



Coaching: 21st-Century Solution for Lifestyle Improvement

General Session: Keynote Speaker

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Paepcke Auditorium, Walter Paepcke Memorial Building, The Aspen Institute

Speaker:

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Transcription:

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I'm a professor and department chair of integrative health and somatic psychology at a small, accredited and a kind of nontraditional university in San Francisco. Somatic psychology is a word that might intrigue you a bit because it has to do with body-orientated therapy. I train masters-level graduates that enter the field of integrative medicine, and I also have embedded in my course a wellness coaching certificate. I've been looking – as a medical anthropologist – at how we heal the world and have been involved with the health promotion industry field for the last 30 years. I've really been looking into how spas are going to become true leaders. I believe in this behavior change turnaround that we are all facing.

I'm going to talk for 18 minutes – the length of a TED talk – and then Dr. Jay Williams will be up here for about the same amount of time. After that, we're going to both do a question-and-answer period for you.

The overview of what I'm going to discuss with you is very applicable, all practical applications for the spa industry. **We are going to look at this new model of health coaching, why it's more than health education, why it's necessary today and I'm going to give you some ideas about the state of the profession of health coaching and how you can apply it in the spa industry.** I'll even suggest how you might want to consider becoming coaches yourselves.

Why do we all need a new model beyond health education? It's the era of personal responsibility. For example, how did we reduce our smoking rates in the U.S. and worldwide? Well, two ways. 1) we put the responsibility on the individual, but 2) did

that in a cauldron of support. We make it unpopular to smoke in office buildings. It's easier to quit when no one around you is smoking, so **that is the two-step of true behavior change: 1) Yes, it's a personal responsibility, but 2) within an innate culture of support.**

As a medical anthropologist, I've studied healing systems around the world – lots of times with Ayurveda in southern India, shamanism in Ecuador and the beautiful ceremonies in Swahaka. As I look at all the healing arts, study them and figure which particular healing art works best for whatever ails you, I've developed an algorithm for looking at this very carefully, because there are certain methods that excel far beyond Biomedicine. Biomedicine is Western medicine (we don't say Western medicine because it is practiced all over the world now).

Sometimes modern medicine has its limits with chronic disease. **We had a huge wakeup call (with [Dr. Daniel Friedland](#) and [Philippe Bourguignon](#)) when we first gathered Monday morning at the Summit and looked at a new word: “diabesity” (diabetes and obesity).** By the way, an excellent book to look into is called [*The Blood Sugar Solution*](#).

It's not just 60-percent of the population – one in two that have pre-diabetes. And this isn't just for those in the U.S. The World Health Organization has declared 32 million deaths are caused every year by chronic disease not including Africa – which is expected to catch up in 2020. So there's a lasting antidote, and the only true cure to chronic disease is lifestyle improvement.

There are six behaviors that are crucial for lifestyle improvement. Only 1 in 20 people practices these six behaviors. **Knowledge alone is not enough.** As a health journalist, I know we are generating over 2,000 messages a week. You are reminded to eat healthier, get more exercise and reduce stress 2,000 times a week.

If knowledge is not enough, we lack the **skills**. The skills Dr. Daniel Friedland talked about – all the new findings in neuroscience. What we've done in health promotion and coaching is to use that and figure out what skills are needed to organize your brain in order to make your life better. There are lots of ways that we are not critiquing the health education model we've used for 30 to 40 years. And that model was highly critiqued for being hierarchal and not truly motivational for people to do what they need to do. Why have we formed a five university national consortium to say how are we going to heal and turn around people's behavior when health education is not doing it itself?

Turns out we could borrow a model from the business world – **executive coaching has been used for the last 40 years** – developed by people from Australia and the UK. When a CEO needs to make decisions, they sit with a coach. **The coach never talks down, but holds them as capable and pulls from them this intrinsic factor, helping them tap into their own resources and quiet down to their limbic brain and have that “aha” experience.**

Good coaches are skilled in how they move that into a technique and strategy for people. The current health care delivery system, Biomedicine, is a monoculture marching through the world, and the average length of time a doctor spends with a patient is seven minutes or less. **The medical school curriculum is a packed, dense curriculum and doesn't have time to teach behavior– which is becoming its own field, so coaching versus health education is so important.**

The concept of health education is 35-years-old – that's the length of one generation. When something is one generation old, it is due for renewal investigation, and that investigation is happening right now. As we see, people are sicker and fatter than ever. Yes, it's true, we have all sort of built in cultural missteps and trap doors from our ubiquitous food supply of non-nutritious calories.

We have engineered the need for physical labor out of existence. When I compare 1,900-calorie expenditure in the year 2000 (and we did this in a study for health medicine in California), it was phenomenal. Do you know what our great-grandmother and great-great-grandmothers did? There was no wall-to-wall carpeting, they were picking up a rug and shaking it; there was no refrigeration – instead she picked ice up from the iceman. There was no need for our grandparents to work out every day. The calorie expenditure was three to seven times higher than what it is for us today! Just think, in your own lifetime, you may have gone from a 1-CD changer to a 7-CD changer so, God forbid, you have to walk across the room to change one CD. Now we have our iPods which let us listen continuously for 15 hours a day. **Every little technological advancement decreases your caloric output.** So I don't need to preach anymore to this choir. You already know that.

What we do need to say is that the institute of medicine, which is the U.S. nation's health advisor, held a very important Summit in 2009. I was there with about 50 others, including what I call our lionized four: Dr. Ornish, Dr. Mehmet Oz, Dr. Mark Hyman and Dr. Andy Weil. **And they all said, “Help, we need a new tier of health coach professionals; we can't handle this alone among doctors, nurses, registered licensed health care people. We're not trained enough in behavioral change. We need new partners.”** Even Dr. Ken Pelletier, a wonderful expert in

health promotion studies, said, “When it comes to lifetime change or lifestyle change, the best model we have is coaching.”

So what’s the state of the health profession right now? It’s in a bit of chaos. Health and wellness coaching? It’s in a state of chaos.

There are no national standards. You can take an overnight course and call yourself a health coach. **I have seen the word coaching become so popular that financial consultants say that their business increases 30 percent when they switch their title to financial coach.** Coaching itself has this energy and charge, but it absolutely is a profession that needs professionalizing.

There is a national consortium that was put together in 2010 and has about 65 stakeholders, including the International Coach Federation, Holistic Nurses Association, health educators associations and the five universities I talked about. We have programs right now that teach health coaching. We all got together at a summit similar to this. And it was again like herding cats, health care professionals come from strong lineages, and they have strong egos, and they had to be the smartest kids in the class, and as a result, they are not always willing to give up what they consider turf – not just because of turf protection but because they believe they have been “socially trained” to believe that their methods, analysis, strategies, diagnosis are the best.

This gives you an idea of some of the stakeholders that are involved in this national consortium. **We have given ourselves conditions for developing benchmarks (if you call yourself a health coach just what does it mean?) and we also have given ourselves a goal of establishing a national certification test in about three years.** It’s going to be difficult to write these questions. We figure it’s not going to be a 150-item test, but also a video portion where you have to demonstrate your skills as a coach.

I haven’t really given you a real definition yet, but health coaching is the ability to sit with somebody in a respectful communication, in a powerful conversation, that evokes from them their ideas on how they can make that behavior change. The coach – the health coach – has to wear two hats – they have to be both an expert in nutrition, exercise physiology, stress management and the theories of behavior change. But they have to park all that aside because the coaching conversation is not a download of authority information. There are many coaching worlds that exist: **executive coaches**, people that call themselves **life coaches** that help with vision, meaning and purpose in life, and then this new category of **health and wellness coaches**.

The national consortium in the U.S. is thinking there will be two categories. **Wellness coach will be a term reserved for a mastery of wellness lifestyle change behavior. Health coach may be reserved for licensed health care individuals who need more mastery over chronic disease management.** This is still a contested issue – it’s hotly debated over monthly phone calls that I participate in. That’s because some of the licensed health care people say, “How can a wellness coach ever catch up to my eight years of study, my 20 years in the field – how could they ever pose themselves as having the same information that I have?”

You can hear within the budding profession the dynamic tension that exists – but I’m a great believer in dynamic tension, and I know that we’ve known from [John Kao](#) and innovative kinds of explorations that even better solutions can come from that tension.

I do believe that there will be two tiers of practice of health coaching.

1. **Basic coaching** – there are programs right now that can train you in three weekends with another 100 hours of mentorship coaching.
2. **Advanced programs**, like my own, that puts you through a master’s degree in which you have many courses – integrative nutrition, exercise physiology, stress management, medical ethics.

So there will probably be basic coaches and advanced coaches – that’s what we’re seeing now. Some of the advanced training for the advanced coaches gives an idea of the amount of psychological theory that they have to explore and understand.

One of the best theories they have to explore and understand is the work of [Robert Kegan](#), out of Harvard University, called *adult development theory*. **They use a lot of motivational interviewing, which is borrowed from the substance abuse world. It works best with people who are truly in a place of conflict in whether or not they even want to achieve a goal. It works with ambivalence in beautiful ways.** But this amount of in-depth positive psychology, resilience work, motivational interviewing, is embedded within the advanced training of health coaches as you can see.

So what does not work? This is really interesting. We have some studies from the University of Michigan on what does *not* change people’s behavior, and I bet you have some ideas on this.

How many of you have changed your behavior because a spouse or significant other asked you to change something? Wow, it does not work! The tests in this massive study that the University of Michigan did also showed that if your doctor said to do

something – it was almost the inverse effect – people give a nod in the doctor’s office, and then when they walk out of the doctor’s office, they don’t follow through.

So – what does work for behavior change? That was also part of this new study. We found that:

1. **Spiritual epiphany works.** People say the mother of Guadalupe appeared to me – I changed right then and stopped drinking. That works.
2. Another thing that works is what AA has known for 50 to 75 years now. Alcohol Anonymous worldwide venture has worked with **“rock bottom.”** When people hit “rock bottom,” they tend to change. What is rock bottom? Sometimes that bar keeps getting lower, so we don’t always know.
3. And the third way that people change is **through coaching.**

As a medical anthropologist, I always have to say, “Show me the proof. Where’s the evidence? How does it work?” Right now the randomized clinical trial is, of course, the gold standard within medical profession. We don’t have a lot of those – just 12 right now. But we do have quite a bit of other kinds of documented evidence saying that coaching seems to be the superior method for helping people change behavior. There’s evidence on several kinds of disease conditions.

For people that have depression – I just want to mention this one very carefully. Health coaching was compared to the customary care, which includes talk therapy and an SSRI (Prozac type) medication – and what we found **is that the coaching actually had better results with lifting depression. Why? Because sometimes people are depressed because all of the social conditions in their life are down. They don’t like this. Can’t have that. Want to change their living situation. Coaching helped them change the conditions of their life, and low and behold, the depression lifted. That was amazing research.**

How did we get anything done? Well, because the magic is in the powerful coaching conversations. **And when you think of a spa that may have 16 spa therapists working for it, perhaps you can think of one or two of those spa therapists [who] are begging for advancement in the career ladder. And wellness coaching could provide that spa therapist that advancement throughout.** The first coaching intervention should be an hour long – it can be a half hour – all the follow-ups could be telephonic. I think there’s a way to continue a relationship with a wellness coach at your spa with a six-month telephonic conversation for follow-up. There’s a procedure that’s followed by every coach based on how you can change a person’s life.

There are also typical coaching goals. Most coaches work with a wellness wheel – they look at every aspect of a human’s life. And they are able to then focus in, allowing that one person to choose that one area where they want to work on. So there are a lot of next steps. **Start in person, follow up with six months of telephone calls – weave it in to your regular spa kinds of activities – consider basic and advanced. You know your staff well enough to know who is really ready for an advanced step for coaching.**

To summarize:

- a) Chronic disease amounts to 70 percent of all our health care bills. This is worldwide except Africa – which will be in 2020.
- b) Coaching is proven to be superior to health education models. Coaches are entry-level players.
- c) In California alone, a health coach makes \$40/hr. to \$60/hr. – this is affordable by spas.
- d) Spas can take a leading role in offering coaching.

Let’s try something. I want to show you a conversation – a client has been at your spa and says *“You know, I’m so frustrated. I have gained every pound back the minute I leave here, and I don’t know how to keep the pounds off.”* The health education response would be the following: *“Have you tried eating smaller portions? Are you reducing your fat and sugar intake?”*

Now that all makes sense, right? Those are logical explanations. Though something happens when an individual hears that. Because what did they say? *“I’m so frustrated”* which was kind of run over, steam boated in the health education model.

First, you express empathy, then you roll with the resistance you just heard – you don’t steam roll it. You acknowledge it. You develop a discrepancy for hearing, and you support the individual. That all might be Greek to you right now, but I’m going to show you how the conversation goes from a coach.

Client: “I’m so frustrated – I gain every pound back the minute I leave here.”

Coach: “You know, that is frustrating, and it can’t be easy to start all over again.”

When you answer somebody with that kind of response, the barriers come down. Ah! The level playing field has opened up. Suddenly, you are a safe individual to talk to.

Client: “You know, I just don’t know how to keep the pounds off.”

A good coach hears what they call “change talk” in that sentence. Change talk: *“I don’t know how”* – there’s an opening there. You learn to step into that opening, and you answer with, well, a provocative question:

Coach: "Pretend you did know, what would happen?"

Client: "Oh, I know what happens – I overeat and I don't exercise."

Coach: "Ah – so you do know quite a bit."

That's the empowering moment of a coaching conversation and from there:

Coach: "You know, let's talk now. Let's problem-solve together. What do you think might be keeping you from keeping those pounds off?"

I know you can all think of who would make good coaches.

AUDIENCE Q&A

MEG JORDAN: What we liked about this is that we saw there was a way that the health coaches work with the health technology. The health technology may be a little overwhelming for all of your visitors. I think, "She thinks they use it more than I do." But I know we can train the coach to use it well and to sit down next to your computer and say, "Let's look at your scores together. That's really a beautiful meld right there." So questions...

AUDIENCE MEMBER: I just have a comment in support of something you said. I was a little surprised that most people haven't used the fitness software apps. Myself included, I would say about 100 percent of my friends use those apps, where you count your calories, the database on those apps [is] absolutely phenomenal. They have the calorie counters from restaurants of every meal you could possibly imagine, and it allows you to personalize your input. If it's not available you can just create your own. I would say about 100 percent of my friends use those, so I'm really surprised. I think it's a great loss in the spa industry [that it] is not involving [itself] in something like this.

JAY WILLIAMS: Absolutely, these people are paying for these products elsewhere if you're not selling them, so jump in. The profits are unbelievable. It's just an enormous to increase you revenues and your kind of activity.

AUDIENCE MEMBER: Meg, I think your idea of health coaches is right on. I'd love to see a health care block in all of medical school training. The fact is, there is enough time because we spend too much time memorizing things like the seven types of collagen when you only need to know two, this kind of stuff, and we're memorizing rather than learning. What I'd love for you to do is to prototype this at one of the universities in your consortium that you mentioned and one that also has a medical

school; you could probably guess which one. Simultaneously, I'd like to have you do this talk if you haven't already in front of the medical students, residents and fellow sections of the American Medical Association. Also, there is another student association that's a little more progressive than that one, and they are the people that brought us the 80-hour workweek, which is violated all the time, but nonetheless, a step in the right direction. I think you can ask, "What would you attempt to do if you knew you could not fail?" I would say, in order to get accepted by the medical community, you have to train them when they're young. All of [the] health care we talked about the other day was "Let's get on that K-12." Well, this is that K-12 analogy for health care training.

Jay, your stud is more powerful than anybody knows. We at Intermountain Healthcare have been telling congressional staff, the White House and other folks, whoever would listen over the last year, about new ideas with health technology are actually more empowering than what people realize. We had a conversation yesterday – I'm wondering if you could just speak to that – about integrating all of the information from the wellness center with an actual professional grade of electronic medical records.

JAY WILLIAMS: These platforms are so sophisticated. Basically, what your client can do is just have one-stop shopping for [his/her] whole health picture. In other words, what they're integrating into these platforms is not only their stats from their doctor, an annual physical, but also they fill out essays that inform the program of family history. All of this is based on all of the essays that are used in the medical industry, so it all matches up. They also do emotional and psychological essays, so it flushes out depression and stress, which we know hugely affect our health. That data is aggregated into the site, along with what you do on a daily basis. All of your medical and lifestyle information is there in one place, giving you a health score moment to moment.

Can I finish with one little quote? And please feel free to come to Meg and me; we would be happy to help you, but I wanted to finish with this. A famous person said this: "Countless medical studies show that the old one-way health directives from doctor to patient dramatically failed to keep people on track, but the gamification of adhering to regimes within fitness, diet, stress reduction, even beauty, with engaging elements like points, levels of achievements, challenges and rewards, may be the best weapon ever invented for keeping people in the health game." And that famous person was Susie Ellis.