

# Lessons From Health Coaching... When “Stop” Is the Best Answer



...by **Paul Terry**

Helping my clients find substitutes is not only a time honored technique in behavior modification, it's one of the most creative and enjoyable aspects of supporting people in lifestyle change. Replacing an unhealthy habit with a healthier one could be substituting a more nutritious snack for the one you'd usually reach for or taking up knitting when trying to quit smoking or doing your daily stretching rather than passively sitting in front of a screen. What I find most gratifying about looking for effective alternatives is that it reminds

both me and my clients that our work together isn't merely about the obvious challenge of extinguishing habits that are damaging their health. Rather, the cool task ahead is to fashion a new lifestyle that's healthier, sustainable, edifying, and much preferred over their current state.

But what about those times when someone is doing so much right and things still seem to be going so desperately wrong? Adrian is determined to live well with her diabetes despite the annoyance of treatments and doctor visits plus the uncertainty of how the disease will affect her in the years ahead. She is afraid of losing ground to her illness because she knows others who have suffered serious setbacks from diabetes. Adrian's fear is justifiable and common but, as she's come to believe, it's also something that she can change.

Indeed, research into “locus of control” beliefs shows that perception of personal control is an essential part of successful change.

(I discuss this psychological construct at length in one of my books: *Breaking Stone Silence: Giving Voice to AIDS Prevention in Africa*.\*)

Whether it is confronting a recurring thought that's causing emotional pain, like whether you will survive with HIV/AIDS, or adjusting a habitual sitting position that's

causing back pain, belief in your ability to change is vital in forming new habits while banishing old ones.

Sometimes, though, substituting new thoughts or practices seems out of reach when the mental and emotional load feels overwhelming. Adrian was quick to embrace the idea that she needed to replace “negative self-talk” with positive thoughts, as is used so often in cognitive behavioral therapy. But she wasn't really making room for it in her mind:

**Adrian:** “I need to give myself more credit for all of the ways that living with diabetes has improved my life and my lifestyle.”

**Paul:** “What's in the way of taking more credit for all the great changes you've been making?”

**Adrian:** “I'm not getting better, I'm not feeling better. I'm just worried I'm not making real progress!”

**Paul:** “Stop!” (I said this as loudly as sitting in a call center allows.)

**Adrian:** “What do you mean? Stop talking? Stop telling you about what's happening with me?”

**Paul:** “Just say ‘stop!’ ”

**Adrian** (after a long pause): “Do you mean I should tell myself to stop?”

**Paul:** “Yes! And why?”



\**Breaking Stone Silence: Giving Voice to AIDS Prevention in Africa*, by Paul E. Terry. Africa World Press, Inc. ISBN 1-59221-428-2, Trenton NJ, Asmara, Eritrea

**Adrian:** “I won’t be able to find room for giving myself credit if I’m taking up all my mental space with my worries.”

**Paul:** “Exactly.”

The “stop” technique in cognitive restructuring doesn’t need to end with a commanding mental reminder to turn off the negative noise we too often create for ourselves. I also remind clients that they get to decide what kind of people and situations they will tolerate.

I have a wonderful coworker battling cancer who has been quite clear in telling her caregivers and friends, “Don’t be dwelling on the bad news and bothering me with dismal statistics. I’m surrounding myself with hope, prayers, and positive energy so I can beat this thing.” Her determination to stay positive is inspiring — she has responded to the drag of negativity by declaring boundaries. As James Hoover wrote, “Of all the dangerous energies that can breed inside our minds, one of the most harmful to our contentment is to wish that things were otherwise... perhaps all we can do is to commit to a program of action that goes against the grain of those tendencies that we most heartily dislike.”

Why do bad things happen to good people? It is one of those enduring philosophical questions that has never been answered well by theologians, much less by epidemiologists or health coaches. Health and life will continue to be capricious at times, coming and going on unpredictable terms or presenting challenges that we can’t control. Yet it’s also true that the word “stop” is at our disposal to turn feelings of helplessness or despair into positive action. The recent tragedy in Haiti, for example, prompted many to lament the unfairness of such suffering. But it also spurred countless concerned people to donate at record levels and to volunteer packing food or shipping supplies.

When our own problems loom large, sometimes the best we can do is to look outward instead of inward. Replacing thoughts about our woes with words and deeds on behalf of others can douse negative self-talk — and may well be a good end, in and of itself, for the thoughts that ail us.

*Paul Terry, PhD*

## 221 Food Decisions a Day

No wonder we’re an overweight nation. According to a study in the January *Environment and Behavior*, we make 200+ food-related decisions in a day — almost 15 times more than people typically estimate when asked to guess.

With that many opportunities it’s easy to see how we can slip up, because our mind goes on autopilot, according to researcher Brian Wansink, author

of *Mindless Eating: Why We Eat More Than We Think*. Wansink suggests some simple tricks to get out of the autopilot mode and make more rational eating choices:

- **Use smaller bowls.** People who do this ate almost 60% less than those who serve in larger bowls.
- **See it before you eat it.** Never eat out of a package. People served a

snack mix in a bowl ate 134 fewer calories than those eating straight from a bag.

- **Sit next to the slowest eater at the table.** Use that person to pace yourself, set your fork down between each bite, and always be the last person to start eating.

## Is Your Wellness Program GINA-Compliant?

New Genetic Information Nondiscrimination Act (GINA II) regulations clarify an important point: Wellness programs rewarding completion of an HRA that collects family medical history will violate GINA unless the forms are modified. There are several options for achieving compliance, however. Check these resources and consult your legal advisers to be sure:

- Have You Met GINA Yet? (<http://healththeadlines.idwellness.org/2009/11/19/have-you-met-gina-yet>)
- Do Your Health and Wellness Plans Violate GINA? (*Benefits eAuthority*, October 6, 2009)
- Title II of GINA Becomes Effective November 21, 2009 (*White & Case ClientAlert: Employment Law*).