Integrative Practitioner

A SIX-STEP APPROACH TO HEALTH AND WELLNESS COACHING

A Toolkit for Practice Implementation

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Introduction

> "Health coaching offers an approach for practitioners to communicate, motivate, and support patients through meaningful behavior change."

PATIENTS NEED SUPPORT when it comes to adopting and sustaining healthy behaviors. Over half of the adults in the United States have at least one chronic disease and 25 percent have two or more. Yet, providers seldom learn how to counsel patients on healthy living and, even if they do, they have limited time to guide patients to make lasting change.

Traditional interactions have also been deemed ineffective. When a provider tells a patient what to do, rather than engaging them in decisions about their health, they are less likely to adhere to recommendations.

Health coaching offers an approach for practitioners to communicate, motivate, and support patients through meaningful behavior change. Health and wellness coaching centers on skillful conversation, clinical interventions, and strategies to actively and safely engage patients in behavior change. A health coach partners with the patient at any stage along the health spectrum, from wellness to managing chronic illness and disease.

In the healthcare setting, coaching often draws from self-management techniques, wherein the provider offers care and encouragement to patients to help them understand their role in managing or preventing illness, make informed decisions about care, and participate in healthy behaviors. Practitioners who use health coaches or coaching strategies in their practice enjoy better outcomes, better medication adherence, increased trust, and higher patient satisfaction than other primary care providers.

The principles of health coaching can be an invaluable tool for any provider in integrative medicine. Practitioners who engage with patients in a coaching capacity provide support in goal setting, identifying values, strengths, and motivation, and encouraging the development of sustainable healthy attitudes and behaviors.

If you have a health coach in your practice, or one you refer out to often, as the provider, you'll want to have a warm hand-off to the coach so that the patient understands this is a partnership centered on their wellbeing. Giving instruction or helping the patient fill out a health inventory is a good way to launch this collaborative effort. Integrative health coaching follows a model that moves clients from their values and vision of their best selves to identifying goals and actions steps to achieve optimal health and wellbeing.

The following guide outlines the behavior change process. There are some sections that require more reflection on the part of the patient. Those could be highlighted for the patient to take as homework prior to the next visit. Ultimately, the patient's starting point and readiness for change will determine the appropriate path. This process can be broken down into six steps:

1. **Identify values and vision**
2. **Determine goals**
3. **Build a plan for action**
4. **Track progress**
5. **Visualize best self**
6. **Create a plan for resiliency**

This guide will walk you through each of the six steps in detail, offering guidance and tips for practical application in patient care. Following the steps, you will learn how to implement coaching strategies in your own practice. ●

STEP 1 Identify values

The first health and behavior coaching visit can be overwhelming for both the provider and the patient. The patient may or may not be fully aware of their current health status or have recently received a confusing or serious diagnosis. Once the patient has had all their questions answered and feels ready to proceed, the initial step is to conduct an inventory to establish the patient's baseline level of awareness and identify in which areas they could improve their health.

Most researchers in the field include the following categories in their models of integrative health and wellbeing:

- **Physical**
- **Emotional**
- **Spiritual**
- **Social**
- **Recreational**
- **Intellectual**
- **Financial**
- **Environmental**

The purpose of this health inventory is for the patient to reflect on where they are now and where they would like to be. It is important to open a non-judgmental dialogue with the patient and engage them in a candid conversation.

Throughout this conversation, the provider will evaluate the patient's readiness for change using open-ended questions to understand the patient's health experiences, including challenges and how they perceive their current state of health. At this point, the conversation is less about treatment and more about obtaining an awareness of their health risks, experience with a current illness or any symptoms they're experiencing. The patient is welcome and encouraged to express their emotions openly.

Motivational Interviewing

Motivational interviewing is a method of communication designed to encourage individuals towards a direction of change. The spirit of motivational interviewing can be described through qualities such as:

- **Establishing collaboration with patients as opposed to establishing an expert role**

- **Focusing on eliciting patients' own motivations for change versus educating them about why they should change**
- **Honoring patients' autonomy to decide to change, as opposed to assuming the authority to tell them how to change.**

According to William Miller, PhD and Gary Rose, PhD, authors of Motivational Interviewing: Preparing People to Change Addictive Behavior, there are five main principles of motivational interviewing:

- **Express and show empathy towards patients**
- **Support and develop discrepancy between where the patient is health wise and where they want to be**
- **Avoid argumentation while rolling with resistance**
- **Support self-efficacy**
- **Develop autonomy**

Transtheoretical Model

The Transtheoretical Model was developed by researchers in the 1970s and uses stages to facilitate behavior change. These stages include:

1. **Precontemplation**
2. **Contemplation**
3. **Preparation**
4. **Action**
5. **Maintenance**
6. **Termination**

This model posits that individuals move through the six stages of change. Termination was not part of the original model and is less often used in application of stages of change for health-related behaviors. For each stage of change, different intervention strategies are most effective at moving the person to the next stage of change and subsequently through the model to maintenance, the ideal stage of behavior.

> **For each stage of change, different intervention strategies are most effective at moving the person to the next stage of change and subsequently through the model to maintenance, the ideal stage of behavior.**

In precontemplation, patients do not intend to take action in the foreseeable future. They are often unaware that their behavior is problematic or produces negative consequences, and often underestimate the pros of changing behavior and place too much emphasis on the cons of changing behavior.

For the contemplation stage, patients are intending to start the healthy behavior in the foreseeable future, or within the next six months. People recognize that their behavior may be problematic, and a more thoughtful and practical consideration of the pros and cons of changing the behavior takes place, with equal emphasis placed on both. Even with this recognition, people may still feel ambivalent toward changing their behavior.

During preparation, sometimes called determination, patients are ready to take action within the next 30 days. They start to take small steps toward the behavior change, and they believe changing their behavior can lead to a healthier life. This step is followed by action, when the patient has recently changed a behavior and intends to keep moving forward. From there, the maintenance stage, where the patient has sustained their behavior change for more than six months and intends to maintain the behavior change going forward. People in this stage work to prevent relapse to earlier stages.

Use motivational interviewing techniques from the transtheoretical model. Allow time for the patient to express their concerns. Ideally, the

provider uses a 2:1 ratio of reflection and feedback, so the patient feels heard and acknowledged. Permit the patient to discern what they'd like to change about their current health status based on what they see as the most important given their vision and values.

Some questions to support autonomy include:

1. **What would being in charge look like?**
2. **How can you decide not hand control over to someone else?**
3. **What would it be like to have peace with the past, show appreciation for its lessons?**
4. **What would it look like to forgive yourself for the past while taking charge of the present and future?**

Values

During initial conversations, providers can encourage the patient to identify their values. Values are a general expression of what is most important for an individual. Values are formed starting in early childhood and are later consciously reevaluated and may change. Understanding personal values allows the patient to get clarity and build self-awareness to make intelligent decisions and keep balance in life.

There are hundreds of core values and several resources offer predetermined lists. However, avoid using such templates with patients, as values should not be selected, but rather discovered and revealed. That said, if a patient is not familiar with values, it may be helpful to offer some examples, such as family, friendship, health, love, or success.

To help patients uncover their own values, a provider may ask guiding questions:

- **What is more important in your life: beyond basic human needs, what must you have in your life to experience fulfillment?**
- **Consider a meaningful moment: what was happening to you and what values were you honoring?**
- **Consider a time when you were angry or upset: what were you feeling and, if you flip those feelings around, what value is being suppressed?**

Providers work with the patient to brainstorm a master list of personal values. Group values under related themes and select a word that best represents each group of values. Next, help the patient refine the list by determining:

- **What values are essential to their life?**
- **What values represent their primary way of being?**
- **What values support their inner self?**

Work with the patient to select between five and 10 core values and rank them in order of importance. This may occur over a couple of visits if the patient needs more time. For some patients, it may also be beneficial to identify negative values, or those items that are unimportant to them. Once values have been selected and ranked, have the patient craft a value statement for each. A value statement can be positioned as an affirmation. For example, a value statement for health might be, "to thrive with energy and vitality every day," whereas a value statement for family might be, "to prioritize quality time with loved ones."

Note, as the patient grows and becomes more self-aware, their values may change. The provider can use this information to tailor action steps and help the patient make decisions based on their core values. ●

STEP 2 Determine goals

Once a patient has identified what they would like to focus on in their healing plan, have them brainstorm what they specifically want to change or improve. If they feel unsure or are apprehensive, a good tactic is to allow the patient time to journal or write out everything they want to accomplish, big or small, as well as the known steps or tasks it will take to get there. This process should not be structured, and should instead be an opportunity to thoroughly reflect on how they can act on their core areas. Refining this brainstorm occurs during the goal setting process.

The following table can help engage the patient in the brainstorming session:

Challenges	Incentives
Benefit of staying "stuck"	Concerns about staying "stuck"
Concerns about change	Benefits of change

Health coaching often centers on two main techniques for patient communication and education: ask-tell-ask and teach-back. While working with the patient to determine goals and create action steps, these tools are invaluable for ensuring the patient understands their role in the healing process.

Ask-tell-ask

The American Medical Association denotes ask-tell-ask as the basis for all health coaching. Rather than telling patients a lot of information, providers ask the patient what they know and what they want to know; tell the patient what they want to know; and ask them if they understand and what else they want to know.

Teach-back

Teach-back ensures the patient understands the care plan recommended by the provider. The provider asks the patient to repeat back the information about what the patient understands in his or her own words. If the patient doesn't state the information correctly, the process is repeated until the patient is able to verbalize what to do. Teach-back is a recognize national standard of care by several national agencies and associations, including the American Academy of Family Physicians, American Hospital Association, and The Joint Commission.

Core Areas

Before establishing goals and action steps, work with the patient to refine their core areas, or the specific areas of their life that they would like to improve. These core areas may be very similar to, and at the very least should consider, the patient's values and vision. Some examples of core areas include:

- **Health**
- **Family**
- **Relationships**
- **Career**
- **Spirituality**
- **Finances**
- **Recreation**

> "Before establishing goals and action steps, work with the patient to refine their core areas, or the specific areas of their life that they would like to improve."

Once a patient has identified what they would like to focus on in their healing plan, have them brainstorm what they specifically want to change or improve for each core area. A good tactic is to allow the patient time to journal or write out everything they want to accomplish for each item, big or small, as well as the known steps or tasks it will take to get there. This process should not be structured, and should instead be an opportunity to thoroughly reflect on how they can act on their core areas. Refining this brainstorm occurs during the goal setting process.

As with the patient's values, order each core area by importance. A reasonable approach is to tackle one core area at a time, breaking each focal point into smaller, tangible goals as part of an ultimate plan of action. In the beginning, the patient is more likely to work on what immediately interests them or is easily attainable. As they move forward and celebrate several small successes, they will be more motivated and engaged to take on bigger challenges.

SMART GOAL TEMPLATE

"I will [patient's goal here] by [how the patient will do the goal.] I will know I am making progress because [how the patient will measure the goal] for [time the patient needs to achieve this goal."]

Let's take the example of a patient who wants to lose weight:

- **S:** Start by having the patient state how much weight they want to lose and, more importantly, why they want to lose weight. "I want to lose 40 pounds to have more energy to play with my children."
- **M:** Next, add criteria that allows the patient to measure progress as they work towards their goal. Tracking can be a source of motivation but try to consider creative methods that the patient can easily use. "I will do so by exercising three times per week and eating less processed foods and more fruits and vegetables."
- **A:** Providers can support patients by ensuring their goals are realistic. Losing 40 pounds in a month would be unhealthy and near impossible to achieve. Work with the patient to select goals that are ambitious, but not impossible. Break larger goals down into smaller goals and write out the process required to achieve each goal. The process should also be realistic.
- **R:** Goals should be meaningful to the patient. Refer to the patient's values and vision to ensure their goals align. If a patient wants to lose weight, have them select exercises and foods they enjoy. Help them explore new options and pick the methods that are right for them.
- **T:** Help the patient choose a timeframe that is realistic but not too far off in the future. "I will lose an average of 2 pounds every week for 20 weeks."

Goals

Author Napoleon Hill said, "a goal is a dream with a deadline." The patient has now had ample time to share their health story, create a life vision, and understand what they want to improve. Using the identified core areas, work with the patient to set specific goals to take the patient from their current health status to what they hope to achieve.

When developing a goal, start by having the patient consider the following:

- **What do I want to achieve?**
- **Where will I achieve this goal?**
- **How will I achieve this goal?**
- **When will I achieve this goal?**
- **With whom will I need to work with or be with to achieve this goal?**
- **What are the conditions and limitations to achieving this goal?**
- **Why do I want to reach this goal?**
- **What are the possible pathways to achieving this goal?**

SMART Goals

When the patient is ready to choose a goal, the provider will assist in developing it into a a Specific, Measurable, Attainable, Relevant, and Timely (SMART) goal. A **SMART** Goal is a goal setting technique providers can use with patients when developing lifestyle or behavioral change goals. **SMART** Goal setting brings structure and trackability. Instead of vague resolutions, **SMART** Goal setting creates verifiable trajectories towards a specific objective, with clear milestones and an estimation of the goal's attainability.

HERE IS WHAT A FINAL SMART GOAL MIGHT LOOK LIKE FOR THE PATIENT WHO WANTS TO LOSE WEIGHT

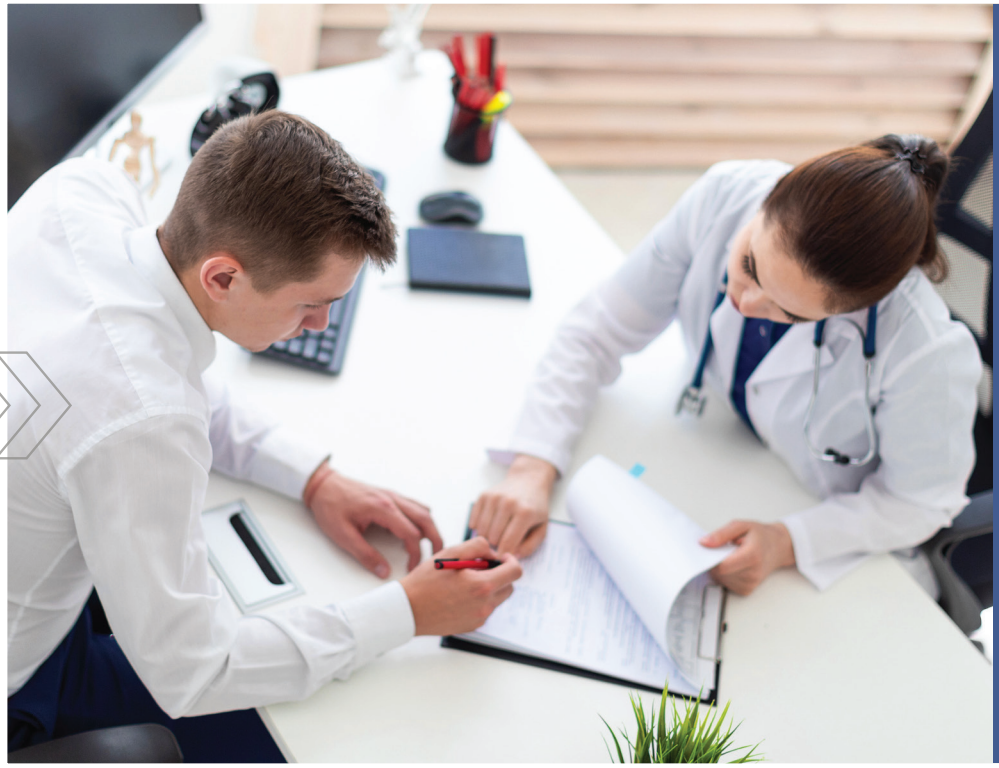
- I want to lose 40 pounds to have more energy to play with my children.
- I will do so by exercising three times per week and eating less processed foods and more fruits and vegetables.
- I will lose an average of two pounds every week for 20 weeks.

Based on the patient's core areas, what do they want to achieve? Perhaps they would like to lose weight. Instead of simply stating their desire to lose weight, a **SMART** Goal clarifies how and when the goal will be achieved.

When the patient has identified the area of their health they would like to focus on, a reasonable approach is to tackle one core area at a time, breaking each large goal into smaller, tangible ones as part of an ultimate plan of action. In the beginning, the patient is more likely to work on what immediately interests them or is easily attainable. As they move forward and celebrate several small successes, they will be more motivated and engaged to take on bigger challenges. ●

"When the patient has identified the area of their health they would like to focus on, a reasonable approach is to tackle one core area at a time, breaking each large goal into smaller, tangible ones as part of an ultimate plan of action."

STEP 3 Build a plan for action



COMPONENTS OF A SUCCESSFUL ACTION PLAN

- **Commit to change**
- **Partner with the patient to create change**
- **Collect and analyze the patient's healthy data, values, vision, core areas, and goals**
- **Engage the patient to prioritize their health by outlining how the patient can maximize their health outcomes**
- **Design strategies to address the priorities of the patient**
- **Select which strategies to implement and a reasonable timeline**
- **Monitor the impact of the action plan by developing a resiliency and follow-up plan**

Once a provider understands what matters to the patient and what they hope to achieve, they are ready to map out a plan for change. At this point, the provider has a meaningful therapeutic relationship with the patient and has developed a certain level of trust. In this step, the provider's focus is educating the patient and bridging the gap from their current health status (where they are now) to their ultimate health and wellness goals (where they want to be).

While it may seem daunting, a patient is more likely to adhere to a healing plan when they've had an active hand in its creation. When determining vision and values, the provider acts as a facilitator, compassionately guiding the conversation but allowing the patient to make their own discoveries. The provider must now balance allowing the patient to identify their own core areas while utilizing their expertise to make recommendations for realistic goals and a comprehensive action plan.

> "An action plan is an agreement between the patient and the provider describing the behavior change that the patient wants to make."

An action plan is an agreement between the patient and the provider describing the behavior change that the patient wants to make. The plan is comprised of core areas and SMART goals but goes a step further and breaks each goal down in to small, manageable tasks with a specific process for completion, also known as action steps.

The provider offers their suggestions and expertise during this process, as their perspective can help the patient maintain expectations. For the patient who wants to lose weight, their specific goal can be further broken down into several smaller goals or tasks, and the provider should help the patient map out a process to complete each task. Here are some examples of small tasks for the patient who wants to lose weight:

- **I will try a new fruit and vegetable every day this week and identify what I enjoy**
- **I will think of different, creative ways to work movement into my day, such as finding a walking trail in my neighborhood**
- **I will always keep a water bottle with me and refill it every two hours**
- **I will cook dinner two nights this week**
- **I will go for a walk after dinner every day this week**

With these smaller tasks in hand, the provider can work with the patient to develop homework assignments for in between visits, such as buying five new fruits and vegetables to try or shopping around for a fitness studio that piques their interest. Set a deadline and check in with the patient regularly to ensure they are on track. ●

STEP 4

Track progress and results

ONE OF THE MOST SIGNIFICANT COMPONENTS of successful behavior change is accountability. Providers can ensure a patient has consistent access to motivation and support by crafting a follow-up protocol as part of their overall action plan.

Traditionally, follow-up plans are given to a patient after treatment ends. A follow-up care plan may include schedules for physical exams or tests, as well as referrals and recommendations for a healthy lifestyle. In this context, the provider and patient worked together to cultivate realistic goals and a comprehensive plan of action, so the follow-up plan will center on regular check-ins to ensure the patient's ongoing success. As the patient progresses, the provider may make additional recommendations or work with the patient to change their action plan.

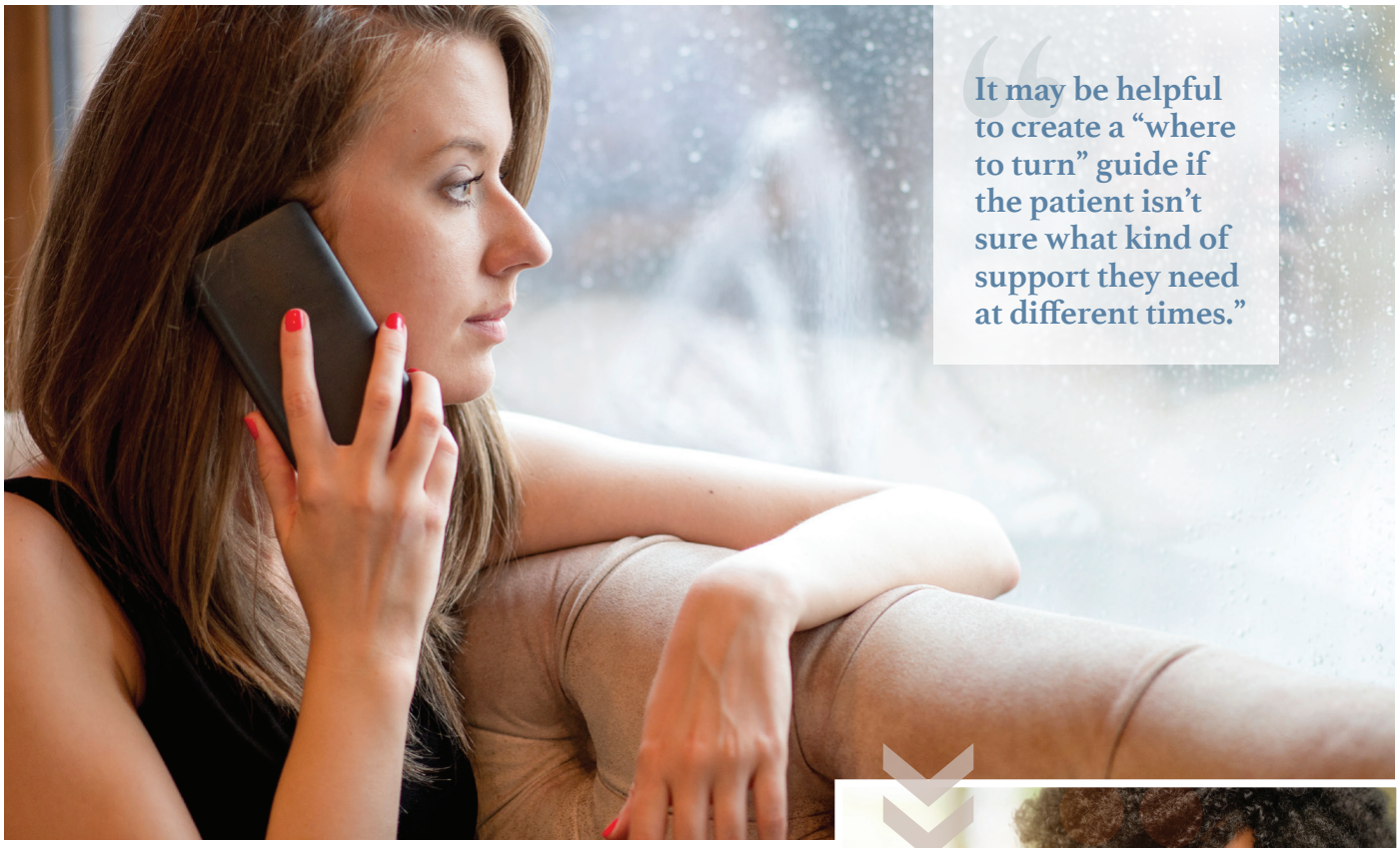
To start, based on the patient's goals, determine how often you will need to meet with the patient. For many practitioners, follow-ups may include a combination of in-person meetings, phone conversations, and other Health Insurance Portability and Accountability Act of 1996 (HIPAA) -compliant digital communication platforms.

Ensure the patient has all the information they need to get started. Offer them a written copy of their values and vision and any documents detailing their goals and action steps. It can be helpful to digitally format and print this like a traditional medical record. Include specific timelines for each step as part of the goal setting process. Make sure the patient knows where to turn should they have questions or need additional support.

"As the patient progresses, the provider may make additional recommendations or work with the patient to change their action plan."

Ongoing Support

While traditional sources of support may include family, friends, colleagues, and community members, support can include both internal and external resources. To start, have the patient identify a handful of close relationships, people they can turn to



> "It may be helpful to create a "where to turn" guide if the patient isn't sure what kind of support they need at different times."

immediately when they need support or motivation. This can include an accountability partner if the patient selected one. In some cases, it may be appropriate to recommend national helplines or online resources that have uninterrupted access.

From there, identify sources of support that a patient can utilize individually. Patients may not always have access to external support, so learning to find support in fulfilling activities can make a difference in a patient's overall health. Some supportive activities include:

- **Pursuing a hobby, like dancing or playing an instrument**
- **Getting out in nature**
- **Starting a mindfulness practice**
- **Making art, like drawing or writing**
- **Joining a community, religious, or spiritual group**

Determine with the patient scenarios where internal support versus external support is most appropriate. It may be helpful to create a "where to turn" guide if the patient isn't sure what kind of support they need at different times. Regardless, the patient should feel that they have a community behind them, but ultimately understand that they are responsible for and capable of creating the life they want to live.

Celebrate Successes

The provider guides the patient in goal setting and action steps, as well as tracking their progress and results. The provider can help the patient select realistic action steps that can easily lead to small successes in a short amount of time. Motivation and confidence increase as the patient experiences positive changes and their mindset shifts.

Celebrate successes with the patient. Recount times when they had difficulty adhering to their plan and review how they overcame those difficulties and what they learned about themselves in the process. This will give them a reference point when they are overcoming similar obstacles in the future.

Some coaching questions in the results step might be:

1. **How can you appreciate your progress?**
2. **How would you describe the benefits of your experience?**
3. **What's been good about this experience?**
4. **How have you grown?**

STEP 5 Visualize best self

A reward for lasting change is that an individual's self-image improves. For a patient, they are getting closer to becoming the person they want to be. While without actions, a vision can fade, without a vision, one can get lost on their way to achieving a goal. The provider's role is facilitating the patient's vision of their best selves to keep them on track and motivated.

Coaching questions related to best self may include:

1. **How would you describe your best self?**
2. **What are you thinking, feeling and doing when you're your best self?**
3. **How do you know you're there?**
4. **How do you know you're not there?**
5. **How can you remember to be your best self and not slip back into the old ways of being?**

Vision

A vision or vision statement is an overarching aspiration of what the patient hopes to achieve. The vision statement does not provide specific targets, but rather is a broad description or affirmation of what the patient is trying to become. The vision should inspire and motivate the patient to act and engage in behavior change. An ideal vision statement is clear and concise, usually a sentence or short paragraph.

To create a vision statement, start with the patient's list of values. From there, work with the patient to identify their interests, strengths, and skills by considering several questions, such as:

- **What does the patient enjoy doing?**
- **What are the major categories in the patient's life that always need attention?**
- **What is the patient naturally good at?**
- **What has the patient always wanted to do, see, or create?**
- **What would help the patient feel fulfilled?**

The provider should help the patient reflect on these questions before writing the vision statement. Developing a vision statement may take more than one session and should help the patient identify their ideal life. For example, a patient struggling with work-life balance who includes family in their top core values may write, "I am successful at work without having to sacrifice family." A patient with type 2 diabetes who values travel and adventure above all else may write, "I fuel my body to have fun and enjoy new experiences."

Uncovering the patient's vision allows the provider to support their best selves. Effectively defining the vision statement may take time but is necessary for engaging patients long-term. ●

STEP 6

Create a plan for resiliency

TO ENCOURAGE THE PATIENT'S BELIEF that they can achieve their goals, providers may point out previous successes, as well as current or previous strengths and skills the patient possesses to solidify their belief that they are worthy and capable of change. However, in the process of achieving any goal, setbacks and challenges can occur. As part of the goal setting process, the provider should discuss resilience with patients and develop a plan to get back on track.

Resilience is the ability to adapt to adversity, trauma, tragedy, threats, or significant sources of stress, which can be related to family, relationships, health, work, finances, and more. Those who lack resilience may dwell on problems, feel victimized, or turn to unhealthy coping mechanisms such as alcohol and drug abuse. While resilience does not prevent challenges, it can give a patient the ability to see past problems and better handle stress.

A combination of factors contributes to resilience. Caring and supportive relationships are a primary factor in resilience as they create love, trust, and offer encouragement and assurance. Other factors associated with resilience include the capacity to make realistic plans and take steps to carry them out, a positive view and self-confidence, communication and problem-solving skills, and the capacity to manage strong feelings and impulses.

Not all people react the same to stressful and traumatic events. An approach for building resilience must be tailored to the individual. Regardless, when a challenge arises, the patient may start with:

1. **Reflecting**
2. **Seeking support**
3. **Making a plan to move forward**

With this simple approach, when a patient experiences a stressor, they should take a moment to recognize the situation and think about how they are feeling. They should reach out to a source of support, whether that's a friend, family member, or colleague. Finally, they should identify how they can move forward. In the moment, this may be difficult, but through reflection and support, this process becomes easier.

To further address resiliency with patients, consider these points:

- **DEVELOP CONNECTIONS.** Ensure the patient has strong, positive relationships with loved ones who can provide support. If the patient struggles to identify such relationships, recommend volunteering or joining a community group.
- **SET DAILY INTENTIONS.** Encourage the patient to set a small goal every day to give them a consistent sense of accomplishment. Suggest the patient journal to look back on the day and identify three positive things that occurred as well as what they are grateful for and what they will improve for the next day.
- **REFLECT ON EXPERIENCES.** Suggest the patient think about how they have coped with hardships in the past. Consider the skills and strategies that were useful and work with the patient to understand how they can effectively cope with challenges that may arise.
- **PRACTICE SELF-CARE.** Develop a plan for patient self-care. Suggest activities and hobbies they enjoy and work to develop a daily routine centered on proper movement, nourishment, and sleep. Stress management and relaxation may also be helpful, such as meditation or prayer.
- **BE PROACTIVE.** Remind the patient that they have a plan and can take action. If something comes up, let them know you are a resource they can turn to for support and ideas.

Focusing on past experiences and sources of personal strength may help the patient learn strategies for building resilience. Consider the following questions and the patient's reactions to challenging life events:

- **What kinds of events have been most stressful for me?**
- **How do stressful events typically affect me?**
- **What do I typically find helpful in stressful situations?**
- **Who do I reach out to for support?**
- **How have I been able to overcome obstacles in the past?**
- **What makes me feel hopeful about the future?**

> "If the patient prefers to work in a group setting, an accountability support group offers an opportunity to join a positive community that fosters resiliency."

Building resiliency is about maintaining balance and flexibility. Work with the patient to understand that it's okay to experience strong emotions and when it's appropriate to avoid experiencing them. There are times when it is beneficial to act and others when it is better to step back to rest and reenergize. Similarly, spending time with loved ones for support and encouragement can be positive, but there may be circumstances where the patient prioritizes nurturing themselves.

Above all else, knowing where to turn is a critical component of building and maintaining resiliency. Beyond family and friends, some patients may find the following resources helpful:

- **Self-help and support groups**
- **Books and publications**
- **Online resources**
- **National hotlines**
- **Licensed mental health professionals**

Accountability Partner

A patient may enlist the support of an accountability partner, a friend or colleague they can recruit to help them stay on track. Together, accountability partners may attend workouts, share tips and tricks, and overall hold each other to their commitments. If the patient prefers to work in a group setting, an accountability support group offers an opportunity to join a positive community that fosters resiliency. ●

Resiliency Journal

If the patient struggles to find meaning and purpose, a resiliency journal is a positive exercise to help them celebrate small victories and take responsibility for their own happiness.

Suggest the patient write:

- Three things they are grateful for.
- Three amazing things that happened today.
- How could they have made the day better?

Worksheets

BEHAVIORAL HEALTH COACHING, implemented with compassion, plays a pivotal role in a patient's healing and in reaching their health goals. Given the high rate of chronic disease in the United States, it is imperative that providers take purpose-driven action. Given the dramatically improved outcomes in prevention and treatment of diabetes alone, behavioral health coaching will soon be recommended as the standard of practice in the primary and integrative care settings.

This guide has reviewed the steps in behavioral health coaching as well as given you tools in the appendices to make it easier to implement a structured behavioral health coaching program into your practice. The compassion that brought you to this rewarding work will serve as a foundation for behavioral health coaching in your practice. It will augment your already robust relationships with your patients and affirm your commitment to preventing and healing disease.

Integrative health inventory

Patient Name: _____ **Date:** _____

Rate how you feel you're doing in each integrative health category. Rate on a scale from 1-5 your current state and then your realistic, goal state. The questions are only to stimulate thought. When you're finished, circle the two highest numbers. This will help you define what areas need your focused attention and guide you as you determine goals for behavior change.

1: very poor	2: poor	3: fair	4: good	5: excellent

Integrative Health Category	Current	Goal
PHYSICAL *How is your energy?* *Do you feel rested upon wakening?* *Do you have pain?* *How is your digestion?*		
EMOTIONAL *Have you had any feelings of depression or anxiety?* *Are you often sad?* *Do you feel safe at home and at work?*		
SPIRITUAL *Are you spiritual and/or religious?* *Do you have a relationship with a higher power?* *Do you have a community that meets regularly?*		
SOCIAL *Do you have a few close friends you can rely on?* *Do you have frequent (nondigital) contact with friends?* *Do you enjoy socializing?*		
RECREATION *What do you do for fun?* *What do you do for creativity?* *How often do you get outdoors?*		
INTELLECTUAL *Do you read or write?* *Do you paint?* *Do you have deep, stimulating conversations with friends or family?*		
FINANCIAL *Do you have control over your money?* *Do you budget?* *Do you overspend?*		
ENVIRONMENTAL *Is your home environment clean and organized?* *Do you recycle?* *Do you use water and energy conservation whenever possible?*		

Integrative goal setting

Using the top two or three scores from the Integrative Health Inventory, combined with the input of the patient's provider, begin by brainstorming about what's most important. Some patients may be more comfortable filling this out at home, with some instruction, and bringing it to a follow-up visit:

1. What is most important in your life?

(These are your values. List as many values as you feel need your attention right now.) _____

_____

_____

_____

_____

_____

2. What do you want to change or improve about these areas of your life? Why?

(This is your vision.) _____

_____

_____

_____

_____

_____

3. Write a goal for each area. Where would you like to be three months from now? Six months from now?

_____

_____

_____

_____

_____

_____

4. Research has shown that it is most effective to work on one goal at a time.

Please choose the goal you have the most confidence in attaining at this point. Then we will break it down into a Specific, Measurable, Attainable, Relevant and Timely (SMART) goal. This sheet will be kept for reference. When you've mastered your first goal and are ready to move onto the next, you'll choose another and fill out the following pages again with a new goal. _____

_____

_____

_____

_____

_____

Integrative goal setting

5. Break your goal down into reasonable action steps:

6. In what order will you complete each action step and goal? Keep in mind these may be very small changes and progress slowly, depending on your level of comfort:

As you've no doubt learned throughout your life, change is not a linear process. There are stressors that come up that make it very difficult to continue to improve your health. It's often a "one step forward, two steps back" process. Thus, it's imperative to build a plan for resiliency so that when you inevitably have a slip-up, you can get back on track quickly.

7. Build a plan for resiliency

How have you coped with stress or trauma in the past? What skills or techniques have you used to cope?

Who can you turn to for support?

Beyond relationships, what resources do you have for support?

What actions can the patient take when experiencing stress or trauma?

What obstacles do you have to overcome to reach your goal?

What would increase your confidence in attaining this goal?

SMART goal setting template

What's the initial goal you chose?

S Specific	***What do I want to achieve? Be precise.***
M Measurable	***How will I know when I've reached my goal?*** ***What metrics and milestones do I need to meet along the way?***
A Achievable	***Is this goal realistic for me?*** ***What support do I need to make sure I achieve my goal?***
R Relevant	***Why is this goal worthwhile?*** ***Does it support the needs of my health?***
T Timely	***When will I have this completed?***

Integrative commitment statement

I,_____ **, commit to** _____
(name) *(action step)*

by _____**. I, furthermore, commit to follow-up with my provider and/**
(date)

or coach to track my progress. My next follow-up appointment

is:_____
(date/time)

with: _____
(provider name)

Signature of patient:_____

Signature of provider/coach: _____

If you need to contact us urgently prior to our next follow-up visit, this is how we can be reached: _____

Additional notes: _____

Health and behavior billing and coding

Patients may work with clinical staff on behavioral health changes under the supervision of a medical provider. Health and behavior assessment and intervention procedures are used to identify and address psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems. The focus is not on mental health, but on the biopsychosocial factors important to physical health problems and treatments.

Patients should check with their individual insurance companies to assure service by Current Procedural Terminology (CPT) code is covered. Providers who can provide oversight for health and behavior assessments are advanced practice registered nurses, physicians (billed as evaluation and management (E/M)), clinical psychologists, and licensed clinical social workers (consult plan coverage and bill as a service, not E/M).

Encounter Requirements

- *Patients must have established care with their medical provider and have had an initial Health and Behavior Assessment.*
- *Patients must have a physical diagnosis (not a mental health diagnosis).*
- *Appointments are scheduled with clinical staff as "scheduling provider" and "rendering provider" in electronic medical record.*
- *The supervising provider must be medical provider who is supervising and billing for the service and therefore in the building during the appointment.*

CPT CODE	DESCRIPTION
96150	***Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minute face-to-face is charged (one hour = four units); initial assessment.***
96151	***Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minute face-to-face is charged (one hour = four units); re-assessment.***
96152	***Health and behavior intervention, each 15 minute face-to-face, is charged individual.***
96153	***Health and behavior intervention, each 15 minutes, face-to-face, is charged group (two or more patients).***
96154	***Health and behavior intervention, each 15 minutes, face-to-face, is charged family (with patient present).***

At the time of the Health and Behavior service:

- *Vitals need to be taken and recorded.*
- *The supervising medical provider must be in the clinic during the assessment.*

Clinical Documentation Requirements

- *Completed by the rendering or scheduling provider.*
- *Send to supervising medical provider for review.*
- *Once the note is sent back, the rendering provider completes billing.*
- *Documentation should include:*
    - *Date of initial diagnosis of physical illness.*
    - *Clear rationale for why the initial assessment was performed.*
    - *Assessment outcome and ability of patient to understand and respond to the intervention.*
    - *Goals and duration of proposed intervention.*
    - *Duration of session.*
    - *Progress towards goals.*

Resources

American Psychological Association (2019). The Road to Resilience.
Retrieved from: **https://www.apa.org/helpcenter/road-resilience**

Jonas, W. (2019). Empowering patients with chronic diseases to live healthier through health coaching: Integrative primary care case study. Samueli Integrative Health Programs.
Retrieved from: **https://www.health.harvard.edu/staying-healthy/give-yourself-a-health-self-assessment**

Miller, W. and Rose, G. (1991). Motivational Interviewing: Preparing People to Change Addictive Behavior. Guilford Publications.

Trzeciak, S. and Mazzarelli, A. (2019). Compassionomics. Studer Group.

Virginia Polytechnic Institute and State University. The Stages of Change.
Retrieved from: **http://www.cpe.vt.edu/gttc/presentations/8eStagesofChange.pdf**

Your Coach (2009). SMART goals.
Retrieved from: **https://www.yourcoach.be/en/coaching-tools/**

About the contributing author

Wendy Pecoraro

MSN, APRN

Wendy Pecoraro has been a family nurse practitioner for over 20 years. She has worked in an urban emergency department for most of that time. Her practice in integrative care started to emerge in 2010, after attending multiple conferences through Harvard's Institute of Lifestyle Medicine. It soon became apparent that most of her emergency department patients could have used some degree of lifestyle modification long before she saw them. In her last couple of years with the hospital, Wendy proposed and piloted a comprehensive wellness program for the employees, while attending Methodist College for a post master's certificate in Wellness and Health Promotion.

This experience and education, along with a passion to care for the whole person, evolved into a natural partnership with Omaha Integrative Care. Pecoraro's practice is based on the integrative care model, an approach that addresses the full range of physical, emotional, mental, social, spiritual, and environmental influences that affect a person's health. Treatments that are natural and less invasive are used whenever possible. Health promotion and prevention of illness are at the forefront of this patient, family, and community-centered practice.

Pecoraro carries a commitment to the trauma-informed care model with her from her days in the emergency department and has an affinity for that population. She has additional training in centering healthcare and provides group visits for those patients living with chronic disease states. She is working toward certification in Lifestyle Medicine through the American College of Lifestyle Medicine. She is a Subject Matter Expert for Integrative Practitioner. She enjoys grand mothering, gardening, and the great outdoors.