




*Lifestyle Interventions:
The Case for Health Coaching!*

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Outline

- What and why lifestyle interventions?
- How are lifestyle interventions enacted?
 - Health Coaching!
- Appraisal of the literature
 - SWAT Analysis
- Application & Discussion



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School of
Rehabilitation
Science
REACHING FURTHER



Western Health Sciences

Physiother Can., 2014 Summer;66(3):234-42. doi: 10.3138/ptc.2013-22.

Understanding physiotherapists' roles in ontario primary health care teams.

Dufour SP¹, Lucy SD², Brown JB³.



Guelph Family
Health Team

Physiother Theory Pract., 2015 Jan;31(1):29-38. doi: 10.3109/09593985.2014.930769. Epub 2014 Jul 1.

Physiotherapists supporting self-management through health coaching: a mixed methods program evaluation.

Dufour SP¹, Graham S, Friesen J, Rosenblatt M, Rous C, Richardson J.



INSTITUTE FOR
OPTIMIZING HEALTH OUTCOMES



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and Health
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Institute for
Healthcare
Communication

BMC Genetr., 2017 Jan 31;17(1):40. doi: 10.1186/s12877-017-0431-6.

Managing multiple chronic conditions in the community: a Canadian qualitative study of the experiences of older adults, family caregivers and healthcare providers.

Ploeg J^{1,2}, Matthew-Maich N³, Fraser K⁴, Dufour S⁵, McAiney C⁶, Kaasalainen S⁷, Markle-Reid M^{8,9,10}, Upshur R^{11,12}, Cleghorn L¹³, Emili A¹⁴.



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Lifestyle Interventions – What?

- **Lifestyle** - the personal customs or habits of an individual or group of individuals.
 - alludes to active adaptation to the social milieu, which develops as a product of need for integration and socialization.
- **Health Lifestyle** - dietary habits, physical activity habits, the social use of substances such as alcohol and tobacco and exposure to other risky behaviours.
- **Lifestyle Interventions** - involves the *counseling* related to the evidence-based use of lifestyle therapeutic approaches that include diet, physical activity, sleep, and stress management (Bo et al, 2016).



Lifestyle Interventions!



NUTRITION



EXERCISE



TOBACCO
& ALCOHOL



STRESS
MANAGEMENT



SLEEP



HEALTHY
RELATIONSHIPS

Evidence Overwhelmingly Supports Efficacy of Lifestyle Medicine



Lifestyle Interventions – Why?

- Lifestyle conditions (non-communicable chronic conditions & chronic MSK conditions)
 - epidemic proportions
 - systemic inflammation key
 - insulin resistance, HPA-axis dysregulation, microbiome dysfunction
- More Canadians are living with, and living longer, with lifestyle conditions than ever before.
 - Health span is decreasing.

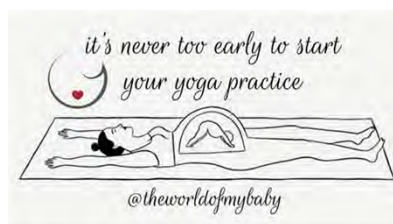


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Lifestyle Interventions – Why?

- Implementation of lifestyle interventions holds great potential for advancing health creation.
- Health promotion & upstream care.



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Lifestyle Interventions – How?

- **If...** lifestyle interventions essentially hinge on changing the way one enacts customs or habits....
- **Than...** we need to use intervention techniques that target behaviour change.
- How do we best enact behaviour change strategies?
 - *Health Coaching / Health Counselling*

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Health Coaching – What?

- An evidence-based mode of self-management support that is typically conducted in the context of health behavior change for creating health.
 - self-management support vs. self-management.
- Founded on several well-established schools of behavior change including:
 - self-efficacy (Bandura, 1977).
 - the transtheoretical model (Prochaska and Velicer, 1997).
 - motivational interviewing (Rollnick and Miller, 1995).

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Health Coaching – Why?

- Health behaviours are complex
 - ultimately manifest as the culmination of multiple factors
 - personal (e.g., motivation)
 - social (e.g. family influence, social media)
 - environmental (e.g. living situation, built environment)
- Impact of health behaviours are cumulative
 - negative consequences often not obvious
- Ambivalence about change is pervasive
- **Health beliefs are very powerful!**

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The Power of Belief in Healing



Common Unhelpful Beliefs

- Our bodies are genetically predisposed to disease.
- The human body is a machine that breaks down sometimes.
- We require a force outside of ourselves to fix us.
- Disease is often the result of bad genetics.
- Pharmaceuticals, surgeries, mechanical manual techniques are the only “real” solutions.

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Health Coaching – How?

- Through a collaborative process.
 - think counselling as differentiated from education!
 - PT functions like a coach
- Facilitating skill building through a communication-based intervention.
 - enhance understanding of health knowledge
 - deconstruct negative health beliefs
 - enhance confidence to make behaviour changes to realize constructive health beliefs
 - problem solve around barriers

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Health Coaching – How?

- Through resolving ambivalence (**cognitive dissonance**) and facilitating belief in one's ability to do different and be therefore different (**self-efficacy**).
 - “yeah but...”
- Behaviour change will stem from conviction in the individual's belief that making a change will be a health constructive change (**conviction**) and the confidence to enact the new way of being (**confidence**).
 - Goals and associated action plans generated from the individual not the coach.

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Motivational Interviewing – What?

- A method of counselling that focuses on 'evoking and strengthening' the *individual's* own verbalized motivations for change.
- Arguments for change are classified as 'change talk'.
- Arguments for maintaining the status quo are classified as 'sustain talk'.
- The focus is to explore those arguments (reasons), resolving the ambivalence to change and guide the patient as they shift to 'change talk'.
- **A key method to enact Health Coaching!**



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Motivational Interviewing – How?

- Asking not telling
- Actively listening and facilitating them doing the talking
 - open-ended questions
 - listening for notions around health beliefs
 - identifying areas of ambivalence
 - gaining a sense of where previous successes have occurred
- Reflectively listening
 - demonstrated through summarizing and re-framing
- Demonstrating empathy

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Choices and Changes: Motivating Healthy Behaviors

- Clinicians are well-versed in the notion that specific behavioral changes can improve health.
- However, they are typically ill-equipped to help patients make changes.
- Founded on **motivational interviewing** principles
 - Provides clinicians with appropriate tools to motivate patients' health behavior changes.

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Cognitive Behavioural Therapy

- CBT requires a collaborative relationship with the client, sharing framework and methods
 - as a joint exploration in which the client learns skills to apply beyond the therapeutic setting in development of self-management skills.
 - Motivational interviewing fits within a CBT approach
- PTs are expected to demonstrate basic physiotherapy competencies that align with generic and basic CBT competences such as:
 - the ability to engage the client
 - foster a good relationship
 - Establish goals and action plans (DD citation?O

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Psychologically Informed Care

- Generally described in terms of the methods used by the PT as delivered “within a psychological framework”
- Involves counselling techniques (MI/CBT), which also often encompass mindfulness-based, acceptance-based and lifestyle-based interventions.
 - If you are enacting psychologically informed care than you are health coaching!

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Advancing Psychologically Informed Practice for Patients With Persistent Musculoskeletal Pain: Promise, Pitfalls, and Solutions

Physical Therapy

Francis J. Keefe, Chris J. Main, Steven Z. George

Table 1.
Major Types of Interventions Used in Psychologically Informed Practice Approaches

Intervention	Brief Description
Educational	Threat reduction and activation ⁴⁶
Behavioral change	Explicit focus on incorporating adaptive behaviors in response to pain ⁴⁷
Cognitive-behavioral	Principal focus on cognition and coping strategies ⁴⁸
Psychophysiological focus	Variants of stress reduction and mindfulness ^{48,49}
Contextual cognitive-behavioral therapy	Acceptance and commitment therapy ^{10,50,51}

Physical Therapy Volume 98 Number 5

May 2018

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“Given the prevalence of lifestyle-related conditions and the effectiveness of changing lifestyle behavior, health behavior change warrants being a clinical competence across healthcare professions”.

(World Health Organization, 2008).

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Lifestyle Interventions

- Delivered through the framework of “physiologically informed care”
 - Utilizes health coaching among other conservative care strategies to support health creation.
- Critically important based on current population health trends
- Where are PTs at in enacting lifestyle interventions?
- What is the state of science and practice?


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SWOT Analysis: Lifestyle Interventions and PTs





SWOT - Strengths

- Evidence-based interventions to address lifestyle conditions are well-documented.
 - We do have a clear sense of what works
 - Interventions through a psychosocially informed lens
 - Counselling as clearly distinct from education
- Other forms of counselling as related to functional impairment strongly routed in in the PT profession already.
- PTs important contribution as the largest non-pharmacological (conservative care) provider group well-established (for over a decade).
 - Already the “physical activity” experts.

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SWOT - Strengths

- PTs are established leaders in pain science and associated cognitive approaches.
- We know lifestyle interventions appear to be effective for conditions such as “lower back pain” traditionally considered from a biomechanical perspective.
- PT associations more explicit statements regarding the professions’ role in lifestyle interventions and associated health promotion.

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SWOT - Strengths

- Counseling skills to effect behavior change are recommended to be addressed early in entry level PT curricula
 - considered fundamental to contemporary practice
- Recent research base among high impact PT journals highlighting an increase in content related to lifestyle interventions.
 - sleep
 - nutrition
 - stress system resilience
- Research demonstrated that PTs can effect positive changes in their patients 'lifestyle behaviors.

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Journal
Physiotherapy Theory and Practice >
An International Journal of Physical Therapy
Volume 28, 2012 - Issue 8

Research Report

Can physical therapists counsel patients with lifestyle-related health conditions effectively? A systematic review and implications

Wiebke Frerichs BSc , Eva Kaltenbacher BSc, Johannes Peter van de Leur BA, MS, PhD & Elizabeth Dean DipPT, BA, MS, PhD

Musculoskeletal Care

LITERATURE REVIEW

The effects of behavioural counselling on the determinants of health behaviour change in adults with chronic musculoskeletal conditions making lifestyle changes: A systematic review and meta-analysis

Emma S. Martin , Fiona Dobson, Michelle Hall, Charlotte Marshall, Thorlene Egerton

First published: 02 August 2019 | <https://doi.org/10.1002/msc.1410>

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ELSEVIER

Contents lists available at ScienceDirect

Musculoskeletal Science and Practice

journal homepage: www.elsevier.com/locate/msksp



Musculoskeletal Science & Practice

Review article

The effects of walking intervention in patients with chronic low back pain: A meta-analysis of randomized controlled trials

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BMC Musculoskeletal Disorders

Review | [Open Access](#) | [Open Peer Review](#) | Published: 11 April 2019

Strategies for optimising musculoskeletal health in the 21st century

[Rebecca Lewis](#), [Constanza B. Gómez Álvarez](#), [Margaret Rayman](#), [Susan Lanham-New](#), [Anthony Woolf](#) & [Ali Mobasher](#) 

[BMC Musculoskeletal Disorders](#) 20, Article number: 164 (2019) | [Download Citation](#) ↓

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SWOT - Weaknesses

- PTs are not enacting what we know
 - evidence is not being mobilized.
- PTs continue to value biomechanical approaches over psychologically informed approaches.
- PTs generally confident regarding the physical activity pillar, but not the other lifestyle pillars.
 - nutrition, sleep, stress system resilience

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SWOT - Weaknesses

- Research confirms PTs don't feel prepared to properly enact health coaching even after specialized workshop training.
 - Lack conviction and confidence
 - one training session is NOT enough
- “education” and “prescription” not appropriately delineated from counselling-based interventions in research and practice.
 - behaviour change cannot be prescribed.

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SWOT - Weakness


- Health behavior change strategies needs to be instructed, evaluated and practiced as stringently and systematically as other clinical competencies in physical therapy.
 - currently the implementation of assessment and intervention strategies is lacking.

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RESEARCH ARTICLE

WILEY


Implementation of person-centred practice principles and behaviour change techniques after a 2-day training workshop: A nested case study involving physiotherapists

Belinda J. Lawford¹  | Kim L. Bennell¹ | Jessica Kasza² | Penny K. Campbell¹ | Janette Gale³ | Caroline Bills³ | Rana S. Hinman¹

SHORT REPORT

WILEY

Psychologically informed approaches to chronic low back pain: Exploring musculoskeletal physiotherapists' attitudes and beliefs

Doré Young^{1,2}  | Michael Callaghan^{2,3,4} | Carianne Hunt⁵ | Michelle Briggs^{1,2} | Jane Griffiths¹

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SWOT – Opportunity

- Better leverage leadership in conservative care for the issues that face the population (lifestyle conditions, rather than orthopedic conditions)
 - Requires letting go and shifting of professional beliefs
- Better leverage professional advocacy role to more profoundly impact population health.
 - Determinants of health strongly influenced by social and public policy, PT need to assume a visible role in public health initiatives.
- Lead research to further establish impact of the integration of coaching-based lifestyle interventions in PT practice.

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Open access

Protocol

BMJ Open Healthy Lifestyle Program (HeLP) for low back pain: protocol for a randomised controlled trial

Emma K Robson,^{1,2,3} Steven J Kamper,^{3,4} Simon Davidson,^{1,2,3}
 Priscilla Viana da Silva,^{1,2,3} Amanda Williams,^{1,2,3} Rebecca K Hodder,^{1,2}
 Hopin Lee,^{1,3,5} Alix Hall,¹ Connor Gleadhill,^{1,2,3} Christopher M Williams^{1,2,3}

Strengths and limitations of this study

- ▶ The first randomised controlled trial investigating a comprehensive lifestyle intervention involving physiotherapy, dietetics and telephone health coaching for patients with chronic low back pain.
- ▶ The trial includes collection of a large range of variables to enable investigation of clinical effectiveness, cost-effectiveness and mechanisms of addressing lifestyle factors in patients with chronic low back pain to help guide healthcare policy decisions and clinical practice.
- ▶ Choice of primary and secondary outcomes is based on importance to patients with the condition.

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SWOT- Threats

- Our own professions perspective*
 - PTs don't always deem lifestyle consulting to be in our scope of practice or our responsibility.
 - Even after 4 days of training in psychologically informed approaches PTs still struggle with how to enact these care approaches.
 - related to cognitive dissonance? inability to unlearn?
- Patient/client/customer expectation
 - patients are not sure how they feel about PTs talking to them about diet and nutrition.

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SWOT- Threats

- lack of realization of established role of PT and competencies related to lifestyle interventions despite over a decade of advocacy.
- Despite being shown to be effective, lifestyle interventions are viewed by clinicians and other stakeholders to be unachievable in a sufficiently scalable manner.
- Personal health needs are clearly incongruent with societal practices (biological mismatch).

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Research Report


Journal of
Women's Health
Physical Therapy

Establishing Expert-Based Recommendations for the Conservative Management of Pregnancy-Related Diastasis Rectus Abdominis: A Delphi Consensus Study

Sin ad Dufour, PT, PhD¹
St ephanie Bernard, PT, MSc²
Beth Murray-Davis, PhD, RM³
Nadine Graham, PT, MSc¹

Finally, an interesting and unexpected finding was that the experts in this study did not agree on the role of health promotion in the conservative management of pregnancy-related DRA. Activity counseling, nutrition counseling, and sleep counseling were all left as inconclusive statements at the end of phase III. It has been proposed for more than a decade that physiotherapists need to demonstrate and enact clinical competencies that include assessments of health, lifestyle health behaviors, and lifestyle risk factors.³⁶ Furthermore, this perspective has been substantiated through a recent systematic review confirming that physiotherapists can effectively counsel patients with respect to lifestyle behavior change.³⁷ Knowledge translation related to the importance of integrating health promotion strategies into physiotherapy conservative management strategies is needed.

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Clinical Application

Saphia is a 36 year old women in her second trimester of her third pregnancy. She has a three-year old son and had a miscarriage (8 weeks gestation) approximately 1 year ago. She presents with pain that she describes as being close to her groin that moves from one side to the other and is most irritable when she is getting dressed or changing positions at night. She also mentions that she is really worried about her “core” as she states she is feeling more tierd and more pressure in her pelvis with this pregnancy and therefore has been much less active.

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How to do we care for Saphia?

- We need to engage in psychologically informed care, inclusive of pain neuroscience education
 - first assess and screen
 - promote **constructive beliefs and behaviors**
 - address the potential reasons why she is having pain this pregnancy
 - understand previous birth and potential unresolved trauma from the loss of her baby
- We need to address movement, nutrition and sleep (lifestyle)
 - promote health and fitness for an optimal birth and health of baby
 - build resilience in her stress system
- We need to address the pelvic floor
 - not through the lens of biomechanics – through the lens of psychoneuroimmunology (sensitization and protection)

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Yeah..but what about....

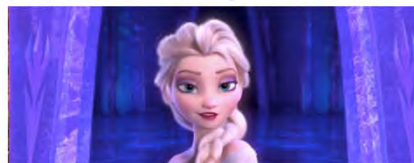
- Force closure and form closure concepts?
- What about weak deep abdominal muscles?
- What about specific movement related pelvic pain that come on acutely?
- Associated sciatica?

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Psychologically Informed Care

- Born out of the lack of efficacy of traditional structural biomechanical approach to lower back pain.
- Aims to enhance secondary prevention of disability
 - Improving individuals understanding of their pain
 - Improve tailoring of care
 - Improving outcomes



▲ Antony Lo · 12 Aug 2018
 ■ About Antony, Information For Therapists, Our Philosophy, Posture

The Postural Structural Biomechanical (PSB) Model – It's Time To Let It Go!

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[J Pain](#), 2015 Sep;16(9):807-13. doi: 10.1016/j.jpain.2015.05.005. Epub 2015 Jun 5.

Fifteen Years of Explaining Pain: The Past, Present, and Future.

[Moseley GL](#)¹, [Butler DS](#)².

[J Man Manip Ther](#). 2017 Jul; 25(3): 160–168.

PMCID: PMC5498797

Published online 2017 May 22. doi: [10.1080/10669817.2017.1323699](https://doi.org/10.1080/10669817.2017.1323699)

PMID: [28694679](https://pubmed.ncbi.nlm.nih.gov/28694679/)

A clinical perspective on a pain neuroscience education approach to manual therapy

[Adriaan Louw](#)^a, [Jo Nijs](#)^{b,c} and [Emilio J. Puentedura](#)^d

Journal of Manual & Manipulative Therapy

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Health Coaching

- Behaviour change strategies include:
 - building the therapeutic alliance
 - assessing stage of change
 - reduce perceived threat
 - reconceptualize beliefs
 - assist with problems solving around "barriers"
 - goal setting and action planning
 - developing self-monitoring practices

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CLINICAL PRACTICE GUIDELINE

No. 333, June 2016

Canadian Consensus on Female Nutrition: Adolescence, Reproduction, Menopause, and Beyond

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Closing Remarks

- Lifestyle conditions represent the current population health priority.
- Facilitating health creation is an important and relevant consideration in all clinical encounters.
- There is a call for PTs as the largest non-pharmacological provider group to facilitate the mobilization of the current state of the science where lifestyle interventions are concerned.

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Thank You & Questions?

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