

# Health and Wellness Coaching: An Opportunity for Clinical Exercise Physiologists

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## INTRODUCTION

Over the past 30 years, medical knowledge and technology in the United States has advanced in an exponential fashion. A wealth of information has been provided to the public regarding the importance of physical activity, proper nutrition, and other wellness associated behaviors that prevent and minimize the effects of chronic diseases. Paradoxically, continued patterns of deconditioning, poor food choices, and socioeconomic circumstances have combined to create an increasing trend in morbidity due to such preventable health challenges as obesity, diabetes, high blood pressure, and numerous other chronic health conditions. This has led to a drop in the US worldwide life expectancy ranking from number 16 in 1960 to 26 in 2000 and 37 in 2011 (17). Data from the Centers for Disease Control and Prevention reveals that nearly half of all adults in the United States are living with at least one chronic condition and the associated cost is staggering (4,5). As a nation, 75% of healthcare dollars in the United States goes to the treatment of chronic diseases and current costs have escalated to a crisis point, approaching 3 trillion dollars in 2013. Annual per capita healthcare expenditures now exceed \$8,400 per person in the United States, while costs are less than half this amount in countries such as Japan, the United Kingdom, and South Korea, where life expectancy is higher (5). Additionally, the aging US population and the growing shortage of primary care physicians add significant strain to the nation's challenged health-care system. Because these trends are neither affordable nor sustainable, a dramatic shift in the focus and delivery of healthcare is evolving.

The change in focus is in part due to the implementation of the US Affordable Care Act and partly because there is little choice. While the Affordable Care Act encourages preventive care, the primary focus to date has been on providing insurance coverage and opinions vary widely as to whether it will ultimately succeed at improving health and lowering costs.

Frequently, persistent chronic health conditions leave in their wake lifelong disability, compromised quality of life, deaths that could have been prevented, and burgeoning healthcare costs. Current research suggests that many costly chronic conditions can be reduced or prevented through meaningful behavior change (1,12,13,16,25,30,32,34,35,38). Thus it is imperative that renewed efforts emphasize and focus on helping patients make the behavioral changes needed to prevent these adverse health conditions and minimize their costly effects.

## PARADIGM SHIFT

Due to the rise in preventable chronic conditions, many Americans receive stern advice from their primary care provider regarding health behavior changes that they should make but rarely succeed at undertaking. Allopathic (Western) medical training focuses on the analysis of presenting clinical signs and symptoms via a detailed history and selected medical tests to allow the formation of a diagnosis. From the diagnosis and test results, a treatment plan is developed, implemented, and directed to the patient by the medical practitioner, frequently without patient input into the plan. While effective in the acute and emergency settings, this "expert" approach has had minimal impact with creating lasting health behavior change. Patient compliance is frequently stifled and desired outcomes marginalized because the person's motivation for change has been undermined by a loss of perceived autonomy. It has been observed that "people often struggle to make and sustain health-related behavior changes, even when well informed and seemingly motivated" (33). Even when it is in their own best interest, human beings tend to resist directive advice with a flurry of excuses, denial, and a desire to be autonomous. Wellcoaches® founder Meg Moore gave a fitting illustration of this scenario during a presentation, stating that "even the fear of death is a bad motivator for change. Take a smoker, for example, the doctor tells them that it's going to kill them,

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yet most, if not all of them will continue to light up, often within just a few hours of the conversation” (22). This expert advice is an external motivator that is rarely converted into the required internal motivation that will successfully drive lasting behavior change. Thus, in America today, less than one in 20 adults engage in the key health behaviors of regular physical exercise, abstaining from tobacco use, adequate fruit and vegetable intake, no or moderate alcohol consumption, adequate sleep, and stress management (2). While most people yearn to be energetic, well, and in charge of their health, there is a huge gap between wanting to be well and the reality of committing daily to undertaking the appropriate behaviors that support wellness.

This gap was emphasized by the Bipartisan Policy Center, which demonstrated the disconnect between what Americans spend on being healthy versus what truly makes a person healthy (see Figure 1). The key drivers to optimal health include healthy behaviors (50%), environment (20%), genetics (20%), and access to medical care (10%) (3).

The rising cost and prevalence of chronic conditions make it clear that the traditional medical model is not effective and needs to be redesigned to achieve better long-term outcomes. Training clinicians and allied healthcare professionals, such as clinical exercise physiologists (CEPs), in the

skills associated with health and wellness coaching may be an important step toward meeting this goal. Additionally, adequate insurance reimbursement for preventive services that empower people to take an active role in their own health and well-being is imperative (33).

### CLINICAL HEALTH/WELLNESS COACHING

Health and wellness coaching (H/WC) has rapidly gained traction over the past 5 to 7 yr as a collaborative, patient-focused approach that enables people to take responsibility for their health and make meaningful and lasting behavior changes. While professional coaches have long been recognized for their skills in helping athletes and executives improve their performance, the use of professional wellness coaches within the health care setting is just beginning to blossom.

The terms *health coach* and *wellness coach* are frequently used interchangeably and currently lack a clear, concise, and widely accepted definition. Since the early 1990s, a variety of H/WC definitions have been published. While the concept of coaching as “one who instructs or trains” (20) has long been established, early definitions often confused the skills associated with H/WC to those of health education and teaching. Whitmore alluded to the difference between the process of health education/teaching and that of coaching when he described coaching as a facilitated approach that assists people in maximizing their own performance by “helping them to learn rather than teaching them” (37). Palmer et al. published a 2003 article in the *International Journal of Health Promotion and Education* that highlighted the possible role of coaching in helping people achieve health-related goals. The authors summarized their review of coaching definitions by proposing a tentative definition of H/WC as the following:

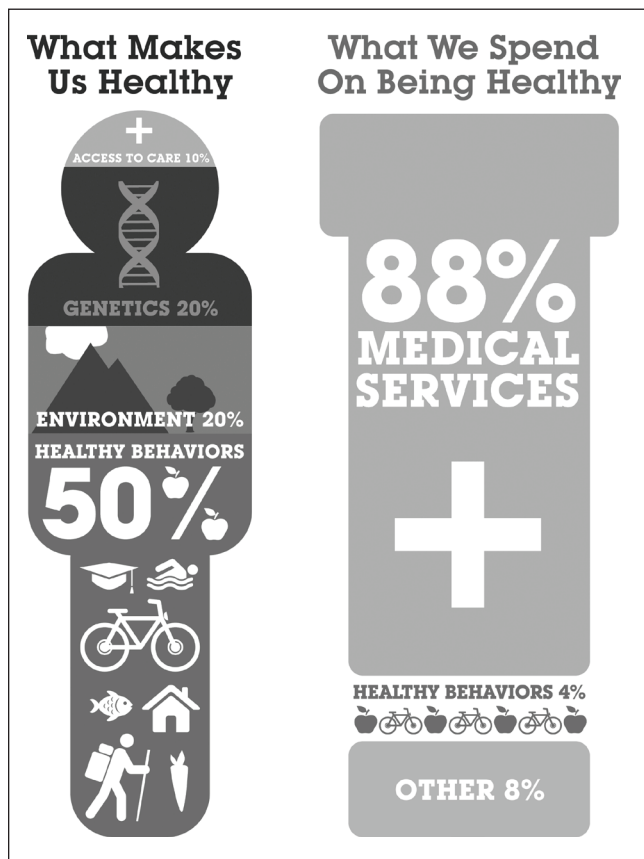
[T]he practice of health education and health promotion within a coaching context, to enhance the well being of individuals and to facilitate the achievement of their health related goals. (26)

In 2010, a group from the National Consortium for Credentialing Health & Wellness Coaches (NCCHWC) arrived at the following definition:

Health and Wellness Coaches are professionals from diverse backgrounds and education who work with individuals and groups in a client-centered process to facilitate and empower the client to achieve self-determined goals related to health and wellness change. (24)

Subsequently, Wolever et al. (39) concluded that despite operational and definitional disparities, there is an “emerging consensus in what is referred to as health and wellness coaching; namely, a patient-centered process that is based upon behavior change theory and is delivered by health professionals with diverse backgrounds.” They defined the conceptual and interventional components of health and wellness coaching as the following:

FIGURE 1. Comparison of where Americans spend healthcare dollars in relationship to what makes people healthy.



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[A] patient-centered approach wherein patients at least partially determine their goals, use self-discovery or active learning processes together with content education to work toward their goals, and set-monitor behaviors to increase accountability, all within the context of an interpersonal relationship with a coach. The coach is a healthcare professional trained in behavior change theory, motivational strategies, and communication techniques, which are used to assist patients to develop intrinsic motivation and obtain skills to create sustainable change for improved health and well-being. (39)

Based on these definitions, H/WC significantly differs from the current healthcare model of prescription, education, case management, and, in some cases, psychotherapy. Building on 50 yr of neuroscience, behavioral change, positive psychology, and adult development research, H/WC translates a formable scientific foundation into meaningful relationships that are focused on facilitating a lasting change of mind-set and behavior. H/W coaches focus on accentuating possibilities rather than problems and causes and build on client strengths rather than “fixing” weaknesses. Coaching builds on a person’s intrinsic resources and strengths and supports each individual through a process of self-discovery and identifying the prime motivators that are required to realize positive change. The utilization of H/WC in healthcare has tremendous potential to help people achieve the health and well-being that many desperately desire yet are unable to successfully reach.

To summarize, H/WC is a patient-focused process undertaken by health professionals, such as CEPs, who are trained and skilled in the art of facilitating sustainable health-related behavior change. Despite the potential benefits of H/WC, the lack of a standardized definition, core competencies, and nationally accredited credentialing programs currently makes its effectiveness difficult to prove.

### Training and Certification

Some H/W coaches are licensed healthcare professionals, while others have very diverse backgrounds in other allied health professions, counseling, and fitness. Most have undergone some form of additional education/training, which may include a certificate of achievement and/or culminate in a certification exam. Training in H/WC competencies may significantly augment the skills of CEPs, as their typical patient/client population is referred to them due to the need to successfully change their health-related behaviors.

There are numerous organizations that offer H/WC certification exams that include a broad range of training (2 h to 2 yr) requirements. This has created a challenge similar to personal training in that the public cannot distinguish between the different certifications and their widely varying requirements. Currently, H/WC certification providers lack a set of nationally agreed-upon core competencies, educational standards, and training benchmarks that support a

certification accreditation process. While data trends toward supporting H/WC as part of the healthcare continuum, this lack of standardization negatively impacts the credibility of the profession and, therefore, the support of the medical provider community.

There is an emerging consensus in the literature that H/WC should be provided by health professionals who have undergone additional training in the skills/techniques of coaching and behavior change. This opens up a tremendous opportunity for CEPs to obtain additional training in coaching skills that will augment their clinical experience and exercise physiology training. The National Consortium for Credentialing of Health & Wellness Coaches continues to work on a universal set of certification standards. Once developed, these standards should encompass the required education, associated critical competencies, necessary training, and standardized practice guidelines that will support the H/WC profession. A few independent organizations have developed their own standards that will hopefully be integrated into the universal set (24).

Currently, the only wellness coaching certification program endorsed by the American College of Sports Medicine is provided by Wellcoaches (36). As one of the most widely recognized and accepted certifications, Wellcoaches offers two primary levels of training and certification: the Core Coach and the Professional Coach. Certification at the Core Coach level requires the completion of an 18 wk intensive and interactive training program, passage of a written exam, practical skills assessment, and the submission and review of a client case summary. Certification as a Professional Coach requires certification at the Core Coach level, completion of an intensive 9 mo training program (including two residential weekends), skill demonstration by the submission of a recorded coaching session, and a 12,500 word coaching mastery journal.

Duke Integrative Medicine offers an Integrative Health Coach Professional Training program—launched in August 2008—that consists of a Foundation Course and a Certification Course (7). The Foundation Course provides training in integrative health coaching core competencies and consists of three multiday on-site learning modules. Completion of the Foundation Course is required to enroll in the Certification Course, which is a 6 mo distance learning program that culminates in certification as an integrative health coach. Applicants must hold a minimum of a bachelor’s degree.

These are two excellent examples of the available training/certification programs that are currently offered. However, as previously mentioned, there are numerous certifications that lack the necessary development rigor and competencies to be credible credentials. Thus, it is imperative that the H/WC profession continues to work toward implementing a nationally accepted set of standards. This will increase the credibility of the professional and allow future research protocols to utilize interventions that incorporate the standardized coaching processes/techniques that will derive meaningful outcome measurements (31).



## Effectiveness of Health/Wellness Coaching

A significant and growing body of peer-reviewed literature has been published on H/WC. This literature contains numerous case reports and H/WC studies that have focused on a variety of health conditions, such as obesity, diabetes, cancer, coronary artery disease, hypertension, chronic pain, depression, arthritis, fibromyalgia, and other diagnoses. While the published data appears to support the perception that H/WC is an effective approach to help people improve their health and wellness status, the results cannot be considered definitive (39). As identified by Wolever et al., the current scientific literature is compromised due to numerous methodological concerns and variations. In a recently published systematic review of H/WC, Wolever and colleagues identified a number of significant challenges that make the literature difficult to interpret. These challenges include the following (39):

1. Disparate interventions with significant variations in:
  - a. Coaching techniques and theoretical basis of the coaching approach
  - b. Frequency and duration of coaching contacts/sessions
  - c. Type of coaching contact (in person, phone, etc.)
  - d. Degree of educational content included in the intervention
  - e. Education/training background of the coaches
2. Wide variations in the disciplines and settings delivering the coaching:
  - a. Physicians, nurses, behavioral health specialists, psychologists, dietitians and diabetes educators, exercise physiologists and personal trainers, health educators, life coaches, and others
3. Wide variations in the definition of health coaching and wellness coaching

Despite the aforementioned methodological challenges identified, the vast majority of the published articles show beneficial trends toward improving health status. Thus, it appears that an H/WC model focused on the patient-centered self-discovery process of developing a specific wellness vision, along with associated actionable goals and supportive accountability, may have a significant impact on a person's future health status. However, as Wolever et al. concluded, "the lack of standardization in both the definition and the operationalization of health coaching makes it difficult, if not impossible, to determine whether health coaching is indeed an effective approach to improving health behaviors and reducing the global burden of chronic disease" (39).

### THE APPLICATION OF HEALTH/Wellness COACHING IN A CLINICAL POPULATION

Consistent with other healthcare professionals, CEPs often channel their education, experience, and passion for wellness into an expert approach with their patients. Often, these patients have multiple chronic conditions, are depressed, are downtrodden, and lack the self-esteem or self-efficacy to move out of the pre-contemplative or contemplative stages of change toward actually making the change. All too

frequently, a CEP's clinical approach of developing and directing an appropriate interventional prescription produces marginal long-term outcomes as patient adherence tends to wane over time and the desired healthy behaviors cease. However, CEPs who channel their wellness passion into more of a patient-centered coaching approach may be able to better derive significant and lasting health behavior outcomes in their patients.

One advantage that CEPs have over physicians in utilizing H/WC is that CEPs can typically meet regularly and spend more one-on-one time with patients at each visit. This flexibility is conducive to the development of a trusting, accepting relationship between the coach and the patient. This is the fundamental environment in which the coaching techniques can be successfully delivered. CEPs also have advantages over other healthcare and fitness professionals due to their advanced training in clinical exercise physiology that covers a broad spectrum of health conditions. While many CEPs have a good understanding of the trans-theoretical model of behavior change and the application of motivational interviewing, there are many other beneficial H/WC skills that can add to the clinician toolbox when faced with patients reluctant to change (21,23,27,29). By learning and applying coaching techniques, the CEP can facilitate a process that will help clients move toward the more active stages of change and goal achievement.

### An Integrated Clinical Coaching Model

The Journey to Wellness Program (J2W) at the Summit Medical Fitness Center (SMFC) in Kalispell, Montana, provides a wellness coaching model for patients with chronic health conditions who have been referred by their physician. This program utilizes CEPs, physicians, and other health professionals who are trained and certified wellness coaches.

Because the underlying modifiable factors that need to be addressed remain fundamentally similar regardless of the condition (dietary intake, physical activity, stress modulation, sleep, social interaction, pain perception, and spiritual wellbeing), numerous condition-focused programs are not necessary. Thus, the J2W program consists of a platform that is applicable across a wide variety of chronic conditions. Patients are referred by their physicians to the primarily self-pay program, although a number of self-insured plans are now covering J2W participation. The 4 mo program includes initial and final outcome assessments, weekly coaching, use of the SMFC, and a variety of other wellness enhancement opportunities (e.g., mindfulness-based stress reduction, cooking classes/nutrition instruction, etc.). Reduced program prices in the form of "scholarships" are available for low-income individuals with medical needs.

The program utilizes patient-centered H/WC to stimulate health-related behavior changes. Facilitated by the H/W coach, participants create a wellness vision, identify their personal strengths and motivators, and develop SMART (Specific, Measureable, Attainable, Realistic, Timely) program goals. Coaches establish trust and rapport with clients

and use a “guiding approach” based on the seminal work of Miller and Rollnick in *Motivational Interviewing* (21). This keeps each session client-focused, encourages autonomy, and improves self-efficacy through the process of self-discovery of tapping into internal motivation. A variety of wellness coaching strategies, positive psychology (9,10,11), and behavior change tools are used to gradually encourage the initiation and progression of physical activity and improvement in other health-related behaviors.

Outcome data is collected at the start and the end of the 3 mo program for the following parameters:

- Goal achievement (% success)
- Body weight
- Body mass index
- Percent body fat and lean mass
- Waist circumference
- Blood pressure
- Depression (PHQ-9)
- Anxiety (GAD-7)
- Quality of life (Dartmouth)
- VAS pain scale
- Positivity ratio
- Nutritional habits
- Body image/mindfulness
- Stage of change (as related to program goals)
- Number of contacts with the coach
- Number of facility visits
- Average minutes of weekly physical activity

Estimated  $\dot{V}O_2$  is assessed with participants physically able to complete the test without exacerbation of pain or other symptoms. Since 2009, 823 patients have completed J2W. Demographic information is presented in Table 1. Although J2W is encouraged for some Phase II cardiac rehabilitation (CR) graduates and many participants have underlying cardiac disease, the program is primarily focused on the numerous other chronic health conditions. While separate programs, CR and J2W share some staff and both programs utilize H/WC principles, including the facilitation of a wellness vision and goals. Most Phase II CR graduates have progressed to a point where they choose to join the SMFC as a regular member (over 55% of CR graduates join the SMFC) rather than participate in an additional focused program.

Goal achievement is a dynamic process and at times a “moving target” as patients progress through the J2W program and new insights surface that result in participants changing their goals. The facilitation of this process is an important skill and an essential component of H/WC. While statistical analysis has not been completed, it appears the J2W H/WC model has been successful at facilitating health behavior changes and associated improvement in clinical and behavioral outcomes. In the authors’ experience, the key has been the utilization of a patient-focused H/WC process and clinical staff who are trained in H/WC and consistently apply these coaching techniques.

TABLE 1. Characteristics of clients seen for health coaching in the Journey to Wellness Program at the Summit Medical Fitness Center.

Total Participants (n)	823
Age (%)	
<20	1.7
20 to 29	5.2
30 to 39	12.1
40 to 49	16.5
50 to 59	27.4
60 to 69	24.8
70 to 79	10.7
80 to 89	1.3
Female (%)	75
Referral Diagnosis (%)	
Obesity	22.5
Chronic pain	17.3
Pre-diabetes, diabetes, or metabolic syndrome	12.2
Fibromyalgia	8.5
Hypertension	8.5
Cardiovascular disease	6.3
Arthritis	4.7
Cancer	4.6
Orthopedic conditions	3.0
Depression/anxiety	1.8
COPD/asthma	1.7
Other (Parkinson's, hypothyroidism, stress, stroke, traumatic brain injury, sedentary lifestyle, etc.)	8.9

## CONCLUSIONS/SUMMARY

The rising epidemic of chronic conditions that spans both genders and all age groups in America points toward a critical need for a dramatic shift in the traditional approach to healthcare. Moving from an “expert/clinician directed” approach to a patient-centered H/WC model may provide the necessary support for people to successfully make important health-related behavior changes. Outcome trends in the current published literature appear to support this supposition. However, the data cannot be considered definitive at this time due to a lack of standardization of H/WC interventions and other methodological challenges. Thus, there is a critical need for the H/WC profession to develop a nationally agreed-upon definition and set of standards for H/WC. This will aid in the development of additional well-conceived research studies that utilize standardized designs that are necessary to definitively assess the efficacy of H/WC in clinical patients.

It is imperative that people begin to value their health and realize that they alone are responsible for their wellness. Therein lies the promise of potential for a CEP with H/WC skills. The CEP trained as an H/W coach will have the combined clinical expertise and behavioral coaching skills to effectively facilitate a mindful patient-centered focus toward successful health behavior changes and the ultimate achievement of each patient’s personalized wellness vision. As stated by Resnik, providing access to healthcare is important. However, equally important is the need to “empower individuals to take responsibility for their own health” (28).

**Keywords:** behavior change, behavioral intervention, integrative health coaching, motivational interviewing, disease management

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