Health Behavior Change and Coaching in Physical Therapy

Health Coaching
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Objectives
- Describe the 5 A's and the 5 R's and their application in a physical therapy setting
- Demonstrate the ability to apply motivational interviewing and the 5 A's and 5 R's within a case study
- Recognize the need to refer a patient/client to another provider or resource when their needs exceed the capability or scope of practice of the PT or PTA

Health Coaching
- A patient-centered process that is based upon behavior change theory and is delivered by health professionals with diverse backgrounds (Wolever et al, 2013)
- Considered the same as "wellness coaching" (Arloski, 2014, WELCOA)
Why Health Coaching?

- Growth in noncommunicable or preventable chronic disease associated with unhealthy behaviors
- Burden caused by chronic illness and desire of employers and others to manage them better
- Success associated with one-on-one direct or telephonic or electronic coaching interactions

Why Health Coaching?

- U.S. Preventive Services Task Force Recommendation Statement: Healthy Diet and Physical Activity: Counseling Adults with High Risk of CVD
- Grade B – USPSTF recommends the service; high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial
- Intensive behavioral counseling interventions have moderate benefits for CVD risk for overweight or obese adults at increased risk of CVD
- Behavioral counseling to promote a healthful diet and physical activity have a moderate net benefit

Components of Health Coaching

- Goal determination driven by patient/client
- Self-discovery/active learning utilized
- Content education provided
- Accountability ensured via self-monitoring
- Interpersonal relationship established between patient/client and coach
- Coach trained in behavior change theory, motivational strategies, communication techniques
Dosing

- Sessions lasted for an average of:
  - 35.8 minutes (range = 5 min to 2.5 hours)
  - Average # sessions = 10.1 sessions (range = 1 to 90, median = 6)
  - Average # contact hours = 6.2 (range = 15 minutes to 135 hours, median = 3 hours)
- NOTE: PTs can provide coaching in the context of the physical therapy plan of care

Wolever et al, 2013, Medicine

Motivational Interviewing and Health Coaching

- MI is a communication method and interpersonal style that focuses on helping patients/clients resolve ambivalence and make a commitment to change
- Health coaching is a more comprehensive approach that considers patients/clients holistically and supports them across the entire behavior change journey

Simmons & Wolever, 2013, Global Advances in Health and Medicine

5A’s of Intervention

- Ask
  - Ask patient about the health behavior
- Advise
  - Provide clear, strong advice to adopt behavior and the impact
- Assess
  - Assess willingness to make an attempt to adopt behavior within 30 days
- Assist
  - Make recommendations for how to adopt behavior
- Arrange
  - Assess success with adopting new behavior at next encounter
5R’s of Motivation

- **Relevance**
  Ask patient about how adopting health behavior may be personally relevant

- **Risks**
  Ask patient about perception of short-term, long-term and environmental risks of current unhealthy behavior

- **Rewards**
  Ask patient about perceived benefits/rewards for adopting healthy behavior

- **Roadblocks**
  Ask patient about barriers/roadblocks to adopting healthy behavior

- **Repetition**
  Repeat the 5R’s at each visit, providing motivation and information

Process

1. Do you [smoke, participate in regular physical activity, eat a healthy diet, get 8 hours of sleep per night]?
2. If not engaging in the healthy behavior, is there interest in adopting the healthy habit?
3. Assess stage of change/readiness and/or use 5 A’s/5 R’s framework
4. Next step depends on stage
   - Precontemplation – give information, 5 A’s/5 R’s
   - Contemplation – assess barriers/benefits, use motivational interviewing (assess values, importance and confidence questions, benefits/barriers, self-efficacy)
   - Preparation – assess barriers/benefits, processes of change, self-efficacy, self-determination scales, set goals, establish accountability
   - Action – processes of change, self-efficacy, self-determination scales, perceived wellness survey, set goals, establish accountability

Process (cont.)

5. Analyze scales and use information to plan intervention/coaching
   - If barriers > benefits, discuss how to reduce barriers and increase benefits
   - If self-efficacy is low:
     - Mastery of experiences – baby steps
     - Social modeling – find role models
     - Social persuasion – others that influence your beliefs about yourself. Provide feedback to the client on technique rather than outcomes.
     - Psychological responses – positive feelings in general build self-efficacy
   - Enlist the processes of change to move the client to a later stage
     - Cognitive processes used in earlier stages (precontemp, contemplation, preparation)
       - Consciousness raising
       - Confrontation of personal beliefs
     - Environmental and self-re-evaluation
     - Behavioral processes used in later stages (action, maintenance)
       - Commitment
       - Contingencies
       - Social support
Process (cont.)

- Increase autonomy and competency (SDT)
  - Build sustainable knowledge that supports informed choices by using neutral language during communication (e.g., "may" and "could" rather than "should" and "must")
  - Encourage choice and self-initiation (minimal or no use of prescriptions, pressure, demands, extrinsic rewards)
  - Provide individuals with a menu of options and a variety of avenues for behavior change
  - Support the presentation of tasks and choices with a clear rationale to adopt a specific behavior by presenting clear contingencies between behavior and outcome
  - Encourage individuals to build and explore congruence between their values and goals/lifestyles
  - Give informational positive feedback, acknowledging that the feeling of competence grows from feedback inherent to the task

Process (cont.)

- Build competence
  - Provide relevant inputs and feedback
  - Provide the tools and skills for change
  - Support to overcome competence- or control-related barriers
  - Help patients achieve mastery
  - Build relatedness
  - Respect individual
  - Understand and care for the individual
  - Perceived Wellness Survey
    - Balance – if subscales are within 1-2 points of one another, patient is more balanced. If not, could talk to patient about how to develop more interest/competence/confidence in subscales with lower scores.
    - Highest scoring subscales are patient assets – can use these areas to reinforce behavior.

Practice!

- Case Studies
  - Organize into groups of 3
    - Each group member will be the PT/coach for one of the 3 cases
    - Each group member will be the patient/client for one of the 3 cases
    - Each group member will be the observer for one of the 3 case studies and will give feedback to the PT after the coaching encounter