

wellcoaches®

# Coaching Psychology Manual

SECOND  
EDITION

Margaret Moore • Bob Tschannen-Moran • Erika Jackson

 Wolters Kluwer



Published in Cooperation with the  
American College of Sports Medicine

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**Margaret Moore**

**Erika Jackson**

**Bob Tschannen-Moran**

 **Wolters Kluwer**

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Second Edition

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*This manual is dedicated to my wonderful husband, Paul Clark, a biotechnology patent attorney; who dreamed up the idea for me to start Wellcoaches in 1999 while I was a biotechnology executive.*

*Paul is the reason that my life and the lives of many thousands of coaches and their clients are now works of art.*

*Margaret Moore/Coach Meg*

# About the Authors

**Margaret Moore** (aka Coach Meg), MBA, is a 17-year veteran of the biotechnology industry in the United States, United Kingdom, Canada, and France. She served in executive roles at three companies which later joined Sanofi and served as CEO and COO of two biotech companies.

In 2000, Margaret shifted from high-tech medicine to build the field of coaching in healthcare and wellness and founded Wellcoaches Corporation—strategic partner of the American College of Sports Medicine, now a standard-bearer for professional coaches in healthcare and wellness. The Wellcoaches School of Coaching has trained more than 10,000 health and wellness coaches in 45 countries.

Margaret is co-founder (with Carol Kauffman) and co-director of the Institute of Coaching at McLean Hospital, Harvard Medical School affiliate and co-course director of the annual Coaching in Leadership and Healthcare conference offered by Harvard Medical School. Margaret's collaboration with Edward Phillips, MD, to create a Harvard Medical School CME program to teach physicians basic coaching skills led to the launch of the Institute of Lifestyle Medicine, now based at Joslin Diabetes Center, of which Margaret is an advisor.

She is a co-founder and co-leader of the National Consortium for Credentialing Health and Wellness Coaches which is delivering national standards and certification of health and wellness coaches to help catalyze the transformation of our healthcare system.

Margaret is a faculty member of the Harvard University Extension School, leading and teaching a coaching psychology program.

Margaret was born on a dairy farm northeast of Toronto where she attended a two-room school and learned to drive a tractor. She is a board member of the Boston Philharmonic Orchestra. Margaret lives in Wellesley, Massachusetts, with her husband,

Paul Clark, a prominent biotechnology patent attorney who patented the first genetically engineered animal, the Harvard mouse. She is both a U.S. and Canadian citizen.

## *CME Course*

Harvard Medical School online CME course: *Prescribing Lifestyle Medicine for Weight Management* (basic coaching skills for physicians)

## *Books & Book Chapters*

- *Organize Your Mind, Organize Your Life*, a Harvard Health book published by Harlequin (2012)
- Chapter 22: "Health and Wellness Coaching"; *The Complete Handbook of Coaching*, 2nd edition
- Chapter 27: "Health and Wellness Coaching Skills for Lasting Change"; *Lifestyle Medicine* (medical textbook), 2nd edition, 2013
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For the last 20 years, Erika has served a Human Resources and Organizational Development leader in the public and private sectors, ranging from a Fortune 500 organization to a local nonprofit. Erika has expertise in adult learning methodology and an expansive toolbox of teaching methodologies. She has consistently engaged in ongoing skill development through various coaching schools as

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In addition to her work with Wellcoaches, she is also the lead instructional designer and senior facilitator with ImprovEdge, designing “play with a purpose” leadership development experiences led by Ivy League graduates and professional actors based on the principles of improvisational theater.

Erika loves the arts and in her spare time runs a community theater, writes music with her husband, Theo, and performs in musicals. Most of all, she loves singing with her three children—Lo, Wren, and Elek.

**Bob Tschannen-Moran**, IAC-MCC (IAC), BCC, is the CEO and co-founder of the Center for School Transformation, president of LifeTrek Coaching International, and past president of the International Association of Coaching (IAC).

Bob is the co-author of *Evocative Coaching: Transforming Schools One Conversation at a Time* (2010, Jossey-Bass) and the ACSM/Lippincott Williams & Wilkins *Coaching Psychology Manual* (2010) as well as more than 700 articles and newsletters published in both print and electronic formats. Together with his wife, Megan, he co-authored the lead article in the October 2011 issue of *Educational Leadership* magazine, “The Coach and the Evaluator.” Bob is an IAC Master Certified Coach, a CCE Board Certified Coach, a graduate of several coach training programs, and holds a Master of Divinity degree from Yale University.

Bob is active in Kiwanis and running. His family includes his wife, Megan, a professor of educational leadership at the College of William and Mary and a collaborator in LifeTrek Coaching International; his daughter, Bryn Rodriguez, a medical doctor in Las Vegas, and her husband Andres; as well as his son and daughter-in-law, Evan and Michelle Tschannen, who graduated from the University of Virginia with master’s degrees in Systems Engineering and Special Education, respectively. These days, Bob finds the most delight in spending time with his three grandchildren: Everest and twins, Aliana and Amaya.



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# Preface

Wellcoaches Corporation, the American College of Sports Medicine (ACSM), and our growing community of coaches are building the foundation for the new professions of wellness coach, health coach, and fitness coach. Since Wellcoaches was founded in 2000, we have worked hard to establish the gold standard in coaching competencies in the healthcare, fitness, and wellness industries. Our integrity; commitment to the highest standards; and our passion, vision, and dedication are what bonds the Wellcoaches community together.

Having trained more than 10,000 coaches and now more than 1,200 coaches per year (all who have learned from previous versions of this manual), we've built the largest community of coaches in healthcare worldwide and the foundation to support a global industry that we hope grows to 100,000 coaches or more.

Although this manual, widely used by coach training programs and universities around the world, is now in its second edition, it represents only the beginning. The field of coaching psychology continues to rapidly evolve with our help. The way our coaching psychology curriculum has grown indeed mimics the way coaching works with clients. A clear vision has led to clear goals and impressive outcomes that continually stretch us in new and surprising ways. Since the publication of the first edition, our curriculum has matured into a robust and evidence-based protocol now published in nine research studies with many more to come.

We are teaching evidence-based coaching psychology to pioneering credentialed professionals in health, fitness, and mental health, enabling them to energize and empower clients to master health well-being. Together, we hope to make a dent in some of the toughest challenges of our times: the epidemics of obesity, sedentary lifestyles, stress, poor nutrition, and ever-rising healthcare costs.

## Organization

This manual comprises 12 chapters designed to provide the emerging coach with the knowledge needed to practice the skills necessary to perform the tasks required of a competent coach. The knowledge and skills outlined in this manual represent over 12 years of experience in educating and training 10,000 health and allied health and wellness professionals on how to coach. Each chapter provides sample coaching conversations to extend the translation of theory into practice.

The manual's coaching processes have been validated through dozens of coaching interventions and protocols. The manual supports the coaching science to practice content assembled by the Institute of Coaching at McLean Hospital, a Harvard Medical School affiliate, co-founded and co-led by Wellcoaches founder Margaret Moore. The manual also supports the national standards and certification set forth by the National Consortium for the Credentialing of Health and Wellness Coaches, co-founded and co-led by Wellcoaches founder Margaret Moore.

The first three chapters focus on becoming and being a coach. In Chapter 1, we explore definitions of coaching; describe coaching specialties; introduce scope of practice, ethical, and liability guidelines; and make the case for professional coaches trained in best practices. Chapter 2 discusses the key skills that generate the coaching relationship. Chapter 3 discusses coaching presence and introduces being skills and the importance of self-care.

The next two chapters examine ways to respectfully honor clients and "accept and meet them where they are." In Chapter 4 we introduce the constructs of compassion and nonviolent communication and their importance for coach

self-care as well as supporting clients to better understand their emotions, needs, and drives. Chapter 5 provides tools rooted in positive psychology and appreciative inquiry for building of strengths and positive emotions as resources to support sustainable change.

Next, we provide a structural foundation for moving clients toward a vision for wellness or well-being, grounded in heartfelt purpose and meaning. Beginning with an examination of the importance and types of motivation, Chapter 6 describes the philosophies and tools of motivational interviewing for building self-efficacy. Chapter 7 explores the richness of the transtheoretical model and its cognitive and behavioral processes of behavior change.

Finally, we describe the tools and processes for facilitating the process of change. Chapter 8 discusses approaches to client assessment, followed by Chapter 9, which describes detailed approaches and guidelines for helping clients build visions and goals based on the creative and collaborative principles of design thinking. In Chapter 10, we then describe the heart of a coaching session, the generative moment, which represents the most powerful, creative, and engaging moments in coaching. Conducting coaching sessions, described in Chapter 11, provides step-by-step checklists that allow new coaches to get a head start in navigating coaching sessions.

And, in the spirit of lifelong learning, we close Chapter 12 with the introduction of a new model human thriving building on nine human primary needs, drives, values, and capacities.

The publication of this manual continues to help us realize our vision, which is nothing less than helping people take charge and master health and well-being on a large scale. To get there, large numbers of professionals will need to learn and master the principles and practices of coaching psychology presented in this manual. The more dedicated we are to “walking the wellness walk” and to assisting others on the journey through dynamic, growth-promoting coaching relationships, the more probable that our dream will become a reality.

## Features

Thank you for making the leap and working to become a world class coach who will make a big impact on the lives of many. We are delighted that you have joined the movement. We ask you to help us continue to define and meet the highest possible standards.

Margaret Moore (Coach Meg)

Erika Jackson

Bob Tschannen-Moran

# Acknowledgments

This manual represents the culmination of 15 years of work by many colleagues and collaborators. The first iteration of our manual was developed from 2000 to 2002 by Margaret Moore in collaboration with Steven Jonas, MD; Gabe Highstein, PhD; Juli Compton; Sheryl Marks Brown; Kate Larsen; Joan Price; and Tony Rodriguez. Important contributions from others followed quickly and include Walter Thompson, PhD; Robert Rhode, PhD; Lori Gray Boothroyd, PhD; Pam Schmid; and Jessica Wolfson. Gloria Silverio led a complete editing of the manual in 2006 as well as bringing in significant and new content.

Nearly a decade ago, Bob Tschannen-Moran and Erika Jackson spearheaded an enormous effort to expand the curriculum by integrating tenets of positive psychology, strengths-based change strategies, nonviolent communication, and relational flow (the intuitive dance of coaching). They also led the effort to structure the curriculum in accord with adult learning theory and to align the curriculum with our certification process, creating wonderful checklists and guides that are incorporated into the first edition of the manual in 2010.

We would not have completed the manual without the tireless efforts of the Wellcoaches operations team to support all of us including Blaine Wilson, Marilyn Thom, Julie Cummings, Angela Miller Barton, Sheryl Richard, Nicole Hansen, Ray Diveley, Robin Wilson, Kristin Lindstrom, and Kelly Noffsinger.

Most important, our coach trainees have contributed continually to the evolution and presentation of coaching skills and processes. They have challenged us to make them elegantly simple to practice and use.

All of us enjoy using these principles and practices every day to support both our own and our clients' health and well-being. Not only have we all undergone personal transformations, we are incredibly fortunate to be the partners in the small and large transformations that our clients experience. It's rewarding beyond compare. Coaching is our future.

Margaret Moore  
Erika Jackson  
Bob Tschannen-Moran

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# Introduction

*“I saw an angel in the stone and carved to set it free.”*

—MICHELANGELO

## Part 1—Defining the Role of a Coach

### OBJECTIVES

After reading Part 1 of this chapter, you will be able to:

- Define coaching and identify the value of the coach/client partnership
- Explain why professional coaches are needed to address health and wellness today
- Distinguish between the coaching approach and the expert approach
- Describe the current state of health and wellness coaching outcomes research
- Describe the coaching process

---

Welcome to the Wellcoaches *Coaching Psychology Manual*. This manual is designed to support education and training in basic coaching skills and processes. When we use the term “coach” throughout the manual, we are referring to professional coaches who work in health, wellness, and life domains related to well-being. The manual is of value to anyone interested in coaching knowledge and skills.

## What Is Coaching?

Coaching is a vehicle for helping people to achieve a higher level of well-being and performance in life and work, particularly when change is hard. Coaching is a growth-promoting relationship that elicits autonomous motivation, increases the capacity to change, and facilitates a change process through visioning, goal setting, and accountability, which at its best leads to sustainable change for the good.

The emerging industry of professional coaching, which began more than 25 years ago, focused initially on executive, business, and life coaching. Commercial and academic coach training and education programs have graduated more than 50,000 coaches worldwide. Health and wellness coach training programs emerged in the next stage, addressing mental and physical health and well-being in consumer, organizational, and healthcare settings.

Coaching is a partnership with clients in a thought-provoking and creative process that inspires and supports them to maximize their personal and professional potential, which is particularly important in today’s uncertain, complex, and often overwhelming environment. Coaches honor the client as the expert in his or her life and work,

and they believe every client has the potential to be creative and resourceful in order to fully self-actualize. Standing on this foundation, the coach's responsibility is to:

- Discover, clarify, and align with what the client wants to achieve
- Encourage client self-discovery
- Elicit collaborative and client-generated solutions and strategies
- Hold the client responsible and accountable (International Coach Federation [ICF], 2014)

Health and wellness coaches are professionals from diverse health and allied health backgrounds who work with individuals and groups in a client- (or patient-) centered process to facilitate and empower the client to achieve self-determined goals related to health and wellness. Successful coaching takes place when coaches apply clearly defined knowledge and skills so that clients mobilize internal strengths and external resources for sustainable change (National Consortium for the Credentialing of Health and Wellness Coaches, 2012).

Professional coaches in healthcare and wellness form partnerships with clients to optimize health and well-being by developing and sustaining healthful lifestyles. Coaches help clients enhance self-motivation and self-regulation, leverage strengths, navigate a journey of change, and build other psychological resources needed to change for good, including mindfulness, self-awareness, positivity, hope, optimism, self-efficacy, and resilience (Frates & Moore, 2011). Health and wellness coaches assist clients in connecting the dots between who they are and who they want to be, and in taking the incremental behavioral steps that will enable them to succeed in their desired changes, leading to a higher level of health and well-being.

Although some life and executive coaches may help their clients address health or wellness goals, they are typically focused on aligning personal and professional goals and values with improving well-being and performance in life and work. They don't have a primary focus on helping clients to establish health-promoting mental and physical behaviors that are aligned with evidence-based guidelines in

fitness, nutrition, weight management, health risk, stress management, and life satisfaction.

Whatever the focus, masterful coaches use evocative, less frequently didactic, approaches with clients. They do more listening than talking, more asking than telling, and more reflecting than commenting. Coaching is not primarily advising clients on how to solve problems, simply educating clients about what they should do, nor analyzing the root causes of client predicaments. Although advising, educating, or analyzing problems are occasionally a part of coaching, they are not the primary purpose or approach of coaching. Coaches are collaborative and co-creative partners in clients' journeys to reach their visions and goals.

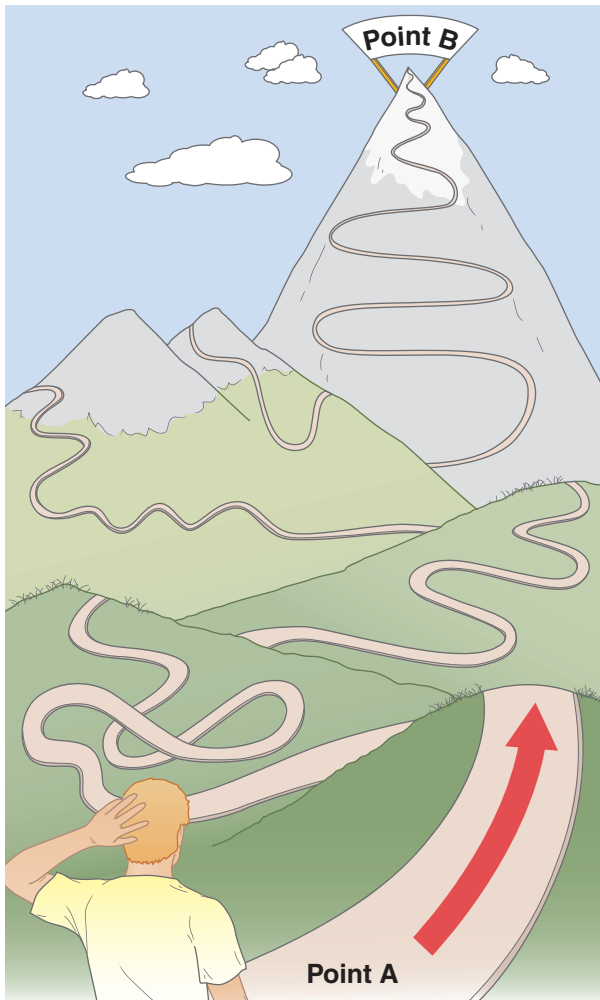
Coaches don't make it easy for clients by giving them answers; they facilitate the client's own self-discovery and forward momentum. Mastering health, wellness, and other life domains and developing the confidence to sustain one's well-being is a journey of personal growth. A coach is a partner in defining "Point B" and co-designing and co-navigating the journey to get there (Fig. 1.1).

The outcomes delivered by coaches include the following:

- Increased self-awareness and self-knowledge
- Increased personal responsibility
- Acquisition of new knowledge and skills
- Attainment of personal and professional goals
- Sustainable behavior change
- Increased life satisfaction
- Increased self-efficacy
- Developed sense of purpose and meaning
- Becoming one's best self

## Why We Need Health and Wellness Coaching

As it gains recognition over coming years, health and wellness coaching and wide dissemination of coaching skills have the potential to be a transformational force in the healthcare system in many countries. Coaching competencies can be applied in many settings (in-person and telephone, individual, and in groups) and by many professionals



**Figure 1.1.** A coach supports clients in navigating from *Point A* to *Point B*, where they are to where they want to be.

(professional coaches, health professionals integrating coaching skills and tools into current protocols, and peer health and wellness coaches for community outreach). Coaches are focused on self-care reform (Gregory, 2013) as an important endeavor in the healthcare reform underway in many countries.

Lifestyle-related chronic diseases, heart disease, stroke, and cancer account for 50% of deaths, whereas obesity, prediabetes, and diabetes are reaching epidemic levels of prevalence in the United States and spreading globally. U.S. healthcare costs associated with lifestyle-related chronic diseases are estimated to be 75% of total costs (Centers for Disease Control and Prevention, 2013) and growing rapidly with an aging population engaged in unhealthy lifestyles.

Former U.S. Comptroller General David Walker (2012) notes: “Our current healthcare spending is unsustainable and could eventually bankrupt the country absent dramatic changes in our current healthcare programs and system.”

Fewer than 5% (Berrigan, Dodd, Troiano, Krebs-Smith, & Barbash, 2003) of adults engage in the top health behaviors and only 20% of adults are thriving (Kobau, Snizek, Zack, Lucas, & Burns, 2010). This is the first time in human history where being in control of one’s health and making health investments day in and day out are poised to be dominant societal themes, just as smoking cessation was two decades ago, or sacrificing for the greater good was during World Wars I and II.

Health behaviors include stress management interventions as evidence mounts for the role of chronic negative emotions in impairing the brain’s ability to learn and change in the present moment, and accelerating the onset of chronic diseases and early death (Cole, 2012). Meanwhile, mindfulness practices, which improve emotion regulation, have been shown to ameliorate a growing number of medical conditions (Marchand, 2012). Early research is showing that positive emotions and shared positive emotions in caring relationships improve mental and physical health (Fredrickson, 2013). A next research frontier is the role of meaning and higher purpose in improving well-being; published research by Cole and Fredrickson (2013) begins to suggest impairment of gene expression of the immune system in people with a low level of life purpose (Fredrickson et al., 2013).

The economic and clinical case for health-promoting behaviors as safe and effective interventions to help prevent and treat many chronic diseases is leading to a new medical domain—that of lifestyle medicine and the emergence of the American College of Lifestyle Medicine ([www.lifestylemedicine.org](http://www.lifestylemedicine.org)) and the Institute of Lifestyle Medicine ([www.instituteoflifestylemedicine.org](http://www.instituteoflifestylemedicine.org)) championed by organizations such as the American College of Preventative Medicine and the American College of Lifestyle Medicine. The second edition of a lifestyle medicine medical textbook was published in 2013 (Rippe, 2013) and included a chapter on health and

wellness coaching (Frates & Moore, 2013), the first in a medical textbook.

Helping people take better care of their health is among society's most pressing priorities. In the United States, where employers assume a good deal of the responsibility for employee healthcare costs, organizational leaders are called upon to create workplaces that foster rather than damage health to both reduce healthcare costs and improve productivity and engagement (Moore & Jackson, 2014). Yet healthcare providers often do not have the skills nor are they reimbursed to help people learn and sustain new health-giving habits and leave behind health-damaging ones. The healthcare system was designed to manage acute medical emergencies and conditions. It is not well-suited to helping people manage a lifelong journey of developing and sustaining health-promoting behaviors. To date, a focus on prescriptive and expert educational approaches to helping people adopt health-promoting lifestyles has shown limited success (Frates & Moore, 2013).

Despite widespread knowledge about the serious risks of unhealthy lifestyles, many continue unhealthy habits or pursue quick fixes that don't last. Most people are not confident in their ability to lose weight or change their lifestyles. The demands of everyday life have never been greater. People face a bewildering array of health and wellness guidelines, products, and services, making it difficult to create a personal formula. Navigating the inevitable obstacles to making changes, including confusion, resistance, and ambivalence, is challenging. Many have histories of repeated failure. Most people do not believe they can reform their self-care or master their health and wellness.

People want to be well. They yearn to be in control of their health, to feel better, and to have more energy. But there is an enormous gap between wanting to be well and the everyday reality of living with the physical and mental health consequences of overeating, under-exercising, and having too little down time to recharge one's batteries.

New life skills are needed to develop a personal blueprint for well-being and become confident in one's ability to implement it. Most don't believe they are able to master these life skills. For example, the increasing numbers of those who choose

bariatric surgery over lifestyle management techniques for healthy weight loss may be indicative of a lack of confidence in one's ability to implement healthier behaviors (Elfhag & Rössner, 2005).

The health and fitness industry is working hard to help. Never before have there been more experts, assessments, resources, guidelines, technology, books, web tools, and beautiful high-tech facilities. The wellness revolution is underway (Pilzer, 2002) with a welcome new emphasis on enabling long-term behavior change or "changing for good" (Prochaska, Norcross, & DiClemente, 1995).

Although all of these resources are valuable, more is needed. The "expert approach" of telling people what to do isn't ideal when they have low self-efficacy (Joos & Hickam, 1990). Experts are trained to deliver prescriptions and advice, and they often work harder than their clients in trying to help them. But the expert approach subtly lets the client or patient off the hook, sending the subtle message: *You are not in charge.*

The expert approach is vital when one is facing an immediate health crisis or considering surgery. It is not ideal when one wants to lose weight, reduce stress, or develop a positive and confident mindset. Delegating to experts comes with a price—loss of control and autonomy. Building confidence requires new patterns of thinking, doing, and relating.

The field of health and wellness also needs a shift in emphasis to strengths and opportunities, building on what's working and away from an emphasis on diagnosing and fixing what's not working. The more focus on the latter, the more self-confidence is undermined. It makes it harder, not easier, to change when the focus is on what's wrong and what's not working. Not enough positive energy and emotion are harvested to fuel the pursuit of change.

Moreover, clients need a whole-person view of health and well-being given our complex lives. Specialists who work in only one area, such as exercise, nutrition, or mental health without integration of the others, often experience a limit in their effectiveness. Multiple areas are intrinsically intertwined and are most successfully dealt with together. Most people need assistance with integrating information from multiple experts to decide what actions to take and how to prioritize them. People find it confusing

when experts contradict each other. It is certainly not a recipe for promoting an “I can do it!” attitude.

In addition to unique genetics, each person is unique with respect to their history and preferences, diet trials and tribulations, and exercising or sedentary habits. More and more information on dietary allergies emphasizes the unique differences in our biology. People have their own food and exercise preferences. Some people love to jog and have been doing so since they were teenagers. Those same people are not necessarily swimmers. Other people love cycling or spinning. Disability or pain, such as knee pain from osteoarthritis, might limit the exercise options for some clients. Team sports such as basketball or soccer might be the best recommendation for an exercise routine. Zumba (a form of exercise dance which started in Latin America) has taken off among women as a fun, musical experience that doesn’t feel like exercise. Preferences depend on the person, their past experiences, and their current interests and resources.

When it comes to providing information, different people have different learning styles. Some adults are visual learners who can benefit from graphs and pictures, whereas others are auditory learners who rely on lectures and conversations to consolidate information. Knowing your client and his or her learning style helps you adapt your approach so that your efforts will be effective and efficient.

It is important to approach each client as a unique individual, supporting his or her journey to find the formula which best fits his or her genetics, history, capacity, and way of life. Clients need to develop a wellness, health, and fitness habit portfolio that is tailored to their personal circumstances and capacities.

With a focus on building self-efficacy and autonomy, professional coaches are trained to:

- Accept and meet clients where they are today
- Ask clients to take charge
- Guide clients in doing the mindful thinking, feeling, and doing work that builds confidence
- Help clients define a higher purpose for health and well-being
- Uncover a client’s natural impulse to be well
- Support clients in tapping into their innate fighting spirit
- Address mental and physical health together
- Assist clients to draw their own health and wellness blueprint
- Encourage clients to set and achieve realistic goals (small victories lay the foundation for self-efficacy)
- Harness the strengths needed to overcome our obstacles
- Reframe obstacles as opportunities to learn and grow
- Enable clients to build a support team
- Inspire and challenge clients to go beyond what they would do alone

## What Coaching Is Not: The Expert Approach

Coaching is an especially powerful methodology when it comes to stimulating individual behavior change because it is focused on helping clients grow into becoming more autonomous experts in their own well-being and personal path. Coaches first look to collaborate and partner rather than showing up as experts who primarily analyze problems, give advice, prescribe solutions, recommend goals, develop strategies, teach new skills, or provide education.

Although such expert approaches can be helpful in a coaching relationship, they are used “just in time” and infrequently. In the coach approach (Table 1.1), the client is called to become the decision-maker and to grow into the expert on the path forward as well as the evaluator of success. The goal of coaching is to encourage personal responsibility, reflective thinking, self-discovery, and self-efficacy. We want clients to discover their own answers and to create their own possibilities, as far as possible, rather than to be given answers or direction by the coach. Client-originated visions, plans, and behaviors are the ones that stick.

In 2010, Pollak and colleagues explored the impact on weight loss counseling when physicians were trained in motivational interviewing techniques. After one visit, the patients whose physicians used motivational interviewing techniques

**Table 1.1** Comparing Approaches

Expert Approach	Coach Approach
Authority	Partner
Educator	Facilitator of change
Defines agenda	Elicits client's agenda
Feels responsible for client's health	Client is responsible for health
Solves problems	Fosters possibilities
Focuses on what's wrong	Focuses on what's right
Has the answers	Co-discovers the answers
Interrupts if off topic	Learns from client's story
Works harder than client	Client works as hard as coach
Wrestles with client	Dances with client

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(collaboration, empathy, open inquiry, reflections) lost an average of 3.5 lb three months later. The patients whose physicians were not using motivational interviewing techniques gained or maintained weight. In just a few moments, coaches and health-care providers can make a difference by using a collaborative rather than prescriptive dynamic.

Using the coach approach rather than the expert approach, coaches generally don't direct the client's goals and strategies, although they do guide the coaching process. They engage in coaching inquiries, asking powerful and insightful open-ended questions (what? how?) rather than closed-ended questions (do you? will you? did you?). They use reflections to mirror what they are hearing, such as, "You're feeling unhappy about your life balance, and you want to have more energy" or "You're excited and proud that you were able to walk three times this week, and it allowed you to time for peace and calm." And coaches listen, listen, and listen some more, with empathy and curiosity.

Coaches engage the minds and hearts of clients by assisting them in discovering their strengths, clarifying their values, increasing their awareness, setting their priorities, meeting their challenges, brainstorming possibilities, and designing positive actions.

Such engagement enables clients to generate a new self-concept (*Who is my best self?*), to create new supports and environments (*What supports my best self?*), and to take new actions (*What manifests my best self?*). By empowering clients to find their own answers, through asking nonjudgmental and provocative questions and delivering powerful reflections, coaches become catalysts for lasting change.

In transitioning from the expert to the coach approach, many coaches report the challenges as well as the rewards of:

- Asking questions with a beginner's mind—not assuming that they already know the answers
- Not making decisions and judgment calls quickly, but allowing clients the chance to go deeper and get to important topics
- Not thinking about what to say next, but instead listening for a dangling thread hanging off of a client's last words
- Not generating quiet resistance with even a hint of know-it-all energy
- Reading, respecting, and working with clients' emotions as possible guideposts to insights
- Not rushing clients through their "muck," but instead compassionately helping them sit there until the desire to change gains energy
- Not being on "automatic pilot" to ensure that a checklist gets completed, but instead being fully present to the client's reality and present needs

These and many other shifts can assist people with successfully mastering the health and wellness challenges of the present day. It can be especially difficult for healthcare professionals who have been trained extensively as experts and who are armed with large quantities of authoritative knowledge and written materials to support their expert status, to take off the expert hat, and shift to the coach approach. In many cases, it can also be difficult for clients to see and work with their coaches in a different way because they have long been conditioned to be told what to do rather than to take charge of their own health, wellness, and self-change. It is a challenge for coaches and clients alike to come from a new framework, but when the shift is made, the transformations follow.

Thomas Gordon (1970) has outlined twelve ways of being that do not demonstrate a coach approach:

1. Ordering, directing, or commanding
2. Warning, cautioning, or threatening
3. Giving advice, making suggestions, or providing solutions
4. Persuading with logic, arguing, or lecturing
5. Telling people what they should do; moralizing
6. Disagreeing, judging, criticizing, or blaming
7. Agreeing, approving, or praising
8. Shaming, ridiculing, or labeling
9. Interpreting or analyzing
10. Reassuring, sympathizing, or consoling
11. Questioning or probing
12. Withdrawing, distracting, humoring, or changing the subject

## Health and Wellness Coaching Research

The health and wellness coaching research literature while at an early stage, with studies trailing the latest developments in coaching education and skills training, is beginning to show that coaching interventions, multiple in-person or telephone coaching sessions for three months or longer, are improving health outcomes for several chronic diseases including diabetes, heart disease, obesity, and cancer survivors (Appel et al., 2011; Butterworth, Linden, McClay, & Leo, 2006; Edelman et al., 2006; Frates & Moore, 2011; Galantino et al., 2009; Newnham-Kanas, Morrow, & Irwin, 2011; Spence, Cavanagh, & Grant, 2008; Wennberg, Marr, Lang, O'Malley, & Bennett, 2010; Wolever et al., 2010). In 2013, Wolever and colleagues published a systematic review of the health and wellness coaching literature to identify 284 articles that operationalized health and wellness coaching:

1. A process that is fully or partially patient-centered
2. Includes patient-determined goals

3. Incorporates self-discovery and active learning processes (rather than more passive receipt of advice)
4. Encourages accountability for behavioral goals
5. Provides some type of education along with using coaching processes
6. Coaching occurs as an ongoing relationship with a coach who is trained in specific behavior change, communication, and motivational skill

Coaching competencies will continue to evolve as new discoveries are made by psychologists and neuroscientists. Coaching outcomes research addressing a wide spectrum of health and wellness needs from childhood to end of life is a vital endeavor to support the integration of coaching interventions into evidence-based medicine, healthcare, and consumer wellness offerings.

As is the case for any new professional domain, there is much progress to be made and research to be conducted to enable health and wellness coaching to become integrated into mainstream healthcare and corporate and consumer wellness. A U.S. volunteer organization, the National Consortium for Credentialing Health & Wellness Coaches ([www.nchwc.org](http://www.nchwc.org)) has developed standards, a national certification, as well as a collaborative research agenda to expand the evidence base. The Institute of Coaching at McLean Hospital, a Harvard Medical School affiliate, is awarding coaching research grants and furthering the translation of science into best coaching practices in healthcare and beyond.

## How Coaching Works

This manual describes the process of coaching as taught and implemented by Wellcoaches trained coaches and continually upgraded since 2002 and serves as an excellent starting point for new coaches or coaches who wish to expand their toolboxes. However, it is important to note that one cannot become a masterful coach by reading a manual. As in any skill-based work, the development of coaching skills requires practice, feedback, reflection,



mentoring, supervision, and continued practice. This is why organizations such as the International Coach Federation (ICF), a coach credentialing and coach training program accreditation organization, and the Wellcoaches School of Coaching, a coach training organization, require mentoring and tests of a coach's practical application of skills to earn a coach certification.

## The Process of Coaching

Health and wellness coaches are not limited to helping clients improve diet and exercise. Health and wellness coaches address the whole person, what it means to thrive mentally and physically, and how to leverage the biology of change. The coaching relationship is designed to facilitate sustainable change and optimize health and well-being. With self-determination as a driver, clients move from dependency to empowerment, thereby making longer lasting, confidence-building, internally motivated changes that are appropriate for their evolving lives. Given that chronic stress directly damages health, the positive emotions generated by coaching will potentially be shown to reduce the incidence of disease symptoms, preventable chronic diseases, and early mortality.

In broad strokes, coaching progresses through several stages:

- Coaches and clients discuss a coaching contract so that clients understand the coaching process and expectations for the role of coach and client.
- Before and during the first coaching session, clients provide background information so that coaches are well-informed on the priorities, key concerns, and any medical conditions. Increasing self-awareness is an important goal of coaching, and assessments are an efficient tool to support self-discovery in the beginning.
- During the first coaching sessions (which may occur in one longer session or over the course of several sessions), clients work toward the creation of a vision, and three-month plan and goals to move toward a vision. Clients confirm that they are ready and want to do the work to make changes in at least one area. This is also described as a wellness vision process and ideally is completed once per year.
- The vision and three-month goals are reviewed and agreed in detail. Clients also commit to three to five goals or small steps or experiments each week to enable progress toward the goals and vision.
- In each subsequent coaching session, weekly or as needed, coaches and clients review progress, elevating energy, brainstorming strategies, meeting challenges, developing solutions, generating possibilities, and agreeing on goals for the following week.
- During most sessions, a key topic is explored and resolved in a “generative moment” so that the client navigates around emerging challenges to continue on the change path.
- The ideal length of these sessions is 30–45 minutes, although some circumstances require more or less time. In fact, some protocols suggest that longer sessions (e.g., 60 minutes), occurring less frequently (once or twice a month) can have a greater impact than shorter, more frequent sessions. With the use of the coach approach, an impactful, life-giving, growth-promoting session is possible within even 10 minutes.

After a few weeks of coaching sessions, clients begin to notice some early wins and subsequent rewards, including improvements in how they feel and in their motivation to change. It's also not uncommon, after a burst of enthusiasm in the first few weeks, for clients to encounter challenges or setbacks. Both coaches and clients work hard to help clients engage their strengths, reignite motivation, find solutions, and brainstorm possibilities for meeting these challenges to reach the goal of establishing new behaviors. Anticipating, welcoming, and overcoming such challenges is a critical part of mastering new behaviors. It is what turns challenges into learning experiences.

Coaching sessions can be done face to face or by telephone or video conferencing. Phone and video conferencing coaching has become increasingly popular, particularly in addressing the needs of larger or remote populations. Although there are obvious benefits to working with a coaching client

in person, sometimes more can be accomplished in phone and video sessions than in face-to-face sessions because there are fewer distractions and the distance helps minimize the client's disruptive, negative self-talk relative to the presence of the coach. Additionally, distance live coaching sessions can be more cost-effective to implement (Wennberg et al., 2010).

## Integrating the Coach Approach

The following considerations can assist coaches in knowing whether a coaching relationship is functioning effectively:

1. Make sure clients are working at least as hard as you are.
2. Make sure clients are talking more than you are.
3. Make sure clients first try to find the answers for themselves.
4. Ask permission to give expert advice, if you think it might be beneficial, so that the client is still in control.
5. Brainstorm two to three choices with a client so that the client taps into his or her own creativity and is the informed decision maker.
6. Speak less, and speak simply—deliver only one question or reflection at a time.
7. At every turn in the coaching conversation, stop and consider how to use the coach approach (inquiry/reflections) with the client before offering an expert approach.
8. Balance questions with reflections so that clients don't feel like they are being interrogated.
9. Use silence to elicit deeper thinking.

10. If clients confirm that they need to acquire new knowledge and skills to reach their goals and visions, help clients define the path to gaining the new knowledge and skills, with input from other experts when needed.

“Less is more” is a good rule of thumb for coaches when it comes to teaching, advising, and educating.

## COACHING CASE

**Example #1:** Wendy Well hangs up the phone and reflects on her coaching session with Coach Carl. Wendy recalls all of the insightful questions that Carl used. She wonders how he got to be so intuitive that he just knows what she is thinking without even having to say it. She is grateful that he is so wise and able to create great learning moments for her to move forward toward her goals. “Carl is a good coach,” Wendy thinks as she smiles.

**Example #2:** Wendy Well hangs up the phone and reflects on her coaching session with Coach Carl. Wendy recalls all of the insights she had during the conversation. She tapped into her intuition and said things about herself that hadn't been said out loud until now. She is feeling wiser and is discovering new ways to move forward toward her goals. “I'm doing great!” Wendy thinks as she smiles.

In the second example, the coach has collaborated with the client in a way that builds her self-efficacy, confidence, and creative capacity for insight.