

BRIEF REPORT

Wellness Coaching: A New Role for Peers



Margaret Swarbrick

University of Medicine and Dentistry
of New Jersey
Collaborative Support Programs
of New Jersey, Freehold, NJ

**Ann A. Murphy, Michelle Zechner,
Amy B. Spagnolo and Kenneth J. Gill**
University of Medicine and Dentistry
of New Jersey

ACKNOWLEDGEMENT:
SUPPORTED IN PART BY A TRANSFORMATION
TRANSFER INITIATIVE GRANT FROM THE NATIONAL
ASSOCIATION OF STATE MENTAL HEALTH PROGRAM
DIRECTORS AWARDED TO THE NJ DIVISION OF
MENTAL HEALTH SERVICES.

Topic: This brief report presents the conceptual framework for the development of the peer wellness coach role including the definition of a new job role for peer providers and an overview of the knowledge and skills required for this role. *Purpose:* People with serious mental illnesses are at greater risk of living with untreated chronic medical conditions that severely impact their quality of life and result in premature mortality. Wellness coaching represents an intervention that can help individuals persist in the pursuit of individually chosen health and wellness goals. *Sources Used:* Literature and our personal and professional experiences developing this role and training are presented. *Conclusions and Implications for Practice:* Wellness coaching seems an ideal role for peers in recovery that has potential to address health and wellness issues facing persons living with mental illnesses who are at high risk of comorbid medical conditions.

Keywords: workforce development, peer support, health, consumer providers

In recent years, it has become quite evident that people with mental illnesses have limited access to medical care and are often undiagnosed or untreated for medical conditions that often lead to both poor quality of life and premature mortality (NASMHPD, 2006). Numerous conditions have an increased incidence among them including: circulatory disease, metabolic conditions including diabetes, obesity, hyperlipidemia, osteoporosis, chronic pulmonary disease, HIV-related illnesses, polydipsia, dental disease, and epilepsy (Lambert, Velakoulis, & Pantelis, 2003; Green, Canuso, Brenner, & Wojcik, 2003). Of particular

concern is the frequent occurrence of metabolic syndrome, a cluster of symptoms that increases an individual's risk for diabetes mellitus and coronary heart disease (Kelly, Boggs, & Conley, 2007). These symptoms include abdominal obesity, elevated triglycerides, elevated high density cholesterol disorder, hypertension, and elevated fasting glucose (Grundy, Cleeman, Daniels, et al., 2005, as cited in Kelly et al., 2007). The metabolic syndrome has been found to be an independent predictor of all-cause mortality (Kelly et al., 2007).

Metabolic syndrome and pulmonary disorders are examples of conditions that are heavily influenced by modifiable lifestyle factors and personal habits. For example, improved diet and regular exercise can reduce serum glucose and cholesterol. Smoking cessation can reduce the incidence of Chronic Obstructive Pulmonary Disease, coronary artery disease and lung cancer. Psychotropic medication adjustments can avoid excessive weight gain. While potentially modifiable factors significantly impact the onset and course of these disorders, many individuals face significant challenges in changing their habits and lifestyles. Coaching, specifically wellness coaching, is an intervention that can offer assistance in this regard.

Wellness Coaching

Coaching emphasizes collaboration in order to guide the person toward successful and lasting behavioral change through individualized support and reinforcement (Arloski, 2007; Botelho, 2004; Swarbrick, Hutchinson, & Gill, 2008). Unlike a counselor or mentor, a coach does not offer advice, but rather helps the individual brainstorm ideas

and develop steps they can achieve. Coaching does not include giving the solution to the problem, but energizes the “coachee” to solve the problem. The coach helps the person to find his/her own solutions, by asking facilitative questions that promote better self-understanding. They then collaborate on an accountability plan to ensure follow-through. The coachee receives assistance in developing a plan to achieve his or her goal. The coach also helps establish supports to motivate the accomplishment of the steps.

Coaching strategies can be used to help promote a wellness lifestyle. Wellness is a conscious deliberate process whereby a person makes choices for a self-defined lifestyle that is both healthier and more satisfying (Swarbrick, 1997, 2006). A wellness lifestyle includes a self-defined balance of health habits: adequate sleep, rest, good nutrition; productivity and exercise; participation in meaningful activity; and connections with people and communities that are supportive (Swarbrick, 1997, 2006). Wellness coaching provides support in the form

of effective communication skills to: 1) help the individual work through the process of developing a wellness-related goal (Arloski, 2007), 2) assist in identifying steps to take to achieve goals, 3) provide structure and support to promote progress and accountability, 4) assist the individual in strengthening his/her readiness to actively pursue wellness related goals (Botelho, 2004), 5) compile and share wellness and healthy lifestyle resources. Wellness coaches selectively use self-disclosure to inspire and support. Some of the most essential features of wellness coaching role are captured in Table 1 below. These coaches can be employed in a variety of settings as a member of a larger treatment or support team.

Potentially, the most qualified coaches for people with serious mental illnesses may come from the ranks of peers in recovery. Formal peer support or peer specialist roles have emerged within “recovery-oriented” systems of care even in places where they were formerly untapped (Schmidt, 2005; Solomon, 2004). Peers in non-mental health contexts are a form of social support which

TABLE 1—ROLES AND RESPONSIBILITIES OF A PEER WELLNESS COACH

Assist peers in choosing, obtaining, and keeping wellness and healthy lifestyle related goals.
Help peers work through the process of identifying health and wellness related goals.
Ask facilitative questions to help peers gain insight into their own personal situations.
Empower peers to find solutions for health problems and concerns they are facing.
Help peers find their own solutions by asking questions that give them insight into their wellness status.
Assist in identifying steps to take to achieve a health and wellness related goal.
Assist peers in strengthening their readiness to actively pursue health and wellness.
Use a variety of methods, tailored to the individual to setting and reaching health/wellness related goals.
Provide structure and support to promote personal progress and accountability.
Compile and share wellness and healthy lifestyle resources for peers and other staff or supporters.
Selectively use self disclosure to inspire and support.

public health and medical research has long recognized as necessary contributors to quality of life and healthy living (e.g. Lorig et al., 1999).

Based on their experience alone, peers in recovery might be an effective resource in terms of social support for facing similar challenges, however, most will still need to develop specialized knowledge and skills in order to adopt the role of a paid wellness coach. They will not have the requisite coaching skills to do an effective job, nor would they necessarily have the needed background health care and wellness information.

A peer operated agency and a school of allied health entered into a collabora-

tion to develop a curriculum to prepare peers to become wellness coaches. Financial support was received through the state mental health authority and NASMHPD's Transformation Transfer Initiative grant. Through an exhaustive literature review and focus group process with consumers of services, family members, and peer providers, the knowledge and skill competencies needed by wellness coaches were defined and were subsequently used as the blueprint for a training curriculum of 90 hours. Students in the training earn six undergraduate semester credits or three graduate semester credits. The curriculum topics of the courses are summarized in Table 2 below.

Thus far, 33 peers in recovery have completed the academic training in peer wellness coaching. Typically, the students are members of teams of providers in assertive community teams, supported housing programs, self-help centers and a variety of other settings. The authors are currently implementing research and evaluation protocols to collect data focused on proximal and distal outcomes of the wellness coaching services they are providing. Research efforts are underway to examine impact and to refine this educational curriculum in order to effectively prepare the workforce to help people with mental illnesses live a longer, more satisfying life. Future publications will detail both the development of the core curriculum that comprises the Peer Wellness Coaching training and report the results of the evaluation efforts currently in progress (Swarbrick and colleagues, 2010).

TABLE 2—CURRICULUM TOPICS

The scope of peer wellness coach's responsibilities
Communication skills (active listening, engagement, re-focusing)
Introduction to co-morbidity & premature mortality
Lifestyle factors for health and wellness
Coaching basics
Developing personal wellness plan, goal setting, developing and implementing plans
Stages of change and motivational strategies
Review of wellness and promoting wellness strategies
Self-care
Self-advocacy
Collaboration with other professionals, coordination of care
Helping others overcome fear of services
Role/importance of a "medical home," primary care provider
Resources, use of professional as well as low-cost and no-cost services
Coordination of care, advocacy
Specific health topics
Metabolic Syndrome - Role of specialist care for metabolic syndrome
Smoking cessation
Nutrition - Healthy eating and food preparation on a budget
Exercise - Developing a regular, modest, non-stressful program
Oral health and its relationship to cardiovascular health

References

Arloski, M. (2007). *Wellness coaching for lasting lifestyle change*. Duluth, MN: Whole Person Associates.

Botelho, R. (2004). *Motivate healthy habits: Stepping stones to lasting change*. Rochester, NY: MHH Publications.

Green, A., Canuso, C., Brenner, M. & Wojcik, J. (2003). Detection and management of co-morbidity in patients with schizophrenia. *Psychiatric Clinics of North America*, 26 (1), 115-139.

Kelly, D. L., Boggs, D. L., & Conley, R. R. (2007). Reaching for wellness in schizophrenia. *Psychiatric Clinics of North America*, 30, 453-479.

Lambert, T., Velakoulis, D., & Pantelis, C. (2003). Medical co-morbidity in schizophrenia. *Medical Journal*, 178, 67-70.

Lorig, K., Sobel, D., Stewart, A., Brown, B. W., Bandura, A., Ritter, P.,...Holman, H. (1999). Evidence suggesting that a chronic disease self-management program can improve health status while reducing hospitalization: A randomized trial. *Medical Care*, 37(1), 5-14.

National Association of State Mental Health Program Directors Council (NASMHPD). (2006). *Morbidity and mortality in people with serious mental illness* (Thirteenth in a Series of Technical Reports). Alexandria, VA: Author.

Schmidt, L. (2005). *Comparison of service outcomes of case management teams with and without a consumer provider*. Dissertation in partial completion of Doctor of Philosophy degree, University of Medicine and Dentistry of New Jersey.

Solomon, P. (2004). Peer support/peer provided services: Underlying processes, benefits, and critical ingredients. *Psychiatric Rehabilitation Journal*, 27, 392–401.

Swarbrick, M. (1997). A wellness model for clients. *Mental Health Special Interest Section Quarterly*, 20, 1–4.

Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal*, 29, 311–314.

Swarbrick, M., Hutchinson, D., & Gill, K. (2008). The quest for optimal health: Can education and training cure what ails us? *International Journal of Mental Health*, 37(2), 69–88.

MARGARET SWARBRICK, PhD, OTR, CPRP, DEPARTMENT OF PSYCHIATRIC REHABILITATION AND COUNSELING PROFESSIONS, UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY (UMDNJ) AND DIRECTOR OF THE INSTITUTE FOR WELLNESS AND RECOVERY INITIATIVES, COLLABORATIVE SUPPORT PROGRAMS OF NEW JERSEY, FREEHOLD, NJ.

ANN A. MURPHY, MA, CPRP, DEPARTMENT OF PSYCHIATRIC REHABILITATION AND COUNSELING PROFESSIONS, UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY (UMDNJ).

MICHELLE ZECHNER, MS, CPRP, DEPARTMENT OF PSYCHIATRIC REHABILITATION AND COUNSELING PROFESSIONS, UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY (UMDNJ).

AMY B. SPAGNOLO, PhD, CPRP, DEPARTMENT OF PSYCHIATRIC REHABILITATION AND COUNSELING PROFESSIONS, UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY (UMDNJ).

KENNETH J. GILL, PhD, CPRP, DEPARTMENT OF PSYCHIATRIC REHABILITATION AND COUNSELING PROFESSIONS, UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY (UMDNJ).

CONTACT AUTHOR:

MARGARET SWARBRICK, PhD, OTR, CPRP DEPARTMENT OF PSYCHIATRIC REHABILITATION AND COUNSELING PROFESSIONS UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY (UMDNJ)
1776 RARITAN RD.
SCOTCH PLAINS, NJ 07076
EMAIL: pswarbrick@cspnj.org

USPRA

US Psychiatric Rehabilitation Association

*For more than
30 years...*



**USPRA has been
committed to
connecting great
ideas with
great people.**

*Discover all this
and more...*
www.uspra.org

Copyright of Psychiatric Rehabilitation Journal is the property of Center for Psychiatric Rehabilitation and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.