

Facilitating Behavior Change:

Health Coaching as a
Effective Intervention in the
Workplace Setting

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You would think . . .

- that having had a heart attack would be enough to persuade a man to quit smoking, change his diet, exercise more, and take his medication
- that hangovers, damaged relationships, an auto crash, and memory blackouts would be enough to convince a woman to stop drinking

You would think . . .

- that the very real threats of blindness, amputations and other complications from diabetes would be enough to motivate weight loss and glycemic control
- that time spent in the dehumanizing privations of prison would dissuade people from re-offending

And yet it is not enough



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Why *Don't* People Change?

Motivation ...

a central puzzle in behavior
change

Four Popular Notions: The problem with them is ...

- They don't see (in denial or lack insight)
- They don't know
- They don't know how
- They don't care

What Does It Take?

Four Common Solutions

- Give them **Insight** - if you can just make people see, then they will change
- Give them **Knowledge** - if people just *know* enough, then they will change
- Give them **Skills** - if you can just teach people *how* to change, then they will do it
- Give them **Hell** - if you can just make people feel *bad or afraid* enough, they will change

And yet it is not enough



Better Questions

- Why *do* people change?
- What can we do to help?



Why People Change

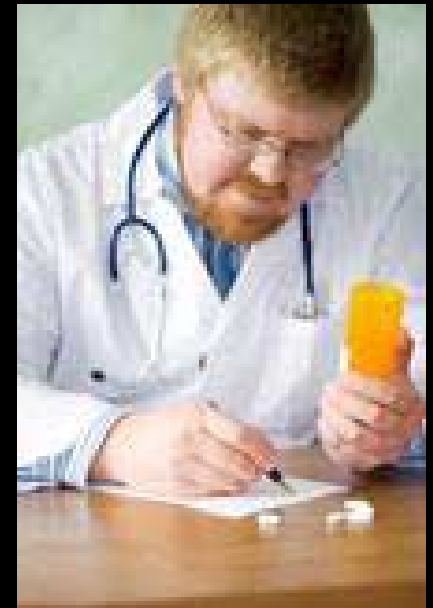
- Over the last two decade, researchers have explained this by:
 - ◆ Values Theory and Dissonance
 - ◆ Health Belief Model
 - ◆ Self-Efficacy Construct
 - ◆ Motivational Interviewing Approach
 - ◆ Stages of Change Model
 - ◆ Implementation Intentions Model

In other words, people change because:

- Their values support it
- They think it's important
- They think they can
- They work through their ambivalence
- They are ready for it
- They have a good plan and adequate social support

The 'Non-compliant' Patient

- What does it mean when we say that people are 'non-compliant'?
 - ◆ Are they ignorant?
 - ◆ Unmotivated?
 - ◆ Non-caring about their welfare?
 - ◆ Rebellious?
 - ◆ Lazy?



Non-compliance

- Alternative explanations for why people aren't compliant with behavior change or treatment plan:
 - ◆ Their values don't support it;
 - ◆ They don't think it's important;
 - ◆ They don't think they can;
 - ◆ They haven't worked through their ambivalence;
 - ◆ They aren't ready for it; OR
 - ◆ They don't have a good plan or adequate social support.

What we can do to help

First do no harm...

- Resistance is a predictor of poor outcome (Miller & Rollnick, 2002).
- Pushing against resistance tends to focus on and amplify it (Hettema, Steele & Miller, 2005).
- By simply reducing resistance, we increase the odds of a good clinical outcome (Amrhein et al., 2003).

What we can do to help



Elicit Change Talk



Amrhein, Miller, Yahne, Palmer & Fulcher, 2003

Effecting Change in a Workplace Setting

- Identify employees at risk (*claims and disability data, biometric screenings, health risk assessments, etc.*)
- Stratify at-risk employees and incorporate appropriate level of interventions
- Health coaching highly effective for top 20% at risk
- Motivational Interviewing-based health coaching is only evidence-based approach

Motivational Interviewing

“... a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.”

(Miller & Rollnick, 1992)

MI-based Health Coaching

- Based on the research on effective behavior change interventions, people need more than well-intentioned advice or scare tactics to get them to change.



MI-based Health Coaching

- It's much more effective to approach people in a way that:
 - ◆ expresses empathy;
 - ◆ supports their autonomy which allows them to put aside their defenses;
 - ◆ develops discrepancy between where they are and where they'd like to be;
 - ◆ explores their ambivalence and draws out their desire, ability, reasons, and need for change;
 - ◆ supports self-efficacy (belief that they can make the change); and
 - ◆ provides assistance with fully developing an appropriate plan of action that is realistic and sustainable.

Snapshot of MI Literature Review

- Emerged in addictions field in 1980s
(*Miller & Rollnick*)
- Currently, MI research in multiple disciplines and areas:

Primary care

HIV

Diabetes

Public health

Smoking

Adherence

Health
promotion

Exercise

Hypertension

Diet

Obesity

Eating disorders

Snapshot of MI Literature Review *continued*

- Research supports MI as:
 - ◆ Equivalent to more intensive treatment
 - ◆ Efficacious at low dose (2-3 sessions)
 - ◆ Effective as pre-treatment adjunct
 - ◆ Most effective approach for less motivated, less ready people
 - ◆ Applicable in wide range of situations for diverse populations

Snapshot of MI Literature Review *continued*

- Knight, K.M., McGowan, L., Dickens, C., & Bundy, C. (2006). A systematic review of motivational interviewing in physical health care settings. *British Journal of Health Psychology*, 11, 319–332
- Butterworth S., Linden A. (in press). Effect of Motivational Interviewing-based Health Coaching on Employees' Physical and Mental Health Status. *Journal of Occupational Health Psychology*.

MI-based Health Coaching Study at OHSU

- Purpose: To assess the effectiveness of our existing health coaching service
- Hypothesis: SF12v2 mental and physical health status and function will show significant improvement in health coaching clients versus control group
- Quasi-experimental design

MI-based Health Coaching Study at OHSU *continued*

- Subjects self-selected into treatment group
- 145 in treatment group; 131 in control group
- Treatment group received health coaching sessions over a 3-month period
- Pre- and post-data gathered for both groups

MI-based Health Coaching Study at OHSU *continued*

■ Analyses

- ◆ Cross-sectional analysis
- ◆ Matched case-control analysis
- ◆ Sensitivity analysis

■ Results *(as compared to controls)*

- ◆ Statistically significant improvement in SF-12 mental health scores among treatment group
- ◆ Statistically significant improvement in SF-12 physical health scores among treatment group

Staff Training for MI-based Health Coaches

- Outcomes only obtained with adequate staff credentials and training
 - ◆ At least bachelor's degree in health science area
 - ◆ Proficiency in MI as rated by nationally-trained coders using MISC
 - ◆ On-going in-service training in health content areas, behavior change models, and database management
 - ◆ On-going supervision and case review by MINT supervisors

Implications for MI-based Health Coaching

- Motivational Interviewing is an effective health coaching intervention for the worksite setting.
- MI-based health coaching has been demonstrated to improve mental and physical health status and function.
- MI-based health coaching is particularly effective in addressing health issues with employees who have previously been 'non-compliant'.