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Solution-Focused Wellness Coaching*

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Understanding wellness as a multi-dimensional construct has significant implications for both physical and psychological health treatment. Links between chronic illness and lifestyle factors such as inactivity, diet, and stress, present a need for professionals with specialized training who can support individuals in developing skills and resources related to making lifestyle changes. To facilitate wellness-based lifestyle change, models that integrate evidence-based approaches are needed. Solution-Focused Brief Therapy and Solution-Focused Coaching are evidence-based approaches that emphasize client strengths and building solutions in both clinical and non-clinical contexts. Establishing a Solution-Focused Wellness Coaching (SFWC) model provides a short-term, effective approach to coaching that is applicable in a variety of health and wellness contexts including primary care, counselling, social work, occupational and physical therapies, and exercise and fitness. The SFWC model provides a framework that utilizes specific, replicable therapeutic techniques for supporting clients in enhancing wellness across physical, spiritual, emotional, intellectual and social domains.

Background

Acceptance of a multi-dimensional conceptualization of health and wellness has been gradual within the traditional medical model. The historically embraced biomedical model of illness focused exclusively on biology while ignoring psychological, environmental and social influences on health. Yet, evidence supports an increased risk for major illness and death associated

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with lifestyle behaviours such as inactivity, diet, smoking and sustained stress (Smith, et al., 2013). A shift toward a holistic understanding of health is supported by the World Health Organization, which defines health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity (WHO, 1992).

A related body of literature conceptualizes wellness as a multi-dimensional construct with multiple models of wellness having been developed and modified in recent years. While promising as an emerging paradigm, these developing models create challenges related to establishing a consensus definition. Among the notable models of wellness are the Lifespan Model of Wellness (Myers, Sweeney & Witmer, 1991), the Indivisible Self Model of Wellness (Myers and Sweeney, 2004), Hettler's Hexagonal Model of Wellness (1980) and the Clinical and Educational Model of Wellness (Granello, 2013). Though each incorporates varying domains, consistent among these models are five similar components that relate to emotional, intellectual, physical, social and spiritual wellness (Roscoe, 2009).

The acceptance of wellness as a multi-dimensional construct has significant ramifications for both physical and psychological health treatment. Effective counselling and lifestyle change strategies are needed to inform, engage and empower clients. Approaches should ensure that clients can effectively communicate their needs and are invested in change-related decision-making (Caldwell, Gray & Wolever, 2013). In health care, where primary care providers are key change facilitators, numerous barriers prevent them from counselling patients, such as a lack of time, counselling training, institutional support and reimbursement (Tulloch, Fortier & Hogg, 2006). Thus, there is a need for professionals trained in health behaviour change theory, health-related assessment and interventions and counselling strategies to support patients in making lifestyle modifications (Tulloch et al., 2006).

Current health promotion counselling and advising interventions have been guided by several theories and models. These include Cognitive Theory, Health Belief Model, Theory of Reasoned Action and the Transtheoretical Model of Change. However, the theoretical foundations often do not accurately translate to specific counselling strategies, which may result in professionals utilizing non-specific counselling techniques and relying on health information and professional status to convince patients to change (Elder et al., 1999).

The emphasis on lifestyle change as mediator of holistic wellness and the need for accessible, brief approaches that focus on lifestyle change have contributed to the growing prevalence of "coaching" models. Here, coaching is defined as a means of helping others attain a desired goal or future state (O'Connell, Palmer & Williams 2012). This can take many forms based on var-

ying theoretical foundations including cognitive coaching, behaviour-based positive psychology and goal-oriented coaching (Ives, 2008). Common types of coaching models include Life Coaching and Executive Coaching, which are structured approaches to help non-clinical populations set and reach goals (Green, Oades & Grant, 2006).

Several private programs focus specifically on wellness or health coaching. For example, Wellcoaches, American Council on Exercise and the National Institute of Whole Health offer training and certifications for coaching. Additionally, Integrative Health Coaching, developed at United States research institution Duke University, is a systematic and collaborative process that facilitates life experience enhancement and goal attainment related to a particular health concern (Caldwell et al., 2013). Despite the numerous models, there is no consensus definition of health or wellness coaching, resulting in wide variations in training, methodology and scope of practice (Smith et al., 2013). Thus, there is a need for a clearly defined model and therapeutic approach to health and wellness coaching, to provide guidelines and strategies to facilitate lifestyle change.

Solution-Focused Brief Therapy

The Solution-Focused Wellness Coaching model provides a health and lifestyle change approach using evidence-based counselling strategies and techniques. Solution-Focused Brief Therapy (SFBT) is a strength-based intervention defined by its emphasis on constructing solutions rather than focusing on problems and the assumption that clients have the resources and capacity to change (De Jong & Berg, 2013). It originated in the early 1980's based on the work of de Shazer, Berg and colleagues at the Milwaukee Brief Family Therapy Center (BFTC) in Milwaukee, Wisconsin (De Shazer et al., 1986).

SFBT is categorized as a post-modern approach to counselling, adhering to tenets of social constructivist theory (Crockett & Prosek, 2013) and emphasizing that problems and solutions are both clients' construction in a social context. SFBT utilizes a collaborative and non-hierarchical relationship with clients and recognizes that they are the experts on their goals and aspirations. The therapist is an expert on the conversation of change that allows clients to reconnect with their resources and strengths and accomplish their self-determined goals. In addition, SFBT focuses on the present and future and believes that problems belong to the past (Lee, 2013).

As described in the Treatment Manual endorsed by the Solution-Focused Brief Therapy Association (Bavelas et al., 2013), SFBT basic tenets include: focusing on the client's desired future rather than on past problems or cur-

rent conflicts, it is based on solution-building rather than problem-solving, no problem happens all the time — there are exceptions, alternatives to current undesired patterns of behaviour, cognition and interaction that are within the clients' repertoire or can be co-constructed by therapists and clients as such and clients are encouraged to increase the frequency of current useful behaviours. Additionally, SFBT differs from skill building and behaviour therapy interventions, in that the model assumes that solution behaviours already exist for clients and the conversational skills required of the therapist to invite the client to build solutions are different from those needed to diagnose and treat client problems.

As the popularity of SFBT has grown, so has its research base. Many scholarly articles and studies have been published that examine the unique qualities of SFBT and distinguish it from other therapeutic modalities. Among the significant differences between SFBT and other commonly used therapeutic approaches such as Cognitive Behavioural Therapy (CBT) and Motivational Interviewing (MI), are the lack of diagnosing pathology; focusing on what is right rather than what is wrong and not assuming that what's behind the client's words is more significant than what is said (McKergow & Korman, 2009). Studies demonstrate that SFBT sessions were significantly higher in positive content, lower in negative content compared to (CBT) (Jordan, Froerer & Bavelas, 2013) and SFBT formulations preserved a significantly higher proportion of clients' exact words and added fewer of therapist's interpretations than did CBT or MI (Korman, Bavelas & De Jong, 2013).

The evidence base for Solution-Focused Brief therapy is strengthened by several outcome reviews and analyses. Reviews by Gingerich and Eisengart (2000), Gingerich and Peterson (2012) and Kim (2008) support positive benefits of SFBT including strong evidence related to length of treatment, indicating that SFBT may be more cost-effective than other therapeutic approaches. Evidence supports the effectiveness of Solution-Focused Brief Therapy across a variety of populations. For example, outcome literature related to school populations demonstrates positive effects of SFBT on behavioural and academic problems, (Kim & Franklin, 2009), improved listening comprehension and reading fluency, perceptions of general intelligence and attitudes toward school and teachers, as well as decreased anxiety in children with reading problems (Daki & Savage, 2010).

Within an adult population, SFBT has demonstrated effectiveness in addressing a range of symptoms and behaviours (Gingerich & Peterson, 2012) including depressive symptoms (Sundstrom, 1993), medication compliance (Panayotov, Anichkina & Strahilov, 2011), abstinence from alcohol (Spilsbury, 2012), post-traumatic stress (Bannink, 2008) and parenting skills (Zimmer-

man, Jacobsen, MacIntyre & Watson, 1996). SFBT has been utilized across populations including couples (Zimmerman Prest & Wetzel, 1997), college students (Sundstrom, 1993) and in group therapy (Lafountain, Garner & Eliason, 1996). A SFBT approach has also been used in a health and wellness context with challenges related to weight management and diet (Dolan, 1997), as well as in work with athletes (Hoigaard & Johansen, 2004).

Solution-Focused Coaching

Based on the principles of SFBT, Solution-Focused Coaching (SFC) is an adaptation of this treatment approach for use with non-clinical populations. Like SFBT, SFC is focused on helping people identify preferred outcomes and specific goals, disengaging from problem-focused thinking, identifying and utilizing resources and strengths, through a mutually respectful collaborative environment (Grant, 2013). SFC embraces several basic beliefs that guide practice including: asking questions is more important than providing answers, focus is on the future not the past, build on client's strengths and explore solutions and "if it's not broken, don't fix it, unless it can be improved" (O'Connell et al., 2012). SFC differs from SFBT in several important ways including focusing on non-clinical goals, use of a coaching model as opposed to a psychological model and delivery by a trained coach rather than a counsellor or psychotherapist (O'Connell et al., 2012).

In addition to the demonstrated effectiveness of SFBT, literature supports the use of a SFC approach. Multiple books provide rationale, guidance and techniques related to SFC (Jackson & McKergow, 2007; O'Connell et al., 2012). In addition, a number of studies demonstrate its effectiveness on a variety of outcomes. Within a coaching context Solution-Focused questioning has been found to be more effective than problem-focused questioning, with notable differences in client affect, goal approach, understanding of problems (Grant & O'Connor, 2010) and improvements in self-efficacy and action planning (Grant, 2012). Solution-Focused coaching has also demonstrated effectiveness in improving workplace well-being (Grant, Curtayne & Burton, 2009) and can be effective in group interventions (Green, Oades & Grant, 2006).

SFWC framework

The proven effectiveness of SFBT and SFC, as well as the emerging acceptance of wellness as a multi-dimensional construct, provides an ideal combination for addressing lifestyle behavioural change. The Solution-Focused Wellness

Coaching model (Table 1) integrates core tenets of SFBT and SFC with a wellness framework that includes social, emotional, intellectual, spiritual and physical wellness domains. By working collaboratively with clients to identify their strengths and resources, SFW Coaches can support them in identifying future-oriented goals. These self-determined goals can be focused both on specific domains of wellness and on holistic well-being.

Understanding the subjectivity of wellness as a construct, as evidenced by the multiple existing models represented in the literature, allows for flex-

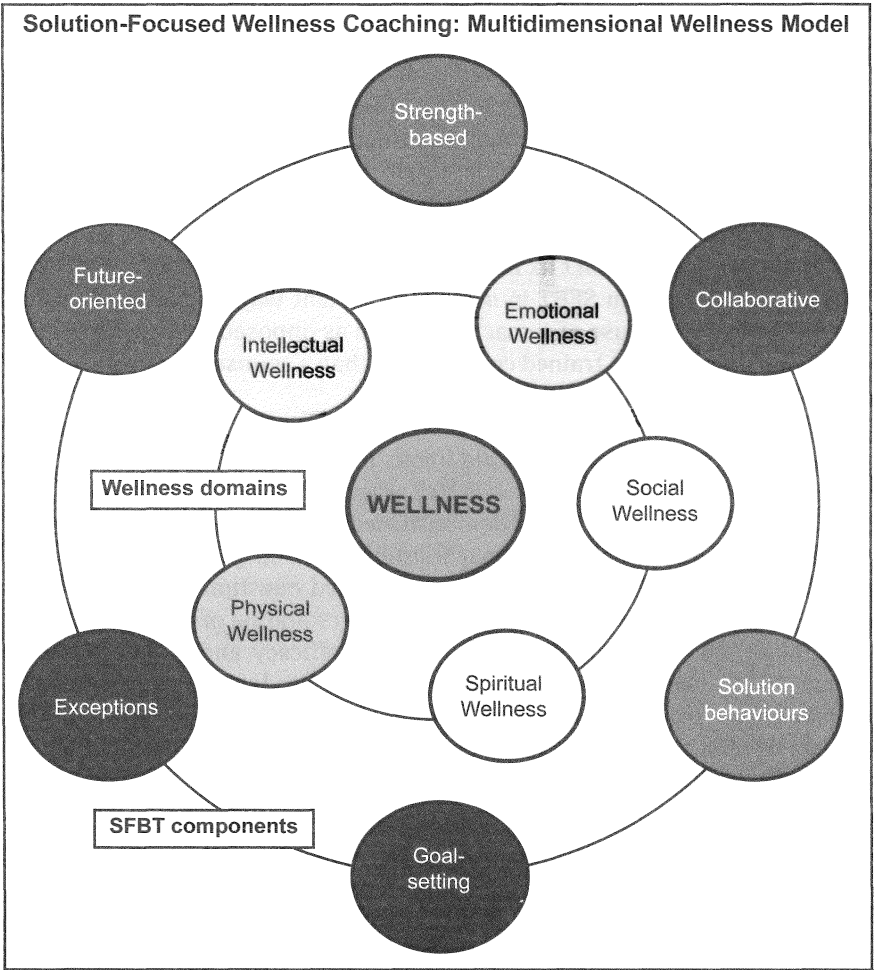


Table 1. Solution-Focused Wellness Model

ibility in the client's conceptualization of their own well-being. The SFWC model provides a useful framework illustrating the multidimensional nature of wellness. However, SFWCs must be cautious not to direct the conversation, or "fit the client to the model". SFBT is built on the wants, needs, or behaviours of clients, therefore the SFWC assumes a supportive role that attempts to expand rather than limit options. (de Shazer et al., 2007). The Solution-Focused approach may be integrated with other techniques so long as a belief in clients' abilities to know what is best for them and to effectively plan how to get there, is maintained (Trepper, et al., 2006). Thus, SFWCs can support clients as experts in identifying and defining areas that are most pertinent to their overall wellness, while assisting in the process of distinguishing and exploring relationships between the multiple dimensions of wellness and the facilitation of wellness-related change.

While clients may choose to focus on single or multiple aspects of wellness and "label" these domains in ways that are meaningful to them, the following are consistent to the vast majority of evidence-based wellness models (Roscoe, 2009) and provide a useful framework for addressing wellness-based change.

- **Social Wellness** has been described in the literature as an individual's interactions with others, the community and environment (Hettler, 1980), the amount of support received and reciprocated and the value attached to these actions (Adams, Bezner & Steinhart, 1997).
- **Emotional Wellness** relates to the awareness and acceptance of feelings (Leafgren, 1990), management or regulation of emotions (Hettler, 1980) and one's sense of self (Adams et al., 1997).
- **Physical Wellness** can be described as maintaining bodily balance and harmony through cardiovascular fitness, flexibility, strength and healthy diet (Hettler, 1980; Renger et al., 1990), as well as taking preventative action to avoid illness.
- **Intellectual Wellness** relates specifically to expanding, improving and sharing knowledge and skills through a variety of creative and stimulating activities and resources (Leafgren, 1990; Hettler, 1980).
- **Spiritual Wellness** focuses on the perception of meaning and purpose in life, the integration of mind and body (Adams et al., 1997) and the pursuit of a fulfilling life (Renger et al., 2000).

Using a SFWC approach, these domains of wellness can be explored with clients in a manner that adheres to the core tenets of SFBT. Professionals can support clients in identifying ideal states of well-being, defining and clarifying different aspects or domains of wellness that are deemed important

by clients, exploring past wellness-related successes and exceptions and developing future-oriented goals for each domain. Using a Solution-Focused approach, this can be accomplished while maintaining a strength-based, collaborative relationship that values the clients as experts who have the resources and skills necessary to facilitate positive, wellness-based changes. The sample domain table (Table 2) shows how Solution-Focused skills are developed for a particular domain.

Domain	Solution-Focused skills
Physical wellness	<p>Identifying strengths & exceptions:</p> <p><i>What things do you do currently that make you feel physically well?</i></p> <p><i>How important is physical wellness in your life?</i></p> <p><i>What are some specific things you do to take care of yourself physically?</i></p> <p><i>Can you identify some times when have felt physically well? What did that feel like? What things were you doing?</i></p> <p>Future-oriented questioning:</p> <p><i>What would your ideal physical state look like? How would that feel?</i></p> <p><i>What are some things that you will do in the future that might make you feel physically well?</i></p> <p>Miracle question:</p> <p><i>If you went to bed tonight, a miracle happened but you didn't know how it happen. Overnight you became totally physically well, what would be different in the morning?</i></p> <p>Scaling:</p> <p><i>On a scale of 1-10, how would you say that you feel physically?</i></p> <p><i>What would a 10 feel like?</i></p> <p>Positive feedback:</p> <p><i>It seems like you have several great ideas for ways that you could feel more physically well</i></p> <p><i>You have been making some good progress related to your physical wellness</i></p> <p>Goal-setting:</p> <p><i>What goals do you think you could implement to help you move from a 4 to a 6 related to physical wellness?</i></p> <p><i>What are some things you might change in the next week or two that would lead to you feeling more physically well?</i></p>

Table 2. A sample domain table: Physical wellness

SFWC in practice

The SFWC can support individuals in constructing their own definitions of wellness and the value that they place on each domain. This allows for the exploration of strengths, exceptions, “ideal states,” and goals related to the domains as identified by clients as current areas they would like to focus on. Through examining client strengths, the SFWC can work collaboratively with clients in identifying practices that they are currently implementing to feel physically well. Additional strategies may be identified which could build on current practices and positive, attainable goals that reflect client values can be established. By providing regular, positive feedback client strengths can be reinforced, while focusing on successes rather than ongoing problems can help to facilitate lifestyle change.

Additionally, professionals can support clients in identifying ways that domains of wellness are interrelated and examine ways that improving one area of wellness may affect not only other domains, but overall perceptions of wellness as well. By emphasizing the interrelatedness of wellness domains and developing strength-based goals, clients can create lifestyle changes that lead to improved overall health and wellness.

The SFWC model is designed for use with non-clinical populations, therefore may differ from specific goals and skills utilized in a therapeutic context. Though there are variations in techniques within a SFBT approach, the basic tenets identified by Bavelas et al. (2012) in the *Solution-Focused Therapy Treatment Manual for Working with Individuals*, illustrate the core components that serve as a foundation for Solution-Focused techniques. Specific, active ingredients of SFBT include collaborative alliance, focusing on solutions, setting attainable goals, focusing on the future, use of scaling and focusing on exceptions to problems (Bavelas et al., 2012).

SFWC case illustration

Nico was a 20-year-old male college student who was seen for individual wellness coaching at the university wellness centre. Nico was referred to wellness coaching by his academic advisor due to concerns related to feeling overwhelmed. After gathering background information and ruling out the need for any higher level of care, Nico and his wellness coach collaboratively agreed to explore Solution-Focused Wellness Counselling. It was determined that this approach might be beneficial to support Nico in establishing balance in his life and improve wellness.

Using a Solution-Focused Wellness Coaching approach with Nico inte-

grated discussion related to his perceptions of health and wellness. Consistent with the tenets of SFBT that emphasize collaboration and a non-hierarchical relationship, the SFWC worked to gather information about Nico's strengths and experiences related to wellness. Using this approach recognized Nico as the expert and valued his conceptualization of well-being. Through this dialog, the coach was able to explore the multidimensional nature of wellness with Nico, while focusing on solutions rather than current problems. The dialog also presented opportunities to highlight exceptions, instances when Nico's strengths and resources allowed him to access a state of improved wellness.

*SFWC: Can you describe what it's like when you are feeling most 'well'?
[focusing on solutions rather than problem]*

Nico: Well, I'm not stressed out all the time. I guess I would probably be sleeping better and able to concentrate. I'd probably have more time to hang out with my friends ...

SFWC: It sounds like when you talk about feeling 'well', there's actually quite a lot that goes into it.

Nico: Yeah, I guess so.

SFWC: So let's try this. Imagine that you went to sleep tonight and, sometime during the night, a 'miracle' happened. Because of this 'miracle' when you wake up in the morning you feel completely, totally, well. What is the first thing you would notice that would be a clue that a miracle happened? [Miracle Question]

Nico: I guess I would just feel better.

SFWC: What specifically would feel better? [amplifying]

Nico: Well, I'd be well-rested for one. Maybe not as stressed. I'd probably be working out more.

SFWC: What would your best friend or roommate notice is different about you? [amplifying]

Nico: I think I would have more energy. I would probably not look as tired. They would probably notice that I was in better shape.

SFWC: So if that 'miracle' state were a 10, where would you say you are right now on a scale of 1 to 10? [Scaling question]

Nico: Um. Probably about a 4.

SFWC: How can you tell that you are at a '4' and not lower?

Nico: Well, I feel stressed. I haven't been exercising nearly as much as I would like and I think I probably spend too much time at home and not enough time with friends. But I also don't feel like I'm depressed or anything. I mean, I still have friends and am doing pretty well in school.

SFWC: Can you think of times in your life when you felt closer to a '10' [*Finding exceptions*]

Nico: Sure, back in my second year. I was probably about an 8 or a 9. Life was pretty good.

SFWC: What was different then? [*exceptions*]

Nico: I was working out all the time, getting good grades. I was living with a couple of good friends. I wasn't nearly as stressed out all the time.

SFWC: What kinds of things do you do currently that make you feel the most healthy or 'well'? [*Identifying strengths*]

Nico: I still get to the gym on occasion, but not nearly as much as I'd like.

SFWC: Great that you still find time to exercise. It sounds like feeling physically well is important to you.

Nico: Yeah, I guess it makes a pretty big difference for me.

SFWC: Are there other areas of life might be affected by your physical wellness?

Nico: Well, if I have more energy I'd probably be able to spend more time on school work, which would hopefully lead to better grades.

SFWC: It sounds like being physically well would change a lot about your overall wellness.

Nico: Yeah, I guess it would.

SFWC: Can you think of some additional things you could do that might help improve your physical wellness.

Nico: Hmm. Certainly exercising more. Maybe getting more consistent

sleep. I suppose my diet could use some work...

SFWC: What do you think might be a realistic short-term goal for improving your physical wellness? [*Goal-setting*]

As in many models of psychotherapy and coaching, concrete and specific goals are an important component of a Solution-Focused approach (de Shazer et al., 2007). By integrating short-term, measurable, realistic goals for each domain, Nico was able to identify strategies to improve his overall well-being based on his own strengths and resources. It was essential in this case to implement goals on a gradual basis, as Nico's presenting concerns related to feeling overwhelmed. Thus, initial goals developed based on the preceding interaction were focused solely on physical wellness. Subsequent weekly coaching sessions sometimes integrated goals based on other domains of wellness as identified by Nico, therefore ensuring that goals were relevant. This not only enabled Nico to develop his own goals based on his own values, but improved both domain-specific and overall wellness and improved his self-efficacy related to goal-accomplishment.

SFWC: In addition to feeling more physically well, what other things would be different about your life if you were feeling closer to a 10? [*Amplifying*]

Nico: I guess I'd probably be more social, want to get out more. Maybe not just hanging around the apartment so much.

SFWC: So there is a social component to your wellness?

Nico: Yes. A lot of times I feel good if I can meet up with a friend for lunch or something. It's just difficult to find time to do those sorts of things consistently.

SFWC: If a '10' is your ideal state with regard to the social aspect of your wellness, can you describe what that would look like? [*Scaling, identifying 'ideal'*]

Nico: I guess I would hang out with friends more, feel better connected to people, be more involved. I'd probably be more confident about social interactions.

SFWC: Okay. If that's a '10', how would you rate yourself currently in social wellness?

Nico: Realistically probably only about a '3' or a '4' right now.

SFWC: Are there times that you can think of when you felt closer to a '10' socially? [*Exceptions*]

Nico: Yeah, I think both freshman and sophomore years I felt closer to a '10'. Maybe about a '7' or an '8'.

SFWC: What was different then? [*Amplifying*]

Nico: Well, freshman year everything was new. I was meeting new people, making new friends, going out much more.

SFWC: What sorts of things do you currently do to feel well socially? [*Identifying strengths*]

Nico: You know, I still get out a bit. I make it to class every day and hang out with my roommates ... at least on the weekends.

SFWC: Are there other things that you could do socially that might help move you closer to a 10? [*Scaling*]

Nico: There are definitely some friends that I feel like I've lost a bit of contact with, who I've been meaning to get in touch with.

SFWC: Okay. Anything else you can think of?

Nico: You know, even just a phone call would probably be good. There are also some clubs here on campus that I thought about checking out that might be cool.

SFWC: How do you think that checking out the clubs might be helpful? [*Future-oriented questioning*]

Nico: Well, ideally I'd make some new friends, new social connections. It'd get me out more – more involved

SFWC: Are there specific clubs that you would like to check out?

Nico: I used to do martial arts when I was younger. I've thought about joining the Aikido club. I'm also interested in science fiction and I saw that there is a science fiction club as well

SFWC: Great. So thinking about the social aspect of wellness, what do you

think might be a good short-term goal for you? [*Goal-setting*]

Nico: I think that checking out at least one club in the next week would be realistic. I also would like to get back in touch with one particular friend that I've been meaning to call.

SFWC: Those sound like great goals. How might they change your current rating of '4' if you were to accomplish these goals?

Nico: If I was involved in a club? I think that alone would probably bump me up at least to a 5 or 6.

The conceptualization of wellness as a multidimensional construct created a foundation from which the SFWC was able to support Nico in exploring each domain individually, develop general wellness or domain-specific goals and work towards overall balanced wellness. This provided an opportunity for the SFWC to gather specific information about Nico's perceptions of wellness through use of Solution-Focused techniques like the miracle question and scaling questions. This was helpful in clarifying how Nico conceptualized his ideal state with regard to each domain of wellness, which could therefore inform goals in that area.

SFWC: We've looked at goals for both physical and social wellness. How do you think these will impact your overall well-being? [*Future-oriented*]

Nico: I'd imagine that if I can accomplish those goals I will feel a good bit better than I do now. I'll probably have more energy, be in a better mood, have more confidence.

SFWC: So physical and social wellness can affect other areas as well?

Nico: Definitely.

SFWC: Earlier you mentioned that you would rate your overall wellness as about a '4'. When you are able to meet these physical and social goals, how do you think it will impact your current 4 rating?

Nico: If I can do those things consistently, I'd have to think that it would get me to at least a 6 or so.

SFWC: It sounds like you had identified some areas that can definitely improve your overall wellness.

The discussion between the Solution-Focused Wellness Coach and Nico included opportunities to collaboratively explore the multidimensional nature of wellness. This was important in examining the impact each domain may have on overall wellness. Examining the construct wellness provided opportunities to clarify how Nico thinks about wellness and how specific domains influence his ability to maintain balance.

Practical implications

The healthcare paradigm is evolving toward a preventative, multi-dimensional approach to wellness. Based on evidence supporting the link between chronic illness and lifestyle factors such as inactivity, diet and stress, there is a need for professionals with specialized training who can support individuals in developing skills and resources related to making lifestyle changes within a non-clinical context. Solution-Focused Wellness Coaching uses evidence-based techniques to support individuals in creating wellness-based changes across multiple domains. Despite multiple coaching approaches and certifications, there is a lack of consensus definition, training requirements and utilization of evidence-based practices.

In contrast to the traditional Western medical model that focuses on resolving problems, the SFWC supports individuals in constructing their own conceptualizations of optimal wellness and identifying future-oriented goals and strategies based on existing strengths and resources. This strengths-based approach to facilitating healthy lifestyle change is a shift from traditional coaching or treatment models in which the emphasis is on fixing problems. Research is needed, including studies related to individual and group SFW coaching, to establish Solution-Focused techniques as a dominant approach in health and wellness-related change and provide a foundation for integration into both physical and psychological health-related fields.

This model provides a short-term, effective approach to coaching that is applicable in a variety of health and wellness contexts including primary care, psychology and counselling, social work, occupational and physical therapies and exercise and fitness. By providing professionals with strategies and techniques, SFWC integrates easily implemented strategies that are replicable and evidence-based with a multi-dimensional understanding of wellness. Rather than pathologising clients or focusing on problems, health professionals can utilize the SFWC model to support clients in facilitating preventative lifestyle change using a strength-based, collaborative approach.

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