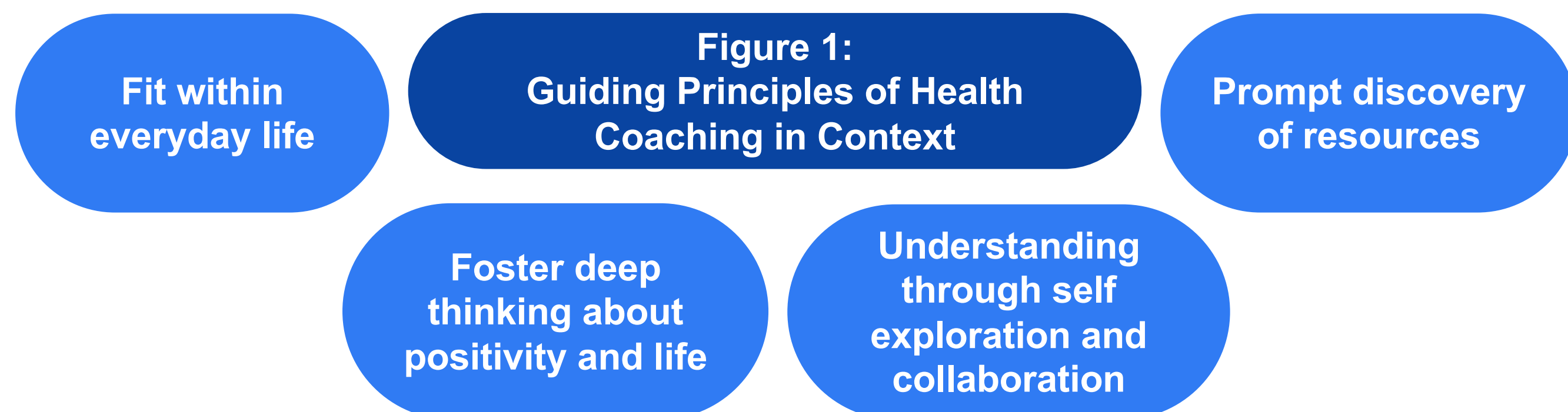# Health Coaching in Context: A Descriptive Case Study

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Introduction

Persons with spinal cord injury (SCI) often report challenges with accessing employment, reliable transportation and opportunities for social engagement, resulting in decreased independence and self-efficacy.[1] When challenges with access are addressed, participation in valued activities is possible and supports social-emotional health, physical health, and quality of life.[2,3]

"Health Coaching in Context" is a skillful dialogue that adheres to coaching competencies and draws from the tenets of health coaching and positive psychology. "Health Coaching in Context" reflects authentic client centeredness, and develops problem solving skills that address solutions that lead to meaningful engagement in everyday living despite the presence of a health condition or other personal or environmental factors. (Fig. 1)

Fit within everyday life

Figure 1: Guiding Principles of Health Coaching in Context

Prompt discovery of resources

Foster deep thinking about positivity and life

Understanding through self exploration and collaboration

Purpose and Methods

- Identify the impact of "Health Coaching in Context" on self-efficacy, and performance and satisfaction of self-identified coaching goals
- Examine the coaching client's reactions to "Health Coaching in Context"

Study Design	• Descriptive case study • Pre-post intervention, outcome measures (Fig. 2) administered before and at the completion of coaching relationship.

Health Coaching in Context	• Provided by two doctoral students (first and second authors) who:
	  ○ participated in 5, 60 minutes coach training sessions provided by a certified positive psychology master coach (third author)
	  ○ practiced coaching with iterative feedback for three month period
	• Conducted in client's home over 7 weeks
	• Each session informed by the process CONNECT-CLARIFY-CREATE (https://www.schoolofcoachingmastery.com/)
	  ○ Each session lasted between 45-60 minutes and audiorecorded

Coaching Client	• 41 year old adult living in the community • Sustained C5 level SCI at 13 years of age

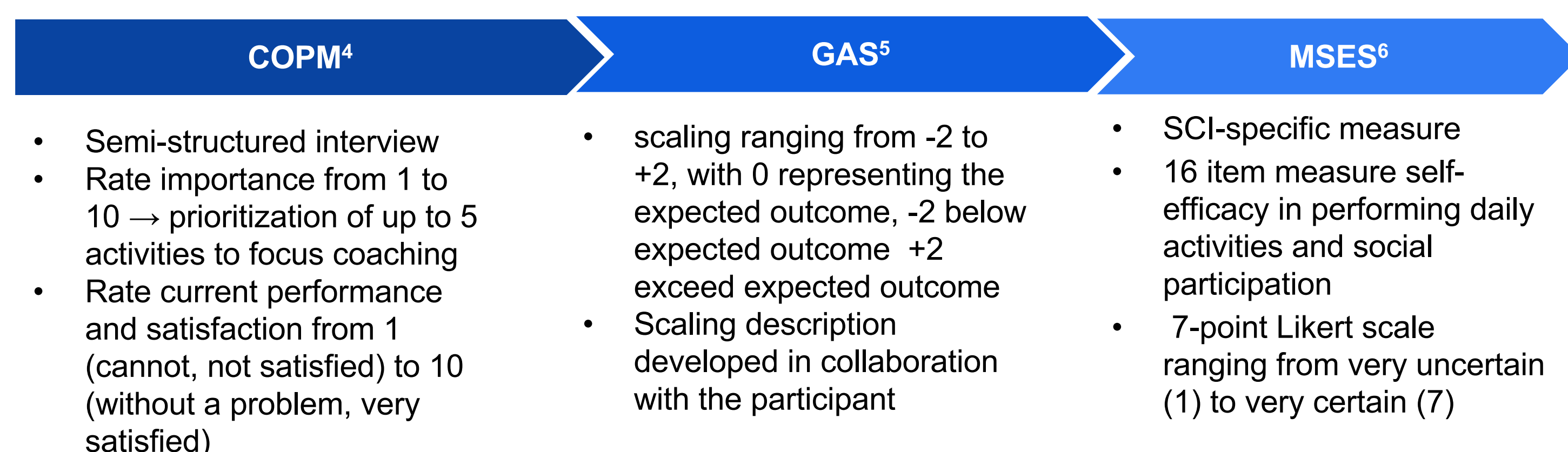| COPM[4]	GAS[5]	MSES[6]
• Semi-structured interview • Rate importance from 1 to 10 → prioritization of up to 5 activities to focus coaching • Rate current performance and satisfaction from 1 (cannot, not satisfied) to 10 (without a problem, very satisfied)	• scaling ranging from -2 to +2, with 0 representing the expected outcome, -2 below expected outcome +2 exceed expected outcome • Scaling description developed in collaboration with the participant	• SCI-specific measure • 16 item measure self-efficacy in performing daily activities and social participation • 7-point Likert scale ranging from very uncertain (1) to very certain (7)

Figure 2: COPM = Canadian Occupational Performance Measure; GAS=Goal Attainment Scale; MSES = Moorong Self-Efficacy Scale; all patient reported outcome measures

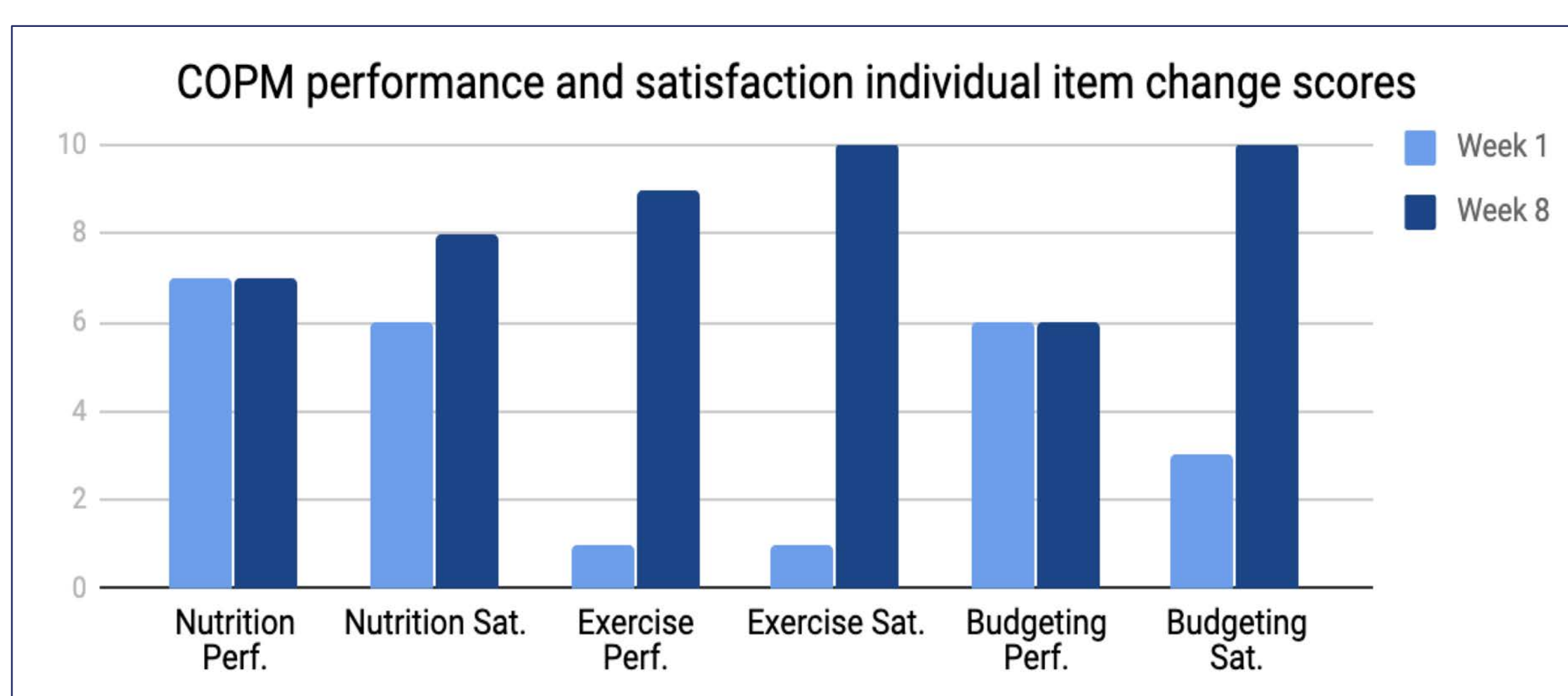## Results: Improvement in Self-Identified Goals

Figure 3: Average change COPM performance = 2.67 points; average change in COPM satisfaction = 6 points; performance and satisfaction average change scores reflect clinically significant change.[4] Perf=performance, Sat=satisfaction

Results: Improvement in Self-Efficacy

- MSES score improved from 93 to 106, out of 112 possible points.
- Item level analysis showed improvement in following:
  ✓ Personal hygiene
  ✓ Sexual relations
  ✓ Social interactions
  ✓ Health and well-being
  ✓ Perception about the future

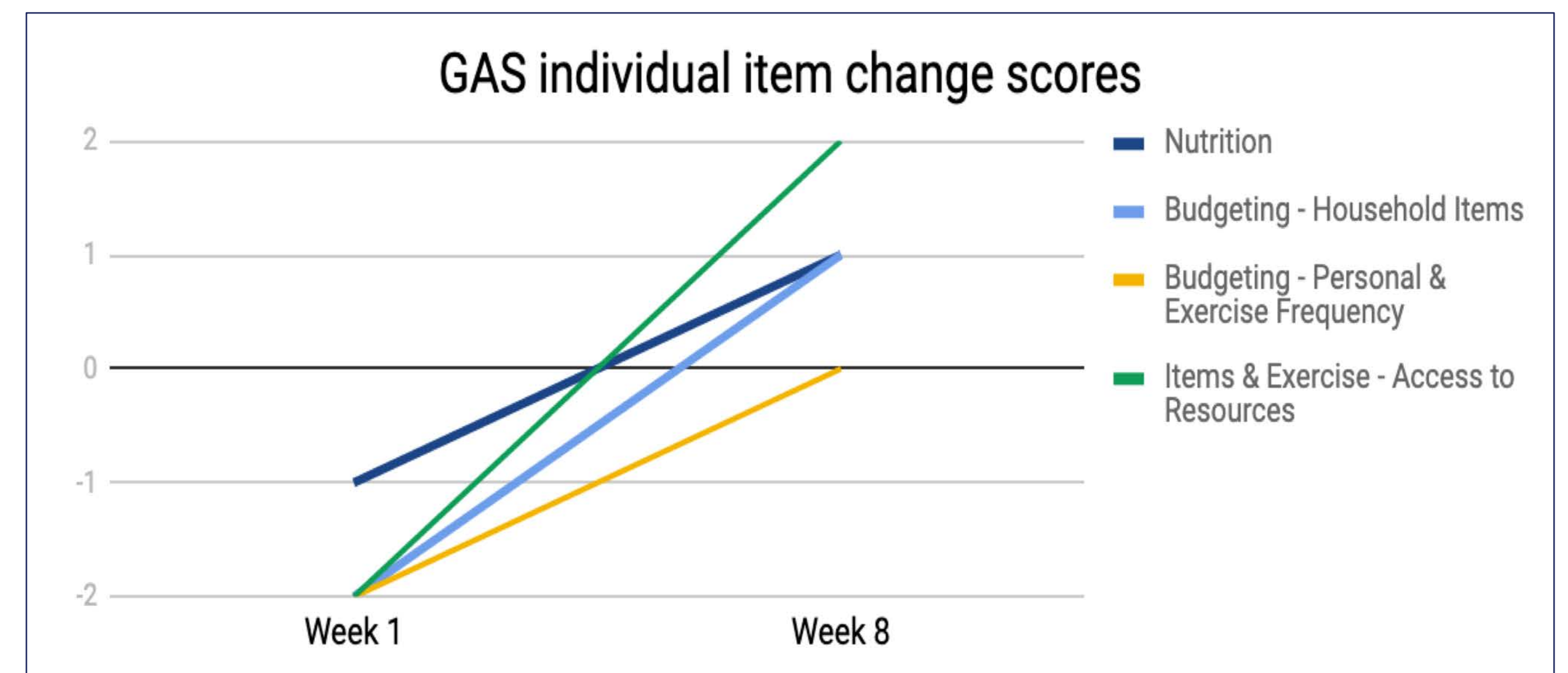## Results: GAS Met or Exceeded Expected Outcomes

Figure 4: Average change score = 2.6 points; each goal met (n=1) or exceeded (n=3) expected outcome. Y-Axis – 0=expected outcome, -1 and -2 = below expected outcome, +1 and +2 = exceeded expected outcome.

Results: Client's Reaction to Coaching

Reactions	Verbatim Examples	
Strengths and Values Post-Traumatic growth	Session 6: "The will and the desire I have and what I've been through, I just don't wanna fail. Like failure isn't an option to me, so if I can do it I'm gonna try my damnest. If I don't do it I can always say, well I tried."	
Shift in Mindset	Session 1: "…four or five Reese's cups, getting like Krimpets and like three Musketeers and eating chocolate Juniors."	Session 7: "I had it, enjoyed it, and moved on."
Problem Solving Skills	Describing pre-coaching habits during assessment: "Every time I have dollar bills over there I say oh this is for candy or a soda or something."	Session 5: "So now when I go to the store or something I try not to get dollar bills."

Discussion

- Study illustrates the positive impact of Health Coaching in Context
- Few interventions are substantiated to directly impact participation outcomes
- Positive outcomes are particularly notable given the significant number of years since injury

COPM Performance and Satisfaction Differential

- Nutrition and Budgeting
  - Performance scores for 2 goals were unchanged
  - Satisfaction scores improved from baseline by 2 (6 to 8) and 7 (3 to 10)
  - Potential explanations aligning with the tenets of response shift bias

Generalizable Self-Efficacy Improvement

- Substantial improvement in self-efficacy is not addressed during coaching
- Intent of coaching to promote problem solving skills that can be generalized
- This outcome should be noted as a potentially unique outcome of coaching that further validates it as a useful approach.

Implications for Practice

- Health Coaching in Context promotes solution-focused problem solving skills that generalize beyond the coaching goals.
- Those who utilize coaching should have formal coach training to ensure fidelity of coaching intervention.

References

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5. Kiresuk T et al. (1994). Goal Attainment Scaling: Applications, theory and measurement. New York:NY, Psychology Press.
6. Middleton JE et al. (2003). Self-efficacy and spinal cord injury: psychometric validation of the Moorong Self-Efficacy Scale. Disability Rehab, 31(2):281-288.

Acknowledgement