

Embedding practitioner skills in Health Psychology training: Development of a student-delivered health coaching service

Clare Cooper, Julia Allan, Jennifer Dunsmore, Marie Johnston, and Linda Leighton-Beck.

Summary

One of the key goals for Health Psychologists engaged in teaching and training is to enhance the practical skills and employability of trainees. This report outlines the development of a novel student-delivered health coaching service for university staff. Across four pieces of work (a literature review, focus groups, manager survey, and student training and assessment), a model for a health coaching service delivered by student volunteers under the supervision of trained Health Psychologists was developed and refined. The final service was well received by both the students, who provided the voluntary coaching, and the clients who were coached. It illustrates a feasible way to embed relevant practitioner skills in Stage 1 health psychology training, while also extending capacity to deliver potentially beneficial public health interventions.

Introduction

One of the key goals for Health Psychologists engaged in teaching and training is to enhance the practical skills and employability of trainees. In this brief report, we present a case study of a training initiative designed do this.

While the BPS state that “*there should not be an expectation of applied practice at Stage 1*” (British Psychological Society standards for the accreditation of Masters programmes in health psychology; 2019), trainees want, and report benefit from, structured tasks that allow them to develop relevant practical skills (course feedback; University of Aberdeen, 2014-19). In addition, it has recently been argued that Health Psychology training which fails to prioritise the development of practical and interpersonal skills may result in graduates with key skills gaps relative to those from other psychology disciplines (Hilton & Johnston, 2017).

In 2017, Health Psychologists from the University of Aberdeen, in collaboration with NHS Grampian's (NHSG) Public Health Directorate, proposed the development of a Health Coaching service to be delivered by volunteers from the Stage 1 MSc Health Psychology programme.

WHAT IS HEALTH COACHING?

Health Coaching is a form of one-to-one coaching that uses evidence based behaviour change techniques and elements of motivational interviewing to help people to make positive changes to their health behaviour, for example, improving diet, reducing or stopping smoking, increasing activity level or reducing alcohol consumption.

The vision for the service reflected two observations: (1) students early in their health psychology training struggled to acquire relevant practitioner experience; and (2) the University (of Aberdeen) was concerned that while staff demand for health and wellbeing initiatives was high, provision and uptake of existing interventions was low. The programme team proposed that training students to deliver health coaching to members of university staff could enable students to gain valuable practical experience, while simultaneously helping the university to achieve its staff health and wellbeing goals.

Methods and findings

The development work for the new service comprised of four main activities. First, a literature review of workplace health and wellbeing interventions was conducted to investigate the likely effectiveness and feasibility of delivering health coaching in the workplace. The results suggested that health coaching is effective when delivered at work (e.g. Merrill, Aldana & Bowden, 2010; Merrill & Merrill, 2014; Butterworth, Linden, McClay & Leo, 2006) and that employees are more likely to engage with workplace health interventions that are well advertised, free, convenient and supported by management.

Second, two focus groups ($n=7$ participants) were held with university staff to explore the potential demand for a health coaching service and to identify the best way of promoting the service to staff. Participants were asked what they would want to know about Health Coaching before they would consider signing up and were asked to view and comment on draft promotional materials for the service. Participants were also asked to discuss potential barriers and facilitators to participating in Health Coaching (*'for you, what would make it easier/difficult to take part in Health Coaching?'*). The results demonstrated that the promotional posters /

online adverts should be brief, colourful and engaging to grab attention, but should link to a website with more detailed information. The importance of including pictures of staff members from a range of different roles, levels and sectors of the University was emphasised. Staff generally reported that they were interested in, and willing to participate in, health coaching as long as it was free, easy/convenient to access and not too time consuming.

Third, University managers were surveyed about employee participation in health coaching and presentations were made to senior management outlining the likely costs and benefits of the planned service. Managers believed that all staff should be able to participate in health improving interventions at work provided this did not significantly disrupt core work activities. Senior management strongly supported the development of new initiatives that could improve staff health and wellbeing (if the financial cost was not excessive).

Finally, a university staff member (a BPS Chartered Psychologist) was fully trained in health coaching by NHS Grampian. This coach then trained a cohort of MSc students ($n=14$) using standardised training materials developed and provided by NHS Grampian Public Health. As part of this training, each student completed 8 hours of face-to-face sessions, comprising taught material and role playing. Students were then competency-assessed by a trained coach during a 30 minute one-to-one session with a mock client. During this assessment, students had to meet the competency standard set by NHS Grampian by demonstrating proficiency in at least 7 out of 9 areas (making introductions and managing expectations; self affirmations; health behavior check; health behavior change information; decision balance; goals and smart goals; readiness and confidence; self-monitoring; close of meeting). Of the 14 trainees who completed health coaching training in the first year, 12/14 achieved the level of competence required to work in the voluntary health coaching service.

The service was launched in 2018, and was offered for free to all university staff. The adverts refined in the staff focus groups were distributed to staff and linked to a website containing a short video clip and an FAQ document outlining key information about Health Coaching (www.abdn.ac.uk/toolkit/services/health-coaching/). Clients who signed up for coaching received 4-5 sessions of approximately 30-minutes. During delivery, the student coaches had regular contact with and access to qualified supervisors (health psychologists) to discuss any issues

arising. Clients were made aware in advance that the coaches were students in training and were provided with contact details for the senior coaching team should they wish to discuss any aspect of the service. To date, 28 students have been trained as health coaches and the available feedback suggests that the service works well and has been well received by clients. Students value the opportunity to gain real life experience extremely highly and as a result, engagement with training is excellent and the rate of volunteering into the service is high.

Challenges and opportunities

Since the launch of the service, student sign up rates have remained high and the training remains a popular element of the MSc programme. Students report that they value the opportunity to gain some 'real world' experience and to put the techniques they have been learning in class into practice. The service provides a safe and structured way for students to practice the skills required when engaging with clients. As with any new initiative, the service has faced several challenges, predominantly around sustainability and logistics. The competency assessments are time consuming and must be carried out on a one-on-one basis, which becomes more challenging to schedule as student numbers rise. Similarly, the service requires a substantial commitment in terms of administration and oversight and it is likely that the original flexibility in the scheduling of appointments (to suit clients) will have to be reduced in future to standard (fixed) operating hours.

Conclusion

Student-delivered health coaching is a feasible way to embed relevant practitioner training into health psychology teaching and can increase capacity for the delivery of light touch public health interventions.

Author

Dr Clare Cooper, Health Psychology, Institute of Applied Health Sciences, University of Aberdeen; clare.cooper@abdn.ac.uk

Dr Julia Allan, Health Psychology, Institute of Applied Health Sciences, University of Aberdeen.

Dr Jennifer Dunsmore, Academic Urology, Institute of Applied Health Sciences, University of Aberdeen.

Dr Marie Johnston, Health Psychology, Institute of Applied Health Sciences, University of Aberdeen.

Dr Linda Leighton-Beck, Public Health Directorate, NHS Grampian.

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Figure 1: Trainee health coaches at the service launch in 2018

