



# *Coaching for Activation™ Program Training Manual*

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## **I. Overview**

### **A. Training Overview**

#### **1. Purpose**

This manual provides training on administering the *Patient Activation Measure™ (PAM)™* survey, interpreting survey results and *Coaching for Activation™* - coaching individuals using the survey results as a basis for interaction.

Upon completion of this training, the coach should have confidence, knowledge, and skill in these key areas:

- Understanding health activation and *PAM*
- Ability to obtain the maximum benefit in using *PAM* to support health coaching efforts
- Appropriate administration of the *PAM* assessment to an individual
- Interpreting *PAM* results, determining and understanding the individual's activation level and score
- Knowledge of where best to start the coaching process given the individual's activation level and health profile
- Understanding how *PAM* integrates into the coaching approach to provide a tailored individual experience

This training is designed for those serving in a health coaching or life skills mentoring role for an individual.

#### **2. Common use of Terms**

The following terms will be used throughout this document to refer to individuals participating in the coaching experience:

- Coach – someone responsible for guiding or mentoring an individual through behavior change
- Individual – a person who is coached through behavior change

The coaching process may occur in a variety of settings, including telephone coaching, the individual's home or place of work, and the healthcare provider's office.

## II. Understanding Health Activation

### A. Defining Activation

Consumers are more likely to make good decisions and take more action to promote their own health if they are engaged, informed, and feel confident they can take care of themselves. Those who have the skills and confidence to take on their personal health challenges experience fewer health crises and can slow or prevent functional declines. This translates to better health, and more effective and efficient use of healthcare resources.

Activation is defined as the knowledge, skills, and confidence to manage one's health and health care. A panel of consumers and health care experts defined activation as follows:

	...self manage	...collaborate with provider	...maintain function/ prevent declines	...access appropriate and high quality care
Has the knowledge to:				
Has the skills to:				
Can access emotional support to:				
Believes patient is important in:				
<div><div></div> Identified by experts and consumers as a key component</div> <div><div></div> Identified only by experts as a key component</div> <div><div></div> Identified by experts as a key component and identified by consumers as a secondary component</div>				

The *Patient Activation Measure (PAM)* survey measures activation.

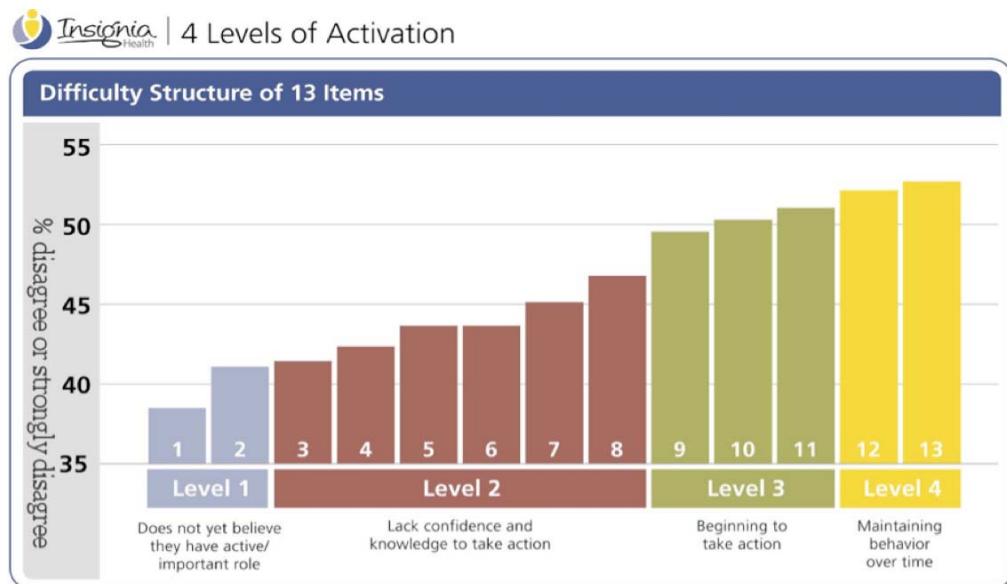
### B. Patient Activation Measure (PAM)

The *Patient Activation Measure (PAM) assessment* measures an individual's knowledge, skills and confidence to manage their health. Unlike other approaches, *PAM* does not assess one behavior at a time, but instead recognizes people who feel "in charge" of their health engage in a whole constellation of health related behaviors. It is a global measure of an individual's overall ability to manage their health. Further, it has been demonstrated that activation levels are changeable. With effective support, individuals can increase their level of activation over time.

*PAM measures activation including the knowledge, skills and confidence integral to managing one's own health and healthcare. Knowing an individual's activation level provides insights into consumer self-management competencies, making the tailoring of support possible.*

## 1. PAM Difficulty Structure

The *PAM* assessment has a defined difficulty structure. As an individual proceeds through the questions, it becomes increasingly difficult for them to indicate a statement is true for them. The items at the high end of the scale refer to behaviors that are more complex or require more diligent and sustained effort.



## 2. PAM Measures Activation

An individual's activation is measured through the completion of the *PAM* survey instrument. The *PAM* assessment provides both an activation score and activation level to discern an individual's self-management competencies. *PAM* scores are based on a theoretical 0-100 scale; however, most people have activation scores between 39-90. Scores outside this range are unlikely and generally result from an individual responding "Disagree Strongly" or "Agree Strongly" to all of the questions.

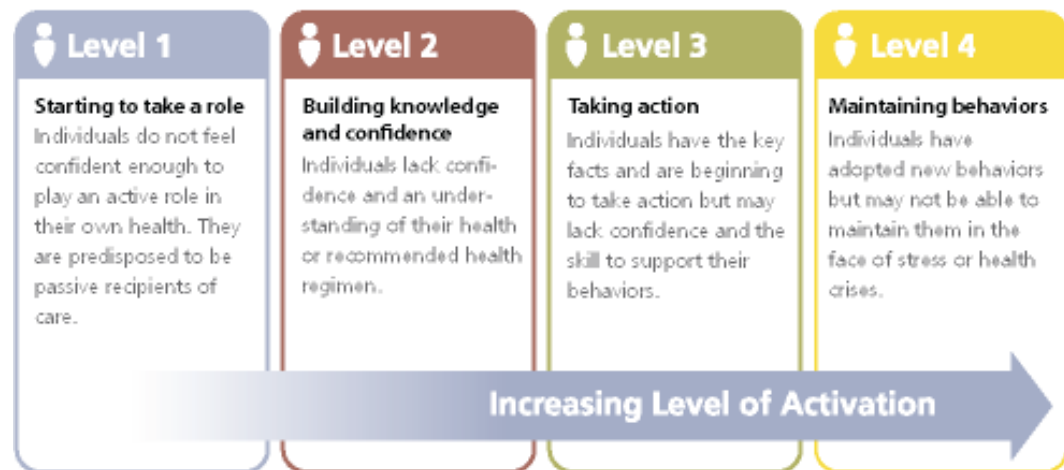
The activation score can be used to segment individuals into one of four progressively higher activation levels. Each level provides insight into an array of health-related attitudes and the performance of a wide range of behaviors. The level is an indicator of an individual's competency to take on

new behaviors; and as an individual's level increases, so does their self-management capability.

The graphic below shows, by activation level (*level 1 is the lowest level of activation and level 4 is the highest level of activation*) individual behaviors and appropriate, self-management needs.

#### Patient Activation Characteristics

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The activation score is the more precise measure (as compared to the activation level) and is used to track individual progress over time. Even a gain in activation score of 3-4 points is meaningful; as this much change is associated with the difference between engaging and not engaging in particular behaviors. This nominal point gain, however, may not move an individual to the next higher level of activation.

*PAM levels should be used primarily to help the coach provide the appropriate amount and type of support to the individual. The PAM activation score is used to track progress.*

Individuals vary greatly in their ability to manage their health and healthcare. *PAM* can quickly identify where an individual is in terms of activation. The activation score gives the coach necessary information to tailor support and begin to build the individual's self-management capacity -- starting with the very first interaction.

#### C. Research Validates *PAM*

To date, more than 80 studies worldwide document the importance of activation and the *PAM* survey's ability to measure activation and predict a broad range of

health-related behaviors. Research shows increased health activation correlates to improved self-care, better health, and lower utilization of healthcare services.

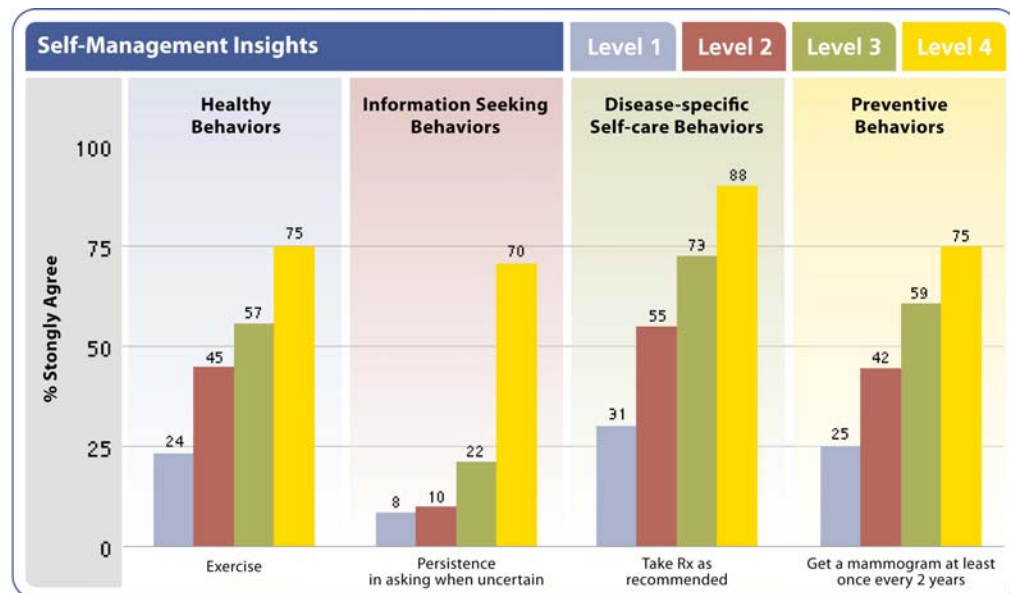
A recent study found individuals in *PAM* -based coaching programs saw the following results:

- Increase in activation scores
- Improvements in clinical indicators
- Decrease in utilization of health care resources

as compared with those in standard coaching relationships. Tailored coaching resulted in significantly improved outcomes for the individuals.

### 1. Behaviors by Activation Level

While the PAM has been linked with a wide variety of health related behaviors, it has also been noted that some behaviors simply do not start until the individual reaches a higher level of activation. This observation is the basis for “mapping” various behaviors to the levels of activation. The BehaviorMap,” below, shows how four different health behaviors are related to the levels of activation. Additionally, some behaviors (those to the right on the map) are accomplished almost exclusively by those at the higher levels of activation. The behavior maps help identify which behaviors are feasible for people at different levels of activation. Generally, behaviors that require sustained effort or are more complex are more likely for those at higher activation levels. This behavior map shows behaviors relevant to a successful medical encounter. Other maps are available for many different disease specific self-management behaviors.

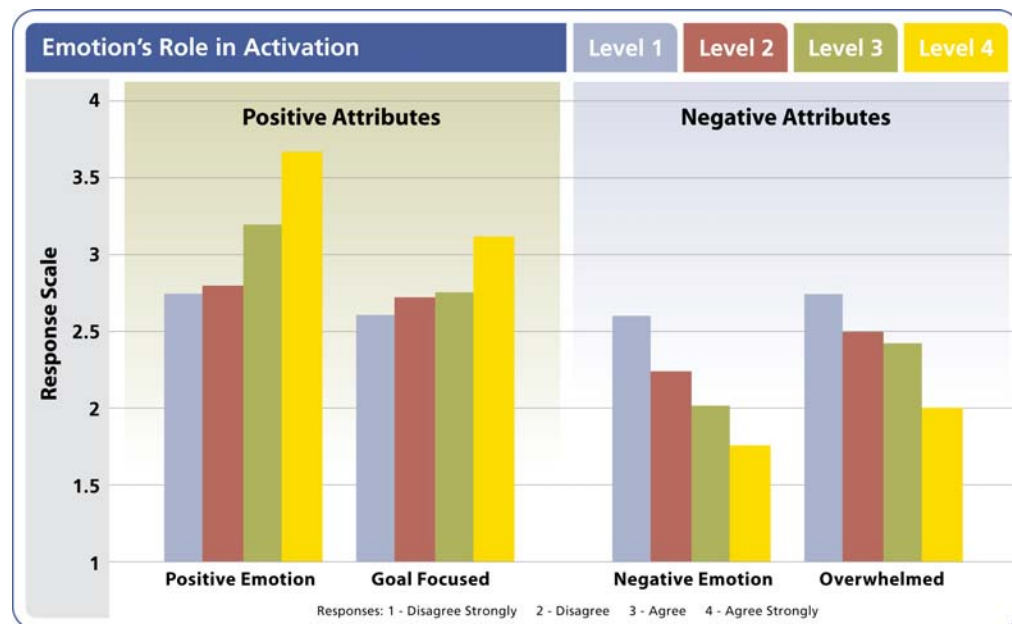


Source: US National sample 2004

## 2. Emotions and Activation

Emotional state plays a large role in an individual's activation level. A person's emotional state, specifically whether they experience positive or negative emotions associated with their health, is to a large extent associated with the different levels of activation. For example, a person at Level One generally feels less positive and more negative when thinking about their health than a person at Level Two.

Further, more highly activated individuals are more goal-focused and less overwhelmed as compared to individuals with lower levels of activation. A person at Level Two would feel more overwhelmed with their doctor's recommendation to move more and eat less than an individual at Level Three. An individual at Level Four would be the most highly focused on achieving positive health goals, and would not be overwhelmed with the task as compared to less activated individuals.



It's easy to understand why those at lower activation levels struggle with what may seem to be simple lifestyle choices. As the sense of feeling overwhelmed diminishes, it is easier for individuals to accomplish positive health behaviors in their life. Taking appropriate and tailored small steps, especially for individuals at lower activation levels, may effectively reduce this sense of feeling overwhelmed and promote increased activation.



### **III. Administer the PAM Survey**

The basis of *Coaching for Activation*™ (CFA) is valid measurement. The *PAM* survey is the basis for baseline measurement and ongoing tracking of an individual's progress in a program over time. Achieving the best results possible requires enlisting a few “best practices” for accurate, repeatable measurement reflecting an individual's self-management capacity and capability as it relates to their health.

#### **A. Introduce PAM to the individual**

Before administering the *PAM* survey, explain the intent of the survey to the individual:

- The *PAM* survey is used to identify appropriate areas of health improvement opportunity and to assist the coach in working with the individual to achieve their desired goals. The questions on the survey help the coach understand how best to work with the individual.
- ***Assure the individual the intent of the survey is to help them, it is not to judge them.*** The results of the survey will be used as a guideline for the coaching process. The survey results will not affect their relationship with their doctor or employer – and their family members will not be given their survey results.
- Total honesty is important in each response. If honest responses are not provided, it limits the coach's ability to guide the individual to successfully achieve their goals.
- Do not tell the individual they are taking an assessment or “the *PAM*”. Inform them they are taking a survey to help in the coaching process.
- Assure the individual the survey is completely confidential and will be used as a tool in the coaching relationship.
- Advise them the survey takes only 3-5 minutes to complete.

Once the individual understands the positive intentions of the tool, administer the survey.

#### **B. Administering PAM to the Individual**

*PAM* is either self-administered by the individual or administered to the individual by a coach. The survey is available in English and Spanish versions. When the survey is self-administered, enter the results according to your organization's policy.

The coach can administer the *PAM* survey to the individual in-person or over the phone. When administering the survey to an individual:

- Ask the questions in the order they appear on the survey.

- The survey administrator reads each question exactly as it appears on the survey. Do not add, remove or interpret words. Provide the individual with the list of possible responses after each question (Disagree Strongly, Disagree, Agree, Agree Strongly or NA).
- Record the response to each question at the time the survey is administered.

There are several considerations for delivery of the survey to keep in mind when administering it to an individual:

- Administer *PAM* as early in the coaching process as possible (preferably during the initial consultation). This will provide a basis for starting productive discussions with the individual.
- Encourage total honesty in individual responses to *PAM* questions. The administrator should explain that the individual's responses should be as truthful as possible because the results will be used to help the individual, not to judge them.
- If the individual is having trouble understanding the meaning of the question, encourage them to answer to the best of their ability according to how they understand the question. In the event an individual does not understand a question, reread the question exactly as it appears. If after rereading a second time, s/he is still struggling to understand, rephrase or interpret the question to the best of your ability. Do not interpret or rephrase other *PAM* questions based on this one – instead read each question at least twice exactly as it is written before making any changes to assist the individual.
- If an individual answers “Yes” instead of “Agree” or “Agree Strongly”, follow up with a question asking if they “agree” or “agree strongly” with the question. Follow the same approach if the individual responds with “No” or any other responses not designated in the given response categories.
- If an individual does not know the answer, does not believe it applies, or refuses to respond, mark NA as the response for the question.
- Ideally, someone who does not have a personal or ongoing relationship with the individual should administer *PAM*. Unknowingly, the individual may adjust responses to the questions to please the coach, potentially leading to inaccurate results.

## **IV. Coaching for Activation Principles**

### **A. Key Roles**

*Coaching for Activation* has three main “players” – the individual, the coach, and *PAM*. Each player has a key role in the CFA process:

The individual is front and center-stage throughout the coaching process. However, the path that leads an individual to participate in health coaching is truly unique, important, and integral to the success of *CFA*. Individuals come to the coaching process with different needs and expectations. Some are glad to have a health coach, others are indifferent, and some may be resentful. The similarities most individuals share are their aspirations to be healthy and the ability to make small and steady changes to significantly improve their health and quality of life.

It is the role of the coach to stand a bit backstage and truly believe in the individual’s personal aspirations and abilities, however big or small, to improve their health and quality of life. There is no room for the naysayer in this role – rather, the coach’s job is to draw out of every individual, their hopes and dreams for better health and for an improved quality of life. The coach will use their *CFA* training in combination with their professional skills and talents to determine appropriate goals and action steps. The coach has the responsibility to quickly gain the trust of the individual and will search for any and all reasons to positively encourage and nudge the individual at the right pace to become more and more health-activated.

*PAM* sets the stage for determining where the individual is right now with regard to effectively self managing their health and healthcare. In health promotion terminology, *PAM* allows the coach to “start where the individual is”. *PAM* will underpin the first conversation between the two principal players – coach and individual - and it will serve as an ongoing guide throughout the health coaching process. This measurement tool will accurately assess the change in activation of the individual over time and serve to reinforce the importance, success, and resource savings ability of the coaching program.

For each of the three key players in the CFA process, there are important key principles to consider and incorporate into any effective coaching program.

### **B. CFA Principles**

The key principle of *Coaching for Activation (CFA)* is the individual is in charge of their health, the coaching interaction, and making any changes to their lifestyle. The individual drives the interaction and is ultimately the decision-maker, as they alone possess the right questions, possible answers and eventual solutions within themselves.

The coach's key role is to guide the individual to appropriate choices and attainable goals and action steps given their capability (i.e., level of activation as determined by *PAM*). Key skills for a coach include:

- Active and reflective listening skills (with particular attention paid to listening and seeking out identified barriers to change)
- Spending more time asking rather than telling
- Understanding and focusing on the individual's agenda
- Promoting the individual's problem solving skills
- Collaborating with the individual to improve their self-efficacy and capacity
- Helping the individual start to engage in their health and healthcare by taking an active role in the process
- Demonstrating a positive belief in the individual's ability to accomplish the level appropriate goals and action steps
- Focusing the individual on improving their stress management and coping skills

Employing most, or all, of these skills in each coaching session will provide individuals the support they need to develop the confidence and skills necessary to increase their level of activation – and thereby take a more active role in their health and healthcare.

## **V. Coaching for Activation – Tailoring the Experience**

In order for people to take a more active and effective role in managing their health, they need to develop a foundation of knowledge and skills that serve to build confidence. By measuring activation level, the coach has useful information on the individual, including insight into the individual's current levels of knowledge, skills and confidence. This information allows the coach to tailor goal setting and recommended action steps and lend support specifically to the individual's current needs. Taking action steps appropriate to an individual's level of activation gives them the opportunity to experience a series successes and start to build confidence. Ongoing measurement of an individual's activation will help the coach to know where progress is being made and where work still needs to be done.

### **A. Read and Interpret PAM Results**

It is important to understand challenges the individual faces from the individual's unique perspective. The *PAM* survey is a useful tool to start a productive conversation with a new participant or obtain important information from existing ones. Reviewing the *PAM* questions, and using the individual's responses as a conversation-starter can initiate an in-depth discussion that will jump-start the coaching process.

#### **1. PAM Responses**

Each question in the survey provides the individual with a choice of five different response options – disagree strongly, disagree, agree, agree strongly, and N/A. These response options should be interpreted by the coach as follows:

<b>Response Option</b>	<b>Interpretation</b>
Disagree / Disagree Strongly	This is not true for me.
Agree	Sometimes this is true about me or it is partially true about me.
Agree Strongly	Yes, this question is true about me. This is a definite "yes".
N/A	This does not apply to me. I do not know how to answer. I refuse to answer.

#### **2. Review the individual's PAM & Start the Conversation**

First, visually scan the individual's responses to the *PAM* questions and notice the pattern of responses. The most common pattern of responses

start with “strongly agree” or “agree” and generally move to the left as the individual progresses through to the rest of the question in the PAM survey. If the pattern of responses generally trends to the left as you read down, locate the first question where the individual response was “agree”.

Q1. When all is said and done, I am the person who is responsible for managing my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
Q2. Taking an active role in my own health care is the most important thing that affects my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
Q3. I am confident that I can help prevent or reduce problems associated with my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
Q4. I know what each of my prescribed medications do.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
Q5. I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
Q6. I am confident that I can tell a doctor my concerns even when he or she does not ask.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A

Find out how the individual feels about the statement where they first indicated they “agree” with in the survey. The discussion might start with a statement and a question something like this:

*“I see by your answer to this question, you agree you can help prevent or reduce problems with your health. Tell me more about this.”*

By starting the discussion in this open-ended and non-threatening way, it gives the individual an opportunity to talk about the successes, as well as any problems they are presently encountering. Often when the individual describes why they answered a *PAM* question in a particular way, they will, describe what they perceive as the key issues preventing them from successfully managing their health and healthcare.

The individual’s identification of their perceived barriers to making progress is very important information for the coach to have; it reveals what the individual believes are their key stumbling blocks to being able to take steps toward positive action in their health.

Remember, it is one thing to observe another person for a short duration and then tell them all about what they are doing wrong and what they should do to correct their actions and it is quite another to have an individual feel safe enough to speak openly and honestly about what they already know they are

doing and what they might be able to do to improve their situation. The barriers to action an individual can usually self-identify with the help of a skillful coach can later be used in a positive way as the basis for joint problem solving and effective troubleshooting.

**a) Example Conversation**

Engage the individual by asking open-ended questions, listening and employing the *CFA* principles. Below is an example of how to use *PAM* to start the conversation.

(1) Locate the first statement where the individual marked “Agree”.

(2) Start by asking about the individual’s response.  
*“What were you thinking when you answered “Agree” to ...”*

(3) Encourage the individual to elaborate. For instance, say,  
*“Tell me more about that.”*

The point here is to get the individual’s story about what factors in their life prevent taking action. The individual should identify their real life barriers:

*“I can’t exercise because I don’t have time – I’m too busy.”*  
*“I can’t exercise because by the time I get home from work it is late and I have to take care of my mom.” Or “I can’t exercise because the last time I tried to exercise I sprained my ankle – it wasn’t worth it to me.”*

The individual’s assessment – “too busy” or “have to take care of my mom” or “sprained my ankle” – are the individual’s reasons for not exercising. The individual’s schedule, family responsibilities or personal history with being active are the real barriers to changing the behavior.

(4) Ultimately, it is up to the individual to “discover” the need to change these assessments before they can start to change their behaviors. Use reflective listening to share what the individual has told you.

*“The reason you don’t exercise more is because you have a lot going on in your life” ~ or ~ “The reason you don’t exercise is because you have a lot of responsibility to your family” ~ or ~ “The reason you don’t exercise is because you are worried you will injure yourself if you are more active.”*

It is important, as you ask the individual why they responded in a particular way to the *PAM* question, to actively listen to their response. Reflect what you have heard from the individual to confirm your correct understanding of their situation and relay your interest in their situation and needs. Active listening and validation of what was said helps to build rapport and trust with the individual.

Just probe or ask about one or two of the individual's responses, and be sure to stick to those where they marked "agree." Make note of the barriers to change the individual identifies both in the visual scan discussion and from noting what is said in other conversations. With the individual, review some of the barriers identified and ask for more detailed information about which ones concern them the most right now. Together, work on ways to problem solve around these barriers.

## **B. Tailor Interaction**

Research shows when people start feeling more capable and in charge of their health (more activated), they are more likely to change many of their behaviors. Thus, starting on issues the individual has identified and encouraging taking steps that are likely to result in success builds motivation and confidence for making other bigger (and maybe more clinically meaningful) steps later.

A key goal of the coaching process is to build individual confidence about health self-management. Asking individuals to take action steps they cannot successfully accomplish undermines their confidence, does not provide meaningful new information, and does not inspire skill-building. Jumping ahead or lagging behind one's activation level, will simply create frustration for the individual and deters meaningful action. Understanding, empathy, and insight about where to start the coaching process are gained from the initial conversation, from the activation score, and from *PAM* discussion.

*Individuals build confidence by successfully meeting their goals and action steps. Another way they can build confidence is when they are able to self-identify a problem, figure out a solution (with the coach's guidance), and successfully implement their solution. Helping individuals gain problem solving skills is important at all levels of activation and will help them gain new and meaningful knowledge, useful skills, and necessary confidence to better manage their self-care and healthcare.*



## 1. Start Goal Planning

Individuals often know what health and behavioral goals they should achieve (for example: bring blood pressure under control by making several important behavioral changes: eating fewer calories, reducing salt intake, limiting alcohol, and regular aerobic exercise). For the most part, individuals already have an understanding of what they need to do to improve their health and prevent illness.

It is simplistic and ineffective for the coach to maintain that individuals are overeating, smoking, or not exercising simply because they do not *know* these behaviors are bad for them, they are lazy, or they don't want to be healthy. The solution to improving health behaviors does not lie in simply telling people what they should do. Eliciting information from the individual, being empathetic to their situation, and supporting their approach to problem solving is instrumental to achieving lasting health behavior change.

## 2. Start Where the Individual Is

The individual's priorities should have higher priority in the coaching process than clinical priorities if early success is to be gained and built upon in the future. The coach should ask the individual what they would like to work on – the individual might want to “eat less”. The coach should then work with the individual to set goals and steps to accomplish this goal according to the activation level. Here are some examples:

If an individual feels safe and respected in the coaching environment, they will often say something like,

*“My blood pressure is off the charts and I need to start eating right and exercising regularly!”*

At this juncture, the coach must manage the individual's expectations. The coach might respond:

*“You are absolutely correct... let's think about one thing that you'd like to start with first, something that will get you going on the right track.”*

Typically, the individual will respond with a suggestion:

*“The first thing I know I need to do is change my diet and get active and stop smoking!”*

Again, the coach manages this expectation, saying:

*“Can you think of just one way that you can easily change your diet for the better? Earlier today you told me that you don't eat breakfast and then you eat all the wrong foods for the rest of the day. What do you think?”*

The individual might suggest one change they could try to start eating breakfast on two or three mornings during the upcoming week. The coach may encourage the individual to write down or remember how they felt on the days they ate breakfast.

Start with attainable, manageable steps to keep the individual from becoming overwhelmed. Have the individual tell you how they can achieve the goal and set up a concrete plan to discuss their progress in a future session. As the individual achieves success, add more steps and goals to manage with increasing complexity. Continue to challenge the individual in a way that does not exceed their capabilities. Success at every juncture is the objective.

### **3. Managing Clinical and Individual Priorities**

Often times, there is confusion or disagreement as to which behaviors should be addressed first as part of the health coaching process. A doctor may have given the individual a clear message that they need to immediately lose 50 pounds – and the individual may have been provided with self-help literature on a *1000 per day Calorie Diet*. In a health coaching situation, the coach might learn from the perspective of the individual, the barriers to success in sticking to a calorie controlled diet are 1) life is too chaotic, 2) other family members object to low calorie foods, 3) low calorie foods are too expensive, and 4) the real problem underlying weight gain is stress and fatigue.

The coach needs to listen carefully how the individual explains their lack of success with achieving clinical goals set by health care providers and should focus on how the individual explains their prior failures.

However, there are situations when a clinical priority is a matter of immediate danger to the health of the individual. In these situations, approach the individual in a guiding manner and obtain buy-in from the individual as to a plan of action that will incorporate both their preferred focus as well as the clinical priorities.

## **C. Tailor Coaching by Level**

Change does not happen all at once. Individuals at lower levels of activation will require more time and care before they begin to take steps to change their behavior. The graphic below shows the objectives for each activation level.

<b>Level 1</b>	<b>Develop Basic Knowledge, Self-Awareness, &amp; Confidence</b> Individual becomes self-aware of own behaviors and symptoms. Focus coaching on the relationship between symptoms and behaviors, building self-confidence and awareness. The individual should choose the area(s) they want to work on.
<b>Level 2</b>	<b>Increase in Knowledge, Initial Skills Development</b> Individual develops the knowledge, skills and confidence needed to master new self-management competencies. Coaching should focus on helping the individual learn to monitor symptoms, behaviors and adverse triggers - and adjust accordingly. Focus on taking small steps.
<b>Level 3</b>	<b>Initiate New Behaviors</b> Individuals initiate new health promoting behavior(s) and work to further refine techniques to monitor and adjust. Coaching should focus on providing encouragement, noticing successes, and problem solving.
<b>Level 4</b>	<b>Maintaining Behaviors &amp; Techniques to Prevent Relapse</b> Individual strives to maintain desired health-related behaviors over time and learn to anticipate difficult situations that will arise. Coaching should focus on the issues that make it hard to stick to correct behaviors and to help the individual trouble-shoot.

Research suggests that activation is developmental. Individuals go through phases on their way to becoming capable self-managers of their health and healthcare. Those low in activation must build basic and foundational competencies, such as self-awareness and confidence, before being able to take on the next higher level of challenges – a foundation has to be build first, and then parts are added in a logical order. This is why starting where the individual is, is vitally important. Understanding the specific challenges individuals face at each level of activation and helping them to meet those challenges prepares individuals to take on more difficult behaviors later.

*Don't "jump the gun." Asking people to do things they are not capable of or ready for, actually sets them up for failure and can undermine their confidence and ability to make progress.*

The *PAM* survey segments individuals into four levels along a continuum of activation. Change in activation is developmental; that means that increasing activation happens slowly over time, depending on the amount of success and

positive feedback experienced along the way. Further, a foundation for increasing activation needs to be built with the coach and individual working side-by-side in order for an individual to achieve the necessary success required for continued improvements. Components are added to an individual's skill-set in a sequenced and logical order to support continued achievement of goals. The content below identifies the core skills necessary for each activation level.

## **1. Activation Level 1**

At level 1, the task of the coach is to work with the individual to help the individual:

- Self-monitor their current behaviors and how they feel (i.e., when I eat too much I feel sluggish). This builds self-awareness and helps to connect the dots between “what I do and how I feel.”
- Whittle away at their sense of being overwhelmed by what they already know they should be doing. The coaching focus should be on what the individual can realistically take on today, and joint agreement on what the small action steps should be.
- Understand their role in their health and in the healthcare process, The coach can help the individual understand what they're accountable for and where other care providers can be of help. The focus here is for the individual to understand their vital role in their health; it is not the responsibility of other people.
- Make the connection between lifestyle choices their affect on the individual's condition or onset of symptoms.
- Connect their health concerns to the here-and-now, not improvements in health or increased longevity 20 or 30 years into the future. Focusing on feeling better today reduces feelings of being overwhelmed.

Quotes from level 1 individuals reflect the need for development of these key skills to improve an individual's activation:

*“I don't know (the nature and causes of my condition) ... probably because I smoked so much” (COPD)*

*“When I first went in there they'd give me bags of samples of this and that and all the side effects. I just basically threw them away because I didn't want any of them”*

*“I don't understand the cause. I just know I was told I have diabetes”*

Individuals at activation level 1 tend to give responsibility for their health to others, feel helpless to self-manage or change aspects of their health condition(s) and do not believe they can make a positive difference in their health. These individuals easily become overwhelmed with seemingly rudimentary tasks. They have low levels of motivation, confidence and

health skills. In order to assist the individual, the coach must be acutely tuned into individual limitations, work within the individual's bounds, and negotiate to support and achieve very small successes.

For example, a coach works with a level 1 individual by focusing awareness on eating or activity patterns, and how stress might affect those patterns. The coach can begin to build hope and reinforce the message that through taking small steps and making steady progress the individual can make a difference in their health. This self-awareness is an important foundation for building further competencies in later steps. Small steps and positive feedback help build confidence.

## **2.      Activation Level 2**

At level 2, the task of the coach is to work with the individual to:

- Make sure the knowledge dots are connected about their health. Do they understand when they engage in a positive lifestyle activity (moving more, eating less, not smoking), there is a positive result on their health?
- Start making small changes – it is OK to focus on one small step at a time. Make sure the steps are meaningful but not overwhelming (i.e., replace chips with a small portion of nuts for an afternoon snack a couple days next week). Make sure to provide all the tools necessary for the individual to accomplish their task (type of food, cost differences, shopping list, etc).
- Develop a goal orientation that begins to make health a priority in their life. When an individual's health and well-being are front and center, it is easier to make good choices.
- Connect their health and choices to immediate problems, not long-term goals. Don't overwhelm them with thinking they need to fix everything at once.
- Start identifying stressors, primary causes of stress, and using this information to develop stress management and coping skills.
- Start to build problem solving skills that will be of use when stress and condition symptoms are difficult to manage.

Level 2 individuals may not make connections between their overall health and their behaviors. They may lack sufficient knowledge about their condition and treatments. Confidence is often low. Note these comments for a recent study from Level 2 individuals:

*"I don't know (treatment options) ... I just try to do what the doctor tells me" (COPD)*

*"She (doctor) kind of suggested that doing it in baby steps would just really prolong the process. I guess the hard part is that it (is) really on the extreme side to me"*

*"I don't really understand what they do (medications), but I try to understand their side effects" (COPD)*

Rather than overwhelm individuals with information, coaches must work with Level 2 individuals to supply "just-in-time nuggets" of information and useful skills consistent with an individual's condition to help them make the appropriate connections. Help individuals learn to monitor their symptoms and adjust behaviors in a way that quickly alleviates or mitigates the symptoms. Level 2 individuals can easily become discouraged and overwhelmed if the coach pushes too far too fast. It is important to take small steps to achieve success. Learning stress management strategies may be helpful for the individual.

### **3. Activation Level 3**

By level 3, individuals are adopting some new behaviors, have some condition-specific knowledge and skills, and exhibit ownership of their condition through appropriate self-management behaviors.

*"I joined a support group. I determined that I'm not going to let this take over my life" (COPD)*

*"In the beginning I didn't want to help myself. For the first four years, I was in denial ... and really depressed. Then I bought the book "Diabetes For Dummies," and I got over my depression and decided to start helping myself. I'm doing a lot better now" (Diabetes)*

*"There's a partnership with my care providers that I've tried to establish ... I get regular check ups. I take my medication faithfully and just try to do beyond what they suggest"*

The work of the coach with the individual in level 3 is to support greater consistency and further refinement in desired behaviors, applaud successes, help the individual link health care knowledge to their own outcome indicators, and help to grow the individual's knowledge and skills. At level 3, individuals are striving to accomplish best-practice and evidenced-based care. Appropriate goals include:

- Further development of health improvement skills. Set bigger goals for the individual to accomplish to work toward best-practice self care (i.e., walking 30 minutes five times a week to meet the fitness and activity guidelines).
- Start connecting choices to long-term outcomes. Focus on the notion that sustained positive changes have long-term benefits, such as longevity and improved quality of life.
- Problem solving when the individual isn't successful at achieving a new goal or behavior. What can the individual do differently? How

can the individual identify and solve new problems that crop up on their own and continue to forge ahead?

- Setting established routines for key behaviors. Routines help ensure healthy choices and changes stay part of the individual's lifestyle. Routines are best established when they are tracked and when there is positive support system in place that reinforces the healthy routines.

It is important to continue to support and encourage challenging goals to sustain their gains. Work with individuals to:

- Promote good health behaviors
- Refine areas where they struggle with maintaining their goals
- Track progress
- Seek support that reinforces the desired behaviors

#### **4.      Activation Level 4**

Level 4 individuals require the coach to work on relapse prevention and handling new or complex situations as they arise. Individuals are asked to set goals and take action steps, identify specific barriers, plan how to overcome them, and work with personal challenges that may derail success.

*"I have to be my own advocate when it comes to my health" (Diabetes)*

*"I try to keep a positive attitude. I exercise frequently, limit intake of cholesterol, and try to learn about my disease and survivability" (CVD)*

*"My doctor can only do so much. I have to manage my health" (Diabetes)*

Coaching at this highest level of activation focuses on sustaining healthy behaviors in times of stress or challenge. Focus on getting the individual back-on-track when weather, illness, stress, holidays, etc. get them derailed. Problem solving skill development and refinement is particularly important at this level.

Although some individuals at a level 4 may have adopted most of the behaviors they need to manage their health, they may still face challenges in one or two behaviors. Thus, these individuals may be working on maintaining some behaviors while they are still working on developing skills for managing others.

At this level the coach can encourage the individual to have "stretch goals" such as longer periods of activity for increasing or maintaining optimal fitness or even greater calorie reductions to get to a more ideal weight.

#### **D. Guide through more goals**

Activated individuals feel “in charge” of their self-care and healthcare. Activation is not just about following medical advice (although that is important), it is about taking ownership and understanding ultimately their health and well-being is largely in their own hands.

As the individual successfully completes one goal, address another appropriate goal using the same *CFA* principles and techniques. Remember not to focus on too many things at once and that sustained change takes time. Small accomplishments will lead to more and bigger accomplishments. An individual’s level of activation changes over time. Document the individual’s goal and action plan by establishing mutual agreement and then putting pen to paper, including:

- Goal to be accomplished
- When the goal will be accomplished
- How the goal will be accomplished through appropriate action steps
- Barriers to success and how to overcome the barriers
- Individual’s perceived level of confidence in achieving the goal
- Plan for follow up to the goal or commitment

Track the individual’s progress in achieving action steps to making positive changes. When individuals are unable to change behaviors or meet their goals, jointly set a new action plan they can more realistically achieve.

*The individual did not fail. The action step was not the right one.*

Not meeting action steps and goals can be the basis for learning and self-awareness about what does and does not work for the individual.

Follow up with the individual at regularly scheduled intervals and use a plan designed and agreed upon by you and the individual. Lower activation individuals require more frequent and personal follow up to ensure attainment of goals. Higher-level activation individuals may be contacted at less frequent intervals and via different mediums (email, phone, letter) than lower level individuals (face-to-face visit, phone).

Provide feedback on the individual’s progress toward reaching their goals. Always affirm successes, no matter how small. Look for success to applaud even if it is not easily visible at first. Document goals and progress to meeting goals via small action steps in order to track individual success.

Additionally, use activation level specific tools and resources to help people track weight, blood pressure, or other biometric indicators. These can be very helpful for individuals to see their own progress. Additionally, remind individuals how far they have come since they started on this journey of self-management.



## E. Assess Behavior Change

As individuals successfully move through the coaching process, their activation changes. It is important to continue measuring the individual to track progress.

### 1. Follow up *PAM* Measurement

Progress is tracked by continued administration of *PAM*. On subsequent administrations, the activation score and level can be used to gain insight into what new issues the individual faces as they make progress as well as those areas where the individual has achieved success. Remember, even small point increases in *PAM* scores are meaningful and indicate real health improvements.

The *PAM* survey can be administered as often as desired. Ideally, administer *PAM* every two to four months for an individual in active coaching and less frequently for individuals with intermittent coach contact. Administer the *PAM* survey in the same way as when it was initially administered.

This table provides a guideline for administration.

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Level 1	Most frequent, higher ‘touch’ (phone, in person) interaction on a weekly basis.
Level 2	Frequent, higher ‘touch’ weekly or bi-weekly interactions.
Level 3	One to two contacts per month. Reduce in-person or phone interaction; increased use of self-care resources delivered through email, mailings, web resources, etc.
Level 4	Less frequent interaction on a bi-monthly or quarterly basis. Greater reliance on self-care resources delivered through email, mailings, web resources, etc. with occasional personal contact.

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Ultimately, your organization will determine how to address resource allocation for *PAM* -based coaching of its population.

### 2. Review and compare results of *PAM*

The follow-up *PAM* score is used by the coach to determine progress the individual has made through the coaching process. Compare both the activation level (levels 1 through 4) and numeric score (from 1 to 100) to see whether changes have occurred, noting a change in activation level may not occur at each administration. But remember, even a slight increase in activation score shows significant progress. Additionally, compare the individual’s responses for each question in the survey to see which skills and

behaviors have progressed over time. Adjust the coaching objectives and resources provided to the individual according to the most current activation information.

After each follow-up *PAM* assessment, the coach should scan the *PAM* responses, using the individual's responses to determine where they are right now. The same technique for conducting the discussion should be implemented. Please refer to section V.A. Read and Interpret *PAM* Results for details as to how the discussion should proceed.