## Whole Health Coaching

**Maximizing the Possibility of Change**

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<td>12:30 PM</td>
<td>Strategies for Barriers (Brainstorming, EPE, Perspectives)</td>
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<tr>
<td>4:00 PM</td>
<td>Q&amp;A, Pulse Checks &amp; Adjourn</td>
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<td>8:30 AM</td>
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<td>10:45 AM</td>
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<td>Introduction to Group Coaching and Group Coaching Demo</td>
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<td>1:45 PM</td>
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<tr>
<td>2:00 PM</td>
<td>Group Coaching Practice #1</td>
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<td>4:15 PM</td>
<td>Q&amp;A, Pulse Checks &amp; Adjourn</td>
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Welcome to the Whole Health Coaching training.

Veterans Health Administration (VHA) established the Office of Patient Centered Care and Cultural Transformation (OPCC&CT) in 2011 to lead one of the most massive changes in the philosophy and process for healthcare delivery ever undertaken by an organized healthcare system. The Undersecretary for Health describes the ideal system as one in which “patients are in control of their health care, and the system is designed around the needs of the patient.” To accomplish this requires a paradigm shift from problem-based disease care to Whole Health Care, based on the whole person.

VHA defines Whole Health as patient-centered care that affirms the importance of a partnership between the clinician and patient. The focus is on the whole person while co-creating a personalized, proactive, and patient-driven experience. This approach is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals, and disciplines to achieve optimal health and well-being.

The health care team begins with the Veteran as an individual and what matters to the Veteran in their life. The team utilizes information from the Personal Health Inventory, a tool that helps Veterans explore their vision of living life fully, their values, and their priorities. A Personal Health Plan is created by drawing on the Personal Health Inventory and risk assessment tools, establishing shared patient and clinical goals, employing evidence-based traditional and non-traditional interventions and treatments, and leveraging support systems within and outside of VHA. Core competencies in team-based inter-professional collaboration are critical. Additionally, new processes and new roles are needed, not only for the health care team but for the Veteran. This includes building skills and connecting with support and resources for sustainable behavior and lifestyle change and improved health outcomes.

Key components of this approach to health care include the following:

- Personal vision and mission for life and health
- Personalized health planning
- Integrative medicine and self-care skill building and knowledge acquisition
- Lifestyle and behavior change strategies
- Support to succeed with and from significant others, health care team members, and the community
The Whole Health Coaching Program is a six-day, intensive training in communication and coaching skills divided into two, three-day, in-person sessions, with study and practice sessions between the two sessions. Whole Health Coaching teaches industry best practices for integrated health coaching, strategies and methods. It is a professional training program that is tailored to the Veteran population. Whole Health Coaching core competencies include understanding the role of the health coach, coaching in various settings (face-to-face, individual, groups, telecommunication venues, etc.), establishing trusting relationships and effective communication, creating awareness, designing actions, planning, setting goals, managing progress and accountability, document management, and interfacing with the clinical team.

It is our sincere hope that your experience in this training not only enhances the skills and core competencies you already possess, but, also provides you with a personalized experience that will enrich your life.
INTRODUCTION

This manual is designed to supplement the health coach training developed and delivered for Veterans Health Administration (VHA) employees, much like a textbook. It contains descriptions of the key training concepts, skills and strategies that are offered in face-to-face training and references for additional information. It contains the same information as delivered in the face-to-face training but is organized by topics and does not cover the material in the same order as presented in the training. It also provides additional information not presented in the face-to-face training.

Throughout the manual, the term Veteran or coaching partner is used, usually as the recipient of coaching. In other venues, the term partner, client or patient might be used. The use of Veteran in this manual is not intended to be inclusive of only Veterans, nor is it intended to exclude anyone else, such as Reservists, Active Duty, or family members. To be less cumbersome, the term Veteran or partner is used to address everyone receiving coaching. Similarly, the terms Whole Health Coach, health coach, or coach are interchangeable and used throughout this document. All refer to those providing coaching to the Veterans.

WHY HEALTH COACH TRAINING?

Health Coaching is an important link to helping the VHA achieve their Strategic Goals and Objectives for 2013-2018. These Goals are to:

1. Provide Veterans personalized, proactive, patient-driven health care (and support to successfully implement their personal health plans)
2. Incentivize measurable improvement in health outcomes
3. Align resources to deliver sustained value to Veterans

On further examination, it could be said that the second and third goals are really in support of the first goal. Given this, health coaching is being promulgated and trained within the VHA to “provide Veterans personalized, proactive, patient-driven health care.”

Furthermore, when considering the definition of the above terms in Goal 1, it becomes clearer how health coaching supports that goal. The definitions of these terms are:

PERSONALIZED

A dynamic adaptation or customization of recommended education, prevention and treatment that is specifically relevant to the individual user, based on the user’s history, clinical presentation, lifestyle, behavior and preferences.

Coaches assist the Veteran in developing a plan that is based on what matters most to the Veteran; the plan is based on the Veteran’s values, preferences and lifestyle.
PROACTIVE

Acting in advance of a likely future situation, rather than just reacting; taking initiative to make things happen rather than just adjusting to a situation or waiting for something to happen.

Coaches assist the Veteran in taking action that is present and future oriented. They assist the Veteran in engaging in life/health enhancing endeavors that are not just reactive but proactive in taking responsibility for what the Veteran wants.

PATIENT-DRIVEN

An engagement between a patient and a health care system where the patient is the source of control such that their health care is based in their needs, values, and how the patient wants to live.

Coaches recognize the Veteran as the source of control for how they want to live, and in what changes they want to engage and when. Coaches partner with the Veterans to support them in achieving the Veteran’s goals, needs and behaviors that support their values.

HEALTH

A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. (World Health Organization)

Coaches recognize that health is much broader than the absence of disease and that health is impacted by many facets of a Veteran’s life. Coaches seek to support the Veteran in achieving optimal health, by the Veteran’s standard that takes into account the mental, physical, and social well-being of the Veteran.

PERSONAL HEALTH PLAN

A uniquely personalized plan for health that is built upon each patient’s values, conditions, needs and circumstances which uses the most appropriate interventions and strategies. It addresses the skills and support needed to help engaged patients manage their disease, in order to regain and maintain optimal health and wellbeing and manage chronic disease and disability to the greatest extent possible.

Coaches assist the Veteran in planning for their health, not simply reacting to the most current health concern. Again, the Personal Health Plan is designed by the Veteran with the support of the Coaches.
FUTURE OF HEALTH COACHING IN THE VHA

OPCC&CT wants to recognize that this health coach training effort builds on existing coach training efforts already underway in the VHA and will continue to evolve to be fully integrated with the other programs. Coach training is in its infancy and there is much that can be learned from working together to forward the field. OPCC&CT intends to make health coaching and health coach training a very viable and important part of the VHA system of care. This may take many avenues, including:

- Dedicated health coaches working as part of PACTs
- Clinicians incorporating health coaching principles in their interactions with Veterans
- Trained coaches acting as mentors/trainers to assist other employees in developing their skills

Regardless of the form health coaching may take, the VHA views health coaching as vital to the promotion of the PCC initiatives and goals as identified above.

HEALTH COACH CERTIFICATION

Up until recently, health coach certification was not recognized. Through the efforts of the International Consortium for Health and Wellness Coaching (ICHWC), a certification process is now in place. In 2016, the VHA was approved as a Transitionally Accredited Health Coaching Program by ICHWC. For this to happen, a practical skills evaluation has been added to the curriculum. All course participants that meet the transitional program requirements of attending all sessions of the training and participating in all three between session triad practices, and are interested in pursuing health coach certification, will receive an assessment following the course. This is a topic discussed during the coaching training. Below are the steps posted on the ICHWC website as of this printing.

ICHWC CERTIFICATION EXAMINATION

To earn the International Certification in the Transition Phase and the Permanent Phase, health and wellness coaches must meet the eligibility requirements summarized below for each phase, and then pass the International Certification Examination. The examination is based upon the ICHWC Job Task Analysis. The written examination will be administered throughout the United States and in several international locations.
TRANSITION PHASE ELIGIBILITY

To earn the International Certification during the Transition Phase, the following requirements must be met. A list of Approved Transition Programs is available below and covers the components in the ICHWC Job Task Analysis. Visit the Credentials—Organizations page to learn more about Approved Transition Programs.

If you have completed an Approved Transition Program, to earn the ICHWC National Certification you will need to provide:

- Documentation of an Associate degree or higher in any field. You will need to upload a copy of your highest degree transcripts or certificates. For those who do not have an Associate degree, exam candidates will need to provide documentation of 4,000 hours of work experience in any field.

- A certificate of completion of an Approved Transition Program

- A written log of 50 health and wellness coaching sessions* of at least 20 minutes in duration, and of which at least 75% of each session is devoted to coaching facilitation and not education. They may not be sessions with friends, family or classmates. They can be either paid or pro bono. Coaching log to include coded identity, date and time, session number (e.g. 1, 2, 3 etc.) and coaching topics. Please download and complete the log at ICHWC Coaching Log. * the coaching session log cannot include sessions that occurred prior to the course completion and receiving a passing score on the assessment.

- Demographic information (e.g. education, work experience) for ICHWC research purposes

Note: You are responsible to acquire the healthy lifestyle knowledge summarized in the ICHWC Healthy Lifestyle Domains available at Healthy Lifestyle Basics, which will be evaluated in the ICHWC Certification Examination. Transitionally approved programs may or may not be teaching this content, therefore individuals must attend to that content themselves. Permanent phase accreditation of programs will require this content be taught.

Additional requirements for credentialing can be found online at the ICHWC website: http://www.ichwc.org/
CHAPTER 1: PRINCIPLES OF HEALTH COACHING

This chapter is devoted to the health coaching principles that have been deemed significant for VHA staff to possess in moving forward with health coach training. This is not necessarily a complete list, as other programs may include additional ideologies; however, it is felt that these discussed here provide a solid foundation.

COACHES ARE NOT THE ONLY EXPERTS IN THE ROOM.

Coaches are trained to elicit the “expertise” from the Veterans. This principle assumes that the Veteran is the best person to decide what is in their best interest, both in terms of the agenda for the coaching sessions as well as the timing and strategies of getting to the Veteran’s goals and actions. The Veteran may decide that they need further information or education, and the coach can assist the Veteran in getting the information they need. The coach’s expertise lies in guiding the change process. In addition, coaches may have expertise in a given content area. In the whole health coaching training offered by the VHA, coaches will be provided a format for sharing their expertise, if appropriate. This process is called, “Elicit, Provide, Elicit.”

THE AGENDA IS THE VETERAN’S.

Coaches operate on the principle that the agenda for the training sessions comes from the Veteran. Although this has been stated above, it warrants a separate principle. Coaches may have many opinions about what the Veteran should identify as the agenda for coaching. Coaches may have opinions about where, when and how much effort the Veteran should be expending in a certain content area. However, this is not up to the coaches to decide. There may be pressure from the medical team or other providers as to what should be the focus of the Veteran’s coaching sessions. Coaches will need to artfully address these pressures. In the end, it is the Veteran who will decide the agenda and course of action, or resistance will be encountered and the effort to “change” the Veteran will be thwarted.

HEALTH COACHING IS PRIMARILY PRESENT AND FUTURE ORIENTED.

The emphasis in health coaching is moving from where the Veteran currently is to where they want to be. This is a present and future orientation. Generally speaking, there is little emphasis on exploring past history or past events as a means to understanding the Veteran’s current situation. At times, coaches will want to explore past successes or barriers to change but will move very quickly to the implications for the present.
EMPHASIS IS ON HEALTH ENHANCEMENT, STRENGTHS, AND ASPIRATIONS.

Health coaching places more emphasis on enhancing the Veteran’s wellness and whole health according to their values, interests and aspirations, rather than focusing on deficits, deficiencies or disorders. They also seek to draw on the Veteran’s strengths rather than attempting to shore up deficiencies, unless that is the direction the Veteran wants to go as part of moving forward.

THREE HELPING STYLES

HEALTH COACHING UTILIZES A GUIDING STYLE, RATHER THAN A DIRECTING OR FOLLOWING STYLE.

Nurses, physicians, health care providers, nutritionists, psychologists, and counselors often encourage Veterans to do health promoting behaviors (i.e., take your prescription as prescribed, exercise, stop smoking, decrease substance use, make appointments for care, follow a diet). Most times this encouragement takes the form of a directing helping style including advice. Veterans may respond silently or explicitly to this well-intended and accurate advice with “Yes, but...” describing reasons not to change.

- A directing helping style is very tempting if the health care provider assumes the Veteran does not know what they need to know or does not care sufficiently about the health risks.
- A guiding helping style might include more of the patient’s experience and yet still move toward a health goal.
- A following helping style simply follows whatever the partner chooses to bring up.

*Whole Health Coaching* can be considered a specialized version of a guiding helping style that helps Veterans access their own reasons and desires to do the health promoting behavior.

The following diagrams serve to illustrate the differences between a directing style and a guiding style in terms of who is doing the speaking, as well as how much listening as opposed to informing is done in the sessions.
A directing helping style is probably the most common approach used in health care. If you want to experiment with using a coaching style:

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<th>Instead of doing this</th>
<th>Try this and see if you like the results</th>
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<tr>
<td>Explaining why he/she should do the health promoting behavior.</td>
<td>Listen with the goal of understanding the Veteran’s dilemma of doing the health promoting behavior.</td>
</tr>
<tr>
<td>Teaching the Veteran, telling the Veteran what to do, or giving him/her advice.</td>
<td>Ask what the Veteran knows, provide some additional information, and then ask how that fits with his/her life.</td>
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<tr>
<td>Describing specific benefits that would result from doing the health promoting behavior.</td>
<td>Ask, “What might be the benefit of doing this health promoting behavior?”</td>
</tr>
<tr>
<td>Telling him/her how to do the health promoting behavior.</td>
<td>Ask, “What are you already doing that would make it possible for you to do this health promoting behavior? How might you do this health promoting behavior so it fits in your life?”</td>
</tr>
<tr>
<td>Emphasizing how important it is for the Veteran to do the health promoting behavior.</td>
<td>Ask, “What might be important to you to think about or do this health promoting behavior?”</td>
</tr>
<tr>
<td>Telling or inspiring the Veteran to do the health promoting behavior.</td>
<td>Ask, “What is important to you about enhancing your health?”</td>
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OTHER MODELS THAT SHARE PRINCIPLES IN COMMON WITH WHOLE HEALTH COACHING.

There are other intervention models that share principles in common with health coaching. Three examples of such are:

1. Motivational Interviewing (MI)
2. Appreciative Inquiry (AI)
3. Positive Psychology

The Spirit of MI, as identified below, can also be fully applied to health coaching. (Miller, W.R. and Rollnick, S. {2012}. Motivational Interviewing: Helping People Change {3rd Ed}. New York: Guilford.). These four Spirits of MI and coaching are:

1. **Collaboration** = coming along side, joining up, or looking at the Veteran’s life or situation with the Veteran; partnering with the Veteran to consider a difficult situation.
2. **Accepting the Veteran** = empathizing with and recognizing that it is the Veteran who has to do the health promoting behavior; supporting that the Veteran can decide to change now, or later, or not at all, believing the Veteran is capable and competent.
3. **Curiosity** = helping the Veteran say out loud his/her desire and reasons for doing the health promoting behavior; acting “as if” you don’t know in order to help yourself solicit and learn what the Veteran knows.
4. **Compassion** = dedication to the Veteran’s welfare and well-being.

Appreciative Inquiry is designed for enhancing organizational development. However, the principles can be applied to individual enhancements as well. The following principles are from Appreciative Inquiry (Introduction to Appreciative Inquiry, Richard Seel, January 2008):

- **Discover** = The identification of organizational processes that work well.
- **Dream** = The envisioning of processes that would work well in the future.
- **Design** = Planning and prioritizing processes that would work well.
- **Destiny (or Deploy)** = The implementation (execution) of the proposed design.

Positive Psychology is a relatively new branch of Psychology that focuses on human thriving rather than mental illness. The following quotes are from the Positive Psychology website at the University of Pennsylvania (http://ppc.sas.upenn.edu/):

1. **“Positive Psychology** is the scientific study of the strengths and virtues that enable individuals and communities to thrive. The field is founded on the belief that people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves, and to enhance their experiences of love, work, and play.”
2. **“Positive Psychology has three central concerns”:** positive emotions, positive individual traits, and positive institutions. Understanding positive emotions entails the study of contentment with the past, happiness in the present, and hope for the future. Understanding positive individual traits involves the study of strengths and virtues, such as the capacity for love and work, courage, compassion, resilience, creativity, curiosity, integrity, self-knowledge, moderation, self-control, and wisdom. Understanding positive institutions entails the study of the strengths that foster better communities, such as justice, responsibility, civility, parenting, nurturance, work ethic, leadership, teamwork, purpose, and tolerance.”

Like AI, it is easy to see the overlap between the principles of health coaching and the principles of Positive Psychology. Both are concerned with identifying the aspirations of individuals and assisting them in working toward these—not focusing on the negative and the past, but the positive and the future.

**SPECIFIC VHA HEALTH COACHING PRINCIPLES**

There are principles that may be more specific to the VHA setting, since this health coach training is being offered to support Patient Centered Care (PCC). These principles include the following concepts.

**COACHES SHOULD BE CULTURALLY SENSITIVE AS WELL AS CULTURALLY COMPETENT.**

Given that all Veterans who will be coached once served in the military; it behooves coaches to be as familiar as possible with the military culture. There are training opportunities within the VHA to gain further military cultural competency. That having been said, like any helping professional, it is important to also be culturally sensitive to the individual(s) with whom coaches are coaching. This means being aware of, and suspending, any prejudgments about the person being coached, including such factors as race, religion, appearances, community associations and any other statuses.

**IN THE VHA, COACHES WILL BE EXPECTED TO BE FAMILIAR WITH AND UTILIZE TOOLS OF PCC.**

It is important to remember that health coaching is being established in the VHA to support PCC. To that end, coaches will be trained to utilize the PCC tools developed by the VHA to support PCC. Coaches will be trained to utilize the Personal Health Inventory (PHI) which includes a self-assessment for the Veteran, focused on all areas that impact their health. Coaches will also be trained to think over time with the Veteran, assisting the Veteran to develop a Personalized Health Plan that spans their projected lifetime.
COACHES WILL WORK WITH PACTS AND OTHER PROVIDERS TO DELIVER TEAM CARE.

It is unlikely that coaches within the VHA would work independently. Coaches will most frequently work with other care team providers and must be fully aware of their function within the team approach. Coaches must learn the role they provide and how they can be of support to overall team care of the Veteran.

In summary, the following quotes may help to think about the principles of health coaching:

- “People are generally better persuaded by the reasons which they have themselves discovered than by those which have come in to the mind of others.” (Pascal {1660} Pensees, #10).

- “You can’t tug on a cornstalk to make it grow faster or taller, and you shouldn’t yank a marigold out of the ground to see if it has roots. You can, however, till the soil, pull out weeds, add water during dry spells, and ensure that your plants have the proper nutrients.” Etienne Wenger (Wenger, E. & Snyder, W. {2000} Communities of practice: The organizational frontier. Harvard Business Review, 78{1}, 139-145.)

- “There is healing more than there are healers.” Andrew Weil, MD.

- “People don't care how much you know until they know how much you care.” John Maxwell
CHAPTER 2: QUALITIES OF A WHOLE HEALTH COACH

A Whole Health Coach (WHC) ideally will demonstrate certain qualities while coaching. These qualities can be developed with practice. In addition to demonstrating the qualities described that follow, a Whole Health Coach will utilize whole health coaching Communication Skills as described in Chapter Three; and become familiar with a Whole Health Coaching Process as described in Chapter Four.

THE DESIRED QUALITIES OF A WHOLE HEALTH COACH

A LISTENER

Perhaps this is the most important quality a Whole Health Coach can demonstrate. An effective WHC sets aside his/her own agendas to fully listen to the other. Effective use of communication skills and the coaching process can only come from effective listening. Effective listening can be further developed by practicing mindful awareness as described later in this chapter. A Coach is not a “teller,” nor inclined to give advice or instruct/educate the other. A WHC is first and foremost a listener that allows the inner wisdom of the coaching partner to surface.

RESPECTFUL

A Whole Health Coach honors the unique agenda, resources and “inner wisdom” of another. A WHC must self-manage to keep in check their own values, thoughts and beliefs and support the values, thoughts and beliefs of the coaching partner.

BEING FULLY PRESENT

Being fully available for the other is an important quality of an effective WHC. A coach cannot listen effectively, nor fully understand the coaching partner, unless they are fully present. Being fully present can be cultivated by practicing mindful awareness, which is heavily emphasized throughout the WHC training. A further description of mindful awareness and suggestions for practice and cultivation are provided at the end of this chapter.
PRACTICE THE ATTITUDES OF MINDFULNESS

In addition to being fully present, a WHC coach will consistently practice the Seven Attitudes of Mindfulness as articulated by Jon Kabat-Zinn (Kabat-Zinn, J. {2004 edition}, Full catastrophe living: How to cope with stress, pain and illness using mindfulness meditation, London: Piatkus)

- Beginner’s Mind—Being curious and not thinking that you already know something. Asking questions and being excited about how your mind works, asking questions like: Who is seeing? Who is thinking?

- Non-judging—A gentle state of non-judgment, being kind to yourself, and allowing what is. Trying not to compare, label, or find fault.

- Patience—Let things happen as they need to and in their own time. Letting go of the idea that you have to “get somewhere, do something, or make something happen.”

- Non-striving - Mindful awareness is about being, not doing, if it feels like you’re working too hard you probably are. It’s a way of being, being awake to what is happening in your life rather than what is happening in your mind.

- Acceptance- Seeing things as they are. It is what it is. Try to be with things as they are. Let go of the stories the mind creates and accept the present moment for what it is.

- Letting go—Not having a set agenda for what “should” happen. Being open to all possibilities and outcomes.

- Trust—As awareness grows so does trust in one’s emotions; be yourself in every way. Have faith in how you move through the world. Trust yourself and what you know.

A PARTNER

A Whole Health Coach “goes alongside,” or partners with, the other on their journey. Coaches are not experts, out in front leading from their own values, thoughts and beliefs. They provide a guiding style in terms of leading a process, but they do not attempt to instill their values, thoughts and beliefs, but rather, draw them from the coaching partner.

ARTICULATE AND SUCCINCT

An effective WHC will be clear and succinct in communication style. They will use as few words as possible when interacting with the coaching partner. In a WHC conversation, the majority of the words will come from the coaching partner. At times, being succinct is referred to in the course as bottom-lining.
**WILLING TO LEARN AND BE OPEN**

In some cases, Whole Health Coach training can run counter to how health care providers were previously trained. An effective WHC will be willing and able to assume a different approach to being with the other, that may different from their previous training. An effective WHC will be cognizant of when they are using a coaching, guiding style vs. a directing style. In addition to being open to a different approach, WH Coaches will approach each encounter, and each moment of the encounter, with “beginner’s mind.” In order to practice beginner’s mind, coaches must come from a place of “not knowing” and being open to the moment.

**EMPATHIC**

Whole Health Coaches will seek to fully understand and be present with the experience of another. This is at the root of being empathic. At times, empathy is thought of as a quality, “I can relate—I’ve been there, too.” However, that approach can actually hinder a complete understanding of the other. To assume “I can relate” because of a similar experience may not take into account how the other has interpreted nor made sense of their own experience.

**INTEREST IN HEALTH ENHANCEMENT AND EDUCATION**

Although Whole Health Coaches are not necessarily “experts” in all areas of health, they value health enhancement and education and seek to become as informed as possible in all areas of health. When becoming more educated, WHCs hold their knowledge with a degree of humility, knowing that knowledge within the field can change with further research and greater awareness. Also, imparting information is not the primary role of a coach. At times, having more knowledge can actually impede a willingness to assist the coaching partner in assessing their own knowledge or seeking out information on their own.

**MINDFUL AWARENESS**

The VHA Personal Health Inventory (PHI) describes mindful awareness as “being fully aware or paying attention. Sometimes, we go through our daily lives on autopilot. We are not fully aware of the present. We often dwell on the past and plan events in the future. We do not spend much time really paying attention and noticing what is happening right now; without judging or trying to fix it. Your body and mind send you signals constantly. If your attention is elsewhere, you don’t notice. Then, the signals that began as whispers become loud warnings.

“For example, when you miss the whispers of an early discomfort or a sad feeling, you miss the opportunity to make a change before it grows into real pain or depression. Being mindful, or aware, allows you to make conscious proactive choices about every aspect of your health. Mindfulness connects you to each component of your well-being, and to your whole self.”
Mindful awareness is a key part of the Components of Proactive Health and Well-Being (also referred to as the Circle of Health) and the first level around you. It is paying attention on purpose to what is happening in the present moment without judgment. It is the intention to pay attention.

What does mindful awareness have to do with our health? Our bodies and minds send us messages all the time, but often we’re not listening. Paying attention to the whispers of our bodies and minds helps us to notice early when issues are small and we can take care of them easily rather than not pay attention to them until they are screams. More and more research shows that practicing mindful awareness can lower stress and help stress-related health problems, as well as help us improve our mood, mental well-being, and quality of life.

Practicing mindful awareness can be as short as a mindful moment taken before the first encounter with a Veteran or as long as a 30-minute body scan. Subject Matter Experts on mindful awareness suggest starting out with a short practice of just a few minutes and gradually extending the duration over time. Three examples of mindful awareness practice sessions follow and there will also be daily practice sessions throughout the training. In the Resource section of this manual are additional resources for mindful awareness including examples of mindful moment opportunities, scripts, video and audio practices, and other related resources.
BASIC INSTRUCTIONS FOR PRACTICING MINDFUL AWARENESS OF THE BREATH

- Find a comfortable position. Relax and feel the support of chair or floor.
- If you like, allow your eyes to close, or set a soft gaze somewhere around the room.
- Remember attitudes of non-striving, non-judging, and paying attention.
- This is an opportunity to let go of business or life’s concerns.
- Now pay attention to your breath wherever you experience it. Don’t try to change it, just pay attention to it. Feel the breath as completely as possible, the inhaling, pausing, and exhaling of the breath. It may be easier to focus on your abdomen as the experience of breathing.
- When you notice your attention is somewhere else, congratulate yourself and gently return to the breath. You will probably need to do this many times.
- Notice any struggles and gently let them go.
- If you notice outside (or inside) distractions, simply notice them and breathe with them. Do not try to change it. Let go of any fighting the distraction.
- Practice this way as long as you wish.
- Allow yourself to rest and look more deeply as you settle into this.
- When ready, you may end your mindful awareness session by simply opening your eyes.

FORMAL PRACTICE

- Set a Smart Goal for yourself. For example, you may want to start with 2-5 minutes and eventually move up to 20 or 30 minutes for each session.
- You may experience resistance to doing the practice; simply notice this.
- You don’t have to like your experience, but you do have to do it if you want to experience present awareness.
- Practice daily or 5 days out of 7.
- Even if you are not in your regular routine or place, practice mindful awareness where you are.
- Use tapes or guidance if it is helpful.
INFORMAL PRACTICE

- Take time to notice your breathing throughout your day.
- This may take effort and work.
- It’s not hiding or disconnecting but paying attention to your breath as a way of paying attention to the present.
- Think of paying attention to breathing as a friend, not a chore.
- Practice in different situations.

You may feel calmer, but you may also become aware of feeling more upset. That’s OK. It’s a matter of paying attention to the moment and becoming aware.

A WHC should be prepared to develop strategies and train partners in mindful awareness. At first, they may simply want to use a script like the ones found in this chapter or the resource section, or the coach may want to write out their own script. Eventually, coaches will become proficient in training mindful awareness without the use of scripts.
CHAPTER 3: ACTIVE COMMUNICATION SKILLS FOR COACHING

Most coaching is done with two primary communication skills: reflections and inquiry (or questioning). At times, coaches will want to share information, provide direction, or make disclosures. However, the bulk of effective coaching will be built on reflections and inquiry. As described in Chapter 2, Qualities of a Whole Health Coach, listening is the foundation for these two active communication skills.

LISTENING IS THE FOUNDATION FOR COMMUNICATION

Listening starts by being fully present. (See Chapter 2, Qualities of a Whole Health Coach.) Without being fully present, listening effectively will be compromised. For this reason, coaches are encouraged to fully develop their mindful awareness in order to be fully present for the Veteran partner.

At times, coaches can be effective listeners by simply listening without interjecting questions or reflections. (Participants in the Whole Health Coaching Training will have an opportunity to experience this.) Simply listening without speaking can have a profound impact on the Veteran partner. “Holding the space” for a partner to hear themselves and reflect on what they are saying is a phrase that describes this offering to the partner.

Listening involves paying attention to what the partner is saying, or not saying, both verbally and non-verbally. In addition to silently listening, coaches will also use active listening skills of simple and complex reflections.

THE PAUSE

When utilizing any of the communication skills, it is important to not only be aware of the skill being used, but also the pace at which they are used. The time without words can be as important to the reflective process as the time when words are being spoken. Provide ample moments of silence and pauses throughout the coaching sessions in order to allow partners adequate time to reflect. It is in these moments of silence that some of the deepest insights and reflections are realized. Filling these pauses/moments of silence with words may detract from the partner’s ability to gain greater insight.
SIMPLE AND COMPLEX REFLECTIONS

Simple and complex reflections are the most frequently used whole health coaching communication skills. Think of using two to three reflections for every question asked when coaching. Reflections are powerful tools for allowing a coaching partner to further reflect on what they are saying. Reflections provide a “mirror” for the coaching partner, which in turn, provides for deeper reflection and insight into values, beliefs and behavior. Another form of reflection, addressed at the end of this section is the use of metaphor.

SIMPLE REFLECTIONS

Simple reflections mirror back to the coaching partner what they have said. Simple reflections add very little, if any, meaning to what has been said. Yet, they can be very powerful. There are 3 types of simple reflections trained in the Whole Health Coaching course. They are:

- Parroting—using a few of the partner’s exact words
- Paraphrasing—using different words without changing the meaning of what the partner has said
- Summary—offering a summary statement that captures the essence of what the partner has said

It should be noted that a coach does not need to reflect everything a partner has said. Deciding what to reflect is important in guiding the coaching process. For instance, if the topic being discussed centers on values, then coaches will want to reflect what values the partner is identifying. Reflecting tangential thoughts may take the conversation in a direction that is not as useful to the partner.

COMPLEX REFLECTIONS

Complex reflections add something to what the Veteran has said. This might be in meaning or perhaps in emphasis. It might be that you create a complex reflection by saying what fills in what the Veteran has said. Another way of doing complex reflections is to say what you think the Veteran might say next. However, just naming an emotion or giving a different label than the one the Veteran uses is typically not a complex reflection even though it may be helpful.
There are several forms of complex reflections. There are two complex reflections focused on in this course:

- **Double-sided reflections**—Reflecting two sides to an issue the partner has raised, often focused on a values conflict. These reflections are often in the form of “on the one hand… on the other hand”

- **Deeper meaning reflections**—Adding a hunch, or going beyond what the partner has said to stimulate further insight into what has been said

Here are some ways you might experiment with in generating complex reflections:

- What has the Veteran said?
- What does the Veteran mean?
- How does the Veteran feel about this?
- How does this affect how the Veteran thinks or feels about herself or her world? (This is the complex reflection; the answers to the preceding questions are simple reflections).

The following scenarios offer some examples of each of the types of reflections. In addition, using the examples below, and the questions that follow, what are some reflections you might try? Remember, there are many potential reflections; the intent is to reflect in a way that will forward the coaching process and agenda.

**EXAMPLE 1**

The Veteran says, “I’m sad, lonely, depressed. I think nobody loves me…some days it seems that nobody cares about me. I want to die. You know, so…because I’m feeling this way I’m gonna say, “Maybe a bottle of vodka take care of it. So bam! I mix it in. Mix it in with the vodka & then I’m feeling so good I’m drinking 2 more beers. Maybe I’ll smoke a joint. Maybe I’ll grab a cigarette at the same time. Maybe I’ll feel better. And then, the next day after all your happiness & all your fun is gone, dark hole again. It sort of continues. It doesn’t stop. And it gets worse.” It makes it tough to change my diet and get moving…it’s so hard to do and I don’t know if it’s worth it when I’m feeling so bad anyhow. Yet, some days I’m not ready to give up… I have some things I want to accomplish in life, and I know I won’t have the energy if I don’t change some things.”
Some potential reflections by the coach might be:

- **Parroting** — “You’re not ready to give up.”
- **Paraphrasing** — “This is really a difficult situation for you.”
- **Summary** — “You’re down because of your life situation, but you’re not ready to give up because you have things you want to accomplish.”
- **Double-sided** — “On the one hand you’re not sure it’s worth the effort to make changes, yet on the other hand you have things you want to accomplish yet in life.”
- **Deeper Meaning** — “You’re here today because you really want to fulfill your aspirations or purpose in life.”

**EXAMPLE 2**

The Veteran says: “I was so excited about my decision to cut back the number of hours I was working. But now I’m really struggling with making ends meet. It’s almost as stressful as when I was working so much. I’m not sure what the best route to go is at this point.”

Some potential reflections are:

- **Parroting** — “You’re not sure what the best route is at this point.”
- **Paraphrasing** — “It’s still a stressful situation that you would like to resolve.”
- **Summary** — “You were excited about your decision, but you still have stress and are not sure what to do at this point.”
- **Double-sided** — “On the one hand, you’ve created some new stressors, but on the other hand you were able to make some changes.”
- **Deeper meaning** — “It seems that reducing stress is a really high value for you and one that you’re willing to tackle…just not sure which direction to go.”

**EXAMPLE 3**

The Veteran says: “My doc thinks I need to cut back on my drinking. She may be right, but I’m not convinced. So far, I’ve been able to manage without too many consequences… She doesn’t seem to understand how much pleasure I get out of drinking. It may be an issue someday, but the reasons to quit right now don’t outweigh all the reasons to continue.”

- **Parrot** — “More reasons to continue than quit right now.”
- **Paraphrase** — “In spite of what your doc is suggesting, you don’t see a need to quit right now.”
• **Summary** — “Your doc would like you to cut back, but you enjoy drinking and you’re not seeing reasons to quit right now, although someday there may be more reasons to quit.”

• **Double-sided** — “On the one hand you enjoy it too much and there aren’t enough reasons to quit, but on the other hand, you’ve been provided reasons you may want to cut back on your drinking.”

• **Deeper meaning** — “Pleasure is a higher value to you than any risks to your health your drinking may be causing.”

### METAPOHR

Metaphor is the use of analogies and/or metaphors that further assist the Veteran in feeling understood and can be used like a complex reflection. Here’s an example:

Veteran: “I am so tired of carrying the burden of caring for my aging parents with no help from my brothers and sisters.”

Coach: “You’re carrying the weight of the world on your shoulders and no one is offering a finger to lighten the load.”

### INQUIRY

Next to listening and reflections, *inquiry* will probably be the next most used communication skill by coaches. Inquiry is used, not so much to gain information from the partner, but to help the partner reflect, further self-explore and become more insightful and aware of their own thoughts/feelings.

Inquiry should always be balanced with listening and reflections. If inquiry is over-utilized the coaching session will take on the form of an interrogation.

There are two types of questions trained in the Whole Health Coaching training. One is *closed-ended questions*. Closed-ended questions tend to elicit one word or short responses and frequently do not lead to high-level insights. There are some uses for closed-ended questions (like asking permission to offer some information or brainstorming) and coaches should be aware of closed-ended questions in order to make conscious choices about when to use them.
Some examples of closed-ended questions are:

- Did you take your meds this week?
- Were you successful at losing some weight?
- Are you discouraged with your progress?
- Do you find the coaching helpful?

Although the above questions may not be as helpful as open-ended questions (all the above could be easily changed to open-ended questions), there are times when closed-ended questions may be helpful. Closed-ended questions are generally useful when 1) making transitions or 2) asking permission.

More examples of closed-ended questions are:

- May I offer you some resources that I’m aware of? (First part of Elicit-Provide-Elicit)
- Are you ready to move on?
- Were you able to complete the Worksheets?
- Is there anything else you want to address today?

By far, the most frequently used form of inquiry in Whole Health Coaching will be the use of open-ended questions. Most often, these questions begin with “What” or “How.” Sometimes “Why” questions can be used effectively to elicit additional reflection. However, “Why” questions can sometimes be perceived as asking for justification, which may elicit defensiveness from the partner. For instance, asking “Why do you watch so much TV at night?” may elicit a different response than “What values are you honoring by watching TV at night?”

Remember that questions will come out of your listening to the coaching partner and guiding the process. But for the sake of providing some examples, here are some open-ended questions that may be associated with each Stage:

**STAGE ONE**

- What really matters to you in your life?
- What do you want your health for?
- What is your mission, aspiration or purpose in life?
- What are some of your highest values?
- When are your behaviors not always consistent with your highest values?
- What will life be like 3 years from now if you don’t make changes? What will it be like if you do?
STAGE TWO

As you completed this part of the PHI, what stood out for you?
Which areas would you consider strengths, or areas you’re doing well in?
What is an area that you might want to enhance?
What made that area a “2” for you?
What makes it a 2 and not a 1 or a 0?
How could you raise it to a 2.5?
How important is it to you to make a change in this area?
How confident are you that you could make a change in the area?

STAGE THREE

Where would you like to be 3 months from now when you think about making this change?
What action steps are you willing to consider starting with this week?
What barriers or challenges do you anticipate encountering as you take on these action steps?
What will be your plan of action when you encounter this challenge?
How do you want to be accountable?

STAGE FOUR

How did it go for you this last week?
What did you learn about yourself?
What challenges did you encounter?
How would you like to change your action steps for next week?
How is this effort supporting what you said was important to you?

DIRECT COMMUNICATION

At times, it may be necessary to make statements, direct the process, or provide resources/information. In all of these cases, coaches are encouraged to use simple and direct “I”
Statements. When providing information or resources, coaches are encouraged to use the “Elicit-Provide-Elicit” strategy (described below) in order to minimize resistance to hearing information.

Some examples of direct communication, or “I” Statements are:

“I’d like you to fill out this form for next session.”
“I want to explore some potential barriers you think you may encounter.”
“It seems to me you’ve made some real progress since last session.”
“I want to provide you a moment of silence to reflect on this next question.”
“I want to share with you some of my thoughts on what coaching is and what it is not.”
“I’m going to interrupt you here and shift our focus.”

**ELICIT-PROVIDE-ELICIT**

When coaches believe it may be valuable to provide some information or potential resources for the partner, the information/resources may be more easily heard when using the following strategy:

- Elicit whether the Veteran is interested in learning something you think might be helpful or relevant. If the Veteran declines, stop. Providing information now is apt to make change less likely.
- If the Veteran is interested, provide the information or concern you have.
- **Elicit** the Veteran’s interpretation of that information, how she thinks it applies to her, what sense she makes out of it, or otherwise emphasize that the Veteran is the one to decide what to do with the information or your concern.

**BRAINSTORMING**

In addition to providing information or resources via Elicit-Provide-Elicit, another strategy for providing information and resources is brainstorming. In brainstorming, coaches ask partners if they would like to brainstorm some ideas (elicit permission). They then share that the activity is to generate options for potential action without judgement of the options at this point. The partner is asked to first come up with an idea. The coach then shares an idea. The coach and partner take turns brainstorming options until all potential options that they can think of have been generated. The partner can then choose which option makes the most sense or is most doable for them.
CHAPTER 4: THE HEALTH COACHING PROCESS

The following diagram shows the various stages of the health coaching process for this training:

HEALTH COACHING PROCESS MODEL

We refer to this diagram as the Health Coaching Process Model (HCPM). It is important to note that this model serves as a training tool and seldom will an effective and Veteran-centered coaching experience follow this model exactly. There are some further considerations in utilizing this model.

Even though the agenda for the coaching sessions is the Veterans’, it is important to remember that coaches are the holders of the process. The Veterans determine the direction they wish to go, but the coaches must support them in that direction by keeping the sessions focused and moving in a productive direction. At times, the Veterans will be sharing stories of their lives and the purpose the story serves may not be clear. At times, it is the duty of the coaches to interrupt a non-productive story, or flow of the session, in order to bring the process back to a productive path. This strategy is called direct and/or redirect the process. Coaches may think that they are being disrespectful to the Veteran in carrying out this responsibility. However, allowing non-productive lengthy stories to continue is not serving the coaching purpose for which the Veteran came to coaching. Coaches should develop a style of redirecting that not only is consistent with their coaching style but is done in such a manner that the Veteran does not feel disrespected. One way to successfully do that is to make it part of the co-created ground rules for the coaching sessions.
WHOLE HEALTH COACHING FOUNDATIONS COURSE—PARTICIPANT MANUAL

It is imperative that coaches have the requisite competencies to conduct effective coaching. Initially, coaches may also value a map or direction to where they are moving with the Veteran. This HCMP serves as that map. The following is a brief overview of the HCMP. A more complete description of elements of this model will follow the brief overview.

**Stage I: Develop A Personal Mission.** In this stage, the Veteran develops a “personal” mission, aspirations or purpose statement (MAP) that not only contextualizes any future changes, but also guides the overall personalized health plan. This may also be thought of as a “statement of purpose” or an overall “health vision.” As a part of this stage, Veterans also explore the values embedded in this personal MAP. It is also helpful to explore what other values of the Veteran impede or conflict with these “ideal” values.

**Stage II: Assess &Focus.** In this stage, the Veteran is preparing for action by:

- Assessing their health in a variety of areas as outlined in the *Circle of Health*
- Defining a focus, or where they want to start to enact a change consistent with their immediate interests and values
- Self-assessing and building their readiness for the potential change

**Stage III: Plan for Action.** In this stage, the Veteran sets goals, develops action steps, identifies barriers and backup plans, establishes accountability, and identifies support. Without these steps of the plan, sustained action is likely to fail.

**Stage IV: Execute the Action.** This stage is where “the rubber meets the road” and the Veterans carry out the plan based on their preparations and personal missions. Once the action is attempted, the Veteran evaluates how the action was or was not successful, what were the lessons learned, what re-planning needs to take place, and what further actions will be executed.

**HOW TO USE THE HCPM**

There are several considerations to keep in mind when utilizing this model. These considerations are:

The HCMP is a map (of sorts), not a script. It is not to be rigidly followed. The Veteran’s process should ultimately indicate where a coach needs to be in this process. However, for a training tool, it helps the new coach think about where they are in the process and what may need to be addressed before proceeding. For example, a Veteran who has not committed to a clear focus, or what they want to take on in terms of a change, may be wasting time developing goals and action steps. Another example would be if a Veteran is choosing a focus, or area to work, but has not given much thought to how this change fits into
what really matters to them. Without this articulation of their purpose/mission or what really matters to them, they are robbing themselves of important motivation to sustain the change.

Coaches may want to revisit a stage. As the Veteran moves through the process, coaches may find it helpful to revisit a stage, especially if the Veteran is encountering difficulties in making the change. For example, assume that the Veteran has had a few weeks in which they seemed unable to enact their action steps. It may be necessary to revisit the “setting action steps” phase to see if the action steps were too ambitious, or if other action steps may be more important at this time. In other words, this is not a static process of visiting the stage once and then never returning. It’s a dynamic, unfolding process that may mean visiting a particular stage many times.

The timeframe for the stages are flexible. Coaches may want to keep in mind the timeframe they have with the Veteran. If the encounter is only for ½ hour, coaches will want to think about where in the process to focus to maximize the impact for the Veteran, given the time constraints. If coaches have 8-9 sessions with the Veteran, they can be much more thorough at each stage and think about returning to each stage more frequently.

The HCPM is a training tool. Coaches should remember that this is a training tool to help new coaches think about where they might want to go next in the process of coaching with the Veteran. Once coaches get familiar with the process, where to go next will become more “second nature” with a focus on what are the immediate needs of the Veteran in this moment. Like practicing scales in learning music, it may be useful to have a structure in the beginning. However, most musicians will soon leave the scale practicing to make music... and they may return to practicing scales when they see the utility in doing so.

STAGES AND PHASES OF THE HCPM

In this section, we will describe the stages and phases of the HCPM process. In addition, we will provide a strategy, or strategies, for how to address the phase of each stage. We will start with the mission/purpose stage and continue around the wheel in clockwise direction.

STAGE I, PHASE 1—CREATE A VISION

Create a Vision Strategy. At this stage, coaches assist the Veteran in developing a mission, aspirations or purpose statement (MAP), or their vision of their optimal life. (Coaches should explore which term best suits the Veteran.) Veterans may have given much previous thought to this question or very little. Using the skills of reflection and exploratory questions, time should be given to the Veteran to explore this question without rushing to the next stage or element of the process.

There are several ways to assist the Veteran in exploring their MAP. First, there are the first 5 questions of the PHI that serve to begin the process of having the Veterans consider their lives...
and what matters to them. Answering these questions can be a powerful experience for the Veteran.

Secondly, it can be helpful to have the Veterans visualize their futures by guiding them through visualization. Have the Veterans paint a vivid picture of their future including such factors as how they feel, how they look, the activities in which they are engaging and enjoying, who is with them and what health behaviors they are practicing. Have them walk through a typical day in their ideal future when they are living according to what matters.

Finally, just asking useful, exploratory, open-ended questions can serve the purpose of allowing the Veteran to articulate their MAP and what matters to them. It is important to have the Veterans vocalize what matters to them. Writing it down can have impact but articulating the statements to another person (in this case, the coach) can have an even more powerful impact.

The purpose of having the Veteran articulate their MAP and what matters to them is twofold: First, it provides a motivation for any subsequent change initiatives, giving them a reason to participate in the change process and sustain it when the going gets difficult. Secondly, it allows them to feel more fully understood by the coach and allows them to be known at a deeper level than they are probably used to sharing with a health care provider.

This exploration should be offered as an opportunity and not imposed on the Veteran. When offered the opportunity, most Veterans will probably want to participate. Imposing this as a necessary step in coaching may trigger resistance.

There is also the question of *when* to offer this opportunity. Some coaches have found it helpful to offer the Veterans opportunities to complete the first five questions of the PHI before coming to the initial session—either by sending a copy via mail, or having the Veteran complete it online. The advantage of doing this allows 1) the Veteran to take time to think thoughtfully about the questions, and 2) prepares them for the initial coaching sessions. The disadvantage is that completing this may not be the interest of the Veterans before arriving at the coaching sessions. They may question whether this is what they “signed up” to be engaged in. They may have anticipated dealing directly with their presenting issue.

Some coaches have found it helpful to complete the PHI questions after they have had the opportunity to meet with the Veterans, establish the initial relationship and explore the value of completing the PHI with the Veteran. Although it is usually completed by the end of the first session, this may not always be the case, depending on the unique circumstances of each coaching encounter.

Other coaches may find it helpful to first deal with the Veterans’ presenting issue as a means of addressing what is important to them at that moment. Veterans will present at coaching for a variety of reasons; they may have been referred by another health care provider for a specific focus, such as losing weight or stopping smoking. They may have self-selected to come to
coaching for a specific focus. Or, they may be coming for generalized health enhancement, not sure what they want to work on initially. They just know they would like to be living a more fulfilling life. Each of these ways of presenting influences how the coaching begins. When someone is presenting for a specific issue, it is best to start with that issue rather than immediately having them complete the PHI. If they are coming without a specific focus or an ill-defined focus, it may dictate that coaches get to the PHI sooner in the process.

In all cases, completing this first element of the PHI, developing a MAP, is an important stage in the health coaching process and should be offered at some point in the initial sessions of coaching. The experienced, artful coach will make it a natural part of the flow of the coaching process; by offering it when the Veteran has expressed interest in exploring the context for the changes they may be interested in making.

STAGE I, PHASE 2—DISCOVERING VALUES AND VALUE CONFLICTS

Exploring Values and Value Conflicts Strategies. Once Veterans have articulated a MAP, it may be useful for them to explore what that says about their values or what is important to them. Veterans may want to identify at least 3 values that come out of their MAPs. It’s important, again, that this discovery process not be rushed. It may be helpful to reflect the values heard and give quiet time to reflect. Also, simple questions such as “What else is important to you?” or “Is there another value behind the value you just identified?” For instance, if the Veteran says that one value is “having enough money to not be worried”, there may be another value behind this value. The value of “freedom from worry” or “mental peace” may be the value. In these cases, the simple questions of, “What else matters? Or “What other value may be behind this value?” become powerful questions. Powerful questions are those questions that lead to greater insight, or the next “ah-hah” moment for the Veteran.

Identifying values sets the stage for exploring when the Veteran’s behaviors are not always consistent with their values. This is an opportunity to explore value conflicts. This look at value conflicts is important in two ways: 1) it allows Veterans to learn about value conflicts that will become even more important as they move down the path of attempting to change a behavior or achieve a goal, and 2) it allows them to explore the discrepancy between their behaviors and their values. Identifying that they have other values that conflict with their ideal values is an important part of the discovery process. It allows the Veteran an opportunity to take a look at what they get out of their current behavior, even when inconsistent with their highest values. This, in turn, allows them to make informed choices about which behaviors they want to continue and which ones they may want to look at changing. It is all based on their self-assessment of what is most important to them.
Examples of questions that coaches may be utilizing at this stage include:

- When you think about your MAP, what comes to mind about what really matters to you in your life?
- You stated when you came in that you wanted to work on...How would working on this support your MAP and what is important to you about doing that?
- Think of times when you are not achieving your MAP? What other things become important that may hinder you from living according to your MAP?
- How is your current behavior consistent or inconsistent with what you say is important to you? Is this something you want to further explore? What would you be giving up if you changed this behavior? (This will get at conflicting values.)

**STAGE II, PHASE 1—CONDUCT A SELF-ASSESSMENT**

*Conducting a Self-Assessment Strategy.* After the Veteran has explored their values and value conflicts, it may be useful to conduct a self-assessment that looks at all the areas of life affecting the Veteran’s health and well-being. This can be done utilizing tools from the PHI, including the *Where You Are and Where You’d Like to Be* handout, (Handout pages 6-9), which relates to the *Circle of Health*. Again, coaches may offer this as another opportunity to look at what matters to them in terms of their health and assess where they are and where they may want to be in the various areas of their life that impact their health. Imposing this on the Veteran may engender resistance. Ideally, it works best to offer this at a time when the Veteran has indicated they are willing to look at issues other than the presenting issue that may be impacting their lives.

The purpose of this stage is to help the Veteran further clarify what is most important, or what is of greatest interest for them to be working on at this time. It is not unusual for a Veteran to come to coaching with a presenting issue, and by the time they have given full consideration to all areas impacting their life, decide that they are really more interested in working on another issue. For example, a Veteran may come to coaching having decided that they need to have more physical activity in their life. After completing the assessment, they may decide that they really are more interested, at the present moment, in working at reducing their stress. It may be that they want to work on a combination of both. In either case, it is more likely that the Veteran will achieve success if they work on the area that is of most interest to them. Success breeds success. After some success in one area, they may be more motivated to take on another area. They will have learned skills and strategies for change in the initial undertaking that they can now apply to the next challenge.

At the assessment phase, coaches are not looking for a commitment to change. They are simply asking the Veteran to self-assess the various areas of their lives that impact their well-being.

There are other forms of assessments the Veteran may have available to them and may want to consider as well. For example, these could be other medical assessments, psychological assessments, and stress assessments.
STAGE II, PHASE 2—SELECTING A FOCUS

Selecting a Focus Strategy. All the coaches’ interactions with the Veteran have been leading up to this point. It is critical to not ask about an area of focus until coaches sense that the Veteran is ready to hone in on an area. Prematurely asking for the area of focus may, again, encounter resistance. On the other hand, Veterans may have been anxious to get on with the coaching in the area of focus with which they initially presented. These intervening phases may have helped confirm for the Veterans that this is where they want to make changes.

It is important for coaches to realize that Veterans may not necessarily want to start with an area that they scored themselves the lowest in when completing the Where You Are and Where You’d Like to Be handout. There are many factors that go into the Veterans deciding which area they want to address first.

These considerations include:

- The importance of the area to them in the moment
- The confidence they have to make changes in that area
- The energy and time they feel they have to take on that challenge
- The immediate benefits they may perceive will be forthcoming
- The long-term benefits of making the change
- The excitement they have for making the change

Coaches must self-manage to make sure they are not intentionally, or unintentionally, steering the Veterans in the direction they think would be best for the Veterans to address.

STAGE II, PHASE 3—ASSESSING READINESS

Assessing Readiness Strategies. Before proceeding to the next stage of Planning for Change, coaches will want to assess if the Veteran is adequately motivated to take on the challenge of change. One way to do that is to assess the importance of this change to the Veteran as well as the confidence the Veteran has that they can make changes in this area.

Typical questions that coaches may find themselves asking at this phase are:

- What makes the most sense for you to think about changing at this time? How do you want to go about prioritizing where you want to start?
- What would you be most excited about changing at this time?
- What is it that you think you may have the time and energy for changing at this time?
- What would be the most important area for you to think about changing at this time? On a scale of 1 to 10, how important is it to you?
- In what area do you think you have the most confidence for being able to make a change? On a scale of 1 to 10, how confident are you that you can make a change in this area?
STAGE III, PHASE 1—SETTING A GOAL

Goal setting is usually critical for successful and sustained action. A goal not only enhances motivation for change, but provides the Veterans a measure for how they are progressing. However, setting an effective goal is important and, if not done well, can also have the impact of demoralizing the Veteran. It is important that goal setting not be done hastily, but that all elements of setting an effective goal are carefully considered before moving ahead in the process.

Setting a SMART Goal Strategy. There is not a specific timeframe for setting a goal, but generally 3-6 months has been most frequently utilized. The timeframe should take into account the interest of the Veteran. A goal that is too far out in front may seem too distant to be relevant; a goal that is too close in time may not allow the Veterans to experience the non-linear movement toward the goal, resulting in the goal not being obtained. In other words, most Veterans will experience highs and lows in their movement toward a goal; it is important to allow enough time to make it through this part of the process.

Characteristics of effective goal setting follow the acronym SMART, which stands for:

Specific—A goal should be clear and concise. It is difficult to know when action toward a goal has been started and when it has been completed if it is not specific.

Measurable—A goal should be measurable so that Veterans can track their progress. Veterans need to have clear criteria for progress and completion when taking action on a goal. Keeping tabs on progress can be inspiring.

Action Oriented—A goal should include action. And that action should be in direct control of the Veteran.

Realistic—A goal should be largely within the reach of the Veterans. It is best to work on small lifestyle changes that are doable. Avoid the pitfalls of having Veterans see only the big picture and not the small steps.

Timed—A goal should be tied to a timetable for completing specific, measurable and realistic action.
There are several thoughts that coaches may want to have Veterans consider when setting a goal. These are:

- Is the goal a significant enough stretch for the Veteran that it creates excitement in achieving the outcome? Or, is it too great a stretch that it becomes too much of a reach for the Veteran and the motivation is decreased?
- Is this something the Veteran really wants, or is this important enough that the Veteran is willing to engage in action steps toward the goal? In other words, does this goal really matter to them?
- What daily prompts or reminders are helpful to the Veteran in keeping the goal in mind on a regular basis?
- Did the Veteran commit their goal to paper? Goals can easily be forgotten or modified inadvertently over time if not written down.
- Is the goal clearly in line with, and in support of, the Veteran’s mission/purpose and values? It may be useful to have the Veteran verbalize and write down how this goal will help them in fulfilling their mission/purpose.
- Do the Veterans need more information in helping them establish a goal? For instance, what is a reasonable amount of weight one can expect to lose in a given timeframe? What additional meal planning do they need if their goal is to eat a nutritionally balanced meal 4 out of 5 meals?

At times, Veterans have options in how they may want to meet their goal. It may be helpful to have Veterans brainstorm ways of meeting the goal. For instance, let’s assume that a Veteran wants to decrease his weight by 5% over the next 3 months. Before assisting the Veteran in establishing action steps, it may be helpful to think of options the Veteran has for reducing weight. In assisting them, avoid doing the brainstorming for them. Allow them time to reflect and do their own brainstorming. As much as possible, allow the ideas to be their own. This will help maximize success in carrying out the actions. Some examples of what they might come up with include:

- Eat less of what they currently eat
- Eat different foods than what they are currently eating
- Increase their level of regular physical activity, such as walking up stairs and parking their car further away in a parking lot, or dancing more
- Increase the kinds of activities they do that include regular trips to a fitness center or walking several miles 3 times a week
- Reduce the sugary drinks in their diet, or drink more water
- Take weight loss supplements
- Deal with stressors that lead to overeating
- Eat more mindfully
This brainstorming may help to expand the limited number of ways the Veteran was thinking they could lose weight and they may come up with a plan that is more likely to succeed.

### STAGE III, PHASE 2—ESTABLISHING ACTION STEPS

*Establishing Action Steps Strategies.* Another very important part of the Planning Stage is establishing *action steps*. Action steps are those initial and ongoing behaviors that will help the Veterans achieve their goals. Action steps are those behaviors that are established for the next week, or a short duration of time. Action steps are where “the rubber meets the road.”

Action Steps should be established according to the same SMART Criteria utilized for setting goals. (See SMART criteria under *Stage III, Phase 1 Goal Setting*) Again, it is important not to rush establishing action steps. The Veteran’s motivation for continuing the change process can be enhanced or diminished by their initial successes in achieving their action steps.

It is important for coaches to realize that initial action steps may be obtaining more information that will help the Veteran establish future action steps. For instance, if the Veteran’s goals center on eating more, healthy foods, the Veteran’s initial step may be obtaining more information about what foods they want to be purchasing. Or they may want to explore which restaurants serve the foods that meet their specifications for “healthy.” Or, they may have to spend the first week learning to read labels in grocery stores.

Another example of gathering information might center on adding more activity to their lives. They may have to explore the following factors based on their interests. These factors may include the following:

- Determining what additional gear/clothing/shoes they may need to get started
- Determining where is a safe place to walk if that is part of their plan
- Finding another person or a group of persons to walk with
- Finding out the advantages of joining a fitness club vs. having equipment at home
- Becoming familiar with any risks associated with their preferred choice of movement

It is important to remember that establishing action steps according to the SMART criteria can make or break the success of the Veterans’ endeavors. Plan carefully.
STAGE III, PHASE 3—IDENTIFYING AND EXPLORING POTENTIAL BARRIERS

Identifying Barriers/Challenges and Contingency Plans Strategy. Barriers to successful action may arise in all stages and phases of the coaching process that the Veteran may need to overcome. This section will look at the kind of barriers a Veteran may identify and strategies, or backup plans, for dealing with potential or realized barriers.

We are introducing barriers here because it can be a valuable experience to have Veterans anticipate barriers based on their knowledge of themselves and previous experiences, as well as the experiences of others. Once action steps are initiated, and during each subsequent coaching session, it may be useful to continue to explore what barriers to successful action arose during the week and make plans for overcoming them.

There are two broad categories of barriers—internal and external. This distinction is largely based on the Veteran’s perceptions, because most perceived external barriers are really barriers based on the Veteran’s internal perspectives and responses to those barriers. Examples may further clarify this:

A Veteran may identify going to a bar where alcohol is served and being around people who are drinking as an external barrier to his/her achieving sobriety. Although this may be perceived by the Veteran as an external barrier, it may be useful for the Veteran to notice that it is his/her response to the external drinking environment that also plays into their ability to resist. In this case, it becomes more of an internal barrier to plan for.

Other Veterans who want to slow down and limit the amount of time spent at work may perceive their debt load as an external barrier to limiting the amount of time at work. On further exploration, it may be what they are telling themselves about their debt that is the barrier to slowing down.

It is important to note that although there are plans that can be established to work around the perceived external barriers (i.e., not hanging out in bars, choosing carefully who one chooses to hang out with in drinking situations), there are also opportunities to develop plans to deal with the internal barriers (i.e., rehearsing refusal skills, visualizing what it will be like 3 hours from now if I do drink) Most of the time, Veterans will perceive themselves as having more control over internal barriers than external ones. External barriers are often perceived as “ones I cannot control”; one simply needs to control their proximity to the external barrier (person, place, thing or event).
IDENTIFYING AND DEALING WITH INTERNAL BARRIERS

Internal barriers go by many names and descriptions. Choose the ones that are right for you or the Veterans you serve. Each of these will have the same outcomes if applied effectively.

It is important to note that you do not need to identify the barriers by any label to effectively deal with the Veterans. Coaches will simply note when Veterans are discussing barriers without having to name them. For instance, a Veteran may say “I wish I had started this when I was younger. It would be much simpler to do if I was younger”. Coaches will hear in that a perspective that could be labeled as a limiting perspective, or an internal barrier that is not serving the Veteran’s best interest in moving forward, or part of the Inner Critic voice (i.e., “I’m too old.”). In any case, the coach may simply call that statement to the Veteran’s attention and ask them to explore how that statement may be serving them, or not serving them, in terms of moving forward with an action plan.

Each of these ways of perceiving barriers will be briefly identified in the following section.

DEVELOPING PERSPECTIVES

A perspective is one way of viewing a situation. Often times, Veterans will identify their perspective as the “truth,” or the only way of perceiving the situation. Many times, limiting one’s perspective limits the alternatives for dealing with a specific situation.

Changing perspectives is similar to the work of Albert Ellis and the SPC model that flows from his work. (This is also called Cognitive Behavioral Therapy (CBT), in which many mental health professionals within the VHA have been trained.) The following briefly describes the SPC model:

‘S’ stands for Situation—A situation is described in objective terms—who, what, when and where. The situation is the focus for exploring the Veterans’ perspectives and resultant behavior.
‘P’ stands for Perspective—Perspectives are derived from the thoughts and beliefs about the situation. Thoughts are the interpretations of the event or what they say to themselves about the facts. These thoughts are based on the beliefs that pertain to the situation.

‘C’ stands for Consequences, either emotional or reactions (behaviors)—Emotions are what Veterans feel as result of filtering the activating event through their thoughts and beliefs. Reactions are what they do in response.

Perspectives can be productive or counterproductive to the Veterans’ progress in making change. It is important to assist Veterans in recognizing how their perspectives are serving them or not serving them. Veterans may be unaware that there may be another lens through which to view the situation, and this different view could influence their beliefs, feelings and actions.

*Another term that may be useful to the Veteran is substituting the word “story” for “perspective.” A story is what someone tells themselves, or others, about a situation. Again, the story teller may see their way of telling their story as the “truth.” However, frequently it is their interpretation of the event. Veterans may be invited to think about how there could be another story about the events and asked to think about how they could change the story in a way that would serve them differently.*

Some examples of perspectives or beliefs that may have impact on Veterans moving forward in the change process may be:

- My worth is dependent on what people think of me
- Everyone must like me and my ideas
- If I make a mistake, people will lose confidence in me
- I must be as good as the other musicians performing publicly
- I’m a failure if I don’t stick to the diet plan we designed
- There’s not much I can do about the stressors I experience in my life

There is a perspectives worksheet on page 32 in the Handout section that may be useful for coaches to use with Veterans in helping them identify how their perspective influences their change process.
WORKING WITH NEGATIVE SELF-TALK.

Self-talk is the message Veterans say to themselves about themselves. Veterans are not always aware of these negative messages they say to themselves. Like perspectives, negative self-talk may be limiting and interfere with successful action. It may be helpful for coaches to bring this negative self-talk to the Veterans’ awareness and help them assess what they gain from it, or how it hinders them. Some examples of negative self-talk are:

- “I’m not smart enough.”
- “I’m too lazy.”
- “I always fail when I try to . . .”
- “I’m too old to start this.”
- “I don’t deserve this . . .”
- “I don’t have enough . . .”

Coaches will see that working with negative self-talk is almost identical to working with perspectives. The same strategies, styles and questions apply. The intent here is to show the similarities and allow coaches to choose which language works best for them. The same is true of Working with the Inner Critic.

WORKING WITH THE INNER CRITIC.

Like negative self-talk, inner critic work involves assisting the Veteran in identifying how their critical thoughts about themselves may serve them in some ways but not in others. Effective coaching involves identifying these critical messages, assisting the Veteran in identifying how the inner critic does or does not serve them, and helps them make choices about which messages they want to give the inner critic, including:

- Paying attention to the inner critic
- Making peace with or befriending the inner critic
- Ignoring the inner critic
- Giving the inner critic less power
- Naming the inner critic
- Playing with the inner critic
- Asking the inner critic to leave

Another way to ignore the inner critic is to focus on positive messages. This can be done by:

- Focusing on the Veterans’ mission/purpose and values
- Brainstorming other perspectives with them
- Have Veterans identify a message they might give a friend struggling with an inner critic
- Eliciting what brings joy, peace and “aliveness”
• Recognizing their progress and encouraging action steps
• Encouraging Veterans to participate in what nourishes them

WORKING WITH COMPETING OR CONFLICTING VALUES.

What may be perceived as a barrier in some cases is another value that is competing for the time, attention and energy of the Veteran. Helping the Veteran identify their own competing values may make it easier to think about strategies or plans for consciously selecting what value they want to honor in the moment. Competing values are represented in the song written and sung by Merle Haggard:

Reasons to Quit

Reasons to quit... smoke and beer don’t do me like before.
I’m hardly ever sober; my ol’ friends don’t come ‘round much anymore.
Reasons to quit...the low is always lower than the high
And the reasons for quitin’, don’t outnumber all the reasons why.

Chorus:
So we keep smokin’ and we keep drinkin’, havin’ fun and never thinkin’
Laughing at the price tag that we pay
We keep roarin’ down the fast lane, like two young men feelin’ no pain
And the reasons for quittin’ are getting bigger each day.

Reasons to quit...I can’t afford the habit all the time
And I need to be sober; I gotta write some new songs that will rhyme
Reasons to quit, there ain’t no rhyme or reason when you’re high
Reasons to quit don’t outnumber all the reasons why.

It may important for coaches to recognize that value conflicts are not necessarily perceived as such by the Veteran. Coaches might hear words like, “I really value my health, but I’m just lazy and want to hang out on the couch. Lying on the couch and being lazy is not a value of mine.” It may take some reframing of the situation for the Veteran to realize they do get something out of “being lazy and laying on the couch” even though they don’t view it as a value. It has some importance in that particular moment that serves them in some capacity. Assisting them in understanding what they get from that behavior, without judging themselves, is the artful challenge for the coaches.

In summary, there are many ways to view barriers that may be helpful for both the Veterans and the coaches. The important task for coaches is to listen for words, thoughts, and expressions that may be limiting in some way. Have the Veterans identify how that perspective is both serving them and not serving them. Have them explore their attachment to that particular perspective and assist them in “trying on” another perspective to see what might be possible from that new perspective.
STAGE III, PHASE 4—ESTABLISH ACCOUNTABILITY

Establishing Accountability Strategy. Most people find that by committing to another person to report what they accomplished or did not accomplish for the week (or any other given time period) can be very motivating in achieving the desired action step. Many will indicate their desire to be accountable to the coach at their next meeting. Others may want to solicit the help of a spouse or friend to hold them accountable. Sometimes, a Veteran may want to be accountable to themselves by writing down or journaling how they did each day in achieving their action step.

No matter what method the Veterans use, it is another important part of the process. This is another place where this phase should be offered as an opportunity and not just assumed that the Veterans are willing or wanting to establish accountability.

Questions the coaches may want to consider at this phase include:

- If you find it useful to hold yourself accountable to someone, I’m offering my services. If you want me to be the person to whom you hold yourself accountable, how can I do it in the way that is most supportive of you?
- Are there ways that you want to be accountable to yourself? If so, what might be some of those ways?
- Is there anyone else who could be the “right” person to commit to holding you responsible?

STAGE III, PHASE 5—PROVIDE AFFIRMATIONS

This is not phase of Stage III, per se, but throughout the coaching session—and especially after the partner has initiated action—the coach will want to look for opportunities to provide affirmations. The following are strategies for providing affirmations.

There are several styles of affirmations with which coaches will want to be familiar:

- **Judgment**: “You have done a remarkable job in stopping your heroin use.”
- **Impact**: “I appreciate how honest you are being in talking about these things.” (A description of a positive experience in response to what the Veteran is doing or has done.)
- **Observation**: “You were successful in stopping the fighting.” (Focus on the Veteran and facts that emphasize the positive.)
There are also some cautions in utilizing affirmations. The following questions may help coaches to think about these cautions:

- Is your affirmation coming from a deficit world view, where you sound like you believe your Veteran lacks knowledge, skills, or attitudes?
- If you say the Veteran’s behavior is “good,” then a different behavior or choice would have been labeled “bad”?

or

- Is your affirmation coming from a view of the Veteran as competent?
- Identifying values or characteristics of the Veteran that the Veteran might use to feel seen, unique, worthy?

Here are some affirmation examples:

- “What successes, even little ones, have you had changing this in the past?”
- “Has there ever been a time when you were pretty sure you wouldn't be able to make a change, but surprised yourself by being successful?”
- “Let's pretend you are successful changing this... what about you as a person will have made that possible?”
- “If your best friend was describing your strengths, what would they say?”

STAGE IV, PHASE 1—ASSESS THE ACTION TAKEN (OR NOT TAKEN)

Assessing Action Taken Strategy. Once the Veteran has committed to taking an Action step(s), the coaching enters another stage. The Veteran will have done one of these three possibilities:

- Fully completed or exceeded the proposed action to be taken
- Partially completed the proposed action to be taken
- Did not take any action that was proposed and committed to

In all cases, there is potential for lessons learned which in turn results in sustaining, modifying or eliminating the plan and returning to an earlier stage.

STAGE IV, PHASE 2—LESSONS LEARNED

Assessing Lessons Learned Strategy. In assessing the action taken, or not, the first step is to explore with the Veteran what they learned from the experience.

The Veteran may have encountered additional barriers, both internal and external, that they did not anticipate. It may be useful to explore with the Veteran what they plan to do (Plan B) when they encounter this barrier again. The same strategies and styles, described under Barriers previously, are applicable in these situations as well.
Identifying strengths and successes is a very important part of the learning process. Even if the success was partial, it was still a success and should be recognized as such for the lessons the successes engender. Be mindful of:

- What did the Veteran do in these situations that contributed to the successes?
- What barriers did the Veteran need to overcome and how did they do it?
- What strengths did they discover they had within themselves to achieve the success?
- What did they learn about these strengths that they can apply to future situations?

In all cases, the Veteran should be acknowledged and affirmed for not only what was accomplished, but also for the lessons learned.

### STAGE IV, PHASE 3—RE-PLAN FOR THE FOLLOWING WEEK, OR UNTIL THE NEXT SESSION

**Re-Planning Strategies.** In this phase, coaches and Veterans determine what modifications or additions should be made to the action steps to move toward the goal. If the Veteran determined they were satisfied with their success they may want to continue with the same action plan. Or, they may feel ready to add additional action steps. In these cases, establishing additional action steps should follow the same procedures as identified in *Stage III, Phase 2, Action Planning*.

In cases where the Veterans did not feel they were as successful they may want to re-assess the action steps to see if modifications should be made that would engender future success. Perhaps they were too ambitious in their original action planning, or perhaps they encountered more barriers than they anticipated. Coaching sessions in *Stage IV* are focused on lessons-learned and making adjustments if necessary.

### STAGE IV, PHASE 4—TAKE FURTHER ACTION

**Further Planning Strategies.** In other cases, Veterans may determine that they have to readdress other parts of their plan including the goal, or the area of focus. They may have realized, through attempting the action, that they were not ready to take on this area of focus, or that the goal seemed too lofty and not obtainable. In these cases, the Veteran should be affirmed for the lessons learned and their willingness to take on the challenge initially. They should not be “shamed” for modifying the goal or focus. These were all very important lessons that could only be learned by attempting the planned action. Assuming the Veteran is willing; coaches may want to support the Veteran in revisiting earlier stages of the coaching process and reassessing values, area of focus and goals.

Generally speaking, the process described here in *Stage IV* continues until the Veteran and coach agree to end the coaching sessions. This may occur when the Veteran feels they have experienced enough success to continue on their own, or they determine that whatever they have learned or gained is enough at this point.
In some cases, the coaching ends because the coaching is not working for the Veteran and progress has stopped. In these cases, the coach should assist the Veteran in determining what other services may be helpful to them, or assist them in determining when they might want to try coaching again and under what circumstances.

Coaches should assist Veterans in framing the termination of the coaching sessions not as termination per se, but as a step in the vacillating process of moving toward what matters to them and realizing their MAP. It is all part of the journey.

**WHEN UTILIZING THE FULL COACHING PROCESS IS NOT FEASIBLE OR POSSIBLE**

There are many times when utilizing the full coaching process, as represented in this Chapter, is not feasible, nor possible. Frequently, participants in the Whole Health Coach Training are not intending to do coaching exclusively but are interested in adding the coaching skills to what they currently do in their VHA capacities. To that end, training time will be devoted to utilizing coaching skills in carrying out parts of the coaching process that are most relevant given limited time frames. The following PowerPoint slides offer a glimpse into how elements of the coaching process may be utilized in limited time frames.

- If a VHA employee had an opportunity in their current job to ask one question, it may be one like this:

```
Single Question

• What is the best possible outcome of today’s visit?¹

• If you left today’s visit satisfied with our plan, what is one key thing we would have addressed?

— F/U for both: I want to hear what’s important to you and how we can meet your needs.
```

• If there was an opportunity to explore further, scaling questions might be utilized:

**Scaling Questions**

- On a scale from 0-10:
  - How would you rate now as the time to initiate this change?
  - How motivated are you to make this change?
  - How likely are you to make this change in the next 3-6 months?
  - How satisfied are you with the progress you’ve made so far?

• Finally, if there is time to ask 3 questions, the questions may be similar to the following:

**Three Questions**

1. **Query 1**: What are some important things in your life that you need and want your health for?
Three Questions

1. **Purpose Importance**
2. **Health Status**
3. **Focus**
4. **Goal**

**Summarize:** Let me share what I've learned about you from my exam, your test results, and our conversation and how these may relate to what you've identified as important.

---

**Three Questions**

1. **Purpose Importance**
2. **Health Status**
3. **Focus**
4. **Goal**

**Query 2:** When you think about what's most important to you in the context of what I've shared about your health, what behavior are you most ready and willing to tackle?

---

*Simmons, L. A. (2013). Listening to the heart: Lifestyle changes. American Heart Association Annual Meeting, Dallas, TX.*
Three Questions

Query 3: What specific action will you commit to over the next 4 weeks?

— Simmons, L. A. (2013). Listening to the heart: Lifestyle changes. American Heart Association Annual Meeting, Dallas, TX.
CHAPTER 5: ENHANCING YOUR WHOLE HEALTH COACHING SKILLS

There are several ways to think about enhancing your health coaching skills. One way to enhance your health coaching skills is to role play with peers. Create common situations where you would like to use your health coaching skills and, with the group, brainstorm possible responses. Perhaps it would be helpful to apply some rating scale for health coaching skills demonstrated.

Another is to seek out a mentor or peer who is willing to observe you and provide you feedback. Some ways the peer or mentor might help you are:

1. Listen to 5 - 10 minutes of the interaction and describe which of the helping styles (directing, following, or guiding) might fit.
   a. The helper might use more than one helping style during the interaction and you might be able to consider why a particular style was used for some particular content.
   b. For those instances where a directing helping style was used, it can be useful to consider what would have to be modified so that it would be more like a guiding helping style.
2. Listen to 5 - 10 minutes of the interaction and count the number of open and closed questions.
   a. A coaching style often involves more open than closed questions.
   b. One guideline is to have at least as many open questions as closed, and even better is to have twice as many open as closed questions.
   c. One way to practice is to consider each closed question and generate a corresponding open question that might have been used in its place.
3. Listen to 5 - 10 minutes of the interaction and count the number of simple and complex reflections.
   a. A coaching style often involves more reflections than questions.
   b. One guideline is to have at least as many reflections as questions and even better is to have twice as many reflections as questions.
   c. More complex reflections than simple reflections are also considered valuable.
   d. One way to practice is to consider each question and generate a corresponding reflection that might have been used in its place.
   e. Similarly, consider each simple reflection and perhaps generate a complex reflection that could have been used at that point in the interaction.
4. Listen to 10 or more minutes of the interaction and count the number of affirmations.
   a. A coaching style often involves affirmations.
   b. Listen for moments when you could have highlighted what the partner was doing as admirable or inspired you.
UTILIZING A PEER SUPPORT GROUP

If you want to use a peer support group or a peer interest group, you might consider these guidelines. You might consider including the Health Behavior Coordinator (HBC) or other colleagues who have received the health coach training.

1. Schedule regular meetings for the sole purpose of working together to strengthen health coaching skills.
   a) Don’t let administrative details or other agenda fill the time.
   b) An hour meeting twice a month would be one possibility.
   c) In early meetings, it may be helpful to discuss specific readings that the participants have done between meetings, or their experience of a Community of Practice Call. A journal club of 20 minutes or so might be added.

2. Rather than simply listening to each other practice coaching, make use of some structured coding tools. Some examples are:
   a) Counting questions and reflections.
   b) Coding depth of reflections (simple vs. complex).
   c) Counting partner change talk and noting what preceded it.
   d) Tracking partner readiness for change during the session, and key moments of shift.

3. The person who did the interview might comment first on its strengths and areas for improvement.

4. The group may also watch “expert” tapes, coding and discussing the skills being demonstrated in them. Ask the OPCC if these are available for your use.

5. The group may also watch examples from YouTube which, although often described as examples of coaching, provide more of a stimulus for how one might improve the use of coaching skills than a demonstration of good coaching skills.

6. The group may focus on practicing and strengthening specific components of coaching skills.
SUGGESTIONS FOR CREATING A HEALTH COACHING ENHANCEMENT PROGRAM

Generally speaking, it is not enough to simply attend a health coaching training in order to be an effective health coach. Likewise, it is seldom sufficient for an organization to simply provide a coaching training in order to sustain a health coaching program. In order for the initially-learned skills to be enhanced and developed, an ongoing support system, including effective feedback and mentoring, needs to be established. And, the health coach must continue to practice and receive feedback about the skills learned in the initial training. Ideally, each site will have a leader or administrator to arrange meetings and coordinate ongoing activities that support skill enhancement and program development. Meeting on a regular basis to support each other in enhancing and developing skills is critical. Even if the site does not have an experienced mentor or trainer, there is much that can be done through peer support. One advantage of not having a lead mentor or supervisor is that the coaches learn to more fully realize their own potential to support each other in making improvements, with less reliance on the “experts.”

If you are “on your own” as a health coach, there are ideas listed here in the second section that you can use to enhance your skills as well.

ESTABLISHING A HEALTH COACHING SUPPORT NETWORK AT YOUR LOCAL SITE

There are several important factors that lead to a successful coaching program. Evidence has shown that no matter how effective the initial training experience, the learning will not be sustained without other factors being considered. In fact, it could be argued that the initial training experience is not the most important factor; there are several other issues to address that may be of equal or more importance. The table that immediately follows allows for an assessment of some of the most important factors in setting up a health coaching program.

As a summary of the assessment, the primary factors to consider are:

- Were the right people selected for the training to be health coaches?
- Was the training adequate and geared to the level of the participants?
- Does the Health Coaching Program have leadership support at all levels?
- Do Performance Measures adequately support the work of Health Coaches?
- Is there an ongoing support system in place to encourage the further enhancement of coaching skills?
- Are individual coaches provided specific feedback and skill enhancement plans?
- Is there an ongoing evaluation process in place to assist in determining the effectiveness of the program?
- Does the Program have consultants they can utilize to assist in establishing their Program?
WHOLE HEALTH COACHING TRAINING
PROGRAM IMPLEMENTATION ASSESSMENT

Program/Course Assessed______________________    By Whom_______________________
For Whom______________________________  Date_________________________

<table>
<thead>
<tr>
<th>Questions for Consideration</th>
<th>Rating or Number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Extent of Program</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Programs to be Established by When?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Veterans to be Served by Coaching?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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<tr>
<td><strong>Outcomes Desired</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision, Mission, and Strategic Initiatives have been established</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>Milestones have been established</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>Desired Outcomes have been clarified</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Values of Program have been Prioritized (reduced dependence on services, Veteran Satisfaction, cost-benefit, improved biomarkers, goal achievement)</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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<tr>
<td><strong>Program Aligns with ICHWC Projected Accreditation Standards</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of pre-Service training hours meet projected standard</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Number of documented practice hours has been established</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Number of mentored hours has been established</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Mentors, trainers and supervisors meet projected ICHWC criteria</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Content of pre-service training meets national standard</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>Knowledge test has been developed</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Performance test has been developed</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>Selection criteria has been established that meets ICHWC requirements</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Ongoing CEUs will be available for health coaches</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Screening WHC Applicants</td>
<td></td>
<td></td>
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<tr>
<td>-----------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>An effective WHC applicant screening tool and process is in place</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-Service Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training flexible to meet different provider needs</td>
</tr>
</tbody>
</table>

| Experiential Activities are adequate                                                     | 1 2 3 4 5                                    |
| Learning Modalities are varied                                                           | 1 2 3 4 5                                    |
| Affective mentoring is available                                                         | 1 2 3 4 5                                    |
| Evaluation plan is in place                                                             | 1 2 3 4 5                                    |
| Other                                                                                     |

<table>
<thead>
<tr>
<th>Coaching and Consultation (Mentoring)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate mentoring is available post pre-service training</td>
</tr>
<tr>
<td>Mentoring expectations are clear and guidelines are established</td>
</tr>
<tr>
<td>Mentoring ongoing training is available</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanisms are in place to provide ongoing feedback and evaluation to coaches</td>
</tr>
<tr>
<td>Coaches have adequate number of observations in order to receive ongoing feedback and evaluation</td>
</tr>
<tr>
<td>Evaluation records are kept as part of the employee’s record</td>
</tr>
<tr>
<td>Openness to feedback is trained and evaluated on a regular basis. Remedial procedures are clearly delineated for improvement</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrative Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coaches have clearly delineated lines of supervision</td>
</tr>
<tr>
<td>Leadership is fully aware of, and supportive of, coaching Program at the location</td>
</tr>
<tr>
<td>Coaches’ performance standards are consistent with coaching expectations</td>
</tr>
<tr>
<td>Coaches are given adequate time and resources to coach</td>
</tr>
<tr>
<td>Coaching positions have been created as part of the VHA employment processes</td>
</tr>
<tr>
<td>Coaches are fully aware of procedures for support and referrals</td>
</tr>
<tr>
<td>Program has an adequate amount of FTE equivalencies to meet Coaching Initiatives</td>
</tr>
<tr>
<td>Central Offices are supportive of the VHA Coaching Program</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>VISN and Center Director is supportive of Coaching Program</td>
</tr>
<tr>
<td>Mid-level Management and Supervisors are supportive of Coaching Program</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Program Evaluation</td>
</tr>
<tr>
<td>An ongoing Program evaluation process and tool has been clearly developed and is in place</td>
</tr>
<tr>
<td>Ongoing Research and evaluation is part of the Program</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Continuum of Services</td>
</tr>
<tr>
<td>There is a continuum of services clearly established</td>
</tr>
<tr>
<td>The continuum of services is adequate for the VHA needs</td>
</tr>
<tr>
<td>Clinicians are aware of, and clearly informed of, the coaching services available</td>
</tr>
<tr>
<td>Veterans are aware of, and clearly informed of, the coaching services available</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Staff Coaching and Wellness</td>
</tr>
<tr>
<td>A variety of coaching for staff wellness is available</td>
</tr>
<tr>
<td>Support is available for staff to take advantage of wellness coaching</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Marketing of Services</td>
</tr>
<tr>
<td>Veterans are adequately informed of coaching services</td>
</tr>
<tr>
<td>Clinical Staff is fully informed of coaching services</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

**General Comments:**
CHAPTER 6: GROUP COACHING

To this point in the Manual, the focus has been on individual coaching. However, group coaching is a potentially powerful modality to which the coaching styles, processes and strategies can be applied. Group coaching offers a variety of opportunities and challenges compared to individual coaching. In this chapter, we examine some of these opportunities and challenges and provide several frameworks, as well as techniques, for how group coaching might be conducted. As with the individual coaching chapters, we will provide a set of potential “maps” for group coaching. However, the actual group journey may not unfold according to any particular map or framework. These suggested frameworks are only a starting point for coaches to begin conceptualizing how they may want to initiate and conduct group coaching.

OPPORTUNITIES WITH GROUP COACHING

Group coaching provides opportunities, or advantages, for coaches, Veterans and organizations. Some of these advantages/opportunities are:

VETERANS’ ADVANTAGES/OPPORTUNITIES

- *Learn from each other*. Veterans are able to hear from others about their change processes and think about how to apply what they hear to their own learning and change process.
- *Support each other*. As group members develop camaraderie they are able to offer support to one another, both during the group meetings as well as outside the group setting.
- *Reduced cost*. Veterans will realize a reduced cost for group sessions in comparison to individual sessions.
- *Learn with others in similar situation*. Not only do Veterans learn about the change process by listening to other group members, but they also may learn information, especially if they are working on a similar issue (i.e., diabetes, heart disease).

If you want to go quickly, go alone.
If you want to go far, go together.
– African proverb
COACHES’ ADVANTAGES/OPPORTUNITIES

- **Work with several individuals at one time.** Coaches will be able to work with several Veterans at one time. This has the additional advantage of accomplishing more Veteran coaching in a given timeframe.
- **Allows for coaching by example.** Veterans will observe the coach coaching other group members and, in many cases, be able to apply what they are observing to their own situations.
- **Several sources for learning.** Group Veterans will not only learn from the coach but will learn information as well as change processes from other group members.

ORGANIZATIONAL ADVANTAGES/OPPORTUNITIES

- **Ability to get members coached in a shorter period of time.** Large organizations, who want to impact overall health of the organization, will be able to get the target audience trained/coached in a shorter expanse of time compared to individual coaching.
- **Reduced costs.** Group coaching will be less expensive to an organization than individual coaching.
- **Support for team effort.** By working in groups, as opposed to individual coaching, members of the organization will more likely develop support for each other and develop a “team effort” approach within the organization. This will especially be the case if the organization has chosen to target specific health behaviors.

Group coaching also presents some unique challenges that may not be encountered as frequently in individual coaching. These challenges include:

- **Balancing equal time for group members.** In many groups, some Veterans will tend to talk more than others. At times, it can be a challenge for the coach to give all members equal opportunities to speak. Respectful group management is key in these situations.
- **Not all group members will be supportive of each other.** Not all group members may “like” each other or want to support each other. There may be conflicts among group members that must be addressed in order for the group to function in an effective manner.
- **Group may take on a negative dynamic.** Groups can take on many dynamics, impacting the effectiveness of the group. If some group members become unhappy with their experience it could impact the group dynamics in a negative way.
- **Group members may be in different places in change process.** More than likely group members will be in different places in the change process. While some will still be deciding on a focus, others may be ready to take action. This may provide some learning opportunities, but also may provide challenges for the coach.
• **Group members may not always be present for each session.** With individual coaching, if a Veteran is unable to make the session, it can frequently be rescheduled. With groups, it would be much more difficult to reschedule for the sake of one or two group members. If group members are unable to attend it will have an impact on group dynamics and the non-attending members will be at a disadvantage in not experiencing the events of the session they missed.

• **Maintaining awareness of both group and individual dynamics.** As in any group process there is an art and challenge to staying aware of both group dynamics and individual member’s processes. If coaches focus too much on individual member’s processes, they may “lose” other group members. If the focus is on group dynamics, members may think that not enough time is being devoted to their individual needs.

• **Members may be working on different health issues.** Not only will group Veterans be in different places in the change process, they may be working on different health issues. This may be a challenge if members are not able to extrapolate from another member’s content area and apply it to their own.

• **Confidentiality may be an issue.** Coaches will not be able to control what other group members do with disclosures in the group. Although confidentiality will likely be addressed, it does not assure that all members will adhere to the confidentiality agreements.

### DECISIONS TO BE MADE IN HOW TO SET UP AND CONDUCT THE GROUP

There are a multitude of decisions coaches will need to make before setting up group coaching sessions. As the group continues its process, additional decisions may need to be made along the way. *These decision points will be outlined below along with ideas for consideration.*

**Group Size.** There are many factors to consider when determining how large a coaching group should be. These factors include:

• **Availability.** How many Veterans are available at any given time? If too much time elapses while a group is waiting to form, Veterans who signed up initially may become tired of waiting to get started.

• **Amount of individual time.** To some extent, coaches need to decide ahead of time how much approximate time they want to provide for each group member. This will have impact on the number of group members. If a group becomes too unwieldy in terms of numbers, individual may feel “lost” in the group. If a group is too small, group members may not benefit as much from learning from others. To some extent, this will be determined by the values of the coaches, and how effective they believe they can be in larger or smaller groups.

• **Cost effectiveness.** If the VHA is conducting group coaching, they may have a certain number they want to get coached each time, given the unit cost.
Open or Closed Group. In a closed group, all members begin and end at the same time. No new members are allowed to join the closed group. In an open group, sessions are ongoing with members leaving or joining at different times and for different lengths of time. The advantage of a closed group is the intimacy and trust that gets established among group members. Also, all members are aware of what has been shared historically with each member. There will not be members coming and going. An open group has some advantages as well. Veterans can come and go after they believe they have achieved what they want to achieve. With new members coming into a group, the group dynamics change and new ideas and new dynamics can be stimulating to the group process.

Telephonic or In-Person Sessions. The coach will need to decide the number of sessions the group will meet in person and the number of telephonic sessions will be held. Group telephonic sessions can present new challenges beyond those of individual telephonic sessions. It may be difficult to assess group members’ process with more than one person on the phone. It requires a lot more “checking in” to see where group members are. Group dynamics may be more difficult to assess without the non-verbal cues. The advantages of telephonic sessions are the same as for telephonic individual sessions. They require less travel time, a need for space, and allow for greater flexibility in terms of having to be in a certain location.

If coaches use telephonic sessions, they may want to address the following:

- A commitment to not be doing other tasks when group members are on the phone
- Group members may need to identify themselves when they begin to speak
- Group members commit to listening when others are speaking
- To reduce or eliminate background noise when participating in the telephonic group

Single Themed. A group could be focused on a single health concern such as diabetes or heart disease. A singularly focused group has several advantages:

- Group members may feel a greater bond when dealing with similar issues
- Group members will more than likely feel as if they are with others who understand what they are going through
- Group members will learn information from each other that pertains to their issue
- Coaches can be more focused on what information to present
- Chances are greater they will continue to support each other after the group sessions are over
Length of Group Process. The coach will need to decide how many sessions the group will be and over what period of time. This may be easier to negotiate with an individual. In the case of a group, the coach may have to declare the length of the group. It may be difficult to determine a length if left to a “democratic” process.

- Length of time and how many sessions will also be influenced by the purpose of the group. Some groups could be open-ended in terms of length, especially if group members wanted to work on several issues or serial issues (i.e., one right after another). A group that has a specific issue with a specific outcome can more easily limit the number of sessions and duration of the group.
- Time between sessions will also have to be determined. Coaches will want to give group members enough time to process and/or try out new actions. However, too much time between sessions could be detrimental, especially for those who are struggling with executing new actions. Many coaches would find that for most groups, anything less than one week between sessions is too short and anything over 2 weeks would be too long.

Educational Component. Again, depending on the purpose of the group, it may be advantageous to have an educational component. If the group has a singular health issue they are dealing with, guest speakers with expertise in that health issue may be beneficial. If the coach is knowledgeable in the health area, they may want to provide some education or educational resources. Also, the group members could be tasked to find out information on various aspects of the health issue. As with individual health coaching, coaches must be careful to avoid giving medical advice. Likewise, if the material comes from group members, it should not be construed as the same as expert medical advice. Coaches should suggest to group members that any information they may receive in the group should be checked out with their medical providers.

Amount and Type of Group Structure. Some groups could operate with very little structure and be successful. Coaches could begin sessions with very open-ended questions, such as “What have you learned since last session?” and essentially go from there. They could use whatever arises in the session to make salient points. Or, coaches could be very structured, planning the questions and format that will be used for each session and strictly following those questions and format. The format and structure will be determined by the outcome intent of the group. For instance, a group that has been structured around weight loss may require greater structure than a group whose intent is to improve each member’s overall health.
Coaches will also have to determine if they are going to take the group through the Whole Health Coaching Process as a group, or if each member will be coached depending on where they are in the process. For instance, coaches could start out a group by having every group member talk about their vision in the first session. The group does not move on to values until everyone has had a chance to define their health vision. Likewise, the group does not move on to Goal Setting and Planning until every group member has chosen a focus. Clearly, a group set up this way will have unique challenges. Mainly, group members will be ready to move at different times and they will have to wait on their fellow group members.

By contrast, a group could be set up so that every group member moves through the coaching process at their own pace. Group members who are not necessarily in the same stage could still learn from listening to other group members at that stage. Coaches would need to be adept at remembering and addressing each individual where they were in the process. They would also have to be skilled at pointing out the lessons that could be learned from group members who are in different stages in the process.
It may be helpful to think of sessions having 3 phases:

1. **Beginning of coaching session**  The beginning starts with some form of check-in, which is usually an open-ended question addressed to everyone. Potential opening questions are:
   a) “What did you succeed with this week?”
   b) “What one word describes your week?”
   c) “What theme would you use to describe your week?”

Some coaches will want to begin with a mindful awareness activity to assist group members in becoming present.

2. **Body of a coaching session**  The body of the coaching will often include processing the members’ experiences since the last session. More specifically, the progress toward goals and overcoming challenges will usually take the bulk of the time. Questions may be:
   a) “What successes did you experience this week?”
   b) “What was a challenge for you this week?”
   c) “Where did you experience excitement?”

3. **End of a coaching session**  Let members know you have an allotted amount of time left. As with the check-in, it is important to hear from everyone during check-out. Questions might include:
   a) “What are you taking away from this group this week?”
   b) “What new behavior will you do this week?”
   c) “What would you like us/me to hold you accountable to during our next session?”

**Missed Sessions.** Coaches will need to address ahead of time how missed sessions will be handled. Will the absent member need to make up the session somehow? Will they have to listen to a tape of the session? Will they need to be brought up-to-date on what they missed?
Blending Group and Individual Interventions. One challenge for coaching groups is balancing the amount of time spent on any one individual and giving time to the overall group process. One way to balance this process is to stay mindful of the amount of time you as a coach are devoting to the following:

- **Coaching individual group members** and bringing the relevance forward to all group members
- **Coaching the whole group**, asking questions for the whole group to consider, and listening for common themes as well as differences. Use responses to weave in teachable moments for the whole group.
- **Group members coaching each other** can have a real impact for the group. The coach may have to invite group members to coach by asking questions such as “If you were the coach, what would you say, or what would you ask the Veteran right now?” This takes the focus off of the coach as the only one who is able to coach and allows for more group interactions as opposed to every interaction going through the coach.

DEALING WITH DIFFICULT GROUP MEMBERS OR GROUP PROCESSES

Groups can present unique challenges that will not likely be encountered in individual coaching. Managing these difficulties may require additional practice and experience to be an effective group coach. Some of these difficult group situations might be:

**Situation: Members who monopolize or ramble**

*Intervention:* “I respect your viewpoint and am grateful for your willingness to share. I also want to hear from other people in the group on this topic.”

Sometimes, group members are not aware of how much they interact compared to others. Two ways to address this are 1) Ask the whole group to be aware of how much they as group members are interacting compared to others or 2) Address it directly with the group member, perhaps on a break or after the group session.

**Situation: Members who tend to complain incessantly**

*Intervention:* “I hear that this is upsetting for you. I’d like to give you another minute to express your view and then I’d like to hear from others.”
Situation: Members who give frequent advice to others

*Intervention: (Assuming not giving advice has been set up as a ground rule)* “I hear what you are offering now as advice. How could you change your approach, and ask a question that would allow the person to explore what you are offering?”

Some of these difficult situations can be avoided or at least addressed by setting up ground rules in the beginning session. Members could then be reminded of the ground rules throughout the sessions.

### SETTING UP THE INITIAL GROUP SESSION

There are several tasks coaches will want to be mindful of as they begin the first session of group coaching. Some of these are similar to individual coaching first tasks but may take on a different flavor when doing them in a group setting. These tasks are part of designing the group coaching alliance:

- Introduce yourself and your intent or goal for the group. You may want to consider introducing yourself when other group members introduce themselves, providing the same information they provide. This will contribute to a different group dynamic than if you introduce yourself differently, or at another time in the process.
- Create guidelines or ground rules for the group. Items such as confidentiality, bottom lining, not giving advice, how members will communicate with one another, and attendance are all issues that could be addressed during this time. Coaches may want to provide some of the ground rules, while others may be generated from the group. Generally, members will take more responsibility and ownership for carrying out or enforcing group-generated ground rules.
- Emphasize that the group will be interactive, focused on dialogue and not be simply the forum for the coach.
- Provide the group information on the structure of the group and how you envision the group process taking place.
- Be sure to allow adequate time for each group member to be heard in the first session.
- Provide some relatively “safe” open-ended questions that all group members can respond to.
ENDING THE GROUP EXPERIENCE—THE LAST SESSION

There are several points coaches will want to keep in mind when ending the group experience. These are:

- A Review of where group members have come from over time, and what changes they have made, is usually very useful and motivating.
- Having members state what they have learned that can be applied to other areas of their lives can be helpful in having them identify change strategies.
- Sharing last thoughts, they may want to exchange with other members of the group.
- Having group members not only identify what they have learned, but also think about what other area of their life they may want to work next.
- Feedback for the coach in terms of what has been helpful about the group, as well as how the group could be improved.
- Exchange of contact information if appropriate.
CHAPTER 7: THE ETHICS OF COACHING

Health Coaching is a relatively new and evolving field. Training programs are recognizing an important niche they can fill in addressing the needs of this new endeavor. Academic programs have begun. However, this evolving interest and educational responses have arisen prior to clear national guidelines for practice, training and ethics being established. Although there is a Code of Ethics developed by International Coaching Federation (ICF) for coaching in general, there is not a code of ethics for Health Coaches per se. There are no state regulations nor monitoring of health coaches; therefore, self-regulatory ethics are very important. As this field progresses, ethical standards will undoubtedly proliferate. Until then, ethical standards are a work in progress.

Health coaches working within the VHA setting should familiarize themselves with VHA ethical guidelines for all clinicians.

Coaches should be aware that the ICF has been recognized as a primary organization for setting national standards for coaching in general. In addition to a Code of Ethics, they have developed:

- Definition of Coaching
- Core Competencies/Standards
- Professional Coach Credentialing, including ongoing CEU requirements
- Oversight for Ethical Conduct Review
- Ongoing Self-Regulatory Oversight

The purpose of this chapter is to outline broad areas of ethical concerns; the details in how to address these concerns will need to be implemented by individual coaches. Using mature, professional judgment, and keeping the Veteran’s best interest at the fore when addressing these concerns will go a long way in fostering an ethical coaching practice.

FACTORS CONTRIBUTING TO CHOOSING ETHICAL ACTION

Before outlining specific areas of concerns, it is useful to recognize that there are factors that will contribute to how individual coaches will respond in ethical situations. Some of these factors include:

**Individual’s Personal Character.** Coaches bring a history of personal development to the coaching situation. The attributes that follow have been developed over time, but coaches must consciously continue to practice behavior consistent with these attributes in the coaching setting. These personal attributes are:

- *Prudence or practical wisdom.* Carefully thinking through the potential ramifications of any behavior and avoiding the appearance of impropriety is a character skill/
developed from years of experience. Prudence or practical wisdom also includes thinking through the long-term consequences of any given behavior.

- **Integrity.** Coaches acting out of integrity, being honest, and promoting the best interest of Veterans are less likely to encounter ethical issues. Coaches with integrity do not necessarily “need” a code to guide their ethical behavior. It comes out of a sense of integrity. In fact, coaches who practice integrity and have moral reasoning skills may actually practice behavior that goes beyond any written code of ethics.

- **Trustworthiness.** Trustworthiness has been discussed in greater detail previously in this chapter. Coaches who have worked to demonstrate trustworthiness in their relationships with Veterans are less likely to encounter ethical issues.

- **Respectfulness.** Respectfulness involves being aware of, as well as honoring the Veteran’s beliefs and values. Practicing Respectfulness will certainly reduce the incidents of ethical conflicts.

- **Compassion.** Understanding and caring about the Veteran’s feelings and life experiences will limit any potential behaviors that result in compromised ethics.

**Moral Reasoning**  Coaches who can reason from a moral perspective and take into account “what is in the best interest for the greater good” and not just in the coaches’ best interest, will have a basis for making decisions that will result in fewer compromised ethical situations.

**Professional Ethical Identity**  Professions themselves develop both written and unwritten codes of ethics over time. These codes are developed by both the leaders and constituents of the profession. How much ethics are emphasized, both in terms of training and code enforcement, begin to define the ethical culture of the profession. Underlying each profession are philosophical principles that may or may not be evident to members of the profession. These underlying philosophical principles can have an impact on the profession’s spoken and unspoken code of ethics.

**Ethical Training**  Even though ethical reasoning and decision making are heavily influenced by coaches’ personal character, ethical choices can be enhanced by training. Most professions provide courses or training in ethical development. In the WHC training, we provide opportunities to reason and think with colleagues regarding coaching situations in which ethical decisions need to be made. Although there may not be one given, specific course of action in complex ethical situations, coaches are provided an opportunity to think through potential ethical situations before they actually occur.
Competence. If coaches have mastered the competencies of coaching there will be far fewer violations of professional ethics. Imbedded in the competencies of coaching are attributes that help to avoid compromised ethical choices. The following competencies listed below are only a few examples of competencies that foster sound ethical judgment:

- *Promoting the Veteran’s agenda and best interest.* Coaches who keep the Veteran’s agenda and best interest in mind will find themselves in fewer compromised ethical situations. They will be reasoning from what is in the best interest of the Veteran rather than from what is in the best interest of me, the coach.
- *Co-creating a coaching partnership.* If coaches are truly interested in partnering with the Veteran in order to assist in promoting their optimal health, they will find themselves acting in the partner’s best interest in potential ethical situations.

In addition, as certification becomes a reality in the field of health coaching, the profession itself will have an influence in self-monitoring, and those who are not competent will not be certified to practice. This professional influence, in addition to personal competency, will impact the number of ethical situations that may arise in the field.

In concluding this section, there are several questions that may be helpful for coaches to ask themselves in ethical situations. Answers to these questions will be influenced and determined by the factors identified above. These questions are:

- What are my own internal value conflicts?
- Who benefits from which course of action?
- What core values (both personal and professional) are being compromised?
- What core values (both personal and professional) are being strengthened?
- How does my Veteran win or lose, depending on the course of action?
- With whom would it benefit me to consult to examine the conflicts involved?

The following questions may be useful in nurturing ethical sensitivity:

- What is your “gut” response to this situation?
- What is the focus of your attention?
- Who else is involved in this situation?
- What makes you think “This does not feel right”?
- What are the issues related to culture and/or diversity?
- How does my role as coach (and privilege) impact my sensitivity and choices?
AREAS OF COACHING REQUIRING ETHICAL CONSIDERATION

There are many scenarios in coaching where ethical decisions will need to be made. These scenarios are grouped and outlined as follows:

**Confidentiality.** As with all health-related professions, coaches should be careful to protect Veteran confidentiality. In some settings and states, there may be “duty to report” issues, especially if the coach determines that the Veteran may do potential harm to themselves or others. Coaches should become familiar with the duty to report procedures in their work environments. If coaches determine that it’s in the best interest of the Veteran to share information with another professional, coaches should first obtain Veteran’s permission after discussing the reasons for their course of action with the Veteran. Coaches should have places to keep notes and Veteran information, preferably secured with lock and key that is not available to others.

**Veteran-Coach Relationship.** There are several potential concerns to be aware of under this topic. These include:

- Set clear, appropriate and culturally sensitive boundaries regarding physical contact.
- Avoid any sexual misconduct with Veterans.
- Provide clear and accurate communication about what the Veteran might expect from coaching. Avoid over-promising.
- Avoid exploitation of Veteran for monetary or personal gain.
- Discuss terminating the coaching relationship when coaches or Veterans determine that Veterans could be better served by another coach or professional.
- Establish clear communication before coaching begins regarding the number and length of sessions, finances, and the nature of the coaching relationship and confidentiality.
- Honor and support the Veteran’s right to terminate the coaching relationship.
- Avoid providing any information that could be construed as medical advice or directing a Veteran in a particular medical direction that runs counter to their wishes and values.
- Consider terminating the coaching relationship when Veterans’ and coaches’ values conflicts are currently or will potentially impede the effectiveness of coaching.
- Keep clear records of sessions and Veteran/coach agreements. This will help in clearing up any misunderstanding along the course of coaching.
- When soliciting information from the Veteran, only solicit the information that is useful to the coaching process. Having additional information not only has potential ethical implications but creates more potential liability for coaches.
**Dual or Multiple Roles.** In some cases, the coach may find themselves in dual or multiple roles with a Veteran. For instance, if a Veteran is a relative, or Veteran and coach work for the same institution, there may be reasons to have the Veteran seek another coach. If the Veteran is a neighbor or the Veteran and coach belong to same organizations such as places of worship, there may be ethical considerations before entering into a coaching relationship.

Also, if the coach has another profession, such as being a psychologist, the coach will have to be clear with the Veteran what role they are fulfilling with the Veteran and not attempt to blend the two. If the coach and Veteran decide to change the nature of their professional relationship, it should be explicit, and the Veteran should not feel pressured to assume the new role. If you serve in another health care profession, be clear as to which professional guidelines prevail in ethical situations.

**Use of Assessments.** Even though assessments, such as Health Risk Assessments or Personal Health Inventory, can be very useful in increasing self-awareness and further action, they must be handled ethically. Coaches should know the limitations of assessments, as well as their limits in expertise to interpret the results of assessments. In some cases, coaches may want to obtain the services of an expert to administer and interpret the assessment. This should only be done with the consent of the Veteran. Coaches should establish clear boundaries in the use of information they receive from any assessment. Cultural sensitivity and confidentiality are also important considerations in the use of assessments.

**Limits of Coaching Agreements.** In a coaching agreement, coaches should be careful to articulate what they are offering and not offering the Veteran. This should be a written agreement, signed by both the coach and Veteran. Coaches should be careful not to over-promise what the Veteran will receive from coaching.

If coaches determine that the Veteran has issues that are beyond the scope of the coaches’ expertise, they should discuss other professional assistance with the Veteran. “When in doubt, refer out.” is the guiding principle to keep in mind.

**Professional Issues.** Although coaches may have conflicting values with other coaches or coaching organizations, it is expected that coaches will not denigrate other persons or organizations with whom their values/beliefs and/or offerings may differ. Coaches may want to “defend” what they have to offer versus another health-related professional; however, they should acknowledge differences without placing a value (especially a negative value) on the other’s services.

Coaches should familiarize themselves with the Code of Conduct established by the ICF. As this field emerges, states may take varying positions and enact laws governing coaching practices. It is important that coaches familiarize themselves with any state law that may pertain to the coaching profession. These are subject to change and coaches should find sources to keep themselves abreast of new and/or changing laws.
SOURCES FOR THE INFORMATION IN THIS CHAPTER INCLUDE:


The ICF Code of Ethics, International Coach Federation, website: www.coachfederation.org
CHAPTER 8: PRE-SESSION, FIRST SESSION, AND LAST SESSION CONSIDERATIONS

This chapter addresses some unique considerations that coaches will want to consider in beginning and ending coaching.

PRE-SESSION

Coaches may want to think of providing Veterans a packet of information that includes the following before the coaching sessions start:

A brief description of what coaching is. Veterans may not be familiar with what health coaching is. A brief brochure on what health coaching is and what health coaching in not may provide the Veteran with information about what they may be encountering. If Veterans are referred by other health care providers or their PACT, it would be useful to be given a brochure or handout at the time of the referral along with an opportunity for the Veterans to ask questions.

A description of what the Veteran’s responsibilities are, and what the Coach’s responsibilities are, in the Coaching sessions. This may help to clarify what coaching is for the Veterans. A few of these ideas are:

- The Veteran will be responsible for the agenda and what they want to work on.
- The coaching will be conducted in the context of what matters to the Veteran.
- Coaches will make every effort to provide a safe and supportive environment and will honor the interests of the Veteran to address (or not address) whatever the Veteran brings up.
- Coaching is not only about learning and gaining insight, but about taking action as well.
- The Veteran will be expected to do the work; the coach is there to support them.

Any inventories or assessments that the coaches would like to have available for the first session. For instance, some coaches may want the Veterans to complete the PHI before coming to the first session. If that is the case, they should provide the PHI several weeks in advance with specific instructions in filling it out along with some guidance about how it will be used.

Any logistics about the coaching sessions. Directions on where to go, how to get there, the length of sessions, how many sessions, expectations for being on time, are all part of the logistics that should be provided to the Veteran.
FIRST SESSION

The first session can be very important in developing trust and setting the tone for future coaching sessions. Like any helping profession, efforts should be made to join with the Veteran, using common courtesies when greeting and meeting another person for the first time. Asking the Veteran what they need to be more comfortable would be an example. Also asking about what information they would like to know about the coaching sessions may be important. Providing a “healing” space that is peaceful, uncluttered, quiet and not prone to distractions or interruptions will be important in promoting a favorable “first impression”. Coaches should make every effort to be fully present for the Veterans, perhaps preparing for the encounter by practicing some mindful awareness prior to the session.

The Veterans may have questions about confidentiality and who else (other providers) will have access to any information they may share in their sessions. Coaches should be honest with the Veterans and share what their role is in relation to any other of the Veteran’s health care providers.

LAST SESSION

Ending the coaching relationship can assist in leaving a favorable impression (and perhaps referrals) for the Veterans. More importantly, asking the appropriate questions can assist in preparing the Veteran for the future without the support of coaching. Questions found previously under the Group Coaching Last Session section are also appropriate for individual coaching, those questions are:

- A review of where the Veteran has come from over time, and what changes they have made, is usually very useful and motivating
- Having Veterans state what they have learned that can be applied to other areas of their lives can be helpful in having them identify change strategies
- Sharing any last thoughts they may want to exchange with the coach
- Having the Veteran not only identify what they have learned, but also think about what other area of their life they may want to work next
- Feedback for the coach in terms of what has been helpful about the coaching, as well as how the coaching could be enhanced
- Sincere good-byes
ADDITIONAL COURSE MATERIALS

FINDING RESOURCES

The Whole Health Education SharePoint Hub contains information on all onsite (Whole Health in Your Practice, Whole Health in Your Life, Whole Health for Pain and Suffering, Eating for Whole Health, Whole Health Coaching, Whole Health Facilitated Groups, and Whole Health Partner) and online (Introduction to Complementary Approaches, Clinician Self-Care, Mindfulness, and Facilitator Tips and Techniques) courses, as well as other useful resources.

**SharePoint Education Hub**

https://vaww.infoshare.va.gov/sites/OPCC/Education/_layouts/15/start.aspx#/SitePages/Home.aspx

The Whole Health Library includes individual tabs for Key Resources (including electronic versions of the PHI and Passport to Whole Health Reference Manual), Onsite Programs (including course materials), Whole Health Overviews & Tools, and Veteran Handouts.

**wholehealth.wisc.edu**

Below is the listing of Power Point slides used during the Whole Health Coaching program. Copies to download can be found on the Whole Health Education SharePoint Hub under the link for Whole Health Coaching.

### SESSION 1

What is Whole Health Coaching?

Introduction to Mindful Awareness

Whole Health Coaching—Introduction to Patient Centered Care

Listening

Reflections and Inquiry

Introduction to the Process Wheel

Values and Value Conflicts

Change and Change Talk

Goal Setting
SESSION 2

Barriers to Change and Perspectives

Stage IV—Assessing Action

Group Coaching

Coaching in VHA Role

How and When to Refer and Suicide Prevention

Working with Difficult Group Dynamics

COMPONENTS OF PROACTIVE HEALTH AND WELL-BEING

https://www.va.gov/PATIENTCENTEREDCARE/resources/personal-health-inventory.asp

This link has a downloadable PDF version of the Components of Proactive Health and Well-Being (Circle of Health) as well as an interactive tool to explore each of the components.

COURSE VIDEOS

Fayetteville Coaching: https://www.youtube.com/watch?v=JSTkaFTO7f8&list=PLY7mRNUcQyMRR0oRxryZcJNhMhyPIYfUo&index=31

Cleveland Clinic: https://www.youtube.com/watch?v=cDDWvj_q-o8

It’s Not About the Nail: https://www.youtube.com/watch?v=-4EDhdAHrOg

Dream Rangers (this is a website you can view the entire video for personal use only) http://www.youtube.com/watch?v=vksdBSVAM6g

Veterans & Mindful Awareness (StarWell): https://www.warrelatedillness.va.gov/education/STAR/

Arthur Video—Never Give Up: https://www.youtube.com/watch?v=qX9FSZJu448

What is Water: https://www.youtube.com/watch?v=MZipihl2pfg or https://vimeo.com/68855377

Cleveland Clinic #2: https://www.youtube.com/watch?v=1e1JxPCDme4

ADDITIONAL VIDEOS

Clinical Champions: http://www.youtube.com/watch?v=NYKHw0gJ_Iw
Dr. Tracy Gaudet: http://www.youtube.com/watch?v=SAL5ZL_GqUc

Dr. Dave Rakel & Dr. Adam Rindfleisch: http://www.youtube.com/watch?v=AP6z5kfN6MU

What is Mindfulness? https://www.youtube.com/watch?v=JbGe9BpniJo

Why Mindfulness for the VA? https://www.youtube.com/watch?v=5Ui79W7TPdo

Four Ways to Cultivate Mindfulness https://www.youtube.com/watch?v=sU-xRVB7rVE

Beginning a Mindfulness Practice https://www.youtube.com/watch?v=zr42pt0kuZE

Mindfulness and Compassion https://www.youtube.com/watch?v=VgJbYzI2Sjk

Star Well-Kit: http://www.warrelatedillness.va.gov/education/STAR/

Evidence Map for Mindfulness:

To learn more about the positive impact of patient centered care, and to learn more about the Veterans who were empowered to improve their health and well-being, view the videos found on the link below. Or just listen and download audio files (MP3 format) which provide guided meditation and mindfulness strategies. These audio tracks can be used in group settings as well as for individual use.


You can also download all of these files from this page.
(https://www.va.gov/PATIENTCENTEREDCARE/resources/multimedia/downloadable-videos.asp)

Whole Health Systems Video Series

Core Patient Centered Care Videos

The "Components of Health and Well-Being" Video Series

The "Practicing What Matters Most Series" Video Series

The "Health for Life" Video Series

Instructional Videos

Downloadable Audio Files & Podcasts
COURSE HANDOUTS

The following is a list of handouts used throughout the course. Copies are provided in class as part of course materials. Should additional copies be needed, they are accessible from the Whole Health Education SharePoint Hub:
https://vaww.infoshare.va.gov/sites/OPCC/Education/_layouts/15/start.aspx#

- Personal Health Inventory
- Triad Practice #1
- Triad Practice #2
- Triad Practice #3
- Between Session Triad Practice
- Triad Practice #4
- Barriers and Perspectives Worksheets
- Triad Practice #5
- Group Coaching #1
- Group Coaching #2
- Coaching Skills and Process Observation Form
- SMART Goal and Action Steps Worksheet
- Daily Feedback Form
RESOURCES AND REFERENCES

OFFICE OF PATIENT CENTERED CARE AND CULTURAL TRANSFORMATION

Public Website (Internet): https://www.va.gov/patientcenteredcare/

SharePoint (Intranet):
https://vaww.infoshare.va.gov/sites/OPCC/Education/_layouts/15/start.aspx#/

The VA Office of Patient Centered Care and Cultural Transformation (OPCC&CT) works with VA leadership and health care providers to transform VA’s health system from the traditional medical model, which focuses on treating specific issues, to a personalized, proactive, patient-driven model that promotes whole health for Veterans and their families.

• Personalized care means putting your needs first and partnering with you to create a customized health plan based on your goals, personal history, and lifestyle.

• Proactive care means your care team will actively work with you to find preventive, rather than reactive, options that strengthen your individual, innate capacity for health and healing—for example, using mind-body approaches and nutritional changes prior to surgery or chemotherapy.

• Patient-driven care puts you at the head of your personal health care team, so clinicians can give you the skills, resources, and support to drive your own care.

At VA, we’re building a proactive and personalized health care system that honors Veterans’ service and empowers them to achieve their greatest level of health and well-being. As VA transforms the delivery of care, we’re forging a unique community for Veterans that embraces their distinctive needs.

The patient centered care transformation is just beginning. Through Health for Life, the OPCC&CT and VA are providing the resources to give Veterans, health care providers, and staff the freedom to create a culture in which this transformation can flourish. Now, Veterans and providers have the opportunity to work together to define the future of whole health care at VA.

Please contact the following if you have questions regarding OPCC&CT support or services.

Region 1: Kathy Hedrick (Kathy.Hedrick@va.gov), Regional Field Implementation Team Lead, VISNs 19, 20, 21, 22

Region 2: Amanda Hull (Amanda.Hull@va.gov), Regional Field Implementation Team Lead, VISNs 12, 15, 16, 17, 23

Region 3: Christian Dimercurio (Carlo.Dimercurio@va.gov), Regional Field Implementation Team Lead, VISNs 5, 6, 7, 8, 9
Region 4: Donna Faraone (Donna.Faraone@va.gov), Regional Field Implementation Team Lead, VISNs 1, 2, 4, 10

COMMUNITY OF PRACTICE CALLS

- **Whole Health Coaching** Community of Practice call
  - Whole Health coaching education and skill-development, subject matter experts, best practices.
  - Monthly call on 4th Thursday at 2:00 ET.
  - VANTS: 1-800-767-1750, Access Code 43351

- **Whole Health: Continue the Conversation** Community of Practice call
  - Whole health learning and skill-development, subject matter experts, best practices.
  - Monthly call on 1st Thursday at 2:00 ET.
  - VANTS: 1-800-767-1750, Access Code 43351

OTHER VA RESOURCES

There are many valuable resources within the VA system which may provide additional training opportunities to supplement the skills and concepts learned in the Whole Health Coaching program. These are a sampling only of what is available. For specific opportunities at your location, please contact your immediate supervisor, Health Education Coordinator, Health Promotions/Disease Prevention Program Manager, Health Behavior Coordinator, or Patient Centered Care Coordinator for courses you are eligible and able to attend.

- Motivational Interviewing (NCP)
- TEACH (NCP)
- CREW (NCOD)
- Clinician Coaching (NCP)
- Telephone Lifestyle Coaching (NCP)

Make the Connection stories from Veterans, Service members, and National Guard: [https://maketheconnection.net/](https://maketheconnection.net/)
These SharePoint sites contain many resources that support patient centered care:

VHA National Center for Health Promotion and Disease Prevention:  
http://vaww.infoshare.va.gov/sites/prevention/default.aspx

VHA National Center for Organization Development  
http://vaww.va.gov/NCOD/CREW.asp

Telephone Lifestyle Coaching  
http://vaww.infoshare.va.gov/sites/prevention/TLC/Shared%20Documents/Forms/AllItems.aspx

SUGGESTED WEBSITES

(These websites are provided solely for additional information and are not endorsements by either PIRE or the VHA/OPCC&CT)

International Coaching Federation - http://www.coachfederation.org/

International Consortium for Health & Wellness Coaching – http://www.ichwc.org


SUGGESTED READING MATERIALS

(These materials are provided solely for additional information and are not endorsements by either PIRE or the VHA/OPCC&CT)


Effective Group Coaching by Jennifer J. Britton. John Wiley & Sons, Canada LTD 2010 Mississauga, Ontario

Global Advances in Health and Medicine—May 2013 Vol 2 No 3  
http://www.gahmj.com/toc/gahmj/2/3

Global Advances in Health and Medicine—July 2013 Vol 2 No 4  
http://www.gahmj.com/toc/gahmj/2/4


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MyStory: Personal Health Inventory

Developed by the Office of Patient Centered Care and Cultural Transformation

Revision 20, October 7, 2013

The Office of Patient Centered Care and Cultural Transformation (OPCC&CT) works with VHA leadership and the field in support of the strategic goals to provide personalized, proactive, patient driven healthcare. The future vision of VA healthcare transforms the organization from a problem-based disease care system to one that is patient centered and focused on whole health.

“You ought not to attempt to cure the eyes without the head or the head without the body, so neither ought you attempt to cure the body without the soul….for the part can never be well unless the whole is well.”

Plato

VHA and the Office of Patient Centered Care and Cultural Transformation in deeply grateful to Duke Integrative Medicine for allowing us to adapt some of the content in this handout from the “Personalized Health Plan Manual”, © 2010 Duke Integrative Medicine/Duke University Medical Center.
INTRODUCTION

WHOLE HEALTH AND YOU AS A WHOLE PERSON
The road to better health rests within you. The first step is to know what you want from your health and why. Knowing your health goals may not be a simple task; yet it is an important step toward reaching your full potential. Living life fully and optimizing health and well-being goes beyond not being sick; it means understanding what matters to you and looking at all aspects in life that contribute to a sense of well-being. This tool will help you explore all areas of your life so your health care team can help you plan, not just for your medical needs, but also for your “life” needs.

THE COMPONENTS OF PROACTIVE HEALTH AND WELL-BEING

The Components of Proactive Health and Well-Being picture will help you think about your whole health. All of the areas in the circle are important. They are all connected. Improving one area can benefit other areas in your life and influence your overall physical, emotional, and mental health and well-being. The human body and mind have tremendous healing abilities and we can strengthen these healing abilities. The inner circle represents you, your values and what really matters to you. Being in a state of mindful awareness helps you
see what matters to you. The next circle is your self-care. These are the circumstances and choices you make in your everyday life. The next ring represents professional care you receive. Professional care may include tests, medications, supplements, surgeries, examinations, treatments, and counseling. This also includes complementary approaches such as acupuncture and mind-body therapies. The outer ring represents the people and groups to whom you are connected. There is more information about the areas of the circle at the end of this workbook.

**DISCOVERING WHY YOU WANT YOUR HEALTH AND DEVELOPING YOUR PERSONAL HEALTH GOALS**

You are the expert on you! The first and most important step in creating your roadmap to your healthiest life is to step back from your health concerns, and think about your life. What really matters to you? Why do you want or need your health? Sometimes, it can be hard to figure this out. This workbook will help you think about where you are now and where you want to be. Take a few minutes to relax and really think broadly and openly as you answer the questions. You may use additional paper to answer the questions, if you need to.
YOUR PERSONAL HEALTH INVENTORY

1. What REALLY matters to you in your life?

2. What brings you a sense of joy and happiness?

3. On the following scales from 1-5, with 1 being miserable and 5 being great, circle where you feel you are on the scale.

**Physical Well-Being:**

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<tr>
<td></td>
<td>Miserable</td>
<td>Great</td>
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**Mental/Emotional Well-Being:**

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<td></td>
<td>Miserable</td>
<td>Great</td>
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**Life: How is it to live your day-to-day life?**

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WHERE YOU ARE AND WHERE YOU’D LIKE TO BE
For each area below, consider where you are now and where you would like to be. All the areas are important. In the “Where you are” box, briefly write the reasons you chose your number. In the “Where you want to be” box, write down some changes that might make this area better for you. Some areas are strongly connected to other areas, so you may notice some of your answers seem the same. Try to fill out as many areas as you can. You do not have to write in every area or in all the areas at one time. You might want to start with the easier ones and come back to the harder ones. It is OK just to circle the numbers.

**Working the Body: “Energy and Flexibility”** Includes movement and physical activities like walking, dancing, gardening, sports, lifting weights, yoga, cycling, swimming, and working out in a gym.

<table>
<thead>
<tr>
<th>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</th>
<th>Where you would like to be:</th>
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<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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What are the reasons you choose this number?  
What changes could you make to help you get there?

**Recharge: “Sleep and Refresh”** Getting enough rest, relaxation, and sleep.

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<td>1 2 3 4 5</td>
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What are the reasons you choose this number?  
What changes could you make to help you get there?
### MyStory: Personal Health Inventory

| Food and Drink: *"Nourish and Fuel"* Eating healthy, balanced meals with plenty of fruits and vegetables each day. Drinking enough water and limiting sodas, sweetened drinks, and alcohol. |
|---|---|
| Where you are: Rate yourself on a scale of 1 (low) to 5 (high) |
| 1 | 2 | 3 | 4 | 5 |
| Where you would like to be? |
| 1 | 2 | 3 | 4 | 5 |
| What are the reasons you choose this number? |
| What changes could you make to help you get there? |

| Personal Development: *"Personal life and Work life"* Learning and growing. Developing abilities and talents. Balancing responsibilities where you live, volunteer, and work. |
|---|---|
| Where you are: Rate yourself on a scale of 1 (low) to 5 (high) |
| 1 | 2 | 3 | 4 | 5 |
| Where you would like to be? |
| 1 | 2 | 3 | 4 | 5 |
| What are the reasons you choose this number? |
| What changes could you make to help you get there? |

| Family, Friends, and Co-Workers: *"Relationships"* Feeling listened to and connected to people you love and care about. The quality of your communication with family, friends and people you work with. |
|---|---|
| Where you are: Rate yourself on a scale of 1 (low) to 5 (high) |
| 1 | 2 | 3 | 4 | 5 |
| Where you would like to be? |
| 1 | 2 | 3 | 4 | 5 |
| What are the reasons you choose this number? |
| What changes could you make to help you get there? |
### Spirit and Soul: “Growing and Connecting”
Having a sense of purpose and meaning in your life. Feeling connected to something larger than yourself. Finding strength in difficult times.

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<th>Where would you like to be?</th>
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<td>1</td>
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</table>

What are the reasons you choose this number?  
What changes could you make to help you get there?

### Surroundings: “Physical and Emotional”
Feeling safe. Having comfortable, healthy spaces where you work and live. The quality of the lighting, color, air, and water. Decreasing unpleasant clutter, noises, and smells.

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</table>

What are the reasons you choose this number?  
What changes could you make to help you get there?

### Power of the Mind: “Strengthen and Listen”
Tapping into the power of your mind to heal and cope. Using mind-body techniques like relaxation, breathing, or guided imagery.

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<td>2</td>
</tr>
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<td>1</td>
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</table>

What are the reasons you choose this number?  
What changes could you make to help you get there?
PROFESSIONAL CARE

**Prevention:** On a scale of 1-5, circle the number that best describes how up to date you are on your preventive care such as a flu shot, cholesterol check, cancer screening, and dental care.

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<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Not at all</td>
<td>A little bit</td>
<td>Somewhat</td>
<td>Quite a bit</td>
<td>Very much</td>
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</tbody>
</table>

**Clinical Care:** If you are working with a healthcare professional, on a scale of 1-5, circle the number that best describes how well you understand your health problems, the treatment plan, and your role in your health.

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<td>Very much</td>
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☐ I am not working with a healthcare professional.

REFLECTIONS

1. Now that you have thought about all of these areas, what is your vision of your best possible health? What would your life look like? What kind of activities would you be doing?

2. Are there any areas you would like to work on? Where might you start?
ADDITIONAL INFORMATION

ME
The innermost circle represents each of us as unique individuals. We start at the middle saying, “I am the expert on my life, values, goals, and priorities. Only I can know WHY I want my health. Only I can know what really matters to ME. And this knowledge needs to be what drives my health and my healthcare. I am the most important person when it comes to making choices that influence my health and well-being. I am the leader of my team, and my medical team professionals are some of the invited players.”

MINDFUL AWARENESS
Mindfulness is being fully aware, or paying attention. Sometimes, we go through our daily lives on autopilot. We are not fully aware of the present. We often dwell on the past and plan events in the future. We do not spend much time really paying attention and noticing what is happening right now; without judging or trying to fix it. Your body and mind send you signals constantly. If your attention is elsewhere, you don’t notice. Then, the signals that began as whispers become loud warnings.

For example, when you miss the whispers of an early discomfort or a sad feeling, you miss the opportunity to make a change before it grows into real pain or depression. Being mindful, or aware, allows you to make conscious proactive choices about every aspect of your health. Mindfulness connects you to each component of your well-being, and to your whole self.

THE EIGHT AREAS OF SELF CARE
Self-care is often the most important factor in living a healthy life, which in turn allows you to live your life fully, in the ways that matter to you. Self-care includes all the choices you make on a daily basis that affect your physical, mental, and spiritual health. In fact, how you take care of yourself will have a greater impact on your health and well-being than the medical care you receive. Evidence shows that each of these eight areas of self-care contributes a great deal to your overall health and well-being. They can also affect your chances for developing diseases as well as the seriousness of that disease. Consider your values, lifestyle, habits, and motivations in each area. Taking stock of where you are now and where you want to be in each of these areas is the first step in living a healthier life.

Working Your Body “Energy and Flexibility”
Exercise gives you energy and strength. Movement can make you more flexible. Exercise is also good for your mind. Regular exercise can lower blood pressure and cholesterol and reduce the risk for heart disease. Examples of exercise and movement include walking, gardening, dancing, or lifting weights. It’s important to find what works for you.

Surroundings “Physical and Emotional”
Your environment can affect your health. You may have problems with safety, or things like clutter, noise, bad smells, poor lighting or water quality. You may be able to change some of these problems. You may not be able to change them all. It starts with paying attention to the influences of your environment on your life and health. Improve what you can. It’s good to have a safe, comfortable, and healthy space.
Personal Development  “Personal Life and Work Life”
No matter where you are in life, your personal and work life is very important. How do you spend your time and energy during the day? Do things give you energy or make you tired? Do you spend time doing what matters most to you? How do you feel about your finances and how are they affecting your life? These factors affect not only your happiness, but also your health.

Food and Drink  “Nourishing and Fueling”
What you eat and drink can nourish your body and mind. Choose healthy eating habits that fit your lifestyle. Certain supplements can support your health goals. Limit alcohol, caffeine, and nicotine. Keep your body and mind properly fueled.

Recharge  “Sleep and Refresh”
Sleep is very important for your body and mind. Rest can give you peace. Relaxation can lower stress. Activities you enjoy can help you feel recharged. A good balance between activity and rest improves your health and well-being.

Family, Friends, and Coworkers  “Relationships”
Feeling alone can sometimes make you feel sick or keep you sick. Positive social relationships are healthy. A healthy intimate relationship with a life partner can be a source of strength. It’s good to talk to people who care about you and listen to you.

Spirit and Soul  “Growing and Connecting”
A sense of meaning and purpose in life is important to many people. When things are hard, where do you turn for strength and comfort? Some people turn to spiritual or religious faith. Some people find comfort in nature. Some connect with art, music or prefer quiet time alone. Some want to help others. You may express this as a guide to living fully.

Power of the Mind  “Strengthen and Listen”
Your mind can affect your body. Sometimes when you think about stressful things, your heart rate and blood pressure go up. You can use the power of your mind to lower blood pressure or control pain. Learn to use the connection between your body, brain, and mind. Warriors and athletes use the power of the mind to visualize a successful mission or event. Mind-body practices tap into the power of the mind to heal and cope.

PROFESSIONAL CARE
Prevention and treatment of illness or disease and traditional and complementary medicine are part of professional care. Preventive care includes things like immunizations and cancer screening. Common treatments include check-ups, medicines, supplements, physical therapy, surgery, and counseling. Complementary medicine includes approaches like acupuncture and mind-body therapies. It is important to stay current with your personal care plan for health and well-being.

COMMUNITY
The outer ring represents your community. For some, their community is close and for others it is far away. Your community is more than the places where you live, work, and worship. It includes all the people and groups you connect with; who rely on you and upon whom you rely.
STAGE 1
EXPLORE MISSION/ASPIRATION/PURPOSE

OPENING
● When you were filling out the questions on the first page of the PHI, what was that experience like for you?

VALUES
● What REALLY matters to you in your life?
  ○ What is important to you about ____? What else?
● What brings you joy and happiness?
● What is your mission/aspiration/purpose (MAP) in life?

● What were your dreams/aspirations when you were younger? What are they now?
● What do those dreams/aspirations tell you about what’s important to you now?

VISION & STRENGTHS
● What do you want and need your health for?
● When you think of the 3 scaling questions on the PHI (physical well-being, mental/emotional well-being, how it is to live your life day-to-day) what stands out for you?
  ○ (**Coach listens for and reflects values, and values conflicts)**

● If you were to make no changes, and keep living your life as you are today, what would your life look like 3-5 years from now?
● Now imagine yourself when you are living according to what matters most—thriving in your happiest, fullest, most joyful life. What will that look like 3-5 years from now?
  ○ (**Coach listens for and reflects values, and values conflicts)**

● What are your personal strengths?
● How do they support you in your health and well-being?
● How might they help you make changes?

CLOSING / SUMMARY
● What are you taking away from our conversation?
# COACHING SKILLS AND PROCESS OBSERVATION FORM

Coach Observed ___________________ Date ___________________ Observer ___________________

<table>
<thead>
<tr>
<th>Health Coaching Process Model</th>
<th>Overall Comments (Did well, Could have done even better!)</th>
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<tbody>
<tr>
<td>Stage I</td>
<td>Stage III</td>
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<tr>
<td>Stage II</td>
<td>Stage IV</td>
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<table>
<thead>
<tr>
<th>Coaching Skills</th>
<th>Observed</th>
<th>Not Observed</th>
<th>Specific Comments and Examples of Skills Used <em>(Did well, Could Have Done Even Better!)</em></th>
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<tbody>
<tr>
<td>Being Present</td>
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<td>Effectively direct the process</td>
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<td>Pacing of Session</td>
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<td>Addressed All Phases of Stage</td>
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<td>Met the goal of the session</td>
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Other
STAGE 2
ASSESS AND FOCUS

OPENING
● You completed the rest of the PHI, exploring where you are and where you’d like to be in areas of self-care. What was that experience like for you?

AREAS WITH A HIGHER NUMBER
● What’s an area you gave yourself a higher number?
  ○ What does [that area] mean to you?
● What number did you give yourself?
● What does a [#] mean for you? (**Coach reflects what this number looks and feels like)

CONNECT TO STRENGTHS/VALUES/VISION
● What is helping you to be successful in [this area]? (**Listen for strengths, resources, social support)
● What is important about [this area] in your life?
● How does [this area] contribute to your ideal future?

● What’s another area you gave yourself a higher number? (**Revisit all questions above, starting with “What does [that area] mean to you?”)

AREAS WITH A LOWER NUMBER
● What’s an area you gave yourself a lower number?
  ○ What does [that area] mean to you?
  ○ What number did you give yourself?
  ○ What does a [#] mean for you? (**Coach reflects what this # looks and feels like)
● Where would you like to be in this area?
  ○ What will be possible when you are a [#]?
  ○ What will that [#] look like? What will it feel like?
  ○ (**Coach reflects the gap between current number and where the client would like to be)

● What’s another area you gave yourself a lower number? (**Revisit questions above)

CHOOSING A FOCUS
● Of all these areas you’ve mentioned, or ones we haven’t talked about, what is an area you’re ready to begin making changes in?
● How important is it to make a change in this area, on a scale of 1 to 10, with 1 being “not at all important” and 10 being “the most important thing for me right now”?
  ○ What does a [#] mean for you?
  ○ **If importance is less than 7:
    ■ What makes it a [#] and not a [lower #]?
    ■ What would it take to make it a [higher #]? (**Coach listens for competing values)

CLOSING
● How are you feeling now about your area of focus? (**Listen for confidence, emotion, ambivalence, etc.)
● What are you taking away from our conversation?
## COACHING SKILLS AND PROCESS OBSERVATION FORM

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STAGE 3
PLANNING FOR ACTION (GOALS AND ACTION STEPS)

OPENING
● What is your focus area?
● How does this area reflect what’s really important to you?

LONG-TERM GOAL
● What timeframe would you like to choose for a long-term goal? (**Generally, 3-6 months)
● Where would you like to be __ months from now with this area?
● What would you like to be doing __ months from now? (**Coach ensures a behavioral vs. an outcome goal)
  ○ Specific, Measurable, Action-oriented, Realistic, Time-bound

CONNECT TO VISION
● When you are [meeting your goal], how will your life be different?

ACTION STEP
● What action step could you take in the next week to get you started on reaching your goal?
  ○ Specific, Measurable, Action-oriented, Realistic, Time-bound

STRENGTHS / SUCCESSES
● What personal strengths may help you achieve this action step?
● What have you learned from previous successes in this area, or another, that may help you now?

BARRIERS / CHALLENGES
● What barriers/challenges might you encounter as you attempt your action step?
● What might be a contingency plan (backup plan)? What else?

SUPPORT / ACCOUNTABILITY
● What will most support you in accomplishing this action step? (e.g., resources, social support)
● How else do you want to be accountable?
● How will you know you’re making progress? (**Coach reflects ideas for tracking, measuring)

CONFIDENCE
● How confident are you about accomplishing this action step, on a scale of 1 to 10, with 1 being “not at all confident” and 10 being “completely confident”?
  ○ What makes it a #?
  ○ **If confidence is less than 7:
    ■ What would make your confidence a [higher #]?

CLOSING
● In your own words, what is your next step?
● What are you taking away from our conversation?
# COACHING SKILLS AND PROCESS OBSERVATION FORM

<table>
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<tr>
<th>Coach Observed</th>
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| Stage I  
Stage II                    | Stage III  
Stage IV                                    |

## Coaching Skills

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### SMART GOAL AND ACTION STEPS WORKSHEET

**Area of Focus**

**Timeframe (circle one)**
- 3 months
- 6 months
- Other___________________

**SMART Goal and Action Steps Criteria**

- **Specific** - clear and concise
- **Measurable** - clear criteria for assessing if the goal is met
- **Action-Oriented** – action that is in direct control of the person
- **Realistic** – based on what is possible or achievable for the person
- **Timed** - contains timeframes for achievements along the way to the final goal

**Goal**

| __________________________________________________________________________ |
| __________________________________________________________________________ |
| __________________________________________________________________________ |

**Action Steps**

Action steps are steps toward achieving the goal that can be accomplished in the following week and meet the same SMART criteria. Action steps can be planned out over time or designed after the first week’s action steps are attempted and assessed.

**Action Step 1**

| __________________________________________________________________________ |

**Action Step 2 (Optional)**

| __________________________________________________________________________ |

**Action Step 3 (Optional)**

| __________________________________________________________________________ |

**To whom will I be accountable for my action steps?**

| __________________________________________________________________________ |
SMART GOAL AND ACTION STEPS WORKSHEET

| Area of Focus |  |  |
|---------------|---|---|---|
|  |  |  |

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GUIDELINES FOR BETWEEN-SESSION TRIAD PRACTICE

An important component of the Whole Health Coaching program is the between session triad practice. Each participant will be placed in a triad (or in rare cases it might be a quad) and will be expected to participate in three 90-minute triad practices during the time between the two 3-day training sessions. Completing this portion of the program is required in order to receive CEUs or apply for certification through the ICHWC.

The between session triad group will be different from the triad assigned during session 1 of the training. When meeting for the first time, triad members should determine what times they have available for triad practice and whether they are able to meet in person or will the sessions be conducted over the phone. This should be a dedicated time when other duties/distractions are set aside, and you are able to be in a private space where others cannot hear you. Members may agree to do evenings or days depending upon their schedules.

A mentor will join you for all three calls. Make sure your group’s contact information and final practice schedule is shared with a mentor from training via e-mail or by providing a copy before the end of training and do not begin a triad practice (call) without a mentor present. There are 10 mentors in the program available to attend calls and their contact information is included in this manual. You may or may not have the same mentor for all 3 sessions.

SPECIFIC AGENDA FOR EACH TRIAD SESSION PRACTICES

The general instructions for triads you received for triad 1, 2 and 3 are a resource and can be used when practicing during the interim time between sessions.

- **First Session**: Focus on Mission/Aspirations/Purpose (MAP), explore values and value conflicts.
- **Second Session**: Explore the areas of the Circle of Health and the PHI worksheet, “Where You Are and Where You’d Like To Be.” This Stage is about Assess and Focus. (Note: You will NOT be getting to Goal-setting in this session).
- **Third Session**: Focus on Goal Setting and Action Steps. Assist your client in making SMART goals and action steps. Time permitting; explore potential and anticipated barriers/challenges.

Follow the same format for the triads, just as you did in the practices during session 1 of the training. Remember to keep the feedback time focused on the coach’s use of skills and not the content of the session.

Be prepared to share the experience of your triad meetings (but not content) when you return to Session II of the training. Remember to have fun! This is about practice and trying out new skills! It is okay to make mistakes!

KEYS TO SUCCESSFUL PRACTICE SESSIONS

- Get Started Early – Do not wait to get started with your practice sessions. Time management of the practice calls can be hectic in the 3-4 week interim. Loss of new skills can also impact sessions if too much time passes.
• Telephone Sessions – Triad practices may be by telephone. We anticipate that most triads will take place by phone. Determine which phone service you will be using for your conference call. You might also use an office or personal phone. Placing the phone in the center of the group with the speaker activated works well if the space is quiet and private. Instructions for setting up a VANTS conference call are included in the Handout section.

• Session Schedule – You are expected to conduct 3 triad practices. Each session should be 1.5 hours. This allows for each member to coach for 20 minutes with 10 minutes of feedback. It is usually best to allow 2 hours of time when scheduling your time and the VANTS line.

• Group Relationship – If you are placed in a triad with a supervisor or subordinate please let the coaching staff know before the end of session 1. If you are in a group that includes a member with whom you have a close/strained relationship alert us privately. We will adjust triads to create optimum experiences for all group members.

• Practice Absences – If you are unable to make a pre-arranged call, please let the other members, and your mentor know as soon as possible in order to reschedule. As a last resort, a mentor may be called to participate in the triad, but only after every attempt has been made to reschedule the practice.
# BETWEEN SESSION TRIAD PRACTICE

**GROUP NUMBER**

**LOCATION/TIME ZONE**

<table>
<thead>
<tr>
<th>Triad Participant</th>
<th>Contact Information</th>
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<tbody>
<tr>
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<td>e-mail and phone number</td>
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<td>Availability</td>
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**Dates/Times for Practice Sessions**

Practice Session One:  

Practice Session Two:  

Practice Session Three:  

"VHA /Office of Patient Centered Care & Cultural Transformation – January 1, 2019"
## MENTOR NAMES AND CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Time Zone</th>
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<tbody>
<tr>
<td>Allison Corsi</td>
<td><a href="mailto:allisoncorsi@gmail.com">allisoncorsi@gmail.com</a></td>
<td>607-342-3202</td>
<td>Eastern</td>
</tr>
<tr>
<td>Ann Mason</td>
<td><a href="mailto:mason@pire.org">mason@pire.org</a></td>
<td>904-744-6023</td>
<td>Eastern</td>
</tr>
<tr>
<td>Bobbie Bruner-Muirhead</td>
<td><a href="mailto:bbruner@pire.org">bbruner@pire.org</a></td>
<td>904-535-9359</td>
<td>Eastern</td>
</tr>
<tr>
<td>Candace Gregory</td>
<td><a href="mailto:cgregory@pire.org">cgregory@pire.org</a></td>
<td>502-418-3144</td>
<td>Eastern</td>
</tr>
<tr>
<td>Cindy Schultz</td>
<td><a href="mailto:schultz.c@comcast.net">schultz.c@comcast.net</a></td>
<td>612-701-5574</td>
<td>Eastern</td>
</tr>
<tr>
<td>Edie Oakley</td>
<td><a href="mailto:edieoakley@gmail.com">edieoakley@gmail.com</a></td>
<td>678-642-9932</td>
<td>Eastern</td>
</tr>
<tr>
<td>Estelle Brodeur</td>
<td><a href="mailto:estelle@estellebrodeur.com">estelle@estellebrodeur.com</a></td>
<td>804-339-0800</td>
<td>Eastern</td>
</tr>
<tr>
<td>Jane Turcotte</td>
<td><a href="mailto:jane.turcotte@gmail.com">jane.turcotte@gmail.com</a></td>
<td>520-780-0261</td>
<td>AZ (Mountain or Pacific during DST)</td>
</tr>
<tr>
<td>Jenna Ward</td>
<td><a href="mailto:jenna.ward@mac.com">jenna.ward@mac.com</a></td>
<td>310-597-2405</td>
<td>Central</td>
</tr>
<tr>
<td>Julie Kosey</td>
<td><a href="mailto:julie.kosey@gmail.com">julie.kosey@gmail.com</a></td>
<td>919-280-3653</td>
<td>Pacific</td>
</tr>
<tr>
<td>Katherine Smith</td>
<td><a href="mailto:smithkraz@hotmail.com">smithkraz@hotmail.com</a></td>
<td>202-306-7317</td>
<td>Eastern</td>
</tr>
<tr>
<td>Katie Costa</td>
<td><a href="mailto:katie@solwellnessdesign.com">katie@solwellnessdesign.com</a></td>
<td>616-460-7735</td>
<td>Mountain</td>
</tr>
<tr>
<td>Kerri Weishoff</td>
<td><a href="mailto:kerriweishoff@gmail.com">kerriweishoff@gmail.com</a></td>
<td>414-559-6499</td>
<td>Central</td>
</tr>
<tr>
<td>Kris Kniefel</td>
<td><a href="mailto:Kris@Kniefelconsulting.com">Kris@Kniefelconsulting.com</a></td>
<td>952-250-2081</td>
<td>Central</td>
</tr>
<tr>
<td>Mark Dreusicke</td>
<td><a href="mailto:markdreusicke@gmail.com">markdreusicke@gmail.com</a></td>
<td>434-242-5431</td>
<td>Pacific</td>
</tr>
<tr>
<td>Rebecca Weinand</td>
<td><a href="mailto:rebecca.weinand87@gmail.com">rebecca.weinand87@gmail.com</a></td>
<td>804-513-3968</td>
<td>Central</td>
</tr>
<tr>
<td>Sara Regester</td>
<td><a href="mailto:sara@directions4wellness.com">sara@directions4wellness.com</a></td>
<td>602-363-5533</td>
<td>AZ (Mountain or Pacific during DST)</td>
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</table>
You can use the VA Nationwide Teleconferencing System (VANTS) to set up a conference call with your triad.

To set up a VANTS line by phone, please call 304-262-7600. Provide the operator with the following information:

- Date of the call
- Start time (Eastern Time)
- Call duration (Add on a few extra minutes as a buffer - 100)

The number of lines needed (One for each participant and the mentor if needed - 5) [ ] Ask the operator to automatically generate the passcode

To set up a VANTS line online, visit http://vaww1.va.gov/vants.

Click “Online Audio Scheduling Now Available”

On the next page read the steps at the bottom of the page and then click “Audio Online Scheduling”
Audio Web Portal

VA Nationwide Teleconferencing System (VANTS)

Audio Online Scheduling

Online Scheduling Web Portal Login Instructions listed below:

STEP 1:

Network login with password and domain must be entered in order to set up an account. (Use your desktop login for Acct Name and password and correct domain)

STEP 2:

Book Reservation: Go to: Book Meeting
Conference Name: Title

On the next page, you will enter your login to your computer and select your VISN from the dropdown
Then you will follow the directions you read in step 2 and start with the Book Meeting link on the left side of the screen.

You will receive an email from VANTS confirming your meeting and then a reminder the day before your meeting.
STAGE 4
ASSESS & REASSESS (LEARNING, FOCUS, & ACTION)

LESSONS LEARNED
- When you think about your last action step, what went well?
- What did not go according to plan?
- What did you learn, including what did you learn about yourself?

FOCUS
- Where would you like to go from here?
  - **Coach listens for whether continuing to build on current plan, modifying or changing goals/action steps, and/or shifting area of focus**
- If same area of focus
  - Explore (reconnect to MAP, assess importance, etc.)
  - Continue to ACTION below
- If different area of focus
  - What does [this area] mean for you?
  - What is important to you about [this area]?
    - Connect with Vision / Values / MAP
    - Scale 1-10 importance
  - What is your long-term goal in this area?
    - Apply SMART
  - Continue to ACTION below

ACTION (for examples of questions, see Stage 3)
- Assess/reassess long-term goal and action steps (apply SMART)
- Strengths that could be applied / Previous successes
- Barriers / Challenges
- Support / Resources / Accountability
- Confidence (scale 1-10)

CLOSING
- In your own words, what is your next step?
- What are you taking away from our conversation?

Coach listens for:
- Any success (including things they did that they did not say they would)
- Breakthroughs
- Challenges or surprises
- Strengths applied
- New skills acquired
- Recurring themes
- Competing values (values conflicts)

Coach uses relevant skills:
- Listening
- Reflections and acknowledgements
- Powerful questions
- Reframing / Challenging limiting beliefs
- Brainstorming
- Elicit-Provide-Elicit
# COACHING SKILLS AND PROCESS OBSERVATION FORM

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## Health Coaching Process Model

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## Overall Comments (Did well, Could have done even better!)

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Reflect on a lifestyle change you are considering where two different values may be competing with each other. Consider what you may want to share with a coaching partner in an upcoming exercise.

Now, answer the following questions:

1. What values will you honor when you make this change?

2. What else may compete for your time/energy/attention?

3. How important are these competing priorities compared to the change you want?
BARRIERS – LIMITING BELIEFS WORKSHEET

Circle any limiting beliefs familiar to you or create your own. Consider which ones you may want to share with a coaching partner in an upcoming exercise.

I’m timid
I’m too old/young
Not enough experience Not my area of expertise I’m afraid
I’m not enough
I’ve screwed it up before Bad track record
Not enough time Not enough money
Not enough energy/bandwidth I can’t make a mistake

My limiting beliefs:
PERSPECTIVES WORKSHEET

“Perspectives” is a strategy that can be used when a coach hears the veteran/partner using language that may suggest a limiting belief, e.g. “This is the only way,” OR sees that a desired behavior or aspiration of the veteran is not being realized in spite of their planning and goals.

Situation: Focus Area/Goal/Aspiration: ___________________________________________________

Limiting Perspective: “What’s keeping me stuck?”

1. Belief: __________________________________________________________________________

2. Emotions: _________________________________________________________________________

3. Resulting Behavior: __________________________________________________________________

New Perspective: e.g.) “How might someone else see it?” OR “What might I tell someone else?”

1. Belief: __________________________________________________________________________

2. Emotions: _________________________________________________________________________

3. Resulting Behavior: __________________________________________________________________

New Perspective: e.g.) “How might my older/wiser self see it?” OR “What might a child say?”

1. Belief: __________________________________________________________________________

2. Emotions: _________________________________________________________________________

3. Resulting Behavior: __________________________________________________________________

Choice: Which perspective or combination of perspectives will serve you best as you move toward your goal?

Action: What is one step you can take this week to move toward your goal or aspiration? ______________
TRIAD PRACTICE 5 – STRATEGIES FOR BARRIERS

Brief Description:
Coaches will assist the veteran/partner in exploring a limiting perspective that is not serving them in moving toward a particular goal or aspiration. Coaches will aid the client in exploring the emotions and possible behaviors or lack thereof within the limiting perspective, as well as inquiring about new perspectives and the related emotions and possible behaviors these may generate.

Time: 15 minutes of coaching with 5 minutes of feedback

Roles:
Coach: Assist the client in exploring a limiting perspective that is not serving them, as well as eliciting new perspectives that will be more beneficial in moving them toward their goals and aspirations. You will utilize the skills:
- Presence
- Listening
- Simple Reflections (parroting, paraphrasing, summarizing) and Complex Reflections
- Inquiry (open- and closed-ended questions)

Phases and Possible Questions:
Ask about the situation, as well as the limiting perspective:
“What is the focus area, goal or aspiration you are considering?” AND
“What belief is limiting you currently?”
Explore the emotions associated with this perspective.
“What emotions or feelings does this limiting perspective cause you to experience?”
Explore the behaviors that are possible or not from this perspective.
“What behavior or actions are you likely to do because of this perspective?”
“Anything else that is important to say about this perspective?”
Repeat phases 1-3 using New Perspective questions, such as:
“How might someone close to you see it?”
OR “How might your older/wiser self see it?”
OR “What is a completely opposite perspective of your limiting perspective?”
OR “What might a child, or your inner child, say to you?”
OR “What might you tell someone else in your situation?”
Choice. “Which perspective or combination of perspectives will serve you best moving forward?”
Action. “What is one step you can take this week to move toward your goal or aspiration?”

Client: Be open to exploring a limiting perspective as well as new perspectives that may serve you better as you attempt your new behaviors. It might be helpful to refer to your Perspectives Worksheet.

Observer: Pay close attention to:
- The coaching skills used
- Whether the coach was able to assist the client in exploring different perspectives that might move them forward in their focus area/goal/aspiration
- Keeping track of time
- Use the feedback form to record specific examples – what was done well/could have been even better
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<td>Met the goal of the session</td>
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<td>Work with Perspectives / Barriers</td>
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<tr>
<td>Other</td>
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</table>
GROUP DESIGN INSTRUCTIONS

Your task is to design a group that you think would be useful to the Veterans you serve. You will be given an allotted amount of time to come up with a design considering the factors listed on the following pages. One person should take notes and one person should be the presenter to the larger group when you reassemble. You will have approximately 5 minutes to share/describe your design to the rest of the participants.

Completing this form:

Please have a group member write up your group design on the following pages.

This information will be collected by one of the Whole Health Coaching team or by a site Point of Contact. The goal with collecting and sharing these group designs is to create a resource databank for other VAMC personnel wanting to design similar groups. Including your name and contact information is only so others might contact you with questions about setting up a similar group. You might also be contacted from someone in OPCC&CT to follow-up with you on the successes and lessons learned about your group.

We are very interested in learning from you about ways the skills you have refined and gained during your time in the Whole Health Coaching program were implemented and sustained following the completion of the program. The addition of “coaching” to a new or existing group to support and further the Whole Health efforts at your VA site is valuable to the continuation of this program.
### WHOLE HEALTH COACHING GROUP DESIGN PLAN

**Group Name**

<table>
<thead>
<tr>
<th>Group Members</th>
<th>Location / Department</th>
<th>Email Address</th>
<th>Contact Number</th>
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**denotes group lead**

### GROUP DESIGN PLAN

- Please write a statement describing this group and the purpose
- What are your intended outcomes for Veterans who attend?
- For whom is it designed?
- What will be your selection criteria for group participants?
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>How will you recruit for the group?</td>
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<td>What will be the size limit?</td>
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<td>How often will you meet?</td>
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<td>For how many sessions?</td>
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<td>For how long each session?</td>
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<td>How many leaders or coaches would you have for your group?</td>
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<td>If your plan is to have multiple leaders/coaches, would they be there at one time or alternate sessions?</td>
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<td>Will it have a single focus or multiple focus? (provide some detail)</td>
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<td>Will you include an education component? (if so, please describe)</td>
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<td>If so, who else will need to be involved?</td>
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<td>Will you have a curriculum for the sessions?</td>
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<td>If so, briefly describe.</td>
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<td>What will you do about absences?</td>
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<tr>
<td>Will it be a closed or open group?</td>
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<tr>
<td>Other Considerations</td>
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</tbody>
</table>

Please include any other information below about your group design that you believe would be helpful to another person or facility location.
INSTRUCTIONS FOR GROUP COACHING PRACTICE 1

You will be placed in groups of 6-8 participants. 3 of the participants will volunteer to be group coaches for the first 3 practice questions and 3 for the second set of questions. Each group coach will have ____ minutes to coach the group. The content for the group coaching is described below.

1. Before the group begins, the coaches who have volunteered should decide in what order they are going to coach.
2. The mentor in the group should establish who will be keeping time and informing the coach that their time is up and that the next coach may begin. The mentor will often perform this role for the group.
3. Feedback will be provided after all 3 coaches have each coached their question. This will be repeated with the second group of coaches following their coaching.
4. The feedback will be provided by the group members and the mentor(s). Group members should jot down or remember what skills (at least one) you observed the coach using and how it was to be a member of the group while that coach was coaching. Think of one thing the coach did well and one thing that they might do even better.
5. Group members will serve as both participants in the group and observers who provide feedback while they are not in the coaching role.

Content/Questions for Group 1

The intent for this group is to continue to explore barriers (including perspectives) and next steps for action (Stage IV). Although you may have already done this in individual coaching, you will have an opportunity to see how it can be done in a group.

Question for first coach: What barriers or challenges did you experience when you attempted your action this last week? Or, what challenges do you anticipate this next week?

Question for second coach: What contingency plans for the barrier(s) you identified can you put in place for overcoming the barrier/challenge in this next week?

Question for third coach: What else can you do to ensure that you will be successful in carrying out your action steps for this next week? (i.e., hold myself accountable, get someone to support me, affirm myself, write down my action steps and how I did each day)

Content/Questions for Group 2

The intent of this group is to explore why participants chose to enter the health field. What was important to them about going into the health field? How close are they today in recognizing their dreams/values/aspirations when they entered the field? What would they need to do get themselves closer to their ideals?

Question for first coach: What were your reasons for entering the health field? What were your values and what did you hope to contribute/accomplish?

Question for second coach: On a scale of 1-10, how close are you to living out your values for entering the health field?

Question for third coach: What would you have to do now to get yourself closer to realizing your ideals for entering the health field?
INSTRUCTIONS FOR GROUP COACHING PRACTICE 2

You will be placed in groups of 6-7 participants. 3 of the participants will volunteer to be group coaches for the first 3 practice questions, and 3 for the second set. Each group coach will have _____ minutes to coach the group. The content for the group coaching is described below.

1. Before the group begins, the coaches who have volunteered should decide in what order they are going to coach.
2. The mentor in the group should establish who will be keeping time and informing the coach that their time is up and that the next coach may begin. The mentor will often perform this role for the group.
3. Feedback will be provided after all 3 coaches have each coached their question. This will be repeated with the second group of coaches following their coaching.
4. The feedback will be provided by the group members and the mentor(s). Group members should jot down or remember what skills (at least one) you observed the coach using and how it was to be a member of the group while that coach was coaching. Think of one thing the coach did well and one thing that they might do even better.
5. Group members will serve as both participants in the group and observers who provide feedback while they are not in the coaching role.

Content/Questions for Group 1

Question for Coach 1: What is the most important thing you are taking away from this training for yourself personally?

Question for Coach 2: What are some steps you can take to sustain what you are taking away from this training?

Question for Coach 3: What do you intend to do differently in your work with Veterans as a result of taking this training?

Content/Questions for Group 2

Question for Coach 4: What is a perspective that may have shifted for you during the course of this training? (This may be a perspective regarding you personally, or a perspective regarding your work with Veterans.)

Question for Coach 5: What can you personally do to help promote coaching or coaching skills within your VA setting?

Question for Coach 6: What challenges/barriers do you anticipate in promoting coaching and what are some contingency plans for these barriers?

Question for Coach 7: (Think of a question you would like to have the group consider)
Daily Feedback Form (Session 1)

Site: _________________________ Date: _____________________ Tues/Wed (circle one)

1. What did we do well?

2. What could be done better?
Daily Feedback Form (Session 2)

Site: _________________________ Date: _____________________ Tues/Wed (circle one)

1. What did we do well?

2. What could be done better?