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AMERICAN COUNCIL ON EXERCISE

# The Professional's Guide to Health and Wellness Coaching



Empower Transformation Through Lifestyle Behavior Change

# Table of Contents

<b>Authors</b> .....	<b>vi</b>
<b>Reviewers</b> .....	<b>xi</b>
<b>Foreword</b> .....	<b>xiii</b>
<i>Beth Frates</i>	
<b>Introduction</b> .....	<b>xiv</b>
<b>Studying for the ACE Health Coach Certification Exam</b> .....	<b>xvii</b>

## SECTION I: Foundation for Health and Wellness Coaching

*Reviewer: Natalie Digate Muth*

<b>Chapter 1: Role and Scope of the Health Coach</b> .....	<b>1</b>
<i>Cherie D. Pettitt &amp; Jessica A. Matthews</i>	
<b>Chapter 2: Core Components of Coaching</b> .....	<b>25</b>
<i>Leila Finn</i>	
<b>Chapter 3: Behavior-change Models and Theories</b> .....	<b>45</b>
<i>Barbara A. Brehm</i>	

## SECTION II: The Coaching Experience

*Reviewer: Leila Finn*

<b>Chapter 4: Skills and Methods for Supporting Lifestyle Change</b> .....	<b>71</b>
<i>Barbara A. Brehm &amp; Jessica A. Matthews</i>	
<b>Chapter 5: Considerations for the Initial Session</b> .....	<b>95</b>
<i>Beth Read</i>	
<b>Chapter 6: The Art of Coaching</b> .....	<b>119</b>
<i>Jessica A. Matthews &amp; Natalie Digate Muth</i>	

## SECTION III: Lifestyle Medicine

*Reviewer: Edward M. Phillips*

<b>Chapter 7: A Mindful Approach to Stress Management</b> .....	<b>143</b>
<i>Jessica A. Matthews</i>	
<b>Chapter 8: Nutrition for Health and Well-being</b> .....	<b>167</b>
<i>Natalie Digate Muth</i>	

<b>Chapter 9:</b> The Power of Physical Activity . . . . .	207
--	-----

*Sabrena Jo*

<b>Chapter 10:</b> Understanding Other Lifestyle Factors: Sleep and Substance Use . . . . .	251
--	-----

*Barbara A. Brehm*

## **SECTION IV: Chronic Diseases and Comorbid Conditions**

*Reviewer: John P. Porcari*

<b>Chapter 11:</b> Obesity . . . . .	283
--------------------------------------	-----

*James S. Skinner*

<b>Chapter 12:</b> Cardiovascular Disease. . . . .	313
--	-----

*Barry A. Franklin*

<b>Chapter 13:</b> Hypertension . . . . .	343
---	-----

*James S. Skinner*

<b>Chapter 14:</b> Diabetes . . . . .	363
---------------------------------------	-----

*Sheri R. Colberg & Jennifer E. Fassbender*

<b>Chapter 15:</b> Depression and Anxiety. . . . .	391
--	-----

*Sherry Pagoto*

<b>Chapter 16:</b> Additional Diseases, Conditions, and Considerations. . . . .	415
---	-----

*Sabrena Jo*

## **SECTION V: Professional Conduct and Establishing Your Coaching Practice**

*Reviewer: Pat Mathews*

<b>Chapter 17:</b> Professional Commitments and Considerations. . . . .	439
---	-----

*Michelle Zive*

<b>Chapter 18:</b> The Business of Health Coaching . . . . .	463
--	-----

*Linda Fogg-Phillips*

<b>Appendix A:</b> ACE Code of Ethics. . . . .	495
--	-----

<b>Appendix B:</b> ACE Health Coach Exam Content Outline . . . . .	501
--	-----

<b>Glossary</b> . . . . .	511
---------------------------	-----

<b>Index</b> . . . . .	537
------------------------	-----

# CHAPTER 6

# The Art of Coaching

**JESSICA A. MATTHEWS, DBH, NBC-HWC**

Senior Advisor for Behavioral Health Coaching, American Council on Exercise;  
Assistant Professor and Integrative Wellness Program Director, Point Loma Nazarene University

**NATALIE DIGATE MUTH, MD, MPH, RDN, FAAP, FACS, CSSD**

Senior Advisor for Healthcare Solutions, American Council on Exercise; Board-certified Pediatrician;  
Obesity Medicine Specialist, Registered Dietitian, and Certified Specialist in Sports Dietetics

## IN THIS CHAPTER

### **The Dynamic Nature of Coaching**

A Framework for Understanding Change

### **Exploring Values and Vision**

Establishing a Vision for the Future

### **Evoking Motivation to Change**

### **Designing a Plan for Behavior Change**

Setting Goals

Taking Action

Leveraging Strengths

### **Establishing Accountability**

Managing Discord in the Client–Coach Relationship

Providing Information and Resources when Requested

### **Evaluating and Adapting Goals and Plans**

The Value of Feedback

The Importance of Self-monitoring

Overcoming Barriers and Setbacks

### **Moving Toward Self-reliance**

Terminating the Coaching Agreement

### **Summary**

## LEARNING OBJECTIVES:

Upon completion of this chapter, the reader will be able to:

- ▶ Describe the awareness-choice-execution (ACE) cycle of change.
- ▶ Outline approaches for exploring clients' values and visions.
- ▶ Employ skills to effectively recognize and respond to sustain talk and change talk in order to evoke motivation to change.
- ▶ Explain the core components of designing a behavior-change plan.
- ▶ Describe different methods of accountability.
- ▶ Assist clients in developing and employing problem-solving skills and coping strategies to overcome barriers and manage setbacks.



### ACE LEARNING CENTER

If your study program includes the ACE Learning Center, visit [www.ACEfitness.org/MyACE](http://www.ACEfitness.org/MyACE) and log in to your My ACE Account to take full advantage of the ACE Health Coach Study Program and online guided study experience, which includes presentations in a variety of media to support and expand on the material in this text to facilitate learning and best prepare you for the ACE Health Coach Certification exam and a career as a health coach.

Health coaching is the skillful blend of art and science. While firmly rooted in well-established behavioral models, theories, and evidence-based approaches—as explored in Chapters 3 and 4—the practice of coaching is a fluid process that requires trust, curiosity, and commitment on the part of both the health coach and the client. While there are different skills and methods that can be employed to foster a meaningful client–coach alliance and create an environment ripe for transformative change, at the heart of coaching lies the opportunity to awaken clients to their true potential. Clients often seek the partnership of a health coach as a result of not yet being able to achieve the outcomes they desire (Kimsey-House et al., 2018). As such, ACE Certified Health Coaches must meet clients with **empathy** and **unconditional positive regard**, seeing within each client his or her unique strengths, abilities, and untapped potential for meaningful lifestyle change.

## The Dynamic Nature of Coaching

As explored in Chapter 2, coaching is a dynamic, growth-promoting partnership that centers on increasing clients' **awareness** and capacity for change. In order to most effectively serve as agents of change, health coaches must be fully present and engaged throughout the coaching process. This necessitates meeting clients with a compassionate and nonjudgmental spirit that supports clients not only in reaching their goals, but also in truly thriving in their everyday lives. Recognizing each client's current stage in terms of **readiness to change**, health coaches must be willing and able to “sit with” clients at whatever point they may presently be in their journey. Coaches must also fully respect the clients' **autonomy** throughout the coaching experience, honoring their freedom to choose if, when, and how they would like to go about moving toward, and continuing with, a behavior change.

Seeing each client as whole, resourceful, and capable of change, health coaches utilize effective communication skills to support clients in articulating what they envision for themselves in the future in terms of their health and well-being, and the steps they may take to go about getting there. Just as every client is unique, so too is each coaching session. Although the journey will unfold differently for each client, health coaches must take care to reinforce the client-centered nature of all coaching relationships, recognizing and respecting the client as the foremost expert in his or her own life. For many clients, this may be the first time they find themselves in the “driver's seat,” with full ownership and responsibility over their health and well-being after being told for years what they *should* do by other professionals and people in their lives. This is why it is important that the client and the coach take time to discuss the coaching process either during or prior to the initial session (see Chapter 5) to ensure expectations are clear in terms of the role, responsibilities, and commitments of both parties within the collaborative client–coach partnership.

The health coach serves in the role of a “guide on the side,” in which clients are supported and encouraged in their own self-discovery and self-directed action. This can prove challenging at first for many new health coaches, given their desire to help clients. Although often well-intentioned, this mindset commonly leads to the inadvertent adoption of an expert approach, focusing on what is wrong and seeking to lend advice to the client to help “fix” the issue. A coach approach instead utilizes a lens similar to that of **positive psychology**, as discussed in Chapter 3. Taking an optimistic and strengths-based approach, the focus of the coaching relationship centers on what is going right in the client's life, partnering with him or her to foster possibilities and to discover answers that support meaningful change and improved health and well-being (Moore, Jackson, & Tschannen-Moran, 2016).

Although there is structure to coaching sessions, the process is flexible and there is no exact script to follow. This necessitates that health coaches be comfortable not only in employing effective verbal and nonverbal communication skills and evidence-informed approaches to behavior change, but also in trusting their intuition in the process and empowering clients to do the same. When clients are able to trust themselves more deeply, meaningful and sustained change can truly be cultivated (Gorman, 2013).

## A FRAMEWORK FOR UNDERSTANDING CHANGE

Through the course of behavioral change, clients go through a predictable, though nonlinear, cycle of change. Much like the **transtheoretical model of behavior change** discussed in Chapter 3, the **awareness-choice-execution (ACE) cycle of change** offers another framework from which to recognize that behavior change occurs in phases, necessitating that the health coach tailor the approach to align with the client's readiness for change (Stober & Grant, 2006).

- ▶ **Awareness:** In this initial stage, clients begin to recognize and explore the gap between a current behavior and a desired behavior. From a coaching perspective, the use of effective communication strategies can help the client better understand and explore both his or her present state and a future **vision** of health and **wellness**. Additionally, health coaches can support clients in their own self-exploration, unearthing what is most important to them, as well as what is possible moving forward.
- ▶ **Choice:** When clients determine that a behavioral change is warranted and they have a desired outcome in mind, whether vaguely or very clearly defined (e.g., lose weight, quit smoking, and improve health), the health coach supports them in creating self-directed goals and cultivating a positive mindset that fuels and inspires long-lasting behavioral change. This process also includes identifying and leveraging strengths and abilities, and planning for successes and challenges that may be encountered as clients prepare to embark on their journeys toward change.
- ▶ **Execution:** With well-defined client-led goals in mind, the health coach and client can co-create and implement a personalized plan for well-being that enables the client to transform his or her vision and goals into meaningful action. Through this process, health coaches support clients in devising small, actionable steps toward goal attainment, and establishing a system for accountability and feedback. This helps enhance the client's knowledge, skills, and **self-efficacy**, thereby increasing the likelihood of success. Additionally, the health coach can support the client in regularly evaluating and adapting the plan, as necessary, in order to support continued progress and lasting behavior change.

## Exploring Values and Vision

At the foundation of lasting behavior change lie the client's **values** and vision for the future. Through the discovery of what is of deeper meaning and purpose to the client, greater clarity and insight can be gained around the client's **motivations**, desires, priorities, and personal reasons for change. This is of particular importance not only in supporting clients in the development of goals and plans around behavior change, but also in overcoming challenges



that may be encountered along the way. By clearly focusing on their values, clients are equipped with a “true north” by which to guide their behavior-change efforts.

A **values interview** is one powerful way for health coaches to explore a client’s values and guiding life principles within the context of the client–coach relationship. Miller and Rollnick (2013) recommend coaches utilize **open-ended questions** of varying complexity, such as “What matters most to you?” “What would you say are the rules that you live by?” and “If you were to write a mission statement describing your goals and purpose in life, what would you write?”

Sometimes clients may not be as readily able to articulate their values verbally. As such, health coaches may find that engaging in a structured activity, such as writing a personal mission statement or completing a personal values card sort may prove helpful.



## EXPAND YOUR KNOWLEDGE

### Personal Values Card Sort

Developed by Miller et al. (2011), the Personal Values Card Sort is intended to help clients clarify their own core values and consider how they might reflect those values in their daily lives. This free activity is available at [www.guilford.com/add/miller2/values.pdf](http://www.guilford.com/add/miller2/values.pdf).

To integrate this activity into the coaching environment, the coach invites the client to sort 100 cards, which list and define values ranging from achievement and challenge to beauty and art, into three to five piles based on how important each value is. This set provides five cards to designate piles:

- ▶ Not important to me
- ▶ Somewhat important to me
- ▶ Important to me
- ▶ Very important to me
- ▶ Most important to me

Next, the client identifies the five to 10 values that are most important. This might simply be the “most important” pile, unless it contains more than 10 or fewer than five cards. Then, invite the client to rank these top values, with 1 being the most important or central to him or her, 2 for the next most important, and so on. The cards are numbered to facilitate recording and retaining a person’s rated priorities.

The value of this process often lies in the interview that follows, although the card-sorting process can be useful in and of itself. Health coaches can find out more about clients’ core values by asking open-ended questions and following with **reflective listening**. Some examples of evocative questions may include:

- ▶ What does [insert specific value] mean to you?
- ▶ What makes this an important value for you?
- ▶ How have you shown this core value in your daily life?
- ▶ In what ways could you be even more true to this value?

This process can strengthen the coach’s understanding of the client and offer valuable insight into the client’s guiding principles for living.

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## ESTABLISHING A VISION FOR THE FUTURE

As the client's personal values are unearthed, the stage is set for him or her to explore what the future will look like if a behavior change were made. The coaching experience affords the client the opportunity and safe space in which to truly envision what is possible for him or her moving forward, irrespective of what has transpired in the past. It is within this safe and nonjudgmental place that the coach and the client can co-create an environment of greater trust, receptivity, and self-discovery, which leads to the leveraging of strengths and the generation of creative solutions that support lasting behavior change (Gorman, 2013). This is reflective of one of the foundational aspects of **appreciative inquiry**, which is further discussed in Chapter 4. Specifically, Whitney and Trosten-Bloom (2010) note that “through human connection—inquiry and dialogue—people can shift their attention and action away from problem analysis to lift up worthy ideas and productive possibilities for the future.”

The inquiry aspect of appreciative inquiry is rooted in a state of curious wonder and openness to change, in both the client and coach. This necessitates that health coaches be comfortable with not knowing what is best for the client, foregoing the need to set the agenda. Instead, coaches curiously and creatively explore with an open mind the possibilities and directions that exist for each client as they relate to igniting the client's vision for a more fulfilling life of enhanced health and well-being.

Coaches can ask powerful open-ended questions that are rooted in what is of value to clients, from which the client can begin to develop discrepancy between where he or she is presently and where he or she wants to be in terms of health and well-being. A **curious question** the health coach can ask in exploring the metaphoric gap that exists between the client's current health behaviors and his or her vision for the future is, “What needs to change in order to turn your vision of wellness into a reality?” This increased self-awareness and continued process of self-discovery can serve as a strong foundation from which the client can begin to thoughtfully articulate his or her own motivations and readiness for change.



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### THINK IT THROUGH

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Take a moment to envision your best future self as a health coach. Write four or five sentences that outline your future career, including the specific work that you will do, the clients with whom you will partner, how coaching aligns with your core values, and what your life will look like as a result of embarking on this career path. Imagine the best-case scenario for this outcome.

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## Evoking Motivation to Change

The process of evoking—a key component of **motivational interviewing**, as discussed in Chapter 4—involves exploring the client's motivation to change. This is the opposite of the typical client–professional relationship in which the “expert” (the professional) identifies the problem, tells the client what he or she is doing wrong, and then provides advice on how to fix it. Evoking empowers the client to make his or her arguments for change by strategically responding to **sustain talk** (e.g., barriers, challenges, and reasons that reflect a desire not to change) and highlighting **change talk** (e.g., reasons, motivations, and values that reflect a desire to change). This empowers clients to work through **ambivalence**, in which they acknowledge and express arguments both for and against change.

A critical skill for health coaches to develop is the ability to recognize change talk. There are different types of change talk, each offering a differing level of insight into a client's unique motivations. Miller and Rollnick (2013) offer the mnemonic "DARN CATs" as a way to categorize the various examples of change talk, and break down how they fit together. Specifically, the acronym DARN reflects the categories of change talk common among clients who are ambivalent about change (Table 6-1). These statements are broadly referred to as preparatory change talk and are considered to be precommitment, as they do not directly initiate behavior change, but rather lead in the direction of change (Rollnick, Miller, & Butler, 2008).

**TABLE 6-1****Types of Preparatory Change Talk**

	Examples
Desire	<p>"I want to exercise more regularly."</p> <p>"I would like to better manage my stress."</p> <p>"I wish I could improve my blood pressure."</p>
Ability	<p>"I could make healthier food choices at the grocery store."</p> <p>"I might be able to cut back on how much wine I drink in the evening."</p> <p>"I can make more of an effort to go to bed at a reasonable hour."</p>
Reasons	<p>"It would help me to have more energy throughout the day."</p> <p>"I might better manage my blood sugar levels."</p> <p>"It is important to me to be able to play with my grandchildren."</p>
Need	<p>"I need to quit smoking."</p> <p>"I must get more sleep."</p> <p>"I've got to lose weight."</p>

In addition to listening for these types of statements, health coaches can also evoke clients' desires, abilities, reasons, and needs for change using powerful open-ended questions. The following examples center on a client who expresses interest in, and ambivalence toward, following a healthier eating plan.

- ▶ "What would you like to change about your eating habits?" (desire)
- ▶ "How might you go about making healthier food choices, if you decided to?" (ability)
- ▶ "What are your top three reasons for wanting to eat healthier foods?" (reasons)
- ▶ "How important is it for you to eat more healthfully?" (need)

While it is exciting for coaches to hear clients engage in change talk, it is not uncommon to also hear such precommitment statements coupled with sustain talk. Health coaches must realize that this is a normal part of the awareness process for clients who are ambivalent about change. It should not be interpreted as the client being difficult or resisting. Rather, when confronted with the reasons clients offer to advocate for keeping things as they are, it is important for the coach to first and foremost emphasize the client's autonomy. The coach must recognize and respect that it is ultimately up to the client if change occurs.

Reflective listening is a particularly powerful skill in responding to sustain talk, as it often offers clients an opportunity to engage in the change talk that lies just on the other side of their ambivalence. While there are different types of reflections (see Chapter 4), utilizing double-sided reflections in which the client's sustain talk and change talk are acknowledged and combined in the same sentence using a conjunction ("and" or "but") can be especially helpful. For example, "You often don't have time to meditate and when you meditate you feel calmer and less stressed." According to Miller and Rollnick (2013), when utilizing a double-sided reflection, it is ideal to acknowledge the sustain talk first before highlighting change talk, as this particular approach often elicits more movement in the direction of change.

The health coach can also respond to sustain talk by **reframing** what the client has shared in order to offer a different perspective. For example, a client with **hypertension** may say to the health coach, "My husband is always hounding me to take my blood pressure medication." The health coach can consciously choose to respond by inviting the client to consider, in a noncombative way, a different point of view on what has been described. In this example, the coach might say, "He must really care about you."

For clients who are still weighing the pros and cons associated with change, health coaches may find it beneficial to also utilize open-ended questions, such as "What could be the positive results of changing now?" to help clients work through ambivalence and commit to making a change.



## APPLY WHAT YOU KNOW

### Practical Approaches to Evoke Change Talk

Miller and Rollnick (2013) offer several approaches that health coaches can employ to evoke change talk. The intention with each approach is to support clients as they talk themselves into change.

- ▶ **Using the importance ruler:** As a client moves through ambivalence and develops an increasing commitment to change, the "importance ruler" can help to gauge the client's perceived importance of the change. The coach may ask, "On a scale of 1 to 10, with 1 being not important at all and 10 being extremely important, how important is it to you to make this change?" The key to this technique is the follow-up question after the client provides a number: "What led you to choose a 7 and not a 5?" The answer will nearly always come as some formulation of change talk. On the other hand, if the coach asks "Why did you choose a 7 and not a 9?" sustain talk will ensue.
- ▶ **Querying extremes:** This method challenges the client to think about the best-case scenario (if a change is made) and the worst-case scenario (if a change is not made). This position often sparks change talk.
- ▶ **Looking back:** The client remembers a time prior to the current behavior that he or she is considering changing. This activity highlights the contrast between what life once was like and how it is today, usually triggering a desire to change and subsequently eliciting change talk.
- ▶ **Looking forward:** This process asks the client to envision what life will be like if the client successfully makes the change. This often leads to increased hope and motivation to change and, consequently, increased change talk.
- ▶ **Exploring values:** As discussed on page 123, asking clients to highlight the things that they hold most dearly in life can help to provide anchors for change and a source of motivation to move forward toward action.

As clients work through ambivalence and arrive at a point where they are ready to move forward in taking action toward change, the acronym CATs represents the types of commitment language often heard. These statements are commonly referred to as mobilizing change talk (Table 6-2) and signal a readiness on the part of the client to devise a plan for behavior change.

**TABLE 6-2****Types of Mobilizing Change Talk**

	Examples
Commitment	<p>“I will make exercise a regular part of my routine.”</p> <p>“I intend to make sleep a priority.”</p> <p>“I swear I will quit smoking this time.”</p>
Activation	<p>“I am willing to walk during my lunch break.”</p> <p>“I am ready to change my eating habits.”</p> <p>“I am prepared to cut back on the number of cigarettes I smoke.”</p>
Taking steps	<p>“I have started to meditate in the morning to help manage my stress.”</p> <p>“I attended two group fitness classes this week.”</p> <p>“I bought a new cookbook so I can prepare some healthier dinners.”</p>

## Designing a Plan for Behavior Change

A critical step in translating a vision of change into reality is the co-creation of a behavior-change plan by the client and the health coach. Careful attention must be paid to the methods and processes by which goals are developed and action steps are devised, as these two components play a crucial role in setting the stage for long-term success.

As clients become aware of their desire and readiness to change, they will begin to consider possible steps and approaches for doing so. To set the stage for the construction of a well-designed action plan, health coaches and clients can begin the creative and collaborative process of brainstorming (Moore, Jackson, & Tschannen-Moran, 2016). Health coaches encourage clients to consider all potential possibilities for change, and to approach the process of behavior change as an experiment. To maintain the creative and spontaneous nature of brainstorming, the coach should encourage the client to refrain from immediately evaluating the ideas and approaches that emerge. Then, once all potential options are identified, the health coach supports the client in assessing the options through the client's own expert lens, keeping the focus on what can be gained from the experience and how it aligns with his or her vision for the future. The client and coach can then co-create a plan, complete with specific goals, strategies, and small action steps that pave the path toward lifestyle change.

### SETTING GOALS

A review of health-coaching studies that elicited significant improvements in health-related behaviors such as physical activity, weight management, and nutrition found one of the most common features of effective programs is proper goal setting (Olsen & Nesbitt, 2010).

For goals to be meaningful and supportive of lasting change, it is imperative that clients create their own goals if and when they are ready to do so. This necessitates that health coaches not only forgo setting the agenda for the coaching experience, but also that they recognize and respect the client's current stage of change and desired objective, tailoring the session accordingly. As discussed in Chapter 3, there is no "one-size-fits-all" approach when it comes to progressing through the change process.

However, when clients are at a place where they are ready to move forward to establish defined behavioral goals, health coaches can most optimally support them by collaborating with them to devise goals that stretch them to new areas of opportunity that are aligned with their values and vision for the future. At the same time, it is important that the goals established be perceived as achievable by the client, as this combination boosts confidence and competence, fostering a commitment to consistent action. To ensure that goals are within reach and also thoughtfully defined, larger, longer-term goals (e.g., goals for a specific time in the future, such as in the next three or six months) should be broken down into smaller, ongoing **SMART goals**, which are specific, measurable, attainable, relevant, and time-bound (see Chapter 4).

To support clients in the goal-setting process, the health coach may use a **scaling** question to assess client confidence in reaching their self-determined goal. The confidence ruler, much like the importance ruler, asks a client "On a scale of 1 to 10, with 1 being not confident at all and 10 being extremely confident, how confident are you that you will be able to make this change?" The client's response and the coach's follow-up question (e.g., "Why did you choose 6 and not 4?") ensure that goals strike the right balance between being motivating and feasible. From this process of transforming abstract ideas into clearly defined goals that are congruent with what most matters to the client, a specific and realistic plan of action can begin to emerge.

## TAKING ACTION

Focusing on big changes can lead many clients to feel overwhelmed or intimidated at the outset of a behavior-change plan. Often, clients assume that the desired changes they seek to make will require big effort and vast amount of **willpower**, prompting a sense of uncertainty and a fear of failure. Lifestyle change is in many ways analogous to the law of inertia, which states that a body at rest tends to remain at rest, whereas a body in motion tends to remain in motion. Unfortunately, inertia is a major barrier to making behavioral changes. Interestingly, however, it is one of the easiest obstacles for clients to overcome. To do so, the client and coach can work together to develop and implement small steps that direct the client's energy to manageable and accomplishable actions that provide a clear roadmap to long-term success. Coaches can check in with clients as they determine the most appropriate actions to take, asking curious questions such as, "How does this action align with your values (or vision for the future)?" Once any type of action is taken, no matter how small, clients begin to overcome inertia, finding themselves with the momentum needed to not only meet, but exceed the initial modest goals they established. Having **mastery experiences** with small, ongoing goals helps enhance self-efficacy, while also catalyzing a continued approach for eliciting meaningful progress. It is important for health coaches to explore with clients the important role that time plays as an ally in behavior change, as it is ordinary effort on a day-to-day basis that can ultimately yield extraordinary results.

## How I Cracked the Code for Creating Habits

**BJ Fogg, PhD**  
Stanford University  
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I began playing around with new ways to change my behavior in early 2011. That led to a breakthrough I now call the Tiny Habits® method. It all started one day when I had this insight: “Hey, BJ, you already know how to floss all your teeth. What you haven’t mastered is how to floss every day, automatically.” I set out to find a solution.

### Simplicity Matters More than Motivation

As I was looking for my solution, I’d already developed the Fogg Behavior Model. That framework shows that if a behavior is really easy, you do not need much motivation to do it. However, if the behavior is hard, you need a lot of motivation.

My research showed that motivation could be unreliable, going up and down moment by moment. I was wary about relying on motivation. It was natural for me to make simplicity a big part of my solution.

I scaled flossing back to the simplest form: floss just one tooth. At the time, this sounded ridiculous to me, but I reminded myself: I did not need to learn to floss all my teeth. Instead, I needed to focus on making flossing automatic.

### Emotions Create Habits

The next insight—the role of emotions—was something of an accident. I knew that if I felt good about flossing one tooth, I’d keep doing it. Each day as I flossed, I thought the following: “If everything ends up awful today, at least I did one thing right: I flossed one tooth. Good for me—Victory!”

The speed of habit formation is directly related to the immediacy and intensity of emotions you feel. Back then, I used “Victory!” a lot. That



was my goofy celebration. Today I have many ways to celebrate my Tiny Habits, but even my rudimentary “Victory!” worked well, because it made me feel good, like I was succeeding. Soon, flossing became a solid habit.

### Hacking More of My Behaviors

I then started applying this behavior hack—make it simple and celebrate it—to other behaviors I wanted: drink more water, eat veggie snacks during the day, and so on. I knew that making the behavior tiny was a good thing. If it was small, I had no excuse not to do it and I didn’t need much motivation. I also knew that saying “Victory!” after doing the behavior made me want to do the behavior again. I had solved two important pieces of the puzzle:

- ▶ Make the new behavior you want really small.
- ▶ Celebrate doing the behavior immediately.

### Put New Behavior “After” an Existing Routine

I knew there was still a piece missing: How do I remind myself to do the tiny behavior? I didn’t try using reminder notes, because I knew that approach wouldn’t scale. One day, I went into my bedroom to dress after taking a shower. I was doing a typical sequence of behaviors—my

routines. Then it happened: I opened my sock drawer and this word struck me: after. The final piece of the habit puzzle came from this realization: “You won’t be able to form habits quickly until you know what the new behavior comes after.”

In the Tiny Habits method, you pair the new tiny behavior (e.g., flossing) with an anchor (e.g., brushing your teeth). If you pair it well, the tiny behavior flows easily after the anchor. The Tiny Habits recipe is simple: After I \_\_\_\_\_, I will \_\_\_\_\_.

### Anatomy of a Tiny Habit

#### 1. Anchor Moment

An existing routine (like brushing your teeth) or an event that happens (like a phone ringing). The Anchor Moment reminds you to do the new Tiny Behavior.

#### 2. New Tiny Behavior

A super simple version of the new behavior you want, such as flossing one tooth or doing two push-ups. You do the Tiny Behavior immediately after the Anchor Moment.

#### 3. Instant Celebration

Something you do to create positive emotions, such as saying “Nicely done!” You celebrate immediately after doing the new Tiny Behavior.

push-ups? I need to floss all my teeth. I want to do 20 push-ups so I can get strong.

I explain: What you’re doing at the early stage is building automaticity. If you make the new behavior painful or hard in any way, your brain will find ways to stop you from doing it. You will conveniently “forget,” or you’ll find some excuse. So you need to start very small. Tiny Habits grow naturally to their expected size.

In the Tiny Habits method, you allow the tiny behavior to grow naturally. You do not force it. It is a lot like growing a small plant: You cannot force it to grow. Just keep nurturing it and making sure the environment is conducive to growth. I believe this metaphor is perfect for how habits form: “If you plant the right seed in the right spot, it will grow without coaxing.”

The “right seed” is the tiny behavior that you want. The “right spot” is the sequencing—what it comes after. The “coaxing” part is amping up motivation, which I think has nothing to do with creating habits. In fact, focusing on motivation as the means to habits is exactly wrong. Let me be more explicit: If you pick the right small behavior and sequence it right, then you won’t need to motivate yourself to have it grow. It will just happen naturally, like a good seed planted in a good spot.

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#### Resources for Learning More

For more information, see [www.bjfogg.com](http://www.bjfogg.com)

To check out the Tiny Habits method for yourself, see [www.tinyhabits.com](http://www.tinyhabits.com)

#### Success Makes Tiny Habits Grow

Some people ask this question: Well, what’s the use of flossing just one tooth or doing just two



### THINK IT THROUGH

To experiment with cultivating tiny habits that set the stage for meaningful and lasting behavior change, go to [www.tinyhabits.com](http://www.tinyhabits.com) and sign up to complete a free five-day “Tiny Habits” coaching session. At the conclusion of the five days, reflect on the experience, considering how this might influence your work as a health coach.



## LEVERAGING STRENGTHS

As discussed earlier in the chapter, it is important to recognize that the coaching process is not about identifying “bad” behaviors and “fixing” what has gone wrong in the past. Rather, the health coach looks ahead with the client to draw on current strengths to successfully change. It is worth noting that a person’s sense of strength is a key determinant of behavior (Moore, 2013). The field of positive psychology embraces this notion, recognizing that the most effective coaches are the ones who work with clients using **strength-based coaching** to uncover the answers and abilities that lie within the clients. When coaches encourage clients to leverage their own strengths, habits, attitudes, and past successes, clients can take the lead and design goals and action plans that are rooted in their own unique values and vision. Some questions that the coach can ask to help clients recognize strengths and abilities that lie within include:

- ▶ What did you learn from a previous experience that could support your efforts now?
- ▶ How did you successfully handle a similar situation?
- ▶ About what aspects of your life do you feel best?
- ▶ What do you know about yourself that could help you take action?
- ▶ What strengths do you feel will be most useful to make progress toward your goal?
- ▶ What unique talents could you bring to the situation?

## Establishing Accountability

Accountability is a clear and specific method for measuring action and providing a means for reporting on learning (Kimsey-House et al., 2018). Accountability can be provided through various approaches, including designated check-ins at the start of each coaching session, email or text message follow-ups between sessions, entering data into an app or online platform, or using social media. The best means of establishing accountability is one that the client chooses, as it is important for both coaches and clients to be clear on the fact that clients are ultimately accountable to themselves—not to the coach (Jordan, 2013). As such, health coaches can support clients in exploring and structuring an accountability system that they feel is best suited for them. To facilitate this, coaches can ask open-ended questions such as, “How would you like to be accountable for that?” “How will you track your progress?” and “How can I help you to be accountable to yourself?”

Early on in the coaching relationship, the coach and the client often establish the most helpful and desired approach to ensure accountability. If both determine that check-ins between sessions are most ideal—by phone, text, email, or video conference—clear parameters must be established and agreed upon to ensure expectations are managed, and appropriate professional boundaries are maintained. While these are important considerations, of equal or even greater importance is that accountability be built into the coaching relationship from the onset, including through the development of SMART goals, actions plans, and even potentially outlined in the coaching contract.

While accountability certainly can be beneficial in tracking progress toward goals, it also can provide clients the dedicated time and space to reflect on if and how the goals and action steps they devised are in alignment with their overall vision for improved health and wellness. It is important to keep in mind that the intention of establishing systems of accountability is not to

judge what was or was not accomplished by the client. Rather, the objective is to provide the client with an opportunity to give an account of what they committed to, reporting on their action and learning (Kimsey-House et al., 2018).

An environment of accountability empowers clients to take action and explore the obstacles and perceived barriers to completing a goal. Through this exploration, clients may discover that they face the same obstacles with a variety of endeavors (e.g., time management). Coaching can help clients unveil and overcome counterproductive habits that are interfering with attaining their goals and personal vision.

Accountability within the client–coach partnership serves to genuinely celebrate clients' efforts and progress while also empowering clients to reach their goals more efficiently through continued evaluation and experimentation. As with other **affirmations** that serve to highlight clients' strengths and successes, it is most impactful to frame statements around the client (“you”) as opposed to the coach (“I”), as noted in Chapter 4. For example, as opposed to the health coach saying “I’m glad you got that done,” the client can be better supported with a statement such as “You seem pleased with your results and effort”; this reinforces the client’s **intrinsic motivation** and strengthens **self-reliance**.



## APPLY WHAT YOU KNOW

### Methods to Establish Accountability

There are many different means of accountability that clients may choose to employ, including the following:

- ▶ **Task completion:** Clients often establish a goal at the end of a coaching session, committing to a “homework” assignment that will help them to move in the direction of that goal. For example, a client may choose to turn off all personal electronic devices an hour before bedtime in an effort to achieve seven hours of quality sleep. In this scenario, the client may choose to keep a journal of his or her progress and will generally verbally update the coach in a subsequent session regarding what worked, what did not work, and what he or she may continue to do or perhaps do differently moving forward. The use of apps or wearable devices to account for the completion of action steps (e.g., tracking the number of steps taken throughout the day) can also prove helpful and serve to provide the client with more self-directed accountability.
- ▶ **Surveys:** Not every client is ready to take “action” to achieve behavioral change. In some cases, the act of gaining more information to help establish a goal or move toward being ready to change is more powerful than agreeing to a behavioral change. One way a client can gain more information is with a survey. Surveys are generally used to collate opinions about an idea, product, or program. For example, a client may wonder about an app to support stress management (e.g., “I want to download a **meditation** app, but I’m not sure which one would be best for me.”) The client may opt to informally or formally survey others (e.g., friends, family, coworkers, or online community) in order to learn more about a specific area of change. The health coach can support the client to conduct such a survey by asking, “What would support you in gathering the information you need by the date you specified?”

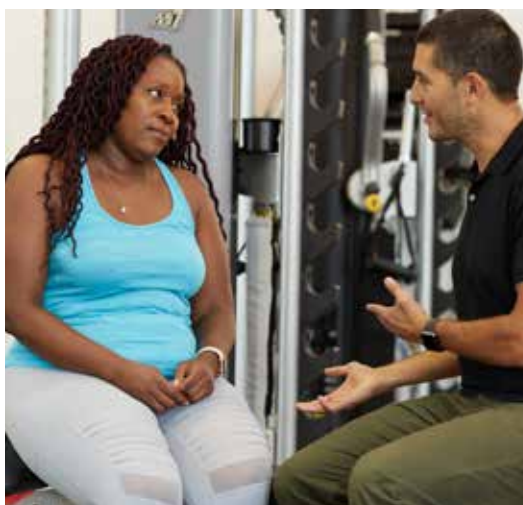
- ▶ **Research:** Given the current age of technology, there are endless ways to access information and acquire new knowledge. The resources that clients have access to and are willing to use may be revealed via the coaching process. For example, when seeking to make nutritional changes, a coach might ask, “How might you get more information on the best types of organic fruits and vegetables to buy?” If the client responds, “I could go online and look it up,” the health coach can follow, “How would you go about completing your online search?” “When might you work on that?” and “How would you like to be accountable for conducting this research?”

## MANAGING DISCORD IN THE CLIENT-COACH RELATIONSHIP

Despite the best of intentions, a coach and client will occasionally experience discord and conflict in the partnership. Miller and Rollnick (2013) emphasize the importance of quickly identifying and addressing signs of discord in a collaborative relationship. The following are four signs of discord:

- ▶ **Defending:** This is when the client begins to deflect blame (“it’s not my fault”), minimize the situation (“it’s no big deal”), or justify decisions (“this just makes the most sense”). People defend when they feel threatened. If a client begins to defend actions, it is likely the person feels attacked or threatened by the coach.
- ▶ **Squaring off:** This is a signal that the client feels like he or she is in an adversarial relationship with the coach. Typically, squaring-off statements come in the form of “you” statements, such as “you don’t understand,” “you don’t know what it’s like to be me,” or “you’re wrong.”
- ▶ **Interrupting:** When a client frequently interrupts a coach, it may be a sign that the client feels the coach is talking too much, does not understand, or is not listening.
- ▶ **Disengagement:** Disengagement is marked by poor eye contact, distracted behaviors such as looking at a phone or text messaging, or not participating in the conversation.

Regardless of the specific type of discord, the most important step a coach can take is to recognize discord and respond to it immediately. Coaches can address discord with strategies such as reflective listening (see Chapter 4), apologizing when appropriate (“I’m sorry I misunderstood,” “I understand that I may have insulted you,” or “I didn’t mean to lecture you”), affirming the client’s autonomy and resourcefulness (“You are best positioned to make this assessment” or “I see how important this is to you”), and shifting focus away from sensitive topics, when appropriate. Health coaches should also be cognizant of their tone of voice, as well as their use of questions that begin with the word “why.” Depending on the context, this may be interpreted by clients as being accusatory, blaming, or shaming in nature.



Discord commonly presents when making a difficult change. It is not an automatic sign of a failed client-coach partnership. However, in some cases, discord may not be easily remedied, or it may be ongoing across multiple sessions. In these cases, it may be worth exploring with the client if there is another professional who may be better able to support the client in his or her change journey. If this occurs, it is incumbent upon the coach to offer recommendations and attempt to facilitate the transition.

### PROVIDING INFORMATION AND RESOURCES WHEN REQUESTED

As clients explore possibilities and work toward implementing and adhering to behavior-change plans, there undoubtedly will be times when health coaches are directly asked for specific information as part of clients' desire to increase their knowledge and skills. While the practice of health coaching is different from that of consulting or advice giving, as commonly seen in more of a **directing style**, there are ways in which health coaches can effectively respond to clients' requests for information, while emphasizing their autonomy and maintaining a coach approach. Although this is to be done infrequently, it is important that health coaches acknowledge and honor clients' direct requests for information, as doing so ensures that the client feels heard and valued in the client-coach relationship. This also conveys to clients that the coach shares the same mission of helping them achieve sustainable behavior change.

To ensure that the process centers on active learning and continued self-discovery, as opposed to the passive dissemination and receiving of information, health coaches may employ the **elicit-provide-elicit** model, as outlined Chapter 4. In this approach, clients are first asked respectfully and curiously about what they know about the topic on which they are seeking more information, as this offers a more collaborative approach to which people tend to respond more favorably (Miller & Rollnick, 2013). An example of a question the health coach might ask includes "What have you been wondering about this topic that I might be able to clarify for you?" The coach then takes great care to build off the client's existing knowledge, asking for permission to provide specific and concise information that will be of most value and use to the client. When sharing information, it is best to tailor the content and the delivery to match the client's strengths, needs, and individual learning style (Miller & Rollnick, 2013). Additionally, it is advantageous to offer several possible scenarios that clients may select from or adapt as they best see fit. It is imperative that the coach remind clients that it is always their choice whether or not to accept the information provided. Finally, after providing the information, the coach checks back with the client to assess understanding and discuss potential next steps. Examples of open-ended questions the health coach may ask include, "What do you feel would be a good next step?" and "Of these possibilities, which one might be best for you?"

### Limiting Self-disclosure

The role of a health coach is to support clients as they establish and fulfill their own agendas. There may be many instances when clients seek guidance on topics where the coach has had personal experience in a similar situation, or perhaps even professional experience with other clients working toward similar goals. While there may be temptation to share a helpful comment, particularly around strategies that have worked well for others, it is important that the health coach bear in mind that he or she has limited knowledge of what it is like to be the

client. Sharing personal opinions, experience, suggestions, warnings, or expertise should be done sparingly during coaching, and only at the direct request of the client.

Miller and Rollnick (2013) suggest that coaches carefully evaluate whether sharing a piece of information is likely to be helpful to the client. A few occasions when **self-disclosure** may be helpful include the following:

- ▶ To promote trust in the client–coach relationship
- ▶ To model openness and encourage reciprocity of disclosure from the client
- ▶ To answer a client’s direct question
- ▶ To affirm the client’s experience

Unless disclosure fits into one of these categories, the coach is typically better off not sharing personal experiences in order to keep the focus of the coaching experience on the client.

### Supporting Clients in Identifying and Accessing Resources

There may be times when the specific information the client requests extends beyond the relevant knowledge or in-depth experience the health coach personally has. It also may fall outside of the health coach’s **scope of practice** altogether. In such cases, it is important that the coach assist the client in terms of providing referral to another medical, health, wellness, or exercise professional who can deliver the specific information or service the client is seeking (e.g., connecting a client with a **registered dietitian** to discuss a personalized meal plan). In keeping the client’s best interests in mind, while simultaneously mitigating the potential for any legal issues, it is imperative that health coaches be clear on their scope of practice and areas of expertise, as well as the scope of practice of other professionals. Developing and maintaining strong professional relationships will ensure that clients receive the support they need when they need it. See Chapter 1 for more information on establishing a referral network.

In addition to connecting clients with other professionals as appropriate, health coaches support clients in their behavior-change journeys by identifying systems of support. **Social support** provided by people such as friends, family, and support-group members can offer valuable encouragement for the client’s actions and intentions, helping to enhance motivation and confidence. Additionally, social support has been shown to be a strong predictor of life satisfaction (Siedlecki et al., 2014). Health coaches can consider utilizing open-ended questions such as, “What would be a good way to go about gaining the support that you need?” to get a greater sense of the client’s current and desired support network, which is valuable information in the process of planning for change.

Coaches can also support clients in the process of identifying and accessing credible, evidence-based resources from which to deepen their knowledge and explore new ideas, approaches, and possibilities. This preserves the client’s autonomy and helps increase **health literacy**. Much like the accountability approach taken when clients are researching options (as noted on page 132), utilizing open-ended questions such as “How could you get more information about that?” invites the client to consider various means by which to learn more about a topic, highlighting their own resourcefulness and their preferred methods for learning (see Chapter 2), while increasing personal responsibility and offering new insights to support goal attainment.

## Evaluating and Adapting Goals and Plans

In addition to empowering clients to establish visions and goals, health coaches support clients as they navigate the unfolding path toward goal attainment. This evolving process includes adjusting goals, adapting action steps, tracking progress, and overcoming struggles along the way. Coaches should take particular care to provide an unbiased, supportive environment that provides clients the time and space to continually evaluate goals, action steps, and systems for accountability in order to ensure that they are grounded in their overall vision for the future, as opposed to being something they believe they “should” do. In keeping with the theme of experimentation, the coach and client allow for the ongoing evaluation and testing of new innovations, and the implementation of improved redesigns along the way (Moore, Jackson, & Tschannen-Moran, 2016).

### THE VALUE OF FEEDBACK

As outlined in **goal-setting theory** (see Chapter 4), it is immensely beneficial for clients to receive feedback on their progress as they work toward their specified goals. Feedback should always be focused on behaviors and convey a genuine sense of non-judgment, as this can help increase clients’ awareness and in turn motivate their behavior (Gavin & McBrearty, 2013). As such, the health coach and client can collaborate to establish preferred methods, time frames, and topic areas for feedback.

Feedback within the coaching session is of value to both the client and the health coach. As specific topics arise throughout the experience, the client may directly ask the coach for feedback, or the coach may thoughtfully request the client’s permission to provide feedback, if it would be of value to him or her (e.g., “Would it be valuable to receive some feedback on this?”). In either scenario, it is important that the coach create an opportunity for the client to respond to feedback provided, offering their own thoughts, feelings, and perspectives (Gavin & McBrearty, 2013). Conversely, the health coach can ask for feedback from the client, specifically inquiring about the learning opportunities the client experienced, and how future coaching sessions could be structured to best support the client’s continued growth (Moore, Jackson, & Tschannen-Moran, 2016). Examples of open-ended questions that health coaches can use to elicit feedback from clients include, “What was the most valuable part of today’s session?” and “What can I do differently to best support you?”



### APPLY WHAT YOU KNOW

#### Practicing Self-evaluation

In addition to gathering feedback from clients, health coaches can greatly benefit from eliciting feedback from other health coaches. Whether working with a mentor coach or partnering with a peer, receiving objective feedback on one’s coaching skills and presence can prove tremendously valuable in terms of ongoing professional growth and development.

Another approach to feedback that is often overlooked is one’s own self-assessment. Create an audio recording of a coaching session (only with the client’s expressed written consent) and take time to openly and objectively listen to the session. This provides a unique opportunity to self-evaluate your skills. From this experience, you can thoughtfully reflect on areas of strength, as well as areas of opportunity that can foster an enhanced experience.

## THE IMPORTANCE OF SELF-MONITORING

Self-monitoring is one of the cognitive processes of **self-regulation**, which describes an individual's evaluation of his or her thoughts and feelings and how that information is then used to shape goals and behaviors. Self-regulation encompasses self-control and involves resisting impulsive behavior and making choices that align with one's values and vision.

Like willpower, self-control is a limited resource. Relying on it too heavily can make behavior change more challenging to sustain. As such, health coaches can support clients to cultivate an environment that is conducive to success. **Stimulus control** involves altering the environment to encourage healthy behaviors, making action-step completion and goal attainment as seamless as possible. For a client whose goal is to lose weight by engaging in healthful eating habits, especially during busy work days, a stimulus-control strategy he or she might identify may be to pack a healthy lunch in the evening to have nourishing food readily available at the office the next day.

Conversely, coaches can also explore with clients the specific cues, triggers, or situations that may encourage engaging in unwanted behaviors. For example, clients may identify cookies as a trigger to overeating. As a result, they may choose to refrain from keeping such food items in the house where they are readily accessible and more likely to be tempting.

As clients progress and adhere to their behavior-change plans, the health coach can utilize open-ended questions such as "What's helping you stay in this stage?" "What else could support you in your continued success?" and "What are your high-risk temptations?" These types of questions enable clients to acknowledge how far they have come, while also recognizing potential barriers and further reinforcing the habits they have cultivated, rather than relying on willpower alone.

It is worth noting that problem solving often evolves naturally from self-monitoring, as clients become aware of the situations that move them toward, or steer them further away from, their specific goals. Through self-monitoring, clients can articulate new action steps and adjust plans as needed to promote continued progress.

## OVERCOMING BARRIERS AND SETBACKS

As individuals work toward their goals, there will undoubtedly be barriers and challenges to overcome, including **negative self-talk** and self-defeating behaviors (Grant, Curtayne, & Burton, 2009). As opposed to dwelling on the causes of barriers and setbacks, health coaches can work with clients to mobilize internal resources, leverage strengths, and devise new ideas in order to overcome challenges and continue moving forward (Moore, Jackson, & Tschannen-Moran, 2016).

It is helpful for coaches to acknowledge with clients that long-term change always involves a few steps forward and then backward in order to go forward again. As such, the health coach and client can seize the opportunity to celebrate



the client's efforts and to focus on the insights gleaned from the learning experience, in times of both setback and success. A curious question the health coach can ask a client is, "What have you learned from this experience that will help you going forward?"

### Shifting Perspectives

Although setbacks regularly occur, one of the most transformative aspects of the coaching experience is the opportunity to awaken clients to new perspectives on such experiences. As opposed to seeing challenges and **lapses** as failures or personal shortcomings, coaches can support clients in reframing their perspective by asking, "What is another way of looking at this situation?" According to Fredrickson (2013), individuals who experience and express positive emotions (e.g., optimism) tend to have higher degrees of resourcefulness and **resilience**, even in the face of adversity.

The coaching environment serves as a safe space in which clients can challenge assumptions and address current patterns of thinking. For example, some clients **relapse** as a result of the all-too-common "all-or-nothing" belief about behavior change, as discussed in Chapter 4. To overcome this **cognitive distortion**, health coaches can support clients to see lapses (e.g., skipping a scheduled workout) as solvable problems, not indicators of failure or reasons to abandon one's behavior-change efforts altogether. Utilizing the skills of **cognitive behavioral coaching**, health coaches can facilitate "guided discovery" by supporting clients to explore, dissect, neutralize, and counter the negative thought cycle, ultimately clearing a path for continued progress and desired behavioral change.

Given that high-risk situations for lapses (and subsequent relapses) are often accompanied by feelings of stress, health coaches can empower clients to develop effective coping strategies to navigate stressful situations and prevent relapse. This may include exploring the use of mindful practices (e.g., meditation), which can help to enhance self-awareness and self-regulation. See Chapter 7 for more information on **mindfulness** and stress-management strategies.

## Moving Toward Self-reliance

The ultimate goal of the health coach is to enhance the client's self-reliance, which is the dependence on one's own powers, capabilities, and resources. It is for this reason that the key skills and attributes of behavior-change plans, such as identifying values and vision, goal-setting, and accountability, are essential components in the pursuit and maintenance of lasting lifestyle change.

Given that each client's journey is unique, there is not a "one-size-fits-all" approach with regards to the ideal length of the coaching relationship. However, for many clients, three to four months may serve as an adequate timeframe (Moore, Jackson, & Tschannen-Moran, 2016; Gavin & McBrearty, 2013).

### TERMINATING THE COACHING AGREEMENT

The termination of the client-coach agreement is an inevitable aspect of the coaching process. For some clients, this sense of closure to a chapter of their lives may evoke various feelings and emotions, to which the health coach should be empathetic. As such, thoughtful consideration and care should be taken to ensure a successful summarization



of the coaching experience and a positive parting of ways. To facilitate this, the health coach can invite the client to reflect on the learning and growth experienced throughout the relationship, including new perspectives gained and new knowledge and skills developed (Jordan, 2013). To pave a path for continued progress, it is important that the health coach dedicate time in the final session to explore ongoing sources of support with clients that ultimately will help to sustain their forward movement and success.

The closing of the client–coach relationship presents a perfect opportunity to truly celebrate the client and all that he or she has accomplished, while also expressing genuine gratitude for the opportunity to be a part of the journey.



### ACE LEARNING CENTER

If your study program includes the ACE Learning Center, visit [www.ACEfitness.org/MyACE](http://www.ACEfitness.org/MyACE) and log in to your My ACE Account to take full advantage of the ACE Health Coach Study Program and online guided study experience, which includes presentations in a variety of media to facilitate learning and best prepare you for the ACE Health Coach Certification exam and a career as a health coach. There, you will find an interactive learning experience that features video lectures, ACE in Action coaching sessions, as well as knowledge checks and quizzes to help you gauge your progress.

In the online learning activities related to Chapter 6, you will learn more about client-centered coaching and how to use clients' values and vision to drive a behavior-change program.

## SUMMARY

The skills that support the collaborative coaching relationship require patience, practice, and presence. While there are evidence-based approaches and frameworks for working with clients, some of the most important aspects of coaching lie in the coach's ability to genuinely see clients as whole, resourceful, and capable of transforming their health and well-being in profound ways. In cultivating an environment that empowers clients to discover their own unique motivations, strengths, and abilities, clients can tap into their own potential for change, and as a result truly thrive in their own lives.

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