

Coaching-Praxisfelder

Forschung und Praxis im Dialog

Publikation zum zweiten internationalen Coaching-Fachkongress

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Health & Wellness Coaching for Sustainable Change

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Margaret is co-founder and co-director of the Institute of Coaching at McLean Hospital, an affiliate of Harvard Medical School (www.instituteofcoaching.org), and co-director of the annual Coaching in Leadership & Healthcare conference offered by Harvard Medical School. She is co-leader of the National Consortium for Credentialing of Health & Wellness Coaches (www.ncchwc.org), a consortium of 73 organizations that is developing a national certification, training and education standards, and a collaborative coaching research agenda. She is the lead author of the first coaching textbook in healthcare, the *Coaching Psychology Manual* published by Lippincott, Williams & Wilkins, and co-authored a Harvard Health Book titled *Organize Your Mind, Organize Your Life*, translating the neuroscience of brain organization into self-coaching tools, published by Harlequin.

This article is based upon a transcript of a presentation to the Coaching Research-Congress »Coaching meets Research« in Basel in June 2012, with the addition of some references and resources. The topic is an overview of coaching in healthcare and wellness based upon developments in the USA.

There is a large body of scientific literature that shows that various health-care interventions help people successfully change health behaviors in the short term. They lose weight. They eat better. They exercise. They take their medicines. However, typically, two years later their habits and biometrics tend to drift back down close to the baseline, only around 5 % sustain new habits.

When I deliver coaching workshops for health professionals including dietitians, health educators, and personal trainers, I ask them: »What proportion of your clients make lasting change?« They estimate that they are successful with around 10 % of their clients. So, we have a long way to go to deliver sustainable change. My guess is that the first generation of well-trained health and wellness coaches are getting close to helping 50 % of clients be successful in making sustainable change. The very best coaches are probably closer to 60 %–80 %. No health and wellness coach is successful 100 % of the time. Then, how do we dramatically improve our success rates in helping people change their lifestyles in ways that last?

Today I'm going to give you a quick tour of four potential mechanisms of action of coaching, and start by introducing you to my heroes, the important scientists who have created a body of literature over the last few decades that forms the base coaches stand upon. Even if we don't yet have enough evidence for coaching as a health intervention, coaching competencies stand on a firm scientific foundation. I have distilled the most important coaching skills that enable lasting change into coaching mechanisms of action.

My first heroes are psychologists Ed Deci and Rich Ryan. When Maslow died he regretted that his theory of motivation, a hierarchy of needs, had no supporting data. Deci and Ryan are highly respected for having developed a well-grounded theory of human motivation, a theory that describes what drives us to do what we do.

My heroes in self-efficacy, or confidence, include Al Bandura and his social cognitive theory, and the body of work by James Prochaska on what enables the capacity to change. In the last 20 years, Barbara Fredrickson has discovered the biology of positive emotions and why they are essential for

our capacity to change. The ratio of positive to negative emotions is a main variable that predicts resilience to setbacks on the journey of change.

Bill Miller and Stephen Rolnick assembled a nice package of skills they call motivational interviewing, relational skills and tools that coaches use liberally. Last is Bob Kegan at Harvard. I think Kegan is the most brilliant psychologist working in the field of adult development and he has taught us that we construct our own reality, our beliefs. If we decide that personal health is not a priority because we think our work performance will suffer, that's a belief system that we have made up, which means that it can be deconstructed and reconstructed in new ways. Kegan explains that you can't get lasting change unless you outgrow your old mindset, unless you get to a place where you say: »I cannot imagine thinking the way I used to think.«

That's lasting change. When you have truly outgrown the old brain road-map or brain wiring, leaning reliably on new wiring built over time.

Medicine is designed beautifully for acute care. We are wonderfully able to take someone who had a car accident or heart attack, hold her hands through the medical system and perform a successful job. However, the healthcare system wasn't designed for chronic care, how to help people to actively engaged in self-care 24/7. We don't have the systems and the tools to do that. Most people are also not good at self-regulation and self-control, finding it hard to change habits. We're asking them to do something that they are not good at. Not only did we not design the system to help people, changing habits is a really tough thing to do. Adopting new health habits is among the most challenging areas in life.

So how do we get there? To quote Albert Einstein: »We cannot solve our problems with the same thinking we used when we created them.« Which means we need to think differently. If I distill coaching down to its simplest ingredient, each coaching conversation generates insight, a small change in mind: »Maybe I do have time to exercise, maybe I could experiment.« Which leads to action, which leads to insight: »My gosh I felt great and got a lot more good work done.« Which leads to new action and experience: »My goodness, my stress levels went down. I want to exercise more.« It's an iterative process, over time changing our minds, practicing a new behavior, changing our minds, that leads to an upward spiral toward a change in both mindset and behavior that is sustainable. In each coaching conversation we want to create the conditions to enable people to experience a small shift, an Ah-Ha moment: »Oh my goodness, I never thought about it that way. I didn't realize that was possible.« We now know that our brains can change, right up until our last breath. Change occurs through new connections being made among neurons in the brain. That process has biological limits, it can

only go so quickly. We can't change our minds in a transformational way in a few days or weeks. It's more like a few months to a year and beyond to get a significant change

Coaches help people build a new neuronal network in their brains. The more robust that network, the more insights, the more experience, the more people have unpacked their experiences and really learned from them thoroughly, the more redundancy there is in the network, the more backup strategies they have, the more likely they'll be able to sustain a new behavior.

Here's a definition of health and wellness coaching: we facilitate a partnership and change process that enables clients to change their mindsets and develop and sustain behaviors that have been proven to improve health and wellness. Our clients go beyond what they have been able to do alone. When you put together two sets of working memory, two creative brains, you get more insights and the collaboration speeds up the process. Coaches also have a unique spirit, we see the butterfly in the chrysalis. Coaches see possibility and potential that others might not, combined with a great toolbox of coaching skills and techniques.

The US leaders in training health professionals as coaches came together two years ago as the National Consortium for Credentialing Health & Wellness Coaches to set standards. We're working towards building a national certification and training and education standards. The second agenda is the wide dissemination and integration of basic coaching skills into the scope of all health professionals who are working with people who have chronic disease or are at risk. There are two models, the professional coach and then wide dissemination of basic coaching skills.

Today, coaches work in diverse places from clinical to corporate and consumer health and wellness. They're working in medical fitness centers, health clubs, cardiac rehab, physician practices, and many have private practices. Some combine yoga classes or personal training with wellness coaching. Similarly providers are learning these skills across the spectrum of mental health, occupational therapy, and physical therapy. I co-authored a CME Program at Harvard Medical School teaching physicians basic coaching skills. Wherever people are talking about lifestyle as a medicine, there's opportunity for coaching.

My vision is that putting the physician and the coach together on the health care team is the best way to help people. Even in a few minutes, physicians can be a profound catalyst. Those are precious moments to move the compass towards »I want to be and do something new«.

We need credible coaches, a solid theoretical foundation, and then the outcomes research needs to follow. There are four textbooks of coaching

theories and practice published in the past six years. We have a long list of robust theories that we build on. The Institute of Coaching got started out of a team I led that created a theory for the intuitive dance of coaching, what we considered the peak moments in coaching, when insights are generated. One of the team members was Carol Kauffman, now the Director of the Institute. This may be the only new theory that coaches have developed.

Coaching outcomes literature is small, trailing the latest in coaching techniques. Harvard physician Beth Frates and I published a paper in the *American Journal of Physical Medicine and Rehabilitation* that reviewed the literature, including 16 randomized studies, and concluded that coaching alone is affective in a number of areas – cardiovascular disease, diabetes, asthma, cancer pain, with cancer survivors, weight loss and also ADD. Coaching is beginning to be explored as an adjunct to medical and therapy interventions for mental health conditions including depression and anxiety.

What research measures of sustainable change should we look at in the future? In health care we focus on measuring numbers, we need to measure biological phenomena, whether it's weight or waist girth or hypertension or HbA1c or fasting blood glucose. Those are all indicators that someone's health is in a particular state. The challenge with those measures is that most can change quickly, and they don't predict sustainability. They're benchmarks but not enough. What drives sustainability are other things. People often need to learn new skills. They have not learned to develop a purposeful mindset, regulating their emotions and cravings for junk food. They haven't learned how to exercise in a way that fits into their schedules. Then they need to establish new habits. We have a number of metrics to measure behaviors.

The big new domain or outcomes measures involves developing the capacities and resources that predict sustainable change. If you're not mindful and self-aware, if you can't observe yourself in change, you're not learning and harvesting from new experience. If you don't have an energetic drive or motivation you're not likely to sustain a new behavior. Several good indicators tell us whether someone has a good chance of changing for good. We know what that looks like. You can see it in front of you. You can tell when someone is talking a different game, their energy is different, they look different. You can imagine that this new mindset and behavioral pattern is likely to last. We're all able to make that judgment call. If we can all agree on measures that predict sustainability, we'll be better able to track sustainability.

Let's now talk about four coaching mechanisms. The first relates to designing a relationship that promotes growth and change. Our brains learn better when we are in a healthy growth-promoting relationship. The second

and third mechanisms are what I call the twin engines of change. People need to want to change, so they need to be motivated and it has to come from within. The second twin engine is confidence, they have to believe they can do it. »I want to«, and »I can«. Both need to be recharged every day to propel people forward. The last mechanism is the process itself. What goals get set? What brainstorming gets done to navigate around numerable challenges? How do people want to be accountable? How do they deal with setbacks? What happens over time? Like the way we run organizations where we have projects and goals and plans. People work well in structured projects.

The Growth-Promoting Relationship

I'm going to touch on four elements around the design of a growth-promoting relationship, incomplete but a good start: mindfulness, self-empathy, autonomy, and generation of insights.

The first principle in my co-authored Harvard Health book *Organize Your Mind, Organize Your Life*, based on neuroscience, is that most of have negative frenzy in our brains much of the time. It could be sadness, anxiety, anger, frustration, impatience, or any other kind of emotional stress. It can be low level static and noise, or it can be very loud, caused by a major worry. This frenzy impairs the function of our prefrontal cortex (CEO of the brain). We can't focus well, think straight, access our memory, and be creative and strategic. If we want a client to get more focused and get clear on where they're going, we need to help him tame his frenzy. Coaches first create an oasis that's calm and unfrenzied, which means we have to first calm ourselves first.

A 2011 study of physician empathy concludes: »Patients whose physicians have high empathy scores were significantly more likely to have good control of blood sugar and cholesterol levels than physicians with low empathy scores.« The ability to put yourself in another's shoes, showing compassion and acceptance is another gift we give in the coaching dynamic. Most people have a forceful inner critic, a voice who says »I can't do this«, »I'm not good enough«, »I failed«. This is a potent source of negativity that takes over our brain resources, putting us into a stuck place and making it hard to move forward. When coaches radiate warmth, patience, and empathy, clients absorb those emotional states. We radiate the calm energy we want clients to pick up. When we're with our clients we can help them let go of the past, accept themselves, and feel self-compassion. We create a dynamic that conveys that the past is the past. »How do you want to move forward?« It can be hard to be patient and empathetic when people haven't

really engaged. However that's the gift we need to give clients because little will happen if they don't loosen their grip on negative self-talk.

Deci and Ryan have shown that humans share three universal drives, innate in our genetic wiring. The first and most potent is autonomy, we want to »be the boss of me«. We see it in babies who throw their peas on the floor. We see it in our elderly parents who won't take their medicines. When people feel like they don't have control, they find ways to be autonomous. When teenagers get to age 13 they are so sick and tired of being told what to do for 13 years, they're determined to march to their own drummers. The downside is that people will do things that are not good for them, in resistance to being told what to do. As adults, we are often polite when someone tells us what to do, we smile and we say: »That's very nice. Thank you so much for that wonderful information.« We're just as likely to resist as we too value our autonomy dearly.

The good news is that while in medicine we've trained people to be passengers and followers of medical experts who own the knowledge, wisdom, and answers, people do want autonomy. It is our birthright. If coaches can dig out the drive for autonomy, this drive will move our clients forward.

The third drive that helps balance autonomy, or we'd all be hedonists acting selfishly, is that we also dearly want connection. We choose to give up our autonomy for a relationship. We'll choose a relationship over being right in order to be connected. That's how the autonomy and connection drives balance out. We need autonomy and we need connection, and we're always weighing up both needs in our relationships. How much autonomy am I willing to give up in the service of this relationship?

When you start to watch how often you resist other people, how often have you resisted what your spouse wanted you to do, often without really thinking about it, just because you felt as though you were losing your autonomy. This is a fundamental drive. Motivational interviewing researchers have taught us that triggering resistance isn't neutral. If you inadvertently trigger resistance by being a know-it-all, smarty-pants, you move people backwards in their readiness to change. Be careful to not trigger resistance, because you will lose the coaching dynamic and your ability to have an influence when this knee-jerk reaction occurs.

One of my favorite motivational interviewing trainers, Robert Rhode, has a saying: »Get out of sales and get into fishing.« Get your client to tell you why they want the things you're hoping he would do. Start with an open-minded question: »How would your life be different if you were healthier, fitter or had more energy?«

Then *listen!* My simple tip is to not think about what you're going to say next. Then you will listen to the last word of what your client has to say.

That's a big gift because we rarely give and get that kind of treatment. Most people are thinking about what they're going to say next before you've finished what you have to say.

Then reflect back what you've heard. This is where immense creativity comes in because there's so many ways to expand on people's words and breathe more life into them and make them more compelling and fun. The combination of an open question, mindful listening, without thinking of what you will say next, and reflecting back what you've heard, is the way to avoid resistance.

Let me describe a study also published in 2011 using physicians trained in motivational interviewing techniques. After one visit, the patients whose physicians used motivational interviewing techniques (collaboration, empathy, open inquiry, reflections), lost an average of 1.6 kilos three months later. The patients whose physicians were not using coaching techniques gained or maintained weight. In a few moments you can make a difference by changing the dynamic.

Given my proposal that cumulative insights over time is the mechanism for change of mindset, then our clients need to have new insights, a continuous series of ah-hah moments. It's not much help for coaches to give clients' insights. Then our clients' brains aren't changing. An old bit of wisdom: *People are generally persuaded by the reasons with which they have themselves discovered than by those which have come into the mind of others.* When you facilitate the reaction – »Oh my goodness I never thought about that before« –, then you have made a difference.

If you're going to your surgeon, you don't want to be coached about which option would be best for you. You want the best possible advice based on the latest research. But the coach approach is better suited to chronic issues that depend upon self-care. When you're the expert, you think of yourself as the authority, the educator, and you know what the agenda is. You know the ranking of the behaviors that make the most impact, and that's what you place in your client's lap.

The coach on the other hand positions himself as a partner, as a facilitator, there to explore what the client wants, what are her priorities, what agenda does she have? Experts take on the role of the boss, feeling responsible for patients' health, which leads one to feel drained and burned-out by the end of the day because you've been carrying around responsibility for everybody's health challenges and limitations.

The coaching dynamic is quite different because we don't take on this responsibility. We keep the client in the driver's seat. We don't end the day feeling drained and burned-out because we ask the client to work.

The expert is focused on solving problems, the coach is focused on fostering possibilities, a very different dynamic. When you go to your physician, she looks down the page of your lab results, eyes focused on the negative variance line. What's not going well? Physicians usually neglect to talk about the good numbers.

Coaches cultivate positive emotions because it makes clients' brains work better. The negative creates frenzy and impairs learning. Coaches want to help the client find the answers as far as possible, especially they really are the boss of their lifestyles.

The expert can sometimes interrupt to get through his checklist. The coach is interested in the whole story. When you're in the expert role, you can often feel like you're working harder than your patient or client, whereas in coaching, the coach and client are working equally hard on how best to move forward. The expert role can sometimes degenerate into wrestling, a tug of war between two people rather than a dance.

My simple tip is to move yourself into the passenger's seat. For as long as you're holding on to the steering wheel, you're driving and your client is not learning how to drive. If you can remember that simple message, move yourself into the passenger seat, imagine your client in the driver's seat and resist the urge to grab the steering wheel, and take charge. Allow them to drive, allow them to figure it out to the extent that they can.

Self-Motivation

Let's move on to one of the twin engines, to elicit self-motivation. The kind of motivation that works best comes from within. Here's a simple example to help us explore four different kinds of motivation. There are two categories, external and autonomous. Then there are two kinds of external motivation. When you have an external human being, like your boss or your mother, telling you what to do, and you don't think much about it beyond »I want to do what this person wants me to do to avoid conflict«, this is what we call external motivation or regulation. For example: »I'm exercising because my wife will get upset if I don't.« That's the extent of my reflection.

Interestingly, we often internalize the external as an inner critic, we take the billboards that say eat less and exercise more and we bring them into our minds. The inner critic says things like I should, I ought to, I'm bad if I don't, all self-critical statements. This negative stance is a form of external motivation that is unstable and does not lead to sustainable engagement.

Autonomous motivation does lead to sustainable motivation. A future orientation, when you want to be fit and strong because you want to have the energy to make a difference every day, or you don't want your children to

have to take care of you if you have a stroke, when you connect the behavior to something in the future that you want, that is the kind of motivation that has been shown to lead to sustainable weight loss. Then you have internalized your reason to do something, because it's good for your future. That's the kind of motivation that works best.

The other kind of autonomous motivation is also valuable. That's when you love to do it in the moment. You just love your yoga class. You can't wait to cook a new recipe. You can't wait to listen to music to relax. When you love to do something, you do it for its own sake. You do it because it taps into your strengths, and it's fun for you. While that's a great kind of motivation for health behaviors, often it takes a long time to find. In my case, it took me almost 20 years to find a meditation that worked for me. I only found one only a year ago. And I've been a wellness enthusiast for all these years. I share that because often it takes a long time until we find the thing that just taps into what works for us. We want to keep looking, but we can't always find it in the timeframe we need it. So then we need to rely on the future-oriented autonomous motivation.

It's also important to dig deeper to get what you might call the why behind the why. Here's a from a coach who is a dietician who had a client who wanted to lose weight, and her reason was that she wanted to fit into some of her clothes that she hadn't worn in a while. They went on and on, so why do you want to do that? Why do you want to do that? They went on to 10 whys. The answer to the 10th why was: my husband died recently and I really want to be able to wear my wedding ring again. When they hit that »why« the client felt the heartfelt yearning for losing weight that none of the other »whys« tapped into. To find this future orientation, listen for the heart, not the head. Keep going until you hear the heartfelt motivation. You can tell because a client's demeanor changes when they've hit on the real why being healthy matters to them.

Motivation and confidence depend on each other. Steer your client away from behaviors where a client's confidence or motivation is low. There are many different choices. People will have different scores of motivation and confidence across a whole different set of eating or exercise behaviors. If you can find a behavior where a client is ready to change, being successful will lift the boat, it will improve their motivation and confidence elsewhere and get them started on an upward spiral.

I look at motivation as tapping into something that is inherent and biological. It's our drive to be human. We're born to want to make a difference in the world, to use our strengths, to contribute. But our capacities usually have to be built by practice over time. Tap into a client's motivation and then help

him build capacity. When people don't think »they can« their motivation goes to sleep.

Confidence

Let's talk more about positive emotions as a means to building confidence. First, negative emotions move lightening fast. They stick like Velcro. They are designed to get our attention and make us do something to get out of danger. Positive emotions are more like butterflies. They're fleeting. They act more like Teflon.

While negative emotions impair brain function, positive emotions improve brain function. Barbara Fredrickson has shown that they allow us to be more open minded and creative. We see the big picture. We can think out of the box. Make sure you start every coaching session with a good dose of positive. »What's the best thing that happened to you in the past week? What are you enjoying most in your life right now? What's your favorite thing to do?« Be creative, find lots of ways to spark authentic positivity because when you get to the tough stuff, your client's brain will have more capacity to deal with it.

Positive emotions work over time as well. They build our intellectual resources. We're better at problem solving. We're better at learning. We're more coordinated. Our cardiovascular recovery is faster. We bond better with people. We're more optimistic.

Barbara Fredrickson's book *Positivity* lays out her entire 20 years of research beautifully. One of the most important studies is where she showed that resilience is a main driver of life satisfaction. People who are more resilient are more satisfied with their lives. What drives resilience is not the level of negative emotions because we all have plenty of those, but the level of positive emotions. People who recover quickly from stress find the positive in the negative circumstances quickly. There's a tipping point, above 3 to 1, you have the capacity to bounce back from adversity. Below, you languish. 80% of adults are below the 3 : 1 ratio.

This research is a gift to coaches, because it calls us to talk about what makes clients thrive, what makes their lives worth living, what do they enjoy doing most? How do they use their strengths in ways that are energizing? Building positivity in small and large ways builds resilience, leading to more capacity to change. Find out your ratio at PositivityRatio.com. Do the 2-minute survey several times to get an average. People are often very surprised at their low positivity ratios and interested in improving them.

The positivity ratio is new vital health sign for doctors to consider. Positive emotions reverse chronic stress, and prevent getting ill. The longevity

increase is comparable to not smoking. People with higher levels of positive emotions get fewer colds. Physical symptoms like pain are reduced. Positive mental health and positive physical health are interdependent.

One of the great ways to energize us is – the third drive in the self determination theory- to be competent. We hate being incompetent – we hate falling off our bikes. We are more competent when we use our strengths. My simplest tool to help people change when they're not good at self control, what psychologists call self-efficacy, a common phenomenon, is to line up all of their strengths. There are many strengths assessments available. VIAcharacter.org is free. Start brainstorming, how can you use your creativity strength? How can you use your love of learning? When people tap into their strengths, their mental processing comes up with solutions much faster.

Here are a few more tips on building confidence. A little is better than nothing. It's okay to do a 5-minute walk, lift a one-pound dumbbell, or meditate for three minutes. Fake it until you make it. Sometimes you really don't know if you're going to like doing something. Do it and see if you get any benefits. Stretch yourself, create goals that are engaging, but not too much of a stretch or you become anxious. Don't forget to celebrate success. Expand your experience of success to harvest its gifts fully.

I encourage clients to experiment as it usually takes a combination of several things together that deliver the impact they want. If they don't notice a benefit within two or three weeks, they are not likely to sustain the behavior. Play around with lots of different things until your client finds the combination that works, one that's simple, sustainable, which becomes a personal formula.

Process of Change

The change process is simply about what happens over time, the structure we help clients put in place, a vision, plans, goals, support from other people and the environment. Coaches have many tools to provide planning and ongoing support. Even CEOs love to be accountable to someone, to report back on their progress and lessons. Clients love to tell their coaches: here is what I did and this is how it went.

On the topic of delivering education along the way, remember that there's an ideal amount of information people are ready to absorb at any time. Give clients the choice, the autonomy to choose – what do I want to learn now? What do I need to know now? Nothing more, nothing less.

Thank you for your time – onward and upward as I say!

Further Research Questions

- 1 How well does health and wellness coaching work to generate sustainable change and health improvements in a variety of chronic medical conditions – obesity, diabetes, heart disease, chronic pain, rehabilitation?
- 2 What are the key drivers of positive outcomes of health and wellness coaching?
- 3 What does it take to deliver a high standard of coaching competency? Training, supervision, practice?

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Website on Character Strengths Research

www.ippanetwork.org/newsletters/volume5/issue4/character_strengths_research/

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