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Promoting the Benefits of An Occupational Therapy Health and Wellness Coaching Program for Adults Living with Chronic Illnesses and Their Self-Management

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PROMOTING THE BENEFITS OF AN OCCUPATIONAL THERAPY HEALTH AND WELLNESS COACHING PROGRAM FOR ADULTS LIVING WITH CHRONIC ILLNESSES AND THEIR SELF-MANAGEMENT

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Abstract

Improved health-related outcomes for individuals 18 years or older living with a chronic condition or multiple chronic conditions can be positively impacted by health and wellness coaching. The primary purpose of this capstone project was to develop a community-based health and wellness coaching program with an occupational therapy-based approach to empower and motivate individuals in discovering their strategies, make healthier choices, and be accountable for their self-management (medication adherence, physical activity, sleep hygiene, healthy eating, stress management, and pain management). According to the American Occupational Therapy Association (2015), occupational therapy focuses on promoting health and wellness by enabling clients to participate at their optimal occupational performance and completing meaningful activities. The delivery of occupational therapy services can help individuals to effectively manage their chronic conditions resulting in improved quality of life (QOL), reducing the frequency of medical interventions, and engaging in meaningful activities of daily living (AOTA, 2015).

This doctoral capstone project promotes the benefits of a health and wellness coaching (HWC) program and its' unique process. The program was designed and implemented to support individual's goal-directed plans with recommendations to promote behavior change and self-management. The use of assessment tools and evidence-based interventions were used as a guideline to explore and promote the program addressing the gap in community-based occupational therapy health and wellness coaching, for adults living with a chronic condition or multiple chronic conditions (MCCs).

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Chapter I: Introduction

In the United States, nearly 60% of the adult population is living with at least one chronic condition. About 40% of the adult population accounted for multiple chronic conditions (MCCs). Evidence has shown having one chronic condition increases the risk of developing other chronic conditions. Heart disease, stroke, diabetes, chronic obstructive pulmonary disease (COPD), and cancer accounted for two-thirds of all death. Diabetes, cardiovascular disease, and cancer are the leading cause of death (Hoffman, 2022). According to the Centers for Disease Control and Prevention (CDC), chronic and mental conditions are attributed to 90% of the $3.8 trillion in healthcare costs (as cited by Hoffman, 2022). Hayes and Hindley (2020) stated the Mid-South region has the highest prevalence of chronic conditions, including the state of Florida, with a prevalence of 16.6%. Boehmer et al. (2016) stated the emergence of HWC interventions has been adapted widely to help individuals with chronic conditions to engage in healthy behaviors and promote overall quality of life and optimal health outcomes. The growing body of evidence has shown HWC can improve individual health outcomes, whether through a group or individual intervention. Additionally, HWC may have a significant impact on public health system efforts by providing clinical preventive services and community-based programs. However, important evidence gaps remain on the effectiveness of health and wellness coaching interventions specific to the practice of occupational therapy. The purpose of this community-based program was to promote the benefits of an occupational therapy HWC within a small community, in Florida. The project focused on adults 18 years and older living with chronic illnesses or MCCs, promoting health and wellness, self-management, and quality of life (QOL). Ultimately, this will help to reduce healthcare utilization and financial and caregiver burden. Currently, there are no community-based health and wellness coaching programs specific to occupational therapy (OT).

The aging population, increasing healthcare costs, delayed medical follow-up, and the management of individuals living with chronic conditions result in a community with complex needs. The community needs an OT health and wellness coaching program to support adults experiencing occupational deficits impacting self-management, QOL, and community engagement. According to Kivelä et al. (2014), chronic illnesses such as diabetes, respiratory diseases, and cancer have been shown to progress slowly. Obesity and being overweight accounted for 2.8 deaths each year. Risk factors such as physical inactivity, alcohol usage, poor lifestyle/behavior choices, economic transition, unhealthy diet, and tobacco usage contribute to chronic diseases. According to Pearlman and Abu Dabrh (2020), insurmountable evidence indicated more comprehensive approaches to addressing clients' illness and wellness outside healthcare settings are needed. In addition, evidence has shown helping individuals living with chronic illnesses to modify and sustain lifestyle/behavior changes is integral to controlling preventable diseases, as well as improving the overall well-being of those living with chronic conditions. Therefore, evidence-based interventions and motivational interviewing (MI) was created as a proposed solution to empower clients and encourage ownership and accountability for their well-being. The history and concepts of HWC supported improved well-being, quality of life, and improved health outcomes in community-related settings. The evolution of HWC has supported the mission of helping clients to overcome challenges, live a healthy lifestyle, and achieve specific goals with coaching strategies. As the future of the OT profession responds to the changing needs of healthcare, the concept of providing health and wellness coaching will positively impact health promotion and prevention. According to American Occupational Therapy Association (2017), the holistic approach in occupational therapy primarily focuses on areas of rehabilitation, health promotion, wellness, and prevention dedicated to helping

individuals' function and achieve maximal occupational performance across the lifespan (AOTA, 2017). Based on needs assessment, adults living in this community are ill-informed as to the best intervention options to overcome obstacles, make changes in behavior, maintain healthy habits, and achieve optimal wellness. The program provided individuals living and experiencing chronic illnesses who wanted to improve their health and well-being with a personalized evidence-based treatment intervention. Interventions included education and coaching on self-management, effectively managing routines and habits, physical and emotional wellness, medication adherence, pain management, sleep hygiene, healthy eating, and occupational performance.

Chapter II: Literature Review

Problem Statement

Patients living with a chronic condition or multiple chronic conditions are not receiving adequate community-based health and wellness coaching to confidently self-manage their overall health.

PICO Question

How does an occupational therapy community-based health and wellness coaching program benefit adults with chronic conditions and their overall self-management?

Health and Wellness Coaching

Wolever et al. (2013) stated:

> "Health and wellness coaching is a patient-centered approach wherein patients at least partially determine their goals, use self-discovery or active learning processes together with content education to work toward their goals, and self-monitor behaviors to increase accountability, all within the context of an interpersonal relationship with a coach" (as cited by the Institute of Coaching, 2015, p. 4).

Perception of Health and Wellness

Research indicated the perception of HWC with older adults living with chronic conditions is typically measured using physiological, psychological, social, and behavioral outcomes. Outcomes indicated health and wellness coaching positively affected adults and improved mental and physical status. Older adults' willingness to change their behavior/lifestyle can be easily motivated by using health and wellness coaching as an effective patient education method (Kivelä et al.2014).

Impacts of Chronic Illness

The Center for Disease and Control Preventions (2022) defined chronic disease as any condition lasting 1 year or more that limits individual participation in activities of daily living and requires continuous medical attention. Risk factors include poor nutrition, physical inactivity, excessive alcohol, tobacco usage, including exposure to secondhand smoking. In the United States, the leading cause of disability and death are chronic diseases such as cancer, diabetes, and heart problems accounting for $4.1 trillion in healthcare costs annually.

Prevalence of Chronic Condition

The 2018 National Health Interview Survey (NHIS) estimated the prevalence of a single diagnosed chronic condition to be more than half of 51.8% of the civilian and noninstitutionalized adult population in the United States and 27.2% of adults with multiple chronic conditions. Diagnosed chronic conditions include chronic obstructive pulmonary disease (COPD), hypertension (HTN), stroke, asthma, diabetes (DM), stroke, arthritis, cancer (CA), coronary heart disease (CHD), failing kidneys, and hepatitis (Boersma et al.2020). Fibromyalgia (FM) is a chronic condition with unexplained medical symptoms estimated prevalence in the United States was about 2% in 2005, which accounted for an estimated 5 million adults. Many adults remain undiagnosed (3 out of 4 patients), resulting in delayed treatment, causing a significant impact on the economy. Reports indicated for patients with FM, the overall healthcare cost is twice the amount, and an estimated 25% of FM patients receive injury or disability compensation. Therefore, the quality of life (QOL) and subsequent health of patients with FM require early diagnosis and effective treatment. Results indicated an HWC program used in addition to FM therapy has shown significant improvements in pain, QOL, and reduction in utilization of healthcare (Hackshaw et al.2016).

Increasing Healthcare Cost

In the United States, chronic illnesses significantly impacted the economy and healthcare costs. It was estimated 90% of the $4.1 trillion spent annually on healthcare was for individuals living and experiencing a mental health illness and a chronic condition. Prevention is the key to chronic illnesses but managing symptoms of chronic conditions is equally important when prevention is no longer possible, to reduce overall healthcare costs (CDC, 2022). According to Dieleman et al. (2020) based on three different payer systems, such as public insurance (Medicaid, Medicare, and other government programs), self-payments, and private insurance, the United States spends considerably more than nearly any other country on healthcare cost per individual. Healthcare spending in the United States showed a significant increase from 1996 to 2016. Diabetes, musculoskeletal disorders, and neck and lower pain accounted for the highest spending, with considerable growth rates in variation annually.

Social Determinants of Health

According to the United States Department of Health and Human Services (USDHHS), the conditions in the environments where a person is born, live, plays, learns, worships, works, and age affects QOL outcomes, health, and functioning, are known as social determinants of health (SDOH). Examples of SDOH include racism, discrimination, violence, safe housing, transportation, neighborhoods, education, income, job opportunities, polluted air, and water, language, and literacy skills. SDOH contributes to health inequities and disparities and affects each person in one way or another. For example, individuals who do not have access to buying healthy foods and eating healthy are at risk for obesity, diabetes, heart conditions, and even reduced life expectancy. Individuals making healthy choices will not eliminate health disparities, but organizations such as the transportation department, educational sectors, and housing can contribute significantly to reducing and improving the environmental conditions in which people

live. Healthy People 2030 five domains of SDOH focuses on creating economic, physical, and social environments for people to attain maximal potential for health and well-being. Addressing SDOH across the United States can help reduce health disparities and improve health comes and risks. Kreider -Letterman and Schmelzer (2021), stated SDOH such as homelessness, healthcare inequity, economic instability, lack of education, and a stressful social environment, can negatively impact the occupational engagement of patients and families. Caregivers and patients who experience homelessness routines are often disrupted, which leads to poor health outcomes.

Current Trends

According to Bodeker (2020), the trend of HWC is emerging in schools and university settings. HWC, help students know their potential and the risks of not participating in self-management. Therefore, teachers are being trained to understand the principles of wellness coaching and its impact on behavior change (as cited by the Global Wellness Institute, 2022). Another trend is the expansion of community-based programs by governments to provide access to health and wellness coaches for free. Before the Covid 19 pandemic, preventative health and wellness were considered nonessential, but it has now become the first line of defense for many governmental institutions and organizations. Health and wellness coaches are now focused on providing support for individuals with poor lifestyles to effect lasting behavior change (Global Wellness Institute, 2022).

Behavior and Lifestyle Changes

Hooker et al. (2018) stated modifiable behaviors contribute to about 40% of deaths in the United States. Behaviors such as poor sleep, medication nonadherence, physical inactivity, and similar behaviors can reduce QOL and life expectancy. According to the Global Institute of Wellness (2022), emerging practices such as employee wellness, clinical practice, and public

health organizations are evolving to help individuals better manage their disease and encourage healthy behavior change.

Quality of Life

According to Menon et al. (2012), although there are mixed findings associating, HWC with improved high related QOL, results indicated social functioning, physical activity, positive change mentally, and nutrition are likely to improve within 1 to 2 years of an enrolling in a coaching program. According to Pizzi and Richards (2017), OT with emphasis on health and wellness promotes participation over performance to achieve optimal health and well-being, QOL for any population, community, and individual. OT practitioners should continue to promote the significance of occupation to prevent disease, illness, and disability. Additionally, OT practitioners' delivery of services should show the link between health, well-being, QOL, and occupation. Through the promotion of health and wellness and occupation, individuals can engage mentally, spiritually, socially, and physically within their environment and the world.

Benefits of Health and Wellness Coaching

Occupational Performance

The study done by Lamarre et al. (2020) indicated occupational performance coaching (OPC), can be used as an effective method of intervention to promote engagement in valued occupations with individuals aging in homes and in assisted living facilities (ALF). Sometimes, individuals living in ALFs and at home are faced with cognitive and physical challenges. Therefore, OT practitioners can take a more active role in assisting these individuals to engage in problem-solving to increase confidence and use strategies to explore environments. OPC is found to be more effective with families' and caregivers’ inclusion.

Healthy Eating

According to Judd, a professor in the department of Biostatistics at the University of Alabama Birmingham, how and when one eats food is key to wellness, rather than the food one eats. Chronic illnesses mostly stem from inflammation of the body as a result of an over-active immune system or an immune system that fights even when there is no germ. The food one eats is a direct link to the stomach where one-third of the immune system lies contributing to how much inflammation or immune response the body creates. Judd further stated eating for wellness generally constitutes eating vegetables and fruits until one feels half-full before attempting to eat any fats or meats. One should not think of jumping to the finish line instead develop and maintain a healthy diet for the long haul (as cited by Thomason, 2019).

Medication Management

Thomas-Henkel et al. (2021), in the United States, nearly 75% of the population takes prescribed medications daily, and 29% takes multiple medications. However, there is limited guidance for individuals taking medications with complex regimens, which exacerbates the problem for individuals living and experiencing MCCs having to take more than one medication. Therefore, implementing community-based programs to assist in tackling medication complexity and errors for the population with complex health needs to safely manage and use medications effectively.

Sleep Hygiene

According to Smith (2018), optimal health is promoted by having a good night's sleep. Not having a good night's sleep can result in daytime sleepiness, which can cause decreased QOL, falls, household fires, older adults with reduced functional recovery, and vehicular accidents. Additionally, daytime sleepiness may contribute to diabetes and hypertension. Smith, recommend using the Epworth Sleepiness Scale established by Johns,1997 as the most effective

tool to measure average daytime sleepiness. Findings determined if intervention is required, as it differentiates between excessive daytime sleepiness and average sleepiness. The assessment can be used for initial evaluation and ongoing comparative measurements for the adult population affected by daytime sleepiness.

Physical Wellness

According to the University of Indiana (2023), to achieve physical wellness one has to recognize the need for healthy nutrition, exercise, and sleep. Eliminating or reducing drug and alcohol usage is paramount to physical wellness. Additionally, reducing the risk of harm or injury, getting medical examinations regularly, and identifying barriers to health are just as important. Individuals who are faced with physical wellness can seek a health and wellness coach to address and help them understand how to achieve wellness.

Pain Management

According to Rethorn et al. (2020), health and wellness coaches are integral to the multidisciplinary team pain management program, using a biopsychosocial framework to provide effective therapy to individuals living with chronic pain. Findings indicated individuals with chronic pain showed positive gains in reducing pain intensity. Also, individuals positively gain psychological and physical health. Furthermore, individuals unable to travel requires follow-ups to improve skills and revisit strategies to prevent relapse, need support after completing treatment interventions, and benefit positively from HWC via telephone. Overall, interventions using HWC have been shown to improve health outcomes for individuals living and experiencing chronic illnesses such as cancer, diabetes, and cardiovascular diseases (Rethorn et al.,2020)

Self-Management

Wong-Rieger et al. (2013), findings suggest some individuals want to self-manage but the healthcare systems failed to support consistent change on a long-term basis. Self-management includes individuals living and experiencing chronic illnesses engaging in meaningful activities that help to manage interpersonal relationships, monitor signs and symptoms of illness, manage the effects of illness on recovery and functioning, and the promotion of health. For example, individuals living with diabetes are expected to self-monitor which include taking medications, checking blood glucose level, exercising, eating healthy, and losing weight.

According to Hooker et.al (2018), self-monitoring is a critical component of self-management which involves frequently tracking specific behavior. Individuals keep track of their behaviors using diaries for accurate, valuable data and to track change, rather than relying on memory. Grady and Gough (2014) stated using self-management as a teaching strategy beyond education was a promising strategy to help individuals with chronic illnesses to identify barriers and challenges and to problem solve. In consideration of the primary, secondary, and tertiary prevention spectrum, teaching self-management strategies has been shown to help individuals to create a pattern of managing their health from early and sustaining health later in life.

Emotional and Social Wellness

According to the University of Indiana (2023), one can use the assistance of a health and wellness coach to develop coping mechanisms and create satisfying relationships. Achieving emotional wellness constitutes expressing emotions healthily, being aware, and accepting inner feelings and thoughts. Social wellness allows individuals to have a "sense of belonging" by creating connections, developing communication skills, ability to display empathy, and healthily view social roles. HWC can assist one in creating a balance by achieving health and happiness.

Barriers to Achieving Health and Wellness

Medication Nonadherence

Lemstra et al. (2018) stated nonadherence to chronic disease medications has become an emergent for attention globally. The avoidable healthcare cost of 290 billion dollars in the United States is accounted for by chronic disease medications yearly. Problems continue to exist as considerable percentage of individuals diagnosed with a chronic disease or MCCs received medication referrals from a medical doctor but initially do not fill the prescribed medications. Besides medication nonadherence's impact on the healthcare system, the enormous concern is the impact on individuals living with chronic illnesses QOL and optimal health. Therefore, there is a greater concern for strategies and interventions to address medication nonadherence to save lives rather than focusing on new medical innovations.

Hooker et al. (2018) stated health-related lifestyle changes and adherence to treatment and medications are important strategies for managing chronic illnesses. Research indicated individuals with chronic conditions have difficulty adhering to treatment, including medications. Nonadherence to drug therapy has cost significant economic burden. In Canada, it was estimated at $8 billion for drug therapy. However, 50% accounted for nonadherence specific to diabetes, with 93% being an estimated high.

Sleep Deprivation

Sleep is an essential part of life as it can impact one’s memory and immune system. Individuals who have experienced consequences resulting from a poor night’s sleep tend to have difficulty focusing the following day. Despite one staying up at nights and considers themselves “night owl” and more energetic than friends or others struggling to stay awake, or consider themselves an early riser, it is imperative to learn and develop skills for good sleep hygiene for optimal health (The Purdue Wellness Coaching Handbook, n.d).

Unhealthy Eating

Jayedi et al. (2020), indicated unhealthy and healthy dietary patterns are linked to the risk of depression. The function of the immune system and the brain can be affected by dietary habits. Oxidative stress in the brain and dysfunction of the immune system is directly related to depressive symptoms. Furthermore, diet-related biological mechanisms such as chronic mitochondrial dysfunction and systemic inflammation have been shown to cause mental illness and depression. Studies have shown individuals who consumed healthy diets are at a lower risk for breast cancer, cardiovascular disease, coronary heart disease, chronic obstructive disease, and colorectal cancer. However, unhealthy diets were not linked to higher risks.

Decreased Problem-Solving

According to the CDC (2023), by the year 2030, one in five Americans age 65 years and older will live longer. Despite older adults living longer, not everyone will experience optimal health and well-being. Many older adults are at increased risk for MCCs and related functional decline. As the population continues to age many older adults will continue to face complex health issues, which will affect their daily activities of living (ADLs) and QOL. In addition to complex health issues, some adults are also concerned with cognitive decline. Older adults who self-reported noticeable cognitive decline, which includes memory loss and frequent confusion, are concerned with the impacts of managing chronic illnesses and daily occupational performance, such as cooking. With impaired cognition, older adults' overall health and well-being will be profoundly impacted.

Physical Inactivity

Reed (2017) stated many chronic diseases are associated with physical inactivity. These chronic diseases included diabetes, specific forms of cancer, and cardiovascular diseases. In the

United States, hypertension and smoking are the most significant cause of death, followed by physical inactivity and obesity. According to the World Health Organization (WHO, 2013) physical inactivity is considered a global problem (as cited by Reed, 2017). For years several organizations have been actively raising awareness and promoting physical activity as part of a healthy behavior/lifestyle. Evidence has shown participating in fitness and physical activity decreases risks in healthy adults and improved clinical outcomes in adults diagnosed with one or more of the above-mentioned chronic diseases (Reed, 2017).

Environmental Factors

Evidence has shown an individual's home environment, resources, and community significantly impacts the ability to self-manage chronic conditions. Additionally, disparities in certain demographic contribute to creating environmental barriers, increasing the risk of chronic conditions. For example, the fear of violence and neighborhood safety may cause physical inactivity and unhealthy eating. Also, limited access to grocery stores to buy fresh vegetables and fruits, recreational facilities, and fitness centers. Therefore, environmental considerations are needed when promoting healthy lifestyles and developing interventions in these populations (Gardy & Gough, 2014).

Disruptive Routines and Rituals

Family life constitutes routines and rituals regardless of culture. Meaningful rituals and routines are important functions for families which include promoting family meetings to create a sense of belonging, stability, and a structure to guide groups, and individual behavior. Rituals are created to celebrate death, marriage, and birth. A child born with a chronic condition or the onset of a chronic condition requires an important transition, as this increases the burden and stress on the child and the family. Transition occurs at birth or the onset of a chronic condition,

but the disease can pose several new challenges requiring an ongoing process of adaptation. Evidence has shown in the past two decades, the approach to the management of chronic illnesses has shifted advocating for family-centered care and acknowledging the important roles of families. This has required clinicians and researchers to consider chronic conditions and their impacts on families, routines, and rituals, promote adaptations of families and individuals and identify the availability of natural resources to families (Crespo et al. 2013).

Prevention and Management

In the United States, the leading cause of death and disability are caused by chronic diseases such as cancer, diabetes, and heart. However, these diseases are preventable. Risky behaviors such as smoking, unhealthy eating, physical inactivity, not getting enough sleep, poor oral hygiene, alcohol, and drug usage are key to many chronic illnesses. Individuals who make healthy choices are more likely to reduce the chance of being diagnosed with a chronic disease, stay healthy, and improve well-being, and longevity (Centers for Disease Control & Prevention, 2022).

According to Reynolds et al. (2018), the management of chronic diseases has been and continues to be a major challenge for healthcare systems globally. Initially, the healthcare system was developed to manage acute care rather than managing people with chronic conditions. As a result, individuals living with chronic diseases require a longer timeframe to observe, supervise, and effectively manage. Evidence has shown healthcare systems and health policy needed to be reoriented on the significance of being proactive rather than reactive with individuals living with chronic diseases, to get better health outcomes, especially in primary care. Primary settings and communities are key for effectively managing chronic diseases in adults with better health outcomes at a reduced cost.

Occupational Therapists Role and Implication

According to the American Occupational Therapy Association (2015), OT practitioners can assist individuals in effectively managing chronic diseases, improving occupational performance, achieving optimal health and QOL, and ultimately reducing the frequency of medical interventions. OT practitioners understand the complexity of interactions between people, medical conditions, the importance of environments in which individuals live, meaningful ADLs, and the overall effects on health and wellness. Additionally, OT practitioners understand the importance of habits and routines and the impact on roles, maintenance, and adaption of healthy lifestyles/behaviors. Furthermore, OT practitioners are trained to identify and minimize barriers and match individual skills to the demands of meaningful activities and areas of functioning to achieve overall health and well-being (AOTA, 2015)

Education

According to Liu et al. (2021), addressing health literacy is integral to public health outcomes in many countries. Being diagnosed with the first chronic condition is associated with low health literacy. However, being diagnosed with MCCs has shown improved knowledge of chronic diseases, resulting in improved health literacy. Therefore, the promotion of health literacy to prevent comorbidities rather than preventing the first chronic disease is paramount. Additionally, caregiver and family support are important to improve health literacy and effectively impact health outcomes.

Stellefson et al. (2019) stated commonly addressed in education are six components of wellness such as occupational, physical, social, intellectual, emotional, and spiritual. These components are critical to address, to help one feel positive, to develop coping mechanisms, and be enthusiastic about the trajectory of one's life.

Training, Certification, and Resources

Singh (2022) stated evidence has shown HWC, improves individuals living with chronic illnesses' health outcomes. However, there is a need for an evidence-based competency framework to better assist health coaches in significantly impacting the health outcomes of patients receiving health and wellness coaching services. Implications also include improvement in the quality of health coaching, positive health outcomes, and regulation.

According to Wolever et al. (2016), the National Consortium for Credentialing Health and Wellness Coaches (NCCHWC), a collaborative non-profit organization, in the past 6 years has collaborated to professionalize HWC to meet the emergent need to prevent and treat chronic diseases. NCCHWC has conducted and validated a Job Task Analysis (JTA) completed with content validity and well-supported best practice. From the validation study, they are forming a national certification examination. This will provide a distinct path, with uniform standard approach.

OT practitioners play an integral role in using, OT services to engage individuals living with chronic illnesses in meaningful activities within their natural environments and contexts, promoting healthy behaviors and supporting them overall (Hildenbrand & Lamb, 2013). Evidence has shown OT practitioners can use HWC as another approach to help individuals with education, prevention, self-management, staying active, participating in healthy eating, being accountable and confident, and staying motivated to make lifestyle/behavior changes. Therefore, OT practitioners can implement HWC evidence-based interventions into current practice by helping individuals identify what is valuable to them, setting achievable goals, and most importantly, empowering them to make the necessary lifestyle changes to achieve optimal health and well-being.

Chapter III: Capstone Process and Plan

The purpose of this doctoral capstone project was to develop an occupational therapy community-based health and wellness coaching (HWC) program for adults 18 years and older living with a chronic condition or multiple chronic conditions (MCCs) and their self-management. This capstone project aims to provide a program to prepare occupational therapy (OT) practitioners with the skills and tools required to confidently practice health and wellness coaching within the community. The capstone established a set of assessments, tools, and worksheets necessary to prepare OT practitioners to practice in the emerging field of HWC. Additionally, this capstone contributed to the author's professional goal of becoming a health and wellness coach and an educator teaching health and wellness in an entry-level doctoral occupational therapy program. Furthermore, this capstone project contributed to the gap in the benefits of a community-based health and wellness coaching program specific to occupational therapy practice. The tasks to be completed during the doctoral capstone project includes:

1. Create a program specific to health and wellness coaching with objectives, program requirements, included and excluded criteria.
2. Evaluation/Goal setting using non-standardized assessment Health Enhancement and Lifestyle Profile (*HELP).*
3. Conduct a weekly focus group which include discussions, shared experiences, and feedback.
4. Establish continuous support throughout the program via in person, zoom, or phone calls.
5. Incorporate role plays to learn strategies to combat potential problematic issues.

6. Reflect on strategies, interventions, approaches, and participants experiences to incorporate and make changes in future HWC programs.

Capstone Goals

1. By the conclusion of this doctoral capstone project, a HWC coaching program will be developed using evidence-based intervention strategies.
2. By the conclusion of this doctoral capstone project, a guideline with assessments, tools, and evidence-based interventions will be created to promote a community-based HWC program within occupational therapy.

Chapter 1V: Theoretical Framework

The Model of Human Occupation

According to the University of Illinois Chicago College of Applied Health Sciences (2023), in occupational therapy practice, the Model of Human Occupation (MOHO) is considered one of the leading theories globally. The MOHO can be used, in various contexts, such as community-based programs, outpatient/inpatient rehabilitation programs, skilled nursing facilities, work programs, acute care hospitals, prisons, and correctional facilities. Additionally, it can be used with a diverse group of adults or older adults including, but not limited to living with chronic pain, mental illness, traumatic brain injury, homelessness, victims/soldiers of war and social justice, and with acquired immune deficiency syndrome (University of Illinois Chicago College of Applied Sciences, 2023).

Youngson (2019) stated MOHO helps occupational therapy practitioners to understand clients as occupational beings and to see them as part of a complex dynamic system. The concepts of MOHO serve to explain the complexity of clients' motivation for occupation (volition), occupational behavior relating to rituals and routine patterning (habituation), performance capacity (mental and physical abilities that drives occupational performance), and the influence of the social and physical context (environment).

The MOHO was used as a framework to guide my capstone project. This occupational therapy model of reference allows an occupational therapy perspective (treating clients as a whole and not just the disability) in the health and wellness coaching program for adults living with chronic illnesses, in contrast to other health and wellness coaching programs. The characteristics of this model were adapted and promoted throughout occupational engagement keeping the client interested and motivated to be successful in accomplishing goals.

Additionally, MOHO helped the health and wellness coach understand what motivates, challenges, and impacts clients daily to help them improve as occupational beings and how the program can further benefit them.

The Cognitive-Behavioral Therapy Approach

According to Brunner et al. (2013), the cognitive behavioral therapy (CBT) approach constitutes principles of operant conditioning that can be used to promote healthy behavior/lifestyle and coping strategies and effectively impacts barriers to recovery. Additionally, the approach of CBT focuses on altering maladaptive behaviors, thoughts, and feelings.

The CBT approach was used to assist clients with building skills to identify how behavior and lifestyle choices can influence emotions in any given situation. Clients participated in role-plays facilitated by the health and wellness coach and sometimes will be encouraged to initiate and navigate through a real-life situation. For example, a client may have a negative attitude about participating in completing a daily log on the healthy things they eat and claims it will never work. The coach can assist the client in identifying strengths by staying grounded in reality, overcoming barriers to success, and willingness to discuss ideas. Another is identifying weaknesses by refraining from having a negative perception of an idea or new ideas before trying them and refraining from spreading disengagement to other clients. Clients who develop skills to be aware of thoughts and emotions will implement strategies to adapt or change dysfunctional thoughts and behaviors.

Chapter V: Implementation of Capstone Project

About the Program

The purpose of this capstone project was to promote the benefits of community-based occupational therapy health and wellness coaching (HWC) program for adults 18 years and older living with chronic or multiple chronic conditions and their self-management. The HWC program included 8, 2.5-hour sessions for a total of 4 weeks, designed to coach individuals living with chronic or multiple chronic conditions (MCCs) using evidence-based treatment interventions. Additionally, the program included a weekly focus group to promote communication/discussions, share experiences, and for support. Table 1 details the weekly interventions of the HWC program.

Objectives

This program aimed to:

1. Provide education on self-management of one or more chronic conditions
2. Help participants identify reasons for change and consequences not managing chronic conditions.
3. Empower participants in making behavioral and lifestyle changes and accountability.
4. Motivate participants to stay informed, problem-solve, make realistic goals, and navigate health concerns.
5. Provide support (listen, be non-judgmental, and help participants overcome obstacles)

Setting

Community-based (Individuals and focus groups)

Target Audience

Adults 18 years and older living with one or MCCs

Included Criteria

1. Adults 18 years and older diagnosed with one or MCCs
2. Taking at least one medication for the management of a chronic illness

Excluded Criteria

1. Adolescents and younger children
2. Adults 18 years and older not diagnosed with a chronic condition or MCCs

Suggested group size

Between 5-6 participants

Duration

Participants meet for 2.5 hours twice per week for 4 weeks.

Program Requirements

1. One health and wellness coach per person and group. Coach is a licensed occupational therapist (OT) with health and wellness coaching experience.
2. Experience working with clients who have chronic conditions or MCCs.

The Health and Wellness Coaching Program Evidence-based Interventions include:

1. Education
2. Medication adherence
3. Healthy eating
4. Pain management
5. Sleep hygiene
6. Physical exercise
7. Stress management

Table 1:

Overview of Health and Wellness Coaching Weekly Interventions

Week	Interventions
1	**Evaluation/ Goal Setting** **Education**
2	**Medication Adherence** **Healthy Eating (Diet)**
3	**Pain Management** **Sleep Hygiene**
4	**Physical Exercise** **Stress Management**

Evaluation/Goal Setting

Each participant was evaluated using the *Health Enhancement Lifestyle Profile (HELP),* a comprehensive non-standardized assessment used as a structured interview tool to understand participants' health-related behaviors, habits, and routines, to make HWC recommendations and client-centered goals. The structured interview includes all three major sections: (1) Personal information, (2) Healthy Survey Items (5-self-rated items focusing on a sense of well-being and overall health), and (3) Lifestyle Survey Items which include 7 sub-scales. Participants create realistic goals based on challenges with identified areas. Participants were seen individually in the first session of each week to revise goals, identify any barriers to achieving goals, discuss

strategies, and for continuous support. A focus group was conducted in the second session of each week to share experiences, discuss, and support. Participants were reassessed at the end of the 4 weeks coaching program to determine outcomes. According to Hwang and Peralta-Catipon (2016), when using the *HELP*, practitioners should consider the participant's environment, bodily functions, pain, personal habits and routines, interests and motivation, barriers, and facilitators to the maintenance of healthy lifestyle behaviors. Additionally, the clinician should consider the participant's community resources, transportation, accessibility to facilities, skills required to complete meaningful activities, and social support. Appendix A includes the assessment.

The MOHO was used as a top-down holistic approach during the evaluation and the HWC entirety to better understand participants and their relationship within the environment they live, work, and socialize in, what motivate them, what activities mean to them. Furthermore, it assisted the health and wellness coach to understand when changes occur with participants based on their values, skills, roles, routines, habits, and environment in a healthy or unhealthy way.

The CBT was used as a practice guideline to assist participants in using problem-solving skills to cope with difficult and stressful situations, develop confidence in their abilities, understand their behaviors and problematic emotions, and learn to change their thinking to promote positive outcomes.

Education

Participants engaged in interactive educational activities and discussions based on the most prevalent chronic diseases in Florida, and participants identified chronic diseases. Additionally, education included health status, disease and literacy, symptom awareness, the

importance of consistent health monitoring, and holistic approaches. According to the Florida Department of Health (2021), diabetes, stroke, cancer, asthma, and heart diseases are the most prevalent in Florida

Key Educational Activities Includes:

1. Behavior modeling (respond positively to changes, engage in organized social engagement, and seeks help when needed)
2. Utilizing assistive devices such as (blood pressure monitor, blood glucose monitor, and weighing)
3. Role plays (skin checks, communicating with health care providers, locating, and reaching out to other community support systems)
4. Discussions with Feedback

Medication Adherence

Participants who are forgetful, non-adherent, or partially non-adherent, with access to iPhone or an Android phone, received training on the medication mobile application (App), which uses an alarm reminder for medications, missed doses, track when medications were taken and what was taken. It is user-friendly and convenient to support patient accountability and adherence to medications. Those who do not have access to the App participated in using a daily medication logbook to record intake and store it in a secure and convenient place. The logbook included the date, type of medication, dose, frequency, and time (AM or PM). Participants who could afford to purchase an automatic smart dispenser are encouraged to do so, as the dispenser alerts when it is time to take medications with a blinking light and sound. A smart dispenser can hold up to a 90-day supply of any pill size or shape and fits most kitchen counters.

Healthy Eating

Participants who identified with eating unhealthily were introduced and directed to a healthy diet, using the *Dietary Guidelines for Americans* for recommendations to support and change eating behaviors, prevent weight gain, manage chronic conditions, and be more consistent with healthy eating patterns. Participants reviewed and familiarized themselves with what constitutes a healthy dietary pattern, special considerations (i.e., added sugars, alcoholic beverages, and fat), and accessing a healthy dietary pattern. Participants complete a current food intake log and use the guidelines to start and maintain a healthy dietary pattern. Additionally, participants met with the health coach to provide a copy of the log weekly, to review and receive feedback in individual group sessions. The ultimate goal was for participants to identify healthy food groups, make nutritious choices, and self-monitor daily their food intake to achieve specific nutritional behaviors on a long-term basis. The *Dietary Guidelines for Americans* link are included in Appendix B.

Pain Management

Participants who identified having chronic pain engaged in one 45-minute individual health and wellness coaching session weekly. Participants included were motivated and goal driven to manage behaviors related to pain and improve daily functioning and overall quality of life (QOL). In the first session, participants completed a *Pain Outcomes Questionnaire* (POQ) short form 2 weeks after the program begins and at the end of 4 weeks. The POQ (short form) consists of 20 questions with a scale from 0 (no pain) to 10 (worst possible pain). Participants set their own goals that are specific, measurable, attainable, relevant, and Time-bound (SMART) weekly. Please see Appendix C for the Pain Outcomes Questionnaire.

Interventions Include:

Pain Education

Education focused on effective pacing (i.e., organizing tasks into smaller parts), energy conservation techniques, and using good body mechanisms when completing tasks. Participants were educated on smoking or other use of tobacco products cessation and thinking constructively (developing positive beliefs and attitudes to aid in coping with pain).

Self-Management

Participants were encouraged to develop a pain self-management plan. The plan included strategies for achieving better health outcomes, taking medications as prescribed, and participating in relaxation exercises. Additionally, participants made daily goals to focus on, choose the best time of day to attend to these goals, focus on how and where these goals can be addressed, and think of potential barriers and resolutions to these barriers.

Mindfulness Therapy

Participants engaged in and learned mindfulness meditation for 10-15 minutes to manage pain in a seated position with the health coach as the facilitator. Participants learned to be more aware of their current situations, feelings, and emotions and how to respond to them positively/confidently. The ultimate goal was to help participants shift their mindset to the present, allowing them to increase awareness of their inner feelings and their physical surroundings and reframe their experiences.

As reported by Mayo Clinic (2022), people living with chronic pain can benefit from daily mindfulness therapy as it allows them to focus their body and mind entirely at the moment without any form of judgment. Mindfulness therapy focuses on relaxing the body, allowing the individual to notice their breath and body sensations connecting as they are, reducing pain, symptoms of anxiety, and depression.

Sleep Hygiene

Participants who identified with sleep deprivation participated in an action plan which consist of sleep goals related to their environment (noise, temperature, lighting, and comfortable bed/pillows), mental (caffeine, alcohol/smoking, and restlessness), and physiological (stress, anxiety, and disruptive thoughts) circumstances. After participants list their sleep goals, the health coach reviewed and discussed sleep consistency goals incorporated from the *Purdue Wellness Coaching Sleep Hygiene Handbook*, which included steps to practice sleep hygiene. Steps include what to avoid before bedtime, such as alcohol/caffeinated products (2-3 hours), avoiding screens/lowering lights (telephones, laptops, and television), and setting the room temperature to be cooler but comfortable to reduce restlessness. Going to bed steps include dressing comfortably to ensure a good night's sleep, having a snack to avoid midnight snacking/hunger, calming/relaxing the body (using muscle relaxation exercises or any other activities to get exhausted), thoughts distressing (using a journal/dairy), and training the body to sleep within the same time each night to ensure consistency. Participants consistently woke up each day at the same time using light or natural light to wake up and have a healthy breakfast (not just coffee) to fuel up and hydrate throughout the day. Participants reported weekly on improvements in their sleep routine. Please see Appendix D for the link to the handbook.

Physical Exercises

Participants who identified with physical inactivity or limited physical activity created exercise goals. Goals were reviewed and graded weekly based on participants' progress with feedback. Participants were enrolled in an exercise program in consideration of pain, especially those with lower back pain (LBP), precautions (i.e., surgeries, injuries, and osteoporosis), and needed modifications. Exercises were conducted 2 x per week for 30 minutes per session. Physical exercises include beginner Yoga focusing on (flexibility and stability) and beginner

Pilates (endurance and core strengthening). Additionally, exercises were used to trigger health-promoting behaviors reducing negative physical and mental changes.

Lim and Hyun (2021) confirmed Yoga and Pilates elicit health-promoting behaviors and give rise to participants' overall positive health status beliefs. Furthermore, evidence has shown Yoga and Pilates' effective intervention strategies assist in promoting participants' behavior changes that negatively influence their health.

Yoga

Participants engaged in exercises on a therapy mat which include 3 sets of 10 repetitions of sitting forward bend pose (flexibility of the spine and strength). Second, 3 sets of 10 repetitions of the wide-angle seated forward pose (promotes good digestion). Followed by 2 x 10 repetitions of cobra pose (increase entire body flexibility) and 3 sets of 10 repetitions of cat stretch pose (mobility and flexibility of spine).

Pilates

Participants engaged in exercises on a therapy mat which consist of 3 sets of 10 repetitions single straight leg stretch is commonly known as “scissors” (strengthens hamstrings and quadriceps). Followed by 3 sets of 10 repetitions of double straight leg stretch (stability and coordination), saw 2 x 10 repetitions (mid and upper-back stretch to improve pelvic stability), and swan 2 x 10 repetitions (hamstrings, scapular stability, and back extensors to improve extension).

Stress Management

Participants who identified barriers to handling stress in their daily lives created goals to manage physical and psychological symptoms improving their overall well-being. Goals were reviewed and discussed weekly. Interventions were incorporated using the *Professional’s Mental*

Wellbeing Toolkit, established by The Wellness Society Organization (2023). The toolkit included a comprehensive, user-friendly, and evidence-based framework for health coaches to support clients with their wellness health, and life. Please see Appendix E.

Interventions include:

Journaling

Participants engaged in 15 minutes of daily journaling to connect with thoughts, and emotions, and develop stress resilience, and awareness. Journaling helped participants slow down their thoughts, reduce rumination, gain clarity, and helps them to feel calmer. The coach used prompts from the tool kit to reinforce participants learning, cultivate passion and satisfaction, prevent burnout, and being overwhelmed.

Coping with Challenging Emotions

The health coach used the 3-step system of the *Thinking Slow Method* to help participants cope with uncomfortable physical sensations, deal with challenging emotions, and reduce rumination. Additionally, participants use this method to better understand the relationship between their emotions, behaviors, attention, physical reactions, and patterns of thinking. Participants complete a deconstruct worksheet associated with the *Thinking Slow Method* weekly, which included questions and exercises to help determine personal values. Exercises include (1) self-reflection, (2) Fast Values, and Core Values.

Chapter VI: Project Evaluation

Application of Non-Standardized Assessment and Evidence-Based Interventions

The *Health Enhancement Lifestyle Profile (HELP)* evaluation and the *Cognitive Behavioral Therapy (CBT*) strategies were utilized in the implementation of the community-based occupational therapy health and wellness coaching program for adults 18 years and older living with chronic conditions or multiple chronic conditions (MCCs). The HELP was used at the beginning of the program for participants to identify their current level of health and wellness and create goals for change in specific lifestyle areas such as physical exercise, healthy eating, stress management, medication management, sleep hygiene, and pain management. The health and wellness coach were able to use participants' scores and collaborated with participants individually to create a 4-week health and wellness coaching plan, which included identification of facilitators (personal, environmental, and occupational/activity), barriers (personal, environmental, and occupational activities), and recommendations (strategies for eliminating barriers and enhancing the facilitators). Participants identified goals for change, utilized strategies weekly, and reviewed results with the health and wellness coach. At the end of the 4 weeks, participants were re-assessed using the HELP to determine outcomes. Participants followed recommendations, practiced carry-over, and accomplished goals with changes in behaviors and lifestyle.

Cognitive Behavioral Therapy strategies were utilized to assist participants in facing their fears instead of avoiding them. Role-playing was utilized to prepare participants for potentially problematic interactions with others and learning how to relax one’s mind and body. Participants developed coping skills through role-playing with effective carry-over within their natural environments and while completing occupational activities. Participants who practiced the CBT

strategies developed effective ways to change their own thinking, decreased rumination, change behaviors, and confront problematic emotions/feelings. The participants responded confidently to the CBT strategies and showed progress with handling problematic interactions, emotions, and increased coping skills.

Focus Group

The group consisted of 5 participants who shared similar backgrounds (diagnosed with a chronic illness or MCCs) and experiences and came together in a community-based setting weekly for 1 hour. The group was facilitated by the health and wellness coach, to create an atmosphere more conducive to self-disclosure, encourage interactions between participants, share feelings, and hear each other perspectives and differences in opinions. The health coach gained better insights into participants' feelings about specific experiences, attitudes, barriers, responses, and behaviors. Overall, the focus group was crucial to the process, and the health and wellness coach was able to provide in-depth feedback to participants based on observations and discussions. Participants left the group each week not feeling alone in the process, motivated to make behavioral changes, stayed focused on goals, and utilized strategies learned. The focus group questionnaire consists of 10 yes or no responses. Please see Appendix F.

Strengths

Participants have shown positive experiences with the program regarding the topics addressed, individual interventions, and the weekly focus groups. Participants believed the health and wellness coach's expertise on each topic (eating habits, stress management techniques, sleep hygiene, pain management, lifestyle, and behavior choices), and the tools used facilitated progress. Participants were relief from feeling overwhelmed, reduced frustration, and improved self-management. Participants felt the program allowed them to create new habits and routines,

eliminating old patterns and behaviors. Participants felt increased accountability for their health and wellness goals and intentions with the support of the health and wellness coach with an emphasis on occupational engagement/performance. Overall, participants felt that the program was convenient and flexible and assisted in creating long-term sustainable change with self-management.

Weaknesses

Participants enjoyed the program structure, discussions in the focus group, interventions, and all the topics addressed but felt the program was too short. The program was short due to the capstone project timeline. The program can be easily adjusted to a longer period from 6-12 weeks in the future.

Program Evaluation

Participants were asked to complete an evaluation of the health and wellness coaching program. A sample of the program evaluation questionnaire can be found in Appendix G. The sample included eight questions with yes or no responses and two questions with responses in short forms. Topics included program convenience, attendance, experiences, future topics/interests, behavioral changes learned and carried over, and resources/equipment needed to ensure the sustainability of the program. The responses to the program evaluation provided the health and wellness coach in making changes, advocate for resources, and shared with the community the importance of sustaining the program.

Improvements

This health and wellness program constitute very broad topics and had to be structured to encapsulate specific details beneficial to participants. However, in consideration for improvement to the program, topics could be addressed in depth with additional topics of interest

such as time management (balance wellness with a busy schedule), social wellness, and spiritual wellness.

Chapter VII: Discussion and Impact

Advanced Skill Development

I have developed further knowledge and skills during my capstone experience in health and wellness (HWC), implementing components of the project: Promoting the benefits of a community-based occupational therapy health and wellness coaching program for adults 18 years and older living with chronic illnesses and their self-management. My goal during my capstone experience was to develop skills that would transcend my knowledge into becoming an effective health and wellness coach to support the population living with chronic conditions or multiple chronic (MCCs) living in the community. Although I chose to complete a post-professional doctoral degree in occupational therapy to become an educator, my passion for health and wellness coaching to support individuals living with chronic conditions is alive and well, for the simple fact that I am observing first-hand, my 25-year-old daughter who was diagnosed with systemic lupus erythematosus (SLE) at the early age of 13 daily challenges self-managing.

Considering HWC is an emerging area in occupational therapy, I know the skills and knowledge I have developed within this capstone project have provided me with a fundamental background in becoming an educator confidently, teaching health and wellness, creating lectures, and a career in occupational therapy community-based HWC. Furthermore, I have gained a vast amount of knowledge about chronic conditions and their impacts on self-management.

I have also learned the different components and how to score the Health Enhancement and Lifestyle Profile (HELP) non-standardized assessment. As a health and wellness coach, it is important to collaborate with participants in creating goals from the identified areas, provide recommendations, give feedback, and help with the modification and progression of their goals. I

have learned every participant has their challenges, which at times can be a challenge. However, having a good understanding of the HELP assessment was vital to the process. This includes screening and monitoring participants' health-related lifestyle behaviors, inclusive of physical activity, healthy eating, stress management, medication management, sleep hygiene, and other risk behaviors.

I further developed skills in written and oral communication and collaboration throughout the capstone project. As a general occupational therapy practitioner working in an acute care hospital, communication is important because oftentimes, I have to communicate with other health professionals (for example, doctors, social workers, nurses, dieticians, and radiologists) not in writing only but orally. However, promoting HWC as an additional area of expertise was challenging and intimidating. For one, I had my own physical and medical challenges, which I may have come across as not the right person to promote the topic. I began the capstone process feeling physically challenged, stressed, and defeated. Through reflection, refocusing, staying prepared, and having family support the project became less challenging. I regained my confidence in promoting my passion and stayed true to my purpose. Another is living in the same household with my daughter, who has a chronic illness and sees her daily challenges as a true reminder of why I chose this topic.

Motivation and a Deeper Understanding

In addition to my daughter having a chronic illness, I was further motivated to pursue HWC while working as an occupational therapy assistant. I worked full-time in several skilled nursing facilities, where I witnessed an increase in adults and older adults experiencing chronic conditions or MCCs. These patients all had difficulty self-managing. As I witnessed the impacts on these patients living with chronic illnesses and the decreased ability to self-manage, I became

increasingly motivated to complete the HWC course with the United States Health Foundation geared specifically toward OT practitioners and physical therapists. After completing the course, I was able to educate patients confidently on self-management. Shortly after, I started school for a master's degree in occupational therapy. I had the opportunity to complete one of my fieldwork in a skilled nursing facility and the other in an acute care hospital. During that time, I saw an increase in chronic illnesses among patients in both the skilled nursing facility and the acute care hospital, with an increase in readmission occurring within 30 days of discharge. In addition, I witnessed my co-workers and classmates experiencing stress and burnout from their jobs and demonstrated difficulty balancing health and wellness. Therefore, I completed my capstone on "The importance of occupational therapists managing stress," which was a derivative of maintaining and promoting optimal health and wellness. OT practitioners should take care of their health and wellness first, before educating and guiding patients with skills to self-manage successfully. Throughout my entire experience as an OT student and as a practicing OT working in different settings, my experience has provided me with a deeper understanding of barriers, common issues, and the importance of occupational therapy HWC programs in communities to empower this population to be accountable for self-managing. Most importantly, it adds to the gap in the field of OT, specifically addressing occupational therapy service delivery and impacts in the area of health and wellness coaching.

Preparing Participants to Self-Manage

The capstone project contributes to the OT gap by helping participants to meet their occupational performance goals related to health and wellness. The program facilitates a collaborative process between the health and wellness coach and the participants, which empowers them to make informed decisions, direct their care, and stay connected to meaningful

activities to achieve optimal health and wellness. Interactions such as role plays, discussions, shared experiences, and feedback with participants in a focus group. Participants are encouraged to share with other participants about their experiences, daily challenges, and what motivated their behavior and lifestyle changes.

Sustainability

This capstone project and its components can be integrated easily into other occupational therapy community-based programs. Each topic of education and interventions has been outlined clearly, with tools/worksheets utilized as guidelines that can be easily adapted and followed by an OT practitioner to assist participants with self-management in health-related areas individually or in groups.

Limitations

Current research on health and wellness coaching was integrated into this capstone project in addition to the HELP assessment outcomes, to develop an HWC coaching plan for participants. A focus group was important to encourage participants' interactions, discussions, to share experiences, and role plays in navigating successfully through potentially problematic issues. However, for better occupational therapy outcomes, topics required further discussion and a longer implementation timeframe than the capstone experience allowed. The outlines of the program can assist other OT practitioners in preparation for HWC.

Chapter VIII: Conclusion

The occupational therapy doctoral capstone project goals were to promote the benefits of a community-based health and wellness coaching (HWC) for adults 18 years and older experiencing a chronic condition or multiple chronic conditions (MCCs) and to achieve a deeper personal commitment to advancing my skills and knowledge in this practice area. This project has met all goals, including gaining advanced skills and knowledge in HWC, which I will integrate and build on for future opportunities as an educator teaching HWC, or as a health and wellness coach. Furthermore, this capstone experience has boosted my confidence level in promoting and advocating for a community based HWC program in occupational therapy. Completion of this capstone project and upon completion of a post-professional doctoral degree in occupational therapy, also being a continuous support system for my daughter, and my daily clinical experience in acute care hospital working with patients impacted by a chronic condition or MCCs, further solidified my passion and professional goals in promoting HWC within the community beyond this capstone project.

Appendix A

Assessment: HEALTH ENHANCEMENT LIFESTYLE PROFILE (HELP)

Review: Hwang, E., & Peralta-Catipon, T. (2016). Help enhancement lifestyle profile (HELP) & Help screener older adults' version (Age 55 and older) guide for clinicians. Retrieved from https://www.csudh.edu/Assets/csudh-sites/sss/docs/2022-2023-academic-calendar.pdf

Browse: Conduct an evaluation with participants to get a profile and better understand participants lifestyle using the HELP assessment. Link: https://www.csudh.edu/Assets/csudh-\sites/sss/docs/2022-2023-academic-calendar.pdf

Complete: A structured interview using All three major sections: (1) Personal information, (2) Healthy Survey Items (5-self-rated items focusing on sense of well-being and overall health), and (3) Lifestyle Survey Items which include 7 sub-scales.

Appendix- B

GUIDELINES FOR HEALTHY EATING

Review: U.S. Department of Agriculture & U.S. Department of Health and Human Services. (2020). *Dietary guidelines for Americans*. Retrieved from https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans_2020-2025.pdf

Browse: Building a healthy eating routine with participants using the Link: https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans_2020-2025.pdf

Complete: Participants provide a daily log of what they eat using the guideline.

Appendix C

PAIN OUTCOMES QUESTIONAIRRE

Review: Clark, M. E., & Gironda, R. J. (2003). *Pain outcomes questionnaire short form.* Retrieved from https://www.midss.org/sites/default/files/pain_outcomes_questionnaire_sf_rev_2.pdf

Browse: Participants complete the pain outcomes questionnaire short form to help the HWC understand their pain levels and pain triggers using the Link: https://www.midss.org/sites/default/files/pain_outcomes_questionnaire_sf_rev_2.pdf

Appendix D

SLEEP HYGIENE

Review: Purdue University. (n.d.). *Wellness coaching sleep handbook purdue.edu*. Retrieved from https://purdue.edu/recwell//pdf/wellness/sleep-packet.pdf

Browse: The wellness coaching sleep handbook to help participants practice a sleep routine/hygiene (pp.1-12). Link: https://purdue.edu/recwell//pdf/wellness/sleep-packet.pdf

Complete: Participants complete a weekly report of their sleep routine.

Appendix E

STRESS MANAGEMENT

Review: The Wellness Society, Self-Help, Therapy and Coaching Tools. (2023). *Take control of your mind with the mental wellbeing toolkit*. Retrieved from https://thewellnesssociety.org/the-mental-wellbeing-toolkit/

Browse: Health and wellness coach uses the *Professional's Mental Wellbeing Toolkit* as a guide to help participants with journaling and coping with challenging emotions Link: https://thewellnesssociety.org/the-mental-wellbeing-toolkit/

Complete: Participants completes daily journal and worksheets and bring to coaching sessions.

Appendix F

HEALTH and WELLNESS COACHING PROGRAM FOCUS GROUP

QUESTIONNAIRE

1. Have you ever participated in any health and wellness coaching programs; Did you benefit from the experience?

    a. Yes

    b. No

2. Do you think participating in a health and wellness coaching program would prepare you better for self-management of your chronic illness?

    a. Yes

    b. No

3. Do you want to take accountability to self-manage?

    a. Yes

    b. No

4. Are you committed to the process of the health and wellness coaching program?

    a. Yes

    b. No

5. Are you open to participate in health and wellness coaching interventions?

    a. Yes

    b. No

6. Which health and wellness topic are you most interested in getting information about?
    a. Healthy eating
    b. Sleep Hygiene
    c. Managing stress
    d. Physical exercise
    e. Pain management
    f. Medication management

7. Were you motivated on your own to join this health and wellness coaching program?
    a. Yes
    b. No

8. Do you need help staying motivated?
    a. Yes
    b. No

9. Do you struggle to maintain a positive mindset?
    a. Yes
    b. No

10. Do you have any family or friend support, to help you stay committed to the process?
    a. Yes
    b. No

Appendix G

PROGRAM EVALUATION QUESTIONNAIRE

1. Did the program contain topic of interest beneficial to your overall health and well-being?

   Yes No

2. Was the program convenient and flexible for you?

   Yes No

3. Do you believe two sessions per week is sufficient for the program?

   Yes No

4. Did you find the focus group helpful?

   Yes No

5. Would you recommend anyone to this program?

   Yes No

6. Based on your experience, will you make behavior changes based on strategies learned in this program?

   Yes No

7. What kind of materials or equipment would you suggest implementing in the program?

   _____

   _____

8. What topics would you suggest incorporating in the program for the future?

   _____

   _____

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Curriculum Vitae

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EDUCATION

PP-OTD., Occupational Therapy, University of Nevada, Las Vegas 2021-present
Concentrations: Occupational Therapy
Dissertation: *A Study of Health and Wellness Coaching Benefits for Adults Living with Chronic illnesses.*
Dissertation Advisor: Dr. Donna Costa, DHS, OTR/L, FAOTA

M.S., Occupational Therapy, Keiser University-Fort Lauderdale, Florida 2019
Magna Cum Laude
Concentrations: Occupational Therapy
Thesis: The Benefits of an Educational Community-Based Program Utilizing Yoga and Tai Chi to Reduce Stress Amongst Occupational Therapy Practitioners.
Thesis Advisors: Tamara Pinchevsky-Font, Ph.D., OTR/L and Sanford, Ph.D., OTR/L

B.S., Occupational Health, Keiser University-Fort Lauderdale, Florida 2018
Magna Cum Laude

B.S., Health Science, Keiser University-Fort Lauderdale, Florida 2016
Magna Cum Laude

A.S., Occupational Therapy, Keiser University-Fort Lauderdale Florida, 2014
Honors

TEACHING EXPERIENCE

Fieldwork Educator Assistant, 2016
Application of Occupational Therapy Theory and Evidence-based Interventions

PROFESSIONAL EXPERIENCE

Florida Medical Center, Oakland Park Boulevard, Florida August 2020 to present
Occupational Therapist Registered (Acute Care and Outpatient Rehabilitation)

RESEARCH EXPERIENCE

Graduate Student, Keiser University, Fort Lauderdale-Florida 2018.

Performed extensive research and interviews with occupational, speech, and physical therapists on stress management techniques within the work environment.

PUBLICATION

Findley, N., (Forthcoming). “Promoting the Benefits of a Health and Wellness Coaching Program for Adults 18 years and older Living with Chronic illnesses” *ProQuest Central*

PRESENTATION

Findley et al. (2019). “The Benefits of an Educational Community-Based Program Utilizing Yoga and Tai Chi to Reduce Stress Amongst Occupational Therapy Practitioners.” Paper presented in the Conference room at Keiser University, Fort Lauderdale-Florida.

AWARDS AND HONORS

Academic Excellence Award/Honors (4.0 GPA), 2019

Academic Excellence Award/Magna Cum Laude (3.85 GPA), 2016

Phi Theta Kappa Honor Society, 2014

Keiser Alumni Scholarships

PROFESSIONAL MEMBERSHIPS

American Occupational Therapy Association (AOTA)

Florida Occupational Therapy Association (FOTA)

RELEVANT SKILLS

Extensive knowledge of Microsoft Excel and Access

BLS Certified

Certified in Physical Agent Modalities (Ultrasound and Electrical Stimulation)