

# Lessons From Health Coaching...

## Dr. Phil Unplugged — Please!



...by **Paul Terry**

If you're looking for an easy way to understand the philosophy and methodology behind a common health coaching practice, "motivational interviewing" (MI), simply watch Dr. Phil. Note how he reacts to those he is counseling and listen to how he responds. What you're witnessing is the opposite of MI.

I've long recognized the power of appreciative inquiry; it's a nonjudgmental approach to root cause analysis and, as such, a close cousin to MI. I've also seen the positive impact of cognitive therapies and have found that applying the right health education theories to the right problems can improve program effectiveness. Balancing the science and art of facilitating behavior change is a welcome challenge for health promotion practitioners. That's why certified, quality-driven health coaching centers make solid investments in training and monitoring of accepted metrics behind each encounter. When we evaluate a coaching call, we have checklists of practices we're listening for that predict a successful experience for participants. So, as one who believes there is a right way and a wrong way to be a health coach, I find Dr. Phil painfully hard to watch.

Let's examine a coaching encounter related to medication adherence and compare Dr. Phil to Dr. Paul. Almost half of all patients with chronic conditions stop refilling prescriptions within a year, so the health coach can play a vital role in

improving adherence. In fact, some research colleagues and I recently published a study (*see reference at end of article*) showing that health coaching significantly reduced the average number of barriers to medication adherence for participants who completed a 6-session diabetes coaching program. The greatest barriers are an unwillingness to change behavior and a belief that medication will not improve their health. Hundreds of randomized controlled trials testing the effectiveness of approaches to increase adherence show that changing this seemingly simple behavior is multifaceted and complex. It seems Dr. Phil may have missed those studies... I imagine this is the difference between how we would respond to a client I'll call Mary:

**Mary:** "I'm afraid I'm way behind again on keeping up with my high blood pressure pills."

**Dr. Paul:** "You used the word 'afraid', Mary; tell me why?" (Reflective listening)

**Dr. Phil:** "You *should* be afraid! You got that right, Mary! It's the not taking your meds you've got way wrong!!" (Not reflective listening)

**Mary:** "I'd liken it to why I'm afraid I'm behind on many things. I just don't have the energy for another hassle — especially not one that I'm not convinced is worth it."

**Dr. Paul:** "So you're simply not willing or able to stay on the meds? Really?" (Amplified reflection)

**Dr. Phil:** "Well! Then along comes Mary!! Are you willing to look your loved ones in the eye and explain why cutting your life short is okay with you so it should be okay with them?" (Blaming and bombastic)

**Mary:** "I'm certainly willing to give it another try, but I don't want to pile this one on top of my other failed attempts."

**Dr. Paul:** "I wonder if we can reframe what you're viewing as a failure into some hard learned lessons about what does and doesn't work for you in building a new health habit? But before we discuss that, would you be interested in hearing about what has worked for others I'm coaching?" (Setting the stage for cognitive restructuring and asking permission to offer advice)

**Dr. Phil:** "What I need from you young lady is first, for you to acknowledge some accountability here. Second, it's well past time to buck up and do what's right for your loved ones. And, three, and now write this down in bold letters, start a record of the days you take your meds and be ready to bring that back to your doctor visits! (Setting the stage for another failure and for a greater loss of confidence and self-esteem)

When we review the science behind health coaching and give demonstrations about how it works, I'm quite conscious of how many people assume coaches should be much more directive than well executed MI

typically calls for. To be sure, some participants — especially those with a firm *external health locus of control* (a belief that others, such as God or doctors, strongly influence their health) — appreciate and need more guidance and direction than others. But for most, the last thing they want is a lecture. They know what they “should” do. Most people are simply stuck with a garden variety (though sometimes forest sized) ambivalence about whether the advantages of change will outweigh the disadvantages. This conflict has moved in so gradually and taken root so deeply that they hardly notice it anymore. In response, the textbook definition of MI is: “a client centered, semi-directive method for engaging intrinsic motivation to change behavior by developing discrepancy and exploring and resolving ambivalence within the client.” (Miller, 2002)

In Dr. Phil’s world, following the doctor’s orders seems to be motivation enough. There is no discrepancy, only responsibility. And as for ambivalence, it seems the surest way to overcome it is less an empathetic but firm nudge than a swift kick in the butt. I expect Dr. Phil’s TV clients may well head home with a serious intent to change. What’s more, they may be successful at it, but only for a short while. It wouldn’t take that much, really, to turn Dr. Phil’s advice dispensing into valuable coaching. He just needs to get unplugged. I imagine the only one strong enough to pull that off is Oprah.

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Melko, C., Terry, P., Camp, K., Xi, M., Healey, M., “Diabetes Health Coaching Improves Medication Adherence: A Pilot Study.” *American Journal of Lifestyle Medicine*. Vol. 4, No. 2, 2010. Pgs. 187-194.

## PPACA Is Good for Wellness Industry

Organizations expect the recently passed Patient Protection and Affordable Care Act will do little to help them decrease healthcare costs or improve workplace health, according to a Towers Watson study (May) of 661 HR and business executives in medium to large organizations. Specifically:

- Only 14% think healthcare reform will help contain costs
- About 25% think reform will encourage healthier lifestyles
- Just 2 in 10 think quality of care will improve.

The pessimism is good news for career health promoters, because organizations will continue to explore options for improving health and managing costs. Some instances of low-hanging fruit:

- Move more energy and resources into self-care and medical consumer education
- Focus on one of the highest costs — prescription drugs — by educating in the use and value of generics as well as mail-order plans
- Design seminars and materials that highlight which of your employer’s plan offerings provide the most cost savings based on life stage
- Review vendor services (such as nurse advice lines) to determine if the value is being maximized
- Document and communicate your wellness program’s potential healthcare cost savings (by comparing participant vs. nonparticipant health expense, for example)
- Concentrate on lower-cost, higher-participation services (such as campaigns) to demonstrate efficient use of resources and value to employees beyond cost containment. 

