forward.
4. Rally your resources to support you. Get your diabetes questions answered by folks you trust, ask for meaningful help from others in areas of life that are important.
5. Take action. Choose where to start, take the first step, and then the next. Change your habits and persist.
6. Notice results and adjust. Reflect and capture what happens as a result of your taking action, including how it feels. Celebrate improvements, make adjustments and revisit previous steps if they will help you take meaningful action.

### ***Jeff's Own Motivation (Type 1 Diabetes)***

Comes from a competitive spirit to beat the odds and enjoy a wide variety of activities throughout his life. From climbing mountains in Colorado to traveling in foreign countries and having the knowledge and tools to maintain stable blood sugars while enjoying new foods on uncertain schedules, Jeff enjoys the challenge.

Lifestyle Change is Crucial, Not Just “Management.”

It is one thing to learn how to manage diabetes, but totally another to make the changes in lifestyle, beliefs, relationships, eating, activity, time management, etc, so that effective diabetes management becomes a natural, ongoing part of life. For individuals who desire something better in life and want support achieving that, professional life coaching can be highly effective. As any successful athlete knows, a good coach provides focus, collaboration, accountability and challenge, by supporting the development and optimization of the athletes' natural gifts. Life coaches provide these same values to clients with diabetes who want to leverage their strengths to live life well. An ideal coach is skilled in using the powerful tools of the coaching profession, and displays success and freedom managing their own life with diabetes.

### ***Coaching Success***

A client's success is a coaches' success. Through powerful questions, active listening, managing progress and accountability, a professional life coach helps clients discover their innate values and strengths, and apply them to achieving their goals. A coach provides the week-by-week support to help clients overcome barriers and maintain focus on the results they want. This ongoing support, combined with the coaches training and competence, is a key to the success for clients. It fills the gap between busy health care professionals, who lack the time to focus beyond their specialty, and other support resources, which lack the coaching skills to help someone create fundamental and lasting change in their lives.

### ***How does one decide if they would benefit by hiring a coach?***

Coaching works best when the client is truly open to, and committed to, personal change. This includes being willing to focus on themselves first, to see new perspectives, to be accountable to themselves and responsible for their choices, be willing to take risks, and to partner with another on this path. In my experience coaching clients that have diabetes, results can come very quickly as they clarify what truly gives them energy and joy, and then find ways to connect what they love with what they need to do to manage their health. When a client is willing to “think outside the box” in partnership with their coach, they make rapid progress!

## Coaching Clients with Cancer

“If we don’t tell people that science shows how much people can protect themselves from this disease with their own choices, if we don’t tell them that, then we are giving them false hopelessness,” he says. “And we know that hopelessness can actually promote the growth of cancer. And this is what I am against. False hopelessness.”

— David Servan-Schreiber, M.D., Ph.D.,  
author of *Anticancer: A New Way of Life*

About 10 million Americans alive today have faced a diagnosis of cancer. Some of them have just been diagnosed or are going through treatment, while others no longer have active symptoms of cancer or are considered cured.

According to their findings, while genetics and environment are major contributors to cancer risk, the simple decisions made each day often matter too. Whether you are picking up a pack of cigarettes, a bottle of suntan lotion, or your walking pace, studies show the power to influence cancer risk is in your hands.

Which is your client experiencing now:  
PREVENTION — ONSET — ADAPTATION?

### **PREVENTION**

How much do daily habits like diet and exercise affect our risk for cancer? Much more than you might think. Increasingly, researchers agree that poor diets and sedentary lifestyles are among the most important contributors to cancer risk. Fortunately, these are things we can control.

- Quit smoking
- Achieve and maintain a healthy weight
- Be physically active on a regular basis
- Make healthy food choices.

The evidence for this is strong: Each year, about 550,000 Americans die of cancer; fully one-third of these deaths are linked to poor diet, physical inactivity, and carrying excess weight..

The Weight-Cancer Connection: Being overweight works in a variety of ways to increase cancer risk. One of the main ways is that excess weight causes the body to produce and circulate more of the hormones estrogen and insulin, which can stimulate cancer growth.

One third of all cancer deaths are related to diet and activity factors. Help your client to lose some extra pounds, to increase our physical activity, to make healthy food choices, and to look for ways to make our environments healthier places to live, work, and play.

### ***The Lifestyle Aspects of Cancer***

70 percent of the diseases and subsequent deaths in the U.S. are lifestyle-based. U.S. Surgeon General

Lifestyle-based chronic diseases account for 75 percent of the nation's \$1.4 trillion medical care costs. 2006 – The Center for Disease Control-U.S.

- Being overweight or obese increases the risk of several cancers, including cancers of the breast (among women past menopause), colon, endometrium, esophagus, kidney, and other organs.
- Being active helps reduce your cancer risk by helping with weight control, and can also reduce your risk by influencing hormone levels and your immune system.
- Diet = more fiber, fruits and veggies, whole grains and less processed meats reduce cancer risks.
- One third of all cancer deaths are related to diet and activity factors! American Cancer Society

Other statistics from The American Cancer Society tells us that there is a huge Correlation between lifestyle and cancer

Diet = 35%

Smoking = 30%

Sexual Behavior = 7%

Occupation = 4%

Alcohol = 3%

Sun Radiation = 3%

Other = 18%

Other than smoking and hearing about too little fiber in our diets we don't really get the impression that cancer is so lifestyle related. Yet, when we see what health risks our lifestyle can contribute we realize there is a lot involved. Again we see just how behavioral health really is.

At age 31 David Servan-Schriber was a promising young physician and neuroscientist working at the University of Pittsburgh. When a research subject failed to show he decided to take their place and do an MRI on himself. He never expected to find the tumor inside his own skull, but there it was. Having been treated twice for a malignant brain tumor, he is now a leading figure in the movement for integrative approaches to the prevention and treatment of cancer. Servan-Schriber wanted to find out what he could do about his own cancer and what others as well could

do to change their lifestyles and increase the quality of their lives and the chances of their survival. Moving past his own doctor's admonition that there was nothing he could do to prevent a relapse, he explored integrative and wellness approaches that showed him lifestyle changes that could make a difference.

His book, *Anticancer: A New Way of Life* is not just about prevention, but also looks at what the person with cancer can do. Take a look at his continuing information at [www.anticancerways.com](http://www.anticancerways.com)

### ***Diet and Physical Activity in Lung Cancer Risk Prediction for Current, Former and Never Smokers***

People who have quit smoking can further reduce their risk of developing lung cancer by adding lots of vegetables to their diet — as measured by eating four or more servings of salads a week — compared to people who quit but do not eat their veggies, report researchers at The University of Texas M. D. Anderson Cancer Center. The investigators also found that physical activity like gardening reduces risk of developing the cancer in “former-smokers” by up to 45 percent, compared to former smokers who don't garden.

“We are trying to understand what components of lifestyle can reduce lung cancer risk in people who have quit smoking — which has been a neglected field of study,” said Michele Forman, Ph.D., a professor of epidemiology at the University of Texas. “Although this is a very preliminary analysis, it gives us some important clues about how everyone — smokers and non-smokers alike — might be able to reduce their risk of developing lung cancer.”

The research team also found that current smokers have a two-fold higher risk of developing lung cancer if they eat three servings or less of salad a week, compared to current smokers who do eat four or more salads weekly. Reduction of risk through gardening was about the same (33 percent) as seen in former smokers, they found. The investigators are also exploring the role of diet and physical activity in lung cancer risk for never-smokers.

Wellness Coaching may decrease psychological distress, improve quality of life for cancer survivors.

“Longitudinal Benefits of Wellness Coaching Interventions for Cancer Survivors” by Mary Louise Galantino, Pam Schmid, Anthony Milos, Sheila Leonard, Stasia Botis, Courtney Dagan, William Albert, Janet Teixeira and Jun Mao.

International Journal of Interdisciplinary Social Sciences, Volume 4, Issue 10, pp.41-58. Article: Print (Spiral Bound). Article: Electronic (PDF File; 1.437MB).

Conclusion: Wellness Coaching may decrease psychological distress, improve quality of life as well as self-reported health behavior and weight in cancer survivors. Wellness coaching has the potential to bridge between clinical medicine and multiple health and social disciplines to improve the overall well-being of cancer survivors.

“If you are worried about lung cancer risk, this study shows that you may benefit from eating a healthy diet and being physically active,” Forman said.

## **ONSET**

Because no two people with cancer are alike -- and no two friends or family members are alike -- each person has his or her own way of coping with cancer. When a person finds out they have cancer, their personal beliefs and experiences help determine what the diagnosis means to them. As they face their own mortality and cope with the many demands of cancer, they may examine their religious beliefs, personal and family values, and priorities in life. Accepting the diagnosis and figuring out how cancer fits into their life is challenging.

People diagnosed with cancer may wonder who to tell and how they should tell them. They often feel pressured to share their diagnosis but most people are able to wait until they are ready. There is no set time when people begin to feel comfortable enough to discuss their cancer with others. This is different for each person.

### ***Feelings Associated with Cancer***

After a diagnosis of cancer, you may feel shock, disbelief, fear, anxiety, guilt, sadness, grief, depression, and anger. Each person may experience some or all of these feelings, and each will handle them differently. Shock may be the first emotion, because no one is ever prepared to hear that they have cancer. It is not unusual for people with cancer to wonder why it happened to them or to think life has treated them unfairly. A person may doubt the accuracy of the diagnosis, especially if they don't feel sick.



Coach your client to clarify with their treatment team exactly what they need to be doing and not doing.

Coach your client to research all they can and find out information about what to expect and to get a sense of what is “normal” for someone who has gone through what they went through. Help them eliminate assumptions by checking things out. For example, what do test scores mean and what are options for treatment for their type of cancer?

Coach your client for a high degree of self-efficacy. Help them make the very best use of the time they do spend with their physician(s). Help them prepare for those appointments and be satisfied with the questions they asked and the answers they received.

Coach for connectedness. Both the practical/logistical and the emotional support are huge right now. Your client may help themselves avoid becoming depressed by more contact with others.

Coach you client through the spiritual and the philosophical that brushes with mortality and “time on your hands” seem to engender.

Coach your client to regain as much control as they can. As challenging as it sounds a person can manage their own cancer experience and a coach can help.

- They can learn as much as they can about their type of cancer
- They can talk to doctors, survivors, and do the research about treatment options
- They get to decide on the best treatment options for them
- They can gather their support team together and educate them
- They gain control in their life even as they feel great vulnerability
- They can choose their attitude

### ***Preparing Yourself for Cancer Treatment***

When you are healthy, eating enough food to get the nutrients you need is usually not a problem. When you are being treated for cancer, however, this may be hard to do, especially if you have side effects or just don’t feel well. Learn what you can do to prepare yourself for cancer treatment before it begins. One way to prepare for them is to think of your treatment as a time to concentrate on yourself and on getting well.

The coach is the physicians and the clients ally in the implementation of the Lifestyle Prescription or the behavioral aspects of the treatment plan.

### ***ADAPTATION***

Adaptation is really the world of “The Three R’s” that we talked about earlier:

## RECOVERY — REHABILITATION — RECLAIMING

When a person is newly diagnosed with Cancer they will move through the loss process and you as their wellness ally can assist them in adapting more quickly and quicker adaptation means they will be able to make better decisions and be better prepared for cancer treatment.

You Coach a client with cancer to adapt through:

- Medical compliance
- Greater self awareness
- Increased knowledge of the disease
- Increased knowledge of what impacts the disease and how
- Integrating the new information into their self image in a healthy - productive way
- Increased support for Lifestyle Change
- Making the Lasting Lifestyle Changes needed to be healthy
- Greater Self Advocacy
- Adjustment to the Long-term Physical Changes

A coach supports their client in making the lifestyle changes recommended by their medical professionals in order to positively adapt after cancer treatment

### ***Maintain the Coaching Mindset***

As tempting as it is to rush forward as teacher/health educator here, and slip into the “Educate & Implore” mindset and method, resist temptation!

- COACH your client through the process of EDUCATING THEMSELVES. Make exploration and research part of the coaching tasks that the client is committing to do. They need to find out more about what they can do, what they can eat and how exercise impact their cancer.
- Coach your client to make use of the health professionals who can really instruct them in how to proceed with healthy prevention plans:
  - Dieticians and nutritionists
  - Home help agencies
  - Fitness Trainers
  - Cancer Support Groups

### ***Use the WM360° Model***

Vision: Prevention is part of the client’s healthy life vision but healthy adaptation can be also. Being “healthy” means being able to function and be active, to be able to do so many of the things that your client

imagines and dreams of. For individuals with cancer it is important that they integrate the new information and work on their in their own future.

Map: Plan out how their lifestyle changes will help the client adapt to the new found information and prevent further issues. Tracking will be key here to lifestyle change. Plan for the client to become educated in aspects of their disease.

### ***Ongoing Evaluation***

This is where coaching can really help by keeping the person on task and following through on their wellness plan.

- Help your client to track behavior and continue to monitor biometric measures
- Help your client deal with physical changes resulting from their cancer
- Help your client to follow up with their physician and their healthcare team.
- Help your client build their support system
- Encourage your client to become educated
- Help your client become their own best advocate

### ***Physical Impacts of Treatment***

Learn what the client can do when treatment causes depression, pain, difficulty in moving, nausea and vomiting, fatigue, or loss of appetite

- Depression
- Difficulty in Moving
- Fatigue

### ***Staying Active During Treatment***

Although treatment effectively fights cancer, it can also affect your daily routine. Learn about common side effects, how to fight fatigue, and ways to maintain a healthy quality of life throughout treatment.

### ***Nutrition Before Treatment***

Good nutrition is especially important for people with cancer. That is because the illness itself, as well as its treatments, may affect your appetite. Cancer and cancer treatments may also alter your body's ability to tolerate certain foods and to use nutrients. A person may need to avoid specific foods because of their specific type of cancer.

### ***Working During Treatment***

Working during treatment will depend on many factors. Coach your client around how to plan accordingly, talk to their employer, and cope with work-related issues.

### ***Sexuality***

Treatment can affect your clients sexual health both physically and emotionally. coach your client to find resources to help them understand what's happening and help them cope with this important issue.

### ***Exercise During Treatment***

Your clients exercise routine during cancer treatment will depend on their physical condition, and their general health before they were diagnosed. The doctor will tell them if they can exercise. Exercise, with adequate periods of rest built into their day, can often be beneficial for a number of reasons. It can boost their energy level, relieve stress, decrease anxiety and depression, and stimulate their appetite. Remember that you are a support to the Lifestyle Prescription given by the the doctor.

Your client can also make a choice to exercise alone or with a group of friends. If they enjoyed regular exercise before their diagnosis, exercise during cancer treatment may help them feel like some areas of their life are still “normal.” If they have surgery as part of their cancer treatment, the doctor may recommend some kinds of movement to prevent complications and maintain range of motion in the joints and muscles. The doctor can help you determine activities and a schedule which are appropriate for your client.

### ***Chemotherapy***

It involves taking strong drugs that kill cancer cells. The drugs are most commonly taken by mouth or given by injection into the bloodstream. Chemo drugs can damage both healthy cells and cancer cells. Cells most likely to be injured are bone marrow, hair, and the lining of the digestive tract from the mouth all the way to the rectum or anus.

Side effects will depend on what kind of chemo drugs your client takes and how they take them. The following are common side effects of chemo that can cause eating problems:

- loss of appetite
- changes in taste and smell
- mouth tenderness or sores
- nausea
- vomiting
- changes in bowel habits
- fatigue
- low white blood cell counts with the increased risk of infection

While your client gets chemotherapy, eating well can help a person to:

- feel better
- keep up their strength and energy
- keep up their weight and their body's store of nutrients
- tolerate treatment-related side effects
- decrease their risk of infection
- heal and recover faster

A person needs to plan ahead and bring a light meal or snack in an insulated bag or small cooler. Find out whether there is a refrigerator or microwave that can be used.

Most people find that a light meal or snack before chemotherapy is well tolerated.

Fatigue (tiredness or lack of energy) is very common during chemotherapy. To reduce fatigue a person may need to prioritize their activities, doing the most important ones when they have the most energy, and to balance rest and activity so that it does not interfere with nighttime sleep.

Most people find they need to ask family and friends for help with grocery shopping and fixing meals or to have meals delivered to their home or to eat a meal at a community or senior center.

For more information on managing side effects of chemotherapy, ask the American Cancer Society about *Understanding Chemotherapy: A Guide for Patients and Families*.

### ***Surgery and Combined Treatments***

Surgery is done to remove cancer cells and nearby tissue. It is often combined with radiation therapy and chemotherapy.

After surgery, the body needs extra calories and protein for wound healing and recovery. At this time, many people have some pain and fatigue. They also may be unable to eat a normal diet because of surgery-related side effects. The body's ability to use nutrients may also be changed by surgery that takes out any part of the mouth, esophagus, stomach, small intestine, colon, or rectum.

### ***Nutrition Suggestions for People Recovering from Cancer Surgery***

If your client has surgery, remember that many side effects will go away within a few days of the operation. Certain drugs, self-care practices, and changes in diet can help lessen any side effects they may have. If they last, be sure to have your client tell the doctor, nurse, dietitian, or other member of the health care team.

Eating a healthy diet while recovering from surgery can help your client:

- feel better
- keep up their strength and energy
- keep up their weight and their body's store of nutrients
- tolerate treatment-related side effects
- decrease their risk of infection
- heal and recover quickly

A person should eat as well as they can on days when their appetite is good. They need to try eating small, frequent meals or snacks.

Encourage your client to ask family and friends for help with shopping for groceries and preparing meals.

Coach your client to:

- Consult with a dietitian skilled in working with cancer patients.
- Ask their medical professional how soon they can go back to their normal, day-to-day activities.
- Ease into a more vigorous exercise routine if your doctor approves.

### ***Radiation Therapy***

In radiation therapy, radiation is directed at the parts of the body with cancer so the cells are unable to grow and divide. While all cells are affected by radiation, most normal cells can usually recover.

People with cancer often get radiation treatments 5 days a week for 2 to 9 weeks. The type of side effects radiation may cause depends on the area of the body being treated, the size of the area being treated, the total dose of radiation, and the number of treatments. Some of these side effects can happen during treatment while others may not happen until some time after treatment.

Recovery in the hospital will pretty much be in the hands of the medical team. Coaches seldom are engaged through this part of the process.

### ***Recovery at Home***

Advances in cancer treatment and changing health care systems have led to shorter hospital stays and sicker people being cared for at home. Non-medical caregivers find themselves taking on roles that, just a short time ago, were carried out by trained health professionals. This guide gives you general information about caring for the person with cancer at home. It lists the more common problems people with cancer experience, what signs of problems you can look for, and some ideas for things you can do if problems come up. It also lists some of the more common treatments and possible side effects that go with them. The information given here is not meant to replace talking with a doctor or nurse. Your medical professionals who know the client's situation can give your client the information that they will need the most.

A wellness coach can be part of the team once a client is home and beginning to adapt:

- Recovery at home is where you can begin or continue to be of real value to your client. Telephonic coaching can facilitate this process.
- Recovery at home is for many, the long haul that is the most challenging part of the whole experience. Just after surgery it is mostly a matter of survival and endurance. Now your client is home and immobilized much more than they are used to. They have probably been instructed to lift no more than five pounds, or even hold open a door with more than a five-pound push on it.
- Your client may have continued treatments daily or weekly.
- They have to deal with being completely vulnerable and dependent on others.

Once again, wellness coaching is about providing an ally, coaching for connectedness, and focusing on the lifestyle behaviors that will improve the course of the illness.

## **REHABILITATION**

### ***Living with Cancer***

Coach your client for self-efficacy. Urge your client to ask their physician if some kind of rehabilitation is right for them.

Coach your client to see the responsibility for “rehabilitating themselves” as theirs. Coach for compliance, but also for taking on responsibility for continuing a rehabilitative exercise program on their own after Re-hab is finished.

Coach your client into and through an on-going exercise program that was recommended by their medical professional. This may include working with a personal fitness trainer.

Coach your client through the process of discovering what they need to do to manage stress better in their lives.

Coach your client through the process of discovering with all the dietary changes they need to make and following through on making them. This may include working with a dietician.

Coach your client to be patient with themselves.

## **RECLAIMING**

Whether it is the shock of diagnosis or surgery, there is loss. There is a setback. Somewhat like a deer in the headlights you freeze and are not sure what to do. In fact you’re really not sure what you can and should do, or not do! There are the real setbacks and there are the imagined ones that we’re really not sure about. Your client may We quit dancing or bicycling, or quit being around people socially etc., etc. Fear rules along side a royal court of ambiguity, confusion, mis-information and prejudice.

### ***Reclaiming Your Life with or after Cancer:***

- Honoring and grieving the losses of that which you really are not going to get back.
- Being realistic about what it is possible for you to reclaim.
- Reclaiming all that you possibly (with medical safety) can!
- Setting your sites on those reclaiming goals and coaching towards them.
- Being patient and persistent in getting there.
- Celebrating every time you arrive at those milestones!



Coach your client to write out what they want to reclaim in their life.

Coach your client to explore their fears, to check out their assumptions, to deal with what is holding them back from being as healthy and well as they possibly can be.

Coach your client to be a thriver not just a survivor!

### ***Gene-altering Lifestyle Slows Cancer***

It's no secret that a healthy lifestyle might help your body fight cancer. Now it seems this is partly because diet and exercise alter the expression of our genes.

Dean Ornish and colleagues at the University of California, San Francisco, took prostate biopsies from 30 men with early-stage prostate cancer and got them to eat a low-fat diet of vegetables and whole grains, take moderate exercise, and attend stress management classes. Three months later, a second biopsy revealed changes in the expression of hundreds of genes.

Some genes involved in tumor formation were less active, while some disease-fighting genes were more active (Proceedings of the National Academy of Sciences, DOI: 10.1073/pnas.0803080105). Further work is needed to show whether these changes actually cause the tumors to shrink.

In 2005 Ornish's team showed how lifestyle changes can reduce certain markers for prostate cancer, possibly slowing its progression.

“Now we're starting to understand how these changes exert such a powerful outcome,” says Ornish.

A healthy lifestyle may affect other types of cancer too. For example, two of the genes suppressed in the recent study are also found in people with breast and colon cancer.

### ***Clusters of Risk Factors and Co-morbidities***

Good things come in bunches the old saying goes, and, unfortunately health challenges often do too. It is not unusual for the same group of risky health behaviors over a long period of time to lead to more than one health challenge. One of the most common is the clustering of cardiovascular disease and diabetes. The physiology of diabetes sets a person up for vascular disease. Here is a description from the National Diabetes Information Clearinghouse (NDIC)

“What is the connection between diabetes, heart disease, and stroke?

If you have diabetes, you are at least twice as likely as someone who does not have diabetes to have heart disease or a stroke. People with diabetes also tend to develop heart disease or have strokes at an earlier age than other people. If you are middle-aged and have type 2 diabetes, some studies suggest that your chance of having a heart attack is as high as someone without diabetes who has already had one heart attack. Women who have not gone through menopause usually have less risk of heart disease than men of the same age. But women of all ages with diabetes have an increased risk of heart disease because diabetes cancels out the protective effects of being a woman in her child-bearing years.

People with diabetes who have already had one heart attack run an even greater risk of having a second one. In addition, heart attacks in people with diabetes are more serious and more likely to result in death. High blood glucose levels over time can lead to increased deposits of fatty materials on the insides of the blood vessel walls. These deposits may affect blood flow, increasing the chance of clogging and hardening of blood vessels (atherosclerosis).” <http://diabetes.niddk.nih.gov/dm/pubs/stroke/>

## Metabolic Syndrome

The Mayo Clinic provides this definition of Metabolic Syndrome: a cluster of conditions — increased blood pressure, elevated insulin levels, excess body fat around the waist or abnormal cholesterol levels — that occur together, increasing your risk of heart disease, stroke and diabetes.

You can do something about your risk of metabolic syndrome and its complications — diabetes, stroke and heart disease. Start by making these lifestyle changes:

- **Lose weight.** Losing as little as 5 to 10 percent of your body weight can reduce insulin levels and blood pressure, and decrease your risk of diabetes.
- **Exercise.** Doctors recommend getting 30 to 60 minutes of moderate-intensity exercise, such as brisk walking, every day.
- **Stop smoking.** Smoking cigarettes increases insulin resistance and worsens the health consequences of metabolic syndrome. Talk to your doctor if you need help kicking the cigarette habit.
- **Eat fiber-rich foods.** Make sure you include whole grains, beans, fruits and vegetables in your grocery cart. These items are packed with dietary fiber and can lower your insulin levels.

The American Heart Association and the National Heart, Lung, and Blood Institute recommends that the metabolic syndrome be identified as the presence of three or more of these components:

- **Elevated waist circumference:** Men — Equal to or greater than 40 inches (102cm) Women — Equal to or greater than 35 inches (88 cm)
- **Elevated triglycerides:** Equal to or greater than 150 mg/dL
- **Reduced HDL (“good”) cholesterol:** Men — Less than 40 mg/dL Women — Less than 50 mg/dL
- **Elevated blood pressure:** Equal to or greater than 130/85 mm Hg
- **Elevated fasting glucose:** Equal to or greater than 100 mg/dL

**AHA Recommendation for Managing the Metabolic Syndrome:**

The primary goal of clinical management of the metabolic syndrome is to reduce the risk for cardiovascular disease and type 2 diabetes. Then, the first-line therapy is to reduce the major risk factors for cardiovascular disease:

- stop smoking
- reduce LDL cholesterol
- reduce blood pressure
- reduce glucose levels to the recommended levels.

For managing both long- and short-term risk, lifestyle therapies are the first-line interventions to reduce the metabolic risk factors. These lifestyle

interventions include:

- Weight loss to achieve a desirable weight (BMI less than 25 kg/m<sup>2</sup>)
- Increased physical activity, with a goal of at least 30 minutes of moderate-intensity activity on most days of the week
- Healthy eating habits that include reduced intake of saturated fat, trans fat and cholesterol

The recommendations are clear: lifestyle improvement as the first line of defence. People diagnosed with Metabolic Syndrome may have contributing factors in their genetic history, etc., but the medical field acknowledges that the best way to treat and prevent this syndrome is to help the person succeed at lifestyle change — the perfect job for the health coach working in concert with the person's medical care providers.

### ***Coaching the Client with Metabolic Syndrome***

The health coach can help the client with metabolic syndrome in very much the same fashion as they would help a client with high risk for heart disease or for diabetes.

- Check out your client's level of understanding/education about their diagnosis
- Help them get the information/resources they need.
- Work the client's "lifestyle prescription" into their Wellness Plan

This will most likely include:

- Managing their blood pressure through
- Proper medication
- Exercise
- Stress reduction
- Improving their blood chemistry through
- Improved diet
- Increased activity
- Stress reduction
- Weight reduction to achieve a healthy weight
- Smoking cessation
- Coach for connectedness so your client will have a network of support at home, at work and in their community

Resources:

[www.medicinenet.com/metabolic\\_syndrome/article.htm](http://www.medicinenet.com/metabolic_syndrome/article.htm)

[www.nlm.nih.gov/medlineplus/metabolicsyndrome.html](http://www.nlm.nih.gov/medlineplus/metabolicsyndrome.html)

[www.americanheart.org/presenter.jhtml?identifier=4756](http://www.americanheart.org/presenter.jhtml?identifier=4756)

[www.mayoclinic.com/health/metabolic%20syndrome/DS00522/DSECTION=lifestyle%2Dand%2Dhome%2Dremedies](http://www.mayoclinic.com/health/metabolic%20syndrome/DS00522/DSECTION=lifestyle%2Dand%2Dhome%2Dremedies)

## Summary Chapter 14

### Health Challenge Specializations

*Meet the client in their current experience*

- Prevention — Onset — Adaptation

*Adaptation encompasses:*

- Recovery
- Rehabilitation
- Reclaiming

Use a Wellness Model to help organize your wholistic wellness efforts

“Choosing, Living, Loving, Being” is how Dr. Arloski organizes the aspects of effective change.

- Coach the Wellness Mapping 360© Model with your client regardless of Health Challenge
- You are the Wellness Ally for both client and medical provider
- The Wellness Coach supports the client following the Lifestyle Prescription written by the medical provider.



## Chapter 15

# Coaching for Healthy Weight Management and Fitness



### *Key Concepts*

- Coaching people to attain and maintain a healthy weight for them.
- NEAT – Non Exercise Activity Thermogenesis



### *Connections for the Client*

- Viewing a healthy weight in a more sustainable and lifestyle-based way
- Increasing self-efficacy
- Tracking success



### *Applications*

- Working with clients who say “I hate to exercise!” and “I don’t have time!”
- Developing a more holistic and yet behavioral approach to helping clients with weight loss.



### *Reading*

- Read Chapter 9: Choosing, Living, Loving, Being: Coaching the Strategic, Lifestyle, Interpersonal, and Intrapersonal Aspects of Effective Change  
Pages 214-224

## **Coaching for Healthy Weight Management and Fitness**

Entire programs have been built around the reduction of health risks and the prevention of illness. Now we are seeing that undeniable evidence concludes that wellness, i.e., helping people improve their lifestyle behavior, is an essential part of the wise treatment program for many chronic medical conditions (American College of Lifestyle Medicine). Globally, according to the World Health Organization, non-communicable or “lifestyle” diseases account for nearly 60 percent of deaths. All major diseases are linked by the following lifestyle challenges:

- Increasingly sedentary lifestyles and workstyles
- Poor diet resulting in weight gain (increasingly uniform worldwide — industrialization of food manufacture, distribution and sales, e.g. convenience and “fast foods”)
- Increased isolation
- Stress

Maintaining a healthy weight is important to reduce the risk of chronic diseases, such as heart disease, cancer, stroke, and diabetes. Being overweight or obese increases the risk of several cancers, including cancers of the breast (among women past menopause), colon, endometrium, esophagus, kidney, and other organs.

### ***Coach for Healthy Weight Loss***

Losing weight and keeping it off is a real challenge for most people. That’s why it’s important for your client to begin a weight loss program with the help of their health care team, including, if possible, a dietitian. They can help find ways to decrease calories but still consume the foods your client enjoys. The wellness coach can assist in developing strategies to help exchange old habits for new ones. It’s important to remember that losing even a relatively small amount of weight can make a real improvement in reducing the risk for diabetes and other serious conditions.

Obviously there is both an obesity epidemic and an obsession with weight, body image and weight loss happening simultaneously. It has become an economic and political nightmare. Many of our “overweight” wellness coaching clients come to us not just with feelings of concern about health risks, but feelings of shame and embarrassment. But what is “overweight”? The lack of validity and reliability of the Body Mass Index (BMI) has been shown over and over again yet is still used to determine cutoff levels for labeling people as overweight. There is even recent evidence that many people who fall into the 25-30 BMI score category enjoy better health than their thinner friends. Perhaps we should be measuring overall health and readings from the lab instead



of the scales? As we work with an overweight client perhaps we can include measures of blood pressure, cholesterol, blood sugar, etc. as the criteria instead of pounds or kilos lost.

Professionals in the field have developed conflicting stands on the issue of how we look at this subject. Examine the Healthy At Every Size (aka Healthy At Any Size) movement and its criticisms.

Health at Every Size: Toward a New Paradigm of Weight and Health Jon Robison, PhD, MS, Assistant Professor; Co-Editor, *MedGenMed*. 2005; 7(3): 13.

Published online 2005 July 12

“Although research and experience have clearly demonstrated that focusing on weight loss as a primary goal is most likely to produce weight cycling and, over time, increased weight,[4–9] the HAES approach certainly does not suggest that all people are currently at a weight that is the most healthy for their circumstances. What it strongly purports, however, is that movement toward a healthier lifestyle over time will produce a healthy weight for that person.” <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1681635/>

Why I Can't Quite Be Okay With 'Okay At Any Size', by Dr. David Katz. [http://www.huffingtonpost.com/david-katz-md/obesity-crisis\\_b\\_1967677.html](http://www.huffingtonpost.com/david-katz-md/obesity-crisis_b_1967677.html)

Additional resource: <http://www.webmd.com/diet/features/obesity-epidemic-astronomical>

### **Coach for Fitness**

Exercise includes anything that gets you moving, such as walking, dancing, or working in the yard. You can earn the benefits of being physically active without going to a gym, playing sports, or using fancy equipment. When physically fit, a person has the strength, flexibility, and endurance needed for daily activities. Being physically active helps you feel better physically and mentally.

### **Coach for Connectedness**

We all need to be surrounded by people who support and care about us. It is challenging when we want to change our behavior - lose weight or begin an exercise regime when our past support system of friends and family do otherwise. As our clients choose to change their behavior they must also begin to change the supports in their lives. They either re-educate those around them or create a new more supportive system.

### **Stress**

Evidence shows that a stress inducing life adds to ill health. In most cases it is a benefit to either change lifestyle or the client response to the daily life they are choosing to live. Evidence also shows a great relationship between insight gain and the level of the stress hormone cortisol in the system.

### **Prevention - Onset - Adaptation (recovery, rehabilitation, reclaiming)**

Preventing long term weight gain and maintaining a fit body alleviates many health challenges and losing weight, eating well, and exercising seems to positively affect all long term disease outcomes.

### **Use the WM360° Model**

- **Assess & Explore:** Assist your client explore their readiness for change, what motivates them as well as what gets in the way of them succeeding or taking care of themselves.
- **Vision:** Assist your client develop a “Health” or “Wellness” vision for this life. Coach your clients towards the development of an overall positive lifestyle plan
- **Map:** Map out all the details or steps they will take to become healthier and more fit. Little steps are the beginning of all great journeys.
- **Support & Accountability:** Coach for increased support in your client's life and for greater awareness & self accountability.
- **Ongoing Evaluation:** Evaluate progress along the way. Celebrate when ever possible and adjust as needed.

### **Coaching for Health and Fitness**

- Coach your client to explore healthy weight loss programs before choosing a path
- Coach your client to approach weight loss and exercise as lifestyle enhancements and personal growth verses a diet and exercise plan.
- Coach your client to set up realistic weight loss and exercise goals
- Coach your client to explore and build on their intrinsic motivation
- Coach your client to think of long term - sustainability!
- Coach your clients to remove the barriers to their success!

Certainly one of the most common tasks for a wellness coach is helping clients who struggle with weight issues. Attaining and maintaining a healthy body weight and percentage of body fat, is both highly desired by most people, and is usually placed as a “first step” in the treatment of many health-challenges. Many people’s health is compromised by excessive weight. At the same time, nothing is more subjective than “the ideal weight.” Our culture is obsessed with body image. Each year we are exposed in advertising to over 170,000 images of “the beautiful woman.” 80 percent of the people we see on television have a body type found in only 20 percent of the population. Our idea of “normal” is often not really very realistic. The weight-loss industry is gigantic. Trendy diets come and go like clothing fashions. Exercise crazes follow in their wake.

### **Working With Your Client**

- Help your coaching client to sift through their current beliefs about their own body and how OK it is.
- Help them to center on body management goals that are healthy and realistic for them.
- In this area, especially, an accurate gauge on readiness for change is vital.
- Don’t prescribe a weight-loss program. Be the client’s ally in finding or creating the right one for them.
- Regardless of the program chosen, emphasize an “intrinsic” approach to exercise (motivation from the inside-out, e.g. *The Intrinsic Exerciser*, by Jay Kimiciek)
- Obtain commitment and create agreements about how you can help hold them accountable to themselves regarding their weight-management program.
- Don’t underestimate the power of the coaching relationship. Trust is critical when attempting change in such a sensitive area.
- Strategize with your client on ways they can really make their program effective, including very practical and logistical ways of insuring more exercise, etc.

- Support your client in gaining and using effectively the resources they need for success: friends, other professionals like nutritionists, fitness trainers, etc.
- Stay up-to-date on the latest wellness information about the efficacy of current commercial programs and diet trends.

## **Weight Loss with a Health Challenge**

- Diabetes
- Heart Health
- Cancer
- Others

Coach the Client to be clear about what their medical provider suggests based on their diagnosis.

Set small, achievable and realistic short-term targets based on proper meal planning and nutrition.

Your client must first undergo medical consultation and nutrition counselling in order to decide that weight loss is desirable, and formulate a practical plan that is possible to achieve. Patience is required whenever weight loss is attempted because though crash diets can result in rapid weight loss within the first few weeks, they often cause nutritional imbalances that weaken the body constitution. Often it results in rapidly regaining the lost weight because the person cannot continue the diet and eats more food than required after stopping the diet. So, it is best for the client to first prepare mentally for losing weight, ensure that the weight reduction plan is practical, patiently follow the nutrition counsellor's advice and continue the program as a lifestyle eating program.

It is also essential to follow a healthy lifestyle and food pattern after weight loss is achieved because otherwise there will be a quick regaining of lost weight, and all the effort will have been in vain.

Remember Rome wasn't built in a day!! It is absolutely essential to be disciplined and patient while trying to reduce weight.

Take stock of your own attitudes and prejudices regarding body image and weight challenges, etc. Be very aware of how vulnerable you are to judgment in this area.

Obesity is a Health Risk for Many Illness but is of Special Concern for:

- Diabetes & Pre-diabetes
- Heart Health
- Cancer
- Joint disease (excess weight stresses joints)
- Others

### **Weight Loss Coaching — Where to Begin?**

The wellness coaching approach to weight loss is all about shifting perspective and process to a sustainable new way of living. It's not about diets or temporary fixes. It's about losing weight slowly and keeping it off! The biggest challenge for most clients is just that, maintaining their weight loss. That is where a lifestyle improvement approach really works!

#### ***Ten Ways To Coach The Weight Loss Client***

1. Explore your client's history of success and failure with weight loss efforts. Note what worked and what didn't.
2. Help Client Take Ownership. Explore the issue of responsibility and self-efficacy. Instead of relying on the "miracle diet" or product to do the job for them, can they accept the fact that it is about them developing and living a healthy and sustainable lifestyle?
3. Strengths Inventory. Help your client explore their strengths, either through the coaching conversation, or aided by a more formal "strengths inventory." What aspects of their character can they draw upon to meet this challenge. What do they have going for them?
4. Support Inventory. Likewise help your client to take stock of their sources of support and identify where they need to build them. Make those efforts to gain support part of their wellness plan. Coach for connectedness!
5. Determine ability to be :
  - a. Self-directed
  - b. Self-monitoring
  - c. Refer to the section in Chapter Seven of your Wellness Coaching Manual to apply this.
6. Continue to proceed using the Wellness Mapping 360 model.
  - a. Special attention to the Vision and Areas of Focus sections. The best "goals" are not outcome measures like "losing 30 pounds (13.6 KG)." They are statements of how the person wants to be living when they have lost that weight. Remember this is a wellness approach... mproved health is the goal!

- b. Special attention to selecting the measures you will use for Ongoing Evaluation and for Clear Measureable Outcomes. What are the best measures that “work” for the client? Perhaps % body fat reduction is better than actual weight loss.
- 7. Work to Increase Activity – both exercise and NEAT (Non Exercise Activity Thermogenesis – discussed later here).
  - a. Recommend using some kind of Activity Monitoring Device, e.g., pedometer, Gruve (Fitbit, Nike Fuelband, etc.
  - b. Encourage any additional method of tracking activity (www.mapmywalk.com, etc.) using smartphone and PDA apps, etc.
  - c. If possible, include consultation with, or ongoing work with a qualified fitness trainer.
  - d. Explore ideas to make recreational fun more active.
- 8. Recommend meal planning and dietary monitoring.
  - a. Recommend calorie counting resources that make it easy such as www.fatsecret.com / www.calorieking.com, etc. / Also smartphone apps.
  - b. Use a system that your client likes to use whether it is sophisticated or as simple as paper and pencil.
  - c. If possible, include consultation with a Registered Dietician.
- 9. Be sure all efforts are coordinated with and have the approval of the client’s physician/healthcare providers. Encourage your client to tell them about the coaching process they are using.
- 10. Coach through the plateaus and barriers with your best coaching skills and methods.

### **Gastric By-pass Clients**

In 2009 over 100,000 people in the United States underwent gastric by-pass surgery. It is quite likely that wellness and health coaches will encounter either clients who have had the surgery or are seriously contemplating having it. While such procedures have been shown to be effective at helping obese people lose large amounts of weight, they are not fool-proof or risk-free. There are many potential complications and your client needs to see this surgery as a last resort, not a first option, and to become thoroughly educated about the risks involved.

The primary problem with bariatric approaches is when the surgery is completed and there is no behavioral change process accompanying it. The bariatric patient needs to still have a lifestyle improvement approach. This is where coaching can be ideal. Without some kind of lasting lifestyle change the goal of greater health and maintained weight loss may not be realized.

## **Facilitating Movement: Coaching For Health, Well-being, and Weight Management.**

What is the number one item that shows up in more people's wellness plan than any other health goal?

That's easy; attaining and maintaining a healthy weight. With the world-WIDE obesity epidemic in full swing and the consequences showing up in health risk statistics that show us alarming rises in heart disease, diabetes, cancer, etc., it's fairly safe to say that the majority of people seeking wellness coaching are hoping to succeed at this elusive task.

When we seek out the reason people are struggling with weight issues we usually spot the very visible villains like the evil fast food scoundrels that coat everything with batter, deep fry it, and serve it up "supersized". Much can be achieved by an improved diet, absolutely. However lots of social research has revealed that there may be another culprit out there driving the obesity epidemic; sitting disease! Our ways of living and working are increasingly sedentary.

Think about your own average work day. How much do you really move about? For millions of people around the globe, their work is now more focused on data and tasks done while they are stationary. Daily activity is on the decrease for adults and, tragically, for children also. Most of us spend ten to fifteen hours a day just sitting!

Imagine a life where you didn't have to "work" at exercising, but it was built-in to your everyday way of living. What are we learning about movement, outside of our purposeful "workouts"? Researchers in both laboratories and out in the social landscapes are concluding that first, all movement counts toward our health, and second the real key to being active enough to make a true difference if we want to lose weight and keep it off may be all the movement we do besides that workout. Purposeful exercise is still important, in fact it may be hard to move enough in a day without it to go for actual weight loss, but the non-exercise activity is crucial.

"Exercise" is a word most of our wellness coaching clients do not like. "I hate exercise!" is a common phrase you hear from someone who struggles with weight. Some folks like certain kinds of exercise, but they usually don't do it often enough. Lots of barriers to exercise come up and though good coaching can help a person find ways over, around, under and through, it's often a real challenge.

“Janet” was a health educator who had struggled most of her adult life with weight issues. She felt like her weight subtracted from the validity of her message when she spoke in front of groups. In her basement a treadmill gathered cobwebs and dust. Family life with her husband and children was great but often centered around food and television in the evening. Janet “hated” exercise. She had tried to force herself to workout on a regular basis, to walk, to do anything but it never seemed to stick. She could recite dozens of the “benefits of exercise” in her presentations, but it failed to make the translation into her own behavior.

Our first step in coaching together was to throw out the word “exercise.” We focused on increasing movement, any and all activity. With surprisingly little resistance Janet started taking the stairs, parking in the last row of the lot, looking in a fun self-challenging way to discover ways to simply move more. In a breakthrough coaching session she told me about her own sedentary life epiphany.

While sitting on the couch watching TV with her family she saw her son heading towards the kitchen and without thinking said “Hey honey, while you’re in there would please get me a bowl of ice cream?” Suddenly it hit her. “I realized I’d been engineering my entire life to minimize movement!” It hit her like a lightening bolt. The next thing I heard about was her signing up for a country dancing class then she discovered the dust rag and her treadmill saw the light of day again. The more she moved the better she felt, and the results started to show.

Now social scientists are showing us that access to parks and recreation, safe places to walk and play increase the health of communities and equalize health differences between different racial and socio-economic groups. Cultural anthropology is also showing us that a central ingredient in the longest-lived societies in the world is natural movement. A long life is now seen as determined only 25% by genetics and 75% by lifestyle behavior and culture. (Buettner, 2008) Longevity and, even more importantly, quality of life, are fundamentally hinged on movement and lots of it.

When a wellness coach is helping a client with the goal of weight-loss, sustainable results come from a wellness plan that establishes an active life that a person enjoys and wants to maintain. Facilitate this process by helping your client to envision themselves living the healthy and well life they really want. No doubt being able to move easily and enjoyably will be a part of it.

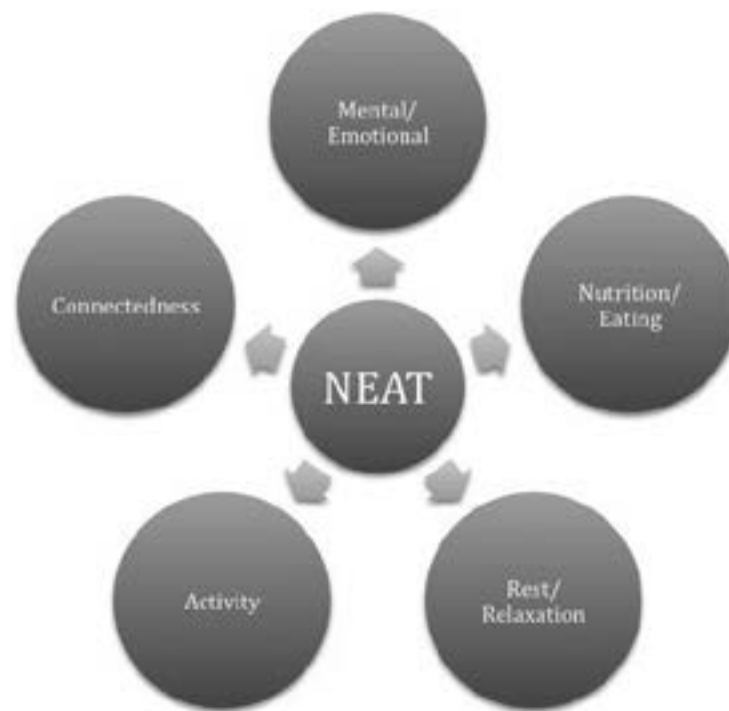
Purposeful exercise may be a part of the plan if the client is up for that, but help them look at their whole life and the role movement plays in it. Many of us have to engage in what I call “compensatory movement” to make up for the lack of it during our work day. That may mean



consciously setting aside time and getting in a good walk, a jog, a bike ride, swim, etc. For many clients working with a professional fitness trainer may give them the best results of all. However for many clients you have to meet them where they are at and with what they are ready for. Help them create a wellness plan that fits their own way of moving and help them discover ways to increase activity throughout their day.

Our bodies were designed to move and when we don't our physical health deteriorates. Lasting motivation for movement eventually shifts to the intrinsic reward of movement itself (Kimiecik, 2002). It feels good! Urge your client to focus on the feelings associated with walking, dancing, lifting weights, etc. While at first the new movements will wake up sedated muscles with soreness, etc., eventually the experience becomes more fluid, energetic, even sensuous and delightful.

Help your clients to track their movement, to get a true idea of how active vs. sedentary their lives really are. Encourage experiments and create accountability agreements around them.



**The "Active Wellness" Model ©**

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### ***The Real Balance “Active Wellness” Model***

Activity

Rest/Relaxation

Nutrition

Mental/Emotional

Connectedness

The Real Balance Active Wellness Model looks at wellness from the singular perspective of increasing activity and in particular, NEAT (Non Exercise Activity Thermogenesis). It is a way of looking at wellness based, in part on the research of Dr. James Levine and the Mayo Clinic (Levine, 2009). It begins by adopting the viewpoint that much of our health depends upon healthy and adequate movement. We then elaborate on how achieving healthy and adequate movement in a life-long sustainable fashion involves virtually every aspect of our lives in one way or another.

The Real Balance Active Wellness Model is intended to help coaches and their clients to succeed at weight loss through a holistic model . It contributes to this by giving people a way of looking at how all aspects of their life either make it easier or harder to increase activity and NEAT in their lives.

There are Five Dimension of Wellness in the Real Balance Active Wellness Model, and they all center around NEAT.

Some guiding principles:

1. Increasing overall activity level is the simple goal of the Gruve Solution, but the key is increasing NEAT.
2. While this sounds like a simple task, the reality is that it involves much more complex behavioral and attitudinal change.
3. This behavioral and attitudinal change can be facilitated by coaching the client in light of these five dimensions of Active Wellness: Activity, Rest/Relaxation, Nutrition, Mental/Emotional, and Connectedness.
4. While we can address each of these dimensions as though they were separate, they are in fact inseparable and totally interactive with each other all the time. The whole really is greater than the sum of it's parts. Wellness is a holistic concept.
5. We benefit from looking at each of these dimensions in terms of both fulfillment and the balance they show between all five dimensions.

***The Real Balance Active Wellness Model and Increasing NEAT***

Activity

Rest/Relaxation

Nutrition

Mental/emotional

Connectedness

IT'S ALL ABOUT INCREASING NEAT

***Activity — NEAT***

1. Some kind of Activity Monitoring Device, such as the Gruve Device (Fitbit, Nike Fuelband, etc.)
2. Continual experimentation of adding NEAT activity
3. Environmental Engineering — the Active workplace — look for and create more NEAT Activating Cues in your environment. Make them “louder” for the NEAT Conserving Person.
  - Conscious Exercise (CE)
  - Fun & Recreation
  - Making both NEAT and CE fun and frequent.

***Rest/Relaxation***

Sleep

Relaxation Response

Everyday relaxation

Stress reduction

1. Adequate sleep and rest help regenerate the energy needed to perform more NEAT (as well as other activity).
2. Adequate sleep and rest help build the immune system and keep the person healthy and able to perform NEAT (as well as other activity).
3. Relaxation also helps build the immune system and keep the person healthy and able to perform NEAT (as well as other activity).

### **Nutrition/Eating**

Eating

Hydration

Digestion

1. Eat well. We don't want to un-do the efforts at increased activity by over-consumption and poor food choices.
2. Eating is behavior. Make eating behavior work for you instead of against you.
3. Don't go into starvation mode, the body goes into conservation mode.
4. Hydrate. Drink enough water for maximum efficiency throughout the body and maximum weight loss.

### **Mental/Emotional**

Motivation

Habit Change

Self-talk — Attitude/ Values /Beliefs/Needs

Stress

1. Motivated to increase NEAT is primarily a combination of attraction towards a healthy way of living, and the dynamics and mechanics of habit change.
2. Attraction motivation replaces avoidance (fear) motivation.
  - a. Envisioning the Well Life Vision
  - b. What pulls you towards being as healthy and well as possible with imperative attraction?
3. Strategies of habit change.
  - a. Reminder structures
  - b. Tracking behavior
  - c. NEAT activating cues
    1. Consciously placed by client
    2. Environmental engineering for NEAT
4. Examining self-limiting and self-enhancing beliefs about self and the task of weight loss.
  - a. Working with self-talk.
  - b. Dealing with discouragement and the "inner critic".
5. Managing stress.

### **Connectedness**

Self

Nature & Environment

Family

Social

Spiritual

Work

1. Greater levels of connectedness in all of the above areas yields greater support for attitudinal and behavioral change.
2. Creating support systems for increasing NEAT in all of the above areas.
3. Creating support systems for maintaining higher levels of NEAT and other activity throughout the person's life.
4. Communities can increase the areas available for safe and fun activity.

### **Weight Loss and NEAT**

To be successful at weight loss clients will find that they need to increase NEAT and engage in regular and purposeful exercise efforts on top of this. This may explain why many clients who “work out” regularly still do not lose weight. They are simply being sedentary so long that the caloric burn during their purposeful exercise session may just not be enough.

Tips to get moving! Here are some quick tips for your clients to help them increase activity in their lives:

- Take the stairs. Repeat. Take the stairs, always, both up and down.
- Walk about when taking a call on a portable phone or a cell phone. Make this a habit. The phone rings, answer it then automatically stand up.
- Stand whenever you can. Standing burns more calories than sitting.
- Have “walking meetings” with colleagues.
- Smile when the parking lot is almost full. Hoof it!
- Modern day conveniences can lead to very inconvenient illnesses. Do it the “hard way”.
- Garden and get a double health bonus of activity and great food!
- Stretch, often at work, when watching TV, etc.
- Explore movement that appeals to you and doesn't feel like a “workout”. Explore Yoga, Tai Chi, dancing, etc. Hike more.
- Use light hand weights and/or resistance bands while at your desk. Great if your work “traps” you for long periods of time.
- Get involved in helping make your workplace more active-friendly.
- Help your community have more resources for activity, fun and play and use them.
- Get involved with younger people and let them set the pace.

- Go green! Leave it in the driveway whenever you can. Walk or bike on your errands. Take public transportation and walk to and from it.
- Recreate under your own power! Leave the noisy toys at home and pedal, paddle, walk, hike, or ski your way to health and a fun time!
- Plan an “active vacation” where there is lots of walking, hiking, or perhaps something like bike riding or canoeing involved.
- Get plenty of rest — people who are rested have more energy to move and are healthier.

### ***Ways to Track Movement***

Help your clients to track their movement, to get a accurate idea of how active vs. sedentary their lives really are. Encourage experiments and create accountability agreements around those experiments.

- Online Mapyourwalk.com
- Online Mapyourride.com
- A Pedometer is inexpensive and easy- count your steps
- Journaling what you want to accomplish and what you actually do is very useful. Journal on your computer and put photos in too to make it fun.
- Use smartphone apps. (iPhone and Blackberry, etc.)

### ***Resources:***

Active Living Research, a national program of the Robert Wood Johnson Foundation. [www.activelivingresearch.org](http://www.activelivingresearch.org) The work of Dr. James Sallis. [www.drjamessallis.sdsu.edu](http://www.drjamessallis.sdsu.edu).

Buettner, Dan. (2008) *The Blue Zones: Lessons For Living Longer From The People Who've Lived The Longest*. Washington, D.C., National Geographic. [www.bluezones.com](http://www.bluezones.com)

Kimiecik, Jay. (2002) *The Intrinsic Exerciser: Discovering the Joy of Exercise*. Boston, New York: Houghton Mifflin Co.

Levine, James. (2009) *Move a Little, Lose a Lot: New N.E.A.T. Science Reveals How to Be Thinner, Happier, and Smarter*. New York: Crown.

## **Control Your Weight for Health**

### ***What's a Healthy Weight?***

One way to find out if you are at a healthy weight is to check your Body Mass Index (BMI), a score based on the relationship between your height and weight. To reduce your cancer risk, try to keep your BMI less than 25. Body types vary and the BMI is now considered questionable as a guideline.

If you are trying to control your weight, a good first step is to watch portion sizes, especially of foods high in calories, fat, and added sugars. Try writing down what and how much you eat and drink for a week and see where you can cut down on portion sizes, cut back on some not-so-healthy foods and drinks, or both!

### ***Be More Active***

Watching what a person eats will help control weight. The other key is to increase the amount of physical activity. Being active helps reduce the cancer, diabetes, and heart disease risk by helping with weight control, and also by influencing hormone levels and the immune system.

The latest recommendations for adults call for at least 30 minutes of intentional moderate to vigorous activity a day – this is over and above usual daily activities like using the stairs instead of the elevator at your office or doing housework – on 5 or more days per week. Even better, shoot for 45 to 60 minutes. For kids, the recommendation is 60 minutes or more a day.

Activities considered moderate are those that make you breathe as hard as you would during a brisk walk. This includes things like walking, biking, even housework and gardening. Vigorous activities generally engage large muscle groups and cause a noticeable increase in heart rate, breathing depth and frequency, and sweating.

### ***Eat a Healthy Diet***

Eating well is also important to improve your health and reduce your risk of cancer, diabetes, and heart disease. Have your client take a good hard look at what they typically eat each day and incorporate the following suggestions to build a healthy diet plan.

**Vegetables and fruits:** You need to eat at least 5 servings of vegetables (including legumes) and fruits each day, especially those with the most color (a sign of high nutrient content). These foods are packed with vitamins, minerals, antioxidants, and many other substances that work together to lower risk of several cancers, including cancers of the lung, mouth, esophagus, stomach, and colon. Not only that, if prepared properly, vegetables and fruits are usually low in calories, so eating them in place of higher-calorie foods can help you control your weight.

**Whole grains:** Aim for at least 3 servings of whole grains each day. There are easy ways to add whole grains to your diet – eat oatmeal at breakfast, choose whole-wheat bread or wraps for your lunchtime sandwich, whip up brown rice at dinner instead of white.

**Processed and red meats:** Cutting back on processed meats like hot dogs, bologna, and luncheon meat, and red meats like beef, pork and lamb may help reduce the risk of colon and prostate cancers. These foods are also high in saturated fat, so eating less of them and eating them less often will also help you lower your risk of heart disease.

**Cancer, Heart Disease, Diabetes Risk Reduction in Our Communities**

Adopting a healthier lifestyle is easier for people who live, work, play, or go to school in an environment that supports healthy behaviors. Working together, communities can create the type of environment where healthy choices become easy choices.

We all can contribute to those changes: Let's ask for healthier food choices at our workplaces and schools. For every junk food item in the vending machine, ask for a healthy alternative. Support restaurants that support your desire to eat well by offering options such as smaller portion sizes, lower-calorie items, and whole-grain products. And let's help make our communities safer and more appealing places to walk, bike, and be active.



## Guide for Coaching Clients with Health Challenges

Steps	Tools	Success Strategies
Assess & Face Reality	<ul style="list-style-type: none"> <li>• Self-care stages + self-identification</li> <li>• Wheel of Life / informal inventories</li> <li>• Self-inventory – self reflect</li> <li>• Assessments (strengths, values, etc.)</li> <li>• Challenge specific Information</li> </ul>	<p>Make time in everyday to reflect and feel. When afraid, stop, feel &amp; learn.</p> <p>Make time in everyday to listen to your body.</p> <p>Cultivate a Health Coach or special person who will be your ally.</p>
Determine what you want.	<ul style="list-style-type: none"> <li>• Self-care</li> <li>• Purpose, Vision exercises</li> <li>• Have, Be, Do, Inventory</li> <li>• Journaling</li> <li>• Determine who can help you get what you want.</li> <li>• Resources for learning about self and health challenge</li> </ul>	<p>Find Inspirational examples of other people who are or have lived with your health challenge.</p> <p>Always know that you are the chooser</p> <p>Join a health or related support group</p> <p>Join with others on the path</p>
Take Ownership	<ul style="list-style-type: none"> <li>• Identify what is in the way</li> <li>• Prioritization - focusing</li> <li>• Goal setting - outcomes</li> <li>• Action planning – wellness planning</li> </ul>	<p>Engage a Health Coach</p> <p>Get in touch with what you do control</p> <p>Create structure that will help you to stay the course.</p>
Rally Support	<ul style="list-style-type: none"> <li>• Health mgmt tools</li> <li>• “Systems” that add structure to all areas of your life.</li> <li>• Health coaching</li> <li>• Journaling</li> <li>• Spiritual Practice</li> <li>• Exercise all areas human – body, mind, heart</li> <li>• Actively Redefine yourself</li> </ul>	<p>Develop role models &amp; challenge buddies</p> <p>Cultivate Formal Relationships w/MD, social workers, churches and medical world</p> <p>Teach friends &amp; family about your Challenges</p> <p>Re-train those in your work life</p>
Take Action	<ul style="list-style-type: none"> <li>• Support &amp; accountability structures</li> <li>• Daily Goal Setting</li> <li>• Emotional mgmt - Reframing</li> <li>• Celebrating &amp; Acknowledging Progress,</li> </ul>	<p>Work with a Health Coach</p> <p>Celebrate small and large Successes.</p> <p>Spend more time with those who make it Easy.</p>
Reflect and Adjust	<ul style="list-style-type: none"> <li>• Journaling</li> <li>• Engage in Group Discussion</li> <li>• Reevaluate &amp; Review</li> </ul>	<p>Let go of Judgment</p> <p>Change what isn't working</p> <p>Look at all the options</p>



# Appendix A

Case Study Form  
Buddy Coaching Guidelines  
Welcome Packet  
Wheel of Life  
Wheel of Nutritional Satisfaction  
Wheel of Physical Satisfaction  
Wheel of Balance  
Wheel of Satisfaction with Connections  
Blank Wheel  
Connections Scale  
Self Permission Inventory  
Readiness for Lifestyle Change Inventory  
Well Life Vision Tool  
Well Life Focus Tool  
Wellness Map Tool  
Weekly Plan & Review Tool  
Coach Notes Form  
ICF Core Competencies

## Case Study Form

Please use this form to develop a case study using the information about a specific person that you have worked with in coaching. The purpose of this study is to analyze the coaching interactions that have occurred for the ICF core competencies. Please refer to the ICF core competencies. (minimum of three pages)

### ***Please describe the client:***

Consider:

- Age
- Job and its affect on the person
- How did the person come to coaching?
- What support systems does the person have?
- Presenting problem or why the person began coaching
- Health & Wellness concerns

1. Please describe the ways you went about SETTING THE FOUNDATION with your client.

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2. Meeting Ethical Guidelines and Professional Standards – Understanding of coaching ethics.

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3. Please describe the ways you went about CO-CREATING THE RELATIONSHIP with your client.

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4. Please describe the ways you went about COMMUNICATING EFFECTIVELY with your client.

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5. Please describe the ways you went about FACILITATING LEARNING AND RESULTS with your client.

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6. What specific mental, behavioral or lifestyle changes occurred during the coaching process?

- Consider new awareness or perceptions.
- Consider a choice to make changes.
- Consider a plan in action even if actual change is still in progress.

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7. As our clients learn from us we also learn from them. What insights have you gained as you have worked with client?

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## Client Definition

\* for our purposes a “client” is defined as someone with whom the coach is: 1) not involved in an intimate relationship with; 2) is not an immediate family member (spouse, partner, parent, child, etc.); 3) is not involved in a relationship of unequal power (such as a manager, supervisor, employer, etc.). A client may or may not be paying for coaching services.

The emphasis of the coaching must be some form of lifestyle improvement (this is subject to the discretion of the instructor).

## Buddy Coaching Guidelines

Your opportunity to really apply what you are learning in your Wellness Mapping 360 course begins with your buddy coaching experience. Here are some basic guidelines and suggestions for you to maximize your experience. (Live Trainings will be different)

### ***Get Started***

Arrange with your Buddy Coach (BC) to begin as soon as possible. A five-week course will go incredibly fast. Ideally have your first session before the beginning of the second week of classes.

### ***How Much***

Five sessions — One hour of buddy coaching: 30 min. as BC and 30 min. being coached, is required each week.

### ***Be a Pro***

Treat your Buddy Coaching just like you would working with a “real” client. You might want to use your buddy coaching client as the subject of your Case Study. Use separate time to discuss the class, wellness coaching or other common interests.

### ***Focus on Lifestyle Improvement***

While all aspects of life are “wellness”, we’re really focusing in on lifestyle behavioral change in this course so examine your own PWF (Personal Wellness Foundation) and see where you need to grow. Remember it may or may not be about the physical side of things. Managing stress, developing more connectedness, more of a spirituality or more meaning and purpose in your life’s work all make great things to explore too. Remember, to begin with exploration. Facilitate your client’s self-exploration.

### ***Practice What You Learn —***

Continually take what we are working on in class, covering in the book and in the manual and apply it. As we study “readiness for change”, plug it in to your coaching. When we talk about creating a Well Life Vision in class — plug it in. As we focus on the WM360 Methodology, use it. When we are working on co-creating the Wellness Plan help your buddy create theirs. You may not be able to help them work on their plan through to completion in the few weeks you have together, but it may be a great service just helping them set one up that they can continue to work on with the support of their support community.

### ***Do The Best You Can***

Give it your best, and realize that both for you and your buddy, it’s OK to be where you are at...the beginning! Be understanding with your buddy coach and be the best client you can be.

## **Specific Five-session Guidelines**

### ***Buddy Coach Session 1:***

With your buddy take turns as coach and client and role play the creating the coaching alliance. (Chapter 3)

As the Client:

- Telling your story
- Complete the Wheel of Life

As the Coach:

- Creating the Alliance
- Listen to, for and with
- Begin to develop your own Personal Wellness Foundation

### ***Buddy Coach Session 2:***

With your buddy coach take turns as coach and client and role play the build on your last buddy coaching session to complete the Foundational Session.

As the Client: (Chapter 5)

- Complete the Welcome Packet
- Review your wheel of life
- Explore deeper into an area of your Wheel of Life

As the Coach: (Focus on coaching for self-exploration and assessment)

- Guide your client through the Welcome Packet and
- Co-create the agreement/the ground rules for the coaching sessions.
- Guide the process of deeper exploration

### ***Buddy Coach Session 3:***

Working with your buddy coach, take turns coaching each other in “setting the focus.” Use the Well Life Vision Tool followed by the Well Life Focus Tool. (Chapter 6)

As the Client:

- Create your Well Life Vision
- Use your Well Life Vision, HRA's, Wheel of Life to determine your focus areas
- Map your way to your Well Life Vision

As the Coach:

- Guide your client through the developing their Well Life Vision
- Guide your client through using the Well Life Focus tool

### ***Buddy Coaching Session 4:***

With your buddy coach take turns being the coach and the client — complete the Wellness Plan. Attend to the support and accountability aspects of the Plan. Use the Weekly Plan & Review Tool to map the process. (Chapter 7)

As the Client:

- Who will support you on your journey?
- Are all your support systems helpful?
- How will you ask for what you need from those around you?
- What will you complete this week?

As the Coach

- Guide your client through the developing a solid support plan
- How will your client be accountable - how will they let you know they have completed what they agreed to do?

### ***Buddy Coaching Session 5 — Deeper Work On Self***

With your buddy coach take turns being the coach and the client. Use the Weekly Review & Plan Tool to guide the session. What is working and what is not? Let the client guide.

- Answer and talk over the following questions with your buddy coach. (Chapter 8)
- What Triggers your inner critic?
- What ways have you responded in the past?
- What can you choose to do different in the future? How do you know that your lifestyle choices are making a difference?





# Welcome Packet

Wellness Coach: \_\_\_\_\_ Date: \_\_\_\_\_

### Laying the Foundation for Coaching

As your coach, it's important for me to understand how you view the world, yourself, and your job or career. Each person is unique and understanding you will help me support and assist you.

Answering these questions clearly and thoughtfully, will serve both you and me. You may find that they help you clarify perceptions about yourself and the direction of your life. These are "pondering" type questions, designed to stimulate your thinking in a way that will make our work together more productive. Take your time answering them. If they are not complete by our first (foundation) session, just bring what you have completed and finish the rest later. These answers will be treated with complete professional confidentiality.

### Contact Information (Confidential)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name you like to be called \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Tele: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address \_\_\_\_\_

Occupation / nature of business: \_\_\_\_\_

Employers or Business Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Marital status: \_\_\_\_\_

Do you have children?      Do your children live with you?

If yes, how many?

Welcome Packet

What do you want to get from the coaching relationship?

What is the “best” way for me to coach you most effectively, what tips would you give to me about what would work best?

Do you have any apprehension or pre-conceived ideas about coaching?

What are 3 things you would like me to know about you?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Personal**

1. What accomplishments or events must, in your opinion, occur during your lifetime to consider your life satisfying and well lived?

2. What is (or might there be) a secret passion in your life? Something you may or may not have allowed yourself to do so far, but which you would really love to do.

3. What unique gift or knowledge do you have to contribute?

4. Please describe what gives you a sense of purpose in life? What activities have meaning for you?

5. What's missing in your life, the presence of which would make your life be more fulfilling?

6. What do you do when you are really up against the wall?

**Health & Wellness Information**

As your coach, my job is not to “treat” you, but to be your ally and your resource. When it comes to health and wellness issues I will help you discover steps you may choose to take towards greater health and higher levels of wellness.

As your ally, I may refer you to medical, psychological, nutritional and other health-related services for more information and to seek any treatment in these areas. I can be a source of support and accountability, helping you to follow through with any treatment plans that you devise with these other professionals.

Please share with me information about your health and wellness so that I may more fully understand your health challenges and aspirations for higher levels of wellness.

1. Please describe your lifestyle and what you do to be healthy and well.

2. Please describe any health challenges that you currently experience (major concerns as well as just bothersome things like headaches, insomnia, etc.)

3. Are you currently on any medications? If so what is the name of the medication and the intended impact of the medication?

4. What do you do to reduce stress in your life, or to counter-act the effect of stress in your life?

5. Please describe a typical week in terms of diet and exercise/activity.

6. What do you do in your life that brings you happiness and joy? How often do you do this?

7. What gets in the way of you doing what brings you joy and health in the world?

8. How can a coach be of assistance in helping you make the lifestyle changes you'd like to make?

9. What two steps could you take immediately that would make the greatest difference in your current situation?

## Coaching Agreement

*Welcome! I am delighted to be your coach and look forward to coaching you toward creating the life you really want to have. Please familiarize yourself with this information and know that if you have questions regarding these guidelines we can discuss them further.*

**Client name:** \_\_\_\_\_ **Tele#:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Commitment:** You are hiring me as your coach because you want to make significant changes. These changes will sometimes happen fast and other times not. Because things happen over time, I request a \_\_\_\_\_ commitment to the coaching process. This will allow the coaching relationship to develop and be a powerful force in your life. Upon completion of the \_\_\_\_\_, coaching will convert to a month-to-month agreement. When it is time to end the coaching relationship, I request a two-week (14 days) notice to allow us time to process the closure.

**Fees:** My monthly individual coaching fee is \$ \_\_\_\_\_ a month with a \_\_\_\_\_ commitment. Your payment needs to be received by the 1<sup>st</sup> of each month, please mail to \_\_\_\_\_.

*(auto-deduction and credit card payments are also available)* Please make prior arrangements if you need to be late or if some other day of the month works better in your bookkeeping cycle.

**Procedure:** Call (if arrange via tele) me at \_\_\_\_\_ at your scheduled appointment time. This is also voice mail.

1. Please call as close to your exact appointment time as possible.
2. If you are not able to call at the scheduled appointment time, PLEASE call anytime, day or night, and leave a message that you will not be making the scheduled time.
3. If you are not able to call at the scheduled appointment time, leave a message that includes two or three other good times to reschedule.
4. It is your responsibility to reschedule any appointments you have missed.

If you call at your scheduled time and immediately get my voice-mail message that means I am on the line, probably running late with a previous appointment. If you encounter this, please DO NOT leave a message. Instead, just call back in about 3-4 minutes. 3. If you get the voice mail on this second attempt to call me (my sincere apologies!!), then please leave a voice mail message with the best phone number for me to call to contact you.

**Calls/ Sessions:** After our initial Foundation Session, our agreement includes \_\_\_\_\_ sessions per month. Ideally, we establish a consistent time that works well for both of us. We will look at these times individually and decide what will support you best. Your first session will be \_\_\_\_\_ in length to allow us to get to know each other and set a positive direction and there is no additional expense for this.

**Changes:** Rescheduling an appointment is easy with advance notice. If you must cancel a call with advanced notice, we will make it up at another time so you have all your scheduled calls during the month or add additional time to appointments already scheduled. Missing an appointment without notice is considered a paid appointment. If you have an emergency we will work around it. If you miss an appointment due to my error in scheduling, or my absence, I will gladly schedule a make-up appointment time, or charge you less for the following month.

**Extra Time:** Call me between our scheduled calls if you need a sounding board, have a problem, or want to share a success with me. I do not bill for additional time of this type, but ask that you keep the calls short. Also, feel free to communicate with me as often as you would like-via email. I check \_\_\_\_\_ regularly during business hours.

**The Coaching Relationship:** Throughout the working relationship the coach will engage in direct and personal conversations. The client can count on the coach to be honest and straightforward in asking questions and making requests. The client understands that the power of the coaching relationship is granted by the client. The coach relationship is professional and strictly confidential.

**Problems:** If I ever say or do something that doesn't feel right, please bring it to my attention during the call. As your coach, I am 100% committed to you being powerful, successful and to you having the life you want.

This agreement between \_\_\_\_\_ and the above named client will begin on \_\_\_\_\_ and will continue for a minimum of three months (12 sessions). The fee for the Initial three months is \$ \_\_\_\_\_ per month, payable in advance.

**Services provided:** The service to be provided by the coach to the client is coaching via telephone, as designed jointly with the client.

**Client agreements:** Speaking as you, the client-

1. As a client, I understand that I am fully responsible for my well-being during my coaching call, including my choices and decisions. I am aware that I can choose to discontinue coaching at any time. I recognize that coaching is not psychotherapy or any form of medical treatment, and that professional referrals will be given if needed.
2. I understand that "life coaching" or "wellness coaching" is a relationship I have with my coach that is designed to facilitate the creation/development of personal, professional, and/or business goals and to develop and carry out a strategy/plan for achieving those goals.
3. I understand that life/wellness coaching is a comprehensive process that may involve all areas of my life, including work, finances, health, relationships, educations and recreation. I acknowledge that deciding how to handle these issues and implement my choices is exclusively my responsibility.
4. I understand that life/wellness coaching does not treat mental disorders as described by the American Psychiatric Association. I understand that life/wellness coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment, and I will not use it in place of any form of therapy.
5. I promise that if I am currently in therapy or otherwise under the care of a mental health professional, that I have consulted with this person regarding the advisability of working with a life/wellness coach and that this person is aware my decision to proceed with the life coaching relationship.
6. I understand that information will be held as confidential unless I state otherwise, in writing, except as required by law.
7. I understand that certain topics may be anonymously shared with other wellness coaching professionals for training or consultation purposes.
8. I understand that wellness coaching is not to be used in lieu of professional advice. I will seek professional guidance for legal, medical, financial, business, spiritual, or other matters. I understand that all decisions in these areas are exclusively mine, and I acknowledge that my decisions and my actions regarding them are my responsibility.

I have read and agreed to the above.

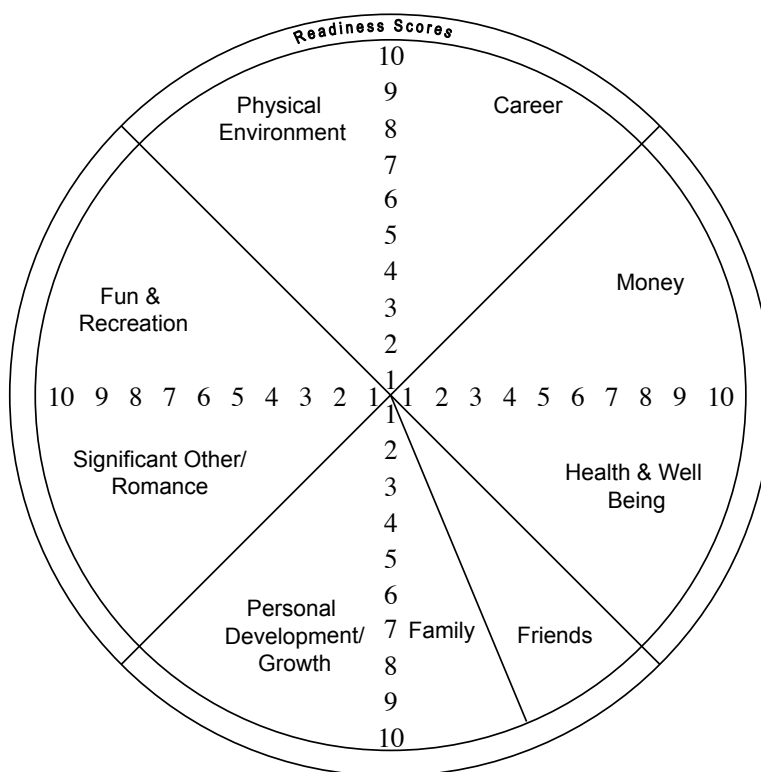
\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date





## The Wheel of Life in Coaching



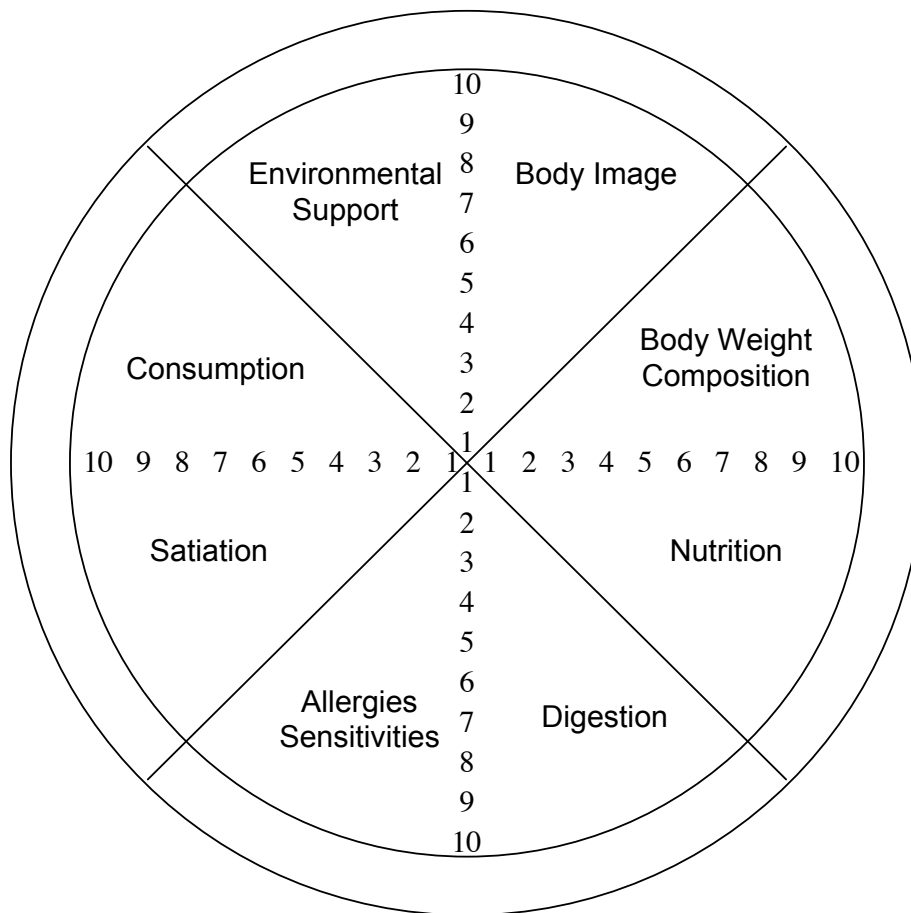
### Personal Life Wheel

Rank your level of satisfaction in each area of your life. The closer you are to 10, the more fulfilled you feel. Once you have marked your number in each area - connect each number forming a new outside perimeter for your circle.

- How smooth or bumpy is your life?
- Are there areas of your life that need attention?
- What areas of your life are you willing to address now, soon, later?



## Wheel of Nutritional Satisfaction

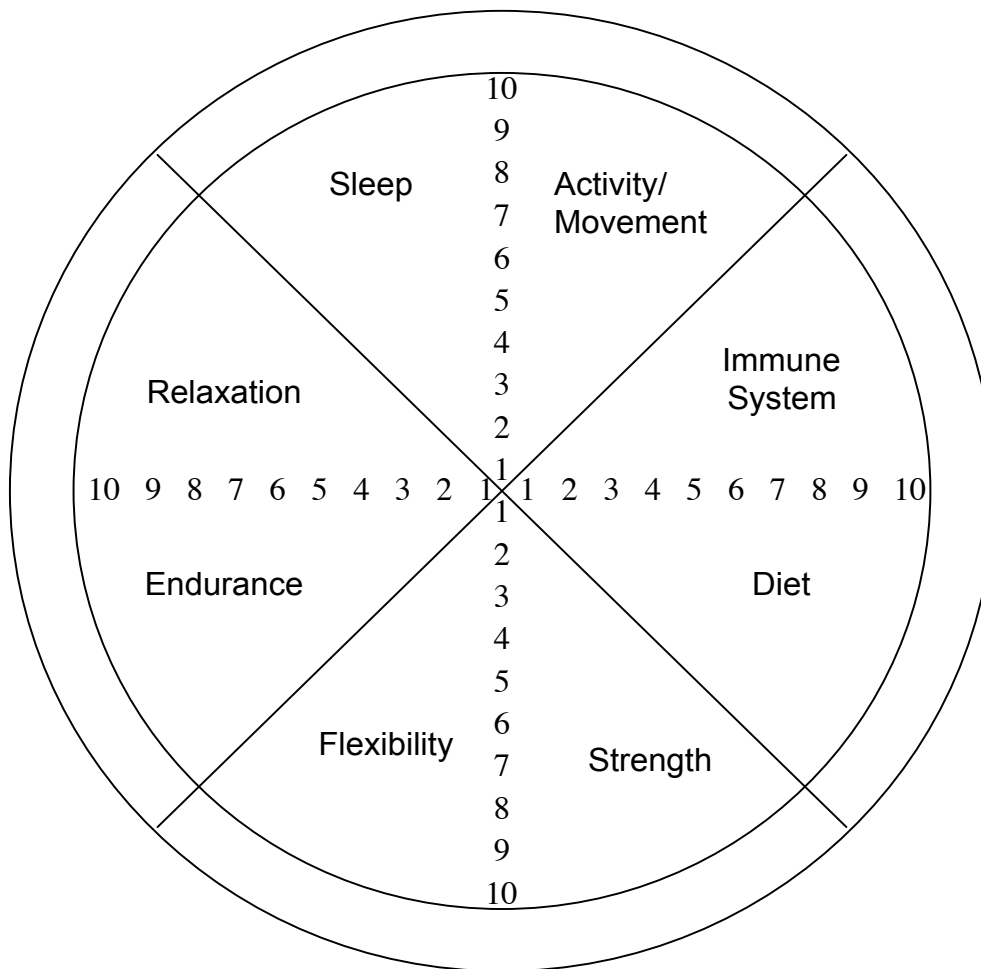


**Areas of Focus:** Rate your level of satisfaction in each area of your nutritional life. The closer you are to 10, the more fulfilled you feel.

- Are there areas that need attention?
- What areas are you willing to address now, soon, later?



## Wheel of Physical Satisfaction

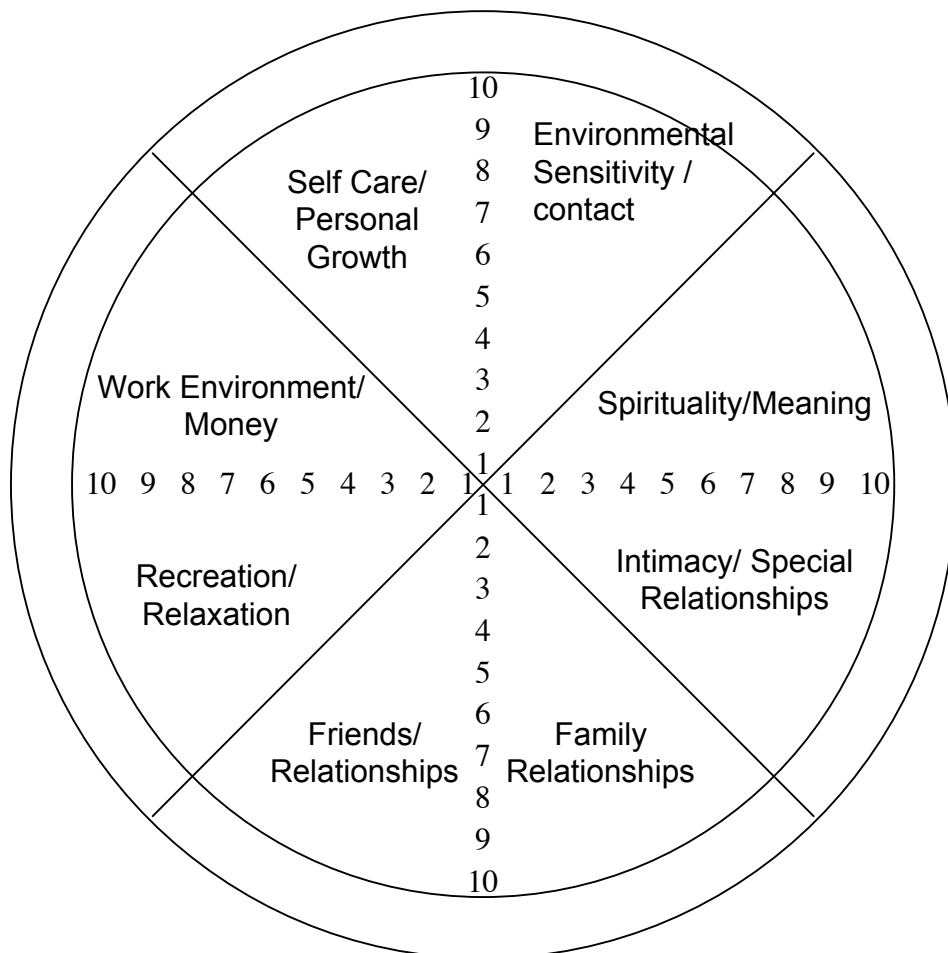


**Areas of Focus:** Rate your level of satisfaction in each area of your Physical life. The closer you are to 10, the more fulfilled you feel.

- Are there areas that need attention?
- What areas are you willing to address now, soon, later?



# Wheel of Satisfaction with Connections



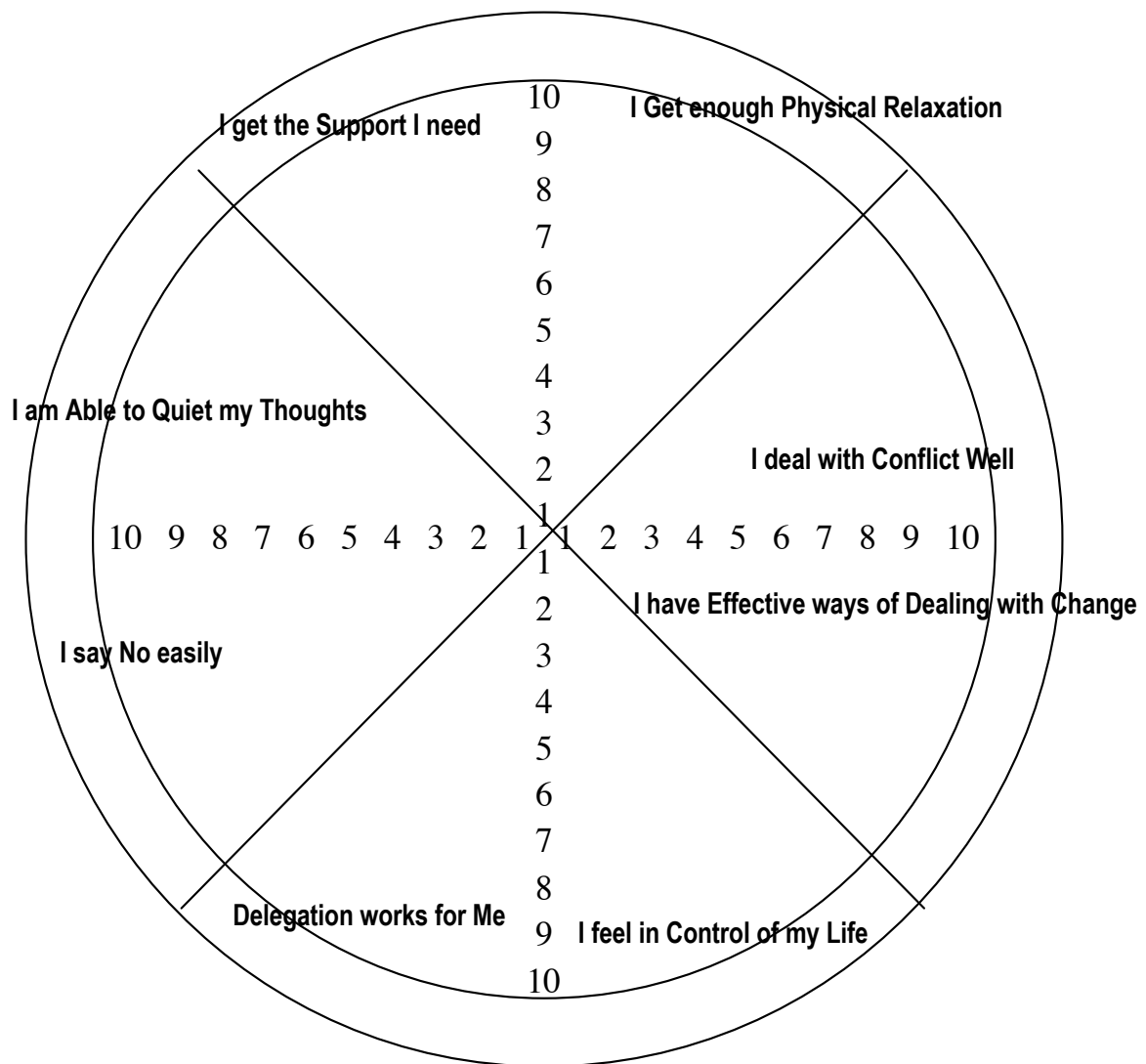
## Areas of Focus

Rate your level of satisfaction with each specific area of connectedness in your life. 10 is the most satisfied and 1 the least satisfied.

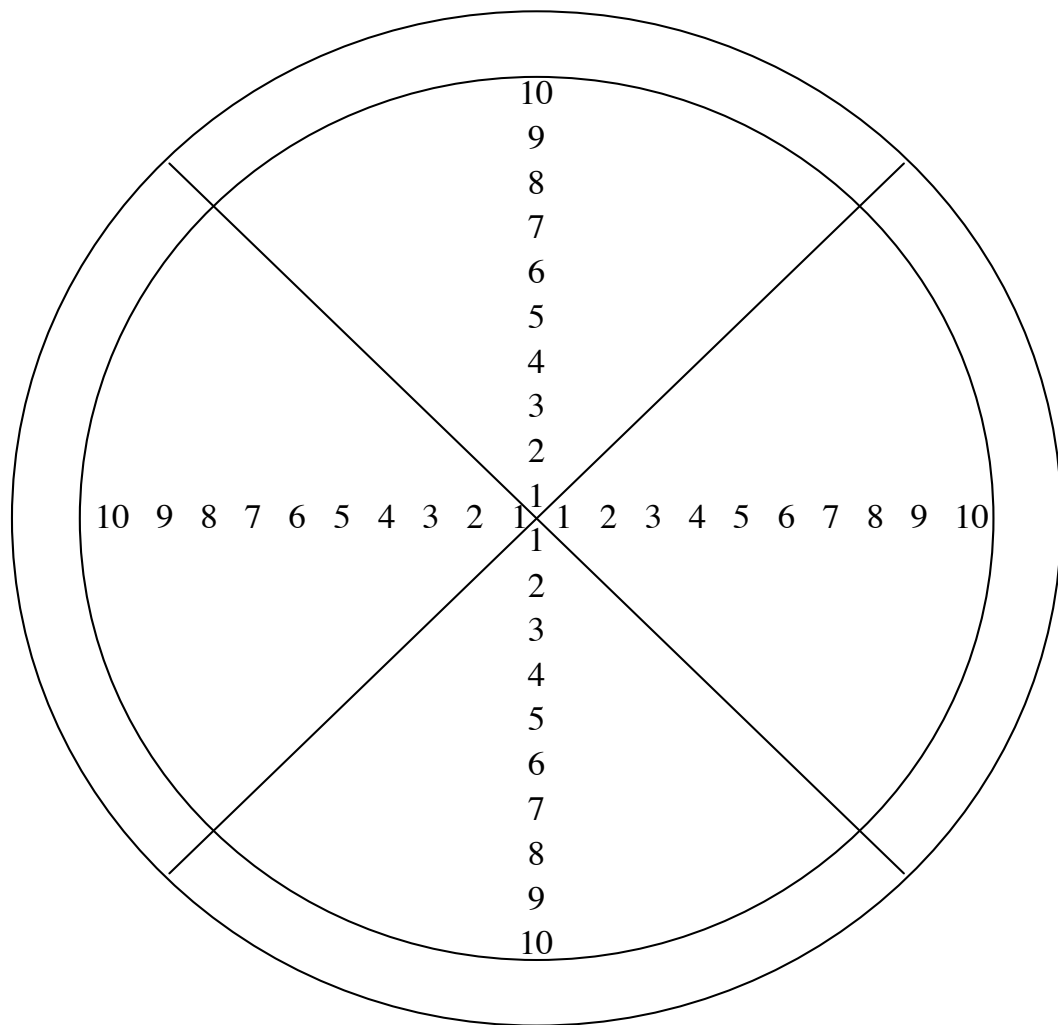
- Are there areas that need attention?
- What areas are you willing to address now, soon, later?



# Satisfaction with Life Balance & levels of Stress



## Areas of Focus



## Areas of Focus

Have your client rate their level of satisfaction with specific areas in their lives. Be creative or use this chart to guide a client deeper into areas of concern & readiness that show up in other Wheels.

## The CONNECTION SCALE

Explore each statement below and rate (1-5) how true each is for you at this time in your life. Talk with your coach (or a friend) about your answers or write about the experience in your guided wellness journal. Once you rate yourself for each statement add your numbers together to gain your total connectedness score.

1 = *Not True*

2 = *Hardly ever True*

3 = *Sometimes True*

4 = *True most of the time*

5 = *True*

### Connection to self

- |                                    |    |    |    |    |    |
|------------------------------------|----|----|----|----|----|
| 1. I enjoy spending time alone.    | 1. | 2. | 3. | 4. | 5. |
| 2. I have enough time alone.       | 1. | 2. | 3. | 4. | 5. |
| 3. I am compassionate with myself. | 1. | 2. | 3. | 4. | 5. |
| 4. I like who I am as a person.    | 1. | 2. | 3. | 4. | 5. |
| 5. I like my body.                 | 1. | 2. | 3. | 4. | 5. |

### Connection to nature and my environment

- |  |    |    |    |    |    |
|--|----|----|----|----|----|
| 1. My living space is comfortable and suits me.      | 1. | 2. | 3. | 4. | 5. |
| 2. I spend quality time in nature.                   | 1. | 2. | 3. | 4. | 5. |
| 3. I have a place I go to for refuge or to recharge. | 1. | 2. | 3. | 4. | 5. |
| 4. My workspace is comfortable and suits me.         | 1. | 2. | 3. | 4. | 5. |
| 5. I know my neighbors.                              | 1. | 2. | 3. | 4. | 5. |

### Connection to family

- |   |    |    |    |    |    |
|---|----|----|----|----|----|
| 1. I have a supportive family.                      | 1. | 2. | 3. | 4. | 5. |
| 2. I enjoy spending time with my family.            | 1. | 2. | 3. | 4. | 5. |
| 3. I spend enough time with my family.              | 1. | 2. | 3. | 4. | 5. |
| 4. I feel connected to my family.                   | 1. | 2. | 3. | 4. | 5. |
| 5. I feel a connection to those who came before me. | 1. | 2. | 3. | 4. | 5. |

### Social Connection

- |   |    |    |    |    |    |
|---|----|----|----|----|----|
| 1. I spend enough time doing activities I enjoy.    | 1. | 2. | 3. | 4. | 5. |
| 2. I spend enough time with friends.                | 1. | 2. | 3. | 4. | 5. |
| 3. I belong to a supportive community.              | 1. | 2. | 3. | 4. | 5. |
| 4. I have someone I can share most everything with. | 1. | 2. | 3. | 4. | 5. |
| 5. I enjoy intimacy.                                | 1. | 2. | 3. | 4. | 5. |

### Spiritual Connection

- |   |    |    |    |    |    |
|---|----|----|----|----|----|
| 1. I feel connected to something greater than myself. | 1. | 2. | 3. | 4. | 5. |
| 2. I spend time in a spiritual practice.              | 1. | 2. | 3. | 4. | 5. |
| 3. I feel a sense of purpose in my life.              | 1. | 2. | 3. | 4. | 5. |
| 4. I belong to a spiritual group.                     | 1. | 2. | 3. | 4. | 5. |
| 5. I am a spiritual being.                            | 1. | 2. | 3. | 4. | 5. |

### Connection at work

- |  |    |    |    |    |    |
|--|----|----|----|----|----|
| 1. I get along well with my co-workers.                  | 1. | 2. | 3. | 4. | 5. |
| 2. I feel respected in the work I do.                    | 1. | 2. | 3. | 4. | 5. |
| 3. I am part of a team at work.                          | 1. | 2. | 3. | 4. | 5. |
| 4. I have adequate contact with others in the work I do. | 1. | 2. | 3. | 4. | 5. |
| 5. My colleagues and I trust one another.                | 1. | 2. | 3. | 4. | 5. |

### Working With The Connectedness Scale

100 pts – 150 pts = High level of Connectedness – Wonderful, make good use of the support you have  
 50 pts – 99 pts = Moderate level of Connectedness – OK, talk /write about your satisfaction with the level of support in your life. Consider adding to your Wellness Map  
 1 pts – 49 pts = Low level of Connectedness – consider adding support systems to your life and your Wellness Map.

Total \_\_\_\_\_

## Self-Permission/Self-Denial Inventory *Michael Arloski, Ph.D.*

### Working With The Self-Permission/Self-Denial Inventory©

Explore each statement and rate how true each is for you at this time in your life and then talk about your answers with your coach. Once you rate yourself for each statement add your numbers together to gain your total score in each separate section.

Please respond to each question answering:

1= never 2 = seldom 3 = occasionally 4 = often 5 = always

### Self-Permission

1. When an opportunity to have fun with others comes up I allow myself to join in and participate.

1                      2                      3                      4                      5

2. When I have "free time" I engage in an activity I truly enjoy.

1                      2                      3                      4                      5

3. I accept gifts & compliments easily and graciously.

1                      2                      3                      4                      5

4. I make use of massage therapy and/or related professions for my own self-care.

1                      2                      3                      4                      5

5. When an opportunity to have fun on my own comes up I allow myself to do so.

1                      2                      3                      4                      5

6. I allow myself to take time to relax (in whatever way I like) on a regular basis.

1                      2                      3                      4                      5

7. I take "time out" from tasks I am working on to relax and refresh myself.

1                      2                      3                      4                      5

8. I allow myself time to exercise on a regular basis.

1                      2                      3                      4                      5

9. I plan recreational activities or outings to happen at least once a month.

1                      2                      3                      4                      5

10. I maintain active involvement in at least two of my favorite hobbies/interests/sports, etc. (such as music, hiking, nature study, gardening, etc.)

1                      2                      3                      4                      5

Please total your score for this section \_\_\_\_\_

### Self-Permission - What does your score mean?

40-50 pts.      High level of Self-Permission. Congratulate yourself!

30-39 pts.      Moderate level of Self-Permission. OK, could be even better.

20-29 pts.      Low level of Self-Permission. Identify where to work more on Self Permission.

Below 20 pts.      Very low level of Self-Permission – Be more compassionate with yourself.



### Working With The Self-Permission/Self-Denial Inventory©

Explore each statement and rate how true each is for you at this time in your life and then talk about your answers with your coach. Once you rate yourself for each statement add your numbers together to gain your total score in each separate section.

Please respond to each question answering:

1= never 2 = seldom 3 = occasionally 4 = often 5 = always

#### Self-Denial

1. I take work home with me to complete, or do additional work in the evenings.

1                      2                      3                      4                      5

2. I feel guilty when I take time just for me.

1                      2                      3                      4                      5

3. I decline invitations to recreate and have fun with others.

1                      2                      3                      4                      5

4. I put the needs of other people ahead of my own.

1                      2                      3                      4                      5

5. Work comes first.

1                      2                      3                      4                      5

6. At the end of the year I have more than seven unused vacation days, or (if self-employed) I have vacationed a total of seven days or less all year.

1                      2                      3                      4                      5

7. It is difficult for me to relax, unwind, and just “do nothing”.

1                      2                      3                      4                      5

8. Shopping for items I do “want” but aren’t a necessity is difficult for me.

1                      2                      3                      4                      5

9. I do not set time boundaries on when I attend to work/business matters.

1                      2                      3                      4                      5

10. I use vacation and/or weekend time to complete household tasks/demands.

1                      2                      3                      4                      5

Please total your score for this section \_\_\_\_\_

#### Self-Denial - What does your score mean?

- |               |   |
|---------------|---|
| 40-50 pts.    | High level of Self-Denial – Be more compassionate with yourself.            |
| 30-39 pts.    | Moderate level of Self-Denial – Identify where to work on less self-denial. |
| 20-29 pts.    | Low level of Self-Denial – OK, could be even better.                        |
| Below 20 pts. | Very low level of Self-Denial – Congratulate yourself!                      |



## WM360°© Well Life Vision Tool

**Name:**

**Well Life Vision** – Imagine your best. Relax in a comfortable place. Breathe deep and imagine what your life would be like if you were living it to the fullest, healthy, well and functioning at your very best?

What would you look like at your ideal level of wellness?

What are the key aspects of your vision?

What would you be doing more of?

What would you be doing less of?

Why is your vision important to you?

When in your life have you experienced aspects of your vision?

What do you value most in your life?

What strengths can you draw upon to achieve your vision?

**My Well Life Vision:** Either on your own or working with your coach, arrive at a statement that sums up your idea of what it would look like to be living your Well Life Vision. Be realistic and yet, inspiring!

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## WM360° Well Life Focus Tool

Well Life Focus Tool

**Name:**

### FOCUSING YOUR WELLNESS EFFORTS

**Current Life Status:** - Take inventory of your current health & wellness With your Well Life Vision in both your mind and heart take a deep breath, relax and ask yourself “*What is my life currently like and what would have to change for me to achieve my well life vision?*” Do not be discouraged or judgmental with yourself – just be honest.

**Areas of Focus:** Focus your effort. To move towards your well life vision what areas of your life will you focus on? For maximum success, prioritize no more than five areas and make those areas the ones you are most ready to address. Suggested lifestyle improvements from healthcare providers and results from wellness assessments or health risk assessments can also be listed. Explore these areas of your life and your readiness to make changes with your coach.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Area of Focus 1** - To achieve my well life vision I want and am ready to focus on the following area. You may choose this area because feel most ready to work on this area or that you need it the most, or you might choose it because it is easy and you just want to have a successful start.

Focus area:

**A. Desires:** What do you want or how would you like it to be? In your own words state your desires for this area in your life. What are the short and long term outcomes desired. (example, *I want to regain my ideal weight over the next 6 months. example, I want to lose ten pounds over the next 3 months*)

**B. Current Location:** Where do you see yourself currently in this area of your life? Describe how this area of your life is currently. List whatever describes your present situation. (example, *I am 25 pounds heavier than before being pregnant*)

**C. The Path:** What do you need to do? What needs to change in your life for you to accomplish your desire for this area in your life? State the changes needed as specifically as you can. *(example, I want to improve my diet and increase daily activity)*

**D. Committed Path:** What are you making a commitment to do? Work with your coach to create realistic and attainable action steps that will move you towards the desired outcome for this focus area. Choose an initial step that is easy and doable and that will get you moving. Like a map, chart your course to your chosen change. Work with your coach to arrive at strategies that are challenging enough without being too much.

- Be specific
- Write down what you will do and by when
- Write down how you will communicate your progress to your coach

Action Steps	Indicators of Success	Completion	Check-in method
Step 1.			
Step 2.			
Step 3.			

**E. Challenges:** What are you up against? List what obstacles are in your way or what you believe could prevent you from reaching your desired destination. *(For example: when under a work deadline I tend to stop doing anything for myself)*

**F. Strategies To Meet The Challenges:** Ways to overcome the hurdles.

With your coach develop strategies that you can use to make adjustments in your life to overcome or get around things that hold you back from your committed course of action. *(example: when under a work deadline I will make my exercise session briefer, but not skip it.)*

**G. Sources of Support -** Who can share this journey with you or support your journey? State specifically who or what your sources of support, encouragement, and accountability are as you follow this area of focus on your wellness map into new territory?

**Wellness Map Tool****Date:** \_\_\_\_\_

All aspects of our lives are connected and affect one another. As we work on our relationships the workplace feels the positive outcomes. As we build strength at the gym we also build confidence and inner fortitude to complete a job. Use the Wellness Map Form to chart your own success. It is the agreement with yourself that brings clarity to what you desire to accomplish and creates a reference for you and your coach. Use your Well Life Vision and Areas of Focus to guide the way.

**Name:** \_\_\_\_\_**Coach:** \_\_\_\_\_

Focus Area/ Change desired	Readiness? (1-5 scale with 5 being the most ready)	Action Steps	Indicators of Success	Who will Support You?	Accountability	Completion
(Attain a healthy weight)		1. 2. 3.	1. 2. 3.			
		1. 2. 3.	1. 2. 3.			
		1. 2. 3.	1. 2. 3.			
		1. 2. 3.	1. 2. 3.			
		1. 2. 3.	1. 2. 3.			

**Comments:****Focus Area:** What you want to change or accomplish?

**How ready are you?** How ready are you to make the changes you have identified? Rate your readiness on a 1-5 scale with 5 being the most ready.

**Action Steps:** The steps that will walk you to your desired change.

**Indicators of Success:** These are the mile markers along your path to reaching your desired changes and Well Life Vision



### Weekly Tracker & Review Tool

Next Coach Meeting: \_\_\_\_\_

1. Focus Area / Desire Change: \_\_\_\_\_ 2. Focus Area / Desire Change: \_\_\_\_\_

Action Steps What I agree to do this week	Focus Area	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Did you complete? Yes / No	Progress Notes
<b>Step 1)</b>										
Notes:										
<b>Step 2)</b>										
Notes:										
<b>Step 3)</b>										
Notes:										
<b>Step 4)</b>										
Notes:										
<b>Weekly Review:</b>										
What have you accomplished this week?										
What challenges came up for you this week?										
What worked well for you this week?										

**Action Steps:** Actions steps walk you towards accomplishing your desired life change. Write down the Action Steps you committed to accomplish this week. Make each step small and specific.

**Focus Area:** These are the areas in your life that you decided to focus on and the lifestyle changes you desire. In this section write down the focus area the associated Action Step is moving you towards.

**Days of the Week:** When you complete an action step write it down under the day it was completed. Be specific and give yourself credit due.

**Weekly Review:** Answer the questions and review your week. Use what you learned this week to help plan for the upcoming week. What will you change? What will you add? What do you want to share with your coach?

*Wellness Mapping 360°© Tools for Living Well*

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## Readiness for Lifestyle Change

Michael Arloski, Ph.D.

### Working With The Readiness for Lifestyle Change©

Use this Tool after you have created your Well Life Vision and have decided the areas of your life you want to focus on. Explore each statement and rate how true each statement is for you at this time in your life and then talk about them with your coach. Once you rate yourself for each statement add your numbers together to gain your total Readiness score.

Please respond to each question answering:

1= Not True 2 = Rarely True 3 = True at Times 4 = Mostly True 5 = Very True

1. I am ready to make the changes needed in this area of my life.  
1                      2                      3                      4                      5
2. I am capable of making the changes needed in this area of my life.  
1                      2                      3                      4                      5
3. I believe making these changes will improve my life.  
1                      2                      3                      4                      5
4. I have the resources and opportunities that will make this change possible.  
1                      2                      3                      4                      5
5. Making the changes in this area of my life is worth the time and effort.  
1                      2                      3                      4                      5
6. I have the time to invest in making the changes needed in this area of my life.  
1                      2                      3                      4                      5
7. I am excited to make the changes in this area of my life.  
1                      2                      3                      4                      5
8. I am fearful of what might happen if I do not make the changes in this area of my life.  
1                      2                      3                      4                      5
9. My environment supports me in making the changes in this area of my life.  
1                      2                      3                      4                      5
10. I am choosing to make the changes to this area of my life.  
1                      2                      3                      4                      5

Please total your score for this section \_\_\_\_\_

Readiness - What does your score mean?

40-50 pts. High level of Readiness - *Congratulate yourself – you are ready to make the changes you have selected!*

30-39 pts. Moderate level of Readiness - *What would help you be more ready to make the changes you have selected?*

20-29 pts. Low level of Readiness - *Explore your answers with your coach – what is holding you back?*

Below 20 pts. Very low level of Readiness - *Explore your answers with your coach – consider choosing another focus area*

*Based on research of Prochaska and Albert Bandura*

## Readiness for Lifestyle Change

Michael Arloski, Ph.D.

### Working With The Readiness for Lifestyle Change© (short version)

Use this Tool after you have created your Well Life Vision and have decided the areas of your life you want to focus on. Explore each statement and rate how true each statement is for you at this time in your life and then talk about them with your coach. Once you rate yourself for each statement add your numbers together to gain your total Readiness score.

Please respond to each question answering:

1= Not True   2 = Rarely True   3 = True at Times   4 = Mostly True   5 = Very True

1. I am ready to make the changes needed in this area of my life.  
1                      2                      3                      4                      5
2. I am capable of making the changes needed in this area of my life.  
1                      2                      3                      4                      5
3. I believe making these changes will improve my life.  
1                      2                      3                      4                      5
4. I have the resources and opportunities that will make this change possible.  
1                      2                      3                      4                      5
5. My environment supports me in making the changes in this area of my life.  
1                      2                      3                      4                      5

Please total your score for this section \_\_\_\_\_

Readiness - What does your score mean?

20-25 pts.      High level of Readiness - *Congratulate yourself – you are ready to make the changes you have selected!*

15-20 pts.      Moderate level of Readiness - *What would help you be more ready to make the changes you have selected?*

10-15 pts.      Low level of Readiness - *Explore your answers with your coach – what is holding you back?*

Below 10 pts.      Very low level of Readiness - *Explore your answers with your coach – consider choosing another focus area*

*Based on research of Prochaska and Albert Bandura*



## Coach Notes

Name:	Client commitment/agreement from <u>previous</u> session (taken from last week's progress notes):
Date:	

Client stated direction or agenda for this session (direction for discussion based on client's current agenda.):

Progress Notes	
Connect/ Review	
Tools / Techniques	
Opportunities	
Challenges	
Accountability	
Support	
Client commitment / agreement for next session:	
Review/evaluation (key points from session, what worked and what did not, modifications for next session, etc.):	





## **Coaching Appointment Prep Form**

Name:

Date:

Checking In

"WINS" since our last call

What I didn't get done, but intended to

The challenges and problems I am facing now (Where are you struggling?)

The opportunities that are available to me right now are...

I want to use the coaching during the appointment to...

## *Appendix B*

# **Case Studies & Resources**

### **Wellness Mapping 360° Case Study A-1**

*By Coach Nora in Disease Management*

### **Wellness Mapping 360° Case Study A-2**

*Dietician/Coach Working With Diabetic Client*

### **Wellness Mapping 360 Case Study A-3**

*COPD*

### **Resources**

## **Wellness Mapping 360<sup>o</sup>™**

### **Case Studies**

The following case studies were written by Real Balance trained coaches in partial fulfillment of their certification requirements. The case studies are printed here with permission and the details of the clients have been changed to further obscure identity and protect privacy.

See the review of these case studies as an opportunity to integrate what you have learned throughout the entire certification training process. While you may not be, for example, a dietician or a nurse working in a disease management setting, look at how these coaches integrated what they had learned in their Real Balance training into their work.

These case studies also focus on clients with serious health challenges. Note how the coach remained in the coach role and worked in harmony with the client's treatment team and their medical approach.

You will be discussing these case studies in class at length.

## **Wellness Mapping 360° Case Study A-1**

### **Coach Nora in Disease Management**

“Nora” is a nurse working for a disease management company that provides wellness coaching for the employees of companies with whom it holds contracts. Nora began working with “Judy” before she received training in the Wellness Mapping 360° wellness coaching method and then began applying what she learned in the training as she continued to work with her client.

This case study, written by “Nora” (coach and client names changed), shows the process of shifting to a coach approach to working with clients to help them change their lifestyle behavior. As you read this case, focus on the coach and her process of learning and application. Note how Nora experiments with new ways of working with her client and what she learns along the way. Note what you can also relate to in Nora's process and places where you might have coached the client differently.

### ***Client Judy***

Judy is a 38-year-old woman who works for a financial company as administrator. She told me that her job is very stressful because it is high-paced and she often has a long list of things to do. She said she is feeling “overwhelmed” lately. She called us after learning of this benefit to help her lose weight.

My phone contact with Judy began with explaining who I was, my role as nurse, and in detail what the disease management program’s goal and structure was. I have learned that it is best to communicate these things early and consistently so as to not offend clients later when their different expectations are not met. Her primary concern at the time was to “become healthier” and “lose weight.” I completed the initial assessment and at the second follow-up call, completed the Weight Management Assessment providing many guidelines and resources. I encouraged and reminder her to discuss her diet, exercise, and weight loss goals with her physician. I tried to keep a hopeful and positive tone for support, change, and possibilities; my initial impression was that she was eager and ready to make a commitment to change but at the same time, she also sounded slightly anxious or worried. In this manner, I hope we were beginning a relationship with good rapport, following ethical guidelines, and trust.

### **Applying Training**

I underwent the Wellness Coaching training so that during my third phone contact with her, I was more client-focused while completing the follow-up to the weight management assessment. I re-explained the program but emphasized that I hoped to work with her to help her toward change and progress, and help her try out specific strategies and see how they work or don't work for her. I asked open-ended questions, with a non-judgmental tone, i.e. "How did the strategy of smaller portion sizes go?" I let her express her personal response to her progress instead of expressing my response with expectations or approval/disapproval. I tried to gather more information about specific situations with more awareness of any assumptions.

I restated comments back to her to show I was engaged and listening. I tried to show empathy without including personal experiences, i.e. "You do sound very upset by it" and "I'm sorry it was so difficult for you. That must have been awful." She shared with me specific situations in the evening where she would eat more than she wanted, or chose what she considered to be an unhealthier food choice because it was quickly available. She pointed out that she would snack on M&Ms more if her work day was more stressful. I see that if I had not given her time to let her freely talk for a few minutes there, then she may not have given me as much information, nor would she have had the chance to hear herself acknowledge these trends in her day.

Judy stated, "I don't know why I can quit smoking cold-turkey but can't diet well enough to lose weight and keep it off." At first, I thought she was asking me a question, but then I realized that perhaps she was just saying this out loud. So I merely said, "Hmm" or "huh." There were moments of silence but I held back from offering my thoughts. I wondered if it might lead to something she would learn or benefit from. She even repeated her statement and rephrased it a couple of times. Since that segment did not lead anywhere, I see now that I could have eventually asked, "How do you think we could make long-lasting weight loss possible or effective for you like smoking cessation was?" as long as I keep it focused on present and future behavior. I see that active listening and phrasing direct questions, which requires mental concentration and patience are key to client-centered coaching.

When we talked about her activity level, Judy stated that she didn't have enough time right now to start an exercise regimen because she was "cleaning out her house room by room." She said this was pressing on her and she felt a strong urgency to get it done first. She went on to say that even at work, she has so many things to do, and she gets easily overwhelmed. I offered her a suggestion, and she accepted saying, "That's a good idea; I'm going to try that." In the future, I will re-address her readiness to begin a cardiovascular activity program that is simple to start and enjoyable for her.

We were able to increase her awareness then identify a measurable behavior to change. As I inquired, she told me how a recent trend was for her and her boyfriend to eat out three times during weekends, even though she would enjoy just as much cooking healthy meals at home. I asked her, “Do you think just decreasing the number of times dining out would contribute to your weight loss?” In agreement, she said dining out just once per weekend would be something she could “easily do.” In fact, she said she would ideally like to reserve them “for a special occasion.” She believed this strategy to be realistic and manageable for her and her boyfriend, who is “very supportive.”

I mentioned to Judy that any form of a reminding system can help us stay aware of our behaviors and be a good starting tool to change habits. When I asked her about someone she would lean on for support, she immediately identified her boyfriend who she talks to or sees daily. Since she and I would not talk for another four weeks, it is possible that updates with him on a daily basis on how her nutrition intake is going may help her stay focused on her goal. He may even promote other new ideas for healthier eating and lifestyle. At the next call, I can ask whether she had an opportunity to have a conversation with her boyfriend about her health goals. I was reminded of concepts learned in the course about the role of strong community support in effective change.

We discussed that our plan was to keep track of each weekend and the number of times she dined out. Also, she agreed to keep track of the incidences in which she craved foods or ate more food though she was not hungry by describing what was going on in detail. This is because she described herself as “stress-eater.” My plan is to discuss the effect of stress on her and in what way she may want to change it to help her contribute to her weight loss and health goals.

For goal-setting, she had stated that she had a long-term weight loss goal of 20 pounds. I asked her if there were any other ways she wanted to measure her progress toward a healthier body weight, for example more energy, improved sleep, waist size, clothes feeling and fitting better. But she preferred to use body weight. As recommended, she said she will weight herself not more than once a week, and aim for no more than one to two pounds weight loss per week. Thus our established goal was objective and measurable, agreed and held accountable.

### ***Planning Continued Coaching***

My notes were collected after each call specifying the one or two behaviors she agreed to implement. At follow-up, I plan to address her progress not only in terms of pounds lost but also the number of times dined out per weekend to either congratulate her on progress or identify potential barriers. I may have to ask her if she wants to or is able to continue with this behavior change. I will follow up on her log of incidences of eating when not hungry, acknowledge something she might have learned from it. Based on her desire to start other specific behavior changes, I plan to guide her towards specific healthier lifestyle habits one at a time based on guidelines by her doctor or the American Heart Association. Follow-up call frequency will depend on what she prefers, but must be at least quarterly.

### ***Learnings for the Coach***

Through this process with Judy as well as with conversations with others, I have learned that letting clients lead the way and “climbing with them” is often more helpful than me being the one to talk or give suggestions. Being less assuming, more patient, and incorporating their main motivation for change is helpful and respectful, and I believe increases the probability for commitment and success. If they continue to want to talk to me—since this an optional disease management program—then I look forward to both of us working hard to see and reach healthy change.



## **Wellness Mapping 360° Case Study A-2**

### **Dietician/Coach Working With Diabetic Client**

“Laverne” is a registered dietician who works for a disease management company coaching and consulting with clients who are referred to her from nurses who work for this same DM company. Laverne discovered the book, *Wellness Coaching For Lasting Lifestyle Change*, on her own and subsequently went through Wellness Mapping 360° wellness coach training. This case study follows the format for the case studies required for completing the training. The practice of this DM is to refer to their clients as “members”.

This case study is a good example of how a professional can still perform their primary role (dietician in this case) and also be able to do wellness coaching with their client.

It is also an astonishing case study of helping an individual who has been attempting to deal with life-threatening illnesses with little or no modification of their lifestyle, and is suffering the results.

#### ***Description of Client:***

- Age: 47
- Member works the evening shift (4-12) at a food manufacturing company in their shipping department. He says his job is not stressful (physically strenuous only on rare occasions). Two factors that affect him are:
  - His work hours. He comes home after midnight. When he gets home he eats, winds down and goes to bed at about 2am.
  - The availability of snack foods and sodas from the snack machine at work.
- The member was referred for nutrition coaching by his nurse. In her note she mentioned that he had not received any nutrition education regarding his condition. She offered my services and he accepted.
- The member has a wife who is supportive of his efforts to improve his health. He mentioned that she has always wanted him to eat healthier but he was stubborn.
- His primary health condition is diabetes. He began nutrition coaching because he has never had his diet formally addressed by a nutrition professional.

- Health and Wellness Concerns:
  - He has diabetes. Our initial appointment revealed his diet was very high in sugar, fat, sodium and caffeine. These came from highly processed and refined foods like potato chips, Dorritos®, regular sodas, white bread, hot dogs, bologna, bacon and sausages, ice cream. He consumed quite a bit of meat/animal protein and fruit juices and reported that he ate out often.
  - He has hypertension. His blood pressure on 2/26 was 170/90.
  - Recent diagnosis of gout.
  - Member is obese (weighs 241 lbs.)
  - He does not exercise
  - He did not drink nearly enough water (currently just about 8-16 oz. per day).

This combination of diet and lifestyle caused the diabetes to be poorly managed, which precipitated other conditions such as hyperlipidemia and diabetic neuropathy. He is now using an insulin pump and reported that he frequently used up his daily maximum dosage of 130 units of insulin. He reported that the pump would not let him bolus any more than 130 units even though he tries. His doctor recently informed him that he was going into renal failure.

### ***Setting the Foundation***

When I receive a referral from the nurses, I call each member and schedule a phone appointment.

When I contacted this member for the first time I introduced myself and informed him that I had received a referral from his nurse. I provided a brief description of how I work with members and what he could expect.

At the beginning of our first appointment, I established what he wanted by asking him the question, “what do you do want to get out of our session?” I clearly communicated that I will be primarily doing 2 things. The first was working as a dietitian to provide him with the information that he would need to improve his health conditions. The second was working as a coach to help him incorporate that information into his lifestyle, focusing on lasting eating behavior change.

I explained that this was a nutrition program that would be customized according to the rate at which he learned and adopted new habits. I explained the helping relationship/alliance we were creating including the fact that I was there to help him accomplish what he wanted — not what I wanted him to accomplish. I also shared the fact that we would

not be making overnight changes but changing just 2 or 3 things every time we spoke. I reassured him that this approach was designed not to overwhelm but to help him move towards eating healthier without feeling tortured or stressed out about it.

The member expressed appreciation of the fact that I was working with him. I communicated the fact that there was hope and that as long as he had the desire to do this. I expressed that I sensed his strong motivation to change and that it was very possible to achieve his targets for improving his diet.

### ***Meeting Ethical Guidelines and Professional Standards — Understanding of Coaching Ethics***

I reviewed the ICF code of ethics and carefully considered each item. During the first session I explained to the member what he can expect from our session as far as what I will bring to the table. I ensured that he understood the nature of coaching and how we will work together to get results. I communicated hope but did not make false claims about what he would receive.

### ***Co-creating the Relationship***

This member was very open and transparent and I was totally myself, open and sincere. I showed genuine concern for where he was regarding his current health situation. I also showed empathy towards the fact that he never received formal nutrition education. He was already motivated to make changes to his eating behavior so co-creating a relationship was not difficult. I could tell that his mindset was in a place where he knew he needed to do something to change his current picture.

I shared with him the fact that I was there to work with him as an ally. I communicated the fact that he was not going to have to figure things out on his own. I did not have a judgmental or condescending tone (even though his diet was very unhealthy, I did not make him feel terrible about that). I focused on the future and the how we can, as we work together, make a difference in not just the way he ate but also in his lab values.

While he was expressing himself and his desires, I mentally looked for ways that I could work with him – ways in which I could be more effective.

### ***Communicating Effectively***

I listened to the member's agenda. He told me that even though he has been a diabetic for many years he never took it seriously. He said he was ready to make changes to the way he ate. I listened to his concerns. One of his main concerns was that he did not want to go into renal failure and end up on dialysis. His doctor told him he had protein and blood in his urine and they wanted to draw labs to check his kidney function. I mirrored and reinforced his feelings and concerns and also his belief that he could do something now that could make a difference. I ask open-ended questions that allowed the member to express himself.

### ***Facilitating Learning and Results***

He was open and motivated to make changes even before we spoke. He was also very teachable. I provided insight regarding the foods that he was eating and described exactly how they were causing the very symptoms he wanted to avoid. We made a powerful connection because the member was able to see how foods he was eating was affecting various aspects of his health. For example, how high sodium and caffeine intake and an absence of produce affected his blood pressure; large amounts of orange juice, enriched grains and regular sodas and their effect on his blood sugar. I was able to clearly break down the relationship between the foods he chose and his health. \

I told him that the things that were happening to him were real. But emphasized that just as they were real, so would be the results that we could achieve in working together on changing the current picture. When he heard these things and how powerful they were, he was even more ready to make changes. We talked about how his behavior became a pattern and explored the idea that we can create new patterns through repetition and reprogramming. We discussed the fact that his desire for change would literally fuel our efforts in getting change to occur.

### ***Insights that I learned***

I learned that oftentimes people want to make changes but feel like, for one reason or another, they cannot. It seemed like before we spoke, healthy eating was a mystery to him. A mystery he never bothered to find out about or solve. As I broke down the "mystery" into terms he could understand, you could actually feel his self efficacy rising. It was almost tangible.

I also learned that he didn't want to be sick. He didn't want to go in the direction of kidney failure. He needed some help in finding the right path to better health that would work for him. I found it really sad that after all these years he never received any information as to how to manage his condition.

### ***Specific Changes that Occurred (Mental, Behavioral, Lifestyle)***

Our initial session was on 3/31, 2nd session was on 4/8, 3rd session was on 4/22. By our third session he had lost 8 lbs. He was no longer drinking 18 oz of orange juice in the morning (he actually stopped drinking it and was drinking water and eating fresh fruit instead).

He became aware that there was a very direct relationship between what he was eating and the numbers he was getting from his blood pressure monitor and blood glucose meter. He also became aware that changing the things he ate, even though he ate that way all his life, was not as hard as he previously thought especially when you look at it in smaller chunks.

He was eating a high fiber breakfast and had not had sausages, cheese, etc at breakfast since our first session. He increased his water intake to 48 oz per day and have 2 healthy snacks throughout the day. Our goal for water intake is still 64 oz per day. We are still slowly building up to that amount.

We had a challenge where he was hungry when he came home after work late at night. In reviewing his food recall we found that he was going too long without eating in the evening. We included an additional snack in the evening so he wouldn't be famished when he got home.

As a result of the changes he made, he reported that his blood pressure was down (he checked it every day) and he was not longer maxing out on his daily insulin dosage. We will be evaluating his labs to determine, over time, if any improvement to his renal function occurs.

I realize that there is some fear-based motivation (fear of renal failure for example). I am aware that this will not help with lasting change. My future sessions with him will include helping him to be aware of this and the fact that this will wear off. To help deal with this, I plan to help him stay connected with what he truly wants for his health and connect fundamentally with the foods that can help give him what he wants as opposed to focusing on what he doesn't want. I will communicate the fact that change doesn't occur overnight, but is a process that we work towards every day.

I will continue the coaching process, troubleshooting and addressing challenges and helping him work on the important principles of eating behavior change that will set him up for success. I will also watch for signs of spiraling back to earlier stages of change, help him realize what is happening and coach him towards going forward.

## Wellness Mapping 360 Case Study A-3

### A Client with COPD

“June” is a nurse working for a disease management company that provides wellness coaching for the employees of companies with whom it holds contracts. She received training in the Wellness Mapping 360° wellness coaching method and this case study follows the format for the case studies required for completing the training

Her work with her client “Wilma,” illustrates how wellness coaching can help increase self-efficacy, medical compliance and improve use of the medical resources available to a person as well as, in this case, increase their ability to perform on the job and to vastly improve their quality of life.

#### **Case Study**

Please use this form to develop a case study using the information about a specific person that you have worked with in coaching. The purpose of this study is to analyze the coaching interactions that have occurred for the ICF core competencies. Please refer to the ICF core competencies.

#### ***Please describe the client***

Consider:

- Age
- Job and its affect on the person
- How did the person come to coaching?
- What support systems does the person have?
- Presenting problem or why the person began coaching
- Health and Wellness concerns

Case study of a 64-year-old female who works at Wal-Mart as a floral set up person. Client admits to being under a lot of stress. Client’s ability to do her job has been hindered by her health condition. Client’s Chronic Obstructive Pulmonary Disease (COPD) was not being managed well and client was unable to perform her duties at work as required. Client could not walk more than a few steps without being extremely fatigued even with her oxygen use. In addition, client had a poor diet and was underweight. Client also reported thrush, pain in her back, and difficulty sleeping at night. Client was eligible for the health coaching program as a benefit through her employment. Client’s goal to start was to be able to walk without being short of breath, perform her job as required, and ultimately to be able to walk up stairs. Client had a poor support system at the beginning of the coaching session.

The client had exhibited her readiness for change and was already taking action with her successful smoking cessation. The client admitted to her past tobacco addiction of 38 years.

***Please describe the ways you went about SETTING THE FOUNDATION with your client.***

In order to create the coaching alliance, this nurse first introduced herself to the client and informed her that the coaching relationship is designed upon professional standards and that the two of us would be establishing coaching agreements together. Assured the client that the relationship would be built on trust and that she could be assured that information provided would be kept confidential. Also informed client that if a date and time were set to talk, this nurse would be calling her back as scheduled. Asked client, “How can I be of service to you?” “What do you want?” Allowed the agenda to come from the client.

***Meeting Ethical Guidelines and Professional Standards — Understanding of coaching ethics***

As a wellness coach, I have committed to adhering to the ICF Code of Ethics and Professional Standards. I understand that I am to honor my ethical obligations to my coaching clients. I will treat people with dignity as independent and equal human beings, so that they may be aware of these standards. As a behavioral change specialist I have the responsibility to provide accurate and pertinent information to my clients. I acknowledge that the client is naturally creative, resourceful and whole. They are already O.K. just the way that they are and I will accept them. They are not in the need of “fixing”.

***Please describe the ways you went about CO-CREATING THE RELATIONSHIP with your client.***

Established trust and intimacy with the client by assuring her that this nurse would keep the information that she shared confidential. Obtained the information from client about what was important to her and what her goals were. Actively listened to client with interest and compassion. Discussed who would be responsible for what. Explained to the client that ultimately she would be accountable to herself, but that this nurse would be available for accountability as well as for additional support and encouragement. Further explained to client that she would need to take some responsibility in the coaching agreement and she agreed. Assured client that her health coach would be her ally. Explained to the client that change is a process, and not an event. Developed a Wellness Plan together.

***Please describe the ways you went about COMMUNICATING EFFECTIVELY with your client.***

Listened to what the client said and what she didn't say. This nurse listened purposely to the content as well as the tone in her voice. Listened for client's focus, attitude, capabilities, habits/patterns, and energy level. Often paraphrased what the client had said so that she would know that this nurse was listening intently to her. Asked questions that line up with

what she was saying. Was careful that the tone of my voice was pleasant and inviting. Avoided using “Why” questions and tried to use “What?” and “How?” questions instead. Attempted to ask questions at times to help the client get self reflecting. Asked client what it would like if things were different. Supported client’s well-being so that she could learn and better solve her problems, and enhance her own efforts. While client was talking, this nurse would keep a focus on what the client’s agenda was, and not what my agenda was.

***Please describe the ways you went about FACILITATING LEARNING AND RESULTS with your client.***

Asked client if what she was currently doing was working for her. It was obvious to client that she needed to make some changes to improve her health and overall quality of life. The client had made a commitment to do whatever it took to see a change. The first step was for client to contact her doctor to report what was happening with her COPD, back pain, and that she had thrush. The client stated that she didn’t know why she had not called her doctor. The client agreed that her first assignment before the next call was to contact her doctor in which she did. This nurse provided printed resources to client about pursed lipped breathing, diaphragmatic breathing, and what to do when she could not breathe well. Asked for a commitment from client to start practicing these techniques, and she agreed.

The client did contact her doctor and her medication was changed to help her breathe a better. Client also was given a prescription for her thrush and it was resolved.

This nurse also asked client to discuss her current diet with her doctor and to report that she has had difficulty sleeping at night, and she agreed to do so. Client was currently underweight and had very little energy. Asked client what it would look like if she were eating a healthier diet?

Asked client what she liked to do for enjoyment/activity and she stated that she enjoys fishing and mushroom hunting, but had not been in quite some time. Asked client if she would like to make a commitment to do one of those activities, and she agreed.

In an attempt to address client’s high stress level (which was important to her), this nurse and client discussed some ideas of what she could do to better cope or reduce her current stress level. Reminded client to ask for what she needs and to never make assumptions. When client would make a statement about why she could not do something, this nurse would respond with, “Do you really know that?” Used the 15 Things You Can Do About Stress tool that was provided in the training, to educate client about stress reduction. Discussed the importance of stress management and how it relates to client’s overall illness and health.



## **RESULTS**

Client can now complete her job at work and has learned to take rest periods as needed. She does use oxygen at times when needed. Client was able to have some testing done for her back pain and was given a prescription to alleviate her pain. Client states that she can walk farther without difficulty and states that she can walk up steps successfully. Client further reports that now she is riding her exercise bike some. Client also admits to sleeping better.

Keeping to the accountability goal, this nurse asked client when she was going fishing and she stated with enthusiasm, “I’m waiting until my 65th birthday in a couple of weeks and then my fishing license will be free!” This nurse expressed her excitement along with the client, and congratulated her on her successes.

***As our clients learn from us we also learn from them.***

***What insights have you gained as you have worked with client?***

The client was proof that sometimes we need an ally to help us accomplish our goals.

***What specific mental, behavioral or lifestyle changes occurred during the coaching process?***

- Consider new awareness or perceptions.
- Consider a choice to make changes.
- Consider a plan in action even if actual change is still in progress.

The client was reluctant to call her doctor before the health coaching because she did not want to bother him. The client learned that she had the tools to improve her current situation and trusted the health coach’s suggestions. The client chose to take action as needed, and she was able to see results in her health and overall well-being. The client knows that she has a chronic condition with her COPD, but she has also learned that she has some responsibility to prevent frequent exacerbations. The client has discovered ways of coping with her health challenges, and is making time for things that she enjoys.



## Top Ten Indicators to Refer a Client to a Mental Health Professional

### Your Client:

#### **1. Is exhibiting a decline in his/her ability to experience pleasure and/or an increase in being sad, hopeless and helpless**

- As a coach you may notice that your client is not as upbeat as usual.
- He/she may talk much more frequently about how awful life/the world is and that nothing can be done about it.
- The client may make comments about "why bother" or "what's the use."
- There will be a decline in talking about things that are enjoyable.
- He/she may stop doing things they like to do (examples: going to the movies, visiting with friends, participating in athletic events or being a spectator of sporting events).
- The client begins to talk about being unable to do anything that forwards their dreams or desires

#### **2. Has intrusive thoughts or is unable to concentrate or focus**

- As a coach you may notice that your client is not able to focus on their goals or the topic of conversation.
- The client is unable to complete their action steps and isn't aware of what got in the way.
- You notice that your client begins talking about unpleasant events during the course of talking about themselves and their goals.
- The client tells you that unpleasant thoughts keep popping into their minds at inopportune moments or when they are thinking about or doing other things and that they can't seem to get away from these thoughts.
- Your client tells you about recurring scary dreams that they didn't have before.
- Your client reports that they have so many thoughts swirling in their heads and that they can't get them to slow down.

#### **3. Is unable to get to sleep or awakens during the night and is unable to get back to sleep or sleeps excessively**

- Your client comes to his/her coaching sessions tired and exhausted.
- Your client begins talking about not being able to get to sleep or how he/she just wants to sleep all the time.
- Your client may report to you how he/she gets to sleep and then wakes up and can't get back to sleep.
- Your client tells you how he/she needs to take naps during the day, something they have not done before.
- Your client reports that they fell asleep at an inopportune time or place.

#### **4. Has a change in appetite: decrease in appetite or increase in appetite**

- Your client reports that he/she isn't hungry and just doesn't want to eat.
- Your client reports that he/she is eating all the time, usually sweets or junk food, whether or not they are

- Your client says he/she doesn't get any enjoyment from eating when they did in the past.
- Your client reports that he/she is not sitting down to eat with friends or family when he/she did in the past.

**5. Is feeling guilty because others have suffered or died**

- Your client reports that he/she feels guilty because they are alive or have not been injured.
- Your client states that he/she doesn't understand why he/she is still here/alive when others have had to suffer/die
- Your client doesn't want to move forward with his/her goals because he/she doesn't deserve to have the life he/she chose, especially when other people have had to suffer/die.
- Your client questions his/her right to have a fulfilling life/career in the face of all that has happened
- Your client expresses the belief that he/she is unworthy of having a satisfying life.

**6. Has feelings of despair or hopelessness**

- According to your client nothing in life is OK.
- Your client misses session times or says he/she wants to quit coaching because life is not worth living or he/she doesn't deserve to get what they want.
- Your client moves into excessive negative thinking.
- Your client says that he/she can't make a difference or that whatever he/she does doesn't matter.
- Your client has the attitude of "Why bother?"

**7. Is being hyper alert and/or excessively tired**

- Your client reports that he/she can't relax.
- Your client states that he/she is jumping at the slightest noise.
- Your client reports that it feels like she/he always has to be on guard.
- Your client states that they are listening for any little sound that is out of the ordinary.
- Your client reports that he/she has no energy.
- Your client states that he/she can't do their usual chores because he/she is so tired.
- Your client states that it takes too much energy to do things he/she normally did in the past.

**8. Has increased irritability or outbursts of anger**

- Your client becomes increasingly belligerent or argumentative with you or other people.
- Your client reports that everyone or everything annoys them.
- Your client starts making comments about how miserable everyone and everything is.
- Your client reports that other people in their life are telling them how miserable/angry they have become.
- Your client reports getting into arguments with people.
- Your client states that they get so upset they don't know what to do with themselves.
- Your client reports that they feel like a "pressure cooker" or are "ready to burst."

- Your client increasingly tells you about wanting to do or doing things that would harm themselves or others (examples: wanting to put their fist through a window; wanting to punch someone; wanting to hit someone/something with their car).

**9. Has impulsive and risk-taking behavior**

- Your client reports doing things, such as going on a buying spree, without thinking about the consequences of their behavior.
- Your client tells you that something came to their mind so they went and did it without thinking about the outcome.
- Your client reports an increase in doing things that could be detrimental to themselves or others (examples: increase in promiscuous sexual behavior; increase in alcohol/drug consumption; deciding to get married after knowing someone an unusually short period of time).

**10. Has thoughts of death and/or suicide**

- Your client begins talking a lot about death, not just a fear of dying.
- Your client alludes to the fact that dying would be appropriate for them.
- Your client makes comments that to die right now would be OK with them.
- Your client becomes fascinated with what dying would be like.
- Your client talks about ways to die.
- Your client talks about going to a better place and how wonderful it would be and seems to be carried away by the thought.
- Your client tells you they know how they would kill themselves if they wanted to/had the chance.
- Your client alludes to having a plan or way they would die/go to a better place/leave the planet/leave the situation/get out of here.
- Whereas previously your client was engaging, personable and warm and now they present to you as cold, distant and aloof tell them what you are observing and ask them what has changed for them. This is often a signal that they have disengaged from living and are silently thinking or planning to suicide.
- Some questions you might ask your client if you are unclear about what is going on with them or their intentions: "Are you wanting to die?" "How would you die if you decided to?" "Are you planning on dying?" "When are you planning on dying?"
- If you have any inclination or indication that your client is planning on dying or committing suicide immediately refer them to an emergency room or call 911.
  - Tell your client that you care about them, are concerned for them, that you are taking what they say seriously and that they must get help immediately.
  - If the client balks at what you are saying, gets belligerent or even more distant AND you become even more concerned about them, you may need to tell them you will break confidentiality because of your concern for their well-being and that you will call 911 (You can call your local 911 and give them the address and phone number of your client, even if it is in another state, and they can contact the client's local 911 dispatcher).

If is important to note that the appearance of any one of these indicators, except for #10 which must be referred and followed up on immediately, does not indicate the immediate need for a referral to a psychotherapist or community mental health agency; everyone can experience a very brief episode of any of the indicators. However, if you see that several indicators are emerging and that the client is not presenting as whole, competent and capable then it is time for a referral to a mental health professional.

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Life Coach*

## Resource List

The American College of Lifestyle Medicine  
[www.lifestylemedicine.org](http://www.lifestylemedicine.org)

Explore, read, and develop an understanding of culture and health.  
[www.bluezones.com](http://www.bluezones.com)

For inspiration  
[www.youtube.com/watch?v=ngvkj3IAb-I](http://www.youtube.com/watch?v=ngvkj3IAb-I)

<https://www.youtube.com/watch?v=qX9FSZJu448>

A work about attitude, belief and health challenges  
[www.marknepo.com](http://www.marknepo.com)

David Servan-Schreiber  
<http://www.anticancerbook.com>

Inspiring video  
[www.youtube.com/watch?v=2lwiQm5QaTs](http://www.youtube.com/watch?v=2lwiQm5QaTs)  
by David Servan-Schreiber

Maggie Lichtenber  
[www.openheartcoach.com](http://www.openheartcoach.com)

[www.WELCOA.org](http://www.WELCOA.org) has many free resources including Proof Positive by Larry Chapman and How To Influence Lasting Lifestyle Change, Part 1 & Part 2: Interviews with Dr. Michael Arloski.