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Interview with Nurse Practitioner Wellness Coaches

By Charlene "Chuckie" M. Hanson, EdD, FNP, CS, FAAN

I recently interviewed two nurse practitioners (NPs) who practice together as wellness coaches—Darlene Trandel, PhD, MSN, RN/FNP and Eileen T. O'Grady, PhD, RN, NP, who is well known to readers of *NP World News*. These trailblazers, who have earned doctorate degrees in addition to having years of clinical experience, are certified as both NPs and wellness coaches. I found them to be full of energy and infectious enthusiasm for their dual roles.

I know about soccer and football coaches, executive and life coaches. What is a wellness coach?

O'Grady: We use skills from several different disciplines, but mostly from executive/life coaching and positive psychology applied to the wellness arena. Wellness coaches develop a relationship with the people being coached in which the clients are entirely in charge of the agenda. We use an evidence-based methodology to access emancipatory self-knowledge coupled with action. It is really an in-depth appreciative inquiry in which we identify and emphasize each person's core strengths and apply them



Charlene M. Hanson

to all realms of his/her life, making sure those strengths are in play all of the time. Nobody ever leaves a session without having two things—increased awareness and action on that awareness.

Trandel: The premise underlying health and wellness coaching is helping people define and design their personal health/wellness goals to create a lifestyle that is based on who they are. Many clients come to us to rev up their wellness status and live a more healthful lifestyle; some seek to prevent/reduce the risk of a chronic illness and to age with vitality; and still others want to better manage an existing condition. Wellness coaches help their clients develop a personal blueprint for their health/wellness, increase their awareness of barriers that impede their progress, and create strategies to overcome the impediments that prevent them from mastering and sustaining their goals in their everyday life. As wellness coaches, we leverage both the relationship and the process to raise self-confidence and self-esteem and encourage clients to feel empowered and in charge of their health.

How does wellness coaching differ from therapy?

Trandel: Health/wellness coaches come from the perspective that the client is creative, resourceful, and whole. We start with

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By Melanie Balestra, NP, ESQ

Staying Competitive Today

The same is true whether you are happy working at your current job or are looking for a new position. A nurse practitioner (NP) who wants to be competitive needs to plan beyond the routine of daily practice. Take a little time to consider the following steps.



Melanie Balestra

Staying on the Job

It is important to be conscious of what is going on in health care. Being proactive will make you more valuable to your employer since you are working to stay on top of your field. Be willing to work hard and learn new things to avoid becoming stagnant. Problem

Please see *Let's Talk Money*, page 4

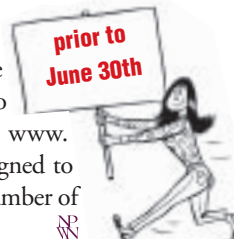
Inside this Issue:

- Volunteering in Africa
- O'Grady: APRNs Form Medical Homes
- Gruber Visits West Texas

What You Need to Know It's Not Too Late to Start...

There is still time to start participating in the 2010 Electronic Prescribing Incentive Program (eRx) and potentially qualify to receive a full-year incentive payment for 2011. In addition, beginning in 2012, the Centers for Medicare and Medicaid Services will apply payment adjustments to eligible professionals who are not successful electronic prescribers under the eRx Incentive Program. To become successful electronic prescribers for purposes of avoiding the 2012 eRx payment adjustment, eligible professionals must report the electronic prescribing measure for a required minimum number of unique electronic prescribing events via claims between January 1, 2011 and June 30, 2011.

Eligible professionals may begin reporting the eRx measure at any time throughout the 2011 program year of January 1–December 31, 2011, to be incentive eligible; however, they must do so prior to June 30, 2011, to be exempt from the 2012 eRx payment adjustment. Eligible professionals must have adopted a "qualified" electronic prescribing system in order to be able to report the electronic prescribing measure. Information found on www.cms.gov/ERxIncentive/03_How_To_Get_Started.asp#TopOfPage is designed to lead you step by step through the process of becoming one of a growing number of eligible professionals who are participating in the eRx Incentive Program.



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the premise that our clients are experts in their own life. With that as our focus, we attempt to deepen their awareness and learning, improve their performance, and enhance their quality of life. Unlike therapy, wellness coaching focuses on the present and moves forward, not on attempting to “fix” what went astray in the past. Moreover, Eileen and I use our clients’ strengths rather than repairing their weaknesses. If somewhere along the relationship we feel that the client does need therapy, we refer him/her for that care. We also have clients who we coach in tandem with their therapy; the approaches complement each other.

O’Grady: We focus on the present and the preferred future, only referring to the past if there is a particularly successful experience we need to bring into the foreground. We do not let a client spend too much time on the problem.

How did you two get into this?

O’Grady: In traditional primary care practice, I had had very little success in actually getting people to quit smoking, lose weight, or exercise. The only really effective agents in my armamentarium were pharmaceuticals, which are important in mitigating the effects of chronic illness. But I wanted to get under that and find a community of people who were interested in a sustained, dramatic lifestyle change. I knew that people did not need more information about wellness as much as support in living the lives they truly want to be living. Wellness coaching helps people make sure what they value most is regularly expressed in their lives.

Trandel: My orientation towards risk reduction/prevention developed early in my career, once my clinical experience led me to realize that so much of the chronic disease I treated could be prevented through healthy lifestyle choices. I also knew that while NPs were excellent teachers, knowledge alone was not enough to motivate patients to change their behavior and better manage their condition. I think that coaching clients—helping *them* define their health/wellness goals, increasing their awareness of barriers, and helping them move into action based on their goals in a manner consistent with their values—may be the missing element in helping them change their behavior.

The people in this country are drowning in lifestyle-induced chronic diseases. According to the Centers for Disease Control and Prevention, 1 in 3 adults is obese, 43 million adults smoke, and 25.8 million have diabetes mellitus. So it is true that what we are doing and dying of is largely related to lifestyle. What has



Darlene Trandel

been your most dramatic success story?

Trandel: My practice specialty is working with individuals and groups for weight management. This area influences most health states as well as the trajectory of most, if not all, chronic diseases. We all know diets don’t work—if they did, there would be no obesity epidemic. What I find is that providing clients with knowledge about healthy eating and physical activity is only the first step in managing weight. Clients need help to increase their awareness of the physical aspects of hunger/satiety and to deal with internal and external eating “triggers.” They also need to work through issues of self-sabotage, body image, and self-esteem. I work from a model I call “The Three H’s of Eating: Hunger, Head, and Heart.” My most dramatic success story is a client who avoided gastric bypass by attending my groups and working with me on a one-on-one basis. We are still working together to help her lose more weight; however, given her track record, I have every reason to believe that she will reach her goal. Many of my clients are successful in adopting healthy eating habits, which enable them to drop unwanted and unhealthy pounds and sustain a new body image and weight without ever feeling deprived.

Another memorable client was a middle-aged woman who was a lifetime smoker. She came to me with the idea of quitting smoking after she recently developed asthma following an upper-respiratory infection. Using Prochaska’s Transtheoretical Behavioral Change Model, I first helped her work through her ambivalence by discussing the pros and cons of quitting smoking. Another important step in the change process was working with her to find a powerful motivator in her life that was imbedded in the values she honored. We also took time to visualize her new identity as a smoke-free and healthy career woman and mother, to plan and prepare exactly

how she would quit, and to create substitute behaviors along with environmental and social supports that could assist her efforts. These steps all preceded moving into the action of giving up cigarettes. Failure is often the result of clients jumping into action before they enter a stage of readiness. My client is now 3 months out from her last smoke and counting. We continue to meet to ensure that she receives support and is able to ward off relapse during these first several critical months of abstaining.

O’Grady: I recall a 30-year-old client from Boston whose first goal was to take inventory of his workout clothes. We always start with small goals, and we make sure they are achievable. The client’s goals then get more ambitious as we develop trust; the client’s success breeds more success. He was overweight and sedentary and having trouble attracting the opposite sex. Six months later, he was 40 pounds lighter and running 10 K races. I know he attributes this transformation to his hard work and not to me, which is the sign of a skilled coach. The client is in charge. My other favorite insight actually came from a teenage client of mine. While we talked about why she was not meeting her own wellness goals, she realized that taking care of herself felt like



Eileen T. O’Grady

she was being manipulated by her parents. This kind of deep insight can be enormously freeing and is often all that is required to get people unstuck, allowing them to say things aloud that they have never said before.

It sounds like the way primary care is delivered in the United States was not getting the results you wanted. What is it about wellness coaching that gives you so many sparks?

O’Grady: It is so freeing to not have all of the answers. I can offer my expertise when we enter the brainstorming session of the encounter, but I have always loved asking and being asked powerful questions that

have never been asked before. It is a way of being with people that really honors them—by radical acceptance. We approach coaching from the standpoint that clients are smart, creative, and resourceful—and they are. We are the “anti” New Year’s resolutions that often fail because people don’t have the support needed for transformative change.

Trandel: The spark for me is the growth-promoting relationship I form with clients, which includes the sense of empowerment they feel in taking control over their health/wellness decisions and actions. Clients come to me because they haven’t been successful alone in achieving their health/wellness goals. They’ve usually tried a variety of strategies but failed or reverted back to their old habits. They are looking for help to get past the barriers that keep them from success. I use a model I’ve developed in my practice that I call the *EPIC Process for Health and Wellness*. **E** is evaluation, **P** is the partnering, **I** is the informing, and **C** is the coaching role. I use evidence-based coaching methods to facilitate, motivate, and support clients in new awareness and actions that assist them to achieve their health goals, sustain their new behavior, and optimize their overall well-being. By instituting my EPIC pathway, I am able to create a process that enables clients to be successful in meeting and sustaining their goals. It is that process that sparks my coaching practice and passion.

What is the kryptonite for wellness coaches?

O’Grady: Those people who are in resistance usually don’t seek out wellness coaches. I think that people who don’t have a high degree of self-esteem or self-efficacy can be tricky. Clients have to have a solid respect for themselves in order for coaching to be effective.

As you expand your armamentarium of tools to battle lifestyle-based chronic diseases, what is it like to not give people advice?

O’Grady: It is very freeing. When people identify their own knowledge gap, I can offer suggestions (with their permission), but I do not tell them what to do. We generate ideas, and I have no investment in their doing what I say. This approach validates my experience in primary care in which there was a whole lot of teaching going on and very little learning. We practice radical acceptance and not being judgmental.

Trandel: I find that when clients are given advice, they move in the opposite direction

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*If you want what you've never had,
do what you've never done.*

medical-home practices across the United States recognized by the National Committee for Quality Assurance (NCQA), and the number is growing rapidly. As Dr. Greg Pawlson of the NCQA said at the conference, "we must work towards value-driven health care. We need everybody and must drop the argument about who is providing the care." There are no clinicians better prepared than NPs and other APRNs to promote evidence-based practice, lead quality and cost reporting and improvement efforts, and integrate new technologies, all wrapped into highly individualized patient-centered treatment. This approach includes coaching patients and caregivers in an environment; creating care plans; and providing transition, coordination, and integration of care and medication reconciliation.

NP and APRN leadership and our unique skill set could be the lynchpin to help ACOs

and medical homes succeed. The future of value-driven health care will be healthcare neighborhoods in which all needs can be met in one place. Like the innovators of the nurse-led medical homes, we must assume that it is our duty to insert ourselves into this evolving landscape and to assume that we are key players in any successful 'hood. A re-imagining and transformation of our delivery system is at our feet.

References

Nursing Alliance for Quality Care is a Robert Wood Johnson Foundation funded grant that aims to advance the highest quality, safety, and value of consumer-centered health care for all individuals—patients, their families, and their communities. www.gwumc.edu/healthsci/departments/nursing/naqc/index.cfm

The Patient Centered Primary Care Collaborative. Evidence on Medical Home Outcomes. www.pcpcc.net/content/pcmh-outcome-evidence-quality

Nurse-Led Medical Homes

The *Nursing Alliance for Health Care Quality* convened a first-of-its-kind conference on "Nurse-Led Medical Homes" in Washington, DC, earlier this spring. Three innovative APRN-led practices were described.

Life Long Care [www.lifelongcare.net] in New Hampshire is the first nurse-led medical home in the nation to be recognized as Level III by the National Committee for Quality Assurance (NCQA). Three APRNs care for 2,500 people in New London. The practice is able to function fully because of New Hampshire's modern state nurse practice act, which has no restrictions on the practice. A true trailblazer.

The Family Practice and Counseling Network in Philadelphia [www.fpcn.com] has 16 NPs caring for 17,000 residents of public housing. They innovatively integrate mental health into primary care, invest intensely in getting patients to self manage, and offer group visits and provider prompts.

The Public Health Management Corporation [www.phmc.org] has three sites in Philadelphia in which the all-NP staff provide primary care to the homeless. They have designed their practice to first build trust to better serve this challenging population—the patients decide what they want to work on or change. They have created patient-centered approaches such as early morning hours to accommodate those having to vacate shelters at 7 a.m., same-day flexible scheduling, and judgment-free providers who have highly developed skills to work with substance-abusing clients.

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of where you want them to go. I think that is a trait not just reserved for rebellious youth. We don't like to be told what to do or how to live our lives. When clinicians give advice in good faith, it often backfires. I coach from the assumption that my clients have their answers even though they may be hidden from their awareness. My role as their coach is to increase their awareness of the problem and find strategies and actions that honor their values in moving them forward to attain their goals. In our sessions, clients learn a way of problem solving, and, in so doing, increase their self-efficacy and confidence in their own abilities. Those abilities are powerful tools for clients to possess in their lives. It comes without advice from me—only a guiding hand in helping them find their own answers and actions that work in their life.

How do you deal with your own self-defeating behaviors? Do you feel more pressure as a wellness coach to "walk the walk"?

Trandel: Obviously, yes. But I started following a healthy pathway in my life very early when I became passionate about helping others adopt healthy lifestyle choices to prevent and/or reduce the risk of disease. I live a healthy lifestyle. I try to walk my talk, except perhaps in the area of life balance; I tend to work too much. That's where I could practice better stress reduction. However, I am passionate about my work, so I enjoy almost everything I do, except nitty-gritty administrative details.

O'Grady: Now that I have identified myself as a wellness coach in my community, I am far more mindful about pigging out on chips in public. As a coach, I regularly receive coaching that helps me practice extreme self-care. For the most part, over a process lasting years and my own struggles, I have come to a place in which I feel I honor and take care of myself in the way that I am comfortable with.

How do you have clients in Boston if you both live in the Washington, DC, area?

O'Grady: We do most of our coaching over the phone. Evidence suggests that people are more honest when there is no eye contact, so we get great results when the client is a complete stranger. We can listen more intensely without the distraction of nonverbal messages. However, we do have a few clients who come to our home offices.

Trandel: My clients and groups love the convenience of picking up the phone and having an individual or group coaching session any place they find themselves during scheduled session times—wearing a bathrobe at home, at their office, or even at a distant vacation site. In addition, there is no wasted travel time for an office visit. Occasionally, I have clients who live in my area and request that we meet for a session or two in person, which I'm happy to arrange. In those instances, the clients need the comfort of seeing me in the flesh. However, let me emphasize that a personal meeting is certainly not necessary for effective coaching.

How do you see the future of wellness coaching as it relates to NPs?

O'Grady: Although it takes years to become masterful, I believe there are laser strategies that can be done in a primary-care setting. I see aging baby boomers seeking out help to live a fuller life. I think upcoming conferences will begin to offer more robust content on laser coaching skills—so, look for those. If you are interested in becoming a wellness coach, we recommend two organizations that offer courses over the phone (www.wellnesscoaching.com and www.mentorcoach.com).

Trandel: I see the skills involved in health/wellness coaching as facilitating the ability of NPs to deliver effective and personalized care to their clients. I believe that such skills can help their clients become more effective managers of their chronic conditions, which, in turn, could impact healthcare inflation. These coaching skills are missing right now in academic nursing programs. I am currently teaching student coaches evidence-based methods of coaching and lifestyle management skills for working with their clients. My goals are to offer this curriculum to a wider network of nursing and healthcare professionals through the Internet. I will also continue my coaching work with individuals and groups because they teach me how to better serve their health needs and move their behavior in more positive directions. My clients teach me and help me become a better coach by allowing me to work with them.

I get many calls from NPs asking about wellness coaching, that is, where to seek training and whether they might hire me as their coach. I always enjoy sharing information with others about what a wellness coach does, hoping that I will inspire others to both hire a coach and become a coach. I truly believe that I have the best "job" in the world.

You can obtain more information about Eileen's practice plus contact her at www.eileenogrady.net. For information about Darlene's practice, see her website (www.TheHealthCareCoach.com) or contact her at Darlene.Trandel@Gmail.com