



# THE BASIC PRINCIPLES OF *lifestyle coaching*

A MANUAL FOR INTEGRATIVE PROFESSIONALS



Integrative  
Practitioner

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# FOREWORD



Lifestyle coaching is an emergent profession that has been a long time coming. There has always existed, within the traditional medical model, a “front desk person”, often an office nurse or other administrative professional, who would kindly take the time to answer your questions—the “other questions”, the ones that you wouldn’t ask the doctor. These personnel were the ones who would allay your fears about the diagnosis or apprehensions about the prescribed protocol.

There is an adage, “When the student is ready, the teacher appears.” In this context, the student is the people and the teacher is the lifestyle coach. Lifestyle coaching bridges the gap between doctor and patient directives and self-care. It changes the paradigm from synchronous to

asynchronous learning. Synchronous learning is the allopathic model where things are done on a set time and schedule basis, such as prescription doses. Asynchronous learning lets people complete their work on their own time. The latter empowers a person to understand their own nature and embrace the way in which they function and the way in which they heal.

In this healthcare scenario, the intermediate, the Lifestyle Coach, becomes a modern day avatar. An avatar, in Sanskrit avatara, is a concept in Hinduism that means “descent,” referring to the material appearance or incarnation of a deity on earth. Ideas, discoveries, and practices can likewise materialize under the right conditions.

In computing, an avatar is the graphical representation of the user, or the user’s alter ego or character. The utilization of the goal setting techniques described herein engages the person at ground zero, a fine place to begin to actualize their potential.

At the vision and values stages, this guide describes the role of the practitioner as employing assessment and visualization techniques to imagine a healthy best self. At this stage the practitioner places an emphasis on self-awareness and asks the patient to hone in on what is most important for a healthy, happy life. Thus, the person is invited to create their own avatar of themselves. From my own personal and professional experience, I can attest to the fact that this is a technique that yields excellent results in the short-term and positive dynamic change in the long-term.

This book is valuable in shedding light onto what has heretofore been a practice that was a bit cloudy in definition and, perhaps, underestimated. I was personally gratified to review this marvelous profession in all its glory, research and potential to contribute greatly to relieve the human condition of suffering.

As a passionate advocate of integrative healthcare for many decades, I warmly welcome Lifestyle Coaching into the family.

With gratitude for your contribution,

**—Nancy Gahles, DC, CCH, RSHom(NA), OIM**



# TRANSFORMING THE “SICK VISIT” MENTALITY

For most practitioners, there are two types of patient exams: the annual physical and the office visit. The office visit addresses new or existing problems and focuses on a prompt diagnosis and instructions for follow-up care, be that a prescription or referral to a specialist. The annual physical is typically once per year to review medical history, perform a complete physical exam, and make brief recommendations based on industry age-specific standards. This model centers on treating illness efficiently.

Under this approach, few patients get enough face time with their providers to address lifestyle concerns. On average, five percent of U.S. physicians said they spend less than nine minutes with each of their patients. Most physicians, over 60 percent, spend 13 to 24 minutes with each patient. While physicians also reported that they spend around 30 to 45 hours per week seeing patients, the majority are responsible for more patients than their schedule can accommodate, and therefore personalized care is not always attainable.

However, the amount of time spent with a patient isn't the only challenge for practitioners. By design, the current sick-care model is meant to address illness when it happens, not before. There is no emphasis on preventing disease or developing foundational health and wellness habits. Rather, patients are a box on a checklist, and practitioners are often in positions where high numbers of patients and big payoffs are their main concern.

Integrative practitioners are in a unique position to change this mindset to a preventative care, whole-person approach. We must partner with our patients in a collaborative effort to achieve what just about every patient seeks—optimal health, for life. This is made possible when practitioners understand the basics of lifestyle coaching.

Lifestyle coaching takes a different approach than the traditional “sick visit” mentality. Patients don't just come in when they feel unwell. They work with patients consistently to address the whole person, to achieve wellbeing of mind, body, and spirit.

In an ideal world, every patient practice would have its own lifestyle coach, but for many new or smaller practices, it's on the practitioner to brush up on their coaching skills to offer the best possible care experience to their patients. With the basic tenants of patient care in mind, a simple shift in perspective to a wellness-based model will allow integrative practitioners to improve their coaching skills and offer patients a new, and better, form of lifestyle-based medicine.

## Lifestyle Coaching in Integrative Care

In the integrative setting, lifestyle coaching means considering the “whole person,” addressing the physical, mental, emotional, and spiritual health and wellbeing of your patient. This is a holistic approach to care, which will allow the patient to develop a synergistic relationship between mind, body, and spirit. All aspects of the whole person work together for optimal health, and if one is ignored, the patient may be considered out of balance.

While much of modern medicine focuses on treating short-term illness and chronic disease, lifestyle coaching is about building patients up to achieve health and vitality inside and out. This may include working with patients on nutrition, weight loss, physical activity, self-care, and stress reduction.

Before the outside can be addressed, the inner landscape must be observed. Lifestyle coaching approaches health from a deeper perspective. A patient may come to you with the desire to lose weight or look a certain way but, upon reflection, it may become apparent that the patient is looking for something more. Once individuals begin to open up and explore who they are and what they find fulfilling on the inside, the outside starts to change in exceptional ways.

While coaching is not therapy, both utilize the counseling skills of expressing empathy and motivational interviewing

to help patients meet their goals. Therapy may incorporate a larger psychological picture. Coaching is rooted in the present and focuses on specific health-related goals and objectives. The practitioner's role is to facilitate reflection and understanding—working with the patient beyond “what” they hope to achieve and focusing on “how.”

The healthcare industry is changing rapidly. In the face of environmental toxins, potential epidemics, superbugs, and the accelerated aging process, the significance of achieving optimum health has never been more crucial—and the burden to achieve it now rests on individuals making the right lifestyle choices every day.

At the 2018 Integrative Healthcare Symposium in New York City, Deepak Chopra, MD, FACP, encouraged integrative professionals to participate in a healthcare system that is individualized and lifestyle-focused. “The future of wellbeing is personalized, it’s predictable, it’s preventable, it’s participatory, and it’s process-oriented,” he said, “because the mind-body process is an activity in your awareness.”

Integrative health coaching is a still relatively new field, but one that has been studied extensively over the past decade. A 2013 review by Leigh Ann Simmons, PhD, and Ruth Wolever, PhD, reviewed over half a century of theoretical literature, as well as two of the first lifestyle coaching programs at Duke Integrative Medicine in Durham, North Carolina, and the University of Minnesota in Minneapolis.

Early evidence showed that, when offered alone or with patient education, integrative health and lifestyle coaching is useful for reducing chronic disease risk and improving health behaviors. A ten-month study of integrative health coaching, education, and personalized health planning for cardiovascular disease risk showed a significant reduction in the Framingham Risk Score for those in the intervention group compared to usual care controls. Coaching patients also had greater increases in weekly exercise, blood pressure control, and weight loss.

Similarly, a randomized control trial of integrative health coaching for individuals with type 2 diabetes showed that patients in a coaching intervention reported fewer barriers to medication adherence, while reporting improved patient activation, exercise frequency, and perceived health status. A more recent study also showed that coaching as part of a comprehensive model of care reduces stroke and diabetes risk while increasing patient activation, readiness to change health behaviors, and multiple types of exercise.

In a prospective observational study of health coaching for enrollees in a large, private health plan, researchers found that 89 percent of participants met at least one self-identified goal and reported improvements in stress levels, diet, physical activity, overall physical and mental health, and patient activation. The case for lifestyle coaching in patient practice was, and remains, strong.

Integrative health coaching has been defined as a “systematic, collaborative, solution-focused process in which the coach facilitates enhancement of life experience and goal attainment in the personal or professional life of clients,” according to the Simmons and Wolever paper.

Individual change occurs as the patient actively engages with and develops a collaborative, supportive relationship with their practitioner. The patient must learn to self-assess and explore their perception of their health concerns, as well as identify possible solutions.

Integrative health coaching draws from psychology, adult learning theory, and personal development. It is a systematic, collaborative, and solution-focused process that aims to enhance a patient’s quality of life and help them achieve any number of health-related goals.

The underlying theoretical model of integrative health coaching says that “behavior changes can be sustained when linked to personal values and sense of purpose,” according to Simmons and Wolever. Integrative health coaching helps patients access the motivation needed to initiate and maintain change by facilitating their ability to consider new perspectives and work with several factors that contribute to achieving goals. This includes accessing resources and support, overcoming internal and external barriers to change, and generating alternatives, workarounds, and back-up plans for planned action steps.





# THE WHOLE-PERSON APPROACH TO CARE

Utilizing the coaching model in an integrative practice requires a holistic lens. Knowing true health includes mind, body, and spirit, integrative lifestyle coaching does not focus on just one aspect of a person's health. It is important to consider the wellbeing of the whole person.

In wellbeing, there are several pillars of health that must be addressed with patients. These include nutrition, movement, sleep, meditation and stress management, and emotional wellbeing, but for the purposes of this resource we will focus on three broad pillars:



**Body**



**Mind**



**Spirit**

Each of these pillars, while distinct, are interwoven and affect one another in numerous ways. If any is out of ignored, the patient may struggle to achieve optimal wellness. The key is finding a natural balance.

## Body

Nutrition, movement, and sleep are integral components of overall wellness and cannot be overlooked in lifestyle coaching. Nutrition can almost instantly change the population of the microbiome. If we eat foods that are manufactured, refined, and processed, we mess with our microbiomes and, in turn, our entire bodies. Many foods today are filled with hormones, steroids, and chemicals. In lifestyle coaching, we must encourage patients to do right by their bodies and the planet. The more diversity of foods in a plant-based diet, the healthier the microbiome will be.

Movement simply refers to meeting current scientific advice of 10,000 steps a day. Being active does not necessarily equate to arduous cardiovascular workouts or weightlifting routines. Practitioners may work with patients to reflect on activities that make them happy and excited to move their bodies—perhaps a walk outside on a sunny day or dancing with a friend or loved one. Movement can, and should, be incorporated in to every day so it becomes a natural part of a daily routine.

Yoga is an option for movement that not only provides physical benefits but centers the mind and spirit. Every yoga asana has a different effect on the visceral nerves, including the vagus nerve, which regulates activity in the body. If the patient is open to trying yoga, they will experience many benefits by adopting a regular practice.

Sleep is considered a self-organizing and self-regulating process in our body that brings about homeostasis at every level, according to Deepak Chopra, MD, FACP, at the 2018 Integrative Healthcare Symposium in New York City. The endocrine system and immune system resets during natural sleep. If you look every single metabolite, from blood sugar to blood cholesterol, studies show sleep is essential to self-regulation. "There is no biological organism, including plants and bacteria, that doesn't sleep," he said.

One of the biggest risks for cardiovascular disease and premature death is lack of sleep, said Chopra. "Sleep is your window to the cosmic mind," he said. "It is a spiritual experience."

## Mind

There are numerous studies on meditation and stress management that show combining self-reflection, mantra meditation, and meta-cognition can upgrade your gene activity. Some of the genes that cause homeostasis go up 17 times over baseline and the genes that cause inflammation go significantly down. A helpful metaphor to use with patients is that of a dimmer on a light switch. Reflective practices help down-regulate the inflammatory genes and up-regulate protective genes.

The level of the enzyme telomerase, which controls the biological age, showed a 40 percent increase during meditation, according to a research study in the journal *Nature*. With our ability to measure metabolites and gene expression, meditation is both a practice for self-regulation but also a practice to get into the deeper nature of our being.

All stress starts with fear and is a misuse of our imagination. This fear can lead to anger and hostility, which then leads to grievances, resentment, guilt, shame, depression—the whole gamut of emotions that causes inflammation and are linked to 95 percent of all illness.

It is well-documented that stress causes inflammation, which has been included in research for some time now. What we did not know was that love, joy, equanimity, and gratitude have the exact opposite effect. In a recent study, heart failure patients who kept a gratitude journal had inflammatory markers go down.

Based on Ayurvedic medicine, there are four rhythms in our biology:

- The circadian rhythm
- The seasonal rhythm
- The tidal rhythm
- The lunar rhythm

By connecting with the Earth, we reset these rhythms, which is why a barefoot walk on the beach, or the grass, or the ground often has a positive effect on how we feel. There are even grounding devices that can be used anywhere, which resets and recharges the human body. Grounding decreases inflammatory markers and changes gene expression.



## Spirit

By the principles of holistic medicine, the patient is a mind-body integrated system with a strong connection between organ functions and emotions. While some may find their spiritual life linked to a church, temple, mosque, or synagogue, others may find comfort in a personal relationship with God or a higher power, and still others may find meaning and connections through nature and art.

Spirituality may incorporate some elements of religion, but it is generally a broader concept. Religion focuses on what is right and what is true, where spirituality focuses on personally finding meaning, connection, and value or purpose in life. The overlap is in the individual experience, which affects how we think, feel, and behave.

Many practices for cultivating spirituality are similar to those for improving emotional wellbeing. Emotional and spiritual wellbeing, while distinct, overlap and influence one another, as do all aspects of wellbeing. Spirituality is about seeking a meaningful connection with something bigger than ourselves, which can have a positive effect on our emotions such as peace, contentment, gratitude, and acceptance. Emotional health is about cultivating a positive state of mind, which can broaden an individual's outlook to recognize and incorporate a connection to something larger than themselves.

In palliative medicine, spirituality is often overlooked, though studies show an increasing awareness of the importance of spirituality in healthcare. For some, the spiritual aspect can influence compliance of patients and their families in the acceptance of treatment dynamics, in adapting to new lifestyle changes or environments, or managing a stressful experience in general.

In 2001, Christina Puchalski, MD, MS, published one of the most comprehensive reports on the role of spirituality in healthcare. In the paper, Puchalski discusses compassionate care, which "calls physicians to walk with people in the midst of their pain, to be partners with patients rather than experts

dictating information to them." This is a basic tenant of lifestyle coaching.

Studies on spirituality in healthcare tend to fall into three major categories: mortality, coping, and recovery.

- **Some observational studies suggest that people who have regular spiritual practices tend to live longer**
- **Patients who are spiritual may utilize their beliefs in coping with illness, pain, and life stresses**
- **Spiritual commitment tends to enhance recovery from illness and surgery.**

To practice compassionate care with patients, practitioners can begin with a few activities. First, practice a compassionate presence. Be fully attentive, present, and supportive of patients physically, emotionally, and spiritually, and be attentive to all dimensions of a patient's body, mind, and spirit. Listen to patients' fears, hopes, goals, and dreams. Discuss spirituality with patients and incorporate spiritual practices where appropriate. Keep in mind both scope of practice and professional boundaries. When addressing any aspect of lifestyle coaching, spirituality included, any in-depth counseling should occur under the direction of a qualified expert.

**Helping, fixing, and serving represent three different ways of seeing life. When you help, you see life as weak. When you fix, you see life as broken. When you serve, you see life as whole. Fixing and helping may be the work of the ego, and service the work of the soul."**

**– Rachel Naomi Remen**

# DEVELOPING COLLABORATIVE PATIENT RELATIONSHIPS

Health, wellness, and lifestyle coaching is typically an intensive intervention with a minimum of six to eight sessions, each an average of 30 to 40 minutes in duration. According to Simmons and Wolever, the majority of health and wellness coaching is patient-centered, which is also true for the integrative approach to healthcare.

Lifestyle coaching embodies core aspects of a supportive and creative relationship to elicit change. Practitioners and professional health coaches with a minimum of 100 hours of training support the competence of the patient by:

- **Eliciting internal motivation and sense of purpose, connecting health goals to life purpose and personal values**
- **Building the capacity to change by increasing autonomy, positivity, self-efficacy, resilience, and social and environmental support**
- **Imparting knowledge and education when desired by the patient and modeling skills in ways that adults best learn**
- **Emphasizing patient accountability, ability to learn, and realistic goal setting through the most challenging stages of change by accessing buried but built-in abilities for learning, mastery, and growth**
- **Reinforcing the interdependence of positive mental and physical health.**

The patient's perceptions of their own health and development of solutions are explored through identifying the patient's values. A whole-person approach and visualization techniques allow the practitioner to support the patient's vision of their best selves. The practitioner also trains patients to bring about their vision through their own positive behavior changes. The practitioner should also help patients develop support networks and resources in their community.

Integrative health coaching follows a model that moves clients from their values and vision of their best selves to identifying goals and action steps to achieve optimal health and wellbeing. Ultimately, this process can be broken down in to four steps:

1. **Identify values and vision**
2. **Determine core areas, goals, and action steps**
3. **Build a plan for resiliency—what happens if something doesn't go as-planned?**
4. **Create a plan for follow-up and ongoing support**

## Assessing Goals and Readiness to Change

Early on in this process, patients may or may not be fully aware of their current health status. Practitioners should work with patients to conduct a self-assessment of the patient's relationship with various pillars of health that fall under body, mind, and spirit. For each pillar, the patient should reflect on where they are now and where they would like to be. They should also consider how their personal reflection relates to their overall vision of optimal health. This vision can be used to identify core values, or what the patient identifies as integral to achieving a healthy, balanced lifestyle.

Once the patient understands their vision and values of health, the practitioner can help them narrow down goals. Goals should be broken down in to smaller, more manageable tasks, or action steps, which allow the patient to move forward without becoming overwhelmed.

The overall coaching process is somewhat linear: goal-setting, action, and maintenance. Of course, competing commitments may present obstacles and may be revised as the patient progresses.

Lifestyle coaching uses a number of strategies within a basic structure that enables personalization, optimal patient engagement, empowerment, and successful outcomes. Specific techniques are employed at different stages of coaching. At the vision and values stages, the practitioner employs assessment and visualization techniques to imagine a healthy best self. The practitioner places an emphasis on self-awareness at this stage and asks the patient to hone in on what is most important to them for a healthy, happy life.

## SMART goals

**A Specific, Measureable, Achievable, Realistic, and Time-Bound (SMART) goal is a goal-setting technique practitioners should use with patients when developing lifestyle goals.**





From this stage, the practitioner asks the patient to identify an area that they are most ready, willing, and able to address from their vision and core values. Starting with the most achievable goal where a patient can quickly experience success will create confidence and buy-in to the process. Sometimes patients identify a goal that they are not ready for. According to Gretchen Zimmerman, PsyD, and her colleagues in their article “A ‘Stages of Change’ Approach to Helping Patients Change Behavior,” behavior change works gradually.

Patients start in a pre-contemplative stage, where they may not be invested in change or in denial of the importance of change. During the contemplation stage there may be some ambivalence in how they feel about making lifestyle changes. The preparation stage is when patients will start to experiment with different actions as they move into the action stage and eventually maintenance or relapse prevention. Helping a patient understand where they are in the stages of change model informs both the practitioner and patient in where to start and helps to prevent frustration.

This leads the practitioner and patient to selecting specific goals and designing action steps to achieve those goals. These goals are created to be SMART, or Specific, Measurable, Achievable, Realistic, and Time-Bound. The practitioner should work with the patient to ensure every goal and action step meets these criteria. Ultimately, the patient decides when they reach the “maintenance” stage and can sustain their behaviors over time.

Lifestyle coaching also trains patients to incorporate ongoing nonjudgmental self-assessment. Practitioners can facilitate this learning process with worksheets and other tools to help patients think about their vision, values, goals, and ongoing progress. Samples have been provided later in this guide.

Self-assessment is a crucial component of lifestyle change, as it strengthens the patient’s ability to problem solve and reinforces the idea that lifestyle change is a learning process that requires experimentation and, at times, setbacks. The patient should focus on the action steps first and foremost, not outcome. Practitioners can reinforce this by encouraging creativity in

trying new approaches to achieving goals as well as tolerating perceived failures. The practitioner should offer support to the patient and understand what kind of support might be most useful. This process also includes brainstorming how the patient wants to move forward, exportation of mindset and perspective, developing additional strategies and back-up plans to overcome obstacles, and affirmation of competencies.

At the end of each session, the patient should define and commit to a specific action step, or steps, toward their self-defined goals. Examples of action steps are:

- **Scheduling movement, such as walking or yoga, on a calendar**
- **Commit to a meditation class with a friend**
- **Pre-pack healthy fruits and veggies for meals and snacks**
- **Set reminders for self-care, mindfulness, journaling, and other beneficial practices.**



## Coaching Skills and Strategies

Motivational interviewing was first introduced in literature 30 years ago. Since that time, nearly 1,500 studies of its effectiveness have been published. Originally developed for individuals with alcohol use disorders, the use of motivational interviewing has expanded to support behavior change in a number of chronic diseases, including other substance use disorders, diabetes, cardiovascular disease, obesity, chronic pain, and asthma.

Motivational interviewing is a method of communication designed to encourage individuals towards a direction of change. The spirit of motivational interviewing, as it is commonly referred to, 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:

1. **Express and show empathy towards patients**
2. **Support and develop discrepancy**
3. **Deal with resistance**
4. **Support self-efficacy**
5. **Develop autonomy**

Practitioners express and demonstrate empathy when discussing behaviors, values, visions, and goals with patients. By expressing empathy, practitioners start to build rapport and trust which, as a result, may help patients become more open about their personal history and health concerns. Skillful, active listening is a key component of this step.

During motivational interviewing, patients may give reasons for changing their behavior, instead of viewing practitioners as authority figures ready to “prescribe” the best solution. If patients are making choices that revert from their goals, practitioners should point out the incongruence between behaviors and goals.

Oftentimes, patients may resist changing an unhealthy behavior. Practitioners should not confront the resistance, but instead try to see their point of view. Work with the patient to examine different viewpoints and allow patients to choose which point of view they want to stick with.

Patients should be made to feel that they are capable of achieve their goals. Practitioners may discuss and 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.

Lastly, practitioners must demonstrate to patients that change comes from within. There is no one way or right way to achieve the patient's goals. This places emphasis on the idea that the client is ultimately responsible for changing their behavior. Practitioners should listen and help clients develop action steps for their expressed goals.

Lifestyle coaching involves a progress-focused approach to care. Once the goals and objectives have been identified through the collaborative process, follow up meetings will focus on the patient's success, barriers, and self-assessment. Motivational Interviewing skills and strategies are helpful tools throughout the coaching process.



Empathy is a learned skill that involves seeing the situation from the patient's perspective. Instead of trying to change a patient's mind, the practitioner aligns with the patient and addresses the problem from the patient's perspective. Patients are more likely to honestly engage when practitioners display empathy.



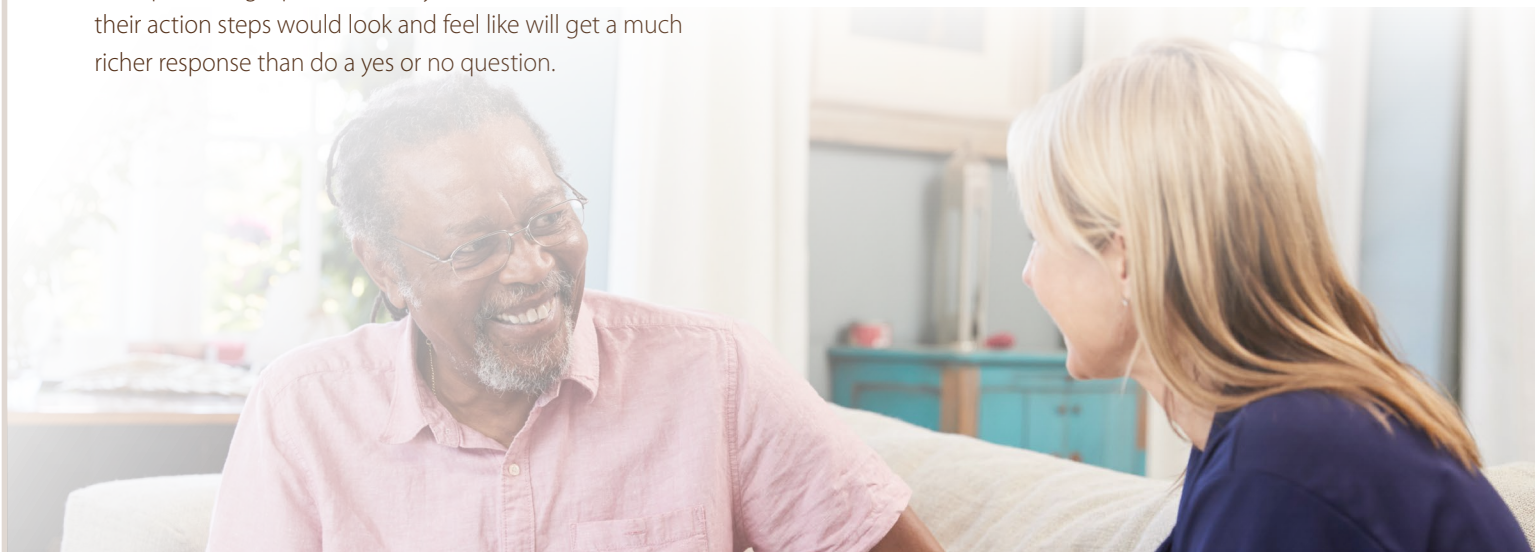
Affirmations acknowledge patients' strengths and support self-efficacy. To be most effective, affirmations should come from what the patient believes so that it feels genuine and meaningful to the patient. When listening with empathy, practitioners can help patients develop congruent affirmations to support change.



Open-ended questions result in deeper consideration and create momentum toward change by helping patients explore their own reasons for making a change. Open-ended questions are designed to further increase the patient's self-awareness, capacity for thinking about new ways of being, and potential for change. This approach helps the patient to consider their situation from multiple points of view, so that new understandings and possibilities for action may arise. For example, asking a patient to tell you about his or her what their action steps would look and feel like will get a much richer response than do a yes or no question.



Reflections, also known as reflective listening, allow the practitioner to skillfully feed back to the patient what they have said, demonstrating empathy and inviting the patient to focus on the positive aspects of change that the patient has self-identified. Summaries are a specific type of reflection where the practitioner emphasizes what has been said and, if appropriate, highlights both sides of ambivalence to help develop discrepancy.







## Change Talk

Identifying and reinforcing change talk includes things the patients has said that reveal an interest in, motivation for, or commitment to change. There are five main categories of change talk:

1. **Desire for change**
2. **Ability to change**
3. **Reasons to change**
4. **The need for change**
5. **Commitment to change**

By focusing on change talk, the provider reinforces the client's own reasons for wanting to change, thereby reducing resistance. Once the client is engaged in change talk, the provider can use a number of strategies to elicit and strengthen change talk, including:

- **Asking evocative open-ended questions**
- **Using importance and confidence rulers**
- **Exploring the pros and cons of current behavior**
- **Asking the client to elaborate on a statement made in the direction of change**
- **Asking about the extremes of changing or not**
- **Looking forward or backward and exploring goals and values to identify what is important to the client**

These skills may be revisited to increase change talk and subsequently increase the motivation for making a change.



## Scaling Questions

In 1965, Hadley Cantril published an intervention, The Cantril Self-Anchoring Striving Scale, in which he described what is now known as one of the most popular coaching techniques, the scaling question. Scaling questions are frequently used by coaches to ask patients to assess their goals and supporting action steps by ranking their level of importance on a ten-point scale.

For example, a practitioner might ask a patient to rate the importance of completing a 30-minute yoga program the patient set as a goal. Say the patient answers a "seven." The practitioner might ask, "why not three?" By asking the patient why not a lower number, versus a higher number, the patient must verbalize the reasons in favor of their goal. This may result in increasing importance, maintaining the goal as-is and developing strategies for success, or the patient may need to revise the goal to make it more manageable. If a patient ranks a goal with a lower number, the practitioner might ask what outcome would make it more valuable.



# ADDITIONAL TOOLS FOR IMPROVING LIFESTYLE HABITS

Lifestyle coaching allows a practitioner to partner with their patients to achieve better health, for life. Unlike traditional care models, the practitioner doesn't stop with a simple lifestyle prescription. Making lasting, impactful changes for long-term health is an ongoing process rooted in compassion and encouragement.

Patients come to practitioners wanting something to change—they want to lose weight, they want more energy, they want to sleep better. Once you work with the patient to identify what they want and why they want it, work together to collaborate and create a plan, which may consist of new behaviors, goals, commitments, as well as identifying potential obstacles to change. The practitioner's role is bridging the gap from where the patient currently is and where they want to be.

Follow-up meetings are one of the most significant differences between traditional care and lifestyle coaching. While an illness may require one or two follow-up visits, working with a patient on long-term lifestyle changes may require weekly or biweekly sessions for a longer period of time. These check-in sessions are important, as they allow the practitioner and patient to work together to identify what worked, what didn't work, what can be done differently going forward, and any next steps towards achieving a particular goal.

## Self-care and mindfulness

Many patients who seek lifestyle coaching services are stressed, burned out, and have fallen into patterns of skipping regular self-care practices like exercising, eating well, and getting enough sleep. Mindfulness is one technique that focuses on making healthy lifestyle changes through developing both internal and external strength and stability.

Studies have found regular mindfulness meditation to be a powerful practice. Mindfulness simply means to be fully present and aware of where we are and what we are doing, while not overly reacting or becoming overwhelmed by the world around us. When practicing mindfulness meditation, an individual typically sits either cross-legged on a cushion or up straight in a chair with their eyes closed and focuses on their breathing or sensations in their body. While experts say the focus should not be on the benefits, but the practice, reasons to practice mindfulness include lower stress, better ability to focus, and reduced mental chatter.

# MINDFULNESS *Practice*



Anyone can start mindfulness practices, regardless of age, physical limitations, or religion—while the term can seem exotic or obscure, mindfulness meditation is as simple as being present and aware of what you are experiencing via your senses, or thoughts and emotions. Here's how you and your patients can get started:

- **Find a quiet spot in your home or outside. You can leave the lights on or sit in natural light. Ideally, there will be minimal distractions and clutter.**
- **Set a specific amount of time to "practice" for. Start slowly, for five to 10 minutes each day, and build up to longer sessions. Some people do a session in the morning and in the evening. Select a time of day and duration that works best for you—the point is to avoid obsessing over the particulars. Use a timer so the focus is solely on your practice.**
- **Take a seat. Choose whatever feels comfortable and natural for you. Some prefer a yoga mat or cushion, while others prefer a chair or bench. Whatever you choose, make sure it's stable and solid.**
- **Find a comfortable position with legs crossed or out in front of you, if you're sitting on the floor. If you are sitting on a chair, sit up tall with your feet touching the floor or resting on a prop if they do not reach the floor.**
- **Open the chest area and allow your shoulders to come away from your ears. You shouldn't feel stiff. Relax your spine, head, and shoulders and allow them sit naturally.**
- **Let your hands drop onto the tops of your legs in any comfortable position. Gently tuck your chin and let your gaze rest downward. You may let your eyelids lower, or close them altogether, but it is not necessary.**
- **Relax and breathe. Focus on your breath or the sensations in your body. Don't worry if your mind starts to wander. Return your focus back to the breath. You may also repeat a word or phrase such as "peace" or "health" as you breathe in and out.**

Practitioners can practice a few moments of mindfulness with patients. Working on health behavior changes can be stressful and even anxiety-provoking for people. Inviting patients to start the appointment by sitting mindfully with you is a good way to ground in the present moment as well as model the practice. Doing this during an appointment also demonstrates the accessibility of the practice. Before ending the appointment, practitioners may encourage patients to make a commitment to mindfulness meditation, as well as journaling, gratitude, and doing some form of physical activity, even if it's only five or ten minutes a day.

## Making sustainable changes

Lasting change takes time. Experts differ in how long it takes for a new practice to become a habit. The adage is 21 days, the timeframe developed by Maxwell Maltz, a plastic surgeon in the 1950s who discovered patients who received an operation, like a nose job, would take about 21 days to get used to seeing their new face. However, a more recent study published in the *European Journal of Social Psychology*, conducted by Phillippa Lally, PhD, a health psychology researcher at University College London, found that, on average, it takes more than 2 months before a new behavior becomes automatic—66 days to be exact.

Regardless, practitioners need to approach lifestyle coaching with techniques to help patients make lasting change. According to Harvard Health, real and lasting change starts with setting specific goals and mapping out a thorough plan for change. Earlier in this guide, we talked about SMART goals—that is, Specific, Measurable, Achievable, Realistic, and Time-Bound goals. This tactic is the crux of long-term health and wellness change.

The American Psychological Association also offers its insights on making lasting, positive lifestyle and behavior changes. Beyond setting goals and making a comprehensive plan for change, encourage patients to start small. Break down goals into small, manageable steps that are specifically defined and



can be measured. Set small daily, weekly, and monthly goals with patients to encourage consistent progress.

While it can be tempting to tackle multiple goals or behaviors at once, remind patients that many people run in to problems if they try to change too much too soon. To improve success, focus on one goal or lifestyle change at a time. As new healthy behaviors start to become habits, work with patients to add another goal or change.

Lastly, ongoing support is crucial to change, be it a friend, family member, or coworker to help the patient stay motivated. Of course, the practitioner should be a consistent source of support, and should encourage patients to accept help when they need it. Support groups, group classes, and other community settings may be a referral opportunity should the patient need additional support during coaching.

Making changes takes time and commitment. Practitioners should help patients keep perspective through the coaching process. No one is perfect. Minor missteps are bound to happen on the road to change, but the important thing is to get back on track. Remind patients to be kind to themselves and to be patient.

## Comparison coaching

Patients often come in wanting what other people have—they see others in their day-to-day lives or on social media that have what they want, and they feel like they've fallen behind or are not worthy of achieving their goals.

Comparison coaching is a technique that helps patients focus more deeply on their own goals and learn to avoid comparison on their health and wellness journey. It allows patients to understand what triggers comparisons and shift their focus to their own vision and life purpose.

This style of coaching also includes developing a personal plan and map for success, as well as techniques for self-focus, building self-confidence, and establishing comparison-free mindsets.

## Team coaching

In integrative medicine, there has been an increasing interest in community health and wellness. The idea is one practitioner or coach can guide and mentor many patients at one time, and the group setting offers opportunity for feedback and support from peers that cannot be achieved in a one-on-one setting.

As with individual coaching, team coaching should focus on the patients' "how," their goals and map to results. An effective coach will use the group dynamic, relationships, shared experiences, and interpersonal awareness to their advantage and facilitate a positive group experience.

Practitioners in group settings will need to shift their thinking from individuals, to facilitating learning for the team as a whole. Identify ways for patients to gain insights and practice different behaviors in the context of the group's goals.

Group and team dynamics are often unpredictable, so specific training on facilitating group dynamics is necessary for practitioners in these settings. Groups can be powerful milieus for supporting health behavior change.

Team coaching presents its own set of challenges, so practitioners should be patient and persistent. A positive team dynamic takes time to develop, but can be an effective source of support for lifestyle change.



# CASE STUDY

## Meet Sally



Sally is a 62-year-old Caucasian female who has been seen in clinic for several years. She is married and has three adult children who are all married and now living in other states. She recently retired from the bank she worked at for over 30 years.

Sally has always struggled with her weight. Two years ago, she was diagnosed with fibromyalgia and has had a difficult time managing this condition. Since retiring, she has gained an additional 15 pounds and her pain symptoms have increased.

The practitioner has offered health coaching in the past, but this time Sally asks about the option. The compassionate relationship already established opens the door for her to share more. She tearfully tells the practitioner that her middle daughter is expecting their first child, Sally's first grandchild. Her increased pain and weight gain has made it difficult for her to travel, but she is determined to be able to travel easily to see her grandbaby and wants to be helpful to her daughter.

## Beginning Lifestyle Coaching: Values and Goals

Sally has already identified her personal values of wanting to stay connected to her grandchild and daughter. The first coaching appointment focuses on connecting this to her health goals. Using empathy, the practitioner already sees that previous conversations with Sally about losing weight were not as meaningful as her desire to be able to travel to see her children and grandchildren.

**With this information, the practitioner starts the first coaching appointment reflecting on what is important to Sally, uses change language, and assesses Sally's readiness to change:**

**Practitioner:** *When we last talked, you identified that you wanted to start coaching to be able to feel good enough to travel to see your coming grandbaby. I know how important family is to you. Tell me more about that?*

**Sally:** *Yes, I've been on so many diets and lost weight in the past – you've seen that. But, nothing has ever stuck and since I retired I have put on the most weight ever. I know it is affecting my fibromyalgia and, with this baby coming, I have to get this under control. I really want this more than ever.*

**Practitioner:** *So, you want to make this healthy change so that you can be there for your daughter and this new grandbaby? That sounds like a great reason to make some healthy changes.*

**Sally:** *Yes! My husband is really supportive too. I even went out and got some new walking shoes last week and he said he would start walking with me in the evenings.*

**Practitioner:** *That is great news. It sounds like you aren't just thinking about change, but have actually started to make some plans. We call that the preparation stage which is a great place to start. I'd like to start establishing some goals that we can work on. Have you ever heard of SMART goals?*



## From here, the practitioner helped Sally identify the goals of:

1. **Walking five days per week for a minimum of 20 minutes either on the treadmill or outside when weather permitted.** Sally initially thought she wanted this to be seven days per week, but after discussing further she realized it would be hard for her to do this without her husband on the two days he works late. They decided she would keep track of when and for how long she walked in her calendar.
2. **Replacing at least one food item with an anti-inflammatory food item each week.** The practitioner provided Sally with a list of anti-inflammatory food choices. Together, they went through and highlighted the foods Sally likes to make it realistic for her.
3. **Practice mindful eating for one meal or snack per day.** This goal was something Sally wanted to challenge herself with. She tracked this by also marking this on her calendar. Initially, she chose to do this for her smallest meal of the day to make it achievable.



Over the course of the next few months, Sally made significant progress and was able to lose weight and sustain the changes. Using measurement tools, Sally and her practitioner could see the decrease in her pain weekly which was motivating for her. They developed the routine of starting each session with a short mindfulness practice and then reviewing the past progress and struggles.

Sally did experience set-backs and resistance at times, particularly around the holidays. However, her practitioner knew to anticipate this and was able to see things through Sally's eyes and help her through these rough spots.

Sally was able to be there for the birth of her granddaughter after losing all the recent weight she had gained and then some. She has also become an avid walker and significantly changed her diet. She reports that she feels better than she has in years.



# SAMPLE CLIENT INTAKE FORM

## Worksheet

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Significant Other's Name \_\_\_\_\_ No. of Children: \_\_\_\_\_

Name(s) and Age(s) of Child(ren): \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

### Coaching Intake Questionnaire

1. What do you hope to achieve from coaching?

\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any specific goals or concerns?

\_\_\_\_\_  
\_\_\_\_\_

3. How will you know when you have achieved these goals?

\_\_\_\_\_  
\_\_\_\_\_

4. Why are you seeking coaching now?

\_\_\_\_\_  
\_\_\_\_\_

5. How best can I/we coach you?

\_\_\_\_\_  
\_\_\_\_\_

6. What can you tell me about your learning style?

\_\_\_\_\_  
\_\_\_\_\_

# SAMPLE SMART GOALS WORKSHEET

## Worksheet

CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**S**pecific: What exactly do you want to do?

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**M**easurable: How will you track your progress?

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**A**chievable: Is this a realistic goal for me? Do I have what I need to make this possible?

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**R**ealistic: Why am I doing this? Does it truly matter to me?

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**T**ime-Bound: When will I have this completed?

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### Summary of Action Steps

Break down the SMART goal above in to manageable action steps.

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# SAMPLE LIFESTYLE COACHING AGREEMENT

## Worksheet

CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

This agreement, between coach \_\_\_\_\_ and the above-named patient, will begin on \_\_\_\_/\_\_\_\_/\_\_\_\_ and will continue for a minimum of three months. Appointments may be scheduled by calling our office during normal business hours.

The fee for the initial meeting is \$\_\_\_\_\_, and the fee for the initial three months is \$\_\_\_\_\_ per month, payable in advance each month. Late appointments will non-refundable and are non-transferrable. Missed appointments are non-refundable but transferrable with \$\_\_\_\_\_ one-time fee.

The services to be provided by the coach to the client are coaching as designed jointly with the client. Coaching, which is not advice, therapy, or counseling, may address specific personal projects, business successes, or general conditions in the client's life or profession. Upon completion of the three months, coaching will convert to a month-to-month basis. The client and coach agree to provide each other with fourteen-day notice in the event either wishes to cancel further services. It should be noted that the monthly fee is calculated based on an average of four weeks per month.

The coach promises the patient that all information provided to the coach will be kept strictly confidential. Throughout the working relationship, the coach will engage in direct and personal conversations. The patient can count on the coach to be honest and straightforward in asking questions and making requests. The patient understands that the power of the coaching relationship can be granted only by the patient, and the patient agrees to do just that: have the coaching relationship be powerful. If the patient believes the coaching is not working as desired, the patient will communicate that belief and take action to return the power to the coaching relationship.

Our signatures on this agreement indicate full understanding of and agreement with the information outlined above.

\_\_\_\_\_  
Patient Signature and Date

\_\_\_\_\_  
Coach Signature and Date



# LIFESTYLE COACHING CHECKLIST

## Worksheet

CLIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

This worksheet is intended to help practitioners who are coaching a patient for this first time. The goal is to facilitate the initial intake and discussion so the practitioner fully understands the patient's goals, and the patient is aware of what they can expect from the coaching process.

- ☐ **Welcome Client:** Explain the goals of today's session and review intake questionnaire
- ☐ **Administrative:** Make sure you have all of the paperwork and payment
  - ☐ Client information sheet?
  - ☐ Client goals sheet?
  - ☐ Client agreement?
  - ☐ Payment (for first session/series/program); confirm billing information
  - ☐ Review key points of agreement: missed or late appointments, fees, scheduling appointments, confirmations
  - ☐ Schedule next 2-3 appointments
- ☐ **Coaching Process:** Review what patients can expect from coaching
  - ☐ What is coaching?
    - Coaching is a collaborative relationship
    - The patient is the expert and is in charge of their experience
    - Coaching is 100% confidential and nonjudgmental
    - Coaching is not counseling or therapy
  - ☐ Your coaching philosophy
  - ☐ What coaching involves:
    - Session structure
    - Their goals and focus may change
    - Ups and downs are normal
    - Patient decides goals and how or when to end coaching
  - ☐ Role of Coach:
    - Set your boundaries (i.e. returning phone calls and e-mails within one business day)
    - I will:
      - Help you set, clarify, and maintain focus on your goals
      - Hold you accountable for what you say you're going to do
      - Help you establish solutions and strategies
      - Encourage and support you even when you may not
      - Help you raise your self-awareness
  - ☐ Role of the client:
    - Be honest and open (and tell me when you can't be)
    - Be willing to adopt a more positive outlook on self and life
    - Be fully accountable for your life, decisions, and actions
    - Be responsible for your results
  - ☐ How do you want to be coached?
    - Review learning style
  - ☐ Do you have any questions about the coaching process?
- ☐ **Visit Summary:** The client should leave feeling they have been coached and have at least one action step to work on.
  - ☐ Client history:
    - Review values, vision, goals
    - Ask them to, "tell me a little more about yourself?"
  - ☐ At least one action
    - Client chooses based on goals and action steps
  - ☐ Feedback: Ask, "what was your biggest win from the session today?"

# RESOURCES

- [The basics of mindfulness meditation](#)
- [Deepak Chopra offers six pillars of wellbeing](#)
- [Integrative Health Coaching and Motivational interviewing: Synergistic Approaches to Behavior Change in Healthcare](#)
- [Kitchen Table Wisdom: Stories That Heal](#)
- [Making lifestyle changes that last](#)
- [Physicians, Hospitals, and Pharmacies Statistics](#)
- [The role of spirituality in health care](#)
- [The trick to real and lasting lifestyle changes](#)
- [What Is Spirituality](#)

# CONTRIBUTORS



## JULIE LUZARRAGA, LICSW, DCSW

Reviewer

Julie Luzarraga is a psychotherapist and founder of Omaha Integrative Care, Nebraska's first integrative care center dedicated to providing integrative therapies for health and wellness. She received her Masters in Clinical Social Work from Boston College and has a Diplomate in Clinical Social Work. She is a member of the American Society for Reproductive Medicine and holds a Certificate in Integrative Mental Health. In addition to extensive training in trauma informed practices and mind body medicine, Julie has trained in yoga, Reiki, and mindfulness based therapies. She is a graduate of the Leadership in Integrative Healthcare at Duke University. Her background as a psychotherapist and licensed clinical social worker brings a unique perspective to her leadership role.

With over twenty years of experience as a clinical social worker, Julie specializes in many areas, including mind body medicine, depression, anxiety, trauma, mood disorders, infertility, loss and relationship issues. She is particularly passionate about working with executives and entrepreneurs on developing mindfulness and stress reduction practices to enhance creativity, productivity and living and working to one's full potential. In addition to her clinical work, Julie provides consultation to individuals and organizations looking to develop mindfulness skills as leaders and integrative business cultures.



## NANCY GAHLES, DC, CCH, RSHOM(NA), OIM

Foreword Author

Nancy Gahles is CEO and Founder of Health & Harmony Wellness Education and Center for Integrative and Holistic Healthcare, TeleHealth & Harmony and Spirit of Love~The Rockaway Sangha. She is a Chiropractor (Ret.), Certified Classical Homeopath, Certified Mindfulness Based Stress Reduction (MBSR) practitioner and Ordained Interfaith Minister in family practice since 1980 specializing in the stress that underlies disease, and pain management.

Gahles' unique method, the Triumvirate Technique, integrates the best of the mind/body/spirit disciplines including nanomedicine, diet and lifestyle, meditation, yoga/QiGong, breath/bodywork, cognitive behavioral techniques, spirituality in health and medicine, palliative care, and end of life issues and positive potential practice.

Gahles is a member of the Board of Directors & Federal Policy Committee member of the Integrative Health Policy Consortium; the Advisory Board, Integrative Healthcare Symposium; and a Partner for Health for Council for Homeopathic Certification. Gahles is Pres. Emerita of the National Center for Homeopathy. She is a freelance healthcare journalist, newspaper columnist, member of the Association of Healthcare Journalists, author of The Power of Self Care: A Common Sense Guide to YOUR Wellness Solution, and a public speaker and TEDXTalk presenter. Gahles practices in the New York City suburb of Rockaway Beach and via TeleHealth delivery.