WHOLE HEALTH COACHING

Participant Manual Handouts

APRIL 1, 2020
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### WHOLE HEALTH BINGO – COMPONENTS OF SELF-CARE

Find people who match the self-care items on the bingo sheet. Write their name in the corresponding box. The winning “Bingo” table will have 5 consecutive squares with a different name for each box. Then continue on to see if you can fill the entire square.

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<tbody>
<tr>
<td>1</td>
<td>Did something just for yourself this week</td>
<td>Ate both fruits and veggies several days in the past week</td>
<td>Has a spiritual community</td>
<td>Has good communication with someone every day</td>
<td>Spent time on a farm in the past year</td>
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<tr>
<td></td>
<td>(Self-Care)</td>
<td>(Food &amp; Drink)</td>
<td>(Spirit &amp; Soul)</td>
<td>(Family, Friends &amp; Co-workers)</td>
<td>(Surroundings)</td>
</tr>
<tr>
<td>2</td>
<td>Sleeps 7-8 hours a night</td>
<td>Plays a sport</td>
<td>Listened to favorite music in the past week</td>
<td>Goes to fitness class at least once a week</td>
<td>Did an art or craft project in past year</td>
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<td></td>
<td>(Recharge)</td>
<td>(Working Your Body)</td>
<td>(Surroundings)</td>
<td>(Working Your Body)</td>
<td>(Personal Development)</td>
</tr>
<tr>
<td>3</td>
<td>Did an activity outside this past week</td>
<td>Is currently taking a class outside of work</td>
<td>WHOLE HEALTH FREE SPACE</td>
<td>Regularly plays/practices a musical instrument</td>
<td>Takes at least one 15-minute break while at work</td>
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<tr>
<td></td>
<td>(Surroundings)</td>
<td>(Personal Development)</td>
<td></td>
<td>(Personal Development)</td>
<td>(Recharge)</td>
</tr>
<tr>
<td>4</td>
<td>Went on a personal or outdoor adventure in the past year</td>
<td>Read an inspirational poem in the past month</td>
<td>Has a vegetable garden</td>
<td>Has a pet</td>
<td>Practices Mindful Awareness at least 3 times a week</td>
</tr>
<tr>
<td></td>
<td>(Surroundings / Personal Development)</td>
<td>(Spirit &amp; Soul)</td>
<td>(Food &amp; Drink, Surroundings)</td>
<td>(Surroundings / Family, Friends &amp; Co-workers)</td>
<td>(Power of the Mind)</td>
</tr>
<tr>
<td>5</td>
<td>Has a live plant at work</td>
<td>Ate lunch with someone last week</td>
<td>Ate handful of raw nuts in the last week</td>
<td>Exercised for 30 minutes yesterday</td>
<td>Has volunteered in the community in the past year</td>
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<tr>
<td></td>
<td>(Surroundings)</td>
<td>(Food &amp; Drink / Family, Friends &amp; Co-workers)</td>
<td>(Food &amp; Drink)</td>
<td>(Working Your Body)</td>
<td>(Personal Development)</td>
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</table>
WHOLE HEALTH COACHING—PARTICIPANT MANUAL HANDOUTS

WHC COACHING QUALITIES SKILLS AND STRATEGIES

Coaching Strategies
- Develops MAP, explores values, guides future visioning
- Assesses components of health using PHI, selects a focus area, assesses importance and confidence
- Set SMART Goals and Action Steps, explore barriers, contingency plans, and resources
- Explore perspectives

Communication Skills
- Uses Inquiry for Open & Close Ended Questions
- Uses Simple Reflections of parroting, paraphrasing and summary
- Uses Complex Reflections that are double-sided and have deeper meaning, values
- Uses Direct Statements to provide information and guide the process, using I statements

Qualities of a Coach
- Respectful
- Is Present
- Mindful
- Listens
- Uses a Guiding Style
- Is a Partner
- Articulate & Succinct
- Willing to Learn
- Is Open
- Is Empathetic
**WHC Received Feedback Notes** – Tracking received feedback – Strengths and Opportunities – can be useful and instrumental in assessing development, progress, and overall improvement.

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<thead>
<tr>
<th>PRACTICE</th>
<th>Strengths</th>
<th>Opportunities</th>
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**Session 1**

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<td>Stage 3</td>
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**In Between Practice Calls**

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**Session 2**

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<td>Practice 5</td>
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**Group Coaching**

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<tr>
<td>Practice 2</td>
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</table>
Session 1

Stage 1: What I Did Well: _______________________________________________
What I Can Do Even Better: _____________________________________________

Stage 2: What I Did Well: _______________________________________________
What I Can Do Even Better: _____________________________________________

Stage 3: What I Did Well: _______________________________________________
What I Can Do Even Better: _____________________________________________

In-Between Triad Practice Sessions

Stage 1: What I Did Well: _______________________________________________
What I Can Do Even Better: _____________________________________________

Stage 2: What I Did Well: _______________________________________________
What I Can Do Even Better: _____________________________________________

Stage 3: What I Did Well: _______________________________________________
What I Can Do Even Better: _____________________________________________

Session 2

Stage 4: What I Did Well: _______________________________________________
What I Can Do Even Better: _____________________________________________

Practice 5: What I Did Well: _____________________________________________
What I Can Do Even Better: _____________________________________________

Group Coaching

Practice 1: What I Did Well: _____________________________________________
What I Can Do Even Better: _____________________________________________

Practice 2: What I Did Well: _____________________________________________
What I Can Do Even Better: _____________________________________________
TRIAD PRACTICE 1 – MISSION/ASPIRATION/PURPOSE (MAP) – STAGE 1

OPENING

● When you were filling out the questions on the first page of the PHI, what was that experience like for you?

VALUES

● What REALLY matters to you in your life?
  ○ What is important to you about ____? What else?
● What brings you joy and happiness?
● What is your mission/aspiration/purpose (MAP) in life?

● What were your dreams/aspirations when you were younger? What are they now?
● What do those dreams/aspirations tell you about what’s important to you now?

VISION & STRENGTHS

● What do you want and need your health for?
● When you think of the 3 scaling questions on the PHI (physical well-being, mental/ emotional well-being, how it is to live your life day-to-day) what stands out for you?
  ○ (**Coach listens for and reflects values, and values conflicts)

● If you were to make no changes, and keep living your life as you are today, what would your life look like 3-5 years from now?
● Now imagine yourself when you are living according to what matters most—thriving in your happiest, fullest, most joyful life. What will that look like 3-5 years from now?
  ○ (**Coach listens for and reflects values, and values conflicts)

● What are your personal strengths?
● How do they support you in your health and well-being?
● How might they help you make changes?

CLOSING / SUMMARY

● What are you taking away from our conversation?
## COACHING SKILLS AND PROCESS OBSERVATION FORM

Coach Observed

<table>
<thead>
<tr>
<th>QUALITIES</th>
<th>Observed</th>
<th>Not Observed</th>
<th>Notes – What They Did Well and Could Do Even Better</th>
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<tbody>
<tr>
<td>Present</td>
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## SKILLS

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## STRATEGIES & STRUCTURE

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<td>Working in Appropriate Stage</td>
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TRIAD PRACTICE 2 – ASSESSMENT AND FOCUS (STAGE II)

OPENING
● You completed the rest of the PHI, exploring where you are and where you’d like to be in areas of self-care. What was that experience like for you?

AREAS WITH A HIGHER NUMBER
● What’s an area you gave yourself a higher number?
  ○ What does [that area] mean to you?
  ○ What number did you give yourself?
  ○ What does a [#] mean for you? (**Coach reflects what this number looks and feels like)

CONNECT TO STRENGTHS/VALUES/VISION
● What is helping you to be successful in [this area]? (**Listen for strengths, resources, social support)
● What is important about [this area] in your life?
● How does [this area] contribute to your ideal future?
● What’s another area you gave yourself a higher number? (**Revisit all questions above, starting with “What does [that area] mean to you?”)

AREAS WITH A LOWER NUMBER
● What’s an area you gave yourself a lower number?
  ○ What does [that area] mean to you?
  ○ What number did you give yourself?
  ○ What does a [#] mean for you? (**Coach reflects what this # looks and feels like)
  ○ Where would you like to be in this area?
    ○ What will be possible when you are a [#]?
    ○ What will that [#] look like? What will it feel like?
    ○ (**Coach reflects the gap between current number and where the client would like to be)

● What’s another area you gave yourself a lower number? (**Revisit questions above)

CHOOSING A FOCUS
● Of all these areas you’ve mentioned, or ones we haven’t talked about, what is an area you’re ready to begin making changes in?
● How important is it to make a change in this area, on a scale of 1 to 10, with 1 being “not at all important” and 10 being “the most important thing for me right now”?
  ○ What does a [#] mean for you?
  ○ **If importance is less than 7:
    ■ What makes it a [#] and not a [lower #]?
    ■ What would it take to make it a [higher #]? (**Coach listens for competing values)

CLOSING
● How are you feeling now about your area of focus? (**Listen for confidence, emotion, ambivalence, etc.)
● What are you taking away from our conversation?
# COACHING SKILLS AND PROCESS OBSERVATION FORM

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TRIAD PRACTICE 3 – GOAL SETTING AND ACTION STEPS (STAGE III)

Opening
- What is your focus area?
- How does this area reflect what’s really important to you?

LONG-TERM GOAL
- What timeframe would you like to choose for a long-term goal? (**Generally, 3-6 months**)
- Where would you like to be ___ months from now with this area?
- What would you like to be **doing** ___ months from now? (**Coach ensures a behavioral vs. an outcome goal**)
  - Specific, Measurable, Action-oriented, Realistic, Time-bound

CONNECT TO VISION
- When you are [meeting your goal], how will your life be different?

ACTION STEP
- What action step could you take in the next week to get you started on reaching your goal?
  - Specific, Measurable, Action-oriented, Realistic, Time-bound

STRENGTHS / SUCCESSES
- What personal strengths may help you achieve this action step?
- What have you learned from previous successes in this area, or another, that may help you now?

BARRIERS / CHALLENGES
- What barriers/challenges might you encounter as you attempt your action step?
- What might be a contingency plan (backup plan)? What else?

SUPPORT / ACCOUNTABILITY
- What will most support you in accomplishing this action step? (e.g., resources, social support)
- How else do you want to be accountable?
- How will you know you’re making progress? (**Coach reflects ideas for tracking, measuring**)

CONFIDENCE
- How confident are you about accomplishing this action step, on a scale of 1 to 10, with 1 being “not at all confident” and 10 being “completely confident”?
  - What makes it a #?
  - **If confidence is less than 7:**
    - What would make your confidence a [higher #]?

CLOSING
- In your own words, what is your next step?
- What are you taking away from our conversation?
# COACHING SKILLS AND PROCESS OBSERVATION FORM

Coach Observed __________________ Stage ______________ Observer ____________

## QUALITIES

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SMART GOAL AND ACTION STEPS WORKSHEET

Area of Focus

______________________________

Timeframe (Circle one)  3 months   6 months   Other____________________

SMART Goal and Action Steps Criteria

• Specific - clear and concise
• Measurable - clear criteria for assessing if the goal is met
• Action-Oriented – action that is in direct control of the person
• Realistic – based on what is possible or achievable for the person
• Timed - contains timeframes for achievements along the way to the final goal

Goal

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Action Steps

Action steps are steps toward achieving the goal that can be accomplished in the following week and meet the same SMART criteria. Action steps can be planned out over time or designed after the first week’s action steps are attempted and assessed.

Action Step 1

____________________________________________________________________________________

Action Step 2 (Optional)

____________________________________________________________________________________

Action Step 3 (Optional)

____________________________________________________________________________________

To whom will I be accountable for my action steps?

____________________________________________________________________________________
SMART GOAL AND ACTION STEPS WORKSHEET

Area of Focus

Timeframe (Circle one)  3 months  6 months  Other ________________________

SMART Goal and Action Steps Criteria

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Goal

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Action Step 1

Action Step 2 (Optional)

Action Step 3 (Optional)

To whom will I be accountable for my action steps?
GUIDELINES FOR BETWEEN-SESSION TRIAD PRACTICE

An important component of the Whole Health Coaching program is the between session triad practices. Participants are placed in new triads (or in rare cases it might be a quad) and will be expected to participate in three 90-minute triad practices during the time between the two 3-day training sessions. Completing this portion of the program is required in order to receive CEUs, eligibility for the WHC Certification Week training, and the Certificate of Completion that enables participants to apply for certification through the NBHWC.

Triad members are given time at the end of Session 1 to meet with their new triad members and come up with three dates/times during which they will be able to meet – either in person or by telephone. These schedules are handed in to mentors and entered into a master spreadsheet from which all WHC Mentors obtain call schedules to join during the interim. Mentors contact the triad POC to let them know they are joining a specific triad practice call – and will request call in information (phone number and access code).

Triad practice calls are an integral piece of the WHC training and should be given focused time. This should be a dedicated time when other duties/distractions are set aside, and you are able to be in a private space where others cannot hear you. Members may agree to do evenings or days depending upon their schedules.

A mentor will join you for all three calls. Make sure your group’s contact information and final practice schedule is shared with a mentor from training via e-mail or by providing a copy before the end of training and do not begin a triad practice (call) without a mentor present. There are more than 20 mentors in the program available to attend calls and their contact information is included in this manual. You may or may not have the same mentor for all 3 sessions.

SPECIFIC AGENDA FOR EACH TRIAD SESSION PRACTICES

The general instructions for triads you received for triad 1, 2 and 3 are a resource and can be used when practicing during the interim time between sessions.

- **First Session**: Focus on Mission/Aspirations/Purpose (MAP), explore values and value conflicts.
- **Second Session**: Explore the areas of the Circle of Health and the PHI worksheet, “Where You Are and Where You’d Like To Be.” This Stage is about Assess and Focus. (Note: You will NOT be getting to Goal-setting in this session).
- **Third Session**: Focus on Goal Setting and Action Steps. Assist your client in making SMART goals and action steps. Time permitting; explore potential and anticipated barriers/challenges.

Follow the same format for the triads, just as you did in the practices during Session 1 of the training. Remember to keep the feedback time focused on the coach’s use of skills and not the content of the session.

Be prepared to share the experience of your triad meetings (but not content) when you return to Session 2 of the training. Remember to have fun! This is about practice and trying out new skills! It is okay to make mistakes!
KEYS TO SUCCESSFUL PRACTICE SESSIONS

- Get Started Early – Do not wait to get started with your practice sessions. Time management of the practice calls can be hectic in the 3-4 week interim. Loss of new skills can also impact sessions if too much time passes.

- Telephone Sessions – Triad practices may be by telephone. We anticipate that most triads will take place by phone. Determine which phone service you will be using for your conference call. You might also use an office or personal phone. Placing the phone in the center of the group with the speaker activated works well if the space is quiet and private. Instructions for setting up a VANTS conference call are included in the Handout section.

- Session Schedule – You are expected to conduct 3 triad practices. Each session should be 1.5 hours. This allows for each member to coach for 20 minutes with 10 minutes of feedback. It is usually best to allow 2 hours of time when scheduling your time and the VANTS line.

- Group Relationship – If you are placed in a triad with a supervisor or subordinate please let the coaching staff know before the end of session 1. If you are in a group that includes a member with whom you have a close/strained relationship alert us privately. We will adjust triads to create optimum experiences for all group members.

- Practice Absences – If you are unable to make a pre-arranged call, please let the other members, and your mentor know as soon as possible in order to reschedule. As a last resort, a mentor may be called to participate in the triad, but only after every attempt has been made to reschedule the practice.
# BETWEEN SESSION TRIAD PRACTICE

**GROUP NUMBER** ________________________________

**LOCATION/TIME ZONE** ________________________________

<table>
<thead>
<tr>
<th>Triad Participant</th>
<th>Contact Information e-mail and phone number</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Dates/Times for Practice Sessions**

Practice Session One: ____________________________________________

Practice Session Two: __________________________________________

Practice Session Three: _________________________________________
## Mentor Names and Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>E-Mail Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allison Corsi</td>
<td><a href="mailto:acorsi@pire.org">acorsi@pire.org</a></td>
<td>607-342-3202</td>
</tr>
<tr>
<td>Allison Jones</td>
<td><a href="mailto:allison@menutothrive.com">allison@menutothrive.com</a></td>
<td>303-475-0902</td>
</tr>
<tr>
<td>Bobbie Bruner-Muirhead</td>
<td><a href="mailto:bbruner@pire.org">bbruner@pire.org</a></td>
<td>904-535-9359</td>
</tr>
<tr>
<td>Candace Gregory</td>
<td><a href="mailto:cgregory@pire.org">cgregory@pire.org</a></td>
<td>502-418-3144</td>
</tr>
<tr>
<td>Cindy Schultz</td>
<td><a href="mailto:schultz.c@comcast.net">schultz.c@comcast.net</a></td>
<td>612-701-5574</td>
</tr>
<tr>
<td>Edie Oakley</td>
<td><a href="mailto:edieoakley@gmail.com">edieoakley@gmail.com</a></td>
<td>678-642-9932</td>
</tr>
<tr>
<td>Estelle Brodeur</td>
<td><a href="mailto:estelle@estellebrodeur.com">estelle@estellebrodeur.com</a></td>
<td>804-339-0800</td>
</tr>
<tr>
<td>Jane Turcotte</td>
<td><a href="mailto:jane.turcotte@gmail.com">jane.turcotte@gmail.com</a></td>
<td>520-780-0261</td>
</tr>
<tr>
<td>Jeanie Redick</td>
<td><a href="mailto:jeanieredick@gmail.com">jeanieredick@gmail.com</a></td>
<td>540-777-0711</td>
</tr>
<tr>
<td>Jenna Ward</td>
<td><a href="mailto:jenna.ward@mac.com">jenna.ward@mac.com</a></td>
<td>310-597-2405</td>
</tr>
<tr>
<td>Katherine Smith</td>
<td><a href="mailto:smithkraz@hotmail.com">smithkraz@hotmail.com</a></td>
<td>202-306-7317</td>
</tr>
<tr>
<td>Kathleen Welshman</td>
<td><a href="mailto:kathy@transformingwellnessllc.com">kathy@transformingwellnessllc.com</a></td>
<td>848-333-2683</td>
</tr>
<tr>
<td>Katie Costa</td>
<td><a href="mailto:katie@solwellnessdesign.com">katie@solwellnessdesign.com</a></td>
<td>616-460-7735</td>
</tr>
<tr>
<td>Kerri Weishoff</td>
<td><a href="mailto:kerriweishoff@gmail.com">kerriweishoff@gmail.com</a></td>
<td>414-559-6499</td>
</tr>
<tr>
<td>Kjersti Moline</td>
<td><a href="mailto:kjerstimoline@aol.com">kjerstimoline@aol.com</a></td>
<td>651-247-7866</td>
</tr>
<tr>
<td>Kris Kniefel</td>
<td><a href="mailto:kris@kniefelconsulting.com">kris@kniefelconsulting.com</a></td>
<td>952-250-2081</td>
</tr>
<tr>
<td>Leeann Hays</td>
<td><a href="mailto:leeannahays@icloud.com">leeannahays@icloud.com</a></td>
<td>615-210-1212</td>
</tr>
<tr>
<td>Lisa Yen</td>
<td><a href="mailto:lisayennp@gmail.com">lisayennp@gmail.com</a></td>
<td>310-809-7088</td>
</tr>
<tr>
<td>Mark Dreusicke</td>
<td><a href="mailto:markdreusicke@gmail.com">markdreusicke@gmail.com</a></td>
<td>434-242-5431</td>
</tr>
<tr>
<td>Rebecca Weinand</td>
<td><a href="mailto:rebecca.weinand87@gmail.com">rebecca.weinand87@gmail.com</a></td>
<td>804-513-3968</td>
</tr>
<tr>
<td>Sara Regester</td>
<td><a href="mailto:sara@directions4wellness.com">sara@directions4wellness.com</a></td>
<td>602-363-5533</td>
</tr>
</tbody>
</table>
VA NATIONWIDE TELECONFERENCING SYSTEM (VANTS) CALL SET-UP

You can use the VA Nationwide Teleconferencing System (VANTS) to set up a conference call with your triad.

To set up a VANTS line by phone, please call 304-262-7600. Provide the operator with the following information:

- Date of the call
- Start time (Eastern Time)
- Call duration (Add on a few extra minutes as a buffer - 100)

The number of lines needed (One for each participant and the mentor if needed - 5) □  Ask the operator to automatically generate the passcode

To set up a VANTS line online, visit http://vaww1.va.gov/vants.

Click “Online Audio Scheduling Now Available”

On the next page read the steps at the bottom of the page and then click “Audio Online Scheduling”
On the next page, you will enter your login to your computer and select your VISN from the dropdown
Then you will follow the directions you read in step 2 and start with the Book Meeting link on the left side of the screen.

You will receive an email from VANTS confirming your meeting and then a reminder the day before your meeting.
TRIAD PRACTICE 4 – ASSESS/REASSESS (LEARN, FOCUS, ACTION) STAGE IV

LESSONS LEARNED
- When you think about your last action step, what went well?
- What did not go according to plan?
- What did you learn, including what did you learn about yourself?

FOCUS
- Where would you like to go from here?
  - **Coach listens for whether continuing to build on current plan, modifying or changing goals/action steps, and/or shifting area of focus**
  - **If same area of focus**
    - Explore (reconnect to MAP, assess importance, etc.)
    - Continue to ACTION below
  - **If different area of focus**
    - What does [this area] mean for you?
    - What is important to you about [this area]?
      - Connect with Vision / Values / MAP
      - Scale 1-10 importance
    - What is your long-term goal in this area?
      - Apply SMART
    - Continue to ACTION below

ACTION (for examples of questions, see Stage 3)
- Assess/reassess long-term goal and action steps (apply SMART)
- Strengths that could be applied / Previous successes
- Barriers / Challenges
- Support / Resources / Accountability
- Confidence (scale 1-10)

CLOSING
- In your own words, what is your next step?
- What are you taking away from our conversation?

Coach listens for:
- Any success (including things they did that they did not say they would)
- Breakthroughs
- Challenges or surprises
- Strengths applied
- New skills acquired
- Recurring themes
- Competing values (values conflicts)

Coach uses relevant skills:
- Listening
- Reflections and acknowledgements
- Powerful questions
- Reframing / Challenging limiting beliefs
- Brainstorming
- Elicit-Provide-Elicit
## COACHING SKILLS AND PROCESS OBSERVATION FORM

<table>
<thead>
<tr>
<th>Coach Observed</th>
<th>Stage</th>
<th>Observer</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUALITIES</td>
<td>Observed</td>
<td>Not Observed</td>
</tr>
<tr>
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<td>Working in Appropriate Stage</td>
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</tbody>
</table>
BARRIERS – COMPETING VALUES WORKSHEET

1. What is a lifestyle change you are considering where two different values may be competing with each other? (Consider what you may want to share with a coaching partner in an upcoming exercise).

2. What is important about making this change?

3. What else may pull for your time, energy, and attention (or what might get in the way of making this change?)

4. What values are reflected in your response to #3?
**BARRIERS – LIMITING BELIEFS WORKSHEET #1**

Circle any limiting beliefs familiar to you or create your own. Consider which ones you may want to share with a coaching partner in an upcoming exercise.

I’m timid

I’m too old/young

Not enough experience – Not my area of expertise

I’m afraid

I’m not enough

I’ve screwed it up before – I’ve got a bad track record

Not enough time – Not enough money

Not enough energy/bandwidth

I can’t make a mistake

My limiting beliefs:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
BARRIERS – LIMITING BELIEFS WORKSHEET #2

The questions below are used in the classroom activity (concentric circles).

Round 1

• What is the limiting belief you want to focus on? (reflect)
• How does that thought get in your way? (reflect)
• How does that way of thinking impact your ability to move forward? (reflect)

Round 2

• What is the limiting belief you want to focus on? (reflect)
• If you didn’t have this limiting belief, what might be possible? (reflect)

Round 3

• What is the limiting belief you want to focus on? (reflect)
• What would be an opposite belief? (reflect)
• What might be possible with this opposite belief? (reflect)

Other questions to explore another perspective:

• How might someone else see it?
• What might you tell someone else?
• How might your older/wiser-self view it?
• What might a child say?
• What might be a complete opposite belief?
• What belief would open up new possibilities for you?
PERSPECTIVES WORKSHEET

“Perspectives” is a strategy that can be used when a coach hears the veteran/partner using language that may suggest a limiting belief, e.g. “This is the only way,” OR sees that a desired behavior or aspiration of the veteran is not being realized in spite of their planning and goals.

Situation: Focus Area/Goal/Aspiration: ___________________________________________________________

Limiting Perspective: “What’s keeping me stuck?”

1. Belief: __________________________________________________________
2. Emotions: __________________________________________________________
3. Resulting Behavior: __________________________________________________________

New Perspective: e.g.) “How might someone else see it?” OR “What might I tell someone else?”

1. Belief: __________________________________________________________
2. Emotions: __________________________________________________________
3. Resulting Behavior: __________________________________________________________

New Perspective: e.g.) “How might my older/wiser self see it?” OR “What might a child say?”

1. Belief: __________________________________________________________
2. Emotions: __________________________________________________________
3. Resulting Behavior: __________________________________________________________

Choice: Which perspective or combination of perspectives will serve you best as you move toward your goal? __________________________________________________________

Action: What is one step you can take this week to move toward your goal or aspiration? _______________
Practice 5 is an experience in putting it all together – a review of Stage 4 with a possible strategy for working with a coaching partner’s barriers:

**LESSONS LEARNED**
- When you think about your last action step, what went well?
- What did not go according to plan?
- What did you learn, including what did you learn about yourself?

**FOCUS**
- Where would you like to go from here?
  - **Coach listens for whether continuing to build on current plan, modifying or changing goals/action steps, and/or shifting area of focus**

  **If same area of focus**
  - Explore (reconnect to MAP, assess importance, etc.)
  - Continue to ACTION below

  **If different area of focus**
  - What does [this area] mean for you?
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    - Connect with Vision / Values / MAP
    - Scale 1-10 importance
  - What is your long-term goal in this area?
    - Apply SMART
  - Continue to ACTION below

**ACTION** (for examples of questions, see Stage 3)
- Assess/reassess long-term goal and action steps (apply SMART)
- Strengths that could be applied / Previous successes
- Barriers / Challenges
- Support / Resources / Accountability
- Confidence (scale 1-10)

**CLOSING**
- In your own words, what is your next step?
- What are you taking away from our conversation?

**Strategies for Barriers**: (listen, as permission, and try one on)
- Brainstorming
- Values Conflicts
- EPE
- Limiting Beliefs
### COACHING SKILLS AND PROCESS OBSERVATION FORM

**Coach Observed __________________ Stage _______________ Observer ____________**

<table>
<thead>
<tr>
<th>QUALITIES</th>
<th>Observed</th>
<th>Not Observed</th>
<th>Notes – What They Did Well and Could Do Even Better</th>
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<tbody>
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<tbody>
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<tr>
<td>Working in Appropriate Stage</td>
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</table>
GROUP DESIGN INSTRUCTIONS

Your task is to design a group that you think would be useful to the Veterans you serve that includes components of Whole Health Coaching – utilizing the Process Model, the coaching qualities, skills, strategies, etc. You will be given an allotted amount of time to come up with a design considering the factors listed on the following pages. One person should take notes and one person should be the presenter to the larger group when you reassemble. You will have approximately 2-3 minutes to share/describe your design to the rest of the participants.

WHOLE HEALTH COACHING GROUP DESIGN PLAN

<table>
<thead>
<tr>
<th>Group Name</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Group Members</th>
<th>Location / Department</th>
</tr>
</thead>
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</table>

GROUP DESIGN PLAN

Please write a statement describing this group and the purpose

<table>
<thead>
<tr>
<th>What are your intended outcomes for Veterans who attend?</th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>For whom is it designed?</td>
</tr>
<tr>
<td>What will be your selection criteria for group participants?</td>
</tr>
<tr>
<td>How will you recruit for the group?</td>
</tr>
<tr>
<td>What will be the size limit?</td>
</tr>
<tr>
<td>How often will you meet?</td>
</tr>
<tr>
<td>For how many sessions?</td>
</tr>
<tr>
<td>For how long each session?</td>
</tr>
<tr>
<td>How many leaders or coaches would you have for your group?</td>
</tr>
<tr>
<td>If your plan is to have multiple leaders/coaches, would they be there at one time or alternate sessions?</td>
</tr>
<tr>
<td>Will it have a single focus or multiple focus? (provide some detail)</td>
</tr>
<tr>
<td>Will you include an education component? (if so, please describe)</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>If so, who else will need to be involved?</td>
</tr>
<tr>
<td>Will you have a curriculum for the sessions?</td>
</tr>
<tr>
<td>If so, briefly describe.</td>
</tr>
<tr>
<td>What will you do about absences?</td>
</tr>
<tr>
<td>Will it be a closed or open group?</td>
</tr>
<tr>
<td>Other Considerations</td>
</tr>
</tbody>
</table>

Please include any other information below about your group design that you believe would be helpful to another person or facility location.
INSTRUCTIONS FOR GROUP COACHING PRACTICE 1

You will be placed in groups of 6-7 participants. 3 of the participants will volunteer to be group coaches for the first 3 practice questions and 3 for the second set of questions. A 7th coach will be given the opportunity to create their own question for the group. Each group coach will have ______ minutes to coach the group. The content for the group coaching is described below.

1. Before the group begins, the coaches who have volunteered should decide in what order they are going to coach.

2. The mentor in the group should establish who will be keeping time and informing the coach that their time is up and that the next coach may begin. The mentor will often perform this role for the group.

3. Feedback will be provided after all 3 coaches have each coached their question. This will be repeated with the second group of coaches following their coaching.

4. The feedback will be provided by the group members and the mentor(s). Group members should jot down or remember what skills (at least one) you observed the coach using and how it was to be a member of the group while that coach was coaching. Think of one thing the coach did well and one thing that they might do even better.

5. Group members will serve as both participants in the group and observers who provide feedback while they are not in the coaching role.

Content/Questions for Group 1

The intent for this group is to continue to explore barriers (including perspectives) and next steps for action (Stage IV). Although you may have already done this in individual coaching, you will have an opportunity to see how it can be done in a group.

Question for Coach 1: What barriers or challenges did you experience when you attempted your action this last week? Or, what challenges do you anticipate this next week?

Question for Coach 2: What contingency plans for the barrier(s) you identified can you put in place for overcoming the barrier/challenge in this next week?

Question for Coach 3: What else can you do to ensure that you will be successful in carrying out your action steps for this next week? (i.e., hold myself accountable, get someone to support me, affirm myself, write down my action steps and how I did each day)

Content/Questions for Group 2

The intent of this group is to explore why participants chose to enter the health field. What was important to them about going into the health field? How close are they today in recognizing their dreams/values/aspirations when they entered the field? What would they need to do get themselves closer to their ideals?

Question for Coach 4: What were your reasons for entering the health field? What were your values and what did you hope to contribute/accomplish?

Question for Coach 5: On a scale of 1-10, how close are you to living out your values for entering the health field?

Question for Coach 6: What would you have to do now to get yourself closer to realizing your ideals for entering the health field?
INSTRUCTIONS FOR GROUP COACHING PRACTICE 2

You will be placed in groups of 6-7 participants. 3 of the participants will volunteer to be group coaches for the first 3 practice questions, and 3 for the second set. A 7th coach will be given the opportunity to create their own question for the group. Each group coach will have _____ minutes to coach the group. The content for the group coaching is described below.

1. Before the group begins, the coaches who have volunteered should decide in what order they are going to coach.
2. The mentor in the group should establish who will be keeping time and informing the coach that their time is up and that the next coach may begin. The mentor will often perform this role for the group.
3. Feedback will be provided after all 3 coaches have each coached their question. This will be repeated with the second group of coaches following their coaching.
4. The feedback will be provided by the group members and the mentor(s). Group members should jot down or remember what skills (at least one) you observed the coach using and how it was to be a member of the group while that coach was coaching. Think of one thing the coach did well and one thing that they might do even better.
5. Group members will serve as both participants in the group and observers who provide feedback while they are not in the coaching role.

Content/Questions for Group 1

Question for Coach 1: What is the most important thing you are taking away from this training for yourself personally?

Question for Coach 2: What are some steps you can take to sustain what you are taking away from this training?

Question for Coach 3: What do you intend to do differently in your work with Veterans as a result of taking this training?

Content/Questions for Group 2

Question for Coach 4: What is a perspective that may have shifted for you during the course of this training? (This may be a perspective regarding you personally, or a perspective regarding your work with Veterans.)

Question for Coach 5: What can you personally do to help promote coaching or coaching skills within your VA setting?

Question for Coach 6: What challenges/barriers do you anticipate in promoting coaching and what are some contingency plans for these barriers?

Question for Coach 7: (Think of a question you would like to have the group consider)
Daily Feedback Form (Session 1)

Site: ______________________  Date: ______________________  Tues  Wed (circle one)

1. What did we do well?

2. What could be done better?

(tear here) ____________________________________________________________

Daily Feedback Form (Session 1)

Site: ______________________  Date: ______________________  Tues  Wed (circle one)

1. What did we do well?

2. What could be done better?
PARTICIPANT FEEDBACK

Daily Feedback Form (Session 2)

Site: __________________________ Date: __________________________  Tues  Wed (circle one)

1. What did we do well?

2. What could be done better?

(tear here)

Daily Feedback Form (Session 2)

Site: __________________________ Date: __________________________  Tues  Wed (circle one)

1. What did we do well?

2. What could be done better?