





Practice Brief: Functional Medicine Health Coaching: A Path to Positive Health

Andrea Cook, Ph.D. (left) and Sandra Scheinbaum, Ph.D. (right) Functional Medicine Coaching Academy

Author Note: These data were collected by the Functional Medicine Coaching Academy, Inc., for quality improvement purposes. Thank you to Douglas Bonett at University of California, Santa Cruz, for statistical consultation.

Positive Health is a concept within the field of Positive Psychology that promotes identification and enhancement of health assets, which are individual factors that produce longevity, decreased illness, and higher quality of life, such as optimism, fitness, and close relationships (Seligman et al., 2013). Within healthcare, bolstering client health assets (as opposed to focusing on decreasing health risks) is an important method of disease prevention and health promotion. Health coaching is an emerging field that helps mobilize clients to engage in decision making and attitude change that leads to positive health behaviors, increased health assets, and improved health outcomes (Rotegard, Moore, Fagermoen, & Ruland, 2010; Sharma, Willard-Grace, Hessler, Bodenheimer, & Thom, 2016).

Health coaches are professionals from diverse backgrounds who work with individuals and groups to facilitate and empower clients to achieve health-related goals (Jordan, Wolever, Lawson, & Moore, 2015). They are an important part of a collaborative care team, and their use by practitioners continues to grow (The Institute of Functional Medicine (IFM), 2016). Health coach job tasks include: assessing readiness for change, collaboratively establishing client goals, evaluating successful steps and self-limiting patterns, re-assessing and modifying goals, articulating insights gained, and formulating a post-coaching plan to sustain changes that promote health and wellness (Wolever, Jordan, Lawson, & Moore, 2016).

Functional Medicine (FM) is a medical model that focuses on detecting core clinical imbalances that underlie disease expression (e.g. hormonal, neurotransmitter, detoxification, immune, digestive, and structural), and identifying antecedent events and lifestyle factors that contribute to the expression and maintenance of chronic disease (Jones, 2010). FM health coaches support treatment by encouraging clients to explore potential contributing factors, and to take an active role in their own health. The purpose of this study was to assess if there was improved physical and psychological well-being for clients who worked with a FM apprentice health coach.

Methods

As part of a health coach-training program, all students (apprentice coaches) are paired with clients through a virtual coaching center, and are supervised to provide telephone or webcam coaching sessions. Clients include the general public, as well as FMCA students, who are required to complete five coaching sessions at the beginning of their training program with apprentice coaches from the previous student cohort.

Clients were asked to complete three survey instruments before the first coaching session, and again after the final coaching session: the PROMIS (2009), the MSQ (2010), and the Ryff (2006). The PROMIS Global Health (Patient-Reported Outcomes Measurement Information System) is a normed 10-item instrument with two subscales related to global physical health and global mental health. The Medical Symptoms Questionnaire (MSQ) is a 71-item measure that asks clients to rate the frequency and severity of symptoms in 15 health systems. The Ryff Scales of Psychological Well-Being is a 54-item instrument that assesses six areas of psychological well-being (Abbott et al., 2006; Ryff & Singer, 1996).

Data were collected for seven months (December 2016 to June 2017) from clients who had at least two sessions with an apprentice health coach (N=38). Most clients completed five coaching sessions, with a range of two to 10 sessions. The client population was made up of 82 percent female and 18 percent male adults, ranging from ages 25 to 64, with an average age of 45.

Results

Pre and post PROMIS, MSQ, and Ryff scale scores all demonstrated significant improvements. The PROMIS showed small improvements in global physical health (4.0%, t=.65 p<.05) and global mental health (6.5%, t=.92 p<.05), with a medium effect size for both scales (d=0.43). Compared to normed scores, the mean physical and mental health T-scores at baseline (T=50.8 and 48.3) were similar to slightly below those of the general population, compared to the post-coaching T-scores (T=54.1 and 50.8) which were at or above (more healthy than) the average score for the general population.

The MSQ showed a 25 percent decrease in mean score (t=9.71, p<.001), which represents a medium to large effect size (d=0.64). This indicates a decrease in reported medical symptoms, indicating improved health.

The Ryff scores reflected small but significant improvement in two measures of well-being: environmental mastery and self-acceptance. The environmental mastery subscale showed a 5.6

percent increase in mean score (t=2.16, p<.05), which represents a small effect size (d=0.11). More robust were the results for the Self-acceptance subscale, which demonstrated an 8.1 percent increase (t=3.50, p<.05), which indicates a medium to large effect size (d=0.65) for this subscale.

Conclusions

This study lends support to prior research (Butterworth, Linden, McClay, & Leo, 2006) that clients who have received coaching services demonstrate improvements on both physical and mental health survey scores. Specifically, it demonstrated that functional medicine health coaching significantly reduced client-reported medical symptoms, and increased self-reported physical and mental health. In addition, clients reported increased mastery of two areas of psychological well-being: environmental mastery and self-acceptance. Limitations of this study include a small sample size, and variability in the number and timing of coaching sessions compared to survey completion.

The health care system recognizes the ever-growing need to help clients prevent, manage, and reverse chronic disease, and is eager to find cost-effective solutions. There is mounting interest in the potential benefits of utilizing health coaching to support clients to make lifestyle changes that are essential for health maintenance and overall well-being. As a path to Positive Health, functional medicine health coaching has much to offer individuals and the healthcare community.

References

Abbott, R. A., Ploubidis, G. B., Huppert, F. A., Kuh, D., Wadsworth, M. E., & Croudace, T. J. (2006). Psychometric evaluation and predictive validity of Ryff's psychological well-being items in a UK birth cohort sample of women. *Health and Quality of Life Outcomes*, 4(76). doi: 10.1186/1477-7525-4-76

Butterworth, S., Linden, A., McClay, W., & Leo, M. C. (2006). Effect of motivational interviewing-based health coaching on employee's physical and mental health status. *Journal of Occupational Health Psychology*, 11(4), 358-365. doi: 10.1037/1076-8998.11.4.358

Hays, R. D., Bjorner, J. B., Revicki, D. A., Spritzer, K. L., & Cella, D. (2009). Development of physical and mental health summary scores from the patient-reported outcomes measurement information system (PROMIS) global items. *Quality Of Life Research: An International Journal Of Quality Of Life Aspects Of Treatment, Care And Rehabilitation, 18*(7), 873-880. doi: 10.1007/s11136-009-9496-9

Jones, D. S. (Ed.). (2010). *Textbook of functional medicine*. Gig Harbor, WA: Institute for Functional Medicine.

Jordan, M., Wolever, R. Q., Lawson, K., & Moore, M. (2015). National training and education standards for health and wellness coaching: The path to national certification. *Global Advances in Health and Medicine*, *4*(3), 46-56. doi: 10.7453/gahmj.2015.039

Rotegard, A. K., Moore, S. M., Fagermoen, M. S., & Ruland, C. M. (2010). Health assets: A concept analysis. *International Journal of Nursing Studies*, 47, 513-525.

Ryff, C. D., & Singer, B. (1996). Psychological well-being: Meaning, measurement, and implications for psychotherapy research. *Psychotherapy and Psychosomatics*, 65, 14-23.

Seligman, M. E. P., Peterson, C., Barsky, A. J., Boehm, J. K., Kubzansky, L. D., Park, N., & Labarthe, D. (2013). *Positive health and health assets: Re-analysis of longitudinal datasets* [White paper]. Retrieved 1/10/2018, from Positive Health Research: http://positivehealthresearch.org/sites/positivehealthresearch.org/files/PH_Whitepaper_Layout_Web.pdf

Sharma, A. E., Willard-Grace, R., Hessler, D., Bodenheimer, T., & Thom, D. H. (2016). What happens after health coaching? Observational study 1 year following a randomized controlled trial. *Annals of Family Medicine*, 14(3), 200-207. doi: 10.1370/afm.1924

The Institute of Functional Medicine (IFM). (2016). Functional medicine practices: Opportunities, challenges, and emerging trends (2016 Survey of Functional Medicine Practices). Federal Way, WA.

Wolever, R. Q., Jordan, M., Lawson, K., & Moore, M. (2016). Advancing a new evidence-based professional in health care: job task analysis for health and wellness coaches. *BMC Health Services Research*, *16*, 205-205. doi: 10.1186/s12913-016-1465-8

July 27, 2018 | Chronicle Volume 1, Health and Wellness Chronicles, Positive Health, PRACTICE AND TRAINING APPROACHES