

SECTION I

INTRODUCTION



Chapter 1

Introduction to Health Coaching

Chapter 2

A Team Approach to Health Coaching

Chapter 3

Health Behavior Sciences



IN THIS CHAPTER:

Dynamics of the Client–Coach Relationship

Personal Awareness—SWOT Analysis

The DISC Model of Understanding Personality Types

Interpersonal Sensitivity and Respect

Listening and Motivational Communication Skills

Active Listening

Motivational Interviewing

Positive Listening

Trust and Rapport-building

Cognitive Coaching

Problem-solving Models

Neuro-linguistic Programming

Connecting With Medical Fitness Professionals

Summary



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Introduction to Health Coaching

Non-athletic coaching as a profession has been developing since the early 1990s (Peltier, 2010; Cockerill, 2002; Fournies, 2000). The term “coach,” borrowed from sports, has gained expanding acceptance in numerous fields in personal and lifestyle improvement, as well as in business, organizational, and executive performance, and most notably in the fields of health, lifestyle, and wellness coaching. Practicing ACE-certified Health Coaches have always coached their clients through lifestyle changes related to weight management and wellness. Health coaches guide their clients to make weight-related behavioral changes through goal-setting, education, **motivation**, programming, support, appropriate progressions, and referral when necessary.

The present-day health coach is in a unique position to become a well-anchored member of a client's allied health team, bringing a unique understanding of the intertwined emotional, behavioral, physical, nutritional, exercise, and lifestyle factors to clients to help them enhance their well-being and support them as they strive to reach their lifestyle and weight-management goals. In a coaching context, the contemporary health coach will be seen as a health promoter, health educator, and an active partner in unlocking each client's potential to maximize his or her own healthy lifestyle choices.

Grounded in the science of lifestyle and weight management, but also armed with humility, compassion, superior communication skills, **rapport**-building know-how, the ability to elicit motivation, and the capability to increase the capacity to change by fostering positivity, resilience, and **self-efficacy**, the

contemporary health coach will be seen by clients as the ultimate partner in facilitating the process of health and lifestyle change, in addition to what has been referred to as the “art of living” (Veerhoven, 2007). The art of living involves four aptitudes related to health improvement:

- *The ability to enjoy:* Health coaches can use “attentiveness” or meditation techniques to encourage the broadening of leisure activities and remove inner barriers that prevent enjoyment.
- *The ability to choose:* Health coaches can help clients understand the options they have, and, through a healthy coaching relationship, assist clients in understanding how those options fit their personality style to assure adherence.
- *The ability to keep developing:* Maslow (1954) described “growth needs,” which health coaches can build on by helping clients define and engage in challenging activities, leaving clients with a sense of autonomy, competence, and relatedness to life.
- *The ability to see meaning:* Health coaches can help clients see worth in their lives and value in accomplishing their health-related goals.

Coaching, as described in this manual, is founded in the context of the energetic and imaginative fields of coaching psychology and positive psychology. Focusing on human

strengths and well-being, researchers including Peterson (2006), Linley and Harrington (2005), Seligman and Csikszentmihalyi (2000), and Snyder and McCullough (2000) have brought a scientific base to focusing on what brings happiness, fulfillment, and flourishing to life—the elements of lifestyle and health enhancement.

A health coach brings a focus on enhancing, preserving, and maintaining health and preventing illness, and views clients in nonjudgmental terms as *whole beings* who do not need to be repaired, but who may require support and assistance in building on their self-esteem and character strengths. Like the sculptor who “continues to carve to set the angel free,” the client-centered health coach has a curious two-way mindset, draws out potential, enables, develops, reflects in a reactive and flexible manner, and is strategy-oriented. The outdated, failed, one-way “expert” model imposes aims and goals, directs, and is tactic-oriented. The health coach, in contrast, helps clients find solutions.

One way of understanding the difference between “coaching” and the “directing” style of leadership is by

examining what the client is left thinking after a session. When clients work with a health coach who directs well, for example, they leave thinking, “*My coach is terrific.*” When clients work with a true coach, they leave thinking, “*Wow, I’m really good!*”

Good coaches understand that every client is capable of achieving more, and that clients’ self-talk—their inner critical voice—is often their only limitation. Coaches understand how to identify those negative, irrational, and erroneous beliefs, and continuously provide full



support—not necessarily answers and certainly not criticism. To do so, effective coaches listen more than they talk. Coaches do not give up their “expert” role; they simply understand how to use their expertise in ways that enhance each client’s well-being. They make every effort to speak less than clients do, ensure that clients work hard at finding their own answers whenever possible, and offer advice with the client’s permission. In addition, coaches rely on nondirective interventions before giving advice, draw on tools to encourage the client’s thinking, and are willing to call on others for expertise that they themselves do not have.

This chapter provides an overview of the most contemporary and effective coaching tools available. These concepts are then expanded upon in other chapters. New health coaches will learn about widely used methods to understand and connect with clients, develop an understanding of their own strengths and weaknesses, and be introduced to effective methods to motivate clients—all in the service of building trust and rapport in client relations. This overview will provide the contemporary health coach with a broad glimpse into the most up-to-date approaches to weight management, cognitive coaching, and inter-professional relationships.



THINK IT THROUGH

If you are a practicing fitness professional, are there times when you successfully transitioned from using a directive approach to a more coaching style of leadership? Was coaching more effective? Why or why not?

Dynamics of the Client–Coach Relationship

Moore et al. (2005) suggest that there is a “relational dynamic between coaches and clients when they enter a zone where they are fully challenged at a high level of skill and awareness.” The authors describe this zone, or state, as an “intuitive dance” and a “relational flow” and believe it is necessary to achieve in order to reach a client’s goals. Initial structured steps and mechanistic actions transform into a more fluid flow between the health coach and client. The health coach’s mastery of related factual knowledge (e.g., exercise, behavioral, and nutritional sciences; screening, assessment, and referral; and program design and implementation) is a necessary ingredient in achieving this relational flow. The client’s readiness level is another essential ingredient in arriving at this fluid state. The **emotional intelligence** levels of the health coach and client are also valuable in creating a healthy relationship.

As described by Goleman (1998; 1995), emotional intelligence refers to the ability to recognize one’s own feelings, as well as the feelings of others. This is necessary to motivate oneself and manage emotions within the context of the relationship. Emotional intelligence, for both the health coach and client, is based on four competencies within the emotional and interpersonal arena:

- *Self-awareness*: Does the individual have the ability to recognize his or her emotions and understand the effect they have on him or her? Does the individual know his or her own strengths and weaknesses?

- *Self-regulation*: Does the individual have the ability to control impulses, manage emotions, act in resilient ways, and follow through on commitments?
- *Empathy*: Does the individual have social awareness; the ability to understand the emotions, needs, and concerns of others; pick up on these cues; and feel comfortable socially?
- *Social skills*: Does the individual have the ability to manage relationships, communicate clearly, inspire and influence others, work as part of a team, and manage conflict?

Great Coaches—Great People—Great Leaders

- Understand exercise science
- Constantly seek out new information
- Display humility
- Are memorable motivators
- Are compassionate
- Understand each client
- Are exemplary communicators
- Are excellent listeners
- Are personally disciplined
- Are passionate
- Lead by daily example
- Display unrelenting commitment
- Build enduring client relationships for long-term growth

Coaching Roles

- Advisor
- Assessor
- Counselor
- Demonstrator
- Friend
- Facilitator
- Fact finder
- Instructor
- Mentor
- Motivator
- Organizer and planner
- Role model
- Supporter

Personal Awareness—SWOT Analysis

The health coach's attitude affects clients in a variety of ways. The attitude, thoughts, beliefs, and self-talk of an individual determine how that person feels, and in turn how that person will react to a given situation. The behavior of person A then influences the attitude, thoughts, beliefs, and self-talk of person B, which determine how that person will feel and act... and so the circle goes.

Thus, it is important for the health coach to develop a highly refined level of self-awareness. One tool that can help with this process is the **SWOT analysis**, credited to Stanford University's Albert Humphrey (2005), who led the initial work on this method in the 1960s based on work he did with Fortune 500 companies. SWOT analysis stands for strengths, weaknesses, opportunities, and threats.

A basic SWOT analysis is easy to perform. Begin by dividing a piece of paper into four sections and labeling them as depicted in Figure 1-1. The SWOT analysis can be used by a health coach to assess him- or herself, or to analyze a business or opportunity. It is important to be as honest as possible about one's weaknesses, as this exercise will help the health coach turn any perceived weaknesses into new opportunities. For example, if a health coach lists "lack of education" in a specific area of exercise science, this could be viewed as an opportunity to take a continuing education course or workshop to gain the necessary training. When listing threats, the health coach should include anything that

might negatively impact either the health coach or the business, from the emergence of a new competitor to a downturn in the general economic climate. The following is a quick rundown of some questions one might ask when conducting a SWOT analysis.

- Strengths
 - ✓ What advantages do I have that others do not?
 - ✓ What do I do better than anyone else?
 - ✓ What values do I believe in that help me succeed?
- Weaknesses
 - ✓ What tasks do I avoid because I do not feel confident doing them?
 - ✓ What will people around me see as my weaknesses?
 - ✓ What personality traits are currently holding me back?
- Opportunities
 - ✓ What technologies can help me move ahead?
 - ✓ What network of strategic contacts do I have or can I create?
 - ✓ What needs in my company or in my industry are not being filled?
- Threats
 - ✓ What obstacles do I face in my work?
 - ✓ What weaknesses could lead to additional threats?
 - ✓ What technologies threaten my work?

The personal SWOT analysis is meant to help the health coach focus on expanding his or her business and personal standing as a health coach.

<p>STRENGTHS</p> <p>ACE-certified Health Coach</p> <p>B.S. in Kinesiology</p> <p>Excellent one-on-one relationship-building skills</p>	<p>WEAKNESSES</p> <p>Inadequate business-building know-how</p> <p>Poor social media skills</p> <p>Anxiety about speaking to large audiences</p>
<p>OPPORTUNITIES</p> <p>Take a public speaking course</p> <p>Market and emphasize value of personal one-on-one training/coaching</p> <p>Work with a social media and technology coach</p>	<p>THREATS</p> <p>Social media applications (“apps”) on lifestyle improvement, weight loss, and exercise</p> <p>Attraction to group-fitness/weight-loss programs</p> <p>Economic pressures limit the pool of new clients</p>

Figure 1-1
Sample SWOT analysis



THINK IT THROUGH

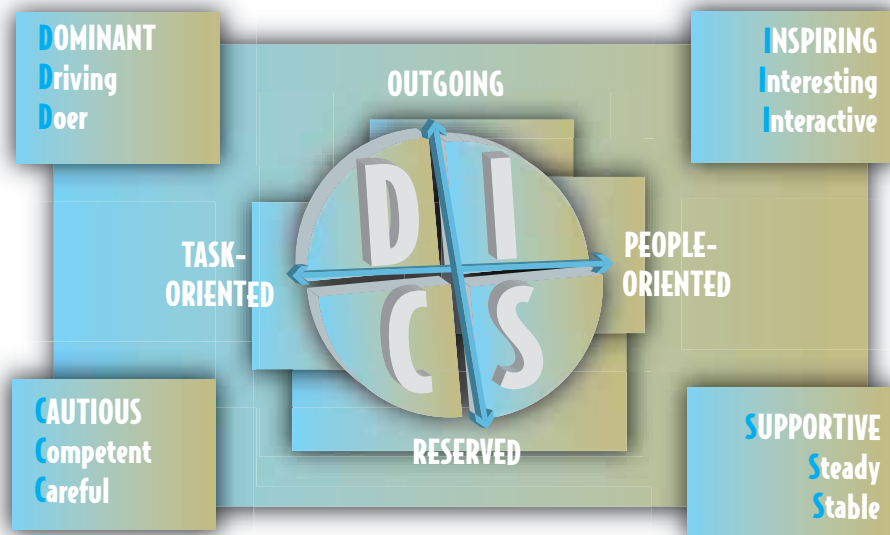
Conduct a SWOT analysis of either you or your business. It is a good idea to ask family members or trusted clients to do the same, as you might be surprised by how other people perceive you. Do you see any weakness in yourself that others did not list? Did anyone identify a concern that you had not considered?

The DISC Model of Understanding Personality Types

While self-understanding is essential for the health coach to create healthy interpersonal relationships, the ability to understand the personality styles of clients is invaluable.

The DISC model of understanding personality types will assist the health coach in understanding him- or herself, as well as in rapidly assessing the personality style of his or her clients. This model was developed by Harvard's Dr. William Marston in 1928 and is still widely used today. In the DISC model, there are four personality types: outgoing, reserved, task-oriented, and people-oriented (Figure 1-2).

Figure 1-2
DISC model of
understanding
personality types



People who talk about what they think or how things are done are often more task-oriented. People who talk in terms of what they feel or how things seem to them are often more people-oriented. An effective health coach will hear these differences and pay careful attention to how he or she handles time and tasks and how he or she speaks and interacts with clients based on their personality styles (see Chapter 5 for more detailed information on the DISC model).

Interpersonal Sensitivity and Respect

Great coaches simply do not pass judgment on their clients. They see the good, the value, the dignity, and the strengths in those with whom they are privileged to work. They can find connection points easily with every client, have the patience to allow clients to advance according to their own timetables, and identify with legendary Dallas Cowboys coach Tom Landry's oft-quoted wisdom: "Leadership is getting someone to do what they don't want to do, to achieve what they want to achieve."

Coaches should have a highly refined vision and respect for where clients want to go to achieve their weight, lifestyle, and health goals. They patiently, professionally, and passionately encourage, motivate, enable, and empower their clients to move forward. The health coach should be a solution-oriented, process-respectful, results-oriented, and interpersonally sophisticated enhancer of the client's growth.

An element of respect involves the ability to avoid treating all clients as if they are at the

same stage of readiness for change. Health coaches can utilize the **transtheoretical model of behavioral change (TTM)** to carefully assess every client's readiness for change (Prochaska, DiClemente, & Norcross, 1998; Prochaska & DiClemente, 1984) (see Chapter 3).

The health coach understands that people in the **precontemplation** stage have no intent to change at all in the short-term. While individuals in the second stage, the **contemplation** stage, are considering making changes, it is only in the **preparation** stage that the commitment to change genuinely increases and small changes may already be underway. It is easy to want to see clients in the **action** stage, or to rush them to it. When clients arrive at this stage they are engaging in new activities and the coach's support and guidance may be delivered through face-to-face meetings, email, text messages, phone calls, and Skype™ or FaceTime™. Clients who have reached the **maintenance** stage have been engaged in health enhancement, weight management, and lifestyle change for more than six months.

Coaches should note that self-efficacy, or one's perception of his or her ability to change or perform specific behaviors, increases as a person moves through the stages of the TTM (Ounpuu, Woolcott, & Rossi, 1999; Bandura, 1977). Conversely, **habit strength** (Velicer, Rossi, & Prochaska, 1996), or the psychological and physiological factors involved in behaviors the client wants to change, will decrease as one moves through the stages of the TTM.

Listening and Motivational Communication Skills

Active Listening

Active listening is one of the most important skills of an emotionally intelligent coach (see Chapter 5). Not only does it build trust, but it also encourages positive problem-solving in the client. Nonverbal active listening skills involve establishing eye contact, using pauses and silence, knowing how to demonstrate facial expressions that indicate one is present and focused, and appropriate body language that displays interest and attentiveness. Consistent undivided attention is the simplest way to describe what the health coach offers the client when listening.

Health coaches can confirm their understanding using the following four-step process:

- Use a confirming statement
- Summarize key facts
- Ask if your understanding is correct
- Clarify misunderstandings

When the health coach "listens" to a client, it is more than just words he or she is listening for. Tone, style, and speed of speech, as well as body language, are all a part of what a good listener focuses on during a conversation. While each of these elements is important, body language is a method of communication that transmits a great deal of information to the health coach who is skilled in "hearing" this type of messaging.

The language of closure to the client literally involves the coach turning away or sitting



with arms and legs crossed. The language of openness is demonstrated with open arms, legs and feet pointing toward the client, and relaxed and prolonged eye contact. Leaning forward shows the health coach is interested in what the client has to say. When a person is attentive, the head is tilted slightly forward, while tilting the head slightly to the side demonstrates curiosity. Slow nodding, interest noises (“uh huh”), and even a furrowed brow may demonstrate concentration.

An attentive and engaged health coach looks at the person, avoids any distractions, does not interrupt, nods and smiles to acknowledge points, and emphasizes connecting more than communicating. Maxwell (2010) has identified eight ways to determine when a connection has been made with people, either one-on-one or in a group.

- People give extra effort.
- People say positive things.
- People demonstrate trust.
- People express themselves more readily.
- People feel good about what they are doing.
- People display an emotional connection.
- People are emotionally charged by being together.
- People have growing synergy and their overall effectiveness is greater than the sum of their contributions.

The type of questions the health coach asks may impact external performance. Declarative and interrogative self-statements are related to performance outcome. Declarative self-statements, such as “I will stick to my food plan at the party this evening,” are linked to **extrinsic motivation**. On the other hand, interrogative self-statements, such as “Will I stick to my food plan this evening?” encourage **intrinsic motivation**, which is more apparent when clients stick with their plans for their own sake, with no external motivator present.

One of the most well-known basketball coaches of all time, John Wooden, compared extrinsic motivation to the type of enforcement used by a prison guard. The guard can force the chain gang to do what is necessary, but without the guard there the prisoners stop working immediately. Declarative forms of self-talk are like the prison guard. They work for a short while, perhaps to get things moving, but as soon as an “out” is present, the motivation is gone. When the health coach asks open-ended questions, the client is more likely to generate thoughts about accomplishing a goal on his or her own, with no feeling of anything being imposed. The key is for the health coach to ask questions in a way that is less threatening to the autonomy of the client and respects the client’s choices. Declarative self-talk and closed-ended questions stifle the conversation. Open-ended questions lead to more questions, planning, and action steps (see Chapter 5 for more information on the various types of questions used during active listening).

Motivational Interviewing

Motivational interviewing is a client-centered approach to assist clients with ambivalence to change (Miller & Rollnick, 2002; Miller, 1983) (see Chapter 5). Motivation can be conceptualized as a state of readiness for change, not a personality trait, and it can fluctuate over time and be influenced for positive change. Motivational interviewing offers the health coach tools with which he or she can facilitate healthy motivation to change by working with the client to explore and resolve ambivalences. As a “fluctuating product of interpersonal

interaction,” motivation to change, then, is evoked *within* the client, not imposed *on* the client (Rollnick & Miller, 1995). The health coach’s task is to expect, anticipate, and recognize ambivalence to change, and help each client examine and resolve his or her ambivalence.

Motivational interviewing is grounded in expressing **empathy** and acceptance of ambivalence. The coach must then sensitively highlight discrepancies between the client’s behaviors and goals so the client can make his or her own arguments for change.

Positive Listening

It is important for the health coach to listen without passing judgment or interrupting with advice. The expression of empathy is a critical skill for the health coach to develop. Respect, or the demonstration of an attitude of caring, and assertiveness, or the ability to express feelings openly and directly, are additional skills the health coach needs in healthy communication. However, six negative habits are at the root of poor listening (Lynn, 2002):

- *The faker:* All the outward signs are there: nodding, making eye contact, and giving the occasional “uh-huh.” However, the faker is not concentrating on the speaker. His or her mind is elsewhere.
- *The interrupter:* The interrupter does not allow the speaker to finish and does not ask clarifying questions or seek more information from the speaker. He or she is too anxious to speak and shows little concern for the speaker.
- *The intellectual or logical listener:* This person is always trying to interpret what the speaker is saying and why. He or she is judging the speaker’s words and trying to place them into a logical box that fits his or her own perceptions. He or she rarely asks about the underlying feeling or emotion attached to a message.
- *The rebuttal maker:* This person only listens long enough to form a rebuttal. The rebuttal maker’s point is to use the speaker’s words against him or her. At worst, this type of listener is argumentative and wants to prove the speaker wrong. At the very least, this person always wants to make the speaker see the another point of view.
- *The focus thief:* The focus thief uses the speaker’s words only as a way to get to his or her message. When the speaker says something, the focus thief steals the focus and then changes to his or her own point of view, opinion, story, or facts. Favorite lines include, “Oh, that’s nothing. Here’s what happened to me...”
- *The advice giver:* While this habit may be helpful at times, at other times it interferes with good listening because it does not allow the speaker to fully articulate his or her feelings or thoughts. It may prohibit venting, and may belittle the speaker by minimizing his or her concerns with a quick solution. An advice giver does not help the speaker solve his or her own problems.



By being aware of these negative listening habits, the health coach is in a better position to begin correcting any pattern he or she recognizes within him- or herself. It is far better for the health coach to be aware of these patterns before clients become aware of them.

Trust and Rapport-building

In their book, *The Speed of Trust*, Stephen M. Covey and Rebecca R. Merrill (2008) note that “trust means confidence.” Great coaches understand the need to impart and develop trust. Covey and Merrill describe five “waves of trust”:

- Self-trust
- Organizational trust
- Societal trust
- Relationship trust
- Market trust

For the purpose of establishing a quality coaching relationship, it is the relationship trust “wave” that is important to highlight. The health coach must act consistently in ways that are predictable to the client’s sense of comfort. Covey and Merrill (2008) identify 13 behaviors that are common to “high-trust” leaders:

- Character-based behaviors
 - ✓ Be honest
 - ✓ Demonstrate respect
 - ✓ Create transparency
 - ✓ Right wrongs
 - ✓ Show loyalty
- Competency-based behaviors
 - ✓ Deliver results
 - ✓ Get better
 - ✓ Confront reality
 - ✓ Clarify expectations
 - ✓ Practice accountability
- Character and competency behaviors
 - ✓ Listen first
 - ✓ Keep commitments
 - ✓ Extend trust

The health coach who commits these rapport-building principles to memory, and who uses them as guiding principles in his or her day-to-day practice, will develop not only a solid group of clients, but also a supportive group of fans.



EXPAND YOUR KNOWLEDGE

The Pillars of Healthy Lifestyle Maintenance

The effective health coach will be of value to his or her clients in a number of areas of healthy lifestyle functioning, within the proper scope of practice. The ACE-certified Health Coach’s scope of practice is similar to that of a personal trainer (see Figure 2-1, page 30), but extends beyond the realm of physical fitness to include a focus on other healthy lifestyle factors. The pillars of a healthy lifestyle include:

Physical fitness: This includes the competence to function well in daily activities without injury, resist disease, enjoy leisure time, be healthy, and resiliently cope with emergency events. Cardiorespiratory fitness, body composition, flexibility, muscular endurance, muscular strength, agility, coordination, and reaction speed are all components of physical fitness.

Psychological fitness: The individual has sufficient resilience, energy, and motivation to be able to use his or her intellectual, behavioral, and emotional competencies to

meet the demands of everyday life and function in society. This includes the way the individual thinks about him- or herself, his or her life, and others with whom he or she interacts. It also encompasses the way individuals react in response to thoughts and emotions. This area may also encompass spiritual fitness, including positive beliefs and expressions of the deepest parts of the self, an individual's self-awareness, creativity, and the ability to love and be loved.

Nutritional fitness: The individual eats the correct amount of nutrients on a regular schedule to be able to perform at the highest levels, support adaptation, prevent obesity and other diseases, repair the body after damage, fuel bioenergetic needs, and live life in good health.

Interpersonal fitness: The individual has the ability to establish close, meaningful relationships free of conflict—overtly, face-to-face, or even virtually. The ability to fulfill the needs of others and make one's own needs clear are also important elements.

Achievement fitness: Individuals who strive for something that is personally meaningful, regardless of the content, are found to be happier than those who do not strive to achieve. Finding a purpose in life and working ceaselessly toward that purpose encompasses achievement fitness. It requires perseverance, determination, resolution, and diligence—traits that are key elements of healthy living.

Cognitive Coaching

How clients think about their lives and health situations determines how they will feel and act. Many clients will erroneously believe, for example, that “dieting and exercise should be easy.” When they are not easy, clients may feel angry, resentful, sad, or depressed. They may believe it is catastrophic that their life situation is not as they *demand* it to be. For the health coach who does not understand the inner self-talk of the client, it would be difficult to comprehend the emotion and behavior being demonstrated. The belief, “dieting and exercise should be easy,” is likely a consequence of “must”-type thinking. Ellis (1962) describes what happens when an individual falls into the trap of believing in the three “musts” as follows:

- I *must* do well and win the approval of others for my performances or else I am no good.
- Other people *must* treat me considerately, fairly, and kindly, and in exactly the way I want them to treat me. If they do not, they are no good and they deserve to be condemned and punished.
- I *must* get what I want, when I want it, and I *must not* get what I do not want. It is terrible if I do not get what I want, and I cannot stand it.

It becomes easy to see how these erroneous beliefs can interfere with forward movement in healthy lifestyle and weight-management behaviors.

Albert Ellis (1962), founder of the rational emotive behavioral therapy movement later built on by Aaron Beck (1976) and more recently called “cognitive behavior therapy,” describes that how people react to events is determined largely by their view of the events, not the events themselves. Ellis describes this in an A-B-C model, where A is the activating event, B is the beliefs the client has about the event or situation, and C is the emotional and behavioral consequence

of the person's beliefs. The health coach moves to D, helping the client dispute, challenge, and question the erroneous beliefs the client holds that lead to disruptive emotions and behaviors.

Ultimately, behavior change rests on the health coach's ability to guide a client to first change his or her thoughts. That is where the all-important "D" step comes in. This is, after all, where the client's real work takes place, in replacing his or her irrational, negative, inaccurate, and illogical thinking with rational, factual thoughts upon which healthy behavioral change can rest.

Typically, the health coach will help the client dispute irrational thinking through a series of questions and methods derived from the work of Burns (1980) and Ellis (1962). One such method, "examine the evidence," involves the health coach helping the client examine the evidence for a belief instead of assuming his or her thought is true. The health coach may help the client dispute his or her belief with questions such as, "What are the facts?" and "What do the facts show?"

The health coach may also help the client think in terms of "shades of gray" as a method to dispute irrational thoughts. Instead of thinking about one's health problems, exercise avoidance, or weight-management challenges in terms of black and white categories, the health coach helps the client evaluate them in shades of gray. Thinking in terms of partial success may help the client feel motivated to continue striving for more progress. Perhaps the client is putting him- or herself down. Instead of continuing on this path, the client can begin to dispute his or her beliefs by talking to him- or herself in the same compassionate way he or she might speak with a close friend or loved one. The health coach may encourage the client to ask, "Would I say such harsh things to a family member or close friend with a similar problem? If I wouldn't, why wouldn't I? What would I say to him or her instead? Can I say those things to myself?"



EXPAND YOUR KNOWLEDGE

Cognitive Distortions

A health coach can help a client actively dispute his or her erroneous beliefs by identifying the type of distortions he or she is making from among the following 10 cognitive distortions:

- *All-or-nothing thinking*: Looking at things in black-and-white terms
- *Overgeneralization*: Viewing a negative event as a continual pattern of defeat
- *Mental filter*: Dwelling on the negatives and ignoring the positives
- *Discounting the positives*: Believing that accomplishments or positive qualities are meaningless
- *Jumping to conclusions*: (a) Mind reading—Assuming that people are reacting negatively with no basis in reality; (b) Fortune-telling—Erroneously predicting that things will turn out badly
- *Magnification or minimization*: Blowing negative things out of proportion or diminishing positive things
- *Emotional reasoning*: Reasoning from how one feels: "I feel like a failure, so I must really be one," or "I don't feel I can succeed so I won't try."
- *"Should" statements*: Demanding that oneself or other people "should" or "shouldn't" "must," "ought to," or "have to" be different
- *Labeling*: Calling oneself names. Instead of saying "I made an error," telling oneself "I'm a loser" or "stupid" or "a failure."
- *Personalization and blame*: Blaming oneself or others inappropriately

Source: Burns, D. (1980). *Feeling Good: The New Mood Therapy*. New York: William Morrow.

The goal of cognitive coaching is for the health coach to help clients change their irrational beliefs into rational beliefs. Changing beliefs is the real work of health coaching and is achieved by the health coach sensitively, respectfully, and persistently helping the client recognize irrational beliefs. For example, the health coach might ask, “Why *must* dieting and exercise be easy? Where is it written that it *must* be easy? Just because you want it to be easy, why *must* it be?”

The health coach will find the following questions useful when helping a client reevaluate irrational, erroneous, and inaccurate thinking. The health coach asks the client to self-reflect with these questions:

- What is the evidence for and against thinking that...?
- What would I tell a friend in this same situation who was thinking what I am?
- What is the worst that could realistically happen? How bad would that be?
- Would it really be 100% bad? Would it be the worst thing that could happen?
- It is really true that I must, should, ought to, have to...?
- Are there any other possible explanations besides blaming myself?
- Is there any other conceivable way to look at this positively?

The goal is to help the client move from an *absolutistic demanding*, all-or-nothing approach to health improvement to a *full preference* that things be different, but with the ability to accept it when they are not. This is based on guided discovery, where the health coach asks the client a series of questions in order to bring the client’s awareness to his or her thinking.

Regarding weight management, cognitive coaching can be a very useful tool in helping clients identify the unhelpful thoughts that sabotage their healthy behavior, and then respond more effectively. Helping clients develop “rational counter-responses” to their erroneous beliefs is a critical part of coaching.

- “*This is awful and horrible...I can’t stand it...I have to eat!*” This belief can be countered with “It’s not awful. It’s just uncomfortable... I’m going to eat in a couple of hours. While I don’t like it, I can certainly wait.”
- “*Wow, those cupcakes look so good. I need to have one.*” The health coach can arm the client with counter-responses such as, “No, I don’t need to eat one. I’m having dinner in an hour anyway.” “Just because they look good doesn’t mean I must eat one.” and “Sure they look good, but my desire will go away if I concentrate on something else.”

- “*It feels unnatural to make myself eat slowly.*” The health coach can help the client develop the more helpful thought, “The more I practice, the more natural it will feel. It doesn’t have to feel natural at first. It’s an important skill.”

Helping clients cognitively distinguish, for example, the difference between hunger and the desire to eat, can be a very valuable coaching goal.



Problem-solving Models

Wasik (1984) proposed a seven-step model of problem-solving for clients to consider, along with questions the health coach can use to facilitate the process (Table 1-1).

Seven-step Problem-solving Model	
Steps	Questions/Actions
Problem identification	What is the concern?
Goal selection	What do I want?
Generation of alternatives	What can I do?
Consideration of consequences	What might happen?
Decision making	What is my decision?
Implementation	Now do it!
Evaluation	Did it work?

Similarly, the GROW model—which stands for “goal, reality, options, and what” offers health coaches an example of a structured approach to behavioral change. It is one of the most established and successful models for personal and professional enhancement in the coaching industry (Whitmore, 2009).

- *Goal:* Questions define the goal as clearly as possible and evoke an emotional response
 - ✓ What do you want to achieve?
 - ✓ What will be different when you achieve it?
 - ✓ What is important about this for you?
- *Reality:* Questions elicit specific details of the situation and context
 - ✓ What is happening now?
 - ✓ Who is involved?
 - ✓ What is the outcome?
 - ✓ What is likely to happen in the future?
- *Options:* Open-ended questions facilitate creative thinking
 - ✓ What could you do?
 - ✓ What ideas can you bring in from past successes?
 - ✓ What have you not tried yet?
- *What/How/When/How:* Focused questions get an agreement to specific actions and criteria for success in **SMART goal** language (specific, measurable, attainable, relevant, and time-bound) (see Chapter 13)
 - ✓ What will you do?
 - ✓ How will you measure whether it was done or not?
 - ✓ When will you do it?
 - ✓ Who do you need to involve?
 - ✓ When should you see results?
 - ✓ Is possible to actually achieve this goal?
 - ✓ Is it a realistic action to move the client to his or her goal?

Neuro-linguistic Programming

“A thought is just a thought,” which is commonly heard among neuro-linguistic practitioners, reflects the underlying approach to those who use **neuro-linguistic programming (NLP)** in their mind-body coaching. NLP was created in the early 1970s by Richard Bandler, a computer scientist and Gestalt therapist, and Dr. John Grinder, a linguist and therapist (Bandler & Grinder, 1979). *Neuro* refers to how the mind and body interact, *linguistic* relates to the insights into a person’s thinking as expressed through language, and *programming* refers to the study of patterns of thinking and behaving in a client. Similar to cognitive coaching, NLP teaches clients how unhelpful thoughts create obstacles in life. Like cognitive coaching, NLP uses an approach based on careful rapport-building and questions to help the client see through his or her perception of reality. This is called the “meta model” and includes questions that challenge linguistic distortions, clarifies generalizations the client may make, and recovers unrecalled information. NLP questions may be in the form of “What, specifically?” “How, specifically?” “According to whom?” and “How do you know that?”

Coaching for lifestyle and weight management requires empathy, highly advanced emotional intelligence, and outstanding communication skills coupled with a well-anchored bedrock of knowledge about behavior-change methods. Of course, the fundamentals of exercise physiology, weight-management approaches, and ethical considerations are also a part of the successful health coach’s education. This combination of expertise allows the health coach to relate to professionals in allied health fields in a way that brings mutual respect and consideration for what is best for clients.

Connecting With Medical Fitness Professionals

For a health coach who has the inclination to network with medical and allied health professionals, particularly those in the growing medical fitness industry, this can represent a significant step in building a practice and career. Creating a list of medical facilities, perhaps those that are focused on fitness and weight-related issues, is the first step. Contacting the physician or community education director is the next step, often with a letter, email, or phone call, requesting an opportunity to meet and chat about health coaching and how it may relate to the physician’s or hospital’s medical fitness model. Offering to do a free presentation in a class about fitness and obesity may be an excellent way to get one’s “foot in the door.” Introducing oneself by discussing health coach credentials, explaining the services offered, describing the interest one has in helping patients of the physician or hospital, and expressing the desire to work in concert with the healthcare team, are all part of the initial introduction.

It is important to follow up monthly with a report on those individuals who have been referred by other healthcare professionals. Health coaches should consider providing the physician’s offices and appropriate hospital departments with monthly newsletters about the services they offer.



Sending cards, gifts, and other ways of saying “thank you” are critically important.

An introductory letter to successfully network with medical fitness professionals should include a paragraph about each of the following topics:

- The health coach’s areas of practice, including up-to-the-minute data about overweight/obesity in America and its related illnesses
- The health coach’s credentials, education, and related work
- Some niche or specialized work the health coach does, or the type of service and assessment the health coach will provide
- Request referrals and an opportunity to meet



EXPAND YOUR KNOWLEDGE

Choosing the Right Resources

While the Internet, fitness and health magazines, and the popular media are sources of information many people turn to for guidance when trying to lose weight, the behavioral, exercise, and allied health and medical fields publish peer-reviewed journals that meet well-accepted academic standards. In addition to reading scientific health-, exercise-, and nutrition-related publications, a health coach should become familiar with the following peer-reviewed journals in the areas of coaching and development. Utilizing resources like these expands the health coach’s knowledge base and adds credibility to his or her coaching methods.

- *Academy of Management Review*
- *The Annual Review of High Performance*
- *Consulting Psychology Journal: Research and Practice*
- *Coaching: An International Journal of Theory, Research, and Practice*
- *The Journal of Coaching Education*
- *The Coaching Psychologist*
- *Human Resource Development Quarterly*
- *International Coaching Psychology Review*
- *International Journal of Coaching in Organizations*
- *International Journal of Evidence-Based Coaching and Mentoring*
- *International Journal of Mentoring and Coaching*
- *Journal of Change Management*
- *Journal of Educational Research*
- *Journal of Occupational and Organizational Psychology*
- *Journal of Organizational Change Management*
- *International Journal of Training and Development*
- *Training and Management Development Methods*



THINK IT THROUGH

How do you define coaching? Now that you have read this introductory chapter, are there areas of coaching that you had not considered until now? Have you focused on the study of nutrition or exercise science at the expense of developing your communication skills? What can you do to become a more well-rounded fitness professional?

Summary

The future for health and fitness professionals, particularly health coaches, is bright. With over 35% of the American adult population obese, and nearly 17% of children in the same category (Ogden et al., 2012), the health coach is an important member of the allied health continuum. The employment market for fitness workers is expected to jump 29% between 2008 and 2018, according to the U.S. Bureau of Labor Statistics (2010), which notes that, “Increasing numbers of people are spending time and money on fitness and more businesses are recognizing the benefits of health and fitness programs for their employees.”

Clients are seeking whole-life fitness coaching, not only to learn how to work out properly, but also how to make important lifestyle changes, especially in the area of weight-related issues. The more well-rounded, connected, and whole-person focused health coach who “empowers” his or her clients will fill this need and surpass other fitness professionals who simply “show.” By closely engaging with clients in the full range of healthy lifestyle choice management, the health coach will become a valued and marketable member of the health, fitness, and wellness community. The practice of simply meeting clients at the gym or at a local park for a fitness-training session will fade as the children of baby boomers seek more active availability and input from coaches in order to live more active and happier lives.

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