

SPECIAL REPORT

National Training and Education Standards for Health and Wellness Coaching: The Path to National Certification

健康和健身指导的国家培训和教育标准：获得国家认证的途径

Estándares nacionales de formación y educación para el entrenamiento de salud y bienestar: El camino a la certificación nacional

Meg Jordan, PhD, RN, *United States*; Ruth Q. Wolever, PhD, *United States*; Karen Lawson, MD, ABIHM, *United States*; Margaret Moore, MBA, *United States*

Content designated as free to registered users

Authorship Notes

Drs Jordan and Wolever shared first author role. All authors are members of the National Consortium for Credentialing Health and Wellness Coaches Board of Directors.

Correspondence

Meg Jordan, PhD, RN
mjordan@ciis.edu

Citation

Global Adv Health Med. 2015;4(3):46-56. DOI: 10.7453/gahmj.2015.039

Key Words

Health and wellness coach, coaching, certification, standards

ABSTRACT

The purpose of this article is twofold: (1) to announce the findings of the job task analysis as well as national training and education standards for health and wellness coaching (HWC) that have been developed by the large-scale, collaborative efforts of the National Consortium for Credentialing Health and Wellness Coaches (NCCHWC) and (2) to invite commentary from the public. The rapid proliferation of individuals and organizations using the terms of health and/or wellness coaches and the propagation of private industry and academic coach training and education programs endeavoring to prepare these coaches has created an urgent and pressing need for national standards for use of the term health and wellness coach, as well as minimal requirements for training, education, and certification. Professionalizing the field with national standards brings a clear and consistent definition of health and wellness coaching and accepted practice standards that are uniform across the field. In addition, clear standards allow for uniform curricular criteria to ensure a minimal benchmark for education, training, and skills and knowledge evaluation of professional health and wellness coaches.

摘要

本文有双重目的：（1）公布工作任务分析的结果，以及由大规模、国家健康与健身指导认证联盟（NCCHWC）制定的健康和健身指导（HWC）国家培训和教育标准，以及（2）邀请公众评论。快速普及的个人和组织使用健康和/或健身指导条例、私营行业传播以及学术指导培训和教育计划来努力打造这些指导，这对使用健康和健身指导条款的国家标准以及培训、教育和认证的最低要求产生了紧迫而迫切的需要。用国家标准令领域专业化，为健康和健身指导界定了明确一致的定义，接受的实践标准在不同领域中是统一的。此外，明确的标准允许开展统一的课程标准，确保达到专业健康和健身指导的教育、培训、技能和知识评价最小基准要求。

SINOPSIS

El propósito de este artículo es doble: (1) anunciar los hallazgos del análisis del trabajo realizado así como de los estándares nacionales de formación y educación para el asesoramiento de la salud y del bienestar que se han desarrollado a gran escala, las iniciativas de colaboración del Consorcio nacional para las credenciales de

los asesores de salud y bienestar (National Consortium for Credentialing Health and Wellness Coaches, NCCHWC) y (2) invitar al público a hacer comentarios. La rápida proliferación de personas y organizaciones que utilizan los términos de asesores de salud y/o bienestar, y la propagación de la industria privada y la formación académica del asesoramiento y los programas de educación encaminados a preparar a estos asesores han creado una necesidad urgente y acuciante de establecer estándares nacionales para el empleo del término de asesor de salud y bienestar, así como unos requisitos mínimos de formación, educación y certificación. La profesionalización de esta esfera con estándares nacionales trae consigo una definición clara y coherente del asesoramiento de salud y bienestar, y unos estándares de práctica aceptados que son uniformes en todo el ámbito. Además, los estándares claros permiten uniformizar los criterios curriculares para asegurar un marco de referencia mínimos para la educación, formación y la evaluación de competencias y conocimientos de los asesores profesionales de salud y bienestar.

Disclosures

Meg Jordan, PhD, RN, is funded by a grant from Aetna Foundation for health coaching research, is on the advisory boards of the National Wellness Institute and the Aerobics and Fitness Association of America, a corporate wellness program, and chairs a master's program in integrative health with a coaching certificate at California Institute of Integral Studies. Ruth Wolever,

PhD, serves as the chief scientific advisor to eMindful, Inc, holds contracts with Samueli Institute for guidance on how to study coaching; and is funded by grants from the US Air Force, the National Heart, Lung and Blood Institute, and Nurtur. None of these projects present a conflict of interest with this paper or the projects it describes. Karen Lawson, MD, ABIHM, directs a graduate health coaching degree program at University of

Minnesota, Minneapolis, and has no outside grant support. Margaret Moore is founder and CEO of Wellcoaches Corporation, Wellesley, Massachusetts, co-director of the Institute of Coaching, McLean Hospital, Belmont, Massachusetts, and a faculty member of Harvard University Extension School, teaching a coaching psychology program.

National standards for the use of professional titles, best practices, and educational benchmarks strengthen a nascent profession by creating a reasonable expectation among the public as to what the roles of that title are and are not—in this case, the role of a health and wellness coach. Similarly, high-quality educational standards strengthen professional output by encouraging educators and trainers to upgrade the content of curricula, evaluate the effectiveness of learning outcomes, and advance intellectual and practical education for enhancement of the profession. All healthcare and allied professions—including even those not yet consistently licensed in all 50 states, such as massage therapists and naturopathic doctors—develop professional standards for education and performance. It is time now for the relatively new profession of health and wellness coaching to implement a national certification that reflects standards identified and agreed upon through best practices for use of the term *health and wellness coach*, education, training and competent, ethical practice. This will allow the profession to evolve and expand for the benefits of its members, those it serves, and the larger system.

The public is often confused about what certification means. Typically, before professions arrive at the stage of licensure, they are regulated/governed by national certification. In truth, anyone can create a “certification program” by awarding a “certification” at the end. (This is different than a “certificate of attendance” that simply indicates one has completed the program.) Many groups have endeavored to “certify” health and wellness coaches, to fill the gap left by the absence of a national or otherwise recognized standard, when the certification does not actually mean anything about meeting a national or otherwise recognized standard. A certifying entity or its certification only has value to the degree that many individuals and organizations recognize it as a credible body that represents best standards.

This article presents a first iteration of collaboratively developed national standards, the culminating work to date of the National Consortium for Credentialing Health and Wellness Coaches (NCCHWC). Readers are invited to provide commentary on this 5-year, all-volunteer effort by submitting feedback on this at <https://www.surveymonkey.com/s/W6ZFP8Y> before June 30, 2015. The information presented is offered in the spirit of ongoing collaboration. Your time and input are appreciated by the NCCHWC.

BACKGROUND AND HISTORICAL CONTEXT

Organized in 2010 (with nonprofit 501c3 status gained in 2013), the NCCHWC’s goal to professionalize the expanding field of health and wellness coaching with an evidence-informed foundation has resulted in a rigorous, engaged process, which, at specific milestone events, solicited input from hundreds of stakeholders. Those stakeholders, donors, and advisors included professional associations in health promotion, coaching psychology, nursing, medicine, various allied health practices, and exercise physiology; authors, researchers, experienced coaches, subject matter experts; as well as private sector training and education organizations and experienced university educators in the field. Stakeholding organizations (listed on the NCCHWC website at www.ncchwc.org), such as the American College of Sports Medicine, the Academic Consortium for Complementary and Alternative Health Care, American Association of Diabetes Educators, and the International Coach Federation are acknowledged for their advising roles in this development. The Institute for Integrative Healthcare generously provided a seed grant to support the initial summit.

As anyone in healthcare can imagine, the road to consensus among so many individuals and organizations representing widely divergent viewpoints of what a health or wellness coach does (from reinforcing medical appointments to offering dietary advice) was filled with twists and turns, stops and starts. A majority of the work entailed bringing individual and organization constituents to a common understanding of the actual roles and responsibilities involved in professional health and wellness coaching (HWC), and then exploring the extent to which the offering of health and lifestyle information augments the actual coaching process. Therefore, after five years of passionate debate and collaborative exploration among diverse stakeholders, this announcement comes as an historic milestone for the establishment of national standards for the profession.

MISSION OF NCCHWC TO FULFILL A NEED

The mission of the NCCHWC is to support individuals in improving their health and well-being, preventing and managing chronic disease, making important health decisions and optimizing their lifestyles to achieve their best possible overall well-being.¹ That mission is pursued through the following 3-pronged approach:

1. To integrate knowledgeable, skilled, and credentialed professional health and wellness coaches into the healthcare system who facilitate lasting change of mindsets and behaviors to improve the health and well-being of individuals.

This objective is in alignment with numerous federal directives. First, The Patient Protection and Affordable Care Act² holds a strong focus on prevention of chronic disease, and Title IV actually

called for the formation of the National Prevention, Health Promotion, and Public Health Council (NPC), chaired by the US Surgeon General and advised by public health experts who included authorities in health coaching among others.³ Second, the NCCHWC objective is in alignment with the 2013 announcement of the National Institutes of Health to fund research and clinical interventions that focus on creating health in individuals and populations and serves as a clarion call for those practices that utilize a whole-person individualized approach.⁴

2. To support integration of basic coaching skills into practices of health professions, so that healthcare providers are better able to catalyze and support engagement in health-enhancing lifestyles. For example, in the field of nursing: “Nurse coaches are strategically positioned and equipped to implement health-promoting and evidence-based strategies with clients and support behavioral and lifestyle changes to enhance growth, overall health, and wellbeing.”⁵

3. To advance a collaborative research agenda and compile evidence on best practices. This would allow for refinement and further evaluation of health coaching methodology, as well as inform training and education practices.

For a more detailed discussion of this issue, see Wolever and Eisenberg 2011.⁶

It became apparent that this mission would only be fulfilled by developing standards for the new role of health and wellness coach that could be implemented through a national certification process for health and wellness coaches. Best practices for such development required a job task analysis to define the role of a professional “health and wellness coach,” as well as clear curriculum guidelines for coach training and education programs, such that upon completion of an accredited program, the graduate would have the ability to adequately perform predefined tasks.

While the NCCHWC mission equally supports the integration of coaching skills into other health and allied health or wellness professional roles, the certification process described in this article is most relevant for those who wish to practice as health and wellness coaches rather than just utilizing coaching skills within another profession. Most healthcare professionals are regulated through state licensure. Professionals who add coaching skills to their existing professions are held to the standards of their highest license; while they may legitimately need and desire coach training in order to learn and refine coaching skills, the ultimate regulation of their work will be done by their own state licensure board.

The need for national standards and certifica-

tion has been spelled out previously.⁶⁻⁸ In brief, the demand for innovative and effective interventions to stem the tide of chronic illness is paramount,⁹⁻¹² and health coaching addresses this need.^{13,14}

As accountable care incentives shift responsibility for patient outcomes onto health care providers, hospitals and clinics will increasingly employ health coaches to promote self-management and wellness in high-risk patients. Employer demand for health coaches peaked in the 12 months after the passage of the Patient Protection and Affordable Care Act; as of November 2012, it remains elevated above pre-reform levels. Insurance carriers and disease management companies also continue to employ health coaches to reduce costs associated with patient care.

Nonetheless, the lack of a consistent and clear role definition has precluded forward movement of rigorous research, and development of consistent practice standards.^{6,8,13,15}

THE COLLABORATIVE PROCESS: A BEST PRACTICE FOR DEVELOPING NATIONAL CERTIFICATION

Expertise in health and wellness coaching has been emerging simultaneously in diverse fields. While much of the original research comes from psychology (ie, health psychology and motivational psychology)¹⁶⁻¹⁸ and health promotion,¹⁹ there are myriad contributions from the fields of nursing,⁵ rehabilitation medicine,²⁰⁻²³ and internal medicine,^{22,24,25} as well as from nutrition²⁶ and exercise sciences.^{27,28} Growing numbers of stakeholders in academia, industry, and non-profit entities also have invested in training and educating health and wellness coaches. Hence, to develop a national certification has required a collaborative process that culls the wisdom, vision, and need from many invested parties. Through a participatory process conducted over 5 years, including a national, invitational summit in August 2010 with almost 70 autonomous stakeholders in attendance, the NCCHWC solicited expert opinion and ongoing dialogue on multiple facets of health and wellness coaching. Interested members of the summit and subsequent volunteers formed several project teams to consolidate this information. The Certification and Competencies Team, for example, crafted the following job definition for HWC following a 3-month process facilitated by certification development experts:

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. Successful coaching takes place when coaches apply clearly defined knowledge and skills so that clients mobilize internal strengths and external resources for sustainable change.

The Training and Education Team compiled data on the intensity of coaching interventions (hours, frequency and duration of coaching interventions); nature of relationships (face to face, phone, virtual); skill basis of coaching (applied communication and behavioral change skills or techniques such as motivational interviewing); and knowledge domains (health, nutrition, exercise, stress management, emotional intelligence, coaching psychology). All began to recognize the wide variation in the use of the term *health and wellness coach*, ranging from being applied to paraprofessionals with minimal training in coaching skills to doctoral-level professionals with hundreds of hours of coaching skill training and extensive theoretical foundations expertise. The “coaching” interventions themselves ranged from directive advice-giving to elaborate individualized processes designed to evoke autonomous motivation and develop self-efficacy. While there was rarely complete agreement among all stakeholders on these facets of coaching, there was general consensus that the US healthcare system would greatly benefit from both the integration of basic coaching skills into the scope of practice of many current health providers, as well as the establishment of standards for a new professional, a health and wellness coach. This would require a collaborative best practice process to identify core competencies and training and education standards. After vetting several potential consultants, the board worked with Gerald Rosen, EdD, a well-qualified certification specialist and consulting psychometrician with 32 years of experience, to lead a job task analysis (JTA) and subsequent validation study.

Job Task Analysis and Validation Survey

The JTA, also referred to as a practice analysis, is the most commonly used process to define the actual tasks done as part of a given job, and subsequently what skills development and training are required for individuals to be able to perform the defined tasks.²⁹ Thirty-eight practicing professional health and wellness coaches were nominated by the executive committee of the board of directors of NCCHWC to participate on a panel of 15 subject matter experts (SMEs) selected to represent the field. The final SMEs were selected from this field based on information about their current practice, educational background, coach training, professional background, and socio-demographic status with an attempt to balance multiple factors and achieve the broadest possible representation of the national field. While it proved challenging to include racially and ethnically diverse participants in both the nomination pool and sample (of the final 15 members, there were 2 males, no Hispanics or blacks, and only 1 person who identified herself as of Asian/Pacific Native descent), this may well be a reasonable representation of the current health and wellness coaching population in the United States. The group did represent significant diversity in terms of age (range of 26 y to 71 y), education (bachelors to doctoral degrees) and professional background (eg, nurses, psy-

Previous Reports

The May 2013 and July 2013 issues of *Global Advances in Health and Medicine* on health coaching present a series of original research, reviews, case reports, healthcare policy discussions, editorials, and interviews with some of the leaders in the field. Health coaching has emerged as an important example of global convergence in healthcare and a systems-oriented approach integrated with a team-based approach to healthcare, as evidenced by these articles.³⁰

chologists, dietician, exercise physiologists). The 15 members had attended numerous coach training and education courses, totaling 17 distinct programs, and interestingly, all but one of the panel members had attended multiple courses. They also practiced in a broad span of settings, and 8 of the 15 maintained clinical licensure in their clinical professions.

DEFINING THE ROLE/JOB OF HEALTH AND WELLNESS COACH

JTA panel members were gathered in Indianapolis, Indiana, for a 2.5-day working meeting in March of 2014 that led to careful defining, in concrete action terms, of the small and specific tasks that they perform from the start to the end of a coaching intervention, session by session. Once consensus was achieved on the main tasks, the step-by-step processes were reviewed again and again to ensure completeness of the task list. Panel members emphasized that the sequence of coaching tasks is generally more emergent than linear, in order to meet clients where they are during each stage of the process. JTA panel members then determined the relative frequency and importance of each task. Some tasks are performed only rarely but are essential for a coach to undertake because of their high impact. Other tasks may be done frequently but are of limited criticality. In order to be included as part of the job definition, a task must be performed relatively frequently by the majority of practitioners or be of such critical importance that it would be unreasonable to leave it out of the job description.²⁹ Panel members weighted each task grouping (ie, domain) based on frequency and importance.

The final task list was subsequently formatted into a survey, and 4026 health and wellness professionals were invited to answer from their experience base how often they performed each specific task and how important that task is to their work. The outcomes of such a validation survey can either validate or suggest the need to refine the job task list created by the JTA panel members. Responses of the survey participants can then be compared to the JTA panel in terms of their assessment of frequency and importance of tasks, as well as assess whether any additional tasks need to be included. Survey invitees represented graduates of more than a dozen known coach training and education programs, as well

as practicing coaches from organizations with established internal training programs. A total of 1031 individuals responded, making a response rate of 25.6%. Those who were not afforded the opportunity to complete the remainder of the survey were the 146 of the 1031 respondents who indicated that they were not currently practicing as health or wellness coaches. Thus, 885 respondents completed the validation survey. While specific findings will be reported in the future, the findings demonstrate a strong and consistent degree of support for the job task analysis (JTA) and the importance ratings demonstrated that all of the tasks merit inclusion in the final certification examination.

DEVELOPING THE NATIONAL EXAMINATION AND CERTIFICATION PROCESS

To ensure the accuracy, fairness, and validity of the examination process, the NCCHWC has followed best practices.²⁹ The NCCHWC National Certification Examination will be a test with approximately 150 multiple-choice questions based on the job tasks identified and validated in the JTA. The questions will be drawn from a test item “bank” of 300 questions that have undergone review by an independent review team comprised of working health and wellness coaches who have no conflict of interest as representative of education or training organizations. Item test writing follows a best practice procedure that assures that the item tests something relevant and nontrivial, reflects current best practices in health and wellness coaching, and is stated clearly so that the knowledgeable candidate will be able to select the correct choice without undue hesitation.

In addition to developing the content for the national examination, the minimal necessary criteria required to allow an individual to sit for the examination had to be determined. These criteria have been in discussion since the NCCHWC summit in 2010 and have been perhaps the most challenging of all areas in which to reach consensus. There will be, by necessity, two stages for the evolution of this national certification process. The initial, and transitory, phase-in must take into account the lack of standardization and accreditation for existing training and education programs, the wide diversity of backgrounds, and the value of knowledge and skills obtained through practice in the field of a newly forming profession. We anticipate that this initial phase-in will last for 16 months from the date of this publication. The second, and permanent phase, is one in which programs have become formally accredited, and only graduates from such accredited programs will be potentially eligible to meet the criteria to sit for national certification. This is discussed in more detail later in this paper, in the section “Two Phase-In Periods for NCCHWC National Certification” but it is critical to emphasize

- currently practicing coaches who wish to become certified should do so during this initial stage, before potential eligibility lapses;
- existing training and education programs that

complete skills evaluation of their students prior to program completion may apply, during the next 4 months, to be accepted into a 1-year temporary accreditation status, which will facilitate their graduates in being permitted to sit the examination; and

- existing and newly developing training and education programs that intend to have their graduates be eligible for national certification will need to apply for accreditation through the NCCHWC over the next 12 months.

DEVELOPMENT OF TRAINING AND EDUCATION STANDARDS

Following best practice procedures, the validated survey findings served as the “marching orders” for articulating national training and education standards that ensure that health and wellness coach training programs appropriately train and educate individuals. Graduates must have not only the requisite theoretical and practical knowledge to understand and communicate with clients and other health professionals about the coaching role of a health and wellness coach but also be able to demonstrate adequate competency, with skills necessary for performing the required tasks.

As part of this process, 19 SMEs had previously convened for a 3-day working meeting in Minneapolis, Minnesota, in August 2014 to carefully review the results of the JTA as well as the proposed list of skills and knowledge required to competently perform the job delineated in the JTA. The meeting was professionally facilitated by Dawn Snyder, PhD, a certified performance technologist and certified DACUM (Designing A CurricuM) facilitator from the Center on Education and Training for Employment at Ohio State University, Columbus. With 30 years of experience in curriculum architecture, competency development, and performance analysis, the facilitator led the discussion of necessary curriculum with the leaders of 20 health and wellness coaching programs from universities, associations, government, corporate, and other private sector programs. While the knowledge and skills lists as well as the prerequisites could not be confirmed until the conclusion of the validation study of the JTA, it was important to build collaboration among training programs so that prerequisites reflected a true consensus.

Executive committee members of NCCHWC spent the next 4 months developing the national training and education standards, drawing from the early collaborative work of the Training and Education team (2010-2013) of the NCCHWC but making sure that each standard had a basis in the newly validated JTA. Although it is tempting to want to incorporate new findings in coaching psychology or enticing new bits of research from neuroscience or motivational research, the executive committee wishes to emphasize the importance of not straying from the JTA in the development of educational standards and a national certification process. For example, if three-quarters of the working health and

wellness coaches sat for an examination and failed it because the examination presented material that was never deployed in the normal course of a working session, then the examination would prove inconsequential and invalid to the profession. It would not be testing relevant material to the practice of health and wellness coaching. Therefore, the national standards as well as the national written examination (expected to be available by early 2016) are both representative of the specific job tasks identified and validated in the JTA process.

RECOMMENDED HEALTH AND WELLNESS COACH TRAINING AND EDUCATION STANDARDS

The following training and education standards are recommended by the NCCHWC for practitioners to become certified:

1. Satisfaction of Minimal Credential Requirements for NCCHWC Certification

Health and wellness coaches must have one of the following combinations of academic and professional credentials in order to be eligible to apply for the NCCHWC certification. These credentials will be verified by NCCHWC accredited health and wellness coach training programs prior to graduation from such programs (after the phase-in, once programs have become accredited.)

- a. Clinical license (active or voluntarily surrendered within the past 5 years) plus a minimum of an associate's degree
- b. Bachelor's degree or higher in a health-related domain
- c. Bachelor's degree or higher in a non-health related domain plus 2000 hours work experience in health, allied health, and wellness. Helping professionals without health-related degrees to be included in this category:
 - i. Those who have DETC-accredited fitness certification, NCCA-accredited fitness certification, or yoga alliance training
 - ii. Ministers, hospice workers, pastoral counselors, teachers, healthy food chefs, whole foods advocates, and coaches credentialed by the International Coaching Federation
- d. Given that the process is new and there is much to learn, the NCCHWC board allows for the likely possibility that there are individuals who would make exceptional coaches but who do not meet the criteria as specified above. That being the case, the board also allows for those who do not meet the criteria to petition to apply for the certification by submitting their academic credentials and work experience with a justification for special consideration of their individual cases.

2. Successful Completion of an NCCHWC-accredited Training and Education Program Including Passing of Practical Skills Evaluation (Skill testing based on

NCCHWC guidelines will be confirmed during the program accreditation process.)

The training and education programs should have curricula that deliver the knowledge and skills training required for individuals to perform the tasks as defined by the JTA (Table). In addition, these programs should assess practical skills performance and require the demonstration of safe, basic competency before individuals may graduate from their programs. Education, practical training and demonstrations of hands-on competency are all nearly universal requirements for healthcare professionals.³¹

Prior to the establishment of accredited programs, individuals must have met these specific minimal educational hours before being eligible to apply for the certification examination:

1. A minimum of 30 real-time synchronous contact hours devoted to practical skills development including coaching practice, demonstrations, and mentoring, and focused upon JTA tasks and skills outlined in the Table.
2. Completion and passing grade for a practical skills evaluation (aligned with the JTA practice analysis) by an approved training program; or if the candidate coach has not completed a practical skills evaluation, the individual completes three private mentor coaching sessions, which include feedback on skill level and need for further skill development (explained further below).
3. Knowledge acquisition of the basic principles of healthy lifestyles. (While 15 contact hours will be required in accredited programs, during this transition phase, students may have become independently educated in this area.)

In order to become an NCCHWC-certified health and wellness coach, the successful applicant must have obtained foundational comprehension of basic healthy lifestyle principles, as well as understand how to discern whether information is from credible sources. Health and wellness coach training and education programs will typically embed this education within their programs. During this transition period, if coaches do not have at least 15 contact hours of healthy lifestyle instruction within their training or education programs, the NCCHWC emphasizes the importance of obtaining this knowledge at the current time, and recommends the agreed-upon, widely accepted basic information available at the "Healthy Living" site at <http://www.cdc.gov/HealthyLiving/>. This site provides a wide array of topics such as nutrition and healthy weight guidelines that are essential for good health and disease prevention and provides evidence-based research, tips, and information that would be acceptable to the majority of licensed healthcare providers. Other credible professional association sites that offer this wide spectrum of basic information are the American College of Lifestyle

Table Health and Wellness Coaching Job Task Analysis Findings**(25%)^a Domain I**

The tasks that comprise and define this domain are concerned with the activities that take place in the initial stages of the coaching process.

- T-1 Explain the coaching process.
- T-2 Obtain information about why coaching is sought, desired outcomes, priorities, personal strengths, and challenges.
- T-3 Determine if the individual is a candidate for health and wellness coaching.
- T-4 Explore motivation and assess readiness for change.
- T-5 Jointly create a coaching agreement that includes roles, expectations, practice-specific processes, fees, and frequency, mode, and length of sessions.

(40%)^a Domain II

The tasks that comprise and define this domain are used throughout the health and wellness coaching relationship and are the most central to the coaching process.

- T-6 Assist the client in creating a description of their ideal vision of the future.
- T-7 Establish or identify the present situation, past history, previous successes and challenges, resources, etc, associated with the client's vision.
- T-8 Explore and evaluate the client's readiness to progress toward the vision.
- T-9 Proposed new task: Invite the client to identify and explore patterns, perspectives, and beliefs that may be limiting lasting change.
- T-10 Work with the client to establish goals that will lead to the vision.
- T-11 Work with the client to develop a series of steps that will lead to the achievement of client-selected goals.
- T-12 Elicit the client's commitment to and accountability for specific steps.

(30%)^a Domain III

The tasks and knowledge that comprise and define this domain are concerned with the activities that address the client's evaluation and integration of progress.

- T-13 Collaborate as the client evaluates success in taking steps and achieving goals.
- T-14 Work with the client to maintain progress and changes.
- T-15 Collaborate as the client reassesses goals and makes modifications based on personal decisions and progress made.
- T-16 Assist the client in articulating learning and insights gained in the change process.
- T-17 Work with the client to develop a post-coaching plan to sustain changes that promote health and wellness.

(5%)^a Domain IV

The tasks that comprise and define this domain underlie all health and wellness coaching practice and the professional behavior of coaches.

- T-18 Health and wellness coaches practice in accordance with applicable laws and regulations.
- T-19 Health and wellness coaches practice in accordance with accepted professional standards and within the limits of their scope of practice.
- T-20 Health and wellness coaches practice in accordance with the accepted standards of professional ethics.
- T-21 Health and wellness coaches engage in a continuous process of training and education to become more proficient in their practice and to ensure that their practice-related knowledge and skills remain current.

Knowledge

The competent and effective performance of health and wellness coaching tasks requires knowledge of:

- K-1 Techniques for establishing and maintaining rapport
- K-2 Communication techniques (verbal and nonverbal)
- K-3 Coaching assessment techniques (eg, information gathering, appreciative inquiry, nonjudgmental questioning, motivational interviewing)
- K-4 Personal client information that pertains to the coaching process
- K-5 Health and wellness coaching process and models
- K-6 Models of motivation and behavior change (eg, transtheoretical, Maslow, self-regulation, self-determination theories)
- K-7 Techniques for providing or sharing information and resources within the coaching relationship
- K-8 Techniques for enhancing self-awareness
- K-9 Goal-setting techniques
- K-10 Basic, evidence-based healthy lifestyle recommendations by credible sources
- K-11 Behavior tracking techniques

^a ± 3%

Table continued on next page.

Table Health and Wellness Coaching Job Task Analysis Findings (cont.)

Skills	
The competent and effective performance of health and wellness coaching Tasks requires skill in	
S-1	Establishing and maintaining rapport
S-2	Establishing trust
S-3	Providing support
S-4	Displaying empathy
S-5	Mindful presence
S-6	Respectful interaction
S-7	Active listening
S-8	Open-ended questioning
S-9	Communicating
S-10	Information gathering
S-11	Assessment and evaluation
S-12	Interpreting assessment findings
S-13	Structuring the coaching process
S-14	Recognizing emotions (coach and client)
S-15	Motivating for behavior change
S-16	Applying change processes
S-17	Decision making
S-18	Evaluating research and resources
S-19	Providing information and resources within the coaching process
S-20	Building self-awareness (coach and client)
S-21	Self-care (coach and client)
S-22	Goal setting
S-23	Selecting outcome measures
S-24	Behavior tracking
S-25	Observation
S-26	Responding to client resistance
S-27	Enhancing self-efficacy
S-28	Building positivity
S-29	Building autonomy
S-30	Reframing
S-31	Focusing and redirecting
S-32	Using metaphor
S-33	Time management
S-34	Stress management
S-35	Self-management
S-36	Setting boundaries
S-37	Documenting
S-38	Collaborating with other professionals

Medicine (www.lifestylemedicine.org) and the American College of Sports Medicine (www.acsm.org). Advanced health coaches may always pursue specializations in diabetes prevention, disability, environmental health, fitness training, maintaining healthy body mass index, reducing health disparities among minorities, stroke and heart disease prevention, sleep hygiene, tobacco cessation, or any number of topics. A recommended list of healthy lifestyle knowledge sources is available at www.ncchwc.org.

3. Successful Completion of 50 Documented Coaching Sessions of at Least 20 Minutes Duration Each.

Candidates need to acquire a wide range of meaningful health and wellness coaching experiences. These sessions should be no less than 20 minutes in duration and can be either paid, bartered, or provided pro bono; they may not be sessions with family, friends, or classmates. The NCCHWC also emphasizes that these sessions be representative of authentic coaching using coaching facilitation processes and not solely educational or consulting sessions. A documented log in health coaching is distinct from a coaching log in other branches of coaching due to HIPAA requirements and the need to protect client confidentiality. Therefore, the required log must include coded identity, date, session time, total sessions and hours, and pertinent issues. During the phase-in transition period (see below), a certification management company hired to administer the national certification will verify the documented sessions. After the transition period, verification of these sessions will be completed by the NCCHWC accredited HWC training and education programs.

4. Successful Completion of a National Certification Examination

NCCHWC-certified health and wellness coaches must have successfully passed the NCCHWC Certification Examination. The passing rate (percentage of candidates passing the test vs percentage of candidates failing the test) on most certification examinations ranges from 60% to 85%. The passing score (number or percentage of questions that must be answered correctly in order to pass the test) will be determined via a criterion-referenced methodology. Passing rates are designed to differentiate candidates who demonstrate knowledge from those who cannot. Ongoing validation studies of the examination content and the passing rate will be conducted by the certification management agency and overseen by the NCCHWC. The examination will be a standardized achievement test that measures application of practice-related knowledge for the health and wellness coaching profession; its development process is described above and in a forthcoming article.

Criteria for Future Health and Wellness Coach Training and Education Program Accreditation Will Include the Following:

A. Faculty Credentials

Whether the training and education program is a private sector, university or college certificate program or degree, in-house corporate training, or hospital-based program, faculty should have

- a graduate degree in a health field (eg, MPH, MSW, MD, PhD, PsyD, MSN, DrPH)^a

- a minimum of 125 hours of coaching training and education in core coaching competencies
- at least 300 documented hours of coaching practice
- (after 2016) NCCHWC health and wellness coach certification^a

^a This requirement may be phased in, with initially only a certain minimal percentage of faculty being required to comply with this standard.

B. Mentor Coach Credentials

Schools and training programs that employ mentor coaches to assist in the education of health and wellness coaches should follow these NCCHWC standards. Credentials for mentor coaches and practical skills assessment include having

- A graduate degree in the health field (MPH, MSW, MD, PhD, PsyD, DrPH);
- completed at least 125 hours of coach training and education in core competencies;
- completed at least 200 documented coaching hours;
- completed at least 10 hours of training and supervision for becoming a mentor; and
- (after 2016) NCCHWC health and wellness coach certification

C. Training and Education Hours

While acknowledging that health and wellness coaching is honed through a lifelong pursuit of self-reflection, self-care, role-modeling, and continuous learning, the NCCHWC has set forth the following minimum standard of 78 contact hours of training and education in tasks, knowledge, and skills as defined by the JTA, outlined in the Table. Students must have completed:

- A minimum of 30 real-time synchronous contact hours devoted to practical skills development including coaching practice, demonstrations, and mentoring, and focused upon JTA tasks and skills.
- A minimum of 30 contact hours devoted to coaching education to impart the coaching knowledge vital to competent performance of and communication about the coaching tasks. At least 10 of these hours must be real-time or synchronous learning about application of coaching knowledge to practical skills and tasks.
- A minimum of 15 contact hours, synchronous or asynchronous, devoted to healthy lifestyle knowledge (see detailed recommendations in previous section.)
- Three 1-hour private mentor coaching sessions, delivered by a qualified mentor coach for private training firm or faculty member for academic institution, to provide evaluation and feedback on how to improve their individual practice skills.
- Completion of a practice skills evaluation that is graded by a qualified examiner (same qualifications as a mentor coach) or academic faculty member and has an established pass/fail standard.

D. Practical Skills Evaluation

The HWC training and education programs should have a means for practical skills evaluation. The fundamental basic skills recommended for assessment by the individual school or training program are listed in the second portion of the Table. A practical skills demonstration with written evaluation is required. Programs should retain their individual pedagogical philosophies and unique approaches to educating health and wellness coaches. These recommended standards for practical assessment are offered by NCCHWC as a measure of minimum core competencies for those entering the profession.

Two-stage Phase-in Period for NCCHWC National Certification

Stage 1 Phase-in: 3-month Period. NCCHWC acknowledges that time is needed by the training and education programs to adjust curricula to meet these new standards for accreditation. Hence, a two-stage phase-in period will be required. The first will last for 3 months, beginning 30 days from the date of publication of this article. During this phase, HWC training and education programs will apply to be considered under the initial transition period. Programs will be accepted if they clearly required their trainees to demonstrate coaching skills in all 4 domains of the JTA in live synchronous training and education sessions. (Note as explained below, individual coaches will be required to list courses and content of healthy lifestyle knowledge in this two-stage phase-in). While the hours of training required may understandably differ for this initial transition phase, the demonstration of practical skills acquisition is a must to be included in the initial transition process. The NCCHWC will approve “initial transition period” programs over the fourth month following publication of this article and compile a list of temporarily approved programs. While any individual can apply for NCCHWC certification, the path will be different depending on whether or not the individual graduated from one of these programs. Once a master list is posted on the NCCHWC website, Stage 2 of the transition period will begin.

Stage 2 Phase-in: 12-month Period. Four months post-publication of this article, the second stage of the phase-in will begin and will continue for 12 months.

A. Individual Health and Wellness Coaches:

During this Stage 2 period, individuals who apply for NCCHWC certification within the first year of its availability will need to meet the criteria. All candidates will have to document their hours of training, including content hours in healthy lifestyle knowledge, which may have been acquired outside of their main coaching training program. Those individuals who graduated from programs approved during the stage I or “initial transition” period will be considered to have satisfactorily met the skills portion of criteria no. 2, while those who

completed health and wellness coach training programs that did not require demonstration of practical skills will be offered an alternative mechanism for demonstration of skills: completion of 3 mentored coaching sessions.

Approved mentor coaches operate independently of and have no formal affiliation with NCCHWC. Payment and arrangements are made between the candidate and the mentor coach. The purpose of these sessions is to give the candidates an opportunity to hear about and reflect on current practice skill level, to get feedback regarding their coaching skills, and to consider if more training and education should be pursued prior to application for the certification. However, candidates may still make the choice to apply for the certification regardless of the mentor's recommendation.

Again, this NCCHWC guideline is in place during this 12-month phase-in period only. In other words, the candidate must have 3 mentor coaching sessions and pass the national certification examination within 12 months in order to avoid having to retrain/attend an NCCHWC-accredited program. After this Stage 2 period closes, a graduate of a program that did not meet full criteria at the time of the graduate's program completion will have to retrain with a fully accredited program in order to sit for the NCCHWC national certification examination.

B. Health and Wellness Coach Training and Educational Programs:

During this Stage 2 transition, programs will have the opportunity to apply for full NCCHWC program accreditation. They will be required to demonstrate the aspects of HWC training and education noted in the earlier section "Criteria for Future Health and Wellness Coach Training and Education Program Accreditation." Details for the process and cost for accreditation are in development and will be posted on the www.ncchwc.org website.

RECERTIFICATION

NCCHWC recommends that recertification will be earned by documenting that a minimum of 45 hours of coaching continuing education and 100 coaching sessions every 3 years was done. Of the documented 100 coaching sessions, at least 75% of the time should be spent coaching (vs educating) and 25% can be spent discussing healthy lifestyle and other health specific information.

As noted above, a documented log of health coaching sessions must meet HIPAA guidelines and thus maintain client confidentiality while still allowing accumulation of meaningful data for recertification. A certification company hired by NCCHWC will be responsible to maintain the records of coaches self-reporting and documentation.

Additionally, NCCHWC acknowledges that many

National Health and Wellness Coach Certification Timeline

Transition Phase

Transition Phase for NCCHWC Approval of HWC Training & Education Programs

- Approval of Transition Programs will occur from July 1st to September 30th, 2015.
- Approved Transition Programs will be listed on NCCHWC website by October 1, 2015.
- Approval will expire June 30, 2016.

12-month Transition Phase for NCCHWC HWC Certification

- Starts at launch of NCCHWC HWC Certification, anticipated by January 2016, and continues for 12 months following the launch of certification
- Coaches may apply for NCCHWC Certification if they have completed an NCCHWC Approved Transition Program or they submit a portfolio application

Permanent Phase

Permanent Phase for NCCHWC Accreditation of HWC Training & Education Programs

- Starts at time of launch of Transition Phase of HWC Certification

Permanent Phase for NCCHWC HWC Certification

- Starts 12 months after launch of HWC Certification
- Coaches must complete an NCCHWC Accredited Health & Wellness Coach Training & Education Program

health and wellness coaches are required to provide health education or consulting services at work (disease management firms, insurance companies, health promotion corporate services). Not all of their working sessions are solely coaching conversations, hence, the difference in total hours of coaching vs educating.

SUMMARY

National standards are needed to bring a greater evidence base to the field of HWC, to provide HWC educators and trainers a benchmark for education and training and to offer the public a means for readily finding and working with well-informed health and wellness coaches who have demonstrated core competencies through assessment of knowledge and practical skills as determined by a national standard. It is worth noting, however, that a limitation NCCHWC faces in its aim to advance the profession is that in order to make headway, standards need to be voluntarily accepted by the field at large and the invested players in the greater healthcare system.

There are no federally, state, or locally mandated requirements for licensure, certification, or registration of health and wellness coaches. It is customary that

evolution to state licensure in a new field arises after the establishment and acceptance of clear credentialing guidelines within the profession.

As with many new fields, HWC is a profession that is thus far attempting initial self-regulation. Our hope is that by educating the public and indeed healthcare providers of all types, we will push forward the demand for at least a minimal standard that has been established through a rigorous and well-accepted process. To support responsible and cooperative self-regulation in the field, the nonprofit NCCHWC is composed of volunteers from multiple arenas that put forth 5 years of effort to collaboratively build a standard. Input and collaborative support from healthcare and wellness professionals—including practitioners, administrators, and system leaders—is now needed to move the standard forward.

CALL TO ACTION

These National Education and Training Standards for Health and Wellness Coaching represent a first thorough iteration of a comprehensive, collaborative process that continues to invite participation and commentary. Readers are invited to provide input at <https://www.surveymonkey.com/s/NCCHWCinput> over the next 3 months. Your feedback is greatly appreciated.

—NCCHWC Board of Directors

LEADERSHIP

Board of Directors (Executive Board Members, in italics, rotate the role of Chairperson)

- *Michael Arloski, PhD, Wellness Coach Training Institute*
- *Linda Bark, PhD, RN, MCC, NC-BC, Bark Coaching Institute, American Holistic Nurses Association, American Holistic Nurses Certification Corporation*
- Michael Burke, EdD, Mayo Clinic
- *Cindy Schultz, MA, LP, CAEH, University of Minnesota Center for Spirituality and Healing*
- Richard Cotton, MS, National Director of Certification, American College of Sports Medicine
- Roy Elam, MD, Vanderbilt Center for Integrative Health
- *Meg Jordan, PhD, RN, California Institute of Integral Studies, National Wellness Institute*
- *Karen Lawson, MD, ABIHM, University of Minnesota Center for Spirituality and Healing*
- John B. Livingstone, MD, FRSH (UK), Harvard Medical School at McLean Hospital; Gaffney and Livingstone Consultants
- *Margaret Moore, MBA, Wellcoaches Corporation; Institute of Coaching, McLean Hospital, a Harvard Medical School affiliate*
- Teri Treiger, RN-BC, MA, CCM, CCP
- *Ruth Wolever, PhD, Duke Integrative Medicine*

REFERENCES

1. NCCHWC. <http://www.ncchwc.org/>. Accessed March 30, 2015.
2. The Patient Protection and Affordable Care Act of 2010. <https://www.govtrack.us/congress/bills/111/hr3590/text>. Accessed March 30, 2015.
3. Advisory Group. Meeting of the advisory group on prevention, health promo-

tion, and integrative and public health. <http://www.surgeongeneral.gov/initiatives/prevention/advisorygrp/a-g-meeting-summary-april-12-13.pdf>. Accessed March 30, 2015.

4. NIH. National Institutes of Health. Dept. of Health and Human Services. Part 1. Overview information. <http://grants.nih.gov/grants/guide/pa-files/PAR-13-054.html>. Accessed April 6, 2015.
5. Dossey B, Hess D. Professional nurse coaching: Advances in national and global healthcare. *Glob Adv Health Med*. 2013;2(4):10-1.
6. Wolever RQ, Eisenberg DM. What is health coaching anyway? standards needed to enable rigorous research: comment on "evaluation of a behavior support intervention for patients with poorly controlled diabetes." *Arch Int Med*. 2011;171(22):2017-8.
7. Lawson K. The four pillars of health coaching. *Global Adv Health Med*. 2013;2(3):6-8.
8. Wolever RQ, Simmons LA, Sforzo GA, et al. A systematic review of the literature on health and wellness coaching: defining a key behavioral intervention in healthcare. *Global Adv Health Med*. 2013;2(4):34-53.
9. Hootman JM, Brault MW, Helmick CG, Theis KA, Armour BS. Prevalence and most common causes of disability among adults—United States, 2005. *MMWR*. 2009;58(16):421-6.
10. Ward BW, Schiller JS, Goodman RA. Multiple chronic conditions among US adults: A 2012 update. *Prev Chron Dis*. 2014;11:130389.
11. US Centers for Disease Control and Prevention. NCHS Data on Obesity. NCHS Fact Sheet. http://www.cdc.gov/nchs/data/factsheets/factsheet_obesity.htm. Accessed March 30, 2015.
12. US Centers for Disease Control and Prevention. Death and Mortality. NCHS FastStats <http://www.cdc.gov/nchs/faststats/deaths.htm>. Accessed March 30, 2015.
13. Olsen JM, Nesbitt BJ. Health coaching to improve healthy lifestyle behaviors: an integrative review. *Am J Health Prom*. 2010;25(1):e1-e12.
14. Kivela K, Elo S, Kyngas H, Kaariainen M. The effects of health coaching on adult patients with chronic disease: a systematic review. *Patient Educ Couns*. 2014;97:147-57.
15. Education Advisory Board. Market Demand for Certificate Programs in Health Coaching. Washington, DC: Education Advisory Board; 2012.
16. Grant AM, Cavanagh MJ. Evidence-based coaching: flourishing or languishing? *Aust Psychol*. 2007;42(4):239-54.
17. Wolever RQ, Dreusicke M, Fikkan J, et al. Integrative health coaching for patients with type 2 diabetes: a randomized clinical trial. *Diabetes Educ*. 2010;36:629-39.
18. Butterworth S, Linden A, McClay W. Health coaching as an intervention in health management programs. *Dis Manage Health Outcomes*. 2007;15(5):299-307.
19. Palmer S, Tibbs J, Whybrow A. Health coaching to facilitate the promotion of healthy behavior and achievement of health-related goals. *Int J Health Educ*. 2003;4:91-3.
20. Edelman D, Oddone E, Liebowitz R, et al. A multidimensional integrative medicine intervention to improve cardiovascular risk. *J Gen Intern Med*. 2006;21(7):728-34.
21. Frates EP, Moore MA, Lopez CN, McMahon GT. Coaching for behavior change in psychiatry. *Am J Phys Med Rehabil*. 2011;90:1074-82.
22. Vale MJ, Jelinek MV, Best JD. Coaching patients on achieving cardiovascular health (COACH) a multicenter randomized trial in patients with coronary heart disease. *Arch Intern Med*. 2003;163(22):2775-83.
23. Vale MJ, Jelinek MV, Best JD, Santamaria JD. Coaching patients with coronary heart disease to achieve the target cholesterol: a method to bridge the gap between evidence-based medicine and the real world. *J Clin Epidemiol*. 2002;55(3):245-52.
24. Funnell MM, Anderson RM, Arnold MS, et al. Empowerment: an idea whose time has come. *Diabetes Educ*. 1991;17:34-41.
25. Loukanova SN, Bridges JF. Empowerment in medicine: An analysis of publication trends 1980-2005. *Cent Eur J Med*. 2008;3(1):105-10.
26. Shahnazari M, Ceresa C, Foley S, Fong A, Zidaru E, Moody S. Nutrition-focused wellness coaching promotes a reduction in body weight in overweight US veterans. *J Acad Nutr Diet*. 2013;13(7):928-35.
27. Sforzo GA. The study of health coaching: The Ithaca coaching project, research design, and future directions. *Global Adv Health Med*. 2013;2(3):44-50.
28. Seghers J, Van Hoecke AS, Opdenacker J, Boen F. The added value of a brief self-efficacy coaching on the effectiveness of a 12-week physical activity program. *J Phys Act Health*. 2014;11(1):18-29.
29. American Educational Research Association, editor. Standards for Educational and Psychological Testing. Washington, DC: American Educational Research Association, American Psychological Association, National Council on Measurement in Education; 2014.
30. Riley D, Mittelman M. Introduction to health coaching. *Global Adv Health Med*. 2013;2(3):5.
31. Eickhoff-Shemek, JM, Herbert, DL, Connaughton, DP. Risk management for health/fitness professionals: Legal issues and strategies. Baltimore, MD: Lippincott Williams & Wilkins; 2009.

To view or download the full text article visit: www.gahmj.com/doi/full/10.7453/gahmj.2015.039

Acknowledgments
The authors wish to thank the rest of the NCCHWC board of directors: Michael Arloski, PhD; Linda Bark, PhD, RN; Michael Burke, EdD; Richard Cotton, MA; John Livingstone, MD; Margaret Moore, MBA; Cindy Schultz, MA, LP; Teri Treiger, RN-BC, MA; and Roy Elam, MD, as well as other advisors: Pamela Peeke, MD, MPH, and Linda Smith, PA-C MA.