Promoting the Wellness of Peer Providers Through Coaching

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ABSTRACT
Peer wellness coaching is workforce innovation that empowers individuals with mental and substance use disorders to achieve recovery. This article briefly describes how this approach can help peer providers develop self-care skills to improve job tenure and promote satisfaction. Promising results of this new approach are presented. [Journal of Psychosocial Nursing and Mental Health Services, xx(xx), xx-xx.]

Health and wellness coaching has rapidly become a best practice element of worksite health promotion programs. Coaching as a process is a well-established set of techniques, but its use in the field of mental health promotion among individuals with serious mental illness (SMI) is relatively new (Chapman, Lesch, & Baun, 2007). Swarbrick, Spagnolo, Zechner, Murphy, and Gill (2011) describe peer wellness coaching as the specific delivery of wellness coaching services by trained practitioners living with mental disorders to their peers living with the same conditions. This emerging practice is based on the wellness model that has been developed for management of physical comorbidities.

A key task of the wellness coach is to help the individual served explore the eight dimensions of wellness, including emotional, social, spiritual, intellectual, environmental, financial, occupational, and physical domains of one’s life so that the individual can better understand his or her experiences, motives, and needs (Swarbrick, 1997, 2006). There is a specific focus on the relevant physical wellness, as certain areas may represent challenges such as low levels of physical activity/sedentary lifestyle, access to medical screenings and management of medical condition(s), oral hygiene and dental health practices, sleep and rest, and re-
duction/elimination of tobacco use and other addictive substances. Peers assist others in developing health-related goals and maintaining a healthy lifestyle (Swarbrick et al., 2011). They are trained to promote health and wellness (in the eight dimensions) through approaches based on empowerment, self-direction, and mutual relationships. With these methods, coaches intervene in helping the individual modify risk factors (e.g., diet, stress), promote relaxation, and support better access to primary care. Swarbrick et al. (2011) concluded that “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” (p. 328).

Through education, support, and coaching, a peer wellness coach offers vehicles for building self-skills and confidence. Coaching is a positive supportive relationship. A coach operates collaboratively, helping guide the individual toward successful and long-lasting behavioral change. They promote self-management, so that the individual served becomes active in the process of health and wellness improvement. The wellness coach then generally helps the peer focus on physical wellness domains that contribute to overall balance and health. This promotes recovery as defined by the U.S. Substance Abuse and Mental Health Services Administration (2011): “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (para. 3).

Four dimensions considered foundations for recovery include home, community, purpose, and health, which focus on overcoming or managing disease(s) as well as living in a physically and emotionally healthy way.

**PREPARATION OF PEER WELLNESS COACHES**

The peer wellness coach certificate program was designed to prepare the workforce to address health and wellness needs from a self-management perspective. Individuals in recovery enroll in a rigorous, 90-hour, academic training program earning six semester credits. The students learn about the role and skills of coaching, as distinguished from counseling or advice giving. In the class, they practice helping coaching participants set and achieve wellness and/or health-related goals by offering support, encouragement, and asking open-ended questions to identify what is most helpful for the individual to promote his or her own health and wellness. The coaching students learn to ask facilitative questions to (a) help individuals gain insight into their personal situations and (b) find solutions for health problems and concerns individuals are facing. In addition, they learn about the factors that will motivate individuals to achieve their wellness goals, the contribution of lifestyle factors for health and wellness, metabolic syndrome, smoking cessation, nutrition, exercise, oral health, and medication side effects. The training program includes a practical examination in coaching skills or practicum experience. This training program has been jointly offered by Rutgers School of Health Related Professions and Collaborative Support Programs of New Jersey Wellness Institute. Its start-up was funded by a series of Transformation Transfer Initiative grants and has now become a regular university offering.

**METHOD**

**Participants**

Individual wellness coaching support services were made available for 26 peer providers (peer providers working in a variety of community-based services) with health and wellness concerns. The purpose was to offer wellness coaching to assist peer providers in managing or improving health habits for improved employment status and to address the barriers of health concerns that often impact peer provider employment tenure. Many participants reported emotional and physical burdens related to working as peer providers, including paperwork (the amount of progress notes and having to adjust to electronic progress notes) and driving for face-to-face contacts. Many reported stress due to long hours driving in the car, eating on the run, and working in unfamiliar environments (neighborhoods) to offer mobile services (assertive community treatment, intensive case management services, and residential intensive support teams). Peer providers working in partial care programs and crisis hospital settings also reported stress due to paperwork and environmental challenges (e.g., role clarity, only peer working on a shift, not feeling embraced as a full team member). Although these concerns were not the focus of wellness coaching, they periodically had effects on physical health status.

**Wellness Coaching Process and Flow**

The majority of the initial sessions focused on assessing wellness strengths to set a goal, with planning conducted in person. The remainder of the sessions were conducted by telephone, as well as a monthly follow-up telephone session for 3 months. Some coaching recipients used e-mail to provide the wellness coach weekly updates. Each session averaged 45 to 75 minutes in length. Mid-week telephone check-in sessions were scheduled between sessions and lasted 5 to 15 minutes. Meetings were scheduled at locations where recipients felt most comfortable (e.g., coffee shops, libraries). These public venues were mutually agreed upon and proved positive environments during the day, evening, and weekend based on the recipients’ work schedule. There were periodic missed appointments due to life stressors and other obligations; however, most recipients were responsible and rescheduled in advance.

The wellness coach collaborated with the wellness coaching participants using the wellness self-assessment tool to focus on a physical wellness goal (i.e., diet and nutrition, physical activity, sleep/rest, relaxation and stress management, and development of health habits and routines). Coaching
recipients were assisted to set a goal and wellness plan using the Specific, Measureable, Achievable, Realistic, and Timely (SMART) method (Doran, 1981), which was adapted from the field of management consultation.

Integral to the wellness coaching process is setting a SMART goal (Doran, 1981; Swarbrick, 2012). The components of SMART goals are:

Specificity—Goals should be specific, using action words such as walking 5 days per week for 20 minutes, quitting smoking, scheduling an appointment with the dentist, purchasing fruit and vegetables instead of pasta or other carbohydrates.

Measurable—Using specific criteria that indicate attainment or degree of attainment of the specifically chosen goal measures progress. For example, how many times per week did the individual walk 20 minutes or more? How many fewer cigarettes did he smoke? How many days did she eat healthy snacks versus unhealthy ones?

Achievable—The ideal goal requires some effort, but is within reach. The individual should choose a goal that is worthy of attainment. Sticking to the long-term commitment required to achieve a goal is more likely if the goal is seen as worthy. For instance, aiming to lose 20 lbs by the end of the month is unrealistic and unhealthy. Setting a goal to lose 3 to 4 lbs over a month-long period and aiming to lose 3 to 4 lbs the next month, and so on, is a more achievable goal.

Realistic—This means that it is possible to accomplish. It is not a synonym for “easy.” The goal needs to be realistic for the individual at the present time. A goal of never again eating pastries, chips, and chocolate may not be realistic for someone who really enjoys these foods. Reducing the number and portion size of sweet and salty snacks consumed per week may be more realistic.

Time-framed—This means providing clear target dates for completion of work toward the goal. A wellness coach will ask, “What will you be doing [in relation to your goal] in 1 week? In 1 month? In 3 months? In 6 months?” Even if a goal is not achieved in a specific time frame, it should be reviewed and reassessed regularly with new time frames considered.

RESULTS

The majority (59%) of participants set a goal focused on diet and nutrition and 32% focused on physical activity. Other goals focused on relaxation/stress management as well as sleep and rest. The Table lists some of the physical wellness goals participants set and achieved as a result of the wellness coaching service. An aspect of the wellness coaching process is helping the participant assume the responsibility to set a goal that is written in the SMART format, which outlines incremental steps to successfully accomplish the goal. The average contacts per person were 10 sessions (range = 4 to 17). Fifty-nine percent fully achieved their goal, and 28% partially achieved their goal. A few participants encountered setbacks and ended the coaching ses-

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| Diet and nutrition | • I will create healthy eating habits by maintaining a daily food, sleep, and stress log. I will record number of hours slept, number of times I am waking up in the middle of the night, and time and what I ate. I will record the activity during the day causing stress and triggering eating habits.  
  • I will lose 5 lbs per month for the next 3 months by eating vegetables 3 days per week and walking 20 minutes 2 days per week. Additionally, I will take lunch to work three times per week. |
| Relaxation/stress management | • I will listen to gospel and rhythm and blues music on Mondays, Wednesdays, and Fridays for 1 hour. I will read for enjoyment on Saturday afternoon or evening for 30 minutes.  
  • I will schedule relaxation 5 days per week for at least 45 minutes by logging day/length of time and the activity (e.g., science fiction DVD series, reading). |
| Physical activity | • I will do weekly physical activity (warm up, karate, and calisthenics) for 30 minutes (3 days) and create a flexible exercise schedule.  
  • I will go to the YMCA on Tuesdays and Thursdays and continue my 3 to 4 days per week of aerobic activity.  
  • I will do aerobic yoga activity for 20 to 30 minutes, 6 days per week.  
  • I will work on strength training twice per week, on Tuesdays and Saturdays, 6 p.m. and 1 p.m., respectively. |
| Sleep/rest | • I will try to go to bed weekdays at 11 p.m. and record the actual time each night. |
**KEYPOINTS**

1. Trained peer wellness coaches are effective in engaging their peers to deal with serious comorbidities.
2. Physical wellness domains (e.g., eating well, sleep and rest, physical activity, accessing screening and medical care) are an important area of focus to prevent burnout and promote a better quality of life.
3. Peer wellness coaching is a collaborative approach to empower participants to create and sustain positive health habits.

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**DISCUSSION**

Many of the peer providers sought wellness coaching due to physical health concerns they thought were leading them to burnout in their position. Most valued their role as a peer provider and wanted to improve physical well-being to meet the challenges for career advancement. The wellness coaching helped them focus on the self-care practices for personal health and wellness. Some were able to use the wellness coaching to learn how to self-advocate with supervisors, colleagues, and supporters to meet their health and wellness goals. Some also found the time management strategies helpful (i.e., scheduling a paperwork day, seeking writing tips, depersonalizing and implementing progress note feedback, and accepting that the nature of the position is a lot of paperwork). They identified that their own lack of self-care was getting in the way. Most who were struggling in their work position remained employed. Support, resources, and a focus on a wellness
self-care plan enabled them to restore balance between their personal life and job responsibility.

NURSING IMPLICATIONS
Psychiatric nurses can refer individuals who are struggling with co-occurring health conditions to wellness coaching services. Nurses can be significant members of teams that educate individuals about health behaviors (e.g., diabetes management, blood pressure control, and self-care skills). Nurses can also apply wellness coaching skills, including the collaborative focus on health and wellness.

CONCLUSION
Wellness coaching helped peer providers assume personal responsibility to focus on health issues affecting their employment. The wellness coaching approach can be effective in helping people develop health-related goals to maintain a healthy lifestyle. This approach allows individuals to set and attain physical wellness goals (e.g., sleep and rest, diet and nutrition, physical activity, relaxation/stress management) that can affect the other seven dimensions (emotional, spiritual, intellectual, occupational, social, environment, and financial) of well-being. Psychosocial-mental health nurses can partner with peer wellness coaches to support individuals living with a mental or substance use disorder who encounter co-occurring medical conditions that impact life span and quality of life.

REFERENCES


Mr. Brice is Instructor and Trainer, Dr. Swarbrick is Assistant Professor, and Dr. Gill is Chairman, Rutgers University School of Health Related Professions, Scotch Plains, New Jersey.

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