Health Change Overview for University of Copenhagen

The Health Change Approach to health coaching: theory, practice and applications in Australia and Canada

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My Perspective?

Clinician

Business Manager

Consultant

Applied Researcher

Theoretician
Presentation Content

Health Coaching & Behaviour Change Non-negotiables

The Health Change Approach

Cases, Applications

Program Implementation Challenges & Opportunities
What is Health Coaching?

• Behaviour change support for goal-focused pursuit of better health and quality of life outcomes

• But, who is driving the agenda?
1 in 2 patients can be expected to take action to achieve better health outcomes!

<table>
<thead>
<tr>
<th>%</th>
<th>Description</th>
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<tbody>
<tr>
<td>66%</td>
<td>Patients with hypertension who have poor BP control due to non-adherence</td>
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<tr>
<td>50%</td>
<td>Patients who act on GP referrals to other practitioners and services</td>
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<tr>
<td>50%</td>
<td>Overall adherence to chronic conditions treatment including lifestyle changes</td>
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<td>25%</td>
<td>Maintenance of new exercise behaviours after rehabilitation in the general population, and following cardiac rehabilitation</td>
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(WHO 2003; GP clinic audit; Dishman 1988; Oldridge 1991)
What is required for client success?

Passive Treatment Cycle

Without sustained behaviour change

Initial diagnosis or exacerbation of condition

Short term adherence to recommendations: worse health outcomes

Active Treatment Cycle

With sustained behaviour change

Long term adherence to recommendations: better health outcomes
Commonly included components in health coaching interventions

- Health education and information
- Health behaviour change education and information
- Motivation enhancement
- Behaviour modification support
- Problem solving support – addressing barriers
- Psychosocial support and/or referral
Health behaviour change models and theories

- Transtheoretical Model / Stages of Change
  - Therapeutic Alliance
- Health Belief Model
  - Protection Motivation Theory
- Theory of Planned Behaviour
  - Self-regulation theory
- Social Cognitive Theory / Self-efficacy
  - Relapse Prevention
- Self-determination Theory
  - Game Theory
- Cognitive Behavioural Theory
  - Decision-making Theory
- Goal Setting Theory
  - Risk Perception
- Positive Psychology
  - ACT
- Model of Action Phases
  - Implementation Intentions Model
- Coping Theory
  - Intrinsic Motivation
- Hope Theory
  - Communication Theory
- Motivational Interviewing
  - Solution-focused coaching
With so many theories to draw from:

1. How do you know what to do at any point with a single client?
2. How do you do this in time-limited health consultations?
3. How do you make practice consistent and measurable across clients and practitioners?
Complementary clinical pathways: Clinical condition / Health Change Approach

Clinical Assessment → Clinical Decision-making Framework → Diagnosis → E-b Treatment Plan or Recommendations → HBC Assessment → HBC Decision-making Framework → RICk Clarity → E-b Behaviour Change Support

HBC = health behaviour change
RICk = readiness, importance, confidence, knowledge
E-b = evidence-based
Three critical sets of processes required to facilitate behaviour change:

1. Person-centred, non-judgemental therapeutic approach that respects client autonomy

2. Processes required to form a behavioural goal intention

3. Processes required to convert the intention into action and maintenance
The purpose of the Health Change Approach and methodology is to *guide practitioner’s behaviour* so that they can support clients to change their behaviour in time-limited clinical health practice where a client has simply turned up to an appointment.
Health Change generic behaviour change pathway

- **Knowledge & understanding**
- **Motivation & expectations**
- **Decision & commitment**
- **Planning**
- **Action**
- **Self-regulation**

Decision Line

Macro View

Micro View

Build Motivation

Build Confidence

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The Health Change RICk Principle

Readiness
Importance
Confidence
Knowledge

Behaviour Change
Beware the Motivation Trap!

Motivation to reduce pain, lose weight, retain independence etc. ≠

Motivation to engage in actions or tasks required to reduce pain, lose weight, retain independence etc.
Health Change integrated suite of tools to increase adherence

Client-centred Practice Principles

- Knowledge & understanding
- Motivation & expectations
- Decision & commitment
- Planning
- Action
- Self-regulation

Essential Behaviour Change Techniques

- Decision Framework

Derek Case
The theoretical background

• Drawn and adapted from the evidence-base (see Gale & Skouteris, 2013)
  • Health behaviour change theory and models
  • Brief motivational interviewing
  • Solution-focused counselling
  • Cognitive behavioural counselling techniques
  • Chronic disease prevention and management literature
  • Health coaching literature

• Bridges the gap from theory to practice to make the evidence-base usable and scalable in health service delivery
The Health Change Associates model of behaviour change (Health Change Approach)

Within client/patient interactions

Integrates patient-centred communication and behaviour change support into a clinical health practice decision framework that guides health care providers
The Health Change Associates model of behaviour change (Health Change Approach)

Within organisations and programs

The approach provides a systematic, practical and evidence-based methodology for delivering health services in a time-efficient and clinically effective manner that promotes consistency and allows measurement of processes
Four aspects of goal setting required for health coaching

1. Clinical targets (physiological)
2. Broad lifestyle & treatment categories
3. Specific personalised health goals
4. Motivational drivers

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1. Clinical targets (physiological)
2. Broad lifestyle & treatment categories
3. Specific personalised health goals
4. Motivational drivers
Ensure that patients understand the ‘big picture’ of what they need to do over time

- Manage Psoriasis
  - Engage in Treatment Option/s
  - Manage Stress
  - Manage Weight
  - Manage Alcohol Intake
  - Reduce/Quit Smoking
  - Manage Mood

- Manage Osteoarthritis
  - Manage Medications Effectively
  - Specific strengthening exercises
  - General physical activity
  - Manage Weight
  - Manage Pain
How do the four aspects of goal setting relate to the behaviour change pathway?

Client Behaviour Change Pathway

1. Knowledge & Understanding
2. Motivation & Expectations
3. Decision & Commitment
4. Planning
5. Action
6. Self-regulation

Motivational Drivers

1. Clinical Targets
2. Lifestyle & Treatment Categories
3. Specific Personalised Health Goals
4. Macro View
5. Micro View

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Health Change 10 step decision framework

Set the Scene & Explain Your Role

① Identify Clinical Issues & Broad Lifestyle & Treatment Categories

② Prioritise & Choose a Category to Work On

③ Ask RICk® ④ Make a Decision

Decision Line

Ready to Take Action

Macro View

⑤ Generate Personal Goal Options

⑥ Choose & Refine an Option ⑦ Create an Action Plan

Micro View

⑧ Identify & Address Barriers ⑨ Ask RICk

⑩ Consider Review & Referral

Build Motivation

Build Confidence

Readiness

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Data Collection – pre, post, follow-up

• RICk variables – readiness, motivation, self-efficacy, knowledge and understanding (category level)

• Behaviour change and behavioural outcomes (category and personal goal level)
  • Percent change measured against standard recommendations
  • Absolute change

• Goal attainment (category and personal goal level – use hierarchies to clump data)

• Physiological outcomes

• Behaviour change processes / framework
Data collection – co-variates

• Barriers to change/Facilitators for change (strategies):
  • Behavioural
  • Emotional
  • Situational
  • Thinking

• Psychosocial variables:
  • Cognitive change
  • Positive and negative affect, depression, anxiety
  • Engagement, control, hope, activation
  • Social connectedness, relationships
Data Collection – program data, skills development and quality assurance

• Recruitment and retention rates, wait list numbers
• File (documentation) audits
• Client exit surveys
• Skills development tracking and audits
  • Self-assessment of own skill levels (PPETs & PSA)
  • Audio recording self-auditing of consultations
  • External quality audits using audio recordings
Health service applications

- Severe chronic complex condition management
- Chronic complex condition management
- Early intervention
- Prevention
Australian programs and services

• **Primary Care Australia**: General practice, allied health consultations

• **Chronic Condition Management Australia**: Early Intervention in Chronic Disease, Hospital Admission Risk Programs, NSW State Chronic Disease Management Program, Home and Community Care, Cardiac Rehabilitation, Heart Failure, Diabetes Management, Mental health, Aged care, Disability Services, HIV programs, Post-hospital Discharge Triage etc.

• **Prevention Australia**: NSW Get Healthy program, NSW Live Life Well Diabetes Prevention program, VIC WorkSafe WorkHealth Coach program, Kangaroo Valley Healthy Community Project

• **Corporate Health Services**: Health Checks, Referral, Lifestyle Interventions
Australian and Canadian programs and services

• Research Australia:
  • Deakin University NHMRC (HIPP Study/healthy pregnancy);
  • Melbourne University (knee osteoarthritis nurse coaching to support physiotherapy interventions);
  • Heart Foundation Primary Care Heartlink Program
  • Kangaroo Valley Healthy Community Project
  • Get Healthy Information and Coaching Service
  • NSW Chronic Disease Management Program - Connecting Care in the Community
Typical results to date

• Osteoarthritis chronic care service tracked the changes in their outcomes pre and post implementation of the Health Change methodology. From January to March 2011, 51% of patients had their surgery deferred due to poor self-management after being on the waitlist for 12 months. In the same period in 2012, only 34% of patients were deferred. Cardiac-related deferrals alone declined from 29% in 2011 to 10% in 2012.

• Diabetes prevention program – retention at week 5 was 80% v. 36% ave.

• Exercise physiologist program wait list – reduced to zero, with higher participation rates in group intervention

• Diabetes risk reduction program – 18 of 1st 400 recruited elected not to attend group education

• Community-based healthy lifestyle program – PANAS showed decreased negative affect, improved physiological indicators and lifestyle behaviours

• Fewer ‘fail to show’ clients generally
Canadian programs and services

- **Ottawa Regional Cancer Foundation**: Patient support coaching for cancer survivors
- **Alberta Health Services**: Chronic Disease Management Services
  - Pilot is evaluating transfer of training into practice:
    - Skills uptake
    - Acceptance and dispersion of the model and training
    - Too early to evaluate client outcomes
Implementation challenges

• Practice change is challenging at all levels in an organisation
• Skills development v. knowledge acquisition
• Requirement for systems alignment and documentation change
• Quality assurance and accountability are required to validate use of a new approach
• Buy in from frontline staff, line managers, senior staff
• Role definition
• Business models and data collection incompatibility with interventions
Reported benefits of the Health Change Approach

1. Clear framework for service delivery, programs and systems design

2. Common language and consistent information and expectations for clients and service providers across disciplines

3. Supports client health literacy, decision-making and engagement

4. Allows health care providers to quickly identify and address client barriers to action

5. Supports evidence-based lifestyle and treatment goals
Thank you for your participation!

Download case studies, session records, practice guides & worksheets at healthchangeaustralia.com | healthchangeassociates.com

HCA tools can be used freely in clinical practice and programs as long as HCA intellectual property is visibly acknowledged using the Health Change Inspired logo.
Why Health Change Associates?

• Exhaustive search of available training approaches

• Health Change Associates’ training model allowed for a train-the-trainer approach, and encourages ongoing support for workshop participants as they practice and fine-tune their new skills

• Represents a blend of health behaviour change models that goes beyond teaching theory by providing practical tools and techniques to actively engage and support patients/clients in self-managing their chronic condition

• Respects providers’ current skill sets and builds on previous training

• Helps to embed all of the related skills and techniques into clinical consultations and other services in a client-centred, systematic and time efficient way
Consistency with AHS mission/vision

• Aligns with and operationalizes the AHS mission/vision and values: client-centred, respectful, non-judgemental, sustainable and accessible behaviour change support for enhanced engagement and self-management

• Consistent with Wagner chronic care model, Choices and Changes, Better Choices Better Health, Motivational Interviewing, CBT and other well known behaviour change models

• Bridges the gap between theory and practice and enables health service staff and providers to utilize the above concepts and models in a time effective, systematic and consistent way to achieve better patient outcomes and reduce pressure on health services
Client case – ‘toxic wasteland’

- Male, mid-30’s, BMI = 34 (96 kg), elevated BP, BGLs & Chol.,
  married, 2 children, manager in hospitality industry

  - Told to change diet, lose weight, start exercising, reduce alcohol
    and caffeine dramatically, quit smoking:
    - 18-24 shots per day espresso per day
    - 1 bottle of wine per night, plus multiple martinis
    - 15 cigarettes/day
    - Low energy, poor sleep, frequent waking, needed naps on
      days off
    - Very little water – doesn’t like it
    - No exercise, poor diet, hardly any fruit and vegetables
Client case – 1 x 20 minute intervention

Reaction to Dr’s advice: “What can I do? I would have to quit my job!”

• 1 x 20 minute impromptu conversation in Nov 2009:
• High importance, but low readiness due to very low confidence in making any changes

• One thing at a time, one step at a time, adding up over time

• Client chose alcohol reduction as a priority

• Planned to eat dinner early with family (doesn’t drink when children are up and drinks less if he eats first), and not keep any chilled wine in the house

• No review consultation
Client case – behavioural changes

1.5 years:
- 5 alcohol free days/week, 1 bottle of wine over 2 nights, no martinis
- No more than 2 x skinny latte’s per day
- 2-3 cigarettes per day, work days only
- 1.9ℓ jug of water/day (hot water + ice + touch of cordial)
- 1 x vegetarian meal per week, aims for daily vegetables + 2 x fruit per day
- 3 x per week on exercise bike, plus conscious use of (many) stairs at work
- No longer takes naps on days off

2.5 years:
- 5 serves vegetables plus 2 serves of fruit per day
- 5 x exercise sessions per week
Client case – physiological outcomes

Results at 1 & 1.5 years:

• BMI 29 (82 kg) - previously 34 (96 kg)
• BP, BGLs and Chol. in normal range – previously all elevated
• No longer gets daily headaches
• Sleeps through the night and reports increased energy

Results at 2.5 years:

• 76 kg
• Waist circumference 88 cm (previously 110 cm)
• BP, BGLs and Chol. All in normal range
Health Coaching Definitions:

• “a behavioural health intervention that facilitates participants in establishing and attaining health-promoting goals in order to change lifestyle-related behaviors, with the intent of reducing health risks, improving self-management of chronic conditions and increasing health-related quality of life” (Butterworth et al., 2007, p. 300)

• “a practice in which health practitioners apply evidence-based health behaviour change principles and techniques to assist their clients to adhere to treatment and lifestyle recommendations, for the purpose of achieving better healthy outcomes or quality of life” (Gale, 2013, p. 16)
“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” (Palmer et al., 2003, p. 92)