

# Foundations of Health Coaching Practice

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Published 2026  
by PREKURE

ISBN 978-0-473-78799-8 (Paperback)  
ISBN 978-0-473-78798-1 (EPub)

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**COPYPRESS**

Printed by CopyPress, Nelson, New Zealand.

**{REALNZBOOKS}**

Distributed by Real NZ Books, Nelson, New Zealand.

[www.copypress.co.nz](http://www.copypress.co.nz)

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*Sonya English*

# Permission to Breathe

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PREKURE Head of Health Coaching Faculty and 35 years  
experience as an ICU nurse and nurse educator.

After thirty years in intensive care, I thought I'd seen it all. I've worked in resus rooms and trauma bays, cared for people at their worst and stood alongside families facing the unimaginable. I prided myself on staying calm in chaos, acting quickly, communicating clearly, and doing what needed to be done. That was the job. It became second nature – assess, act, stabilise, and move on.

But then I became a coach. And everything changed.

One evening in the emergency department at North Shore Hospital, the fluorescent lights buzzed overhead as we responded to a familiar situation. An elderly man had arrived in acute respiratory distress. His oxygen levels were dropping rapidly. He couldn't breathe. As an ICU nurse, I knew exactly what had to happen next. Airway first, then oxygen, stabilise the body. We moved fast. But something wasn't right.

Despite our efforts, he resisted the breathing support we were trying to give him. He was anxious and distressed. I could feel the urgency rising. If we couldn't get his oxygen levels up, he was going to die.

I paused.

I reached for his hand, knelt beside him, looked into his eyes and asked, "What's concerning you the most right now?"

I still think about his response. It wasn't about pain, or fear, or dying. It was about his cat. He lived alone, and no one was home to feed his cat. That was what was holding him back – the worry, the unfinished responsibility, the small, but enormous weight of something that mattered deeply to him.

I made a few calls. Arranged help. Let him know his cat would be okay. Only then did he allow the treatment. His breathing eased. Our machine took over. The crisis passed.

That moment changed everything I thought I knew about caring for people.

Now one of the first questions I ask patients is: “What’s most important to you right now?” And often, the answers have little to do with medicine, but everything to do with healing.

Because seeing the person first, not just the patient, is what makes care truly life-saving.

*The Health Coaching paradox*

# Introduction



We're taught early that being useful means doing something: solving, fixing, acting. It is our action that delivers results. Or so we think. We're taught to add value by jumping in with answers, advice, or instructions.

But what if we did *less*?

At first glance, health coaching can look like doing less. Less telling. Less fixing. Less pushing to fill the space with answers. It can feel like a contradiction. For many, it's an uncomfortable adjustment. Particularly for those who've spent years in systems that reward certainty, speed, and control.

Health coaching challenges those assumptions. It challenges the belief that transformation is something that can be delivered from the outside in. It recognises that meaningful change often begins in the pause. To be useful is to hold space and resist stepping in before a person has even named their problem. It is to trust that the client is the expert on their own life, even if that expertise is buried under years of noise or self-doubt. And by doing so, health coaches disallow clients from disengaging from their health journey. This version of usefulness is quiet. It's patient. Sometimes, it's really uncomfortable.

It's in the silence that theory gets real. A client may sit in silence for a long time as they wrestle with the monsters in their minds. Monsters we all know. Uncertainty. Frustration. Guilt. Shame. But the coach does not rush to rescue the client. The client does not need rescuing. Instead, they stay present, attentive, and grounded. They reflect what they see, ask what they don't, and offer no more than is truly needed.

It is in this stillness that *clarity* often emerges. Not because the coach delivered an insight on a silver platter but because they created the conditions for one to surface. The paradox is that, in doing less, we offer more. In stepping back, we make room. In holding back our expertise, we invite the client to uncover theirs.

This doesn't mean that the coach disappears entirely. Rather, they become more deliberate in what they say. Each question is asked with care. Each reflection serves the client's outcome, not the coach's agenda. The coach is active, but not intrusive. Present, but not dominating.

To coach well is not to orchestrate change, but to facilitate it. To be useful not because of what we do, but because of how we are. Attuned. Respectful. Curious. And above all willing to sit in discomfort without rushing toward relief.

And so, in coaching, usefulness is not measured by how much we say, how many tools we provide, or the volume of knowledge we share with clients. It is measured by something more difficult to quantify: the client's sense that they are seen, heard, and capable. Doing this takes practice, patience and persistence. The health coaches that do this best follow 7 key principles.

## **Principle 1: Coach the person, not the problem**

Health coaching doesn't begin with a plan. It begins with a person. The focus is not on symptoms that need fixing. The focus is on the whole human being. Someone with strengths, weaknesses, fears, beliefs, and values. To coach well is not to leap into problem-solving, but to step into presence. A presence grounded in what psychologist Carl Rogers called *unconditional positive regard* – a quiet, unwavering belief in the client's worth and capacity for change. Health coaches hold this belief no matter the client's health literacy or where they are on the behaviour change journey. Clients are experts on their own lives. They're capable of choosing, adapting, recovering, and learning – especially when given the space to do so.

Some clients will need you to slow down. To simplify. To meet them at the very beginning of their health journey. Others will challenge you by asking why, digging deeper, wanting to understand mechanisms and models. Both deserve a coach who meets them exactly where they are, not where we assume they should be. Your job is not to have all the answers, but to bring curiosity, clarity, and enough evidence-informed understanding to be helpful without overwhelming.