

Coaching for Wellness in an Assertive Outreach Team: moving from hope to action plans

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What is wellness?

- * **Emotional well-being**

“... a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people and the wider environment.” (New Horizons 2010)

- * PERMA (Seligman 2011)

- * **Physical health** – NICE guidelines schizophrenia

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What do I mean by wellness?

Emotional wellbeing and physical health

One example: Seligman

Positive emotions

Engagement

Relationships

Meaning

Accomplishment

Why does wellness matter?

- * Positive emotions aid creativity and resourcefulness (e.g. Broaden and build Fredrickson 2004)
- * Resilience – rocks and stream analogy
- * Thriving not just surviving
- * **Assertive Outreach clients** – long histories of needs not being met, painful experiences, low in autonomy, competence and relatedness (SDT)

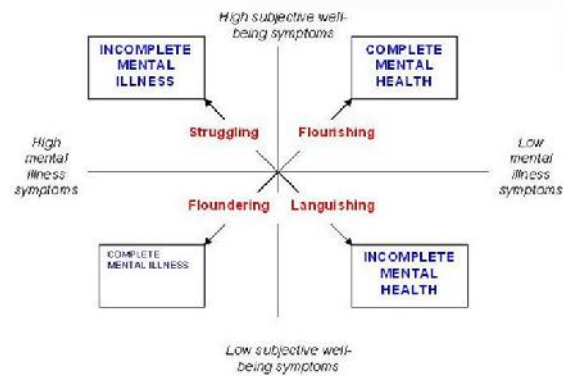
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Assertive Outreach – what are aims? Clients are often living difficult lives, focus can be on treatment of symptoms as these cause chaos, distress to client and worry those around the client – family and staff.

Little or no attention to living well, wellness, or well-being. OT referrals are for assessment of ability to manage at home.

The gaze seems short-sighted – looking directly ahead at reducing symptoms and short term plans such as where to live. Not looking at where the person wants to go in long term – aims, dreams. Or even at how the person will sustain their current life. It's fire-fighting really. Recovery understands that these long term issues are what will make the difference to getting and staying well. Research from pos psych backs this up, and coaching offers one way to make it happen. And OT – at least MOHO – gives us the tools for another way – as it forces and enables the focus onto these critical areas. However all these are necessary – otherwise, for example, an OT assessment can be used to make decisions about a person without their permission/involvement.

Mental illness and mental health (well-being)



Complete State model of mental health

Slade BMC Health Services Research 2010 10:26

doi:10.1186/1472-6963-10-26

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(used by kind permission Dr Mike Slade)

Useful to think of illness and wellness as two separate, though linked, dimensions .
Focus has been on illness reduction

- 1) Not enough to remove illness
- 2) Also you can increase wellness and that has positive effects in itself – PPIs-
leading to symptom reduction often but also even if not, person is less focused on
illness.

What you focus on grows...

- * “Interventions which support the individual in moving towards mental health may be as important as interventions which address the mental illness.” Slade 2010

Which is where coaching fits right in: focus on where you want to get to... and what works

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The importance of coaching for wellbeing and wellness – esp in severe mental health
...Recovery approach

What is Coaching?

- * “Coaching is unlocking a person’s potential to maximise their own performance. It is helping them to learn rather than teaching them – a facilitation approach” Whitmore 1992
- * “the primary focus of coaching is not explicitly on alleviating psychopathology or primarily dealing with distress, rather it is about assisting clients in articulating goals and helping them systematically strive toward goal attainment. These goals may be developmental or focused on enhancing performance or acquiring a specific skill set.” Grant 2007
- * Finding out what people want to do (or what they don’t even know yet that they want to do!) and helping them do it
- * Behaviour change

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Great way to put this new focus into practice – esp for AOT clients who don’t necessarily respond well to group or formal interventions. Very flexible and always goes with client.

Well-being, illness and coaching	
Coaching (Well-being)	Treatment (Illness)
Client focus	Professional focus
Help to articulate goals & to systematically strive to attain goals	Alleviate distress
Uses strengths, values	Focus on symptoms and pathology (measures)
Positive psychology approaches/interventions	Medical model
Approach orientation	Avoidance orientation
Self-efficacy and self-esteem (measures)	
Self-management skills	

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<http://finkhealth.com>

Self-management tasks (Lorig & Holman 2006)

1. Learn new behaviours
2. Integrate them into routines
3. Manage emotional consequences of change

Self-management skills

5 Core skills

1. Problem-solving
2. Decision making
3. Finding & using resources
4. Help to form partnerships
5. Taking action

(Lorig & Holman 2006)

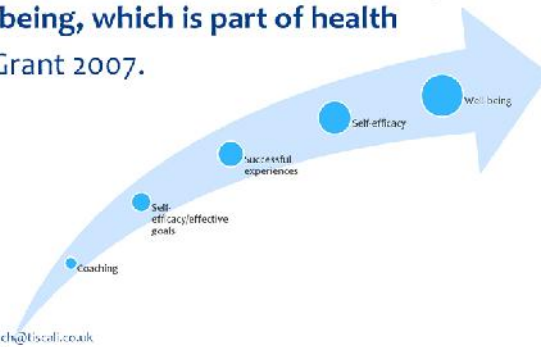
Benefits of Coaching

- * **Solution focused, cognitive behavioural coaching study (Grant 2006)**
- * Positive psychological gains even though focus was on goal achievement
- * Reduced anxiety, depression, stress
- * More insight and less introspection
- * Coaching should be solution-focused & generate insights & goal-oriented actions, rather than self-focused reflection

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Coaching to Well-being

- * Coaching enhances self-efficacy, which improves goal setting, which then gives rise to successful experiences, which build self-efficacy, and improve well-being, which is part of health
- * e.g. Grant 2007.



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So clients start to do stuff on their own – away from sessions – because they’ve started to believe that they can.

Building blocks of coaching

- * **Hope** –To have hope, you need: (Snyder, Rand & Sigmon 2002)
 1. Something that you want to be different in your life (a goal)
 2. To think of several ways you might get that difference that you can influence
 3. To have confidence, self-efficacy, self-belief
- * **Values** – What matters to you? Where are you headed?
- * **Strengths** – when are you at your best? What energises you?
- * **Goals**
- * **Action plans**

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So remember at the start I said we traditionally didn't get interested in what clients want in their lives – well in coaching we do just that

I think we need to look at all of the above – not start with trying to set specific SMART goals

Yes, coaching is goal oriented, but we need to start with an understanding – and more importantly, help the client have an understanding of what is important to them.

QUESTIONS!!

Goals happen in the future – but achieving them takes place now, so they work best when they take account of values and strengths.

Explore possible desired futures

Ultimate objective/behaviour/action (Jinks & Dexter 2012)

Performance goal – I will come in the first three in the 5k Race for Life next month

Process goal – I will run four times per week for the next four weeks

Courageous goals (Day 2012) – need to balance support and challenge.

“Dream...Share...Start” (used by kind permission Ian Day)

‘No goal’ goals – if my *intention* is to be healthy – how might that affect my choices as they arise?

What can I do today, this minute, to take me forwards

What is the very next step?

Avoidance goals – illness related – reduce or prevent symptoms

Approach goals – wellness related – promote connection, engagement in meaningful

activity, use of strengths

A case in point... me too!

- * Do while driving to/from pleasurable & rewarding (flow) activity – broaden & build (Fredrickson)
- * Give specific feedback for increased self-efficacy – and **much** more positive than negative
- * Discuss strengths & values – peace, outdoors, autonomy, connection –
- * Initial support moving to more challenge (goals)
- * Ask powerful questions!
- * Use my sig strengths of curiosity, justice, love of learning
- * Shared enquiry
- * Focus on what works
- * Positive emotions
- * Flow

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Client who in past yo-yo's on/off meds -team worried and persuaded to take meds – my approach – coach to reduce safely – he is now sticking on reduced and we talk about it – autonomy, relatedness, competence all evident

It's extremely important to see the relationship as one of two people engaged in an exploration of where one wants to go. It's also (I think) great that coaching draws out the best in both parties! It makes going to work fun (ask my colleagues about the difference they've seen in me since I started working in this way). This slide shows some key points of the coaching process on the left, and how I benefited, on the right.

Theoretical underpinning

- * Self-determination theory (Deci & Ryan 1985 in Spence & Oades 2011) – autonomy, competence, relatedness
- * Motivational Interviewing & trans-theoretical cycle of change (Miller & Rollnick 2002)– pre-contemplation & contemplation (ambivalent clients!)
- * Cognitive Behavioural Therapy/coaching
- * Positive psychology e.g PERMA (Seligman 2011)

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SDT (Sheldon & Elliot 1998, in Evidence based coaching pdf p74

4 Reasons why people pursue personal goals

1. External – someone else wants you to, or you think you'll get something
 2. Introjected – striving because you'd feel guilty, or ashamed if you didn't. You 'ought' to do it
 3. Identified – you really believe it's important – others may have initiated, but now it's really 'you'
 4. Intrinsic – just for the fun of it! The process, not the goal.
- The more autonomous the goal, the greater the well-being

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