A Coach Approach to Facilitating Behavior Change

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Behavior change is the foundation for effective lifestyle prescriptions. The adoption and sustainment of health-promoting behaviors—including eating a well-balanced diet of predominantly whole, plant-based foods, increasing physical activity, managing stress, improving sleep, avoiding and mitigating risky substance use (tobacco and alcohol), and establishing and maintaining positive relationships—has the greatest potential of any current approach to decrease mortality and morbidity and improve quality of life.[1-3]

Despite the compelling clinical and economic case for coaching patients on health behavior change, the current structure of the healthcare system in the United States disproportionally focuses on managing acute medical conditions, with time constraints placed on patient visits and the need to address multiple agenda items within a limited time frame. As such, most physicians are accustomed to a more directive style of communication, in which instructions, advice, and education are readily offered, but often with minimal input from the patient. While this type of expert approach is necessary in conducting diagnostics and prescribing medications, procedures, and therapeutic lifestyle direction for the patient's medical conditions, such an approach often yields limited success in encouraging the adoption of healthy behaviors, as knowledge of improved behaviors alone is not sufficient.[4] This article aims to equip family physicians with an understanding of the theoretical underpinnings and practical skills to facilitate behavior change that can be translated into clinical practice to support patients effectively in cultivating health-promoting lifestyles.

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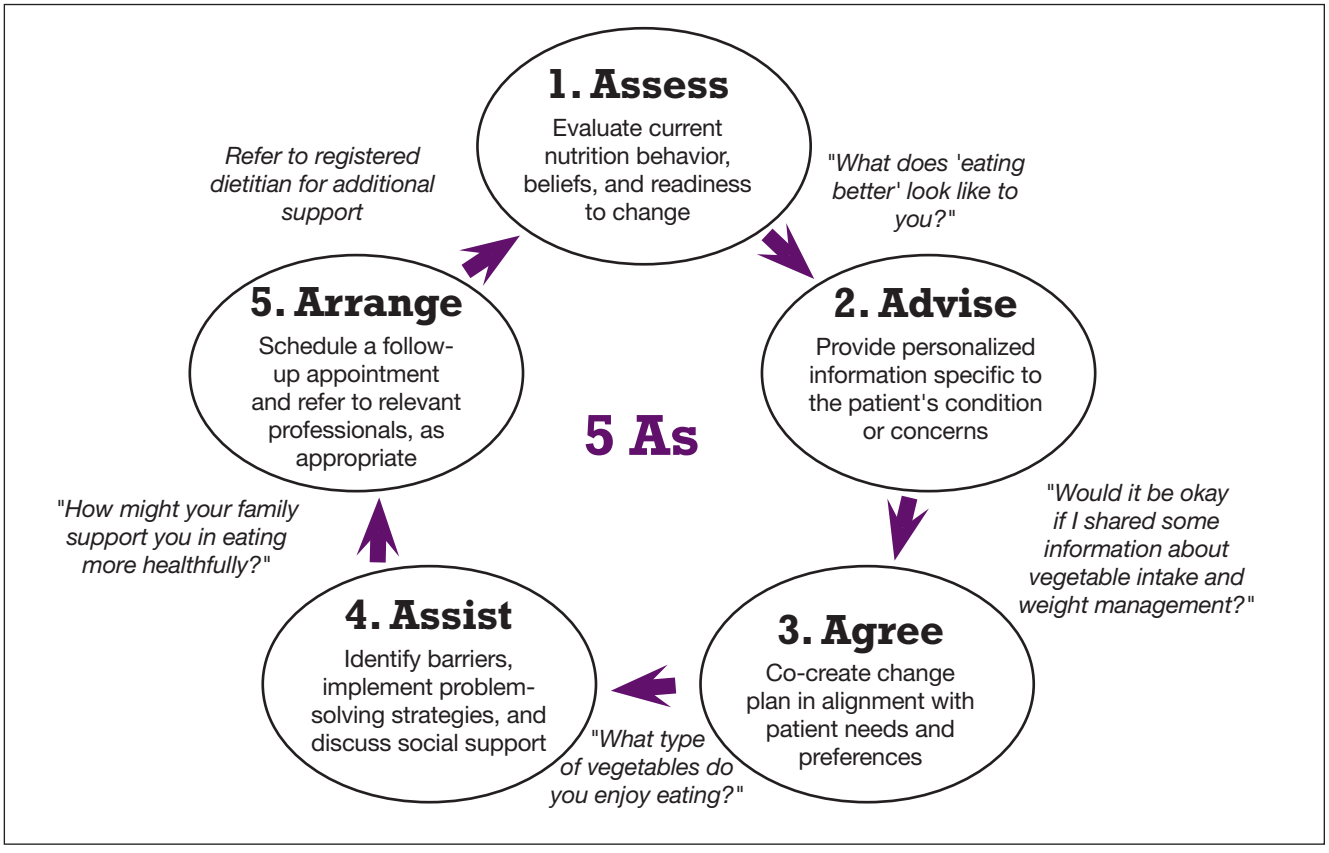
ENGAGING IN CONVERSATIONS ABOUT CHANGE

Motivational interviewing (MI) is a collaborative communication style utilized to strengthen patients' motivation and commitment to change.[5] This patient-centered approach requires specific training on the spirit, skills, and processes to facilitate behavior change. The core skills of MI are open-ended questions, affirmations, reflections, and summaries—commonly referred to as OARS. Open-ended questions invite patients to provide thoughtful, narrative-like responses, while also maintaining autonomy over the direction of the conversation. Affirmations are statements that accentuate a patient's strengths, intentions, past successes, or efforts. Reflections convey empathy and interest, letting the patient know the physician is actively listening and understanding, while also helping to guide the conversation forward. Summaries provide a recap of what the patient has shared, and can also be utilized to transition from one topic to another within the clinical visit.

It is not uncommon for patients to feel ambivalent about behavior change, in which they express reasons both for and against change.[6] A critical skill for family physicians to develop is the ability to recognize and effectively elicit *change talk* (eg, motivations, values, and reasons that reflect a desire to change), which is a core aspect of MI. Through change talk, patients are empowered to work through ambivalence and commit to making a change. For example, for a patient who expresses interest in and ambivalence toward engaging in more physical activity, a powerful open-ended

FIGURE 1. **The 5 As**[a]



[a]Figure 1 was created by Jessica A. Matthews, DBH, MS, NBC-HWC, DipACLM

question, such as, "What are your top 3 reasons for wanting to be more physically active?" can offer valuable insights into the patient's personal motivators, prompting positive reasons for the contemplated behavior change. Given that it is not uncommon for patients to pair change talk (eg, "Walking gives me more energy") with sustain talk—the barriers, challenges and reasons that reflect a desire not to change (eg, "I don't have time to exercise")—it is important for physicians to recognize that this is not indicative of the patient being difficult or resistant to change, but rather it is a normal aspect of ambivalence. Utilizing reflections—such as double-sided reflections (eg, "You don't have time to exercise, and when you go for a walk you feel more energized")—can be particularly helpful in engaging the patient in increased change talk, which generates positive momentum in the direction of health behavior change.

Research indicates that when used in primary care settings, MI can be more effective than usual care or information shared through didactic materials in helping patients achieve targeted outcomes, such as blood pressure reduction, weight loss, and smoking cessation.[7] However, the effects of MI on patient outcomes can vary greatly, particularly due to provider qualifications, training, and practice, higher levels of which have been shown to be more efficacious.

A PRACTICAL FRAMEWORK FOR FACILITATING BEHAVIOR CHANGE

One practical framework referenced by the US Preventive Services Task Force (USPSTF) that family physicians can utilize to promote patient health behavior change is known as the 5 As—Assess, Advise, Agree, Assist, and Arrange. Adapted from tobacco cessation interventions in clinical practice, this brief, patient-centered approach can serve as a guide to help increase patient motivation and influence mediators of behavioral change. **FIGURE 1** offers an example of how the 5 As can be utilized in addressing nutrition behavior.

A review of the literature focused on weight management in family practice settings found that physicians will frequently Assess and Advise, but more seldom Agree, Assist, or Arrange.[8] However, patients appear to desire the Assist and Arrange aspects the most. These findings highlight the need for physicians who utilize this approach to implement all 5 steps in

TABLE 1. **Comparing an expert approach vs a coach approach**

Expert approach	Coach approach
Assumes ownership of patient's health	Empowers patient to take ownership of their health
Healthcare provider as the expert	Patient as the expert in their own life
Patient told what to do	Patient is an active partner in creating action steps to accomplish the lifestyle prescription
Leads the process	Guides the process
Delivers the right answers	Asks the right questions
Motivates to comply	Uncovers motivation within

[a]Table 1 was created by Jessica A. Matthews, DBH, MS, NBC-HWC, DipACLM; Margaret Moore, MBA; and Cate Collings, MD, MS, FACC, DipABLM

TABLE 2. **Utilizing the Elicit-Provide-Elicit framework to share information[5,a]**

Elicit	Provide	Elicit
Ask for permission or clarify what the patient already knows: • Would it be okay if I share some information with you about…? • Would you like to know more about…? • What do you know about…? • What information can I help to provide about…?	Provide information in a focused, concise, and neutral way: • Studies have shown… • What some patients find helpful is… • Research suggests... • What we know is...	Assess the patient's understanding or ask for a response: • With this information in mind, what do you think would be the best next step? • What is your takeaway from the information we've discussed?

[a]Adapted from chapter 11 of *Motivational Interviewing* (p. 139-145).[5]

order to meet patient needs and optimize effectiveness. This would also help address the limitations in the currently available evidence given the inconsistent assessment and nonstandardized definitions of each aspect of the 5 As framework.

A COMPELLING CASE FOR EMBRACING A COACH APPROACH

Health and wellness coaching is a growth-promoting relationship designed to facilitate positive and sustainable lifestyle changes that support optimal health. Family physicians trained in a "coach approach" can support patients in cultivating the knowledge, skills, tools, and confidence needed to become active participants in their care in order to reach self-determined behavioral goals and prevent or treat chronic diseases.[9,10]

The coach approach is different from the expert role, which is the predominant relational mode in healthcare. While the expert approach focuses on identifying problems and takes the lead in defining the visit agenda and prescribing the recommended lifestyle treatment, a coach approach empowers the patient to take ownership of their health and well-being and lead the individual process of change toward the recommended lifestyle adoption **(TABLE 1)**.

At the heart of the coach approach is a recognition not only that patients have the capacity for change, but that they have valuable insights and significant potential to expand awareness and possibilities in how best to live their lives. By establishing positive relationships in which patients feel supported and empowered to recognize and leverage their strengths, they can begin to generate possibilities, initiate actions, and motivate the self-regulation needed to support meaningful, lasting changes.[11]

It is important to recognize that there is a continuum of communication styles that can be utilized to varying degrees within clinical visits. At one end of the continuum is a directing style, in which instructions, information, and advice are readily given yet with minimal input from the patient. At the other end of the continuum is a following style, which employs good listening and trust in the patient's own wisdom while refraining from providing direct information or input. In the middle of this continuum, however, lies a guiding style, which skillfully blends active listening while also offering expertise where needed in the process.[5] This style of communication embodies a coach approach in an MI-consistent framework to elucidate what information patients may want and need while also honoring their autonomy, making it

particularly well suited for helping patients navigate health behavior changes.[6] **TABLE 2**[5] demonstrates the Elicit-Provide-Elicit framework from MI to offer family physicians a practical model to share pertinent information with patients while maintaining the spirit of a coach approach.

Despite some of the current limitations in the rapidly growing body of literature—such as consistent definitions and applications of coaching as well as lack of appropriate controls in study design to better examine coaching effect[12]—there is clear and promising evidence of the effectiveness of a coach approach in improving internal motivation and self-efficacy, supporting behavior change, and improving health outcomes and quality of life. Whether provided in person or via telehealth, health and wellness coaching has shown statistically significant improvements in physical and mental health status among adult patients with chronic diseases.[13] Health and wellness coaching has been found to be particularly effective among patients with diabetes and obesity,[14] yielding clinically relevant improvements in glycated hemoglobin (HbA1c)[12,14,15] and reductions in weight and body mass index (BMI).[12,14,16] The most consistent effects of health and wellness coaching have been observed in both exercise and nutrition behavior, with promising emerging evidence of reductions in blood pressure and low-density lipoprotein cholesterol (LDL-C) as well.[12,14] Although more research is needed to understand the optimum format (eg, in-person, telephonic, group, video-based) and dosing (eg, duration, frequency, number of sessions) of health coaching for affecting outcomes, the longitudinal patient-provider relationship in family medicine provides an ideal opportunity for effective continued coaching.

THE COACH APPROACH TO CLINICAL VISITS

The path to lasting health behavior change is complex, influenced by a multitude of factors, including intrapersonal, interpersonal, community, institutional, and public policy factors. Even with the best of intentions, family physicians watch patients get overburdened by life's stresses, gain weight, and navigate declining health rather than follow a path toward optimal well-being. The coach approach offers skills that guide physicians, even in brief visits, to support patients in applying the levers for behavior change: cultivating autonomy, intrinsic motivation, positivity, strengths, confidence, readiness to change, and commitment to action.

The intentional use of the verb "cultivate" is to confirm that the coach approach doesn't press or push, just as one can't make a plant grow using those approaches. Rather, physicians can cultivate the conditions for patients to find their own way and their own resources, simply by being completely present and engaged, asking open questions that open minds followed by offering reflections that deepen personal exploration and set the stage for intentional action. Rooted in various models, methods, and theories of health behavior change is a set of coaching questions, summarized here, that physicians can put into immediate use during clinical visits.

1. Cultivate connection

How can I most help you today? What would you like me to know before we start? What's on your mind? What have you been working on since our last visit, and what have you learned in the process?

The first step for physicians is to take a deep breath and pause the fast-paced, thinking mind, slowing down to allow for undivided attention to connect and attune to the patient in a warm, heartfelt manner. Arriving in an open, accepting, and welcoming state of mind allows the patient to relax, feel valued, deepen trust, and remember what they want to discuss. In the first words and questions spoken, physicians convey their benevolence and that they genuinely care. Creating a safe space of unconditional positive regard allows for a place of psychological safety for patients to be open and honest.[17]

When physicians take time to connect with patients and learn more about them on a personal level, patients are more likely to rate their medical care as excellent.[18] Additionally, fostering a patient-provider relationship rooted in trust, empathy, and respect—key components of a successful therapeutic relationship—has been shown to have a small yet statistically significant effect on healthcare outcomes.[19]

2. Cultivate motivation

What is most important to you about this visit? What is important to you about your illness, your health, now and in the future? What do you most want for your health?

Revealed in self-determination theory (SDT), the primary human psychological need, across cultures, is the need to feel autonomous and not controlled.[20] When patients are invited to share what's important for them, at any stage of the visit, their autonomy and internal motivation are both activated. According to SDT, internal *positive* motivation ("I want to do this because it is good for me and my future") is more effective in leading to sustainable behavior change than "should"-based motivation ("I should do this so I avoid feeling bad") and external motivation ("You think I should do this").[21]

3. Cultivate positivity

What is going well for you? What is going well for your health? What are you feeling good about in your life? What are you most looking forward to?

Positive emotions, particularly when they are shared with others, quickly calm the sympathetic nervous system, open patients' minds to new possibilities, and improve creativity and strategic thinking. Appreciative inquiry (AI), widely used in coaching, comprises questions that get patients to talk about their best accomplishments, what conditions generate their best moments, what strengths they feel proud of, and what they enjoy most. AI shifts deficit thinking to possibility thinking, in which the physician's objective is to foster a collaborative conversation that draws out, builds upon, and fosters newfound appreciation of the patient's capabilities.[22]

4. Cultivate self-compassion

It sounds as though you are feeling anxious about this situation. I understand that you are frustrated with the lack of progress. I appreciate that this isn't easy for you.

Compassion for others as well as compassion for ourselves—known as self-compassion—can soothe negative emotions (eg, worry, anxiety, fear, sadness, anger, frustration, self-doubt, grief). Self-compassion is defined as being kind and gentle to one's emotions and adopting an accepting, nonjudgmental attitude toward inadequacies and failures, recognizing that they are part of the shared human experience.[23] Self-compassion may give rise to proactive behaviors aimed at promoting or maintaining health and well-being and may be more effective than self-criticism in motivating behavior, as research has shown a strong positive association with connectedness, self-determination, and subjective well-being.[23,24] By reflecting patients' emotional states with kindness, understanding, and acceptance, physicians can stimulate patients to feel self-compassion and to feel the empathy and desire the physician has to support them. Interestingly, a study of physician empathy found that patients with diabetes whose physicians had high empathy scores were more likely to have better control of HbA1c and LDL-C than patients of physicians with low scores.[25]

5. Cultivate strengths

What strengths have you used in other domains of your life that you can use for your health? How could you use one of your strengths in a new way to make this change or address this challenge?

Strengths-spotting: I've noticed that you really do your homework (that you are good at planning, that when you are determined you succeed, that you know what's important to you).

Grounded in positive psychology principles, coaching is strengths-based, helping patients better appreciate their strengths and capacity to make healthy lifestyle changes. Physicians who embrace a coach approach can also be "strengths-spotters," offering affirmations that acknowledge a patient's strengths, traits, and positive actions in the narratives they share. Strengths assessment tools, such as the Values in Action (VIA) Character Strengths survey, provide a starting point for supporting patients in using their character strengths in new ways to overcome challenges and pursue health behavior goals. Through increasing patients' awareness of their personal strengths and bringing attention to them in clinical encounters, those strengths can be leveraged and built upon on the change journey.[26]

6. Cultivate readiness to change

What are the good things that will happen if you make this change? How will your life be better? How will you feel better? What are you confident you can do or change before we meet next? What would improve your confidence a little?

The Transtheoretical Model (TTM) outlines that change unfolds over time through a series of stages and processes, with readiness to make behavior change primarily driven by 2 forces—the internal motivation to change and the confidence that change is possible.[27] Physicians can help patients access their internal motivation by exploring the small benefits of a change (some version of "I feel better") and larger benefits around identity ("I will be a good role model"; "I will be able to make my world better").

Borrowing from MI, a scaling question—also known as a "ruler"—is a 1-10 qualitative self-assessment that generates self-awareness and can be easily used in a brief visit.[6] This approach is called "coaching by numbers." A general rule is for the patient to have a score of 7 or above for both motivation and confidence before proceeding into action.[28]

Below are examples of how physicians can coach by numbers around confidence to make a health behavior change:

- How confident are you in taking this action in the next week, on a scale of 1-10? (self-awareness)
- Why is the score not lower? (draw out strengths, confidence, and further change talk)
- What would be an optimal score? (identify ideal self)
- What would it take to increase your score by 1 point? (realistic goal).

7. Cultivate commitment to action

What action are you ready to take? What are you wanting to commit to do before our next visit? What other support do you need to keep your motivation and confidence going?

To close the visit, ask the patient what they are ready, willing, and able to commit to do in a specific time frame. Help them choose a behavioral goal focused on the process of change (eg, performing relaxation techniques twice a day),

as opposed to solely a general goal around a desired outcome (eg, reduce my blood pressure). For more detailed guidance as to how to support patients in creating realistic action plans, particularly during brief visits, physicians may consider learning more about Brief Action Planning (BAP). BAP is an efficient, evidence-informed, step-by-step self-management support strategy for facilitating goal setting and action planning utilizing the skills of MI to build self-efficacy for behavior change.[29]

Conclude the encounter by conveying gratitude and hope (eg, "Thank you for our time together and for a fruitful conversation. I am looking forward to learning about what you do and what you learn next time we meet").

A TEAM-BASED APPROACH TO HEALTH BEHAVIOR CHANGE

While physicians have the opportunity to improve patient engagement and outcomes with a coach approach, a well-implemented team-based approach has the potential to enhance the efficiency, effectiveness, and value of care.[30] Not only does collaborating with other clinicians—including, but not limited to, registered dietitians, licensed mental health professionals, and health and wellness coaches—allow for a more robust and individualized approach to health behavior prescriptions, but such multifaceted approaches may be more impactful in supporting optimal lifestyle behaviors.

While there are areas of overlap between licensed mental health professionals and health and wellness coaches, given their shared skills and abilities to facilitate positive behavior change, it is important to distinguish the clear differences between these professionals because of the varying needs and experiences of patients. Specifically, health and wellness coaches do not diagnose or treat conditions, nor do they provide therapeutic psychological interventions. Rather, the scope of practice of health and wellness coaches is to empower patients to develop and achieve self-determined health and wellness goals by mobilizing internal strengths and external resources along with developing self-management strategies to enact and sustain positive lifestyle changes.[31] Licensed mental health professionals take a present and past focus to elucidate the "why" underlying current lifestyle-related health issues, often related to adverse childhood experiences that necessitate a trauma-informed approach to care. Conversely, health and wellness coaches take a present and future focus to support patients in leveraging personal strengths and insights to devise action steps and accountability toward healthy lifestyle change. Importantly, coaches receive training as to how and when patients should be referred to licensed mental health professionals given that health and wellness coaching may provide a pathway into needed behavioral health services for some patients who may have fears or misperceptions stemming from the stigma historically associated with psychotherapy.[32]

To better clarify the scope of practice of health and wellness coaches, since 2017 the National Board for Health & Wellness Coaching (NBHWC) in partnership with the National Board of Medical Examiners (NBME) has provided national board certification for health and wellness coaches in addition to establishing and maintaining education and training standards. NBHWC maintains a directory of national board-certified health and wellness coaches (NBC-HWCs), enabling physicians to easily identify, collaborate with, and refer to qualified coaches who can provide additional support to patients on the behavior change journey. These advancements have helped to better position NBC-HWCs as collaborative members of the patient-centered care team while also ensuring more consistent and quality care. However, given the significant proportion of patients in primary care with mental health conditions, national standards in mental health literacy for health and wellness coaches would be beneficial to further enhance the coaches' role within the multidisciplinary care team.

CONCLUSION

Behavior change is the foundation for effective lifestyle prescriptions. As such, it is vital for family physicians to develop basic coaching skills that foster positive and productive partnerships with patients. Extending beyond prescribing and educating patients on what to do, the coach approach empowers patients to become more motivated and confident in developing and sustaining health behaviors. Given that every patient's behavior change journey is an individualized and nonlinear experience influenced by a myriad of factors, physicians have an opportunity to improve patient outcomes by learning and integrating the coach approach as well as collaborating with other clinicians such as registered dietitians, licensed mental health professionals, and board-certified health and wellness coaches to provide a patient-centered, multidisciplinary approach to health behavior change. ●

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