

## **Teaching Health Coaches to Integrate Positive Psychology with Physical Health to Improve Disease Management Outcomes**

PATRICIA DONOVAN: This is Patricia Donovan with the Healthcare Intelligence Network. Today I am speaking with Margaret Moore, who is the CEO of Wellcoaches Corporation and co-founder of the Coaching Psychology Institute at McLean Harvard Medical School. Margaret is presenting at HIN's audio conference on "Teaching Health Coaches to Integrate Positive Psychology with Physical Health to Improve Disease Management Outcomes." Thanks for joining me today Margaret.

MARGARET MOORE, CEO OF WELLCOACHES CORPORATION: Thank you Patricia.

PATRICIA DONOVAN: We're going to be doing something novel during this audio conference, which is to present a 20 minute live health coaching demonstration with a volunteer who has agreed to act as a client. And we're really looking forward to this. Let's talk a little bit about why this kind of demonstration is effective and what the health coach and the people who manage a coaching team could possibly learn from this.

MARGARET MOORE: Well terrific. When I first started presenting on coaching maybe 5 years ago I found that you lay out the principals and you explain the processes and the philosophies and all of that and so often people say, "I already do that. I already listen. I already ask open-ended questions. I already blah blah blah." And I've found that when you look at coaching and coaching psychology and when you read it in a book, that's often one's reaction, you say well I know what that is. I already do those sorts of things. So I decided to start doing demos, live demos and we've done dozens and dozens and dozens of these over the years and we do them in coach training classes. And we've come up with a very simple tool to develop a wellness or a vision for ones health and well being that follows the

principals of the trans vertical model and so we share that so people know that it's not a completely random process.

But the actual interaction and what happens in the coaching session and so often what you hear is a break through in insight and you hear the shift in the client's energy and it's the sense of what they can do. And when you observe that mini transformation over 15 minutes, you realize gee that is a different relational interaction than I am accustomed to listening to. And so it's a much more powerful way to bring to life what coaching is and what it isn't when you hear it in action.

PATRICIA DONOVAN: I see. Well that's going to be very interesting to listen to. As far as recruiting your volunteers what type of person do you usually seek for this type of demo? Should they have a particular lifestyle issue or health problem that they're dealing with?

MARGARET MOORE: Well given that you're addressing an audience that's involved in chronic disease it would be helpful if it were someone who had at least a modest health issue or health risk that they're dealing with and wanting to kind of get on top of. What often happens in a health coaching conversation is that there are things going on in people's lives which need to get addressed and it's probably not so helpful if someone brings a career issue or some other aspect of life which is not so directly health related. So someone that's got some aspect of their health and well being that they want to work on and that can show our listeners how we can address these areas with these skills.

PATRICIA DONOVAN: I see Margaret. Now once we identify a volunteer would you coach them a little bit in advance of the demo, what kinds of preparation would they expect?

MARGARET MOORE: I would have a telephone meeting with them and ideally they would complete a survey of their character strengths. We may or may not bring those up, but they're a very useful tool at times. So that would be a little survey they would do and I would just get a sense from them what areas they're wanting to address. And then when we get to the class we would just jump right in.

PATRICIA DONOVAN: I see, and then during the demo would you expect them to act naturally or would you expect them to act a little resistant to coaching suggestions at first or would you just want the conversation and the coaching session to roll in a natural way?

MARGARET MOORE: Well you know, our goal is for it to be authentic. And so we're really calling our clients to bring their authenticity to it and so for whatever reason when we get started, people generally forget that there are x number of people that are listening in and they just get very focused on what's going on. And so yes it will be authentic. Now if there are areas where the volunteer doesn't want to go, personal areas, that's completely up to them, and I am very careful not to press if I think that this is an area that would be awkward in that setting. So we stay with stuff that the individual is comfortable with dealing with.

PATRICIA DONOVAN: I see. Thank you Margaret. I'm sure that this is going to be a learning experience for everyone. Let's just talk for a minute about how an organization can evaluate the performances of its own health coaches. Do you recommend critiques of previously recorded calls such as this type of demo where we're going to be discussing it immediately afterwards as perhaps a way for a coaches performance to be evaluated?

MARGARET MOORE: Yes. In fact, we've built and customized score sheets for different interventions where we are identifying the

coaching skills that we believe are related to outcomes and we measure competency of those skills and there are lots of different scales. But yes, one would maybe pick a core set of skills that you want to hear that comprised sort of the ideal call or the ideal session and then measure those. And that's a very good teaching tool because if someone is not doing great at reflections you can score that and you can come up with examples and then you can help train that. And reflections are one of the most powerful ways to help the client listen to get engaged, get more kind of emotionally involved in the conversation. So there are a number of skills one can track and measure. There are also of course the hard outcomes, the health risks health care claims, those are separate. But most certainly those are a given.

PATRICIA DONOVAN: I see. Well those are all the questions that I have today Margaret. I want to thank you for being with us and to let you know that we're looking forward to hearing more from you during the audio conference and in particular experiencing this live demo aspect which is going to be very exciting for us.

MARGARET MOORE: Well great. We really appreciate the opportunity. Thank you for inviting us.