

PRACTICE BRIEFING

Health coaching to facilitate the promotion of healthy behaviour and achievement of health-related goals

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Abstract

Coaching has become acceptable to both business and individuals to help improve performance, manage stress and achieve work and personal goals. Yet very few papers have been published with a specific focus on health and coaching. This paper highlights the possible role of coaching to facilitate the promotion of healthy behaviours and to help individuals achieve their health-related goals.

Introduction

The practice of personal, life, business, sports, performance and executive coaching has grown substantially since the early 1990s (Cockerill 2002, Fournies 2000, Neenan and Palmer 2001, Parsloe and Wray 2000, Peltier 2001). Although the term 'coach' has been borrowed as a metaphor from sport, it is now applied to the personal and work domains. Thus the term 'coaching' has entered into the public psyche beyond the sports pages of the national newspapers and is becoming generally accepted as beneficial to its recipients. It can even be seen as trendy having your own personal life coach. Whereas, in the United Kingdom, there is still a stigma attached to seeing a counsellor or psychotherapist.

What is coaching?

There are many definitions of coaching. Four are summarised below:

- 1 Coaching is unlocking a person's potential to maximise their own performance. It is helping

them to learn rather than teaching them – a facilitation approach (Whitmore 1992, based on Gallwey, a tennis expert).

- 2 Coaching – Directly concerned with the immediate improvement of performance and development of skills by a form of tutoring or instruction – an instructional approach (Parsloe 1995).
- 3 Coaching – The art of facilitating the performance, learning and development of another – a facilitation approach (Downey 1999).

Psychologists have developed another variation:

- 4 Coaching psychology is for enhancing wellbeing and performance in personal life and work domains with normal, non-clinical populations, underpinned by models of coaching grounded in established adult learning or psychological approaches (adapted Grant and Palmer 2002).

It can probably be assumed that these definitions should reflect the nature of coaching as practised by many practitioners. Therefore the key aspects of coaching, depending upon the model of coaching being applied, appear to include enhancing wellbeing, learning, facilitation, tutoring, instruction, development of skills and improving performance. In addition, coaching is usually goal and solution focused (Grant 2001).

Health coaching

Similar to health education specialists, usually the coach takes an active and directive role. Generally, the coach helps the coachee to achieve their goals by facilitating the learning process. If 'health coaching' or 'coaching for health' is the focus, the coach may help to educate the coachee on specific health-related topics and subsequently support them in achieving

their health-related goals. As the term coaching is becoming acceptable to the public, the concept of health coaching could be more favourably received by a client group in contrast to attending a health education lecture. An established health-related professional body, the Institute of Health Promotion and Education, provides a definition of health promotion and health education in their constitution:

The practice of health promotion and health education may be described as the organisation and execution of the influences affecting the environment, as well as individual knowledge, attitudes and behaviour, in matters concerning health with a view to enabling communities and individuals to maintain and promote personal and community health and wellbeing, together with a proper acceptance and use of the health and medical services available. (IHPE 2002)

This definition does not conflict with the general principles of the coaching approach, although its focus is on health and it can also be at the community level. This would be similar to stress or stress management coaching that is now available. The International Stress Management Association (UK) has recognised the practice of this form of coaching for a number of years. It could be argued that stress management training and stress management coaching comes under the umbrella of the health education field. Another professional body, the Association for Coaching (2003), includes both stress management coaching and health coaching on its website as 'Speciality Coaching'. Thus the term 'health coaching' is entering into general public awareness, although not necessarily among mainstream health education or promotion specialists. Within the field of health, papers have been published on behavioural counselling which has been used to educate clients with coronary heart disease (Steptoe *et al* 1999). Interestingly, the counselling is active and directive in nature and takes an educational approach which could be more accurately described as instructional coaching.

A tentative definition of health coaching is given below:

Health coaching is the practice of health education and health promotion within a coaching context, to enhance the wellbeing of individuals and to facilitate the achievement of their health-related goals.

This definition attempts to link health education and promotion to the key elements of coaching.

Psychological blocks to change

Due to the personal nature of coaching it could include tackling the health-related psychological blocks to change which could be challenged in the individual or group coaching session. These cognitive or attitudinal blocks to change could be divided into

Health Inhibiting Thinking (HITs) and Health Enhancing Thinking (HETs).^{*} Cognitive techniques such as Socratic questioning could be used to help a client to modify their thinking (Neenan and Palmer 2001). Examples of HITs and, following modification, their corresponding HETs are illustrated below:

HIT: *Exercise makes me sweat, so it can't be good for me.*
HET: *Sweating isn't a pleasant feeling but I know it is good for me because it takes all the waste products out of my body, allowing energy to flow better.*

HIT: *I've got to eat something to stop me being upset.*
HET: *I'm allowed to be upset, but what am I getting upset for? I can do this without bingeing.*

HIT: *I can't stand this pain. I need more medication.*
HET: *This pain is bad at times, but I can stand it. I'm living proof I can stand it. When I use deep breathing or distraction exercises the pain eases.*

HIT: *I must get a prescription when I leave or they will think I am faking it.*
HET: *I need the doctor to acknowledge that the way I feel is real.*

This would integrate standard cognitive behavioural techniques into health coaching (Neenan and Palmer 2001).

Conclusion

With the increasing interest in coaching, the introduction of 'health coaching' or 'coaching for health' may have an appeal across different generations. However, there is a lack of published research that underpins the effectiveness of health coaching. Although many models of coaching exist (Bluckert 2003), the application of models to health coaching which take an educational approach, such as cognitive-behavioural or multimodal, may provide promising results (Neenan and Palmer 2001, Palmer *et al* 2003).

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^{*}Alternatively other terms that could be used with easy-to-remember acronyms are Health Inhibiting Beliefs (HIBs) and Health Enhancing Beliefs (HEBs).

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