Inspiring **POWER** *to the Pelvis*

Practical strategies using evidence-based health coaching to empower **Lifestyle Change** in Pelvic Health

Justin Brandler, MD CLC
Neurogastroenterology & Motility
Certified Professional Life Coach

Virginia Mason Franciscan Health

Virginia Mason Franciscan Health December 6th 2025

Coaching in Healthcare?

The cape needs to come **OFF**

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Objectives

- **Why** coaching?
- **What** is coaching?

- **How** could I coach in modern healthcare?

– Practical micro-skills to employ in your practice today

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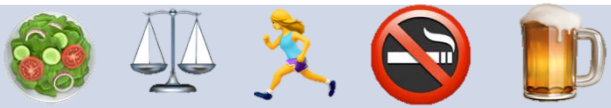
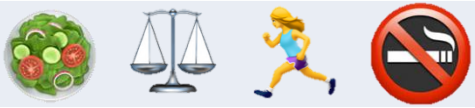
Why coaching?
Lifestyle = All the disease guidelines…

Disease	Lifestyle Modification	Society Guideline/Consensus
Hypertension (uncomplicated)		American College of Cardiology American Heart Association [1-3]
Hyperlipidemia (mild/mod)		American College of Cardiology/American Heart Association [1-3]
Obesity/Adiposity based chronic disease		American Association of Clinical Endocrinology [4] Endocrine Society [5]; [3]
PreDM/Metabolic Syndrome		Endocrine Society [5]; American Association of Clinical Endocrinology [4]
DM2 (early/mild)		American Association of Clinical Endocrinology [4]; Endocrine Society
ASCVD Prevention		American College of Cardiology [1, 6]; American Heart Association [2, 7-8]
MAFLD/MASH		American Association of Clinical Endocrinology [4]
IFG		Endocrine Society [5]; American Association of Clinical Endocrinology [4]

1 *Journal of the American Pharmacists Association* JAPhA. 2014
2 *Circulation* 2021
3 *Journal of the Royal Society of Medicine* 2022
4 *Endocrine Practice* 2022
5 *The Journal of Clinical Endocrinology and Metabolism* 2019
6 *Journal of the American College of Cardiology* 2023
7 *Circulation* 2016
8 *European Heart Journal* 2015

Why coaching?
Lifestyle = Pelvic floor stuff too…

Disease	Lifestyle Modification	Society Guideline/Consensus
Pelvic Organ Prolapse	⚖️ 💩 🏃‍♀️	International Urogynecology Consultation [1]
Urinary Incontinence (stress, urgency, mixed)	⚖️ 🚽 🏃‍♀️ ☕ 🚭 🧘‍♂️	IUGA, IFGO, JAMA, NEJM, ACP [2-5]
Pelvic Floor Dysfunction	⚖️ 🚽	IUGA, JAMA, ACP [2, 3, 5]
Chronic Pelvic Pain	🏃‍♀️ 😴 🧘‍♂️	BJOG, J Clin Med [6-7]
Fecal Incontinence	🥗 🚽	American Society of Colon and Rectal Surgeons; American College of Gastroenterology [7-8]

💩 Constipation management (fluid/fiber)

☕ Caffeine reduction/fluid management

🚽 Pelvic floor PT, bladder training, timed voiding

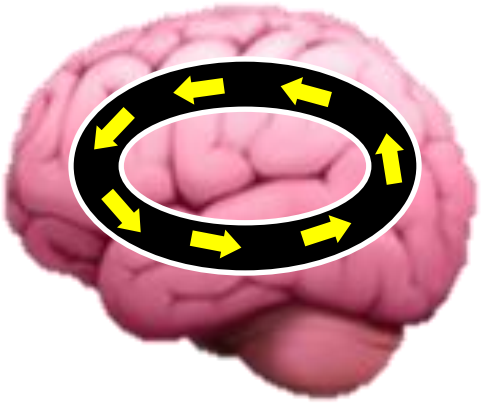
🧘‍♂️ Stress management strategies

1 *International Urogynecology Journal* 2025
2 *International Journal of Gynaecology and Obstetrics* 2022
3 JAMA 2017.
4 New England Journal of Medicine. 2008
5 *Annals of Internal Medicine* 2014
6 *British Journal of Obstetrics and Gynecology 2025*
7 *Diseases of the Colon and Rectum* 2023
8 *The American Journal of Gastroenterology* 2021

Change Neuroscience

The **Devil** We Know = Energy **Efficient** + **Cost-Effective**

- **Why** is change so difficult?
  - Brain is designed to optimize for **stability**, **energy efficiency** and **maintenance** of established neural pathways = "**cognitive inflexibility**"
  - Neural adaptation (Neural plasticity)
    - ↑ exposure to same stimulus/behavior = ↑ synaptic "firing"
    - ↑ firing = ↑ wiring = energetically efficient
    - Efficient Roads = **Cognitive Inflexibility**



1 On Energy Efficiency and the Brain's Resistance to Change: The Neurological Evolution of Dogmatism and Close-Mindedness. Tobore TO. *Psychological Reports*. 2019

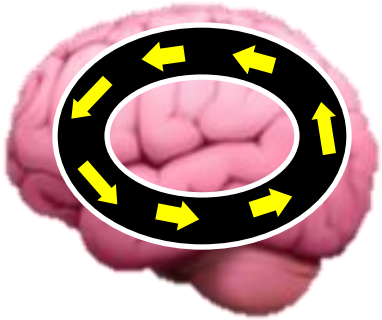
2 Switching From Automatic to Controlled Behavior: Cortico-Basal Ganglia Mechanisms. Hikosaka O, Isoda M. *Trends in Cognitive Sciences* 2010;14(4):

Change Neuroscience

The **Devil** We Know = Energy **Efficient** + **Cost-Effective**

- **Cognitive Inflexibility Neuroscience**
  - ↓ activation of inferior frontal gyrus, superior parietal lobule, medial PFC [1]

Cognitive Ruts



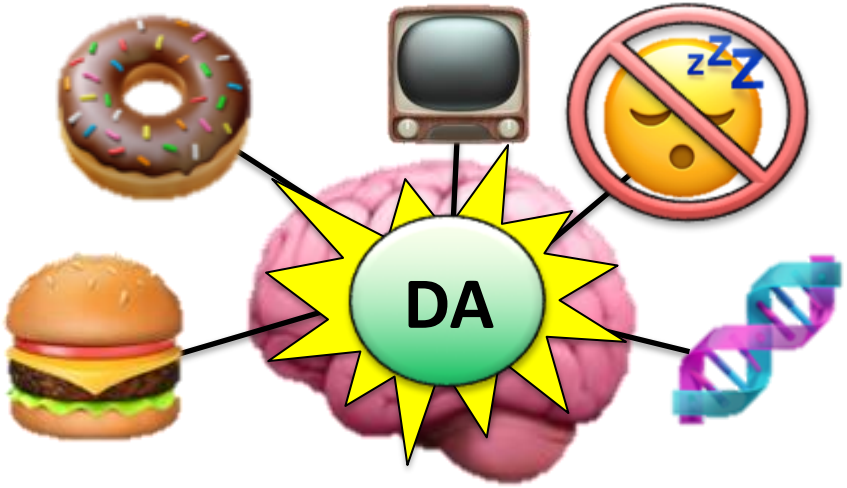
- **Change** = **Unlearning Old** + **Learning New** = **WORK!!!**
  - **Climbing out of automatic habitual "ruts" + creating new neural roads**
  - ↑ prefrontal cortex, anterior cingulate cortex, & basal ganglia = **less efficient** [2]
  - Engages executive control networks = metabolically **$$$**

1. Neural Adaptation and Cognitive Inflexibility in Repeated Problem-Solving Behaviors. Huang F, Han L, Jiang Y, Li F, Luo J. Cortex; A Journal Devoted to the Study of the Nervous System and Behavior. 2019.
2. Dissociation of Neural Systems Mediating Shifts in Behavioral Response and Cognitive Set. Shafritz KM, Kartheiser P, Belger A. *NeuroImage*. 2005;25(2;25(2):600-6)

Change Neuroscience

The **Devil** We Know = Energy **Efficient** + **Cost-Effective**

- **Rewarded by the rut to resist lifestyle change** [1-3]
- Mesolimbic dopamine system = reward + reinforcement



- **Short term** gratification >>> long term health benefits
- Chronic stress, sleep deprivation = impairs PFC function [3-4]

1. Motivation and Reward Mechanisms in Health Behavior Change Processes. Michaelsen MM, Esch T. Brain Research. 2021.
2. Understanding Health Behavior Change by Motivation and Reward Mechanisms: A Review of the Literature. Michaelsen MM, Esch T. Frontiers in Behavioral Neuroscience. 2023.
3. Neuroimaging, Neuromodulation, and Population Health: The Neuroscience of Chronic Disease Prevention. Hall PA, Bickel WK, Erickson KI, Wagner DD. Annals of NY Acad of Sciences. 2018.
4. Depression and Lifestyle: Focusing on Nutrition, Exercise, and Their Possible Relevance to Molecular Mechanisms. Kunugi H. Psychiatry and Clinical Neurosciences. 2023.

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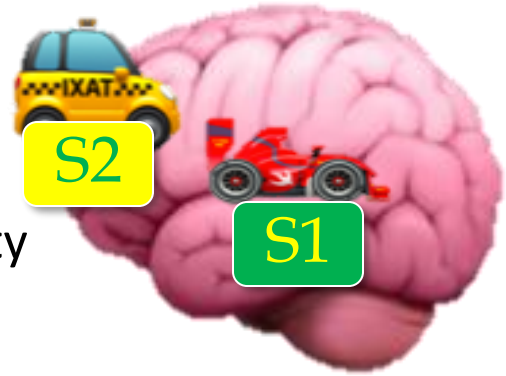
The **Devil** We Know = Energy **Efficient** + **Cost-Effective**

- **Cognitive Inflexibility Neuroscience**

- Thinking Fast and Slow = **System 1** + **System 2**



- **System 1** = Automatic Neural Response
  - » Intuitive, automatic – rapid parietal alpha activity
  - » *FAST* = 200-500 ms after stimulus onset

- **System 2** = Higher Cortical Response
  - » Deliberate, analytical, relies on working memory
  - » SLOW = 1-2 seconds depending on task complexity/cognitive load

System 1 = **2- 10 times FASTER** response than System 2

1. Bago B, De Neys W. *Cognition*. 2017
2. Bago B, Frey D, Vidal J, et al. *Neuropsychologia*. 2018.
3. Markovits H et al *Memory & Cognition* 2019.
4. Evans JS. *Trends in Cognitive Sciences* 2003.
5. Morewedge CK, Kahneman D. *Trends in Cognitive Sciences*. 2010.
6. Williams CC, Kappen M, Hassall CD, Wright B, Krigolson OE. *NeuroImage* 2019.

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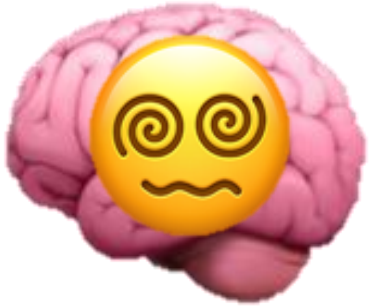
The **Devil** We Know = Energy **Efficient** + **Cost-Effective**

- **Neurotransmitter Chaos in Change Resistance** [1-6]



- ↓ **5-HT** = ↑ Impulsivity + Difficulty delaying gratification
- ↓ **Glutamate** = ↓ Ability for neuroplasticity/learning
  - Impaired by chronic stress/poor sleep
- **GABA imbalance** = ↑ Stress related eating, insomnia, avoiding physical activity
- **BDNF** = Miracle Gro for neuroplasticity
  - ↓ = chronic stress, poor diet, sleep deprivation
- **Glucocorticoids** = ↓ synaptic density & neurogenesis of hippocampus/PFC

1. Depression and Lifestyle: Focusing on Nutrition, Exercise, and Their Possible Relevance to Molecular Mechanisms. Kunugi H. Psychiatry and Clinical Neurosciences. 2023.
2. Activity-Dependent, Stress-Responsive BDNF Signaling and the Quest for Optimal Brain Health and Resilience Throughout the Lifespan. Rothman SM, Mattson MP. Neuroscience. 2013.
3. The Combined Influences of Exercise, Diet and Sleep on Neuroplasticity. Pickersgill JW, Turco CV, Ramdeo K, et al. Frontiers in Psychology. 2022.
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5. Lifestyle Modulators of Neuroplasticity: How Physical Activity, Mental Engagement, and Diet Promote Cognitive Health During Aging. Phillips C. Neural Plasticity. 2017
6. Diet and Cognition: Interplay Between Cell Metabolism and Neuronal Plasticity. Gomez-Pinilla F, Tyagi E. Current Opinion in Clinical Nutrition and Metabolic Care. 2013

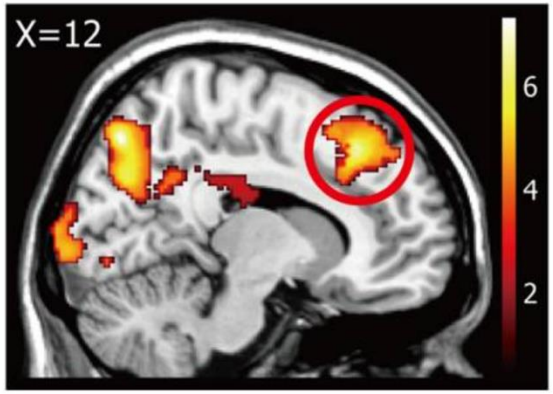
Change Neuroscience

The **Devil** We Know = Energy **Efficient** + **Cost-Effective**

- **Cognitive Dissonance Neuroscience**

- An **uncomfortable** state that activates anterior cingulate cortex + dorsolateral pre-frontal cortex [1]

- **PAIN Point** = **Motivation** to resolve conflict by either:



Option A) Resist change (actively or passively)

Option B) Update preferences to align w/ new actions

1. Neural Correlates of Cognitive Dissonance and Choice-Induced Preference Change. Izuma K, Matsumoto M, Murayama K, et al. Proceedings of the National Academy of Sciences of the United States of America. 2010;107(51):22014-9. doi:10.1073/pnas.1011879108.

Change Neuroscience

The **Devil** We Know = Energy **Efficient** + **Cost-Effective**

- **Psychological Warfare**

- Intrinsically motivated when engage in behaviors that are **personally meaningful** or congruent with values
  - Consistently associated with ↑ adherence to diet/lifestyle changes

- "**External Motivation**" = Voluntold/pressured to do it
  - More likely to lead to relapse or resistance [1-2]

- Psychological factors associated with behavior change:[3-6]
  - ☺ **Self-regulation skills** – self-monitoring, flexible restraint, goal setting
  - ☺ **Self-efficacy** – confidence in ability to perform behaviors – "**I can do this!"**
  - ☹ **Cognitive biases** – status quo preferences, planning fallacy (our tendency to underestimate time, costs, risks of future tasks + overestimate benefits)

1. Successful Behavior Change in Obesity Interventions in Adults: A Systematic Review of Self-Regulation Mediators. Teixeira PJ, Carraça EV, Marques MM, et al. BMC Medicine. 2015.
2. Understanding the Antecedents of Healthy and Unhealthy Weight Control Behaviours: Grit, Motivation and Self-Control. Marentes-Castillo M, et al Pub Health Nutrition. 2022
3. Self-Regulation Mechanisms in Health Behavior Change: A Systematic Meta-Review of Meta-Analyses, 2006-2017. Hennessy EA, et alHealth Psychology Review. 2020
4. Affective and Cognitive Predictors of Lapse in Exercise and Dietary Behavior: An Ecological Momentary Assessment Study Amongst Dutch Adults Trying to Lose Weight. Roordink EM, Joosten MMJ, Steenhuis IHM, et al. Psychology & Health. 2025.
5. Facilitators and Barriers to Behavior Change in Overweight and Obesity Management Using the COM-B Model. Timkova V, Minarikova D, Fabryova L, et al. Frontiers in Psychology. 2024.
6. How Psychological Insights Can Inform Food Policies to Address Unhealthy Eating Habits. Roberto CA. The American Psychologist. 2020.

Change Neuroscience

The Devil We Know = Energy Efficient + Cost-Effective

- **Peer Pressure for Good**

- **Social norms**
  - Can either **support** or **undermine** change attempts
  - Everyone else is eating junk = significant predictor of lapse in healthy eating[1]

- **Cultural norms** = powerful even if conflict with medical recommendations[2]

- **↓ Social support** = ↑ unhealthy behaviors + ↑ resistance to change[3]

- **Environment** – access to healthy foods, safe spaces, predatory marketing[4]
  - ↓ SES = ↑ resistance to change [4]

1.Social Environmental Predictors of Lapse in Dietary Behavior: An Ecological Momentary Assessment Study Amongst Dutch Adults Trying to Lose Weight.Roordink EM, Steenhuis IHM, Kroeze W, et al. Annals of Behavioral Medicine : A Publication of the Society of Behavioral Medicine. 2023;57(8):620-629. doi:10.1093/abm/kaac077.
2. Socioenvironmental Determinants of Nutrition and Physical Activity Among Middle-Aged Individuals at Risk of CAD in Southern Iran: A Qualitative Study.Ezati Rad R, et al. BMJ Open. 2025.
3 .Physical and Social Environmental Factors Related to Co-Occurrence of Unhealthy Lifestyle Behaviors.Ortiz C, López-Cuadrado T, Rodríguez-Blázquez C, et al. Health & Place 2022.
4. .Social, Economic, Political, and Geographical Context That Counts: Meta-Review of Implementation Determinants for Policies Promoting Healthy Diet and Physical Activity.Lobczowska K, Banik A, Forberger S, et al. BMC Public Health. 2022.

Change Neuroscience

The **Devil** We Know = Energy **Efficient** + **Cost-Effective**

- **Combo Platter for Change RESISTANCE**

Cognitive Ruts

Cognitive Dissonance

Social Set-ups

Neurotransmitter Chaos

Psychological Warfare/Biases

1.Social Environmental Predictors of Lapse in Dietary Behavior: An Ecological Momentary Assessment Study Amongst Dutch Adults Trying to Lose Weight.Roordink EM, Steenhuis IHM, Kroeze W, et al. Annals of Behavioral Medicine : A Publication of the Society of Behavioral Medicine. 2023;57(8):620-629. doi:10.1093/abm/kaac077.

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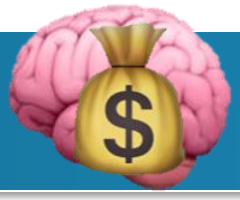
4. .Social, Economic, Political, and Geographical Context That Counts: Meta-Review of Implementation Determinants for Policies Promoting Healthy Diet and Physical Activity.Lobczowska K et al. BMC Pub Health. 2022.

Change Neuroscience

How on earth do we **change**?

1. Cognitive Behavioral Therapy for Lifestyle Changes in Patients With Obesity and Type 2 Diabetes: A Systematic Review and Meta-Analysis. Kurnik Mesarič K, et al Scientific Reports. 2023.
2. Outcomes and Mechanisms of Change in Cognitive-Behavioral Interventions for Weight Loss: A Meta-Analysis of Randomized Clinical Trials. Comșa L, et al Behaviour Research and Therapy. 2020
3. How Effective Psychological Treatments Work: Mechanisms of Change in Cognitive Behavioural Therapy and Beyond. Salkovskis P et al Behavioural and Cognitive Psychotherapy. 2023
4. Cognitive Behavioral Therapy for the Management of Cardiometabolic Disease Risk Factors: A Systematic Meta-Review of Meta-Analyses. Baourda VC, Panagiotakos D. BMC Psychiatry. 2025.
5. Third-Wave Cognitive Behaviour Therapies for Weight Management: A Systematic Review and Network Meta-Analysis. Lawlor ER, et al. Obesity Reviews. 2020.



Change Neuroscience

How do we change?

- **Coaching!**

- Currently no direct evidence showing health coaching specifically modulates **neuroscience** pathways involved in human behavior change

- **Indirect evidence:**[1-3]

– Health coaching techniques are **grounded** in established behavioral theories *(self-determination theory + self-regulation theory)*

– These techniques are **linked to neural mechanisms** of motivation + reward

– **Mindfulness** and guided visualization =

↑ PFC mediated executive function i.e. self-regulation, impulse control = **critical for getting out of neural ruts + new roads**

1. Integrating Mind-Body Processes and Motivational Interviewing in Health Coaching: Enhancing Support for Health Behavior Change. Wolever RQ, Weinand R. Frontiers in Psychology. 2025
2. Concepts From Behavioral Theories Can Guide Clinicians in Coaching for Behavior Change. Sinaise MK, Tran A, Johnson HM, et al. Patient Education and Counseling. 2023.
3. Understanding Health Behavior Change by Motivation and Reward Mechanisms: A Review of the Literature. Michaelsen MM, Esch T. Frontiers in Behavioral Neuroscience. 2023.

Change Neuroscience

How do we change?

- **Coaching – Psychological Aspects**
  - **Techniques**[1-2]
    - Motivational Interviewing
    - **Autonomy-supportive** communication
    - ↑ **Intrinsic motivation** + **self-efficacy**

- **Reframing** values + goals[1-2]
  - ↑ Sustained engagement w/ new behaviors + ↓ **reliance on effortful self-control**

- **Challenges** cognitive biases and emotion barriers[3]
  - ↑ Experiential acceptance + cognitive flexibility
  - Essential to challenge discomfort of behavior change + update maladaptive patterns

1.Concepts From Behavioral Theories Can Guide Clinicians in Coaching for Behavior Change.Sinaise MK, Tran A, Johnson HM, et al. Patient Education and Counseling. 2023

2 .Self-Regulation Without Force: Can Awareness Leverage Reward to Drive Behavior Change?.Ludwig VU, Brown KW, Brewer JA. Perspectives on Psychological Science : A Journal of the Association for Psychological Science. 2020

3 Engineering Virtuous Health Habits Using Emotion and Neurocognition: Flexibility for Lifestyle Optimization and Weight Management (EVEN FLOW).Smith PJ, Whitson HE, Merwin RM, O'Hayer CV, Strauman TJ. Frontiers in Aging Neuroscience. 2023.

Change Neuroscience

How do we change?

- **Coaching – Social Aspects**
  - Structured support
  - Accountability
  - Positive Reinforcement

- **Collaborative Coach + Client Relationship**
  - Helps navigate social norms + environmental barriers = ↑ adoption + maintenance of healthy lifestyle behaviors

1. Theoretical Derivation of a Telephone-Based Health Coaching Intervention for Promoting Physical Activity and Healthy Nutrition. Gawlik A, Nacak Y, Kleinert J, Konerding U, Vitinius F. International Journal of Environmental Research and Public Health. 2023.
2. Effects of Health Coaching on Behavioral Modification Among Adults With Cardiovascular Risk Factors: Systematic Review and Meta-Analysis. An S, Song R. Patient Education and Counseling. 2020.
3. Can Life Coaching Improve Health Outcomes?--a Systematic Review of Intervention Studies. Ammentorp J, Uhrenfeldt L, Angel F, et al. BMC Health Services Research. 2013.

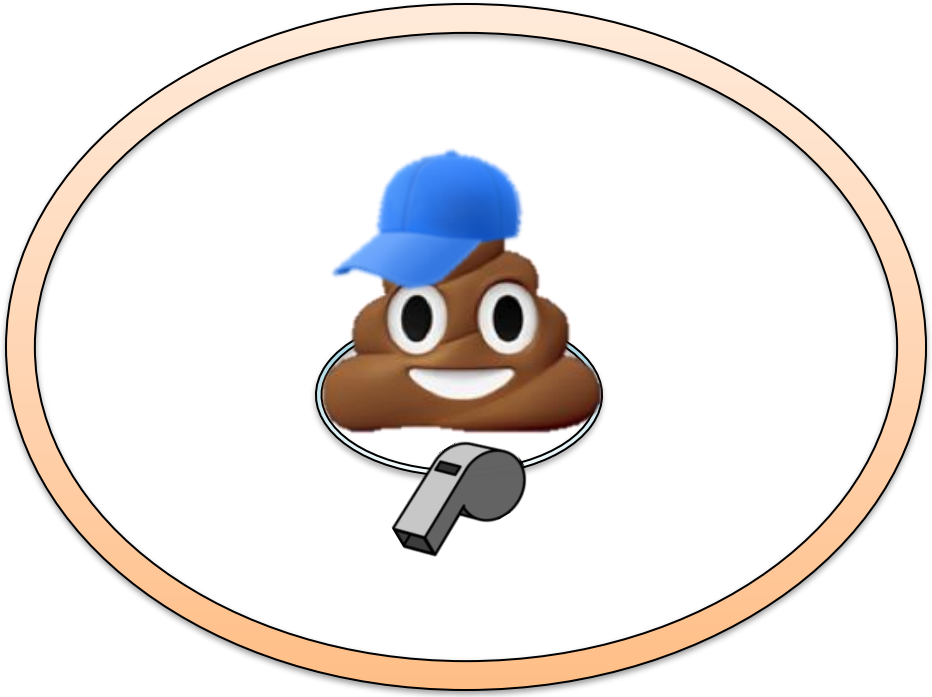
Change Neuroscience

How do we change?

Change Neuroscience

How do we change?

Coaching helps you be a healthy **rubber band**



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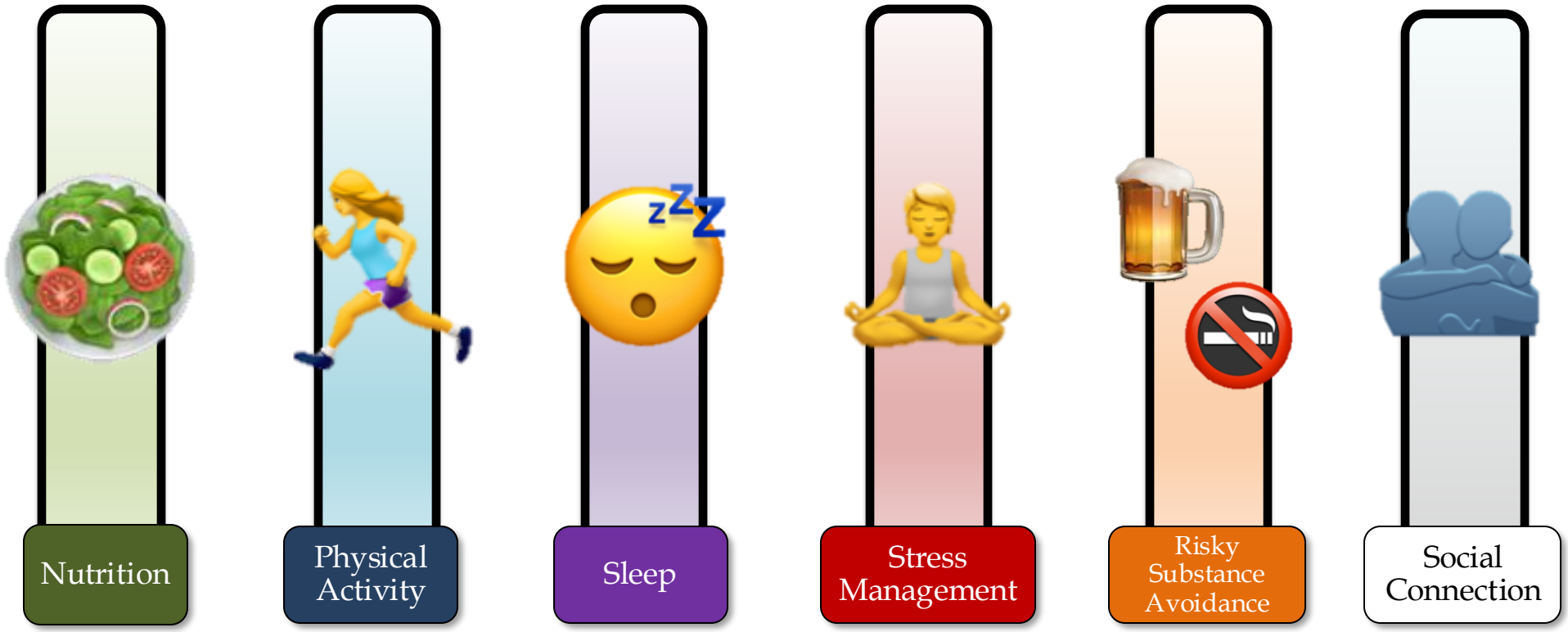
Lifestyle Medicine

Coaching is a legit thing!

AMERICAN COLLEGE OF Lifestyle Medicine

AMERICAN BOARD OF LIFESTYLE MEDICINE



6 **Pillars** of Lifestyle Medicine

https://lifestylemedicine.org/

https://ablm.org/

Lifestyle Medicine

Coaching is a legit thing with evidence!

Disease	Outcome Improved by Health Coaching
Diabetes Mellitus Type 2	
Hypertension	
CV Risk Factors	
COPD	
Chronic somatic conditions/CHF	
Osteoporosis, Chronic Resp Diseases, Arthritis	

* Mixture of phone/face-to face, RN delivered coaching

1. Behavioural Change Techniques in Health Coaching-Based Interventions for Type 2 Diabetes: A Systematic Review and Meta-Analysis. Almulhim AN, Hartley H, Norman P, et al. BMC Public Health. 2023.
2. Diabetes Health Coach in Individuals With Type 2 Diabetes: A Systematic Review and Meta Analysis of Quadruple Aim Outcomes. Racey M, Jovkovic M, Alliston P, Ali MU, Sherifali D. Frontiers in Endocrinology. 2022
3. Health Coaching and Its Impact in the Remote Management of Patients With Type 2 Diabetes Mellitus: Scoping Review of the Literature. Seng JJB, Nyanavoli H, Decruz GM, Kwan YH, Low LL. Journal of Medical Internet Research. 2025
4. Effect of Health Coaching on Blood Pressure Control and Behavioral Modification Among Patients With Hypertension: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Meng F, Jiang Y, Yu P, et al. International Journal of Nursing Studies. 2023;138:104406
5. Effects of Health Coaching on Behavioral Modification Among Adults With Cardiovascular Risk Factors: Systematic Review and Meta-Analysis. An S, Song R. Patient Education and Counseling. 2020.
6. The Effects of Health Coaching on Adult Patients With Chronic Diseases: A Systematic Review. Kivelä K, Elo S, Kyngäs H, Kääriäinen M. Patient Education and Counseling. 2014.
7. Does Health Coaching Improve Health-Related Quality of Life and Reduce Hospital Admissions in People With Chronic Obstructive Pulmonary Disease? A Systematic Review and Meta-Analysis. Long H, Howells K, Peters S, Blakemore A. British Journal of Health Psychology. 2019.
8. Effectiveness of Telephone-Based Health Coaching for Patients With Chronic Conditions: A Randomised Controlled Trial. Härter M, Dirmaier J, Dwinger S, et al. PloS One. 2016;11(9
9. Efficacy of Health Coaching and an Electronic Health Management Program: Randomized Controlled Trial. Kang E, Park SM, Lee K, et al. Journal of General Internal Medicine. 2021.

Lifestyle Medicine

Coaching is a legit thing with evidence!

Disease	Outcome Improved by Health Coaching
Diabetes Mellitus Type 2	Hba1c reduction, self-management, satisfaction [1-3]
Hypertension	Systolic/diastolic BP reduction, dietary behavior, self-efficacy [4]
CV Risk Factors	Physical activity, dietary behavior, health responsibility, stress management [5-6]
COPD	Health related QoL, COPD-related hospital admissions (OR = 0.46) [7]
Chronic somatic conditions/CHF	Mortality ↓ (Overall OR =0.64, CHF = 0.44); ↑ Med adherence [8]
Osteoporosis, Chronic Resp Diseases, Arthritis	Self-management, exercise, healthy behaviors[9]

* Mixture of phone/face-to face, RN delivered coaching

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9. Efficacy of Health Coaching and an Electronic Health Management Program: Randomized Controlled Trial. Kang E, Park SM, Lee K, et al. Journal of General Internal Medicine. 2021.

Coaching Fecaliths

- **Why** coaching?

Lifestyle change
=
HARD

Coaching
can help make
meaningful &
lasting change

https://openclipart.org/image/2400px/svg_to_png/5370/kelan-whistle.png

What is Coaching

…and what is it **NOT**?

CERTIFIED LIFE COACH INSTITUTE

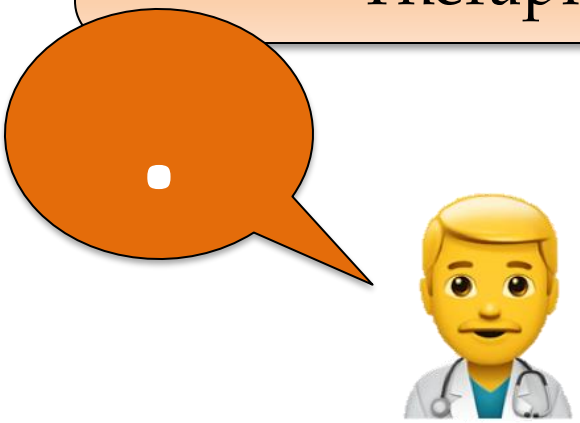
HARVARD MEDICAL SCHOOL | Executive Education

Coaching is…

A **guide** by the **side**

Coaching is NOT…

Expert
Consultant
Therapist



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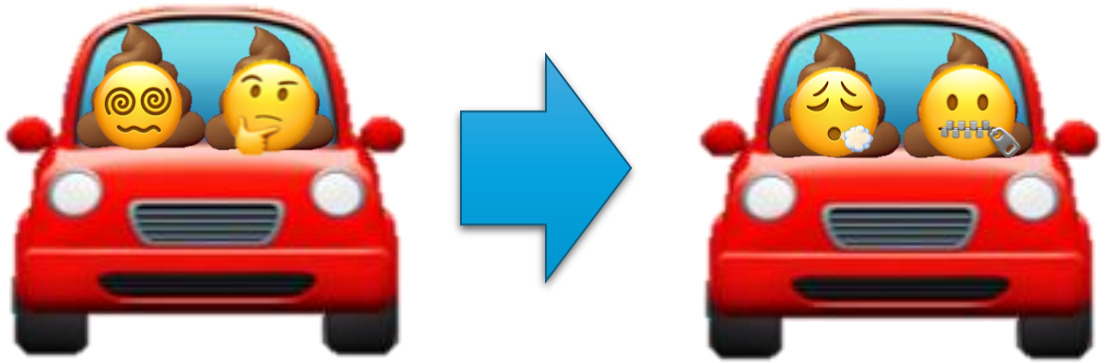
What is Coaching

…and what is it **NOT**?

Coaching is…



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What is Coaching

COACH Approach ™

C	Curiosity
O	Openness
A	Appreciation
C	Compassion
H	Honesty





Frates, E. P., Bonnet, J., Joseph, L. A., & Peterson, L. (2020). *Lifestyle Medicine Handbook*. (2nd ed.).

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What is Coaching

…and what is it **NOT**?

COACH Mindset	Expert Mindset

Certified Life Coach Institute

HARVARD MEDICAL SCHOOL | Executive Education

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Collaborates with patients	**Advises** patients

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What is Coaching

…and what is it **NOT**?

[illegible] Mindset	Expert Mindset

Remember
the patient is the **EXPERT** of their own life!

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What is Coaching

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Coaching	Therapy

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What is Coaching

…and what is it **NOT**?

Coaching	Therapy
Short term (can support long term goals)	Often **long term**
Addresses personal development by focusing on **future-oriented goals**	Addresses **unconscious defense mechanisms** related to chronic disease
Action-oriented, performance-driven	Deeper exploration for long term healing
Facilitates growth by supporting and challenging patient to achieve goals	Offers **interventions** for healing

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PRESENT → FUTURE	**PAST ←→ PRESENT**

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What is Coaching

Best Practices

- **CONNECTION** before **CORRECTION**
  - **Rapport** (esp. at beginning) = foundation

- ASK → ASK → Tell
  - **EXPERTS Tell; Coaches ASK ASK** (and then maybe tell)
  - ***ASK –*** *Do you know about the AHA guidelines surrounding ETOH?*
  - ***ASK –*** *Do you* ***want to hear*** *about them?*
  - ***TELL***

- **Guide by the Side**
  - Control that inner fixer!

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"Aha Moment" Neuroscience

- **Insight** = Discovering a solution to **your own problem**

- Represent several processes: [1-6, 9]
  - **Breaking old mindsets** (getting out of automatic ruts) (aCC + mPFC)
  - **Cognitive restructuring** (building new roads) (aCC + mPFC)
  - **Forming novel associations** (RATL, hippocampus)
  - **Affective reward response** (ventral striatum, orbitofrontal cortex, amygdala)

1. Ultra-High-Field fMRI Insights on Insight: Neural Correlates of the Aha!-Moment. Tik M, Sladky R, Luft CDB, et al. Human Brain Mapping. 2018.
2. An Insight-Related Neural Reward Signal. Oh Y, Chesebrough C, Erickson B, Zhang F, Kounios J. NeuroImage. 2020.
3. Neural Correlates of Learning From Induced Insight: A Case for Reward-Based Episodic Encoding. Kizilirmak JM, Thuerich H, Folta-Schoofs K, Schott BH, Richardson-Klavehn A. Frontiers in Psychology. 2016.
4. Tracking the Neurodynamics of Insight: A Meta-Analysis of Neuroimaging Studies. Shen W, Tong Y, Li F, et al. Biological Psychology. 2018.
5. Dynamic Neural Network of Insight: A Functional Magnetic Resonance Imaging Study on Solving Chinese 'Chengyu' Riddles. Zhao Q, Zhou Z, Xu H, et al. PloS One. 2013..
6. Neural Activity When People Solve Verbal Problems With Insight. Jung-Beeman M, Bowden EM, Haberman J, et al. PLoS Biology. 2004.
7. Neural Correlates and Dynamical Brain States of Creative Insight in a Spatial Problem Task. Ogawa T, Aihara T, Yamashita O. Scientific Reports. 2025.
8. Neural Correlates of the "Aha" Experiences: Evidence From an fMRI Study of Insight Problem Solving. Qiu J, Li H, Jou J, et al Cortex. 2010.
9. "Aha!": The Neural Correlates of Verbal Insight Solutions. Aziz-Zadeh L, Kaplan JT, Iacoboni M. Human Brain Mapping. 2009.

"Aha Moment" Neuroscience

- **Insight** = Discovering a solution to your own problem

- Reward-related neural response = **reinforcement** of problem-solving behavior + facilitates memory encoding of solution [2-3]

- Could explain why people engage in solving puzzles, reading murder mysteries, creating inventions, conducting research[2]

1.Ultra-High-Field fMRI Insights on Insight: Neural Correlates of the Aha!-Moment.Tik M, Sladky R, Luft CDB, et al. Human Brain Mapping. 2018.
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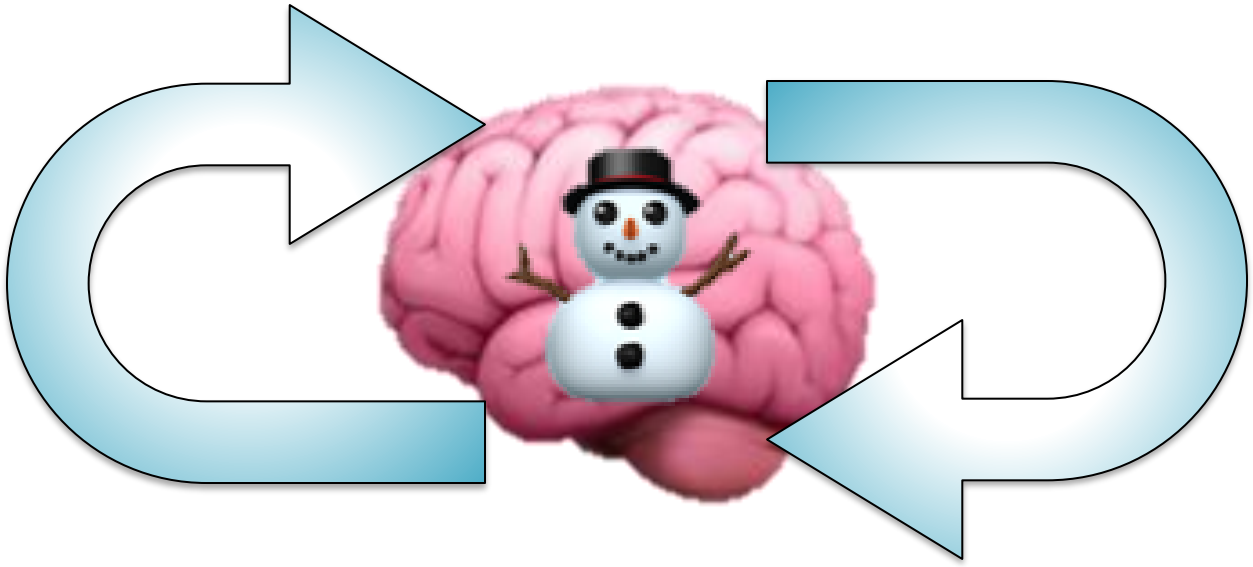
"Aha Moment" Neuroscience

Does coaching create a neural snowball for **self-driven behavior change**?



Coaching Fecaliths

1) Why coaching?

Lifestyle change is HARD, coaching can help make meaningful & lasting change.

2) What is coaching?

Guide by the side to help a patient **find their own solutions** to their problems.

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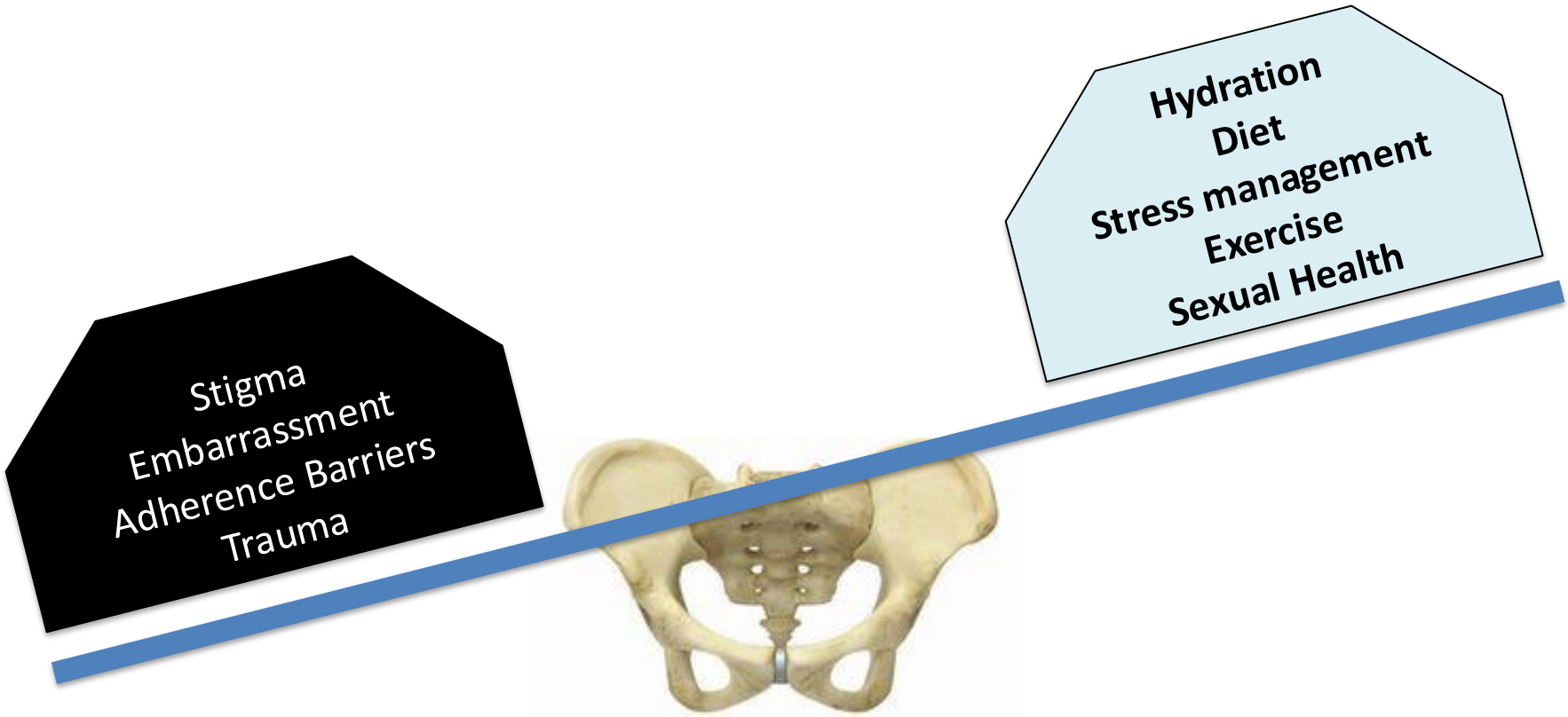
Pelvic Health Coaching

Why does pelvic health need coaching?



Pelvic Health Coaching

Dietary Guidance

Dietary Factor	Pelvic Floor Condition Impacted
Fiber	Pelvic organ prolapse, constipation, bowel dysfunction[1-2]
Mediterranean diet	Pelvic organ prolapse, impaired bowel function[3]
Obesity/weight management	Urinary incontinence, pelvic organ prolapse, LUTS[4-8]
Vitamin D status	Urinary incontinence, pelvic floor disorders[9]
Fluid intake/bladder irritants *(caffeine, ETOH, carbonated)*	Urinary incontinence, overactive bladder, IC/BPS[10]
Constipation management	Pelvic organ prolapse, postpartum PFD[1, 7-8, 11]

1. High-Fiber Diet for Treatment of Constipation in Women With Pelvic Floor Disorders. Shariati A, Maceda JS, Hale DS. Obstetrics and Gynecology. 2008.
2. Pelvic Organ Prolapse, Constipation, and Dietary Fiber Intake in Women: A Case-Control Study. Arya LA, Novi JM, Shaunik A, Morgan MA, Bradley CS. American Journal of Obstetrics and Gynecology. 2005.
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4. Obesity and Pelvic Floor Disorders: A Review of the Literature. Pomian A, Lisik W, Kosieradzki M, Barcz E. Medical Science Monitor : International Medical Journal of Experimental and Clinical Research. 2016.
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7. Nonobstetric Risk Factors for Symptomatic Pelvic Organ Prolapse. Miedel A, Tegerstedt G, Mæhle-Schmidt M, Nyrén O, Hammarström M. Obstetrics and Gynecology. 2009.
8. Pelvic Floor Dysfunction in Postpartum Women: A Cross-Sectional Study. Gao Q, Wang M, Zhang J, et al. PloS One. 2024.
9. Vitamin D and Pelvic Floor Disorders in Women: Results From the National Health and Nutrition Examination Survey. Badalian SS, Rosenbaum PF. Obstetrics and Gynecology. 2010.
10. Nutritional Considerations for Bladder Storage Conditions in Adult Females. Gordon B. International Journal of Environmental Research and Public Health. 2023.
11. Prevention of Pelvic Floor Disorders: International Urogynecological Association Research and Development Committee Opinion. Bazi T, Takahashi S, Ismail S, et al. International Urogynecology Journal. 2016.

Pelvic Health Coaching

Pelvic Floor PT Exercises

Condition	Key Findings
Stress UI	6-8 x higher cure improvement vs. control, 58.8% cure at 12 months[1-4]
Mixed UI	2x higher cure/improvement vs. control[3-4]
Pelvic Organ Prolapse	17% more likely to improve stage[4-5]
Postpartum Incontinence/POP	Reduces odds of UI by 37%, POP by 56%[6]
Fecal incontinence	OR for symptom improvement 5.16[7]

1.Stress Incontinence in Women.Wu JM. The New England Journal of Medicine. 2021;384(25):2428-2436. doi:10.1056/NEJMcp1914037.
2.Urinary Incontinence in Women: A Review.Lukacz ES, Santiago-Lastra Y, Albo ME, Brubaker L. JAMA. 2017;318(16):1592-1604. doi:10.1001/jama.2017.12137.
3.Pelvic Floor Muscle Training Versus No Treatment, or Inactive Control Treatments, for Urinary Incontinence in Women.Dumoulin C, Cacciari LP, Hay-Smith EJC. Cochrane Database of Systematic Reviews. 2018.
4.Pelvic Floor Muscle Training in Treatment of Female Stress Urinary Incontinence, Pelvic Organ Prolapse and Sexual Dysfunction.Bø K. World Journal of Urology. 2012.
5.Conservative Prevention and Management of Pelvic Organ Prolapse in Women.Hagen S, Stark D. The Cochrane Database of Systematic Reviews. 2011.
6.Impact of Postpartum Exercise on Pelvic Floor Disorders and Diastasis Recti Abdominis: A Systematic Review and Meta-Analysis.Beamish NF, Davenport MH, Ali MU, et al. British Journal of Sports Medicine. 2025.
7. 1.Efficacy of Supervised Pelvic Floor Muscle Training and Biofeedback vs Attention-Control Treatment in Adults With Fecal Incontinence.Ussing A, Dahn I, Due U, et al. Clinical Gastroenterology and Hepatology : The Official Clinical Practice Journal of the American Gastroenterological Association. 2019.

Pelvic Health Coaching

Diaphragmatic Breathing

Condition	Key Findings
Women with PFD	Greater muscle synergy between diaphragm and pelvic floor [1]
Women with SUI	Significant improvement in PFM function and urinary symptoms [2]
Men post radical prostatectomy	Strong correlation between UI improvement & PFM strength/endurance [3]
General PFM physiology	PFM length changes w/ breathing; supports continence/abd support [4-6]
Abdominophrenic dyssynergia (bloating + distension)	May improve symptoms in autonomic modulation, expert consensus [7]

1. Exercise Position to Improve Synergy Between the Diaphragm and Pelvic Floor Muscles in Women With Pelvic Floor Dysfunction: A Cross Sectional Study. Korkmaz Dayican D, Keser I, Celiker Tosun O, et al. Journal of Manipulative and Physiological Therapeutics. 2023.
2. Investigating the Effectiveness of Pelvic Floor Muscle Training, Including Sensor-Based Diaphragm Exercises in Women With Stress Urinary Incontinence: A Randomized Controlled Study. Yeşilyurt SY, Piçak GŞ, Göksülük MB, Balikoğlu M, Özengin N. Archives of Physical Medicine and Rehabilitation. 2025.
3. Effect of Diaphragm and Abdominal Muscle Training on Pelvic Floor Strength and Endurance: Results of a Prospective Randomized Trial. Zachovajeviene B, Siupsinskas L, Zachovajevas P, Venclovas Z, Milonas D. Scientific Reports. 2019.
4. Pelvic Floor Muscle Length Changes With Breathing in Males: A Preliminary Report. Cowley D, Stafford RE, Worman RS, Hodges PW. Respiratory Physiology & Neurobiology. 2023.
5. Task-Specific Differences in Respiration-Related Activation of Deep and Superficial Pelvic Floor Muscles. Aljuraifani R, Stafford RE, Hall LM, van den Hoorn W, Hodges PW. Journal of Applied Physiology (Bethesda, Md. : 1985). 2019.
6. Phase-Locked Parallel Movement of Diaphragm and Pelvic Floor During Breathing and Coughing-a Dynamic MRI Investigation in Healthy Females. Talasz H, Kremser C, Kofler M, et al. International Urogynecology Journal. 2011.
7. AGA Clinical Practice Update on Evaluation and Management of Belching, Abdominal Bloating, and Distention: Expert Review. Moshiree B, Drossman D, Shaukat A. Gastroenterology. 2023.

Objectives

- **Why** coaching?
- **What** is coaching?

- **How** could I coach in modern healthcare?

– Practical micro-skills to employ in your practice today

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How do we Coach?

Mindsets + Micro-Skills!

1) Set the Non-verbal Stage for Rapport

- E.M.P.A.T.H.Y. Framework by Dr. Riess [1]

1. E.M.P.A.T.H.Y.: A Tool to Enhance Nonverbal Communication Between Clinicians and Their Patients.Riess H, Kraft-Todd G. Academic Medicine : Journal of the Association of American Medical Colleges. 2014;89(8):1108-12.
2. .Identification of Emotional Facial Expressions: Effects of Expression, Intensity, and Sex on Eye Gaze.Wells LJ, Gillespie SM, Rotshtein P. PloS One. 2016.
3. Face to Face: The Eyes as an Anchor in Multimodal Communication.Cano Porras D, Louwerse MM. Cognition. 2025.
4..Facial Expression Training Optimises Viewing Strategy in Children and Adults.Pollux PM, Hall S, Guo K. PloS One. 2014.
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A ffect (of patient)	Patient nonverbals; flatness/range, congruence with words

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P osture	OPEN, SIT down, LEAN in (avoid arms folded)[1]
A ffect (of patient)	Patient nonverbals; flatness/range, congruence with words
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1. E.M.P.A.T.H.Y.: A Tool to Enhance Nonverbal Communication Between Clinicians and Their Patients. Riess H, Kraft-Todd G. Academic Medicine : Journal of the Association of American Medical Colleges. 2014;89(8):1108-12.
2. .Identification of Emotional Facial Expressions: Effects of Expression, Intensity, and Sex on Eye Gaze. Wells LJ, Gillespie SM, Rotshtein P. PloS One. 2016.
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How do we Coach?

Mindsets + Micro-Skills!

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Y our responses	Verbal skills, minimize interruptions

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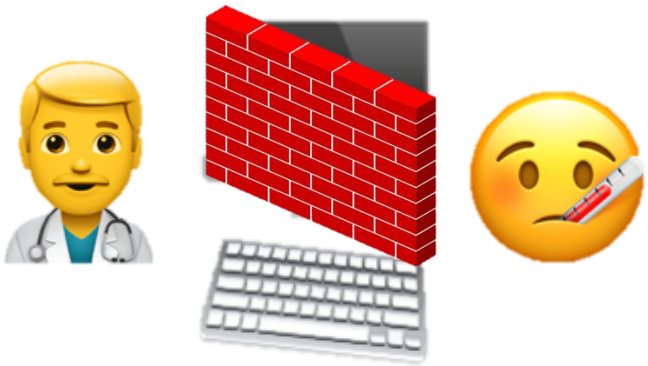
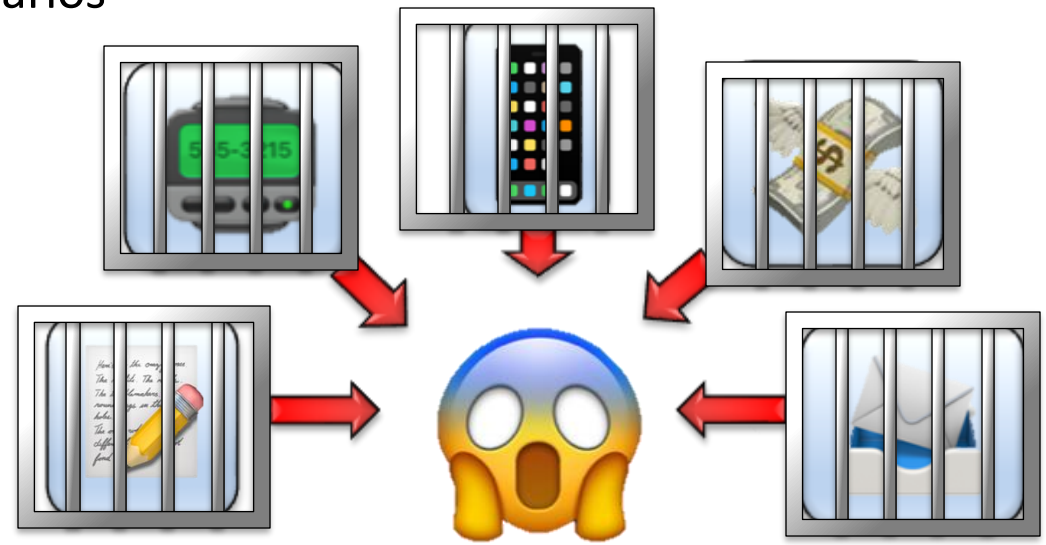
How do we Coach?

Mindsets + Micro-Skills!

1) Set the Non-verbal Stage for Rapport

- Hot Takes for Healthcare Scenarios





Share Screen!

Minimize Distractions

- Hide/Move the inbox counter
- Acknowledge/apologize for distraction
- "I wish we had more time together…"

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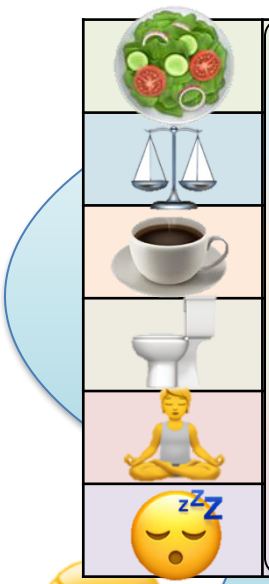
How do we Coach?

Mindsets + Micro-Skills!

2) Verbal Best Practices

B) Open ended questions (when developing goal)



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How do we Coach?

Mindsets + Micro-Skills!

2) Verbal Best Practices

B) Open ended questions (when developing goal)

"Could you tell me **what happened** when you tried to increase your fiber in the past?"

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How do we Coach?

Mindsets + Micro-Skills!

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	“Could you tell me **what happened** when you tried to increase your fiber in the past?”
	“When was a time you had even **small success** in a getting to a healthier weight?”
	
	
	
	

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How do we Coach?

Mindsets + Micro-Skills!

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	"Could you tell me **what happened** when you tried to increase your fiber in the past?"
	"When was a time you had even **small success** in a getting to a healthier weight?"
	"What **role** does caffeine play in your life?
	
	
	

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	"When was a time you had even **small success** in a getting to a healthier weight?"
	"What **role** does caffeine play in your life?
	"What is **your relationship** with the bathroom?"
	
	

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	"What **role** does caffeine play in your life?
	"What is **your relationship** with the bathroom?"
	"If you could **change one thing** to lower stress, what would it be?"
	

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	"Could you tell me **what happened** when you tried to increase your fiber in the past?"
	"When was a time you had even **small success** in a getting to a healthier weight?"
	"What **role** does caffeine play in your life?
	"What is **your relationship** with the bathroom?"
	"If you could **change one thing** to lower stress, what would it be?"
	"What's one **thing that is helping** you in your pre-sleep routine?"

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How do we Coach?

Mindsets + Micro-Skills!

2) Verbal Best Practices

B) Open ended questions (when developing goal)

Beware the Ques-guestion

Don't you think you would have less
fecal incontinence if you did your pelvic floor exercises?

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How do we Coach?

Mindsets + Micro-Skills!

3) Micro-Goal Setting

- S.M.A.R.T. Goals (with Flexibility) [1]

S pecific
M easurable
A chievable
R elevant/Realistic
T imebound

"For the next 30 days, **I will** drink 8 ounces of water every 2 hours during my 8-hour workday to improve my constipation."

1. Updating goal-setting theory in physical activity promotion: a critical conceptual review. Swann C, Rosenbaum S, Lawrence A, Vella SA, McEwan D, Ekkekakis P. Health Psychol Rev. 2021

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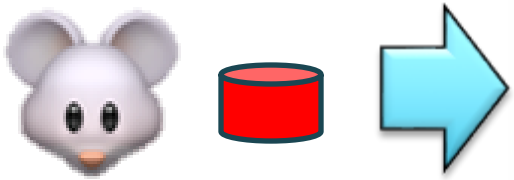
How do we Coach?

Mindsets + Micro-Skills!

3) Micro-Goal Setting - **Hot Takes**

- Cue-Craving Response Cycle [1]



- Environment Remodeling[2-3]

- *When _____ I will _____ (instead of)*

"When I see my 24 oz water bottle sitting by my work computer, **I will** drink 2 full bottles during my 8-hour workday to improve my constipation."

1. Atomic Habits: An Easy & Proven Way to Build Good Habits & Break Bad Ones. Clear, James. Avery, 2018.
2. Altering Micro-Environments to Change Population Health Behaviour: Towards an Evidence Base for Choice Architecture Interventions. Hollands GJ, Shemilt I, Marteau TM, et al. BMC Public Health. 2013.
3. Habit Discontinuity, Self-Activation, and the Diminishing Influence of Context Change: Evidence From the UK Understanding Society Survey. Thomas GO, Poortinga W, Sautkina E. PloS One. 2016.

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How do we Coach?

Mindsets + Micro-Skills!

3) Micro-Goal Setting - **Hot Takes**

- It is the patient's goal – NOT yours

- What's important to you ≠ what's important to them

- Link **Micro**-Goal to **Macro**-Goal

↑ Water intake

↓ Constipation

↓ Pain

↑ Playing with grandkids at the park

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How do we Coach?

Mindsets + Micro-Skills!

3) Micro-Goal Setting - **Hot Takes**

- Accountability = Key [1]
  - Either you or someone who will **actually** do it

- Celebrate the Micro-Successes

1. Effectiveness of Behaviour Change Techniques in Lifestyle Interventions for Non-Communicable Diseases: An Umbrella Review. Nadal IP, Angkurawaranon C, Singh A, et al. BMC Public Health. 2024

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How do we Coach?

Mindsets + Micro-Skills!

Victim Mentality

- **Vicious cycle** of focusing on external locus of control
- **Cognitive inflexibility**
- Often associated with trauma [1]

1. A Prospective Examination of the Role of Psychological (In)flexibility in Posttraumatic Stress: A Cross-Lagged Panel Design. Gorday JY, Bardeen JR, Rogers TA, Benfer N. Journal of Anxiety Disorders. 2023

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How do we Coach?

Mindsets + Micro-Skills!

Victim Mentality

Focus on personal control

Validate feelings FIRST

Mental Contrasting[1]

Patient led contingency planning

Strengths Based Coaching

Growth/Resilient mindset

1. *Rethinking Positive Thinking: Inside the New Science of Motivation.* Oettingen, Gabriele. Current, 2014.

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Coaching Fecaliths

1) Why coaching?

Lifestyle change is HARD, coaching can help make meaningful & lasting change.

2) What is coaching?

Guide by the side to help a patient find their own solutions to their problems.

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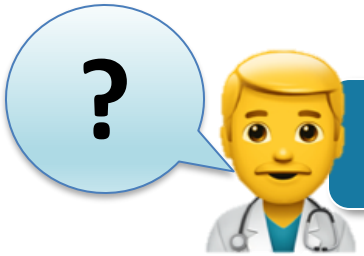
Coaching Fecaliths

3) What is one **coaching micro-skill** you feel ready to try this week?

Use E.M.P.A.T.H.Y. Nonverbals



Open ended <u>questions</u>

Co-create When _____ I will _____
S.M.A.R.T micro-goals

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Thank You for all you do!

Virginia Mason Franciscan Health

https://www.vecteezy.com/vector-art/14414705-superman-logo-on-transparent-background