**Coaching the Challenge of Healthy Weight**

Michael Arloski, Ph.D., PCC, NBC-HWC

Attaining and maintaining a healthy weight is a goal for many, if not most, of the clients that a wellness coach will work with. Living at a healthy weight may be a key to one’s overall health and wellbeing as well as a possible determinant of the course of any health challenge they may be facing. Needing to attain and maintain a healthy weight may be one of your client’s health challenges. This might be a preventative wellness goal, or it may be crucial to your client’s success is managing a lifestyle-related illness.

To coach with someone at a masterful level on this topic will take an accumulation of all the skills, strategies, and methodology that we have spoken about in our previous writing. Far from a simple concern that can be dealt with by setting up another diet and exercise program, attaining, and then maintaining a healthy weight can be an extraordinary challenge. A universal answer to this vexing problem has not been found yet, despite the claims of myriad weight-loss books and programs.

Wellness coaches may be working in a setting such as a well-developed disease management program, or insurance company where leveraging the large number of clients may require a simpler approach. What we will share here is an approach that is very holistic, yet quite behavioral, an approach that works with the goal of transformation that will yield lasting lifestyle improvement. In application, you may have to decide what will work in your setting. What will work in every setting, however, is the essential coaching presence and mindset.

**Coaching Presence and Mindset**

Wellness coaches are, by definition, into wellness. We all are aware of some of the factors that contribute to a person experiencing living at an unhealthy weight level. We all have our own story of dealing with weight, ranging from the coach who has never had a bit of concern about it their whole life to the coach who has found it a lifelong struggle. It is easy, if we have been successful at healthy weight management, to adopt what wellness professionals call a *healthier than thou* attitude.

Our coaching mindset reflects our ongoing values and attitudes that we have about all our fellow human beings and the world around us. It is who we have become. So, we coach with a self-vigilance that helps us catch ourselves as we aspire to maintain a mind of compassion. To be clear, compassion is not the same as collusion. We are not giving our overweight or obese client a free pass on self-defeating behavior when attaining and maintaining a healthy weight is important to them, and for them.

While some of our weight-loss clients are toughened veterans who have learned effective ways to cope with criticism, weight prejudice, teasing, and blame, others may be very sensitive to judgment and what they perceive as criticism. It is very easy for a client to think of a coach statement, such as “You need to…”, “You ought to…” or “You should…” as real criticism about how they are living their life.

As I was leaving a large discount department store a very large woman passed me on the way to the exit. She was wearing green surgical scrubs, the type of clothing that severely obese people have learned will come in sizes large enough to accommodate their girth. In her hand was a 20 oz. bottle of Mountain Dew (a high-calorie, sugary soft drink). Immediately I thought of how self-defeating it was for this woman to be adding more fuel to the fire of weight gain. Then, suddenly I caught my judgment and thought how I had no idea about this woman’s life, her history, what all she had to deal with. I switched from berating her to a mind of compassion.

Is it self-defeating for a severely obese person to be drinking 290 empty calories sweetened by high-fructose corn syrup? Certainly. What I was observing was the outward behavior. I had no idea what had driven that behavior to be manifested. If I had the opportunity to coach a client like this woman that I saw in the store, and she came to the appointment clutching her Mountain Dew, what would I think, what would I do? Would I be able to catch myself before my *righting reflex* kicked in?

Our client’s story will also reveal ways in which self-defeating attitudes, beliefs, and behaviors have not served them well. Part of the strategy of coaching is to continually see what is happening right in front of us and our client, and to also see the greater context that every moment is part of.

As I created a training video with a real client, she mentioned about how she had been told that diet cola was alright for her to include in her diabetic diet. I had to slam the brakes on my own *righting reflex* to avoid correcting her. It would have been so easy to immediately disagree with her and tell her about how recent research has shown that diet soft drinks can exacerbate diabetes. However, this was my first session with my client. We were just barely beginning to build a coaching alliance. I let it pass. Now, would I take note of her use of diet cola and challenge her about it in a subsequent session once our trust was solid? Certainly. For now, it was more important for her to feel heard and understood.

Our challenge is show genuine compassion, but not collude. Our clients don’t want sympathy and they don’t want a free pass. They truly do want to be healthy and well. When we listen to our client’s story and start gathering information about them, this is our opportunity to build the coaching alliance based upon trust and to engender hope that change is possible. Within that story we are most likely to hear about ways our client has and has not been successful in the past. Listen for the strengths that they have shown that can serve them well again. Using our strengths-based, positive psychology coach approach, we acknowledge these assets and build upon them.

**How We Think About Obesity**

In 2013 the American Medical Association declared that it would officially consider obesity as a disease. The AMA hoped that classifying obesity as a disease would bring more attention to the problem and increase the likelihood of reimbursement for treatment.

The vote of the A.M.A. House of Delegates went against the conclusions of the association’s Council on Science and Public Health, which had studied the issue over the last year. The council said that obesity should not be considered a disease mainly because the measure usually used to define obesity, the body mass index, is simplistic and flawed. Some people with a B.M.I. above the level that usually defines obesity are perfectly healthy while others below it can have dangerous levels of body fat and metabolic problems associated with obesity. (Pollack, 2013)

How do we define obesity if B.M.I. is such a flawed measure? Do we call it a condition, a disorder, or what? Policies might dictate that B.M.I. levels alone allow someone access to wellness coaching while denying it to others. As coaches how do we think about it? How does it influence our mindset as we sit down to coach someone who wants to lose weight? Do we automatically pathologize a person who is overweight or obese, no matter how you define it? Can we conceive of a person being quite healthy despite not living up to the expectations of a society that sets very narrow parameters for body appearance?

**The Fallacy of Calories In/Calories Out**

Some people love to quote that weight loss is a simple matter of the law of thermodynamics – calories in and calories out. At one of the first Lifestyle Medicine Conferences I heard a veteran medical doctor say to the audience: “If you say to a patient that weight loss is just calories in and calories out, it’s like saying to an asthmatic patient, just breathe easy.” Healthy weight is no simple matter of will power and strength of character. Weight gain is usually multi-causal.

Factors that can drive weight gain and make weight loss difficult.

* The stress response releases the steroid hormone cortisol which can drive weight gain. (Stoppler, 2019)
* Medications that exacerbate weight gain and inhibit weight loss.
* Medical conditions such as hypothyroidism and some illnesses.
* Medical conditions that limit activity and movement.
* Allergies and sensitivities can affect food choices.
* Certain medical treatments.
* Genetics can play a role.
* Sleep disturbances.
* Psychological conditions can drive overeating and decrease activity.
* Social and Environmental Determinants of Health can reduce access to healthy food and the ability to afford it. They can also reduce opportunities to safely be active in one’s community.
* Cultural, social, and familial norms for eating behavior can encourage excess consumption of foods that drive obesity.

A holistic approach requires helping the client to take stock of their wellness first and that can include checking out possible factors like the ones above. It is so easy to assume what our clients assume – that their weight loss challenge is only a matter of following a better diet and exercise program. The very best diet and exercise program can be undone by some of these relevant factors. I once worked with an overweight client who was incredibly dedicated to such a program to the point where she felt like the gym where she worked out was her second home. She had become very fit but simply could not make progress shedding her excess body fat. Finally, she saw an endocrinologist and discovered she was dealing with serious hormonal imbalances. Within a month she was making more progress than she had done in years of vigorous exercise.

As you explore all of these possibly related factors you are also helping your client to be engaged in a whole person approach to their own health and well-being. Remember, you are assisting your client to do their own self-assessment, not gathering data for your own expert analysis. Help stoke their own curiosity and engagement; it will pay off as you move forward with your coaching process.

**The Health Risks of an Unhealthy Weight**

While perhaps many people are concerned about losing an amount of weight that makes little if any impact on their health, for others the effect of excess weight can be a significant health risk. “In the United States, roughly 112,000 deaths per year are directly related to obesity.” (Ballentine, 2019) Wellness coaches are working with clients to prevent the occurrence of chronic illnesses and with other clients who are already challenged by them. Obesity can be a factor in the development of many chronic illnesses and conditions.

Some Health Risks Associated with Obesity

* Insulin resistance.
* Type 2 diabetes
* High cholesterol
* Stroke
* Heart attack
* Coronary artery disease
* Congestive heart failure
* High blood pressure
* Cancer of the colon
* Cancer of the rectum and prostate in men
* Cancer of the gallbladder and uterus in women
* Breast cancer, particularly in postmenopausal women
* Gallstones
* Gout and gouty arthritis
* Osteoarthritis (degenerative arthritis) of the knees, hips, and the lower back issues
* Sleep apnea

Source: “Obesity” MedicineNet (Balentine, 2019)

For many of our coaching clients the stakes are high when it comes to attaining and maintaining a healthy weight. Excess weight may be impacting their quality of life in many ways. Their movement may be impeded, their endurance and stamina as well. Excess weight on the joints may be giving them pain in the knees, hips, etc. When medical patients are too overweight for surgery (such as the person in our case study in Chapter One) they may have to suffer going without a remedy for a painful and limiting condition. A lot can be on the line.

Chances are good for such clients that their treatment team has put weight loss near the top of the list for their *lifestyle prescription*. Physicians who are taking a more lifestyle medicine approach see lifestyle improvement as the first line of treatment.

**A Whole Person Wellness Approach to Healthy Weight**

It has become widely recognized that the best path to sustainable weight loss is a long, steady march that involves the whole person and all aspects of their life. A person with the goal of long-term success will benefit from a coach who honors client autonomy and is continually empowering their client to be able to shift to a new way of living that they can maintain for the rest of their life.

It’s natural for anyone trying to lose weight to want to lose it very quickly. But people who lose weight gradually and steadily (about 1 to 2 pounds per week) are more successful at keeping weight off. Healthy weight loss isn’t just about a “diet” or “program”. It’s about an ongoing lifestyle that includes long-term changes in daily eating and exercise habits… Once you’ve achieved a healthy weight, rely on healthy eating and physical activity to help you keep the weight off over the long term.

 (Centers for Disease Control, 2020)

We can start small. Often a client is intimidated by the total amount of weight they have been told they need to lose. “Even a modest weight loss of 5 to 10 percent of your total body weight is likely to produce health benefits, such as improvements in blood pressure, blood cholesterol, and blood sugars.” (Blackburn, 1995) Paying attention to these *bonus benefits* and not just focusing on weight loss as the only measure of success can build motivation.

Diets don’t work. While dieters lose weight more quickly, the experience of gaining all the weight back (and then some) is all too common. A student in one of our classes told us the story of a client of hers who had lost one thousand pounds (453.6 kg). The punchline to her story was, of course, that her client had calculated all of the weight that she had lost over the years and gained it back, then lost again and regained. The vicious circle of what is called yo-yo dieting had totaled over 1,000 lbs. At the time I was coaching a woman who needed to lose 100 lbs. I thought she would enjoy hearing this astonishing story. Once I had conveyed it to her, she nonchalantly quipped “Oh, yeah. I’m sure I’ve lost a thousand pounds.”

University of Minnesota psychology professor Traci Mann and her associates conducted a painstaking review of every randomized controlled trial of diets they could find.

The results were clear. Although dieters in the studies had lost weight in the first nine to 12 months, over the next two to five years, they had gained back all but an average of 2.1 of those pounds. Participants in the non-dieting waitlist control groups gained weight during those same years, but an average of just 1.2 pounds. The dieters had little benefit to show for their efforts, and the non-dieters did not seem harmed by their lack of effort. In sum, it appears that weight regain is the typical long-term response to dieting, rather than the exception.

(Tomiyama, 2013)

So, the big question is *why do dieters regain weight*? A mind and body answer is what Mann concludes. “In brief, calorie deprivation leads to changes in hormones, metabolism, and cognitive/attentional functions that make it difficult to enact the behaviors needed to keep weight off.” (Mann, 2018)

Dieters often blame their failure on a lack of willpower. Yet the dieting process itself sets them up for a lack of success. “The key misunderstanding here is the different physical and cognitive context in which dieters hold the fork compared to non-dieters: they feel hungrier, their attention is biased toward food, they find food tastier, and they get more reinforcement from it. Plus, they need to consume an even smaller quantity of food than earlier in the diet (as well as less than a non-dieter of the same size), because their more efficient metabolism is burning fewer calories. So, dieters don’t necessarily have worse willpower than non-dieters, but calorie deprivation has put them in a situation that requires much more willpower in order to successfully limit consumption. (Mann, 2018)

Helping our clients to consider a whole person lifestyle approach to weight loss may require an exploration of its own. We can gently challenge our client by asking how it has worked for them to repeatedly attempt lasting weight loss through methods that have only worked for them on a temporary basis. We can then, as Prochaska would advise, provide some education about the futility of the dieting approach to help them reevaluate their weight loss strategy.

When I’ve had a client state that they want to lose X amount of weight, I will often ask them, “So, tell me. What will your life be like once you’ve lost that weight? What will you be doing that you’re not doing now? How will you feel? How will you be moving? Will you return to doing some things that you love that you’ve let go of?” The coaching technique of pursuing success by describing the outcome we want to see if powerful. Now instead of pursuing a number on the scale, a total sum, the person is pursuing a way of living, a way of being. Now the reward held in mind is not just an accomplishment of a goal but is the greater reward of a way of living that brings them greater health and happiness.

Part of what can be pivotal here is when the client takes ownership of their own health and wellness, and, as part of that, their own weight loss process. When clients reach for gimmicks and fads that make huge promises and usually fail to deliver, they are giving away their own power and placing it in the hope that the next diet, the next product sold on midnight television infomercials will save them.

Help your client gain a sense of their knowledge and skill base for weight loss. If they have had success in the past and already have a substantial base, they may just need a solid coaching alliance, support, accountability and an effective methodology for lasting change.

**Implementing the Whole Person Wellness Plan**

Ideally, we would love to see our client embrace this whole idea of sustainable healthy living as their goal instead of just losing weight. We will be using essentially the same basic coaching methodology that we have been talking about throughout this book. Our goal is to move forward, co-creating with our client a fully integrated Wellness Plan.

* Help your client take stock of their wellness in all aspects.
	+ Help them determine their baseline behavior by using a tracking method that they find easy to use.
	+ Help them stay on track and avoid self-deception by tracking:
		- Activity/movement and conscious exercise
		- Their way of eating
			* When, how much, ratio of home-cooked vs. food from other meal providers (restaurants, take-out, delivery, etc.)
			* Consciousness about any link to emotions
		- Their sleep patterns
		- Their stress levels
	+ Help them gain a clear idea of what sources of support they have. Their level of connectedness may be crucial.
* Identify what has worked before and may work in a more lasting way with the aid of coaching. Integrate these strategies into their Wellness Plan.
* Develop totally new strategies to experiment with.
	+ You and your client may discover that an aspect of their lifestyle that was overlooked in their previous attempts at weight loss is a key to success now, such as greater social connectedness.
	+ Be patient with new strategies. Healthy weight loss is a slow process. Continually be evaluating progress to see if you are getting the results sought after.
* Set up a coaching format that will cover a long period of time. If there is a limited number of sessions available, start weekly, then bi-weekly, then monthly to stretch out the sessions you have.
* Coach for lasting success by developing strategies for your client to maintain their progress after coaching finishes.

**Coaching for Increased Activity and Movement**

Part of a sustainable, healthy lifestyle is a considerable amount of movement/activity and a nourishing, health-enhancing way of eating. Shifting the way that your client approaches these two aspects of lifestyle improvement is, inevitably, a key part of a successful path to attaining and then maintain a healthy weight.

“I hate exercise!” How many times have you, as a wellness coach, heard that emphatic statement? So many of our clients have had negative experiences with exercise. The mere mention of exercise may bring up any number of past experiences that brought about a sense of failure, inadequacy, shame, and dread. If nothing else, exercise may just sound like more labor being added to an already busy life. You may be a fitness aficionado, but your client may live on the other end of the spectrum.

A helpful strategy is to pivot and leave the term out of your initial coaching vocabulary. Reframe ‘exercise’ so you can now talk with your client about movement and activity. "The research does now show that basically all movement counts, and anything is better than nothing," says Michelle Segar, a psychologist and director of the University of Michigan Sport, Health and Activity Research and Policy Center. She studies how we sustain healthy behaviors, and she says one big stumbling block for people is that they fail to take advantage of the exercise opportunities they can build into their daily lives, like taking the stairs or walking to work. "I've been astounded that even up until today, very educated people don't know — don't believe — that walking actually 'counts' as valid exercise," she says.” (Goydoy, 2019)

Most all of our activity monitoring devices (Fitbit, etc.) came out of the research conducted at the Mayo Clinic by Dr. James Levine. Alarmed by the growing obesity epidemic he focused on how sedentary modern living and working has become. What he saw was a new type of energy crisis when he compared our energy expenditure now with just twenty to fifty years ago.

Our clients spend so many hours a day being sedentary that even when they begin to exercise, if they are open at all to that, it is hard for them to see a significant reward that makes continuing worthwhile. Levine’s answer was to help people increase their NEAT – Non-exercise Activity Thermogenesis. Thermogenesis is simply burning calories. NEAT is how we burn energy by doing daily life activities.

Our current obesity and related health woes stem from the fact that modern life in the Internet-driven electronic age has increasingly leeched NEAT from our existence to the tune of up to 1,500 to 2,000 calories a day. And that loss is literally sucking the life out of us.

(Levine, 2009)

Increasing NEAT may be a way for your exercise reluctant client to get started on the path towards effective weight loss. It is really a shift in consciousness for your client to begin to look for opportunities to move instead of seeing how they can minimize movement.

One of my clients shared a huge insight she realized one evening at home with her family. She and her husband and children were enjoying a pleasant evening watching television together when one of her sons got up and started walking towards the kitchen. “Oh honey,” she said. “Would you please get me a bowl of ice cream while you’re in the kitchen?” Suddenly it hit her. “I realized that I’ve been engineering my entire life to minimize movement! If someone else can do something for me I let them. I find the closest parking space to the building I’m going into. I do all kinds of things like that.” After telling me about her epiphany, my client began seeing how creative she could get at increasing daily movement. She always took the stairs instead of the elevator. She looked for ways to stand more and still get her work done. It became a fun challenge for her to come up with new strategies for increased movement. A couple of weeks later she announced in our session that she had signed up for a dance class. A week later she reported that she had dusted off the old treadmill in the basement and was walking frequently on it.

What Levine and other researchers have found is that for sufficient caloric burn for weight loss we usually have to combine NEAT with conscious exercise. So, start with NEAT and then see how open your client is to add conscious exercise that they are attracted to. If they are working with a simple and inexpensive pedometer, they can track their steps. Most cell phones can use a free app that will count the user’s steps also. If they have invested in a more expensive activity monitoring device, they will be pleased with how it gives them credit for all of their movement, even for standing. Get creative and have fun. Coach through barriers together. One client worked on the 9th floor of an office building and said that there was no way to climb nine flights of stairs. So, we devised an incremental plan where she would begin by walking one or two flights and then taking the elevator from there. Eventually she got to the point where she would, occasionally at least, climb all nine flights to get to her workplace.

When your client is ready to combine conscious exercise with NEAT make sure they have medical clearance to begin an exercise program. Your client may benefit tremendously if they are able to consult with a competent fitness trainer who can customize a workout plan for them. The place to begin is always co-creating a plan that is in alignment with their physical and mental/emotional starting point. The client who has not exercised in years will have a greater probability of failure if they start out exercising four or five days a week. Instead of following the recommended guidelines for effective exercise, start small and help your client work their way up to those widely recommended levels. Walking twice a week for twenty minutes each time will not have much effect on someone’s weight, but remember you are helping your client to establish a new habit. As they succeed co-create with your client new and greater levels to reach step by step.

**Coaching for Improved Nutrition**

Wellness coaching clients are sometimes stuck on the issue of improving their nutrition because they don’t know how. One of the Three D’s of Precontemplation that the Prochaskas speak of, ‘Don’t know how’ can be a real barrier. (Prochaska, 2016) Our client may be incredibly knowledgeable, or they may have a history of reaching for fad diets and all kinds of misinformation.

*Our job as wellness coaches is to help our clients find the WHAT and then help them to discover the HOW.*

Unless we can wear a second hat that qualifies us to provide nutritional consultation, coaches must refer back to our Scope of Practice statement and only “offer resources from nationally recognized authorities such as those referenced in NBHWC’s healthy lifestyle curriculum.” (NBHWC, 2019) So, what we are doing is helping our clients find out *what* to do, and then help them to come up with the *how* to do it. The “what” can come from registered dieticians, certified diabetes educators, or any number of qualified treatment and education specialists. When coaches realize that they do not have to be expert consultants in all of the dimensions of wellness it is a great relief. Now they can concentrate on being the behavioral change experts and facilitate their client discovering how to apply what they have learned or been told to do to improve their wellness.

Part of the *how* to improve the nutritional component is to help your client look at the behavior of eating, not just what they are eating. How conscious, how mindful are they about *how* they eat? Not all overeaters are emotional eaters, but when this is a factor it can make a critical difference. Resources such as Michelle May’s *Am I Hungry?* Program (May, 2005) can be a way to bring more mindful awareness into your client’s life. Combine mindfulness with tracking and your client can begin to link together the puzzle pieces about eating that have previously eluded them.

**Maintaining Motivation and Getting Through Plateaus**

A healthy approach to weight loss is a slow and steady lifestyle improvement journey. Most people on this path find themselves hitting a plateau where they are not more gaining weight, but the loss of weight comes to a halt. This is often the place on the person’s own personal mountain where they have turned around and come back down to the land of the status quo. There is real physiology behind a plateau like this. (Mayo Clinic, 2020) There is also a real opportunity for discouragement and again, the specter of doubt arises. This is a time to:

* Appreciate the success to date and celebrate it.
* Educate about the normality and potentially temporary nature of weight-loss plateaus.
* Check out other measures of success such as a shift in percentage body fat vs. lean muscle tissue.
* And, very importantly, focus on bonus benefits.

When a person is taking a whole person wellness approach, they are usually seeing improvement in a variety of areas of their life. As they have been improving their activity level, they may be seeing that they are stronger. An older person may realize that they can now get out of a chair, or up off of the floor more easily. The large number of health benefits of exercise go well beyond weight loss and are well-documented. (Warburton, 2006) A combination of increased activity and better nutrition may also lead to a noticeable improvement in sleep, mental acuity, better digestion and more. So, celebrate these bonus benefits and help bolster your client’s motivation to remain dedicated to their Wellness Plan and weight loss efforts.

**When It’s About More Than Weight Loss**

In the area of weight loss clinical issues can arise. We may encounter clients whose ways of eating have crossed the line from merely self-defeating into pathological disorders. This can show up in obsessive-compulsive ways, in chronic self-depravation of food, and in truly excessive exercise regiments. This can sometimes be the result of an eating disorder such as anorexia nervosa or bulimia. These are clearly clinical issues that require treatment by licensed mental health professionals and medical staff. Once, as a psychologist, I counseled a college student who was performing 500 sit ups a day. That was just one of the symptoms of the anorexic disorder with which she was struggling. Some of these conditions can be life-threatening. If you suspect that your client may have crossed over in their behavior and thinking to this clinical area, coach them to see the best medical resources.

**Coaching for The Long Run**

Healthy weight loss is a slow, but sure process. It is quite likely that your client will need to terminate coaching before they have achieved their weight loss goal. Even if they have been able to do so within the scope of the coaching relationship, they now are faced with maintaining their success for the rest of their life. As you enter the last anticipated quarter of your coaching sessions the emphasis needs to shift to empowering your client to build the support and accountability into their life to maintain success.

* As you and your client co-create action steps, keep asking “Who or what else can support you in this?”
* Coach for connectedness. Explore sources of support and develop strategies to expand them if needed. Make this work part of your client’s Wellness Plan.
* Develop strategies for tracking and accountability.
* Get creative on what constitutes a source of support: walking buddies; hiking or biking groups; online interest groups focused on healthy living; a ‘four-legged fitness trainer’!
* Explore any internal barriers that remain.
	+ Reluctance to reach out to others for support.
	+ Feeling guilty when engaging in self-care.
	+ Any others you discover together.
* Re-assess self-efficacy. How confident is your client that they can maintain success on their own?
* Explore your clients fears about terminating coaching and remaining successful.

**Have Faith in the Coaching Process**

Wellness coaching for weight management is in widespread use by wellness programs, disease management companies, independent coaches, and many other settings. There is a myriad of coaching methods used to approach the challenge of healthy weight. There is no single answer as evidenced by the limitless scope of the weight-loss industry worldwide.

As research accumulates, we continue to see that having a coaching ally and a well-constructed methodology for behavioral change can make traveling the journey to a healthy weight much more successful. We are realizing that coaching is an effective methodology to assist people in their quest for attaining and maintaining a healthy weight. The Compendium of the Health and Wellness Coaching Literature (Sforzo G. K., 2017) (Sforzo G. K., 2019) lists 32 articles with outcomes related to weight. Of those 28 (87%) found a positive effect for weight reduction and/or BMI.

Coaching, like any other type of human helping profession, cannot guarantee results. We can only offer our best and know that the real agent of change is the client themselves. Have faith in the coaching process and have faith in your own ascending mastery of it. What you are doing is also having faith in yourself.

# Bibliography

Ballentine, J. (2019, December 2). *Obesity.* Retrieved from MedicineNet: https://www.medicinenet.com/obesity\_weight\_loss/article.htm

Blackburn, G. (1995). Effect of degree of weight loss on health benefits. *Obesity Research*, 211-216.

Centers for Disease Control. (2020, February 4). *Losing Weight.* Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/healthyweight/losing\_weight/index.html

Goydoy, M. (2019, January 14). *From Couch Potato to Fitness Buff: How I Learned to Love Exercise.* Retrieved from NPR - National Public Radio: https://www.npr.org/sections/health-shots/2019/01/14/684118974/from-couch-potato-to-fitness-buff-how-i-learned-to-love-exercise

Levine, J. (2009). *Move A Little, Lose A Lot.* New York: Crown Publishers.

Mann, T. (2018, May). *Psychological Science Agenda: Why do dieters regain weight?* Retrieved from American Psychological Association: https://www.apa.org/science/about/psa/2018/05/calorie-deprivation

May, M. G. (2005). *Am I Hungry: What to Do When Diets Don't Work.* Nourish Publishing.

Mayo Clinic. (2020, February 25). *Getting Past a Weight-loss Plateau.* Retrieved from Mayo Clinic: https://www.mayoclinic.org/healthy-lifestyle/weight-loss/in-depth/weight-loss-plateau/art-20044615

NBHWC. (2019). *Content Outline with Resources.* Retrieved from NBHWC National Board for Health & Wellness Coaching: https://nbhwc.org/wp-content/uploads/2019/04/HWCCE-Content-Outline-with-Resources-April-2019.pdf

Pollack, A. (2013, June 18). *A.M.A. Recognizes Obesity as a Disease.* Retrieved from The New York Times: https://www.nytimes.com/2013/06/19/business/ama-recognizes-obesity-as-a-disease.html

Prochaska, J. P. (2016). *Changing to Thrive.* Center City, MN: Hazelden Publishing.

Sforzo, G. K. (2017). Compendium of the Health and Wellness Coaching Literature. *Am. Journal of Lifestyle Medicine*.

Sforzo, G. K. (2019). Compendium of Health and Wellness Coaching: 2019 Addendum. *Am. Journal of Lifestyle Medicine*.

Stoppler, M. (2019). *Stress, Hormones, and Weight Gain.* Retrieved from MedicineNet: https://www.medicinenet.com/can\_stress\_make\_you\_fat/views.htm

Tomiyama, A. J. (2013). Long-term effects of dieting: Is weight loss related to health? *Social and Personality Psychology Compass*, 861-877.

Warburton, D. N. (2006). Health Benefits of Physical Activity: The Evidence. *CMAJ - Canadian Medical Association*, 801-809.