

Health Coaching & Motivational Interviewing.



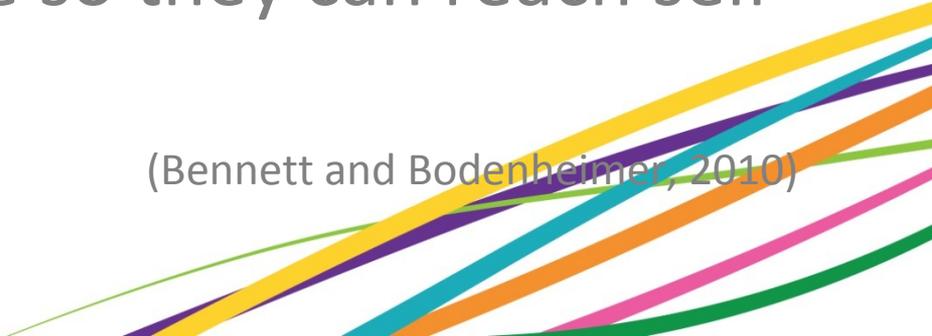
What is Health Coaching?



Health Coaching is....

- ➔ Health Coaching is releasing a persons potential to maximise their own health.
- ➔ It is helping people to gain the knowledge, skills, tools and confidence to become active participants in their care so they can reach self identified health goals

(Bennett and Bodenheimer, 2010)



- ➔ Research has shown half of patients leave medical visits without understanding the clinicians' advice.
- ➔ In most of visits the patients are not involved in making the decisions.
- ➔ Patients who are not involved in decision-making do not follow the clinician's advice. This can lead to poor health outcomes for the patient and frustration for the clinician.

The rationale for Health Coaching

Traditional Approach	Health coaching approach
Clinician is viewed as the expert	The patient is viewed as the expert in their own life
Decisions are made by the clinician	Decisions are made in patient-clinician partnership
Patient told what to do	Patient finds their own solutions
Patient believes it is the clinicians role to fix them	Patients believes that they have an active role to play in changing to improve their own health
Goals are set by the clinician and success is measured by the clinician	The patient is supported to define their own goals & success is managed by their attainment
Patient required to change as requested	Collaboration and assistance in facilitating change
Focus on extrinsic motivators	Intrinsic motivators included
Psychological barriers to change not considered	Psychological barriers to change included
Can be an increase in resistance to change	Usually a reduction in resistance to change

- ➔ Health Coaching helps patients build the knowledge, skills, and confidence required to manage their chronic conditions and improve their health.
- ➔ Health coaches empower patients to play a central role in clinical encounters and to engage in self-management activities.



Motivational Interviewing

Motivational Interviewing is:

- Based on stages of change
- Assumes motivation is fluid and can be influenced
- Motivation influenced in the context of relationship
- Principle tasks – to work with ambivalence and resistance
- Goal – to influence change in the direction of health

Stages of change	Patient experience	Clinicians tasks
Pre-contemplation	No perceived need to change	Raise doubt – increase pt’s perception of risk & behaviour associated with current behaviour
Contemplation	Initial awareness of problem, feelings of ambivalence about change	Evoke reasons to change and risks of not changing. Strengthen pt’s self-efficacy for change
Preparation	Initial movement away from ambivalence and toward action. Statements reflect beginnings of motivation	Help the patient to determine the best course of action in seeking change.
Action	The person takes steps to being about change	Help the person take the steps
Maintenance	The person sustains change accomplished by previous actions	Assist the pt to identify and use strategies to prevent relapse
Relapse	Long standing change often involves set backs. May relapse	Help pt to renew stage of change, without demoralisation due to relapse

The basic skills of Motivational Interviewing:

O.A.R.S.

 **Open-ended Questions** — The asking of open ended questions, questions that cannot be answered with a limited response

 **Affirmations** — Helps patients acknowledge their positive behaviours and strengths which builds confidence in ability to change

 **Reflective Listening** — paraphrase (mirror) comments by repeating back what has been said

 **Summarise** - will pull together everything stated.

DEARS Model - 5 Principles

- Develop discrepancy between clients' goals or values and their current behaviour.
- Express empathy through reflective listening.
- Amplify Ambivalence, avoid argument and direct confrontation, ambivalence is normal
- Roll with resistance – reinforce the patient as the problem solver
- Support self-efficacy and optimism.

Quick Motivational Interview

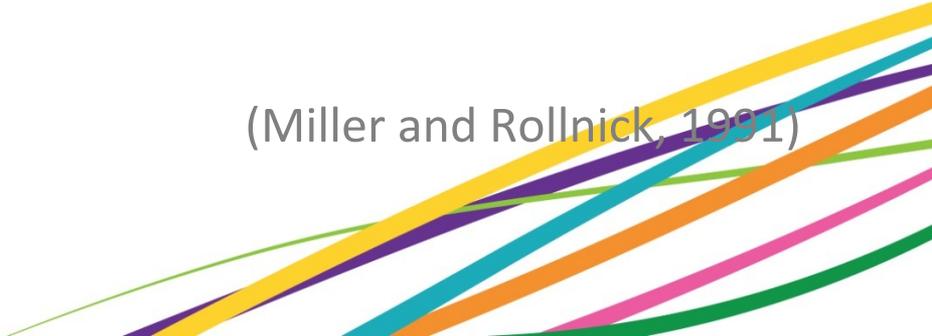
- How important is To you?
On a scale of 1-10 (1=not important 10= very important)
 - How confident are you about making a change?
On a scale of 1-10 (1=not confident 10=very confident)
 - Tell me about how you scored yourself?
 - What would help to move you higher on the scale?
 - How high on the scale would you need to be to change?
 - What makes your 'current score' (e.g., 5) not a lower score (e.g. 2)?
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Summary

The strategies of motivational interviewing are more persuasive than coercive, more supportive than argumentative.

The motivational interviewer must proceed with a strong sense of purpose, clear strategies and a sense of timing to intervene in particular ways at incisive moments.

(Miller and Rollnick, 1991)



Summary...

Doing things to people instead of with them can be profoundly disempowering. It encourages the patient to believe that professionals have all the answers and that they themselves lack relevant knowledge and skills, and hence have no legitimate role to play in decisions about their care. Paternalism breeds dependency, encourages passivity and undermines people's capacity to look after themselves. It may appear benign, comfortable and reassuring but it is a hazard to health.

(Coulter, 2011)



Video.

- ➔ What is helpful / unhelpful?
 - ➔ What approach is being used? Traditional / Health Coaching?
 - ➔ Body language
 - ➔ Who is the solution finder?
 - ➔ Affirmation?
 - ➔ Reflections
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Useful health Coaching related websites

The kings fund

<http://www.kingsfund.org.uk/>

The performance Coach

<http://www.theperformancecoach.com>

The Health Coach

<http://cepc.ucsf.edu/health-coaching>

The health foundation

<http://www.health.org.uk>

National Voices

<http://nationalvoices.org.uk>

