



U.S. Department  
of Veterans Affairs

NAME:

# Whole Health Coaching

VETERANS HEALTH ADMINISTRATION  
OFFICE OF PATIENT CENTERED CARE & CULTURAL TRANSFORMATION



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## WELCOME

Welcome to the Whole Health Coaching Program, an Approved Health and Wellness Coach Training and Education Program by the National Board for Health and Wellness Coaching (NBHWC).

Veterans Health Administration (VHA) established the Office of Patient Centered Care and Cultural Transformation (OPCC&CT) in 2011 to lead one of the most massive changes in the philosophy and process for healthcare delivery ever undertaken by an organized healthcare system. The Undersecretary for Health describes the ideal system as one in which “patients are in control of their health care, and the system is designed around the needs of the patient.” To accomplish this requires a paradigm shift from problem-based disease care to Whole Health Care, based on the whole person.

VHA defines Whole Health as patient-centered care that affirms the importance of a partnership between the clinician and patient. The focus is on the whole person while co-creating a personalized, proactive, and patient-driven experience. This approach is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals, and disciplines to achieve optimal health and well-being.

The health care team begins with the Veteran as an individual and what matters to the Veteran in their life. The team utilizes information from the Personal Health Inventory, a tool that helps Veterans explore their vision of living life fully, their values, and their priorities. A Personal Health Plan is created by drawing on the Personal Health Inventory and risk assessment tools, establishing shared patient and clinical goals, employing evidence-based traditional and non-traditional interventions and treatments, and leveraging support systems within and outside of VHA. Core competencies in team-based inter-professional collaboration are critical. Additionally, new processes and new roles are needed, not only for the health care team but for the Veteran. This includes building skills and connecting with support and resources for sustainable behavior and lifestyle change and improved health outcomes.

Key components of this approach to health care include the following:

- Personal vision and mission for life and health.
- Personalized health planning.
- Integrative medicine and self-care skill building and knowledge acquisition.
- Lifestyle and behavior change strategies.
- Support to succeed with and from significant others, health care team members, and the community.

The Whole Health Coaching Program is a six-day, intensive training in communication and coaching skills divided into two, three-day, in-person sessions, with study and practice sessions between the two sessions. Whole Health Coaching teaches industry best practices for integrated health coaching, strategies and methods. It is a professional training program that is tailored to the Veteran population. Whole Health Coaching core competencies include understanding the role of the health coach, coaching in various settings (face-to-face, individual, groups, telecommunication venues, etc.), establishing trusting relationships and effective communication, creating awareness, designing actions, planning, setting goals, managing progress and accountability, document management, and interfacing with the clinical team.

It is our sincere hope that your experience in this training not only enhances the skills and core competencies you already possess, but also provides you with a personalized experience that will enrich your life.

## INTRODUCTION

This manual is designed to *supplement* the health coach training developed and delivered for Veterans Health Administration (VHA) employees, much like a textbook. It contains descriptions of the key training concepts, skills and strategies that are offered in face-to-face training and references for additional information. It contains the same information as delivered in the face-to-face training but is organized by topics and does not cover the material in the same order as presented in the training. It also provides additional information not presented in the face-to-face training.

Throughout the manual, the term Veteran or coaching partner is used, usually as the recipient of coaching. In other venues, the term partner, client or patient might be used. The use of Veteran in this manual is not intended to be inclusive of only Veterans, nor is it intended to exclude anyone else, such as Reservists, Active Duty, or family members. To be less cumbersome, the term Veteran or partner is used to address everyone receiving coaching. Similarly, the terms Whole Health Coach, health coach, or coach are interchangeable and used throughout this document. All refer to those providing coaching to the Veterans.

## WHY HEALTH COACH TRAINING?

Health Coaching is an important link to helping the VHA achieve their Strategic Goals and Objectives for 2013-2018. These Goals are to:

1. Provide Veterans personalized, proactive, patient-driven health care (*and support to successfully implement their personal health plans*).
2. Incentivize measurable improvement in health outcomes.
3. Align resources to deliver sustained value to Veterans.

On further examination, it could be said that the second and third goals are really in support of the first goal. Given this, health coaching is being disseminated and trained within the VHA to “provide Veterans personalized, proactive, patient-driven health care.”

Furthermore, when considering the definition of the above terms in Goal 1, it becomes clearer how health coaching supports that goal. The definitions of these terms are:

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### PERSONALIZED

*A dynamic adaptation or customization of recommended education, prevention and treatment that is specifically relevant to the individual user, based on the user’s history, clinical presentation, lifestyle, behavior and preferences.*

Coaches assist the Veteran in developing a plan that is based on what matters most to the Veteran; the plan is based on the Veteran’s values, preferences and lifestyle.

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## PROACTIVE

*Acting in advance of a likely future situation, rather than just reacting; taking initiative to make things happen rather than just adjusting to a situation or waiting for something to happen.*

Coaches assist the Veteran in taking action that is present and future oriented. They assist the Veteran in engaging in life/health enhancing endeavors that are not just reactive but proactive in taking responsibility for what the Veteran wants.

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## PATIENT-DRIVEN

*An engagement between a patient and a health care system where the patient is the source of control such that their health care is based in their needs, values, and how the patient wants to live.*

Coaches recognize the Veteran as the source of control for how they want to live, and in what changes they want to engage and when. Coaches partner with the Veterans to support them in achieving the Veteran's goals, needs and behaviors that support their values.

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## HEALTH

*A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. (World Health Organization)*

Coaches recognize that health is much broader than the absence of disease and that health is impacted by many facets of a Veteran's life, and that healing can exist despite the presence of disease. Coaches seek to support the Veteran in achieving optimal health, by the Veteran's standard that takes into account the mental, physical, and social well-being of the Veteran.

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## PERSONAL HEALTH PLAN

*A uniquely personalized plan for health that is built upon each patient's values, conditions, needs and circumstances which uses the most appropriate interventions and strategies. It addresses the skills and support needed to help engaged patients manage their disease, in order to regain and maintain optimal health and wellbeing and manage chronic disease and disability to the greatest extent possible.*

Coaches assist the Veteran in planning for their health, not simply reacting to the most current health concern. Again, the Personal Health Plan is designed by the Veteran with the support of the Coaches.

## FUTURE OF HEALTH COACHING IN THE VHA

The Office of Patient Centered Care & Cultural Transformation (OPCC&CT) recognizes that Whole Health Coaching (WHC) builds on existing coach training in the Department of Veterans Affairs (VA) and continues to evolve to be fully integrated with the other programs. Since its initial course offering in 2013, WHC has become a significant component of the Whole Health System – it is a core service of both the Pathway and Well-being Programs and a growing component of Clinical Care. A nationally classified Position Description was developed and adopted in 2015. At the start of 2020, nearly 2,300 VA Whole Health Coaches work with Veterans nationwide to help them set goals based on their health priorities and personal health plans. Coaches also offer support, encouragement and attention to help Veterans stay on track to meet their health and well-being goals.

VA has achieved a milestone in health care tracking advancing the future of health coaching as a treatment. In 2019, VA successfully applied to the American Medical Association (AMA) to create new Category III Current Procedural Terminology (CPT®) tracking codes for Health and Well-being Coaching. To accomplish this, VA teamed with the National Board for Health and Wellness Coaching (NBHWC), the non-profit organization that created the national standards for health Coaches. VA anticipates use of the codes will increase recognition of Health Coaching as a valuable service, make its usage more common throughout health care and support its benefit as a service in the future.

## HEALTH COACH CERTIFICATION

Up until recently, health coach certification was not nationally recognized. Through the efforts of the National Board for Health & Wellness Coaching (NBHWC), formerly International Consortium for Health and Wellness Coaching (ICHWC), a national certification process is now in place. In 2016, the VHA was approved as a Transitionally Accredited Health Coaching Program by NBHWC. To meet this requirement, Practical Skills Evaluations (PSA) have been added to the mentoring process. All course participants who meet the transitional program requirements of attending all sessions of the training and participating in all three between session triad practices, and who receive a Certificate of Completion following the course are eligible to apply for the national exam.

The Whole Health Coaching (WHC) program expanded its curriculum to adhere to national credentialing standards, established by NBHWC. In addition to the existing 2-week Foundations course, OPCC&CT is offering a 3<sup>rd</sup> in-person Certification week. **Participants registering for the WHC Certification course must have completed the Foundations course to be eligible.** The Certification course was piloted in FY20.

In March 2020, OPCC&CT applied to NBHWC for permanent phase program approval. Following an online interview and review process, OPCC&CT received notice in April 2020 that

the VHA Whole Health Coaching Program was approved by NBHWC for the education and training of health and wellness coaches.

As an overview of WHC programs offered in FY20, the 2-week Foundations program will continue to offer a comprehensive curriculum of essential coaching skills and strategies that VA employees may apply to their respective job roles. In addition to its existing content, the Foundations program is being enhanced in FY20 to include:

- Experiential practices for barriers often encountered by Veterans.
- Enhanced instruction around group coaching.
- More time for personalized faculty mentor feedback.

The Certification in-person week will build on advanced skills and introduce session structure relevant to dedicated Whole Health Coaches. In-person curriculum highlights include:

- Coaching Session Structure (coaching agreements, how to conduct an initial session, routine ongoing sessions, closing sessions).
- How to use Mindful Awareness to help support coaching presence and the coaching relationship.
- Advanced coaching skills and strategies (including interrupt/redirect, perspectives, coaching around stages of change).
- Coaching ethics.
- Group coaching tips & techniques, including handling challenging group dynamics.

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## NBHWC CERTIFICATION EXAMINATION

To earn the National Board Certification, health and wellness coaches must meet the eligibility requirements summarized below for each phase, and then pass the National Board Certification Examination. The examination is based upon the NBHWC Job Task Analysis/Content Outline. The written examination will be administered throughout the United States and in several international locations.

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## TRANSITION PHASE ELIGIBILITY

To earn the National Board Certification during the Transition Phase, the following requirements must be met. A list of Approved Transition Programs is available at [NBHWC.org](http://NBHWC.org).

If you have completed an Approved Transition Program, to earn the NBHWC National Board Certification you will need to provide:

- Documentation of an Associate degree or higher in any field. You will need to upload a copy of your highest degree transcripts or certificates. For those who do not have an Associate degree, exam candidates will need to provide documentation of 4,000 hours of work experience in any field.

- A certificate of completion from an Approved Transition Program.
- A written log of 50 health and wellness coaching sessions\* of at least 20 minutes in duration, and of which at least 75% of each session is devoted to coaching facilitation and not education. They may not be sessions with friends, family or classmates. They can be either paid or pro bono. Coaching log to include coded identity, date and time, session number (e.g. 1, 2, 3 etc.) and coaching topics. Please download and complete the log at NBHWC Coaching Log. \* The coaching session log cannot include sessions that occurred prior to the course completion and receipt of the WHC Certificate of Completion.
- Demographic information (e.g. education, work experience) for NBHWC research purposes

**Note:** You are responsible to acquire the healthy lifestyle knowledge summarized in the NBHWC Content Outline, available at NBHWC.org. Transitionally approved programs may or may not be teaching this content, therefore individuals must attend to that content themselves. Permanent phase accreditation of programs will require this content be taught.

If you have attended an NBHWC-Approved Transition Program, you must sit for the exam by February of 2021. The last date to apply for this exam is October 30, 2020. You may also choose to sit for an exam prior to this. If you do not apply for and sit for the exam by February 2021, you will be required to complete the full three-week WHC approved program.

Additional requirements for credentialing can be found online at the NBHWC website:  
<https://nbhwc.org/>

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#### NBHWC APPROVED PROGRAM ELIGIBILITY

Following the October 2020 application deadline and February 2021 exam date, anyone wishing to pursue NBCHWC certification will need to complete all components of the Whole Health Coaching Program. Currently, the requirements are the same as those listed in the Transition Phase Eligibility section, but they are subject to change. It is important to check the NBHWC website frequently to stay current on all requirements.



## CHAPTER 1: PRINCIPLES OF HEALTH COACHING

This chapter is devoted to the health coaching principles that have been deemed significant for VHA staff to possess in moving forward with health coach training. This is not necessarily a complete list, as other programs may include additional ideologies; however, these provide a solid foundation.

### COACHES ARE NOT THE ONLY EXPERTS IN THE ROOM

Coaches are trained to elicit the “expertise” from the Veterans. This principle assumes that the Veteran is the best person to decide what is in their best interest, both in terms of the agenda for the coaching sessions as well as the timing and strategies of getting to the Veteran’s goals and actions. The Veteran may decide that they need further information or education, and the coach can assist the Veteran in getting the information they need. The coach’s expertise lies in guiding the change process. In addition, coaches may have expertise in a given content area. In the whole health coaching training offered by the VHA, coaches will be provided a format for sharing their expertise, if appropriate. This process is called, “Elicit, Provide, Elicit.”

### THE AGENDA IS THE VETERAN’S

Coaches operate on the principle that the agenda for the training sessions comes from the Veteran. Although this has been stated above, it warrants a separate principle. Coaches may have many opinions about what the Veteran should identify as the agenda for coaching. Coaches may have opinions about where, when and how much effort the Veteran should be expending in a certain content area. However, this is not up to the coaches to decide. There may be pressure from the medical team or other providers as to what should be the focus of the Veteran’s coaching sessions. Coaches need to artfully address these pressures. In the end, it is the Veteran who will decide the agenda and course of action, or resistance will be encountered and the effort to “change” the Veteran will be thwarted.

### HEALTH COACHING IS PRIMARILY PRESENT AND FUTURE ORIENTED

The emphasis in health coaching is moving from where the Veteran currently is to where they want to be. This is a present and future orientation. Generally speaking, there is little emphasis on exploring past history or past events as a means to understanding the Veteran’s current situation. At times, coaches will want to explore past successes or barriers to change but will move very quickly to the implications for the present.

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## EMPHASIS IS ON HEALTH ENHANCEMENT, STRENGTHS, AND ASPIRATIONS

Health coaching places more emphasis on enhancing the Veteran’s wellness and whole health according to their values, interests and aspirations, rather than focusing on deficits, deficiencies or disorders. They also seek to draw on the Veteran’s strengths rather than attempting to shore up deficiencies, unless that is the direction the Veteran wants to go as part of moving forward.

## THREE HELPING STYLES

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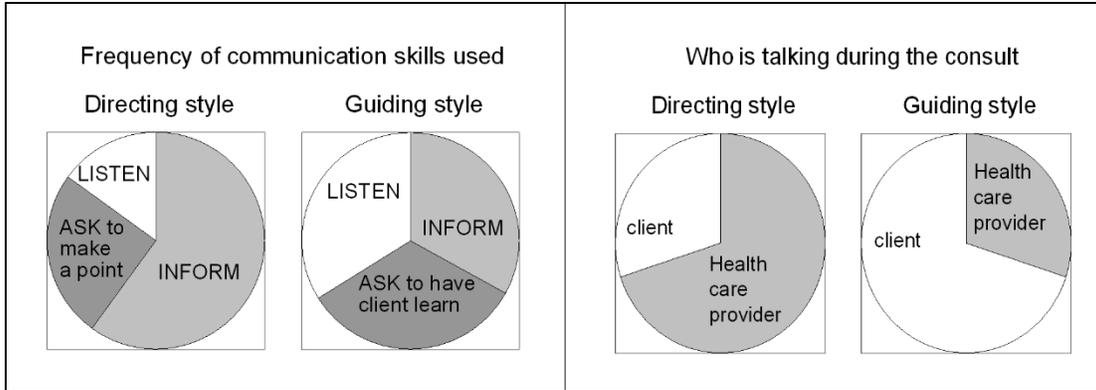
### HEALTH COACHING UTILIZES A GUIDING STYLE, RATHER THAN A DIRECTING OR FOLLOWING STYLE

Nurses, physicians, health care providers, nutritionists, psychologists, and counselors often encourage Veterans to do health promoting behaviors (i.e., take your prescription as prescribed, exercise, stop smoking, decrease substance use, make appointments for care, follow a diet). Most times this encouragement takes the form of a directing helping style including advice. Veterans may respond silently or explicitly to this well-intended and accurate advice with “Yes, but...” describing reasons not to change.

- A *directing helping style* is very tempting if the health care provider assumes the Veteran does not know what they need to know or does not care sufficiently about the health risks.
- A *guiding helping style* might include more of the patient’s experience and yet still move toward a health goal.
- A *following helping style* simply follows whatever the partner chooses to bring up.

*Whole Health Coaching* can be considered a specialized version of a guiding helping style that helps Veterans access their own reasons and desires to do the health promoting behavior.

The following diagrams serve to illustrate the differences between a directing style and a guiding style in terms of who is doing the speaking, as well as how much listening as opposed to informing is done in the sessions.



A *directing helping style* is probably the most common approach used in health care. If you want to experiment with using a coaching style:

Instead of doing this:	Try this and see if you like the results:
Explaining why he/she should do the health promoting behavior.	Listen with the goal of understanding the Veteran’s dilemma of doing the health promoting behavior.
Teaching the Veteran, telling the Veteran what to do, or giving him/her advice.	Ask what the Veteran knows, provide some additional information, and then ask how that fits with his/her life.
Describing specific benefits that would result from doing the health promoting behavior.	Ask, “What might be the benefit of doing this health promoting behavior?”
Telling him/her how to do the health promoting behavior.	Ask, “What are you already doing that would make it possible for you to do this health promoting behavior? How might you do this health promoting behavior so it fits in your life?”
Emphasizing how important it is for the Veteran to do the health promoting behavior.	Ask, “What might be important to you to think about or do this health promoting behavior?”
Telling or inspiring the Veteran to do the health promoting behavior.	Ask, “What is important to you about enhancing your health?”

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## OTHER MODELS THAT SHARE PRINCIPLES IN COMMON WITH WHOLE HEALTH COACHING

There are other intervention models that share principles in common with health coaching. Three examples of such are:

1. Motivational Interviewing (MI)
2. Appreciative Inquiry (AI)
3. Positive Psychology

The Spirit of MI, as identified below, can also be fully applied to health coaching. (Miller, W.R. and Rollnick, S. {2012}. *Motivational Interviewing: Helping People Change {3rd Ed.}*. New York: Guilford.) These four Spirits of MI and coaching are:

1. *Collaboration* = coming along side, joining up, or looking at the Veteran’s life or situation with the Veteran; partnering with the Veteran to consider a difficult situation.
2. *Accepting the Veteran* = empathizing with and recognizing that it is the Veteran who has to do the health promoting behavior; supporting that the Veteran can decide to change now, or later, or not at all, believing the Veteran is capable, competent, and expert in their own life.
3. *Curiosity* = helping the Veteran say out loud his/her desire and reasons for doing the health promoting behavior; acting “as if” you don’t know in order to help yourself solicit and learn what the Veteran knows.
4. *Compassion* = dedication to the Veteran’s welfare and well-being.

Appreciative Inquiry is designed for enhancing organizational development. However, the principles can be applied to individual enhancements as well. The following principles are from Richard Steele’s article on Appreciative Inquiry (*Introduction to AI*. (2008, January 12). New Paradigm Organization Consulting. [https://www.new-paradigm.co.uk/introduction\\_to\\_ai.ht](https://www.new-paradigm.co.uk/introduction_to_ai.ht))

- Discover = The identification of organizational processes that work well.
- Dream = The envisioning of processes that would work well in the future.
- Design = Planning and prioritizing processes that would work well.
- Destiny (or Deploy) = The implementation (execution) of the proposed design.

Positive Psychology is a newer branch of Psychology that focuses on human thriving rather than mental illness. The following quotes are from the Positive Psychology website at the University of Pennsylvania (<http://ppc.sas.upenn.edu/>):

1. “Positive Psychology is the scientific study of the strengths and virtues that enable individuals and communities to thrive. The 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.”

2. “Positive Psychology has three central concerns: positive emotions, positive individual traits, and positive institutions. Understanding positive emotions entails the study of contentment with the past, happiness in the present, and hope for the future. Understanding positive individual traits involves the study of strengths and virtues, such as the capacity for love and work, courage, compassion, resilience, creativity, curiosity, integrity, self-knowledge, moderation, self-control, and wisdom. Understanding positive institutions entails the study of the strengths that foster better communities, such as justice, responsibility, civility, parenting, nurturance, work ethic, leadership, teamwork, purpose, and tolerance.”

Like AI, it is easy to see the overlap between the principles of health coaching and the principles of Positive Psychology. Both are concerned with identifying the aspirations of individuals and assisting them in working toward these—not focusing on the negative and the past, but the positive and the future.

## SPECIFIC VHA HEALTH COACHING PRINCIPLES

There are principles that may be more specific to the VHA setting, since this health coach training is being offered to support Whole Health. These principles include the following concepts.

### COACHES SHOULD BE CULTURALLY SENSITIVE AS WELL AS CULTURALLY COMPETENT

Given that all Veterans who will be coached once served in the military; it behooves coaches to be as familiar as possible with the military culture. There are training opportunities within the VHA to gain further military cultural competency. That having been said, like any helping professional, it is important to also be culturally sensitive to the individual(s) with whom coaches are coaching. This means being aware of, and suspending, any prejudgments about the person being coached, including such factors as race, religion, appearances, community associations and any other statuses.

### COACHES WILL WORK WITH PACTS AND OTHER PROVIDERS TO DELIVER TEAM CARE

Coaches will most frequently work with other care team providers and must be fully aware of their function within the team approach. Coaches must learn the role they provide and how they can be of support to overall team care of the Veteran.

In summary, the following quotes may help to think about the principles of health coaching:

- “People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the mind of others.”  
(Pascal, Blaise, {1623-1662}. Pascal’s Pensées. New York: E. P. Dutton, 1958).
- “You can’t tug on a cornstalk to make it grow faster or taller, and you shouldn’t yank a marigold out of the ground to see if it has roots. You can, however, till the soil, pull out weeds, add water during dry spells, and ensure that your plants have the proper nutrients.”  
Etienne Wenger (Wenger, E. & Snyder, W. {2000} Communities of practice: The organizational frontier. Harvard Business Review, 78{1}, 139-145.)
- “There is healing more than there are healers.” Andrew Weil, MD.
- “People don’t care how much you know until they know how much you care.”  
John Maxwell

## CHAPTER 2: QUALITIES OF A WHOLE HEALTH COACH

A Whole Health Coach (WHC) ideally demonstrates certain qualities while coaching. These qualities can be developed with practice. In addition to demonstrating the *qualities* described that follow, a Whole Health Coach utilizes whole health coaching *Communication Skills* as described in *Chapter Three*; and becomes familiar with a Whole Health Coaching *Process* as described in *Chapter Four*.

### THE DESIRED QUALITIES OF A WHOLE HEALTH COACH

#### A LISTENER

Perhaps this is the most important quality a Whole Health Coach can demonstrate. An effective WHC sets aside his/her own agendas to fully listen to the other. Effective use of communication skills and the coaching process can only come from effective listening. Effective listening can be further developed by practicing mindful awareness as described later in this chapter. A Coach is not a “teller,” nor inclined to give advice or instruct/educate the other. A WHC is first and foremost a listener that allows the inner wisdom of the coaching partner to surface.

#### RESPECTFUL

A Whole Health Coach honors the unique agenda, resources and “inner wisdom” of another. A WHC must self-manage to keep in check their own values, thoughts and beliefs and support the values, thoughts and beliefs of the coaching partner.

#### BEING FULLY PRESENT

Being fully available for the other is an important quality of an effective WHC. A coach cannot listen effectively, nor fully understand the coaching partner, unless they are fully present. Being fully present can be cultivated by practicing mindful awareness, which is heavily emphasized throughout the WHC training. A further description of mindful awareness and suggestions for practice and cultivation are provided at the end of this chapter.

#### PRACTICE THE ATTITUDES OF MINDFULNESS

In addition to being fully present, a WHC coach will consistently practice the *Nine Attitudes of Mindfulness* as articulated by Jon Kabat-Zinn (Kabat-Zinn, J. {2004 edition}, *Full catastrophe living: How to cope with stress, pain and illness using mindfulness meditation*, London: Piatkus Publishing). (This edition includes the previously noted “Seven Attitudes” but not the additional Two, spoken of by Kabat-Zinn in a more recent video but not in writing as of this date).

- Beginner’s Mind—As a coach, being curious and not assuming that you already know something. Asking questions and being excited about how your mind works, asking questions like: Who is seeing? Who is thinking?
- Non-judging—A gentle state of non-judgment, being kind to yourself, and allowing what is. Trying not to compare, label, or find fault.
- Patience—Let things happen as they need to and in their own time. Letting go of the idea that you have to “get somewhere, do something, or make something happen.”
- Non-striving - Mindful awareness is about being, not doing, if it feels like you’re working too hard you probably are. It’s a way of being, being awake to what is happening in your life rather than what is happening in your mind.
- Acceptance- Seeing things as they are. It is what it is. Try to be with things as they are. Let go of the stories the mind creates and accept the present moment for what it is.
- Letting go—Not having a set agenda for what “should” happen. Being open to all possibilities and outcomes.
- Trust—As awareness grows, so does trust in one’s emotions and intuition; be yourself in every way. Have faith in how you move through the world. Trust yourself and what you know.
- Gratitude – The ability to bring gratitude to the present moment, not taking things, even the smallest of things, for granted.
- Generosity – The power of giving yourself over to life, to bring joy to others’ lives. Giving your time and attention to life and others enhances interconnectedness and demonstrates that you care.

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## A PARTNER

A Whole Health Coach “goes alongside,” or partners with, the other on their journey. Coaches are not experts, out in front leading from their own values, thoughts and beliefs. They provide a guiding style in terms of leading a process, but they do not attempt to instill their values, thoughts and beliefs, but rather, draw them from the coaching partner.

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## ARTICULATE AND SUCCINCT

An effective WHC uses a clear and succinct communication style. They use as few words as possible when interacting with the coaching partner. In a WHC conversation, the majority of the words should come from the coaching partner. At times, being succinct is referred to in the course as *bottom-lining*.

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## WILLING TO LEARN AND BE OPEN

In some cases, Whole Health Coach training can run counter to how health care providers were previously trained. An effective WHC is willing and able to assume a different approach to being with the other, that may differ from their previous training. An effective WHC is cognizant of when they are using a coaching, guiding style vs. a directing style. In addition to being open to a different approach, WH Coaches approach each encounter, and each moment of the encounter, with “beginner’s mind.” In order to practice beginner’s mind, coaches must come from a place of “not knowing” and being vulnerable and open to the moment.

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## EMPATHIC

Whole Health Coaches seek to fully understand and be present with the experience of another. This is at the root of being empathic. At times, empathy is thought of as a quality, “I can relate—I’ve been there, too.” However, that approach can actually hinder a complete understanding of the other. To assume “I can relate” because of a similar experience may not take into account how the other has interpreted nor made sense of their own experience. Often times acknowledging the emotions and experience of another is enough to convey empathy with phrases like “That sounds rough” or “That must have been a painful experience”.

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## INTEREST IN HEALTH ENHANCEMENT AND EDUCATION

Although Whole Health Coaches are not necessarily “experts” in all areas of health, they value health enhancement and education and seek to become as informed as possible in all areas of health. When becoming more educated, WHCs hold their knowledge with a degree of humility, knowing that knowledge within the field can change with further research and greater awareness. Imparting information is not the primary role of a whole health coach. At times, having more knowledge can actually impede a willingness to assist the coaching partner in assessing their own knowledge or seeking out information on their own.

## MINDFUL AWARENESS

Mindful awareness is a key part of the Components of Proactive Health and Well-Being (also referred to as the *Circle of Health*) and the first level around ‘ME’ on the circle. It is paying attention on purpose to what is happening in the present moment without judgment. It is the intention to pay attention. Mindful awareness is noticing, awareness, and attention. Mindful awareness is *not* guided imagery, relaxation, nor meditation.

What does mindful awareness have to do with our health? Our bodies and minds send us messages all the time, but often we’re not listening. Research shows that practicing mindful awareness can lower stress and help stress-related health problems, as well as help us improve our mood, mental well-being, and quality of life.

Mindful awareness has several distinguishing features. These include:

- Being aware in the moment, with compassion toward self and others.
- Noticing external stimuli (sights, sounds).
- Bringing attention to internal sensations (breath, body) and our responses to them.
- Bringing attention to our mental phenomena.
- Listening to the personal, inner wisdom of our own interconnected self-care circles.

Practicing mindful awareness in your coaching comes with some important considerations:

- Mindful awareness may trigger thoughts, emotions, and even physical discomfort for some coaching partners. Be aware of the mental health “warm handoff” at your site.
- Coaching a client with respiratory difficulties/COPD might mean choosing a different type of mindful awareness practice unrelated to the breath or breathing exercise.
- Mindful awareness is not required in every coaching session.
- Asking permission to practice mindful awareness in a coaching session is important in establishing trust and rapport and encouraging autonomy for the client. Checking in with the client on what they noticed can be enlightening for the coach and the client.

The Office of Patient-Centered Care and Cultural Transformation (OPCC&CT) makes a distinction between mindful awareness and Mindfulness. Mindfulness facilitation and instruction requires specialized training and is beyond the scope of Whole Health Coach training. For coaches who are interested in facilitating Mindfulness, there are resources internal and external to the VA that would be helpful to explore. In particular, training in trauma-sensitive Mindfulness is especially important, so that practitioners can be helpful without causing harm to the Veterans with whom they work.

It is not an expectation that you facilitate mindfulness with your Veterans. Mindfulness facilitation is beyond the scope of the WHC training. Coaches interested in practicing, or offering, a more formal mindfulness practice can access both internal VA and external resources. (VA CALM, MBSR, etc.)

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#### BASIC INSTRUCTIONS FOR PRACTICING MINDFUL AWARENESS OF THE BREATH

- Settle in and feel the support of the chair or floor.
- If you like, allow your eyes to close, or set a soft gaze somewhere around the room.
- Remember attitudes of non-striving, non-judging, and paying attention.
- This is an opportunity to let go of business or life’s concerns.
- Now pay attention to your breath wherever you experience it. Don’t try to change it, just pay attention to it. Feel the breath as completely as possible, the inhaling, pausing, and

exhaling of the breath. It may be easier to focus on your abdomen as the experience of breathing.

- When you notice your attention is somewhere else, congratulate yourself for noticing and gently return to the breath. Noticing that your mind has wandered *is* the practice.
- Notice any struggles and gently let them go.
- If you notice outside (or inside) distractions, simply notice them and breathe with them. Do not try to change it. Let go of any fighting the distraction.
- Practice this way as long as you wish.
- Allow yourself to rest and look more deeply as you settle into this.
- When ready, you may end your mindful awareness session by simply opening your eyes.

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### FORMAL PRACTICE

- Set a Smart Goal for yourself. For example, you may want to start with 2-5 minutes and eventually move up to 20 or 30 minutes for each session.
- You may experience resistance to doing the practice; simply notice this.
- You don't have to like your experience, but you do have to do it if you want to experience presence that comes from mindful awareness.
- Practice daily or 5 days out of 7.
- Even if you are not in your regular routine or place, practice mindful awareness where you are.
- Use tapes or guidance if it is helpful.

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### INFORMAL PRACTICE

- Take time to notice your breathing throughout your day.
- This may take effort and work.
- It's not hiding or disconnecting but paying attention to your breath as a way of paying attention to the present.
- Think of paying attention to breathing as a friend, not a chore.
- Practice in different situations.

You may feel calmer, and you may not. That's OK. It's a matter of paying attention to the moment and becoming aware.

A WHC should be prepared to develop strategies and train partners in mindful awareness. At first, they may simply want to use a script like the ones found in the resource section at the back of this manual. Eventually, many health coaches will become proficient in using mindful awareness without the use of scripts.



## CHAPTER 3: ACTIVE COMMUNICATION SKILLS FOR COACHING

Most coaching is done using two primary communication skills: reflections and inquiry (or questioning). At times, coaches might want to share information, provide direction, or make disclosures. However, the bulk of effective coaching will be built on reflections and inquiry. As described in Chapter 2, Qualities of a Whole Health Coach, listening is the foundation for these two active communication skills.

### LISTENING IS THE FOUNDATION FOR COMMUNICATION

Listening starts by being fully present. (See Chapter 2, Qualities of a Whole Health Coach.) Without being fully present, listening effectively is compromised. For this reason, coaches are encouraged to fully develop their mindful awareness in order to be fully present for the Veteran partner.

At times, coaches can be effective listeners by simply listening without interjecting questions or reflections. (Participants in the Whole Health Coaching Training will have an opportunity to experience this.) Simply listening without speaking can have a profound impact on the Veteran partner. “Holding the space” for a partner to hear themselves and reflect on what they are saying is a phrase that describes this offering to the partner.

Listening involves paying attention to what the partner is saying, or not saying, both verbally and non-verbally. In addition to silently listening, coaches also use active listening skills of simple and complex reflections.

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### THE PAUSE

When utilizing any of the communication skills, it is important to not only be aware of the skill being used, but also the pace at which they are used. During the coaching session the time /space without words can be as important to the reflective process as the time when words are being spoken. Provide ample moments of silence and pauses throughout the coaching sessions in order to allow partners adequate time to reflect. It is in these moments of silence that some of the deepest insights and reflections are realized. Filling these pauses/moments of silence with words may detract from the partner’s ability to gain greater insight.

### SIMPLE AND COMPLEX REFLECTIONS

Simple and complex reflections are the most frequently used whole health coaching communication skills. Think of offering two to three reflections for every question asked when coaching; as they are just as effective in deepening the conversation, exploration, and forward movement as inquiry. Reflections are powerful tools for allowing a coaching partner to further

reflect on what they are saying. Reflections provide a “mirror” for the coaching partner, which in turn, might provide for deeper reflection and insight into values, beliefs and behavior.

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## SIMPLE REFLECTIONS

Simple reflections mirror back to the coaching partner what they have said. Simple reflections add very little, if any, meaning to what has been said. Yet, they can be very powerful as they capture the essence of what is being said. There are 3 types of simple reflections trained in the Whole Health Coaching course. They are:

- Parroting—using a few of the partner’s exact words.
- Paraphrasing—using different words without changing the meaning of what the partner has said.
- Summary—offering a summary statement that captures the essence of what the partner has said.

It should be noted that a coach does not need to reflect everything a partner has said. Deciding *what* to reflect is important in guiding the coaching process. For instance, if the topic being discussed centers on values, then coaches will want to reflect what values the partner is identifying. Reflecting tangential thoughts may take the conversation in a direction that is not as useful to the partner.

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## COMPLEX REFLECTIONS

Complex reflections are effective in deepening the conversation, exploration, insight, and forward movement of the Veteran. They reflect the more nuanced language, tone, feelings, emotions, and meaning of a coaching partner’s words. This might be in meaning or perhaps in emphasis. Genuinely interested and curious listening – to what is and is not being said, and what is meant – is key in offering reflections that go beyond the simple holding up of the “mirror”.

There are several forms of complex reflections. There are two complex reflections focused on in this course:

- Double-sided reflections—Reflecting two sides to an issue the partner has raised, often focused on a values conflict. These reflections are often in the form of “on the one hand... on the other hand”. Double-sided reflections should end with the second side of the reflection ending on the side of change (or positive direction).
- Intuitive or deeper meaning reflections—Adding a hunch (or intuition) or going beyond what the partner has said to stimulate further insight into what has been said.

The following scenarios offer some examples of each of the types of reflections. Remember, there are many potential reflections; the intent is to reflect in a way that will forward the coaching process and agenda by deepening the conversation, insight, and exploration.

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#### EXAMPLE 1

The Veteran says, “I’m sad, lonely, depressed. I think nobody loves me...some days it seems that nobody cares about me. I want to die. So...because I’m feeling this way, I’m gonna say, maybe a bottle of vodka will take care of it. So, bam! I mix it in. Mix it in with the vodka & then I’m feeling so good I’m drinking 2 more beers. Maybe I’ll smoke a joint. Maybe I’ll feel better. And then, the next day after all the happiness & fun is gone, dark hole again. It sort of continues. It doesn’t stop. And it gets worse. It makes it tough to change my diet and get moving...it’s so hard to do and I don’t know if it’s worth it when I’m feeling so bad anyhow. Yet, some days I’m not ready to give up...I have some things I want to accomplish in life, and I know I won’t have the energy if I don’t change some things.”

Some potential reflections by the coach might be:

- *Parroting* — “You’re not ready to give up.”
- *Paraphrasing* — “This is really a difficult situation for you.”
- *Summary* — “You’re down because of your life situation, but you’re not ready to give up because you have things you want to accomplish.”
- *Double-sided* — “On the one hand you’re not sure it’s worth the effort to make changes, yet on the other hand you have things you want to accomplish yet in life.”
- *Deeper Meaning* — “You’re here today because you really want to fulfill your aspirations or purpose in life.”

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#### EXAMPLE 2

The Veteran says: “I was so excited about my decision to cut back the number of hours I was working. But now I’m really struggling with making ends meet. It’s almost as stressful as when I was working so much. I’m not sure what the best route to go is at this point.”

Some potential reflections are:

- *Parroting* — “You’re not sure what the best route is at this point.”
- *Paraphrasing* — “It’s still a stressful situation that you would like to resolve.”
- *Summary* — “You were excited about your decision, but you still have stress and are not sure what to do at this point.”
- *Double-sided* — “On the one hand, you’ve created some new stressors, but on the other hand you were able to make some changes.”

- *Deeper meaning* — “It seems that reducing stress is a really high value for you and one that you’re willing to tackle...just not sure which direction to go.”

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### EXAMPLE 3

The Veteran says: “My doc thinks I need to cut back on my overeating and drop some weight. She may be right, but I’m not convinced. So far, I’ve been able to manage without too many consequences... She doesn’t seem to understand how much pleasure I get out of cooking for my family and eating with them. It may be an issue someday, but the reasons to change right now don’t outweigh all the reasons to continue.”

- *Parrot* — “More reasons to continue than change right now.”
- *Paraphrase* — “In spite of what your doc is suggesting, you don’t see a need to change right now.
- *Summary* — “Your doc would like you to cut back, but you enjoy cooking and eating and you’re not seeing reasons to cut back right now, although someday there may be more reasons to change.”
- *Double-sided* — “On the one hand you enjoy it too much and there aren’t enough reasons to change, but on the other hand, you’ve been provided reasons you may want to cut back on your eating.”
- *Deeper meaning* — “Pleasure is a higher value to you than any risks to your health your overeating may be causing.”

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### METAPHOR

Metaphor is the use of analogies, figures of speech, or images (in the form of a reflection) that further assist the Veteran in feeling understood and can be used like a complex reflection. Much of our language includes the use of metaphor – we often use it to illustrate our thoughts, our beliefs, our perspectives. A coach’s ability to listen for metaphor in the Veteran’s language, or to create metaphor from the Veteran’s words, can be impactful in letting the Veteran know they are being heard. Here’s an example:

Veteran: “I am so tired of carrying the burden of caring for my aging parents with no help from my brothers and sisters.”

Coach: “You’re carrying the weight of the world on your shoulders and no one is offering a finger to lighten the load.”

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### ACKNOWLEDGMENT

An acknowledgment is a coaching skill that recognizes and brings attention (often in the form of a reflection) to the client’s qualities, strengths, efforts, learnings, progress, and successes. There

is power in the process of acknowledging what you, the coach, hears/sees in your Veteran’s language.

Many health professions teach/offer praise, cheerleading, and encouragements – often offered to create ease, optimism, comfort, support, or positive regard. The coaching model of offering acknowledgment is less about the temporary “feel good” moment. It is about tapping into the Veteran’s internal motivation. The lasting impact, effect, and shift occurs when less of what the coach “thinks/feels” is present in the session, and more focus/light is shone on acknowledging the coaching client.

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## ADDITIONAL COMPLEX REFLECTIONS

Additional reflections worth noting are found in Motivational Interviewing (MI). Though they are not taught/practiced in this course they are notable and useful in the coaching process.

- Amplified Reflection – Reflecting what the coaching partner has said, in an amplified or exaggerated form. A coach might use an amplified reflection with a resistant, or “stuck” client to move them forward towards positive change. Because of the exaggerated tone of this reflection it must be delivered with empathy and patience. Any hint of sarcasm, irony, impatience, or incredulity can elicit a hostile or resistant reaction. An example:

Veteran: “I don’t know what my doc is worried about. I’ve got a handle on my eating and my blood levels don’t seem that high.”

Coach: “So, your doctor is worrying needlessly.”

- Shifting Focus Reflection – Shifting focus attempts to get around a “stuck” point by simply side-stepping. An example:

Veteran: “I’m just too busy, I don’t have time to get out and exercise.”

Coach: “Sounds like you are pretty busy. What do you like to get out and do?”

## INQUIRY

Next to listening and reflections, *inquiry* is probably the next most used communication skill by coaches. Inquiry is used, not so much to gain information from the partner, but to help the partner reflect, further self-explore and become more insightful and aware of their own thoughts/feelings. Genuinely curious, open-ended inquiry can assist the coach in deepening the conversation and exploration with the Veteran.

Inquiry should always be balanced with listening and reflections. If inquiry is overutilized the coaching session will take on the form of an interrogation or intake assessment.

There are two types of questions taught and demonstrated in the Whole Health Coaching training. One is *closed-ended questions*. Closed-ended questions tend to elicit one word or short responses and frequently do not lead to high-level insights. There are some uses for closed-ended questions (like asking permission to offer some information or brainstorming) and coaches should be aware of closed-ended questions in order to make conscious choices about when to use them.

Some examples of closed-ended questions are:

- Are you ready to move forward?
- Were you successful in meeting your action step/goal?
- Are you encouraged with your progress?
- Do you find the coaching helpful?

Although the above questions may not be as helpful as open-ended questions (all the above could be easily changed to open-ended questions (by adding How or What), there are times when closed-ended questions may be helpful. Closed-ended questions are generally useful when 1) making transitions or 2) asking permission.

More examples of closed-ended questions are:

- May I offer you some resources that I'm aware of? (First part of Elicit-Provide-Elicit)
- Are you ready to move on?
- Were you able to complete the Worksheets?
- Is there anything else you want to address today?

By far, the most frequently used form of inquiry in Whole Health Coaching is the use of *open-ended questions*. Most often, these questions begin with “What” or “How.” Sometimes “Why” questions can be used effectively to elicit additional reflection. However, “Why” questions can sometimes be perceived as asking for justification, which may elicit defensiveness from the partner. For instance, asking “Why do you watch so much TV at night?” may elicit a different response than “What values are you honoring by watching TV at night?”

Remember that questions come out of your listening to your coaching partner and guiding the process. For the sake of providing some examples, here are some open-ended questions that are associated with each Stage of the Health Coaching Process Model, introduced later in Chapter 4:

## STAGE ONE

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What really matters to you in your life?

What do you want your health for?

What is your mission, aspiration or purpose in life?

What are some of your highest values?

When are your behaviors not always consistent with your highest values?

What will life be like 3 years from now if you don't make changes? What will it be like if you do?

## STAGE TWO

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As you completed this part of the PHI, what stood out for you?

Which areas would you consider strengths, or areas you're doing well in?

What is an area that you might want to enhance?

What made that area a "2" for you?

What makes it a 2 and not a 1 or a 0?

How could you raise it to a 2.5?

How important is it to you to make a change in this area?

How confident are you that you could make a change in the area?

## STAGE THREE

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Where would you like to be 3 months from now when you think about making this change?

What action steps are you willing to consider starting with this week?

What barriers or challenges do you anticipate encountering as you take on these action steps?

What will be your plan of action when you encounter this challenge?

How do you want to be accountable?

## STAGE FOUR

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How did it go for you this last week?

What did you learn about yourself?

What challenges did you encounter?

How would you like to change your action steps for next week?

How is this effort supporting what you said was important to you?

## DIRECT COMMUNICATION

At times, it may be necessary to make statements, direct the process, or provide resources/information. In all of these cases, coaches are encouraged to use simple and direct “I” Statements.

Some examples of direct communication, or “I” Statements are:

“I’d like you fill out this form for next session.”

“I want to explore some potential barriers you think you may encounter.”

“It seems to me you’ve made some real progress since last session.”

“I want to provide you a moment of silence to reflect on this next question.”

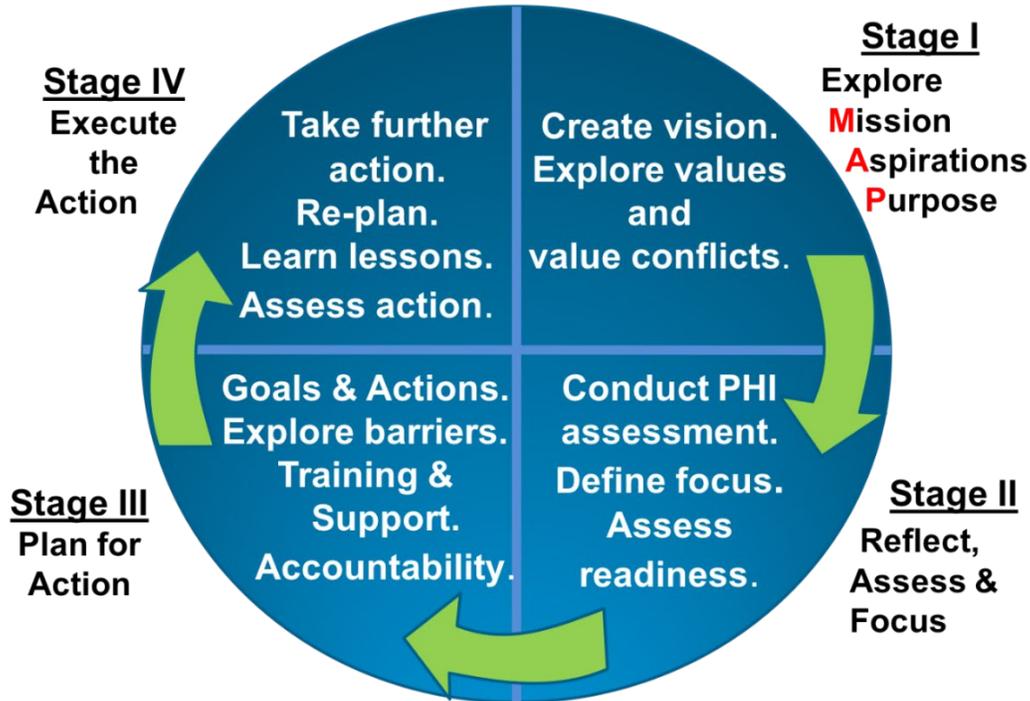
“I want to share with you some of my thoughts on what coaching is and what it is not.”

When using direct “I” statements, and when providing information or resources, coaches are encouraged to use the “Elicit-Provide-Elicit” strategy (described in Chapter 4) in order to minimize resistance to hearing information.

**CHAPTER 4: THE HEALTH COACHING PROCESS**

The following diagram shows the various stages of the health coaching process for this training:

**HEALTH COACHING PROCESS MODEL**



We refer to this diagram as the **Health Coaching Process Model (HCPM)**. It is important to note that this model serves as a training tool and seldom will an effective and Veteran-centered coaching experience follow this model exactly. Though the individual stages are taught in a linear fashion in the training, remember that the HCPM is a circle – a dynamic, circular process in which stages can be visited, and revisited, during any coaching session. There are some further considerations in utilizing this model.

Even though the agenda for the coaching sessions is the Veteran’s, it is important to remember that the coach is the holder of the process. The Veteran determines the direction he/she wishes to go, and the coach supports them in that direction by keeping the sessions focused and moving in a productive direction. At times, the Veteran will be sharing stories of his/her life and the story’s purpose may not be clear. It is the coach’s responsibility to interrupt a non-productive story, or flow of the session, in order to bring the process back to a productive path. This strategy is called *direct and/or redirect the process*. Coaches may think that they are being disrespectful to the Veteran in carrying out this responsibility. However, allowing non-productive, lengthy stories to continue is not serving the Veteran and their coaching experience. Coaches should develop a style of interrupting and redirecting that not only is consistent with their coaching style but is done in such a manner that the Veteran does not feel disrespected. Interrupting can be done in a

gentle and respectful manner. One way to successfully do that is to make it part of the co-created ground rules for the coaching sessions. Asking the Veteran how they would like to be interrupted, should the need arise, goes a long way in preparing them for the possibility.

It is imperative that coaches have the requisite competencies to conduct effective coaching. Initially, coaches may also value a map or direction to where they are moving with the Veteran. This HCMP serves as that map. The following is a brief overview of the HCPM. A more complete description of elements of this model will follow the brief overview.

**Stage I: Develop A Personal Mission.** In this stage, the Veteran develops a “personal” mission, aspirations or purpose statement (MAP) that not only contextualizes any future changes, but also guides the overall personalized health plan. This may also be thought of as a “statement of purpose” or an overall “health vision.” As a part of this stage, Veterans also explore the values embedded in this personal MAP. It is also helpful to explore what other values of the Veteran impede or conflict with these “ideal” values.

**Stage II: Assess & Focus.** In this stage, the Veteran is preparing for action by:

- Assessing their health in a variety of areas as outlined in the *Circle of Health/PHI*.
- Defining a focus, or where they want to start to enact a change consistent with their immediate interests and values.
- Self-assessing and building their readiness for the potential change.

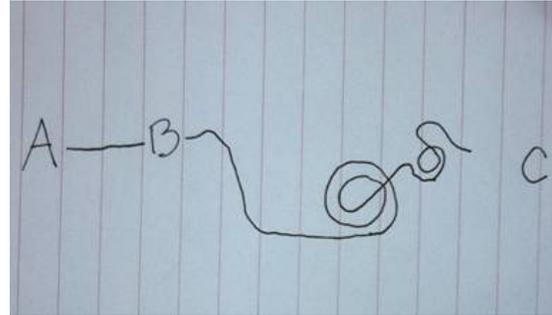
**Stage III: Plan for Action.** In this stage, the Veteran sets goals, develops action steps, identifies barriers and backup plans, establishes accountability, and identifies support. Without these steps of the plan, sustained action is likely to fail.

**Stage IV: Execute the Action.** This stage is where “the rubber meets the road” and the Veteran carries out the plan based on their preparations and personal mission. Once the action is attempted, the Veteran evaluates how the action was or was not successful, what were the lessons learned, what re-planning needs to take place, and what further actions will be executed.

## HOW TO USE THE HCPM

There are several considerations to keep in mind when utilizing this model. These considerations are:

**The HCPM is a map (of sorts), not a script.** It is not to be rigidly followed. The Veteran’s process should ultimately indicate where a coach needs to be in this process. However, for a training tool, it helps the new coach think about where they are in the process and what may need to be addressed before proceeding. For example, a Veteran who has not committed to a clear focus, or what they want to take on in terms of a change, may be wasting time developing goals and action steps. Another example would be if a Veteran is choosing a focus, or area to work, but has not given much thought to how this change fits into what really matters to them. Without this articulation of their purpose/mission or what really matters to them, they are robbing themselves of important motivation to sustain the change.



**Coaches may want to revisit a stage.** As the Veteran moves through the process, coaches may find it helpful to revisit a stage, especially if the Veteran is encountering difficulties in making the change. For example, assume that the Veteran has had a few weeks in which they seemed unable to enact their action steps. It may be necessary to revisit the “setting action steps” phase to see if the action steps were too ambitious, or if other action steps may be more important at this time. In other words, this is not a static process of visiting the stage once and then never returning. It’s a dynamic, unfolding process that may mean visiting a particular stage many times.

**The timeframe for the stages is flexible.** Coaches may want to keep in mind the timeframe they have with the Veteran. If the encounter is only for ½ hour, coaches will want to think about where in the process to focus to maximize the impact for the Veteran, given the time constraints. If coaches have 8-9 sessions with the Veteran, they can be much more thorough at each stage and think about returning to each stage more frequently.

**The HCPM is a training tool.** Coaches should remember that this is a training tool to help new coaches think about where they might want to go next in the process of coaching with the Veteran. Once coaches get familiar with the process, where to go next will become more “second nature” with a focus on what are the immediate needs of the Veteran in this moment. Like practicing scales in learning music, it may be useful to have a structure in the beginning. However, most musicians will soon leave the scale practicing to make music... and they may return to practicing scales when they see the utility in doing so.

## STAGES AND PHASES OF THE HCPM

In this section, we will describe the stages and phases of the HCPM process. In addition, we will provide a *strategy*, or *strategies*, for how to address the phase of each stage. We will start with the mission/purpose stage and continue around the wheel in clockwise direction.

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## STAGE I, PHASE 1—CREATE A VISION

*Create a Vision Strategy.* At this stage, coaches assist the Veteran in developing a mission, aspiration or purpose statement (MAP), or their vision of their optimal life. (coaches should explore which term best suits the Veteran.) The Veteran may have given much previous thought to this question or very little. Using the skills of reflection and exploratory questions, time should be given to the Veteran to explore this question without rushing to the next stage or phase of the process.

There are several ways to assist the Veteran in exploring their MAP. The first 5 questions of the PHI begin the process of having the Veteran consider their lives and what matters to them. Answering these questions can be a powerful experience for the Veteran. It can also be a time of unease or discomfort, as the Veteran might be surprised by their responses. It is not unusual for the Veteran to express discomfort with thinking about the questions for the first time in a very long time, or ever.

It can be helpful to have the Veteran visualize their future by guiding them through visualization. Have the Veteran paint a vivid picture, in their mind's eye, of their future including such factors as how they feel, how they look, the activities in which they are engaging and enjoying, who is with them and what health behaviors they are practicing. Have them walk through a typical day in their ideal future when they are living according to what matters most.

Asking genuinely curious, exploratory, open-ended questions allows the Veteran to articulate their MAP and what matters most to them. It is important to have the Veteran vocalize what matters to them. Writing it down has impact and articulating the statements to another person (in this case, the coach) can have an even more powerful impact.

The purpose of having the Veteran articulate their MAP and what matters to them is twofold: First, it provides a motivation for any subsequent change initiatives, giving them a reason to participate in the change process and sustain it when the going gets difficult. Second, it allows them to feel more fully understood by the coach and allows them to be known at a deeper level than they are probably used to sharing with a health care provider.

This exploration should be offered as an opportunity and not imposed on the Veteran. When offered the opportunity, most Veterans will probably want to participate. Imposing this as a necessary step in coaching may trigger resistance.

There is also the question of *when* to offer this opportunity. Some coaches have found it helpful for the Veteran to complete the PHI questions after they have had the opportunity to meet with the coach, establish the initial relationship and explore the value of completing the PHI with the coach. Although it is usually completed by the end of the first session, this may not always be the case, depending on the unique circumstances of each coaching encounter.

Other coaches have found it helpful to offer the Veteran the opportunity to complete the first five questions of the PHI before coming to the initial session—either by sending a copy via mail, or having the Veteran complete it online. The advantage of doing this allows 1) the Veteran to take time to think about the questions, and 2) it can prepare them for the initial coaching session.

The disadvantage is that the Veteran may not yet know what coaching is – and the PHI questions might be off-putting. The Veteran may not understand why they’ve been asked to complete the PHI, and possibly why they’ve been sent to see a coach. Completing the PHI may not be of interest to the Veteran before arriving at the coaching session. They may question whether this is what they “signed up for”. They may have anticipated dealing directly with their presenting issue.

The coach might find it helpful to first address the Veteran’s presenting issue as a means of focusing on what is important to them at that moment. Veterans come to coaching for a variety of reasons; they may have been referred by another health care provider for a specific focus, such as losing weight or stopping smoking. The Veteran may have self-selected to come to coaching for a specific focus. Or, they may be coming for generalized health enhancement, not sure what they want to work on initially; they just know they would like to be living a more fulfilling life. Each of these presentations influence how the coaching begins. When a Veteran is presenting for a specific issue, it is best to start with that issue rather than immediately having them complete the PHI. If they are coming without a specific focus or an unclear focus, it may dictate that the coach moves to the PHI sooner in the process.

In all cases, completing this first element of the PHI, developing a MAP, is an important stage in the health coaching process and should be offered at some point in the initial sessions of coaching. The experienced, artful coach will make it a natural part of the flow of the coaching process; by offering it when the Veteran has expressed interest in exploring the context for the behavioral changes he or she may be interested in making.

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## STAGE I, PHASE 2—DISCOVERING VALUES AND VALUE CONFLICTS

*Exploring Values and Value Conflicts Strategies.* Once the Veteran has articulated their MAP, it may be useful for them to explore what that says about their values or what is important to them. The Veteran may want to identify at least 3 values that come out of their MAPs. It is important that this discovery process not be rushed. It may be helpful to reflect the values heard and give quiet time to reflect. Seemingly simple questions such as “What else is important to you?” or “Is there another value behind the value you just identified?” are often not so simple – and can be thought provoking and profound. For instance, if the Veteran says that one value is “having enough money to not be worried”, there may be another value behind this value. The value of “freedom from worry” or “mental peace” may be the value. In these cases, the simple questions of, “What else matters? Or “What other value may be behind this value?” become *powerful*

questions. Powerful questions are those questions that lead to greater insight, or the next “ah-hah” moment for the Veteran.

It is important, in this stage, to explore Values Conflicts. Values conflicts, those things that are important to us that might be in conflict with other held values, are a meaningful and useful area of exploration for the Veteran and the coach. Identifying that they have other values that conflict with their ideal values is an important part of the Veteran’s self-discovery process. It allows the Veteran an opportunity to look at what they get out of their current behavior, even when inconsistent with their highest values. This, in turn, allows them to make informed choices about which behaviors they want to continue and which ones they may want to look at changing. It is all based on their self-assessment of what they say is most important to them. Identifying values sets the stage for exploring when the Veteran’s behaviors are not always consistent with what they say is most important. Exploration of values conflicts is important in two ways: 1) it allows Veterans to learn about value conflicts that will become even more important as they move down the path of attempting to change a behavior or achieve a goal, and 2) it allows them to explore the discrepancy between their behaviors and their values.

Examples of questions that coaches may be utilizing at this stage include:

- When you think about your MAP, what comes to mind about what really matters to you in your life?
- You stated when you came in that you wanted to work on...How would working on this support your MAP and what is important to you about doing that?
- Think of times when you are not achieving your MAP? What other things become important that may hinder you from living according to your MAP?
- How is your current behavior consistent or inconsistent with what you say is important to you? Is this something you want to further explore? What would you be giving up if you changed this behavior? (This will get at conflicting values.)

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## STAGE II, PHASE 1—CONDUCT A SELF-ASSESSMENT

*Conducting a Self-Assessment Strategy.* After the Veteran has explored their values and values conflicts, it may be useful to conduct a self-assessment that looks at all the areas of life affecting the Veteran’s health and well-being. This can be done utilizing tools from the PHI, including the *Where You Are and Where You’d Like to Be* handout, (Handout pages 6-9), which relates to the *Circle of Health*. Again, coaches may offer this as another opportunity to look at what matters to them in terms of their health and assess where they are and where they may want to be in the various areas of their life that impact their health. Imposing this on the Veteran may engender resistance. Ideally, it works best to offer this at a time when the Veteran has indicated they are willing to look at issues other than the presenting issue that may be impacting their lives.

The purpose of this stage is to help the Veteran further clarify what is most important, or what is of greatest interest for them to be working on at this time. It is not unusual for a Veteran to come to coaching with a presenting issue, and by the time they have given full consideration to all areas impacting their life, decide that they are really more interested in working on another issue. For example, a Veteran may come to coaching having decided that they need to have more physical activity in their life. After completing the assessment, the Veteran may decide that they really are more interested, at the present moment, in working at reducing their stress. - It may be that they want to work on a combination of both. In either case, it is more likely that the Veteran will achieve success if they work on the area that is of most interest to them. Success breeds success. After some success in one area, they may be more motivated to take on another area. The Veteran will have learned skills and strategies for behavioral change in the initial undertaking that they can now apply to the next challenge.

At the assessment phase, the coach is not looking for a commitment to change. They are simply asking the Veteran to self-assess the various areas of their lives that impact their well-being.

There are other forms of assessments the Veteran may have available to them and may want to consider as well. For example, these could be other medical assessments, psychological assessments, and stress assessments.

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## STAGE II, PHASE 2—SELECTING A FOCUS

*Selecting a Focus Strategy.* All the coach's interactions with the Veteran have been leading up to this point. It is critical to not ask about an area of focus until the coach senses that the Veteran is ready to home in on an area. Prematurely asking for the area of focus may evoke resistance. On the other hand, the Veteran may be anxious to get on with the coaching in the area of focus with which they initially presented. These intervening phases may have helped confirm for the Veteran that this is where they want to make changes.

It is important for coaches to realize that Veterans may not necessarily want to start with an area that they scored themselves the lowest in when completing the *Where You Are and Where You'd Like to Be* handout. There are many factors that go into the Veterans deciding which area they want to address first.

These considerations include:

- The importance of the area to them in the moment.
- The confidence they have to make changes in that area.
- The energy and time they feel they have to take on that challenge.
- The immediate benefits they may perceive will be forthcoming.
- The long-term benefits of making the change.
- The excitement they have for making the change.

Coaches must self-manage to make sure they are not intentionally, or unintentionally, steering the Veterans in the direction they think would be best for the Veterans to address.

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## STAGE II, PHASE 3—ASSESSING READINESS

*Assessing Readiness Strategies.* Before proceeding to the next stage of Planning for Change, coaches will want to assess if the Veteran is adequately motivated to take on the challenge of change. One way to do that is to assess the importance of this change to the Veteran as well as the confidence the Veteran has that they can make changes in this area.

Typical questions that coaches may find themselves asking at this phase are:

- What makes the most sense for you to think about changing at this time? How do you want to go about prioritizing where you want to start?
- What would you be most excited about changing at this time?
- What is it that you think you may have the time and energy for changing at this time?
- What would be the most important area for you to think about changing at this time? On a scale of 1 to 10, how important is to you?
- In what area do you think you have the most confidence for being able to make a change? On a scale of 1 to 10, how confident are you that you can make a change in this area?

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## STAGE III, PHASE 1—SETTING A GOAL

*Goal setting is usually critical for successful and sustained action.* A goal not only enhances motivation for change but provides the Veterans a measure for how they are progressing. However, setting an effective goal is important and, if not done well, can also have the impact of demoralizing the Veteran. It is important that goal setting not be done hastily, but that all elements of setting an effective goal are carefully considered before moving ahead in the process.

*Setting a SMART Goal Strategy.* There is not a specific timeframe for setting a goal, but generally 3-6 months has been most frequently utilized. The timeframe should take into account the interest of the Veteran. A goal that is too far out in front may seem too distant to be relevant; a goal that is too close in time may not allow the Veterans to experience the non-linear movement toward the goal, resulting in the goal not being obtained. In other words, most Veterans will experience highs and lows in their movement toward a goal; it is important to allow enough time to make it through this part of the process.

Characteristics of effective goal setting follow the acronym SMART, which stands for:

**Specific**—A goal should be clear and concise. It is difficult to know when action toward a goal has been started and when it has been completed if it is not specific.

**Measurable**—A goal should be measurable so that Veterans can track their progress. Veterans need to have clear criteria for progress and completion when taking action on a goal. Keeping tabs on progress can be inspiring.

**Action Oriented**—A goal should include action. And that action should be in direct control of the Veteran.

**Realistic**—A goal should be largely within the reach of the Veterans. It is best to work on small lifestyle changes that are doable. Avoid the pitfalls of having Veterans see only the big picture and not the small steps.

**Timed**—A goal should be tied to a timetable for completing specific, measurable and realistic action.

There are several questions that coaches may want to have Veterans consider when setting a goal. These are:

- Is the goal a significant enough stretch for the Veteran that it creates excitement in achieving the outcome? Or, is it too great a stretch that it becomes too much of a reach for the Veteran and the motivation is decreased?
- Is this something the Veteran really wants, or is this important enough that the Veteran is willing to engage in action steps toward the goal? In other words, does this goal really matter to them?
- What daily prompts or reminders are helpful to the Veteran in keeping the goal in mind on a regular basis?
- Did the Veteran commit their goal to paper? Goals can easily be forgotten or modified inadvertently over time if not written down.
- Is the goal clearly in line with, and in support of, the Veteran’s mission/purpose and values? It may be useful to have the Veteran verbalize and write down how this goal will help them in fulfilling their mission/purpose.
- Does the Veteran need more information in helping them establish a goal? For instance, what is a reasonable amount of weight one can expect to lose in a given timeframe? What additional meal planning do they need if their goal is to eat a nutritionally balanced meal 4 out of 5 meals?

At times, Veterans have options in how they may want to meet their goal. It may be helpful to have Veterans *brainstorm* ways of meeting the goal. For instance, let’s assume that a Veteran wants to decrease his weight by 5% over the next 3 months. Before assisting the Veteran in establishing action steps, it may be helpful to think of options the Veteran has for reducing weight. In assisting them, avoid doing the brainstorming for them. Allow them time to reflect and do their own brainstorming. As much as possible, allow the ideas to be their own. This will

help maximize success in carrying out the actions. Some examples of what they might come up with include:

- Eat less of what they currently eat.
- Eat different foods than what they are currently eating.
- Increase their level of regular physical activity, such as walking up stairs and parking their car further away in a parking lot or dancing more.
- Increase the kinds of activities they do that include regular trips to a fitness center or walking several miles 3 times a week.
- Reduce the sugary drinks in their diet or drink more water.
- Take weight loss supplements.
- Deal with stressors that lead to overeating.
- Eat more mindfully.

This brainstorming may help to expand the limited number of ways the Veteran was thinking they could lose weight and they may come up with a plan that is more likely to succeed.

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### STAGE III, PHASE 2—ESTABLISHING ACTION STEPS

*Establishing Action Steps Strategies.* Another very important part of the Planning Stage is establishing *action steps*. Action steps are those initial and ongoing behaviors that will help the Veterans achieve their goals. Action steps are those behaviors that are established for the next week, or a short duration of time. Action steps are where “the rubber meets the road.”

Action Steps should be established according to the same SMART Criteria utilized for setting goals. (See SMART criteria under *Stage III, Phase 1 Goal Setting*) Again, it is important not to rush establishing action steps. The Veteran’s motivation for continuing the change process can be enhanced or diminished by their initial successes in achieving their action steps.

It is important for coaches to realize that initial action steps may be obtaining more information that will help the Veteran establish future action steps. For instance, if the Veteran’s goal centers on eating more, healthy foods, the Veteran’s initial step may be obtaining more information about what foods they want to be purchasing. Or, they may want to explore which restaurants serve the foods that meet their specifications for “healthy.” Or, they may have to spend the first week learning to read labels in grocery stores.

Another example of gathering information might center on adding more activity to their lives. They may have to explore the following factors based on their interests. These factors may include the following:

- Determining what additional gear/clothing/shoes they may need to get started.
- Determining a safe place to walk if that is part of their plan.

- Finding another person or a group of persons to walk with.
- Finding out the advantages of joining a fitness club vs. having equipment at home.
- Becoming familiar with any risks associated with their preferred choice of movement.

It is important to remember that establishing action steps according to the SMART criteria can make or break the success of the Veterans' endeavors. Plan carefully.

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### STAGE III, PHASE 3—IDENTIFYING AND EXPLORING POTENTIAL BARRIERS

*Identifying Barriers/Challenges and Contingency Plans Strategy.* Barriers to successful action may arise in all stages and phases of the coaching process that the Veteran may need to overcome. This section will look at the kind of barriers a Veteran may identify and strategies, or backup plans, for dealing with potential or realized barriers.

We are introducing *barriers* here because it can be a valuable experience to have Veterans anticipate barriers based on their knowledge of themselves and previous experiences, as well as the experiences of others. Once action steps are initiated, and during each subsequent coaching session, it may be useful to continue to explore what barriers to successful action arose during the week and make plans for overcoming them.

There are two broad categories of barriers—internal and external. This distinction is largely based on the Veteran's perceptions, because most perceived external barriers are really barriers based on the Veteran's internal perspectives and responses to those barriers. Examples may further clarify this:

A Veteran may identify going to a bar where alcohol is served and being around people who are drinking as an external barrier to his/her achieving sobriety. Although this may be perceived by the Veteran as an external barrier, it may be useful for the Veteran to notice that it is his/her response to the external drinking environment that also plays into their ability to resist. In this case, it becomes more of an internal barrier to plan for.

Other Veterans who want to slow down and limit the amount of time spent at work may perceive their debt load as an external barrier to limiting the amount of time at work. On further exploration, it may be what they are telling themselves about their debt that is the barrier to slowing down.

It is important to note that although there are plans that can be established to work around the perceived external barriers (i.e., not hanging out in bars, choosing carefully who one chooses to hang out with in drinking situations), there are also opportunities to develop plans to deal with the internal barriers (i.e., rehearsing refusal skills, visualizing what it will be like 3 hours from now if I do drink). Most of the time, Veterans will perceive themselves as having more control over internal barriers than external ones. External barriers are often perceived as “ones I cannot

control”; one simply needs to control their proximity to the external barrier (person, place, thing or event).

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## IDENTIFYING AND DEALING WITH INTERNAL BARRIERS

Internal barriers go by many names and descriptions. Choose the ones that are right for you or the Veterans you serve. Each of these will have the same outcomes if applied effectively.

It is important to note that you do not need to identify the barriers by any label to effectively deal with the Veterans. Coaches listen for and simply note when Veterans are discussing barriers without having to name them. For instance, a Veteran may say “I wish I had started this when I was younger. It would be much simpler to do if I was younger”. The coach may simply call that statement to the Veteran’s attention and ask them to explore how that statement may be serving them, or not serving them, in terms of moving forward with an action plan.

Each of these ways of perceiving barriers will be briefly identified in the following section.

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## DEVELOPING PERSPECTIVES

A perspective is one way of viewing a situation. Veterans might identify their perspective as the “truth,” or the only way of perceiving the situation. Many times, limiting one’s perspective limits the alternatives for dealing with a specific situation.

Changing perspectives is similar to the work of Albert Ellis and the SPC model that flows from his work. (This is also called Cognitive Behavioral Therapy (CBT), in which many mental health professionals within the VHA have been trained.) The following briefly describes the SPC model:

**‘S’ stands for Situation**—A situation is described in objective terms—who, what, when and where. The situation is the focus for exploring the Veterans’ perspectives and resultant behavior.

**‘P’ stands for Perspective**—Perspectives are derived from the thoughts and beliefs about the situation. Thoughts are the interpretations of the event or what they say to themselves about the facts. These thoughts are based on the beliefs that pertain to the situation.

**‘C’ stands for Consequences, either emotional or reactions (behaviors)**—Emotions are what Veterans feel as result of filtering the activating event through their thoughts and beliefs. Reactions are what they *do* in response.



**Doorway or Mirror?**

Perspectives can be productive or counterproductive to the Veterans' progress in making change. It is important to assist Veterans in recognizing how their perspectives are serving them or not serving them. Veterans may be unaware that there may be another lens through which to view the situation, and this different view could influence their beliefs, feelings and actions.

*Another term that may be useful to the Veteran is substituting the word “story” for “perspective.” A story is what someone tells themselves, or others, about a situation. Again, the storyteller may see their way of telling their story as the “truth.”*

However, frequently it is their interpretation of the event. Veterans may be invited to think about how there could be another story about the events and asked to think about how they could change the story in a way that would serve them differently.

Some examples of perspectives or beliefs that may have impact on Veterans moving forward in the change process may be:

- My worth is dependent on what people think of me.
- Everyone must like me and my ideas.
- If I make a mistake, people will lose confidence in me.
- I must be as good as the other musicians performing publicly.
- I'm a failure if I don't stick to the diet plan we designed.
- There's not much I can do about the stressors I experience in my life.

There is a perspectives worksheet in the Handout section that may be useful for coaches to use with Veterans in helping them identify how their perspective influences their change process.

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## WORKING WITH NEGATIVE SELF-TALK

We, as humans, all have self-talk and may, or may not, be aware of it. Self-talk is the message we say to ourselves about ourselves. Veterans are not always aware of these negative messages they say to themselves. Like perspectives, negative self-talk may be limiting and interfere with successful action. It may be helpful for coaches to bring this negative self-talk to the Veterans' awareness and help them assess what they gain from it, or how it hinders them. Some examples of negative self-talk are:

- “I'm not smart enough.”
- “I'm too lazy.”
- “I always fail when I try to . . .”

My job is to get them to see that they have multiple stories. The one they are stuck in is only a part of the overall story. I want to get them to tell me about those other stories.

– Greg Sumpter email  
3/13/2011

- “I’m too old to start this.”
- “I don’t deserve this . . .”
- “I don’t have enough . . .”

Coaches will see that working with negative self-talk is almost identical to working with perspectives. The same strategies, styles and questions apply. The intent here is to show the similarities and allow coaches to choose which language works best for them. The same is true of *Working with the Inner Critic*.

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## WORKING WITH THE INNER CRITIC

Like negative self-talk, inner critic work involves assisting the Veteran in identifying how their critical thoughts about themselves may serve them in some ways but not in others. Effective coaching involves identifying these critical messages, assisting the Veteran in identifying how the inner critic does or does not serve them, and helps them make choices about which messages they want to give the inner critic, including:

- Paying attention to the inner critic.
- Making peace with or befriending the inner critic.
- Ignoring the inner critic. Or, choosing not to believe the inner critic.
- Giving the inner critic less power.
- Naming the inner critic.
- Playing with the inner critic.
- Asking the inner critic to leave.

Another way to ignore the inner critic is to focus on positive messages. This can be done by:

- Focusing on the Veterans’ mission/purpose and values.
- Brainstorming other perspectives with them.
- Have Veterans identify a message they might give a friend struggling with an inner critic.
- Eliciting what brings joy, peace and “aliveness”.
- Recognizing their progress and encouraging action steps.
- Encouraging Veterans to participate in what nourishes them.

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## WORKING WITH COMPETING OR CONFLICTING VALUES

What may be perceived as a barrier in some cases is another value that is competing for the time, attention and energy of the Veteran. Helping the Veteran identify their own competing values may make it easier to think about strategies or plans for consciously selecting what value they want to honor in the moment. Competing values are represented in the song written and sung by Merle Haggard:

*Reasons to Quit*

*Reasons to quit... smoke and beer don't do me like before.*

*I'm hardly ever sober; my ol' friends don't come 'round much anymore.*

*Reasons to quit...the low is always lower than the high*

*And the reasons for quitin', don't outnumber all the reasons why.*

*Chorus:*

*So we keep smokin' and we keep drinkin', havin' fun and never thinkin'*

*Laughing at the price tag that we pay*

*We keep roarin' down the fast lane, like two young men feelin' no pain*

*And the reasons for quittin' are getting bigger each day.*

*Reasons to quit...I can't afford the habit all the time*

*And I need to be sober; I gotta write some new songs that will rhyme*

*Reasons to quit, there ain't no rhyme or reason when you're high*

*Reasons to quit don't outnumber all the reasons why.*

It may important for coaches to recognize that value conflicts are not necessarily perceived as such by the Veteran. Coaches might hear words like, “I really value my health, but I’m just lazy and want to hang out on the couch. Lying on the couch and being lazy is not a value of mine.” It may take some reframing of the situation for the Veteran to realize they do get something out of “being lazy and laying on the couch” even though they don’t view it as a value. It has some importance in that particular moment that serves them in some capacity. Assisting them in understanding what they get from that behavior, without judging themselves, is the artful challenge for the coaches.

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ELICIT – PROVIDE - ELICIT

When coaches believe it may be valuable to provide some information or potential resources for the partner, the information/resources may be more easily heard when using the following strategy:

- Elicit whether the Veteran is interested in learning something you think might be helpful or relevant. If the Veteran declines, stop. Providing information now is apt to make change less likely.

- If the Veteran is interested, provide the information or concern you have. Remembering to keep it brief. This is not the coach’s opportunity to offer up everything they know or overload the Veteran with too much information.
- Elicit the Veteran’s interpretation of that information, how she thinks it applies to her, what sense she makes out of it. Emphasize that the Veteran is the one to decide what to do with the information.

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## BRAINSTORMING

Another strategy for working with barriers/challenges is *brainstorming*. In brainstorming, coaches ask partners if they would like to brainstorm some ideas (elicit permission).

- Explain the brainstorming process – a brief exchange of ideas, not meant to be pondered or discussed, but “thrown against the wall like spaghetti”. It is meaningful for the coach to emphasize that “anything goes” – any idea is worth offering up, no matter how big, small, or outlandish. The idea is to generate thinking without judgment.
- The coach and Veteran take turns offering ideas with no judgment. First the Veteran, then the coach, and so on until an agreed upon number of ideas are on the table.
- At the end of this exchange the coach asks the Veteran which, if any, ideas sound doable for them.

In summary, there are many ways to view barriers that may be helpful for both the Veterans and coaches. The important task for coaches is to listen for words, thoughts, and expressions that may be limiting the coaching partner in some way. Have the Veterans identify how that perspective is both serving them and not serving them. Have them explore their attachment to that particular perspective and assist them in “trying on” another perspective to see what might be possible from that new perspective.

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## STAGE III, PHASE 4—ESTABLISH ACCOUNTABILITY

*Establishing Accountability Strategy.* Most people find that by committing to another person to report what they accomplished or did not accomplish for the week (or any other given time period) can be very motivating in achieving the desired action step. Many will indicate their desire to be accountable to the coach at their next meeting. Others may want to solicit the help of a spouse or friend to hold them accountable. Sometimes, a Veteran may want to be accountable to themselves by writing down or journaling how they did each day in achieving their action step.

No matter what method the Veterans use, it is another important part of the process. This is another place where this phase should be offered as an opportunity and not just assumed that the Veterans are willing or wanting to establish accountability.

Questions the coaches may want to consider at this phase include:

- If you find it useful to hold yourself accountable to someone, I’m offering my services. If you want me to be the person to whom you hold yourself accountable, how can I do it in the way that is most supportive of you?
- Are there ways that you want to be accountable to yourself? If so, what might be some of those ways?
- Is there anyone else who could be the “right” person to commit to holding you responsible?

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### STAGE III, PHASE 5—PROVIDE AFFIRMATIONS

*This is not phase of Stage III, per se, but throughout the coaching session—and especially after the partner has initiated action—the coach will want to look for opportunities to provide affirmations. The following are strategies for providing affirmations.*

There are several styles of affirmations with which coaches will want to be familiar:

- *Judgment*: “You have done a remarkable job in stopping your cutting back on your sugar intake.”
- *Impact*: “I appreciate how honest you are being in talking about these things.” (A description of a positive experience in response to what the Veteran is doing or has done.)
- *Observation*: “You were successful in stopping the fighting.” (Focus on the Veteran and facts that emphasize the positive.)

There are also some cautions in utilizing affirmations. The following questions may help coaches to think about these cautions:

- Is your affirmation coming from a deficit world view, where you sound like you believe your Veteran lacks knowledge, skills, or attitudes?
- If you say the Veteran’s behavior is “good,” then a different behavior or choice would have been labeled “bad”?

*or*

- Is your affirmation coming from a view of the Veteran as competent?
- Identifying values or characteristics of the Veteran that the Veteran might use to feel seen, unique, worthy?

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### STAGE IV, PHASE 1—ASSESS THE ACTION TAKEN (OR NOT TAKEN)

*Assessing Action Taken Strategy.* Once the Veteran has committed to taking an Action step(s), the coaching enters another stage. The Veteran will have done one of these three possibilities:

- Fully completed or exceeded the proposed action to be taken.
- Partially completed the proposed action to be taken.
- Did not take any action that was proposed and committed to.

In all cases, there is potential for lessons learned which in turn results in sustaining, modifying or eliminating the plan and returning to an earlier stage.

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### STAGE IV, PHASE 2—LESSONS LEARNED

*Assessing Lessons Learned Strategy.* In assessing the action taken, or not, the first step is to explore with the Veteran what they learned from the experience.

The Veteran may have encountered additional barriers, both internal and external, that they did not anticipate. It may be useful to explore with the Veteran what they plan to do (Plan B) when they encounter this barrier again. The same strategies and styles, described under Barriers previously, are applicable in these situations as well.

Identifying strengths and successes is a very important part of the learning process. Even if the success was partial, it was still a success and should be recognized as such for the lessons the successes engender. Be mindful of:

- What did the Veteran do in these situations that contributed to the successes?
- What barriers did the Veteran need to overcome and how did they do it?
- What strengths did they discover they had within themselves to achieve the success?
- What did they learn about these strengths that they can apply to future situations?

In all cases, the Veteran should be acknowledged and affirmed for not only what was accomplished, but also for the lessons learned.

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### STAGE IV, PHASE 3—RE-PLAN FOR THE FOLLOWING WEEK, OR UNTIL THE NEXT SESSION

*Re-Planning Strategies.* In this phase, coaches and Veterans determine what modifications or additions should be made to the action steps to move toward the goal. If the Veteran determined they were satisfied with their success they may want to continue with the same action plan. Or, they may feel ready to add additional action steps. In these cases, establishing additional action steps should follow the same procedures as identified in *Stage III, Phase 2, Action Planning*.

In cases where the Veterans did not feel they were as successful they may want to re-assess the action steps to see if modifications should be made that would engender future success. Perhaps they were too ambitious in their original action planning, or perhaps they encountered more barriers than they anticipated. Coaching sessions in *Stage IV* are focused on lessons-learned and making adjustments if necessary.

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#### STAGE IV, PHASE 4—TAKE FURTHER ACTION

*Further Planning Strategies.* In other cases, The Veteran may determine that they want to readdress other parts of their plan including the goal, or the area of focus. They may have realized, through attempting the action, that they were not ready to take on this area of focus, or that the goal seemed too lofty and not obtainable. In these cases, the Veteran should be affirmed for the lessons learned and their willingness to take on the challenge initially. They should not be “shamed” for modifying the goal or focus. These were all very important lessons that could only be learned by attempting the planned action. Assuming the Veteran is willing; coaches may want to support the Veteran in revisiting earlier stages of the coaching process and reassessing values, area of focus and goals.

The process described here in *Stage IV* continues until the Veteran and coach agree to end the coaching sessions. This may occur when the Veteran feels they have experienced enough success to continue on their own, or they determine that whatever they have learned or gained is enough at this point.

In some cases, the coaching ends because the coaching is not working for the Veteran and progress has stopped. In these cases, the coach should assist the Veteran in determining what other services may be helpful to them or assist them in determining when they might want to try coaching again and under what circumstances.

Coaches should assist Veterans in framing the termination of the coaching sessions not as termination per se, but as a step in the process of moving toward what matters to them and realizing their MAP. It is all part of the journey.

#### WHEN UTILIZING THE FULL COACHING PROCESS IS NOT FEASIBLE OR POSSIBLE

There are many times when utilizing the full coaching process, as represented in this Chapter, is not feasible, nor possible. Frequently, participants in the Whole Health Coach Training are not intending to do coaching exclusively but are interested in adding the coaching skills to what they currently do in their VHA capacities. To that end, training time will be devoted to utilizing coaching skills in carrying out parts of the coaching process that are most relevant given limited time frames. The following PowerPoint slides offer a glimpse into how elements of the coaching process may be utilized in limited time frames.

- If a VHA employee had an opportunity in their current job to ask one question, it may be one like this:

## Single Question

- What is the best possible outcome of today's visit?<sup>1</sup>
- If you left today's visit satisfied with our plan, what is one key thing we would have addressed?

– *F/U for both: I want to hear what's important to you and how we can meet your needs.*

<sup>1</sup>Simmons, LA (2013). Taking a more personalized approach to the obesity epidemic. Medscape Expert Interview: Genomic Medicine. Available at: <http://www.medscape.com/viewarticle/814710>.

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- If there was an opportunity to explore further, scaling questions might be utilized:

## Scaling Questions

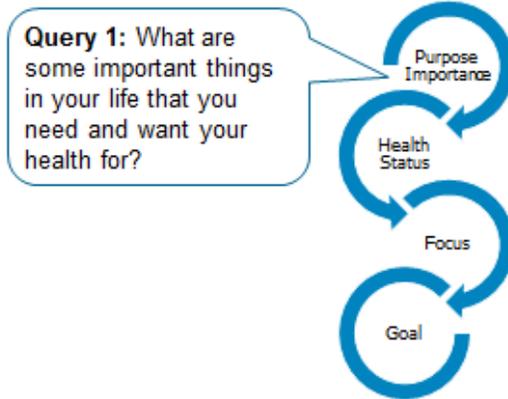
- On a scale from 0-10:
  - How would you rate now as the time to initiate this change?
  - How motivated are you to make this change?
  - How likely are you to make this change in the next 3-6 months?
  - How satisfied are you with the progress you've made so far?

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- Finally, if there is time to ask 3 questions, the questions may be similar to the following:

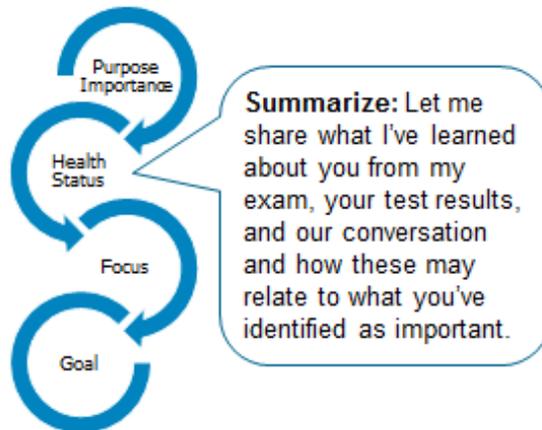
## Three Questions<sup>2</sup>



VETERANS HEALTH ADMINISTRATION

<sup>2</sup>Simmons, L.A. (2013). Listening to the heart: Lifestyle changes. American Heart Association Annual Meeting, Dallas, TX.

## Three Questions<sup>2</sup>

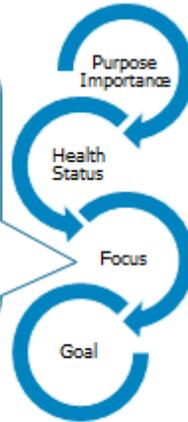


VETERANS HEALTH ADMINISTRATION

<sup>2</sup>Simmons, L.A. (2013). Listening to the heart: Lifestyle changes. American Heart Association Annual Meeting, Dallas, TX.

## Three Questions<sup>2</sup>

**Query 2:** When you think about what's most important to you in the context of what I've shared about your health, what behavior are you most ready and willing to tackle?



VETERANS HEALTH ADMINISTRATION

<sup>2</sup>Simmons, L. A. (2013). Listening to the heart: Lifestyle changes. American Heart Association Annual Meeting, Dallas, TX.

## Three Questions<sup>2</sup>

**Query 3:** What specific action will you commit to over the next 4 weeks?



VETERANS HEALTH ADMINISTRATION

<sup>2</sup>Simmons, L. A. (2013). Listening to the heart: Lifestyle changes. American Heart Association Annual Meeting, Dallas, TX.

## CHAPTER 5: ENHANCING YOUR WHOLE HEALTH COACHING SKILLS

There are several ways to think about enhancing your health coaching skills. One way to enhance your health coaching skills is to practice with peers. Create common situations where you would like to use your health coaching skills and, with the group, brainstorm possible responses.

Perhaps it would be helpful to apply some rating scale for health coaching skills demonstrated.

Another is to seek out a mentor or peer who is willing to observe you and provide you feedback.

Some ways the peer or mentor might help you are:

1. Listen to 5 - 10 minutes of the interaction and describe which of the helping styles (directing, following, or guiding) might fit.
2. The helper might use more than one helping style during the interaction and you might be able to consider why a particular style was used for some particular content.
3. For those instances where a directing helping style was used, it can be useful to consider what would have to be modified so that it would be more like a guiding helping style.
4. Listen to 5 - 10 minutes of the interaction and count the number of open and closed questions.
5. A coaching style often involves more open than closed questions.
6. One guideline is to have at least as many open questions as closed, and even better is to have twice as many open as closed questions.
7. One way to practice is to consider each closed question and generate a corresponding open question that might have been used in its place.
8. Listen to 5 - 10 minutes of the interaction and count the number of simple and complex reflections.
9. A coaching style often involves more reflections than questions.
10. One guideline is to have at least as many reflections as questions and even better is to have twice as many reflections as questions.
11. More complex reflections than simple reflections are also considered valuable.
12. One way to practice is to consider each question and generate a corresponding reflection that might have been used in its place.
13. Similarly, consider each simple reflection and perhaps generate a complex reflection that could have been used at that point in the interaction.
14. Listen to 10 or more minutes of the interaction and count the number of affirmations.
15. A coaching style often involves affirmations.

16. Listen for moments when you could have highlighted what the partner was doing as admirable or inspired you.

## UTILIZING A PEER SUPPORT GROUP

If you want to use a peer support group or a peer interest group, you might consider these guidelines. You might consider including the Health Behavior Coordinator (HBC) or other colleagues who have received the health coach training.

1. Schedule regular meetings for the sole purpose of working together to strengthen health coaching skills.
2. Don't let administrative details or other agenda fill the time.
3. An hour meeting twice a month would be one possibility.
4. In early meetings, it may be helpful to discuss specific readings that the participants have done between meetings, or their experience of a Community of Practice Call. A journal club of 20 minutes or so might be added.
5. Rather than simply listening to each other practice coaching, make use of some structured coding tools. Some examples are:
  6. Counting questions and reflections.
  7. Coding depth of reflections (simple vs. complex).
  8. Counting partner change talk and noting what preceded it.
  9. Tracking partner readiness for change during the session, and key moments of shift.
10. The person who did the interview might comment first on its strengths and areas for improvement.
11. The group may also watch "expert" tapes, coding and discussing the skills being demonstrated in them. Ask the OPCC if these are available for your use.
12. The group may also watch examples from YouTube which, although often described as examples of coaching, provide more of a stimulus for how one might improve the use of coaching skills than a demonstration of good coaching skills.
13. The group may focus on practicing and strengthening specific components of coaching skills.

## SUGGESTIONS FOR CREATING A HEALTH COACHING ENHANCEMENT PROGRAM

Generally speaking, it is not enough to simply attend a health coaching training in order to be an effective health coach. Likewise, it is seldom sufficient for an organization to simply provide a coaching training in order to sustain a health coaching program. In order for the initially learned skills to be enhanced and developed, an ongoing support system, including effective feedback and mentoring, needs to be established. And, the health coach must continue to practice and receive feedback about the skills learned in the initial training. Ideally, each site will have a leader or administrator to arrange meetings and coordinate ongoing activities that support skill enhancement and program development. Meeting on a regular basis to support each other in enhancing and developing skills is critical. Even if the site does not have an experienced mentor or trainer, there is much that can be done through peer support. One advantage of not having a lead mentor or supervisor is that the coaches learn to more fully realize their own potential to support each other in making improvements, with less reliance on the “experts.”

If you are “on your own” as a health coach, there are ideas listed here in the second section that you can use to enhance your skills as well.

## ESTABLISHING A HEALTH COACHING SUPPORT NETWORK AT YOUR LOCAL SITE

There are several important factors that lead to a successful coaching program. Evidence has shown that no matter how effective the initial training experience, the learning will not be sustained without other factors being considered. In fact, it could be argued that the initial training experience is not the most important factor; there are several other issues to address that may be of equal or more importance. The table that immediately follows allows for an assessment of some of the most important factors in setting up a health coaching program.

As a summary of the assessment, the primary factors to consider are:

- Were the right people selected for the training to be health coaches?
- Was the training adequate and geared to the level of the participants?
- Does the Health Coaching Program have leadership support at all levels?
- Do Performance Measures adequately support the work of Health Coaches?
- Is there an ongoing support system in place to encourage the further enhancement of coaching skills?
- Are individual coaches provided specific feedback and skill enhancement plans?
- Is there an ongoing evaluation process in place to assist in determining the effectiveness of the program?
- Does the Program have consultants they can utilize to assist in establishing their Program?

**WHOLE HEALTH COACHING TRAINING  
PROGRAM IMPLEMENTATION ASSESSMENT**

Program/Course Assessed \_\_\_\_\_ By Whom \_\_\_\_\_

For Whom \_\_\_\_\_ Date \_\_\_\_\_

Questions for Consideration	Rating or Number	Comments
<b>Extent of Program</b>		
Number of Programs to be Established by When?		
Number of Veterans to be Served by Coaching?		
Other		
<b>Outcomes Desired</b>		
Vision, Mission, and Strategic Initiatives have been established	1 2 3 4 5	
Milestones have been established	1 2 3 4 5	
Desired Outcomes have been clarified	1 2 3 4 5	
Values of Program have been Prioritized (reduced dependence on services, Veteran Satisfaction, cost-benefit, improved biomarkers, goal achievement)	1 2 3 4 5	
Other		
<b>Program Aligns with NBHWC Projected Accreditation Standards</b>		
Number of pre-Service training hours meet projected standard	1 2 3 4 5	
Number of documented practice hours has been established	1 2 3 4 5	
Number of mentored hours has been established	1 2 3 4 5	
Mentors, trainers and supervisors meet projected NBHWC criteria	1 2 3 4 5	
Content of pre-service training meets national standard	1 2 3 4 5	
Knowledge test has been developed	1 2 3 4 5	
Performance test has been developed	1 2 3 4 5	
Selection criteria has been established that meets NBHWC requirements	1 2 3 4 5	
Ongoing CEUs will be available for health coaches	1 2 3 4 5	
<b>Screening WHC Applicants</b>		
An effective WHC applicant screening tool and process is in place	1 2 3 4 5	
Other		
<b>Pre-Service Training</b>		

Questions for Consideration	Rating or Number	Comments
Training flexible to meet different provider needs	1 2 3 4 5	
Experiential Activities are adequate	1 2 3 4 5	
Learning Modalities are varied	1 2 3 4 5	
Affective mentoring is available	1 2 3 4 5	
Evaluation plan is in place	1 2 3 4 5	
Other		
<b>Coaching and Consultation (Mentoring)</b>		
Adequate mentoring is available post pre-service training	1 2 3 4 5	
Mentoring expectations are clear and guidelines are established	1 2 3 4 5	
Mentoring ongoing training is available	1 2 3 4 5	
Other		
<b>Provider Evaluation</b>		
Mechanisms are in place to provide ongoing feedback and evaluation to coaches	1 2 3 4 5	
Coaches have adequate number of observations in order to receive ongoing feedback and evaluation	1 2 3 4 5	
Evaluation records are kept as part of the employee’s record	1 2 3 4 5	
Openness to feedback is trained and evaluated on a regular basis. Remedial procedures are clearly delineated for improvement	1 2 3 4 5	
Other		
<b>Administrative Support</b>		
Coaches have clearly delineated lines of supervision	1 2 3 4 5	
Leadership is fully aware of, and supportive of, coaching Program at the location	1 2 3 4 5	
Coaches’ performance standards are consistent with coaching expectations	1 2 3 4 5	
Coaches are given adequate time and resources to coach	1 2 3 4 5	
Coaching positions have been created as part of the VHA employment processes	1 2 3 4 5	
Coaches are fully aware of procedures for support and referrals	1 2 3 4 5	
Program has an adequate amount of FTE equivalencies to meet Coaching Initiatives	1 2 3 4 5	
Central Offices are supportive of the VHA Coaching Program	1 2 3 4 5	
VISN and Center Director is supportive of Coaching Program	1 2 3 4 5	

Questions for Consideration	Rating or Number	Comments
Mid-level Management and Supervisors are supportive of Coaching Program	1 2 3 4 5	
Other		
<b>Program Evaluation</b>		
An ongoing Program evaluation process and tool has been clearly developed and is in place	1 2 3 4 5	
Ongoing Research and evaluation is part of the Program	1 2 3 4 5	
Other		
<b>Continuum of Services</b>		
There is a continuum of services clearly established	1 2 3 4 5	
The continuum of services is adequate for the VHA needs	1 2 3 4 5	
Clinicians are aware of, and clearly informed of, the coaching services available	1 2 3 4 5	
Veterans are aware of, and clearly informed of, the coaching services available	1 2 3 4 5	
Other		
<b>Staff Coaching and Wellness</b>		
A variety of coaching for staff wellness is available	1 2 3 4 5	
Support is available for staff to take advantage of wellness coaching	1 2 3 4 5	
Other		
<b>Marketing of Services</b>		
Veterans are adequately informed of coaching services	1 2 3 4 5	
Clinical Staff is fully informed of coaching services	1 2 3 4 5	
Other		

**General Comments:**

## CHAPTER 6: GROUP COACHING

To this point in the Manual, the focus has been on individual coaching. However, group coaching is a potentially powerful modality to which the coaching styles, processes and strategies can be applied. Group coaching offers a variety of opportunities and challenges compared to individual coaching. In this chapter, we examine some of these opportunities and challenges and provide several frameworks, as well as techniques, for how group coaching might be conducted. As with the individual coaching chapters, we will provide a set of potential “maps” for group coaching. However, the actual group journey may not unfold according to any particular map or framework. These suggested frameworks are only a starting point for coaches to begin conceptualizing how they may want to initiate and conduct group coaching.

If you want to go quickly, go alone.  
**If you want to go far, go together.**

– African proverb

### OPPORTUNITIES WITH GROUP COACHING

Group coaching provides opportunities, or advantages, for coaches, Veterans and organizations. Some of these advantages/opportunities are:

#### VETERANS’ ADVANTAGES/OPPORTUNITIES

- *Learn from each other.* Veterans are able to hear from others about their change processes and think about how to apply what they hear to their own learning and change process.
- *Support each other.* As group members develop camaraderie, they are able to offer support to one another, both during the group meetings as well as outside the group setting. Veterans have a shared sense of mission and are generally very supportive of one another – this can be harnessed to their benefit in group coaching.
- *Reduced cost.* Veterans might realize a reduced cost for group sessions in comparison to individual sessions.
- *Learn with others in similar situation.* Not only do Veterans learn about the change process by listening to other group members, but they also may learn information, especially if they are working on a similar issue (i.e., diabetes, heart disease).

#### COACHES’ ADVANTAGES/OPPORTUNITIES

- *Work with several individuals at one time.* Coaches are able to work with several Veterans at one time; this has the additional advantage of accomplishing more Veteran coaching in a given timeframe.

- *Allows for coaching by example.* Veterans observe the coach coaching other group members and, in many cases, be able to apply what they are observing to their own situations.
- *Several sources for learning.* Group Veterans will not only learn from the coach but will learn information as well as change processes from other group members.

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## ORGANIZATIONAL ADVANTAGES/OPPORTUNITIES

- *Ability to get members coached in a shorter period of time.* Large organizations, who want to impact overall health of the organization, will be able to get the target audience trained/coached in a shorter expanse of time compared to individual coaching.
- *Reduced costs.* Group coaching might be less expensive to an organization than individual coaching.
- *Support for team effort.* By working in groups, as opposed to individual coaching, members of the organization will more likely develop support for each other and develop a “team effort” approach within the organization. This will especially be the case if the organization has chosen to target specific health behaviors.

Group coaching also presents some unique challenges that may not be encountered as frequently in individual coaching. These challenges include:

- *Balancing equal time for group members.* In many groups, some Veterans will tend to talk more than others. At times, it can be a challenge for the coach to give all members equal opportunities to speak. Respectful group management is key in these situations.
- *Not all group members will be supportive of each other.* Not all group members may “like” each other or want to support each other. There may be conflicts among group members that must be addressed in order for the group to function in an effective manner.
- *Group may take on a negative dynamic.* Groups can take on many dynamics, impacting the effectiveness of the group. If some group members become unhappy with their experience it could impact the group dynamics in a negative way.
- *Group members may be in different places in change process.* More than likely group members will be in different places in the change process. While some will still be deciding on a focus, others may be ready to take action. This may provide some learning opportunities, but also may provide challenges for the coach.
- *Group members may not always be present for each session.* With individual coaching, if a Veteran is unable to make the session, it can frequently be rescheduled. With groups, it would be much more difficult to reschedule for the

sake of one or two group members. If group members are unable to attend it will have an impact on group dynamics and the non-attending members will be at a disadvantage in not experiencing the events of the session they missed.

- *Maintaining awareness of both group and individual dynamics.* As in any group process there is an art and challenge to staying aware of both group dynamics and individual member's processes. If coaches focus too much on individual member's processes, they may "lose" other group members. If the focus is on group dynamics, members may think that not enough time is being devoted to their individual needs.
- *Members may be working on different health issues.* Not only will Veterans be in different places in the change process, they may be working on different health issues. This may be a challenge if members are not able to extrapolate from another member's content area and apply it to their own.
- *Confidentiality may be an issue.* Coaches will not be able to control what other group members do with disclosures in the group. Although confidentiality should be addressed, it does not assure that all group members will adhere to the confidentiality agreements.

## DECISIONS TO BE MADE IN HOW TO SET UP AND CONDUCT THE GROUP

There are a multitude of decisions coaches will need to make before setting up group coaching sessions. As the group continues its process, additional decisions may need to be made along the way. *These decision points will be outlined below along with ideas for consideration.*

**Group Size.** There are many factors to consider when determining how large a coaching group should be. These factors include:

- *Availability.* How many Veterans are available at any given time? If too much time elapses while a group is waiting to form, Veterans who signed up initially may become tired of waiting to get started.
- *Amount of individual time.* To some extent, coaches need to decide ahead of time how much approximate time they want to provide for each group member. This will have impact on the number of group members. If a group becomes too unwieldy in terms of numbers, individual may feel "lost" in the group. If a group is too small, group members may not benefit as much from learning from others. To some extent, this will be determined by the values of the coaches, and how effective they believe they can be in larger or smaller groups.
- *Cost effectiveness.* If the VHA is conducting group coaching, they may have a certain number they want to get coached each time, given the unit cost.

**Open or Closed Group.** In a closed group, all members begin and end at the same time. No new members are allowed to join the closed group. In an open group, sessions are ongoing with members leaving or joining at different times and for different lengths of time. The advantage of a closed group is the intimacy and trust that gets established among group members. Also, all members are aware of what has been shared historically with each member. There will not be members coming and going. An open group has some advantages as well. Veterans do not have to wait to join and have freedom to enter/leave the group according to their own wants/needs. Veterans can come and go after they believe they have achieved what they want to achieve. With new members coming into a group, the group dynamics change; new ideas and new dynamics can be stimulating to the group process.

**Telephonic or In-Person Sessions.** The coach will need to decide the number of sessions the group will meet in person and the number of telephonic sessions will be held. Group telephonic sessions can present new challenges beyond those of individual telephonic sessions. It may be difficult to assess group members' process with more than one person on the phone. It requires a lot more "checking in" to see where group members are. Group dynamics may be more difficult to assess without the non-verbal cues. The advantages of telephonic sessions are the same as for telephonic individual sessions. They require less travel time, a need for space, and allow for greater flexibility in terms of having to be in a certain location.

If coaches use telephonic sessions, they may want to address the following:

- A personal commitment not to multi-task when group members are on the phone.
- Group members may need to identify themselves when they begin to speak.
- Group members commit to listening when others are speaking.
- To reduce or eliminate background noise when participating in the telephonic group.

**Single Themed.** A group could be focused on a single health concern such as diabetes or heart disease. A singularly focused group has several advantages:

- Group members may feel a greater bond when dealing with similar issues.
- Group members will more than likely feel as if they are with others who understand what they are going through.
- Group members will learn information from each other that pertains to their issue.
- Coaches can be more focused on what information to present.
- Chances are greater they will continue to support each other after the group sessions are over.

**Length of Group Process.** The coach (or the organization) needs to decide how many sessions the group will be and over what period of time. This may be easier to negotiate with an individual. In the case of a group, the coach may have to declare the length of the group. It may be difficult to determine a length if left to a “democratic” process.

- Length of time and how many sessions will also be influenced by the purpose of the group. Some groups could be open-ended in terms of length, especially if group members wanted to work on several issues or serial issues (i.e., one right after another). A group that has a specific issue with a specific outcome can more easily limit the number of sessions and duration of the group.
- Time between sessions will also have to be determined. Coaches want to give group members enough time to process and/or try out new actions. However, too much time between sessions could be detrimental, especially for those who are struggling with executing new actions. Many coaches would find that for most groups, anything less than one week between sessions is too short and anything over 2 weeks would be too long.

**Educational Component.** Again, depending on the purpose of the group, it may be advantageous to have an educational component. If the group has a singular health issue they are dealing with, guest speakers with expertise in that health issue may be beneficial. If the coach is knowledgeable in the health area, they may want to provide some education or educational resources. Also, the group members could be tasked to find out information on various aspects of the health issue. As with individual health coaching, coaches must be careful to avoid giving medical advice. Likewise, if the material comes from group members, it should not be construed as the same as expert medical advice. Coaches should suggest to group members that any information they may receive in the group should be checked out with their medical providers.

**Amount and Type of Group Structure.** Some groups could operate with very little structure and be successful. Coaches could begin sessions with very open-ended questions, such as “What have you learned since last session?” and essentially go from there. They could use whatever arises in the session to make salient points. Or, coaches could be very structured, planning the questions and format that will be used for each session and strictly following those questions and format. The format and structure will be determined by the outcome intent of the group. For instance, a group that has been structured around weight loss may require greater structure than a group whose intent is to improve each member’s overall health.

Coaches will also have to determine if they are going to take the group through the Whole Health Coaching Process as a group, or if each member will be coached depending on where they are in the process. For instance, coaches could start out a group by having every group member talk about their vision in the first session. The group does not move on to *values* until everyone has had a chance to define their health vision. Likewise, the group does not move on to *Goal Setting and Planning* until every group member has chosen a focus. Clearly, a group set up this way will

have unique challenges. Mainly, group members will be ready to move at different times and they will have to wait on their fellow group members.

By contrast, a group could be set up so that every group member moves through the coaching process at their own pace. Group members who are not necessarily in the same stage could still learn from listening to other group members at that stage. Coaches need to be adept at remembering and addressing each individual where they were in the process. They would also have to be skilled at pointing out the lessons that could be learned from group members who are in different stages in the process.

It may be helpful to think of sessions having 3 phases:

1. *Beginning of a coaching session* - The beginning of the coaching session starts with some form of check-in, which is usually an open-ended question addressed to everyone. Potential opening questions are:
  - a. “What did you succeed with this week?”
  - b. “What one word describes your week?”
  - c. “What theme would you use to describe your week?”

Some coaches might want to begin with a mindful awareness activity to assist group members in becoming present.

2. *Body of a coaching session* - The body of the coaching session often includes processing the members’ experiences since the last session. More specifically, the progress toward goals and overcoming challenges will usually take the bulk of the time. Questions may be:
  - a. “What successes did you experience this week?”
  - b. “What was a challenge for you this week?”
  - c. “Where did you experience excitement?”
3. *End of a coaching session* - Let members know you have an allotted amount of time left. As with the check-in, it is important to hear from everyone during check-out. Questions might include:
  - a. “What are you taking away from this group this week?”
  - b. “What new behavior will you do this week?”
  - c. “What would you like us/me to hold you accountable to during our next session?”

**Missed Sessions.** Coaches will need to address, ahead of time, how missed sessions will be handled. Will the absent member need to make up the session somehow? Will they have to listen to a tape of the session? Will they need to be brought up to date on what they missed?

**Blending Group and Individual Interventions.** One challenge for coaching groups is balancing the amount of time spent on any one individual and giving time to the overall group process. One way to balance this process is to stay mindful of the amount of time you as a coach are devoting to the following:

- Coaching individual group members and bringing the relevance forward to all group members.
- Coaching the whole group, asking questions for the whole group to consider, and listening for common themes as well as differences. Use responses to weave in teachable moments for the whole group.
- Group members coaching each other can have a real impact for the group. The coach may have to invite group members to coach by asking questions such as “If you were the coach, what would you say, or what would you ask the Veteran right now?” This takes the focus off the coach as the only one who is able to coach and allows for more group interactions as opposed to every interaction going through the coach. It might be important to remind group members that this is not an opportunity to offer advice, as agreed upon in the group design/ground rules.

## DEALING WITH DIFFICULT GROUP MEMBERS’ BEHAVIOR OR GROUP PROCESSES

Groups can present unique challenges that will not likely be encountered in individual coaching. Managing these difficulties may require additional practice and experience to be an effective group coach. Some of these difficult group situations might be:

### **Situation: Members who monopolize or ramble**

*Intervention:* “I respect your viewpoint and am grateful for your willingness to share. I also want to hear from other people in the group on this topic.”

Sometimes, group members are not aware of how much they interact compared to others. Two ways to address this are 1) Ask the whole group to be aware of how much they as group members are interacting compared to others or 2) Address it directly with the group member, perhaps on a break or after the group session.

### **Situation: Members who tend to complain incessantly**

*Intervention:* “I hear that this is upsetting for you. I’d like to give you another minute to express your view and then I’d like to hear from others.”

**Situation: Members who give frequent advice to others**

*Intervention:* (Assuming not giving advice has been set up as a ground rule) “I hear what you are offering now as advice. How could you change your approach, and ask a question that would allow the person to explore what you are offering?”

**Situation: Sidebar conversations.**

*Intervention* (Assuming this has been set up as a ground rule) Eye contact with the sidebar members. A general reminder about the ground rules and sidebar conversations, “We did speak about sidebar conversations in the ground rules – it is helpful to remember them”. Using proximity (standing nearby) to bring attention to the speakers, and then perhaps asking participants to change seats to separate them. Finally, simply asking them to refrain from sidebar conversations for the sake of the larger group.

Some of these difficult situations can be avoided or at least addressed by setting up ground rules in the beginning session. Members could then be reminded of the ground rules throughout the sessions.

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**SETTING UP THE INITIAL GROUP SESSION**

There are several tasks coaches will want to be mindful of as they begin the first session of group coaching. Some of these are similar to individual coaching first tasks but may take on a different flavor when doing them in a group setting. These tasks are part of designing the group coaching alliance:

- Introduce yourself and your intent or goal for the group. You may want to consider introducing yourself when other group members introduce themselves, providing the same information they provide. This will contribute to a different group dynamic than if you introduce yourself differently, or at another time in the process.
- Create guidelines or ground rules for the group. Items such as confidentiality, bottom lining, not giving advice, how members will communicate with one another, and attendance are all issues that could be addressed during this time. Coaches may want to provide some of the ground rules, while others may be generated from the group. Generally, members will take more responsibility and ownership for carrying out or enforcing group-generated ground rules.
- Emphasize that the group will be interactive, focused on dialogue and not be simply the forum for the coach.
- Provide the group information on the structure of the group and how you envision the group process taking place.
- Be sure to allow adequate time for each group member to be heard in the first session.

- Provide some relatively “safe” open-ended questions that all group members can respond to.

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## ENDING THE GROUP EXPERIENCE—THE LAST SESSION

There are several points coaches will want to keep in mind when ending the group experience. These are:

- A review of where group members have come from over time, and what changes they have made, is usually very useful and motivating.
- Having members state what they have learned that can be applied to other areas of their lives can be helpful in having them identify change strategies.
- Sharing last thoughts they may want to exchange with other members of the group.
- Having group members not only identify what they have learned, but also think about what other area of their life they may want to work next.
- Feedback for the coach in terms of what has been helpful about the group, as well as how the group could be improved.
- Exchange of contact information if appropriate.



## CHAPTER 7: THE ETHICS OF COACHING

Health Coaching is a relatively new and evolving field. Training programs are recognizing an important niche they can fill in addressing the needs of this new endeavor. Academic programs have begun. However, this evolving interest and educational responses have arisen prior to clear national guidelines for practice, training and ethics being established. Although there is a Code of Ethics developed by the National Board for Health and Wellness Coaching (NBHWC) for coaching in general, there is not a code of ethics for Health Coaches per se. There are no state regulations nor monitoring of health coaches; therefore, self-regulatory ethics are very important. As this field progresses, ethical standards will undoubtedly proliferate. Until then, ethical standards are a work in progress.

Health coaches working within the VHA setting should familiarize themselves with VHA ethical guidelines for all clinicians.

Coaches should be aware that the NBHWC has been recognized as a primary organization for setting national standards for coaching in general. Both the NBHWC Code of Ethics and the NBHWC Health & Wellness Coach Scope of Practice documents are included in the Handouts section of the manual. In addition to a Code of Ethics, they have developed:

- Definition of Coaching.
- Core Competencies/Standards.
- Professional Coach Credentialing, Including Ongoing CEU requirements.
- Oversight for Ethical Conduct Review.
- Ongoing Self-Regulatory Oversight.

The purpose of this chapter is to outline broad areas of ethical concerns; the details in how to address these concerns will need to be implemented by individual coaches. Using mature, professional judgment, and keeping the Veteran's best interest at the fore when addressing these concerns will go a long way in fostering an ethical coaching practice.

### FACTORS CONTRIBUTING TO CHOOSING ETHICAL ACTION

Before outlining specific areas of concerns, it is useful to recognize that there are factors that will contribute to how individual coaches will respond in ethical situations. Some of these factors include:

**Individual's Personal Character.** Coaches bring a history of personal development to the coaching situation. The attributes that follow have been developed over time, but coaches must consciously continue to practice behavior consistent with these attributes in the coaching setting. These personal attributes are:

- Prudence or practical wisdom. Carefully thinking through the potential ramifications of any behavior and avoiding the appearance of impropriety is a character skill/trait developed from years of experience. Prudence, or practical wisdom, also includes thinking through the long-term consequences of any given behavior.
- Integrity. Coaches acting out of integrity, being honest, and promoting the best interest of Veterans are less likely to encounter ethical issues. Coaches with integrity do not necessarily “need” a code to guide their ethical behavior. It comes out of a sense of integrity. In fact, coaches who practice integrity and have moral reasoning skills may actually practice behavior that goes beyond any written code of ethics.
- Trustworthiness. Trustworthiness has been discussed in greater detail previously in this chapter. Coaches who have worked to demonstrate trustworthiness in their relationships with Veterans are less likely to encounter ethical issues.
- Respectfulness. Respectfulness involves being aware of, as well as honoring the Veteran’s beliefs and values. Practicing respectfulness will certainly reduce the incidents of ethical conflicts.
- Compassion. Understanding and caring about the Veteran’s feelings and life experiences will limit any potential behaviors that result in compromised ethics.

**Moral Reasoning** Coaches who can reason from a moral perspective and take into account “what is in the best interest for the greater good” and not just in the coaches’ best interest, will have a basis for making decisions that will result in fewer compromised ethical situations.

**Professional Ethical Identity.** Professions themselves develop both written and unwritten codes of ethics over time. These codes are developed by both the leaders and constituents of the profession. How much ethics are emphasized, both in terms of training and code enforcement, begin to define the ethical culture of the profession. Underlying each profession are philosophical principles that may or may not be evident to members of the profession. These underlying philosophical principles can have an impact on the profession’s spoken and unspoken code of ethics.

**Ethical Training.** Even though ethical reasoning and decision making are heavily influenced by coaches’ personal character, ethical choices can be enhanced by training. Most professions provide courses or training in ethical development. In the WHC training, we provide opportunities to reason and discuss, with colleagues, coaching situations in which ethical decisions need to be made. Although there may not be one given/ specific course of action in complex ethical situations, coaches are provided an opportunity to think through potential ethical situations before they actually occur.

**Competence.** If coaches have mastered the competencies of coaching, there will be far fewer violations of professional ethics. Embedded in the competencies of coaching are attributes that

help to avoid compromised ethical choices. Listed below are a few examples of competencies that foster sound ethical judgment:

- Promoting the Veteran’s agenda and best interest. Coaches who keep the Veteran’s agenda and best interest in mind will find themselves in fewer compromised ethical situations. They will be reasoning from what is in the best interest of the Veteran rather than from what is in the best interest of me, the coach.
- Co-creating a coaching partnership. If coaches are truly interested in partnering with the Veteran in order to assist in promoting their optimal health, they will find themselves acting in the partner’s best interest in potential ethical situations.

In addition, as certification becomes a reality in the field of health coaching, the profession itself will have an influence in self-monitoring, and those who are not competent will not be certified to practice. This professional influence, in addition to personal competency, will impact the number of ethical situations that may arise in the field.

In concluding this section, there are several questions that may be helpful for coaches to ask themselves in ethical situations. Answers to these questions will be influenced and determined by the factors identified above. These questions are:

- What are my own internal value conflicts?
- Who benefits from which course of action?
- What core values (both personal and professional) are being compromised?
- What core values (both personal and professional) are being strengthened?
- How does my Veteran win or lose, depending on the course of action?
- With whom would it benefit me to consult to examine the conflicts involved?

The following questions may be useful in nurturing ethical sensitivity:

- What is your “gut” response to this situation?
- What is the focus of your attention?
- Who else is involved in this situation?
- What makes you think “This does not feel right”?
- What are the issues related to culture and/or diversity?
- How does my role as coach (and privilege) impact my sensitivity and choices?

## AREAS OF COACHING REQUIRING ETHICAL CONSIDERATION

There are many scenarios in coaching where ethical decisions will need to be made. These scenarios are grouped and outlined as follows:

**Confidentiality.** As with all health-related professions, coaches should be careful to protect Veteran confidentiality. In some settings and states, there may be “duty to report” issues,

especially if the coach determines that the Veteran may do potential harm to themselves or others. Within the VHA there is a duty to report and this should be discussed in the “coaching agreement” or initial session discussion. The coach should become familiar with the duty to report procedures in their work environments. If the coach determines that it’s in the best interest of the Veteran to share information with another professional, the coach should first obtain the Veteran’s permission after discussing the reasons for their course of action with the Veteran. The coach should have places to keep notes and Veteran information, preferably secured with lock and key that is not available to others.

**Veteran-Coach Relationship.** There are several potential concerns to be aware of under this topic. These include:

- Set clear, appropriate and culturally sensitive boundaries regarding physical contact.
- Avoid any sexual misconduct with Veterans.
- Provide clear and accurate communication about what the Veteran might expect from coaching. Avoid over-promising.
- Avoid exploitation of Veteran for monetary or personal gain.
- Discuss terminating the coaching relationship when coaches or Veterans determine that Veterans could be better served by another coach or professional.
- Establish clear communication before coaching begins regarding the number and length of sessions, finances, and the nature of the coaching relationship and confidentiality.
- Honor and support the Veteran’s right to terminate the coaching relationship.
- Avoid providing any information that could be construed as medical advice or directing a Veteran in a particular medical direction that runs counter to their wishes and values. General education of VA vetted information is allowed, but specific recommendations is no ok.
- Consider terminating the coaching relationship when Veterans’ and coaches’ values conflicts are currently or will potentially impede the effectiveness of coaching.
- Keep clear records of sessions and Veteran/coach agreements. This will help in clearing up any misunderstanding along the course of coaching.
- When soliciting information from the Veteran, only solicit the information that is useful to the coaching process. Having additional information not only has potential ethical implications but creates more potential liability for coaches.

**Dual or Multiple Roles.** In some cases, the coach may find themselves in dual or multiple roles with a Veteran. For instance, if a Veteran is a relative, or Veteran and coach work for the same institution, there may be reasons to have the Veteran seek another coach. If the Veteran is a neighbor or the Veteran and coach belong to same organizations such as places of worship, there may be ethical considerations before entering into a coaching relationship.

Also, if the coach has another profession, such as being a psychologist, the coach will have to be clear with the Veteran what role they are fulfilling with the Veteran and not attempt to blend the two. If the coach and Veteran decide to change the nature of their professional relationship, it should be explicit, and the Veteran should not feel pressured to assume the new role. If you serve in another health care profession, be clear as to which professional guidelines prevail in ethical situations.

**Use of Assessments.** Even though assessments, such as Health Risk Assessments or Personal Health Inventory, can be very useful in increasing self-awareness and further action, they must be handled ethically. Coaches should know the limitations of assessments, as well as their limits in expertise to interpret the results of assessments. In some cases, coaches may want to obtain the services of an expert to administer and interpret the assessment. This should only be done with the consent of the Veteran. Coaches should establish clear boundaries in the use of information they receive from any assessment. Cultural sensitivity and confidentiality are also important considerations in the use of assessments.

**Limits of Coaching Agreements.** In a coaching agreement, coaches should be careful to articulate what they are offering and not offering the Veteran. This should be a written agreement, signed by both the coach and Veteran. Coaches should be careful not to over-promise what the Veteran will receive from coaching.

If the coach determines that the Veteran has issues that are beyond the scope of the coach's expertise, they should discuss other professional assistance with the Veteran. "When in doubt, refer out." is the guiding principle to keep in mind.

**Professional Issues.** Although coaches may have conflicting values with other coaches or coaching organizations, it is expected that coaches will not denigrate other persons or organizations with whom their values/beliefs and /or offerings may differ. Coaches may want to "defend" what they have to offer versus another health-related professional; however, they should acknowledge differences without placing a value (especially a negative value) on the other's services.

Coaches should familiarize themselves with the Code of Ethics established by the NBHWC. As this field emerges, states may take varying positions and enact laws governing coaching practices. It is important that coaches familiarize themselves with any state law that may pertain to the coaching profession. These are subject to change and coaches should find sources to keep themselves abreast of new and/or changing laws.

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SOURCES FOR THE INFORMATION IN THIS CHAPTER INCLUDE:

Williams, P., & Anderson, S. K. (2005). *Law and Ethics in Coaching: How to Solve -- and Avoid -- Difficult Problems in Your Practice*. Hoboken, NJ: John Wiley & Sons.

The NBHWC Code of Ethics, NBHWC, website: [www.nbhwc.org](http://www.nbhwc.org)

## CHAPTER 8: PRE-SESSION, FIRST SESSION, AND LAST SESSION CONSIDERATIONS

This chapter addresses some unique considerations that coaches will want to consider in beginning and ending coaching.

### PRE-SESSION

Coaches may want to think of providing Veterans a packet of information that includes the following before the coaching sessions start:

**A brief description of what coaching is.** Veterans may not be familiar with what health coaching is. A brief brochure on what health coaching is, and what health coaching is not, may provide the Veteran with information about what they may be encountering. If Veterans are referred by other health care providers or their PACT, it would be useful to be given a brochure or handout at the time of the referral along with an opportunity for the Veterans to ask questions.

**A description of what the Veteran's responsibilities are, and what the Coach's responsibilities are, in the Coaching sessions.** This may help to clarify what coaching is for the Veterans. A few of these ideas are:

- The Veteran will be responsible for the agenda and what they want to work on.
- The coaching will be conducted in the context of what matters to the Veteran.
- Coaches will make every effort to provide a safe and supportive environment and will honor the interests of the Veteran to address (or not address) whatever the Veteran brings up.
- Coaching is not only about learning and gaining insight, but about taking action as well.
- The Veteran will be expected to do the work; the coach is there to guide the process and support them.

**Any inventories or assessments that the coaches would like to have available for the first session.** For instance, some coaches may want the Veterans to complete the PHI before coming to the first session. If that is the case, they should provide the PHI several weeks in advance with specific instructions in filling it out along with some guidance about how it will be used.

**Any logistics about the coaching sessions.** Directions on where to go, how to get there, the length of sessions, how many sessions, expectations for being on time, are all part of the logistics that should be provided to the Veteran.

## FIRST SESSION

The first session can be very important in developing trust and setting the tone for future coaching sessions. Like any helping profession, efforts should be made to join with the Veteran, using common courtesies when greeting and meeting another person for the first time. Asking the Veteran what they need to be more comfortable would be an example. Also asking about what information they would like to know about the coaching sessions may be important. Providing a “healing” space that is peaceful, uncluttered, quiet and not prone to distractions or interruptions will be important in promoting a favorable “first impression”. Coaches should make every effort to be fully present for the Veterans, perhaps preparing for the encounter by practicing some mindful awareness prior to the session.

The Veterans may have questions about confidentiality and who else (other providers) will have access to any information they may share in their sessions. Coaches should be honest with the Veterans and share what their role is in relation to any other of the Veteran’s health care providers.

## LAST SESSION

Ending the coaching relationship can assist in leaving a favorable impression (and perhaps referrals) for the Veterans. More importantly, asking the appropriate questions can assist in preparing the Veteran for the future without the support of coaching. Questions found previously under the Group Coaching Last Session section are also appropriate for individual coaching, those questions are:

- A review of where the Veteran has come from over time, and what changes they have made, is usually very useful and motivating.
- Having Veterans state what they have learned that can be applied to other areas of their lives can be helpful in having them identify change strategies.
- Sharing any last thoughts they may want to exchange with the coach.
- Having the Veteran not only identify what they have learned, but also think about what other area of their life they may want to work next.
- Feedback for the coach in terms of what has been helpful about the coaching, as well as how the coaching could be enhanced.
- Sincere goodbyes.

## ADDITIONAL COURSE MATERIALS

### FINDING RESOURCES

The [Whole Health Education SharePoint Hub](#) contains information on all onsite and online courses, as well as other useful resources.

#### **SharePoint Education Hub**

<https://dvagov.sharepoint.com/sites/VHAOPCC/Education/SitePages/Home.aspx>

The Whole Health Library includes individual tabs for Key Resources (including electronic versions of the PHI and Passport to Whole Health Reference Manual), Onsite Programs (including course materials), Whole Health Overviews & Tools, and Veteran Handouts.

**Whole Health Library** <https://wholehealth.wisc.edu/>

### COMPONENTS OF PROACTIVE HEALTH AND WELL-BEING

<https://www.va.gov/wholehealth/>

This link has a downloadable PDF version of the Components of Proactive Health and Well-Being (Circle of Health) as well as an interactive tool to explore each of the components.

### COURSE VIDEOS

*Fayetteville Coaching:*

<https://www.youtube.com/watch?v=JSTkaFTO7f8&list=PLY7mRNUcQyMRR0oRxryZcJNhMhyPIYfUo&index=31>

*Cleveland Clinic:* [https://www.youtube.com/watch?v=cDDWvj\\_q-o8](https://www.youtube.com/watch?v=cDDWvj_q-o8)

*It's Not About the Nail:* <https://www.youtube.com/watch?v=-4EDhdAHrOg>

*Dream Rangers* (this is a website you can view the entire video for personal use only)

<http://www.youtube.com/watch?v=vksdBSVAM6g>

*Veterans & Mindful Awareness (StarWell):*

<https://www.warrelatedillness.va.gov/education/STAR/>

*Arthur Video—Never Give Up:* <https://www.youtube.com/watch?v=qX9FSZJu448>

*This is Water:* <https://www.youtube.com/watch?v=MZjpihl2pfg> or

<https://vimeo.com/68855377>

*Cleveland Clinic #2:* <https://www.youtube.com/watch?v=1e1JxPCDme4>

## ADDITIONAL VIDEOS

*Clinical Champions:* [http://www.youtube.com/watch?v=NYKHwgjJ\\_Iw](http://www.youtube.com/watch?v=NYKHwgjJ_Iw)

*Dr. Tracy Gaudet:* [http://www.youtube.com/watch?v=SAL5ZL\\_GqUc](http://www.youtube.com/watch?v=SAL5ZL_GqUc)

*Dr. Dave Rakel & Dr. Adam Rindfleisch:* <http://www.youtube.com/watch?v=AP6z5kfN6MU>

*What is Mindfulness?* <https://www.youtube.com/watch?v=JbGe9BpniJo>

*Why Mindfulness for the VA?* <https://www.youtube.com/watch?v=5Ui79W7TPdo>

*Four Ways to Cultivate Mindfulness* <https://www.youtube.com/watch?v=sU-xRVB7rVE>

*Beginning a Mindfulness Practice* <https://www.youtube.com/watch?v=zr42pt0kuZE>

*Mindfulness and Compassion* <https://www.youtube.com/watch?v=VgJbYzI2Sjk>

*Star Well-Kit:* <http://www.warrelatedillness.va.gov/education/STAR/>

*Evidence Map for Mindfulness:*

[http://www.hsr.d.research.va.gov/publications/esp/cam\\_mindfulness-REPORT.pdf](http://www.hsr.d.research.va.gov/publications/esp/cam_mindfulness-REPORT.pdf)

To learn more about the positive impact of patient centered care, and to learn more about the Veterans who were empowered to improve their health and well-being, view the videos found on the link below. Or just listen and download audio files (MP3 format) which provide guided meditation and mindfulness strategies. These audio tracks can be used in group settings as well as for individual use.

<https://www.va.gov/wholehealth/>

## RESOURCES AND REFERENCES

### WHOLE HEALTH WEBSITE

Public Website (Internet): <https://www.va.gov/wholehealth/>

SharePoint (Intranet):

<https://dvagov.sharepoint.com/sites/VHAOPCC/Education/SitePages/Home.aspx>

The VA Office of Patient Centered Care and Cultural Transformation (OPCC&CT) works with VA leadership and health care providers to transform VA’s health system from the traditional medical model, which focuses on treating specific issues, to a personalized, proactive, patient-driven model that promotes whole health for Veterans and their families.

- Personalized care means putting your needs first and partnering with you to create a customized health plan based on your goals, personal history, and lifestyle.
- Proactive care means your care team will actively work with you to find preventive, rather than reactive, options that strengthen your individual, innate capacity for health and healing—for example, using mind-body approaches and nutritional changes prior to surgery or chemotherapy.
- Patient-driven care puts you at the head of your personal health care team, so clinicians can give you the skills, resources, and support to drive your own care.

The VA is building a proactive and personalized health care system that honors Veterans’ service and empowers them to achieve their greatest level of health and well-being. As the VA transforms the delivery of care, a unique community for Veterans that embraces their distinctive needs is being forged

The patient centered care transformation is growing and robust in many VA facilities across the country. Through Live Whole Health, OPCC&CT and VA are providing the resources to give Veterans, health care providers, and staff the freedom to create a culture in which this transformation can flourish. Now, Veterans and providers have the opportunity to work together to define the future of Whole Health care at VA.

### COMMUNITY OF PRACTICE CALLS

- **Whole Health Coaching** Community of Practice call
  - Whole Health coaching education and skill-development, subject matter experts, best practices.
  - Monthly call on 4<sup>th</sup> Thursday at 2:00 ET.

- VANTS: 1-800-767-1750, Access Code 43351
- Adobe Connect link: <http://va-eerc-ees.adobeconnect.com/whcoachcop/>
- **Whole Health: Continue the Conversation** Community of Practice call
  - Whole health learning and skill-development, subject matter experts, best practices.
  - Monthly call on 1<sup>st</sup> Thursday at 2:00 ET.
  - VANTS: 1-800-767-1750, Access Code 43351
  - Adobe Connect link: [http://va-eerc-ees.adobeconnect.com/wh\\_cop/](http://va-eerc-ees.adobeconnect.com/wh_cop/)

## OTHER VA RESOURCES

There are many valuable resources within the VA system which may provide additional training opportunities to supplement the skills and concepts learned in the Whole Health Coaching program. These are a sampling only of what is available. For specific opportunities at your location, please contact your immediate supervisor, Health Education Coordinator, Health Promotions/Disease Prevention Program Manager, Health Behavior Coordinator, Whole Health Coordinator, or Patient Centered Care Coordinator for courses you are eligible and able to attend.

- Motivational Interviewing (NCP)
- TEACH (NCP)
- CREW (NCOD)
- Clinician Coaching (NCP)
- Telephone Lifestyle Coaching (NCP)

Make the Connection stories from Veterans, Service members, and National Guard:

<https://maketheconnection.net/>

These SharePoint sites contain many resources that support Whole Health:

VHA National Center for Health Promotion and Disease Prevention:

<http://vaww.infoshare.va.gov/sites/prevention/default.aspx>

VHA National Center for Organization Development

<http://vaww.va.gov/NCOD/CREW.asp>

Telephone Lifestyle Coaching

<https://dvagov.sharepoint.com/sites/VHAPrevention/TLC/default.aspx>

## SUGGESTED WEBSITES

*(These websites are provided solely for additional information and are not endorsements by either PIRE or the VHA/OPCC&CT)*

International Coaching Federation - <http://www.coachfederation.org/>

National Board for Health & Wellness Coaching – <http://www.nbhwc.org>

Health & Wellness Coach Certifying Examination / Content Outline with Resources - [https://www.nbme.org/pdf/hwc/HWCCE\\_content\\_outline.pdf](https://www.nbme.org/pdf/hwc/HWCCE_content_outline.pdf)

## SUGGESTED READING MATERIALS

*(These materials are provided solely for additional information and are not endorsements by either PIRE or the VHA/OPCC&CT)*

Britton, J. J. (2010). *Effective Group Coaching: Tried and Tested Tools and Resources for Optimum Coaching Results*. Hoboken, NJ: John Wiley & Sons.

Dossey, B. M., Luck, S., & Schaub, B. G. (2014). *Nurse Coaching: Integrative Approaches for Health and Wellbeing*. NY.

Dossey, B. M., & Hess, D. (2013). Professional Nurse Coaching: Advances in National and Global Healthcare Transformation. *Global Advances in Health and Medicine*, 2(4), 10-16. doi:10.7453/gahmj.2013.044Global Advances in Health and Medicine—May 2013 Vol 2 No 3 <http://www.gahmj.com/toc/gahmj/2/3>

Miller, W. R., & Rollnick, S. (2012). *Motivational Interviewing, Third Edition: Helping People Change*. New York, NY: Guilford Press.

Rollnick, S., Mason, P., & Butler, C. C. (2010). *Health Behavior Change E-Book*. St. Louis, MO: Elsevier Health Sciences.

Rollnick, S., Miller, W. R., & Butler, C. C. (2012). *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. New York, NY: Guilford Press.

Whitworth, L., Kimsey-House, H., Kimsey-House, K., & Sandahl, P. (2007). *Co-Active Coaching: New Skills for Coaching People Toward Success in Work and Life*. London, United Kingdom: Nicholas Brealey Publishing.

## MINDFUL AWARENESS SCRIPTS

As stated previously in the Mindful Awareness section of Chapter 2, Mindful Awareness is noticing, awareness, and attention. Mindful awareness is *not* guided imagery, relaxation, nor

meditation. Before beginning a mindful awareness moment, offer set up comments including asking permission to offer a mindful moment.

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#### INCLUDE SET-UP COMMENTS SUCH AS

- “I’d like to offer a mindful awareness moment. Would that be ok with you?”
- “This may not be for everyone”
- “Close your eyes if you like, or leave them open”
- “Disregard my voice at any time”
- “Stop anytime you are experiencing any discomfort”
- “Remember this is about ‘paying attention on purpose and not necessarily about relaxation.’”

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#### WHAT MINDFUL AWARENESS IS NOT...

- It is not meditation
- It is not about having a clear mind
- It is not about relaxation

A reminder—when reading the scripts that follow, slower is better than going too fast through the script. Pause after each suggestion.

---

#### AWARENESS OF BREATH SCRIPT

- Find a comfortable yet alert position. Relax and feel the support of the chair or floor.
- Allow your eyes to close, or set a soft gaze around the room.
- Remember to maintain attitudes of non-striving, non-judging, and paying attention.
- This is a time to let go of business or life’s concerns.
- Now pay attention to your breath wherever you experience it. Don’t try to change it, just pay attention to it. Feel the breath as completely as possible, the inhaling, pausing and exhaling of the breath. It may be easier to focus on your belly during the experience of breathing.
- When you notice that your attention is somewhere else, congratulate yourself and gently return to the breath. You will probably need to do this many times.
- Notice the sound of your breath, the warmth of your exhales, and the coolness of your inhales.
- If you notice outside (or inside) distractions, simply notice them and then patiently return your focus back to your breathing.
- Notice the length and depth of each breath.
- Practice this way as long as you wish.
- Allow yourself to rest and look more deeply as you settle into this.

(After time is up) When ready, you may end your mindful awareness session by simply opening your eyes.

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## PRACTICE OF MUSCLE AWARENESS SCRIPT

First, find a comfortable position, with your back feeling supported by the chair and your feet supported by the ground. Sometimes we say sitting with a firm back and an open heart. Take a deep breath; let it out slowly. What we'll be doing is alternately tensing and relaxing specific groups of muscles. After tension, a muscle will be more relaxed than prior to the tensing. Concentrate on the feel of the muscles, specifically the contrast between tension and relaxation. In time, you will recognize tension in any specific muscle and be able to reduce that tension.

Focus on tensing only the specific muscle group I call out at each step. Try not to hold your breath, grit your teeth, or squint. Breathe slowly and evenly and think only about the tension-relaxation contrast. *(Note to facilitator: Each tensing is for 6 seconds; each relaxing is for 6 seconds. Note that each step is really two steps—one cycle of tension-relaxation for each set of opposing muscles.)* As with other mindful awareness practices, you may notice your mind wanders. If it does, just gently bring it back to the sensations in your body. You may close your eyes, or set a soft gaze around the room.

*(Optional instruction: I will count slowly to six while you tense and relax each muscle group.)*

1. **Hands.** Tense your hands, making a fist (6 secs). Now relax your hands, fingers relaxed in your lap (6 secs).
2. **Biceps and triceps.** First, make a muscle—shaking your hands to make sure you are not tensing them into a fist (6 secs). Now relax, dropping your arms to the chair (6 secs). Now tense your triceps, trying to push your straightened arms towards the back (6 secs). Now drop them and relax (6 secs).
3. **Shoulders.** Pull your shoulders back (6 secs) and then relax them to neutral (6 secs). Push the shoulders forward as if hunching (6 secs). And then relax them to neutral (6 secs).
4. **Neck (lateral).** With the shoulders straight and relaxed, turn your head slowly to the right, as far as you can (6 secs); now relax to the front (6 secs). Turn your head to the left (6 secs); and relax to the front (6 secs).
5. **Neck (forward).** Dig your chin into your chest (6 secs); now relax, bringing the head forward to neutral (6 secs). (Tilting the head back is not recommended).
6. **Mouth.** Open your mouth as far as possible and hold (6 secs); now relax the mouth (6 secs). Bring your lips together and pursed as tightly as possible; hold (6 secs); now relax (6 secs).

7. **Eyes.** Open your eyes as wide as possible and hold (6 secs); now relax (6 secs). Close your eyes tightly, holding a squint (6 secs); now relax (6 secs).
8. **Back.** With shoulders resting on the back of the chair, push your body forward so that your back is arched (6 secs); now relax (6 sec).
9. **Butt.** Tense the butt tightly and raise pelvis slightly off chair (6 sec); now relax (6 secs).
10. **Thighs.** Raise your straightened legs about 6” off the floor or the footrest – try not to tense the stomach as you do this and hold (6 secs). Now relax (6 secs).
11. **Stomach.** Pull in the stomach as far as possible and hold (6 secs); relax completely (6 secs). Push out the stomach or tense it as if you were getting ready for a punch in the gut (6 secs); now relax (6 secs).
12. **Calves and feet.** Point the toes (without raising the legs) and hold (6 secs); relax (6 secs). Point the feet upward, as if you were pulling your toes to your shins and hold (6 secs). Now relax (6 secs).
13. **Toes.** With legs relaxed, dig your toes into the floor (6 secs); relax (6 secs).

That concludes our body scan with muscle relaxation exercise. Take a couple of deep breaths, open your eyes if they are closed, and let’s continue by discussing the experience.

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## MINDFUL EATING SCRIPT

Facilitator Instructions: This exercise can be done with one or several food items. It may be advantageous to have several small food items available, so the participant can mindfully notice the choice of an item they chose. You will have to plan ahead to make sure to have food item(s) available.

1. Start by finding a comfortable sitting position.
2. Take three slow, deep breaths and notice how you feel physically.
3. (if applicable) Pay attention to the choice of the item you chose. On what basis did you choose this item?
4. Place the food item in your hand. Don’t eat it quite yet. Notice how you would normally put the item in your mouth without taking the time to fully appreciate it. Now pretend this is the first time you’ve ever seen the food item.
5. First, feel the weight of the food item in your hand. Is it heavier than you imagined?
6. Now, take a look at the food item. See it as if for the first time. What do you notice that you may have not noticed before?

7. Imagine where the item came from. Was it produced locally or brought over from a very different place? Think about how many people were involved in bringing this item to you today.
8. Slowly bring the item close to your nose. Does it have a smell? Does that smell remind you of an event from the past?
9. Continue to notice any positive and negative thoughts you have about the item. Notice what you might be expecting it to taste like at this point. Is your mouth starting to make saliva in anticipation of eating the food item?
10. Ever so slowly, place the item in your mouth, without biting into it. Use your tongue to push the item against the roof of your tongue and then against the back of your teeth.
11. Keep the food item in your mouth for at least 10 more seconds without chewing and notice how it tastes.
12. Now, you are finally ready to eat this item. Softly bite into the item and continue chewing it as many times as you can. Try to chew the item at least 15 times before swallowing it.
13. Once you have swallowed the item, take a moment to sit quietly and notice how you feel. Did this process make eating the item more satisfying?

You can repeat these steps with other foods. You can also practice a quicker version of this with meals just by paying more attention to what you are eating and letting all of your senses experience a food before you swallow it.

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## LOVING KINDNESS MEDITATION SCRIPT

We're going to begin with a new Mindful Awareness practice called Loving-Kindness. Find a comfortable position with your back resting against your chair and your feet supported by the floor. This practice can be intense for people. If you decide you don't like this practice at any point, just treat my voice - as I guide the practice - as you would any noise that might distract you. You don't have to fight my voice and you don't have to follow it either. Just turn your attention to your breath.

Allow your eyes to close or set a soft gaze around the room.

Now, take five abdominal breaths, breathing in and out at your own pace. Remember, you don't have to change your breathing pattern, just take deep, full breaths in your own time.

Then we'll start the four phrases. There are several different ways to do this practice. You will repeat the phrases quietly to yourself. Bringing yourself into focus, offer the following phrases:

- May I be happy. (pause)
- May I be healthy. (pause)

- May I be safe. (pause)
- May I be peaceful. (pause)

(Repeat these phrases one more time.)

Now, directing your attention to someone whom you like—maybe a friend, family member or a pet, offer these phrases to them:

- May you be happy. (pause)
- May you be healthy. (pause)
- May you be safe. (pause)
- May you be peaceful. (pause)

(Repeat these phrases one more time.)

Now directing loving-kindness towards someone or something that may be causing you negative emotions. Picturing that person and bringing into focus, and offering the following phrases:

- May you be happy. (pause)
- May you be healthy. (pause)
- May you be safe. (pause)
- May you be peaceful. (pause)

(Repeat these phrases one more time.)

Now offering this to those in the room and bringing the group into focus. And offering the following phrases:

- May you be happy. (pause)
- May you be healthy. (pause)
- May you be safe. (pause)
- May you be peaceful. (pause)

(Repeat these phrases one more time.)

(Optional, depending on time.)

Now offering this to everyone in our world:

- May you be happy. (pause)
- May you be healthy. (pause)
- May you be safe. (pause)
- May you be peaceful. (pause)

(Repeat these phrases one more time.)

*Finally*, once again coming back to yourself:

- May I be happy. (pause)
- May I be healthy. (pause)
- May I be safe. (pause)
- May I be peaceful. (pause)

(Repeat these phrases one more time.)

Now finishing with five more deep abdominal breaths. And opening your eyes when you're finished.

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## MINDFUL WALKING INSTRUCTIONS

Let Participants know that today you are going to introduce 'Mindful walking'. This activity is about focusing attention on the actual experience of walking— noticing how your feet touch the surface on which you are walking.

To begin, have participants practice walking in the room for a minute or so just to get the sense of what it's like to pay attention to their feet contacting the floor.

Give them 5 minutes to walk either in the building or outside if possible.

Have them walk in silence, not talking to others.

Have them notice the following:

- What it's like just to walk, continuing to notice their feet contacting the surface on which they are walking.
- Notice their speed of walking.
- What else they may notice when their mind or attention goes somewhere else: sights, sounds, or other sensations - things they may never have noticed before.
- Practice bringing their attention back to their walking when their attention has gone elsewhere.

Let them know the time when you want them back in the room.

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## BODY SCAN MINDFUL AWARENESS PRACTICE SCRIPT

This is a time totally set aside for you, and to be with yourself. A time for renewal, rest and healing. A time to nourish your health and wellbeing. Remember that mindful awareness is about being with things as they are, moment to moment, as they unfold in the present. Let go of ideas about personal development. Let go of your tendency for wanting things to be different from

how they are and allow them to be as they are. Give yourself the space to be as you are. You don't even need to try to relax. Relaxation may happen or it may not. Relaxation isn't the aim of the body scan. If anything, the aim is to be aware of your experience, whatever it may be.

1. Loosen any tight clothing, especially around your waist or neck. You may close your eyes or set a soft gaze around the room. You may like to remove your shoes. (Pause)
2. Begin by feeling the weight of your body in the chair.
3. Notice the points of contact between that and your body. Each time you breathe out, allow yourself to sink a little deeper into the mat, bed or chair. (Pause)
4. Become aware of the sensations of your breath.
5. You may feel the breath going in and out of your nostrils, or passing through the back of your throat, or feel the chest or belly rising and falling. Be aware of your breath wherever it feels most predominant and comfortable for you. (Pause)
6. When you're ready, move your awareness down the left leg, past the knee and ankle and right down into the big toe of your left foot.
7. Notice the sensations in your big toe with a sense of curiosity. Is it warm or cold? Now expand your awareness to your little toe, then all the toes in-between. What do they feel like? If you can't feel any sensation, that's okay. (Pause)
8. Expand your awareness to the sole of your foot.
9. Focus on the ball and heel of the foot. The weight of the heel. The sides and upper part of the foot. The ankle. Then, when you're ready, let go of the left foot. (Pause)
10. Repeat this process of gentle, kind, and curious accepting awareness with the lower part of the left leg, the knee and the upper part of the left leg. (Pause)
11. Notice how your left leg may now feel different to your right leg. (Pause)
12. Gently shift your awareness around and down the right leg, to the toes in your right foot. (Pause)
13. Become aware of your pelvis, hips, buttocks and all the delicate organs around here. (Pause)
14. Move up to the lower torso, the belly, and lower back. (Pause)
15. Bring your attention to your chest and upper back.
16. Feel your rib cage rising and falling as you breathe in and out. Be mindful of your heart beating if you can. (Pause)
17. Go to both arms together, beginning with the fingertips and moving up to the shoulders. (Pause)

18. Focus on your neck.

19. Then move your mindful attention to your jaw, noticing if it's clenched. Feel your lips, inside your mouth, your cheeks, your nose, your eyelids and eyes, your temples, your forehead and checking if it's frowning, your eyes, the back of your head, and finally the top of your head. Take your time to be with each part of your head in a mindful way.  
(Pause)

20. Now let go of all effort to practice mindfulness.

Get a sense of your whole body. Feel yourself as complete, just as you are. Remember this sense of being is always available to you when you need it. Rest in this stillness.

Pause and then invite your coaching partner or group to return their focus to the present moment.