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'My Well'

A Wellness Facilitation Model

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'My Well' Wellness Facilitation Model

What is the 'My Well' Wellness Facilitation Model?

The 'My Well' Wellness Facilitation Model is a person-centred, appreciative approach that aims to engage individuals in achieving and maintaining wellness through purpose driven decisions, action and ownership by the person whose wellness is in focus. At its core is the desire for each person to develop goals and actions that lead to their own personal concept of wellness – hence the name 'My Well'. The use of the term 'well' also refers to the well of capacity within each individual, and their support network, to overcome seemingly difficult odds to achieve their target state of wellness.

Theories and methods informing the 'My Well' model:

- ✿ Person-centredness and a whole-person approach
- ✿ Self-determination and Motivational Interviewing
- ✿ Positivity, Appreciative Inquiry and Neuroscience
- ✿ Health behaviour change
- ✿ Engagement - workforce and consumer

These theories and methods support personal empowerment through increased ownership, accountability and responsibility^{1,2,3,4}. The aim is to contribute to contentment, active ageing and health sustainability into the future. Due to the ability to personalise 'My Well' processes and interventions, the model is applicable to people at all stages of life, all levels of health and wellness, and it compliments existing health services and practices.

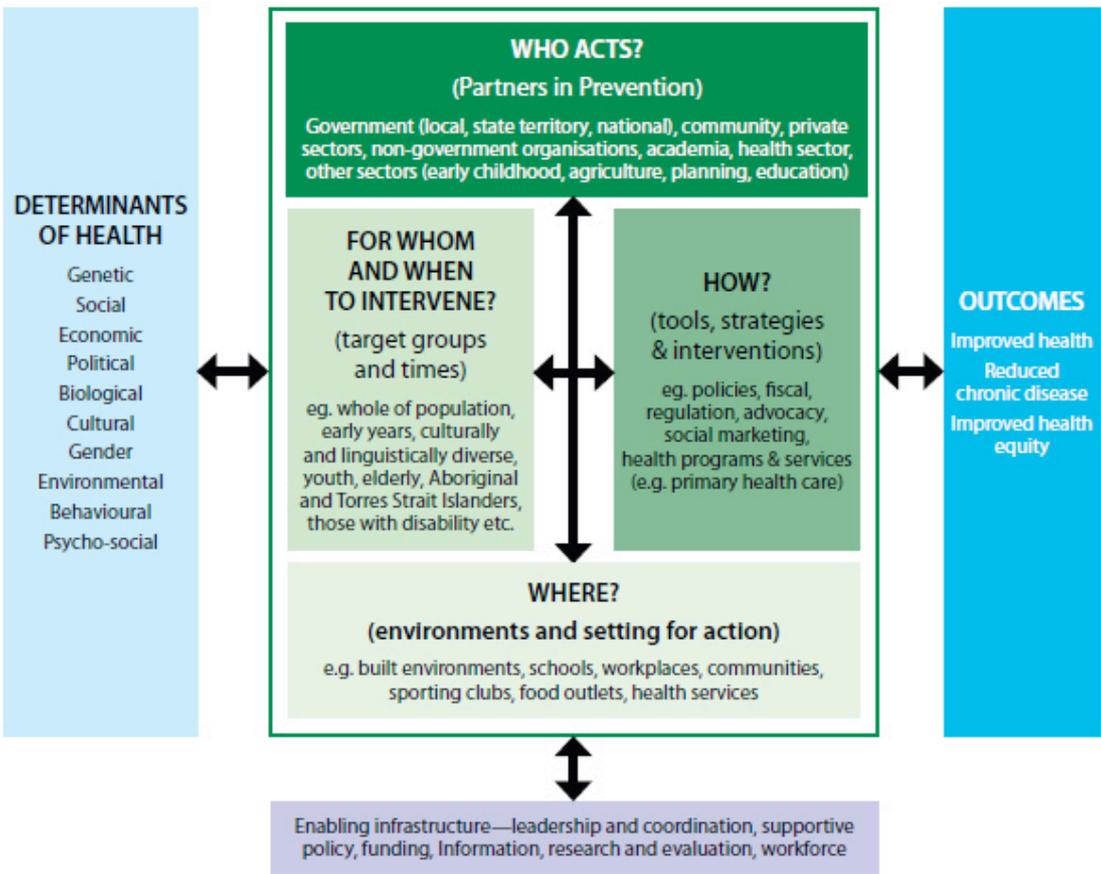
What Outcomes does the Wellness Facilitation Model aim to achieve?

Outcomes will vary by individual and are dependent on each individual's priorities and level of engagement. Some of the achievements of Wellness Facilitation may include:

Attitudinal / Outlook	Potential Health Outcomes
Purpose alignment	Increased engagement in dialogue about health and wellness during sessions and appointments with a range of health professionals
Self-efficacy	Evidence that progress requires less intervention and support by the facilitator (and potentially other health professionals) as the person assumes greater ownership and responsibility
Personal (patient) activation	Increased engagement in activities aimed at increasing wellness e.g. rehabilitation programs, healthcare sessions, medical appointments
Lifestyle changes	Increased compliance with treatment (which may be reflected in health metrics)
Positive experience	Subjective reporting of wellness and health. Improvement in patients' experiences of health care.
Perception of health status	Visible progress through the stages of change and effective management of relapses
Transformation	Ownership and self management of a healthy lifestyle (including ability to recognise and seek support as needed)
	Reduced costs to health care providers and individuals

These achievements will contribute to the outcomes of the Framework for prevention⁵. The framework, shown below, indicates the need for input by multiple stakeholders and agencies, including workforce. The tools, strategies and interventions listed tend to be big picture prevention campaigns, the success of which are dependent on individual uptake. The Wellness Facilitation Model enhances this framework by engaging the workforce and individual people at risk of chronic disease. It also lends well to a group model where participants learn from and support each other through action learning.

Diagram 1 A Framework for prevention (ANPHA 2013)



Background to ‘My Well’ Wellness Facilitation

The first World Health Organisation (WHO) Report on Ageing and Health⁶, released in 2015, defines Healthy Ageing as... ..

“the process of developing and maintaining the functional ability that enables well-being in older age.”

The overall objective of healthy ageing is well-being that’s holistic and encompasses all of the elements and components of life and living that people value⁷. Taking a wellness approach, focusing on partnering with patients and contributing to better health in midlife all align with the NSW Health Ageing Strategy⁸ and the NSW Health Plan “Towards 2021”⁹. NSW Health also aims to support age friendly communities as part of their planning for the future.

Case in Point:

Great Lakes Council (GLC) is recognised as a member of the WHO's Global Network of Age-friendly Cities and Communities¹⁰. Approximately one-third of the GLC population is between the ages of 47 - 68 years¹¹, that is, in their midlife and early senior years. This data highlights the need to have strategies in place that support the concept of healthy ageing in the Great Lakes area before a large portion of the population become seniors.

The WHO, NSW Health and GLC ageing-centric strategies reflect current recognition of the need to improve health throughout the lifespan and particularly to engage people at midlife, 47 – 60 year olds, the numbers of whom are on a sharp incline in the next few years. There's increasing evidence that health status at midlife is a predictor of health in later life, in relation to chronic conditions and the onset of Alzheimer's. Engaging in healthy lifestyle behaviours and habits, and particularly reducing negative habits in midlife, pays dividends later^{12,13}. Chronic conditions, particularly the top four non-communicable diseases (NCD): cardiovascular disease, cancers, chronic respiratory diseases and diabetes, create enormous health, social and economic burden⁵ and will continue to do so into the future.

At any age, people can find it difficult to navigate health information and advice that is extensive, complex and sometimes contradictory¹⁴. This is particularly true in situations where there are multiple risk factors and co-morbidities – information from multiple health professionals can make it difficult to prioritise, and trying to tackle them all at once is a recipe for failure. This often results in the handing over of control and responsibility for one's health to others, becoming a passive recipient rather than a true partner. For example, the 2011-12 Australian Health Survey¹⁵ showed that of the 33% of the population who had high cholesterol levels only 10% self-reported high cholesterol as a health condition, which may be an indication of the knowledge people have about the significance of high cholesterol and reluctance to take responsibility for self-management of health. The survey also showed that obesity is going up, increasing the risk of heart disease, one of the leading causes of death in Australia, and other costly and preventable chronic diseases which have been termed "Australia's biggest health challenge"⁵. The World Health Assembly's "current vision for prevention is 'a world free of the avoidable burden of noncommunicable diseases' so that populations achieve the highest standards of health and productivity at every age"⁵.

Prevention and treatment is a partnership of agencies that provide "approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, Interrupting or slowing the progress of the disorder or reducing disability"⁵. To achieve success the patient must be in this partnership and must have the knowledge, skills and support to maintain a healthy lifestyle. Information alone is inadequate to enable change. Patients need to understand how their own beliefs and values impact on their behaviours as well as their chances of success. They need to set their own goals and make informed decisions, decisions that *they* can live with. Though ongoing support from health professionals is generally forthcoming, this support tends to focus on one aspect such as disease pathology, medical treatments or interventions, nutrition, activity, weight, and to provide feedback on health metrics and progress from a disease perspective; the support required to effect change is often unavailable. This can be disheartening and fail to inspire and nurture the motivation that is so vital.

Furthermore, patients are often so overwhelmed by their own unfamiliarity with health science, complex information and prognosis, as well as feeling potentially guilty, angry and fearful of their

condition, that they may be unprepared for and unable to effectively engage in interactions with health professionals. On the other hand, with the advent of the Internet and people's tendency to seek information through search engines, patients are at increasing risk of getting the wrong information and making ill-informed decisions. Nowadays, patients are increasingly seeking to be partners in their own healthcare and to have control over what treatments they are prescribed. Subsequently they are more likely to experience greater satisfaction with care and better quality decisions when they feel they are a valued partner¹⁶. Better informed patients tend to make more conservative and less costly choices of treatments because of their greater appreciation of risks and benefits¹⁶.

A recently published Gallup report¹⁷ on America's health and wellbeing showed that heart attack survivors are not making lifestyle changes including quitting smoking, weight loss, stress reduction and regular exercise and are significantly less likely to engage in healthy behaviours than those who have never had a heart attack! The report also states that both heart attack survivors and the general population self-report eating healthily, yet obesity has increased by 2% over six years. This suggests there is work to be done to increase people's engagement in and ownership of their own health behaviours and lifestyle.

The foundation of better outcomes (in terms of health behaviour change) is the process of bridging the intention-behaviour gap¹⁸ and the provision of targeted support to progress through the stages of change¹⁹. Having a person whose role and interest is purely from a perspective to support change can lead to greater patient engagement, increased trust in the services, ownership of change, steady progress (though sometimes slower and focusing on one aspect at a time), compliance with treatment, increasingly effective sessions with health professionals, and better longterm outcomes (for patient and provider).

In addition to the benefits of wellness facilitation for patients there are significant benefits for carers, providers and people who don't have health issues too. Carers who find themselves in a support role without adequate knowledge of change and skills to support change, can become the nagging spouse, friend, carer or parent which can have a negative impact on key relationships and a compounding impact on overall health.

Adopting a wellness approach is important for a number of reasons:

- Wellness is a positive attitude and approach that gives hope and is likely to instil motivation.
- Focusing on wellness leads to wellness oriented goal setting and actions. Focusing on illness may reinforce negative beliefs about one's health and oneself and disempower the patient. Wellness facilitation takes a person-centred approach where the patient is truly empowered in their decision-making and actions.
- People who are **not** unhealthy or unwell may perceive interventions and information targeting health as irrelevant to them until such time as they experience ill health; they are more likely to engage in wellness activities⁷

Facilitation

What is facilitation?

Facilitation involves the process of guiding individuals and groups towards their outcome(s), through the use of a range of helpful interventions, so that they become more autonomous and take responsibility for themselves (adapted from Heron²⁰ and Schwarz²¹).

The facilitator “contributes structure and process to interactions... an enabler... who supports others to function effectively and make high-quality decisions, as they pursue their objectives”²² (adapted).

The World Health Organisation counsels that approaches to healthy ageing be structured to promote dignity, autonomy and participation⁷. Effective use of facilitation that holds each person in positive regard enables the realisation of these person-centred principles.

Relationship of facilitation to other modalities

The role of a wellness facilitator is to enable the patient towards their desired state of wellness. This is achieved by helping them to navigate the complex health system, gain understanding about their condition and clarity about treatments, make informed decisions, set priorities based on their own values, beliefs and lifestyle, develop SMART goals and take continuous actions, even in the face of relapse and setbacks, in ways that instil ownership and personal accountability.

A skilled facilitator focuses on process rather than content. Therefore they do not provide detailed information about disease, treatment options or prognosis, nor does a facilitator prescribe or direct. In the process of facilitation, a skilled wellness facilitator will draw on a range of skills including counselling and coaching skills and may support the patient and their carer to coordinate appointments and tests where such support is needed. The facilitator uses various interventions to enable the person, some of which are drawn from their own professional knowledge and experiences, as well as reinforcing important facts and evidence to help prioritising and decision-making. However, the facilitator knows their boundaries and recognises the need to refer to other health professionals. Through the process the wellness facilitator may identify areas that require new or increased input by a health professional such as a dietician, physiotherapist or counsellor that can be further explored by the Health Care Team.

About the ‘My Well’ Wellness Facilitation Model

Underpinning principles

The model focuses on wellness and uses a person-centred approach guiding the person through a process of:

1. Personalisation of wellness to suit their purpose, values and beliefs
2. Navigation of information and the system, and
3. Transformation towards achieving their personal goals

Person-centredness^{23,24}, is an approach that recognises an individual as a whole person rather than a patient who’s defined by an illness. It also recognises staff as people who have needs, values and beliefs that are impacted by the environment in which they provide care. (A complementary program for supporting facilitators and other staff is available - Connect MORE^{© 7Senses Consulting})

The intent is to create an environment and relationships where individuals feel valued, safe and supported so as to increase their engagement in activities that impact on them. This is achieved by putting the individual at the centre of care and intervening in ways that respect their values and beliefs.

The process is supported by the application of to a Senses Framework²⁵ that incorporates:

- Security – to feel safe
- Belonging – to feel part of things
- Continuity – to experience links and connections
- Purpose – to have goals to aspire to
- Achievement – to make progress towards these goals
- Significance – to feel that you matter as a person

Importantly, the Senses are translatable into determinants of care for staff too.²⁵

Process Steps and Methods

Steps in the process are not linear or hierarchical. Though certain steps are necessary before moving on, they are intended to be fluid and require constant reflection and review during application, e.g. it's necessary to define purpose first and during decision-making and action planning it may be necessary to revisit purpose and even alter it as new insights are gained. All steps are supported by a number of methods that complement whole person engagement, person-centredness and change. These methods and approaches include:

Self Determination Theory:

Self-determination refers to a person's interest, drive and ability to change and is influenced by intrinsic and extrinsic motivating factors. Research by Ryan and Deci²⁶ shows that people make changes more readily where there is greater intrinsic reward because the change aligns with their personal values and beliefs. The further along the continuum of intrinsic to extrinsic motivation the more external reward or punishment required to engage the individual and sustain the change. This is influenced by how the change relates to their purpose and values, their level of competence and the degree of autonomy they have over the change – the greater the divide the more reward and/or punishment required. These are all important factors in determining a person's ability to sustain healthy lifestyle changes and needs to be considered when setting goals and actions.

Motivational Interviewing:

Motivational interviewing²⁷ goes hand-in-hand with self-determination theory and has long been used to promote health-behaviour change. The process aims to support the person to explore ambivalence about change and to consider the advantages and disadvantages of changing and not changing. The interview aims to tap into the factors that motivate the person to act. It's a very helpful framework for structuring a motivating conversation and aligns well with Caring Conversations²⁸.

Positivity Mindset:

A positive mindset is increasingly recognised and supported by neuroscience as integral to successful change and a fulfilling, happy and healthy life²⁹. The Wellness Facilitation Program incorporates visualisation, appreciation, mindfulness, affirmation and positive thinking to support people to achieve their vision of wellness.

Step 1 – Purpose & Vision

The first step in the wellness process is enabling the person to define what wellness means to them, how it contributes to their purpose in life and how it fits with their personal values and belief system. The rationale for this is to enable the person to connect with and accept the need for change and ultimately to have ownership of actions that have personal meaning and purpose; being more active *in* the process as opposed to being a passive 'victim' of the process.

Step 2 – Appreciative Dialogue

Once the person's understanding of wellness and their role in it is established, the next step is conversing and dialoguing with the person and others; these conversations are intended to provide the appropriate level of support and challenge to enable action, as well as being appreciative i.e. to build on what is currently working well and successes the person has experienced in the past. The 7C's of Caring Conversations²⁸ – courage, emotional connection, curiosity, consideration of other perspectives, collaboration and celebration, are used to provide structure and guidance, especially for staff who are unfamiliar with this way of working. This approach aligns with motivational interviewing, a process of exploring the person's ambivalence about change as well as the advantages and disadvantages of changing or not changing. It's a valuable tool in decision-making too.

Step 3 – Decision Support

The next phase, decision support, continues the process of navigating health information and systems to enable informed decision-making and ownership by the person. Conversations throughout the process are conducted using the 7 C's and Senses frameworks. An important aspect of this phase is tapping into factors that motivate the person so as to increase self-determination²⁶ about decisions and actions. The preceding steps all aim to build the person's competence and relatedness to wellness and the changes needed to achieve it. Once the person feels they can make decisions that they can live with, the next steps aim to increase autonomy so the person feels they have input to and say about interventions, treatments and changes.

Steps 4 & 5 – SMART Planning & Commitment to Actions

Goal setting is deemed an important step towards successful change. However, many goals are simultaneously overly vague and complicated to be achieved or sustained longterm. Facilitating goal setting that is specific, measurable, achievable, realistic and time-framed (SMART), and breaking them down into actionable steps contributes to the likelihood of the person getting started and succeeding. Importantly, the person is supported, and challenged, to set goals that will help them meet their vision for wellness, as opposed to goals set by health professionals to achieve health outcomes and meet targets of interest to the system.

These step require a high level of skill to engage the person to explore all the available evidence, possible interventions and treatments, and to consider all options, their pros and cons, whilst simultaneously ensuring goals fit with the person's purpose, level of competence and enables autonomy. It also requires skill to recognise situations where the person is dependent on others for information, direction and intervention, and to enable that in ways that are not disempowering or disregarding of the person's purpose and vision.

Step 6 – Personal Accountability

Achieving set goals and action plans is the greatest challenge for people making lifestyle changes – this is where the real work begins³⁰. The model aims to provide the necessary level of support to progress without undermining the person's ownership and autonomy. Regular progress reviews uphold the person's responsibility and accountability for actions working with challenges, relapses and reviews from their perspective and making changes that continue to fit with their lifestyle and purpose.

Wellness foci

The program focuses on eight common areas of health and wellness that are stated as the desired positive state providing space for the person to identify their ideal state. Not all will apply to every person e.g. a non-smoker or one who is physically active will not need actions in these areas, and the individual decides on what spirituality means to them. Relationships refers to important relationships that will be a support during this time of change as well as possibly identifying relationships that need to be nurtured or released in the interest of wellness. The eight foci include:

1. Ideal weight
2. Physically active
3. Non-smoking
4. Low alcohol intake
5. Managing stress
6. Eating healthily
7. Spirituality
8. Relationships

Evaluation

The Wellness Facilitation Program aims to contribute to outcomes of interest primarily to the person who is making the changes but also of the health care provider(s) who are responsible for the person's healthcare. For this reason the evaluation framework and outcomes are designed in collaboration with all stakeholders using collaborative, inclusive and participatory approaches. This is discussed in more detail with each person, service and key stakeholders embarking on the program. Potentially the most significant outcome will be the person's attitude to change and outlook on life. As a result, some of the subsequent outcomes may include:

- Increased engagement in dialogue about health and wellness during sessions and appointments with a range of health professionals
- Increased compliance with treatment (which may be reflected in health metrics)
- Visible progress through the stages of change and effective management of relapses
- Evidence that progress requires less intervention and support by the facilitator (and potentially other health professionals) as the person assumes greater ownership and responsibility
- Increased engagement in activities aimed at increasing wellness e.g. rehabilitation programs, health professional sessions, medical appointments
- Subjective reporting of wellness and health, and overall positive experiences

Conclusion

The 'My Well' Wellness Facilitation Program offers a structured process for both health professionals and people embarking on lifestyle changes that promotes ownership and success. It supports current guidelines and strategies for enabling optimal health, productivity and active ageing and is based on established theories and evidence. Using a skilled external facilitator to implement the program will increase its effectiveness and the desired outcomes. Importantly, if the context requires and allows for staff to take on the role of facilitator/enabler, implementation of the program may include capacity building amongst internal staff to achieve this.

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Figure 1
Wellness Facilitation – a Person-centred Approach © 2016 7Senses Consulting

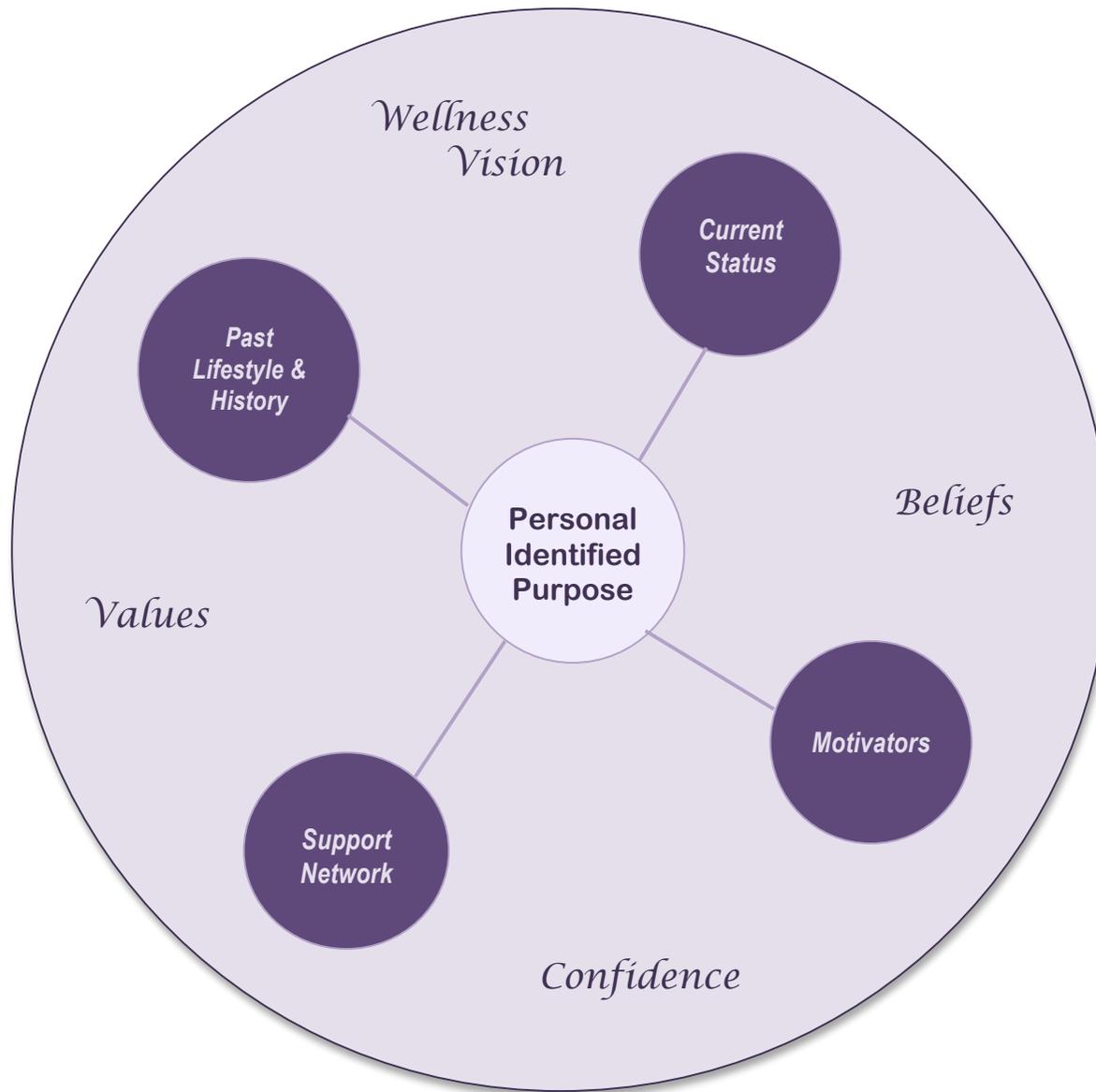


Figure 2 'My Well' Wellness Facilitation Processes and Methods © 2016 7Senses Consulting

		<i>Supportive Methods</i>			
<i>Process</i>	<i>Description</i>				
<i>Transformation</i> ← <i>Navigation</i> ← <i>Personalisation</i>	Purpose & Vision	Working from the individual's perspective about what wellness means to them and how it aligns with their life purpose, values and beliefs. This aims to enable greater connection, meaning and ownership of change actions around what matters for the person – their vision	<i>Self-Determination</i> Discovering and utilizing motivating factors to enable the person to accept growth and responsibility for change	<i>Motivational Interviewing</i> Challenging ambivalence through questioning and goal-oriented communication to enable progress through the stages of change	<i>Positivity Mindset</i> Promoting well-being, optimal functioning, hope for the future and happiness through positivity, mindfulness and purpose
	Appreciative Dialogue	Dialogue that enables the person to recognise the stage they're at, identify their level of control, to connect emotionally, build on positives & celebrate achievements using Caring Conversations* and the Senses^ Framework			
	Decision Support	Clarifying information, options and preferences, supporting the person to find answers to their questions, and encouraging contribution to effective decisions that reflect their values and beliefs			
	SMART Planning	Guidance in the development of priority goals and action plans that are very specific, measurable, achievable, realistic and time framed. This process contributes to greater success and goal attainment			
	Commitment to Actions	Focus on action steps that the person committed to taking and dialogue that is empowering and encourages ownership for progress, review of the plan and modifications as required for seeing the actions through			
	Personal Accountability	An accountability partner helps bridge the intention-behaviour gap and progress through the stages of change# – critical reflection to enable personal ownership and accountability to maintain healthy habits → recognition, repetition, review, reward			

*7C's Be Courageous, Connect emotionally, be Curious, Consider other perspectives, Collaborate, Compromise, Celebrate (Dewar 2010)

^Security, Belonging, Continuity, Purpose, Achievement and Significance (Nolan 2006)

Precontemplation, contemplation, preparation, action, maintenance, termination and the chance of relapse (Prochaska & DiClemente 1983)

Three Opening Questions:

1. What does wellness mean to you?
2. What is your life purpose and how does wellness help you to achieve your purpose?
3. How much control do you feel you have over your wellness?

-5 -4 -3 -2 -1 0 1 2 3 4 5

What word describes this (e.g. controlled by other, none, some, lots etc.)?

Limiting perceptions and beliefs (identify aspects that contribute to perceptions about lack of control and disempowerment)

- Desire
- Willpower
- Ability / skills to change
- Knowledge
- Confidence
- Family history / genes
- Past lifestyle
- People – family & friends
- Others e.g. health, job, responsibilities, culture etc.

Figure 3
'My Well' Wellbeing Wheel

