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INVITED COMMENTARY

ONLINE FIRST

What Is Health Coaching Anyway?

Standards Needed to Enable Rigorous Research

LESSONS ON TELEPHONIC SELF-MANAGEMENT INTERVENTIONS

Behavioral change interventions delivered through the telephone have accumulated solid evidence supporting their efficacy for multiple behaviors, including physical activity and dietary change.[1] It is commendable that Frosch et al[2] undertook this approach in a sample of patients with limited external resources. Their most significant finding is that a telephonic "coaching" intervention was feasible and well-received by even the most socially and economically disadvantaged. While the "dose" and possibly content of the intervention studied was not adequate to elicit a differential change compared with controls, there are several important lessons embedded in the study's findings. Specifically, 98% of participants were reached by phone within 1 week of enrollment; 94% reviewed the provided DVD; 85% of those randomized to telephonic coaching participated; and 73% of those completed all 5 sessions. These statistics indicate a desire for diabetes self-management education and a willingness to engage in such interventions. Importantly, these results directly challenge the perception that individuals of lower socioeconomic status may be less motivated to learn self-care strategies.[3,4]

Beyond dose and content, lack of benefit may lie in the training, experience, and competency of the intervention providers. Intervention specifics and provider training and experience are absolutely critical to the design and interpretation of this and related behavioral intervention studies. While Frosch et al state that the telephonic coaching was provided by a nurse educator who was "trained in patient-centered approaches" and "motivational enhancement,"[2(pe2)] it is unclear what this means.

LACK OF STANDARDS AND EVIDENCE BASE FOR HEALTH AND WELLNESS COACHES

Currently, there is no consensus on the definition of *health coaching*, what it entails; what the training, credentialing, and licensure standards should be; and what evaluations should be established to insure some level of competency among those trained as health coaches. In the absence of such standards, comparing one health coaching study to another is of limited value.

This lack of clarity represents a growing conundrum in the medical literature regarding health coaching. While interventions are increasingly described as health coaching, the actual practices and required training for such coaching vary widely. A continuum of practices has emerged with an enormous range in quality of care, theoretical frameworks (if any), and supporting evidence. At the minimalist end of

the continuum are technology applications, described as coaching but involving little or no human contact (eg, digital interventions with automated messages, self-paced online programs, and others), and call center disease management programs that often consist of brief, directive telephone visits (ie, "you should do so and so") with no basis in the science behind human motivation and capacity for behavioral change. At the intensive end of the continuum are treatment sessions with experienced, well-trained health coaches who operate within a fairly well-established theoretical framework to implement stepwise processes designed to shift mindset and change behavior in a sustainable way. They typically implement individualized, patient-centered strategies based on empathic listening, affirmation, self-awareness, client-chosen goals, and evidence-based practices to develop intrinsic motivation, self-efficacy, and resilience.

Owing to the inconsistent and ill-defined roles of coaches, health coaching lacks a rigorous evidence base. In an extensive review of 14 literature databases, only 72 articles reported both a form of coaching and a health-related outcome.[5] Of those, only 34 were randomized controlled trials; 12 of those did not define the coaching techniques used; and 20 described approaches more similar to education than to professional health coaching. The dearth of well-designed, methodologically rigorous trials describing the coaching approaches evaluated leave the field vulnerable to misinterpretation.

THEORETICAL FOUNDATION OF HEALTH COACHING

Coaching is founded on the assumptions that humans strive toward self-determination, have strong intrinsic resources, and desire to realize positive change in a safe, confidential alliance wherein they are treated with respect and positive regard while challenged and supported to shift their worldview. Health coaching draws on a half century of research including theories of human development, social and constructivist psychology, organizational leadership, and adult learning theory. The health coaching model typically begins with an exploration of a patient's vision of him or her self as "optimally healthy"; the gap between this ideal vision and the current state; potential sources of motivation to close this gap; and, importantly, a negotiated strategy to make small but successful progress in the direction of positive, health-promoting, and sustainable behavioral change. In addition, motivational interviewing is used to resolve the patient's ambivalence about behavioral change and to explore areas in which he or she is not yet contemplating behavior change.

These foundations explain the motivational basis of goal selection and its relationship to an individual's core values. Specifically, goal attainment occurs when individuals perceive their goals as being autonomous rather than compelled by external forces: when goals are in alignment with core values and interests, greater goal-directed effort is exerted.[6-9] In this health care context, patients are considered lifelong learners whose values and sense of purpose facilitate their potential for change. The health coach's challenge is to translate and apply these theoretical constructs on an individual basis over time.

TOWARD COACHING STANDARDS AND BEST PRACTICES: NECESSARY PREREQUISITES TO REPRODUCIBLE RESEARCH

In September 2010, the National Consortium for the Credentialing of Health and Wellness Coaches[10] first met to build consensus around coaching in health care. More than 80 individuals and organizations in coaching, health care, and wellness came together to develop credentialing standards for individuals and accreditation standards for training programs in 2 synergistic areas (1) professional health and wellness coaching, and (2) integrating coaching skills into the health professions. Organizations represented included academic medical institutions, governmental agencies, professional health care organizations, and medical industries (eg, disease management, insurance companies, pharmaceutical companies). Although supportive telephonic interventions such as those described by Frosch et al[2] are promising, standardization of training requirements, scope of practice, credentialing, licensure, and competency testing for health coaches is now imperative. Research into its effectiveness cannot proceed without uniform health coaching standards that will allow large-scale, reproducible studies in distinct health care settings. The development of a rigorous evidence base will then allow clarification of the most useful processes to facilitate sustainable behavior change.

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