

INTERVIEW

Health Coaching: An Update on the National Consortium for Credentialing of Health & Wellness Coaches

健康辅导：国家卫生与健康辅导资格认证联盟的一项更新

Formación sanitaria: Actualización del Consorcio Nacional para las Credenciales de Formadores de Salud y Bienestar

Interview by Michele Mittelman, RN, MPH



Audio/Video file
available Online

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ABSTRACT

In September 2014, *Global Advances in Health and Medicine* editor Michele Mittelman, RN, MPH, interviewed four of the leaders in health and wellness coaching about trends in coaching and the progress of the National Consortium for Credentialing of Health & Wellness Coaches. Following are the transcripts of those interviews. Additionally, videos of the interviews are available at www.gahmj.com.

摘要

在 2014 年 9 月,《全球健康和医学进展》创始人 Michele Mittelman (注册护士、公共卫生硕士) 就国家卫生与健康辅导资格认证联盟在辅导和进展的趋势方面,采访了健康辅导方面的四位领导人。以下是这些访谈的文本。此外,在 www.gahmj.com 网上可以看到访谈视频。

SINOPSIS

En septiembre de 2014, Global

Advances in Health and Medicine (*Avances Globales en Salud y Medicina*) fundada por Michele Mittelman, RN y MPH, entrevistó a cuatro líderes en la formación en los campos de sanidad y bienestar sobre las tendencias en la formación y el progreso del Consorcio Nacional para las Credenciales de Formadores de Salud y Bienestar. A continuación se encuentran las transcripciones de dichas entrevistas. Están disponibles vídeos adicionales en www.gahmj.com.



Meg Jordan, PhD, RN, CWP, is professor and chair of Integrative Health Studies and Somatic Psychology at California Institute of Integral Studies (CIIS), San Francisco, and a clinical medical anthropologist specializing in behavioral and integrative health. Editor and founder of *American*

Fitness Magazine, she serves on numerous boards, including the National Consortium for Credentialing of Health & Wellness Coaches. She is co-president of National Wellness Institute and author of *How to Be A Health Coach: An Integrative Wellness Approach* (CreateSpace Independent Publishing Platform; 2013).

Global Advances in Health and Medicine (GAHMJ): What are the trends in the area of coaching and fitness?

Meg: I am noticing that fitness trainers are becoming more curious about adding coaching skills to their fitness practice and recognizing that may be an ideal approach to get people to really adhere to their fitness regimens.

Normally, personal trainers, fitness trainers, and exercise instructors have had the same top-down, authoritative approach to imparting information as the rest of the healthcare profession has, which is, "I'm the expert. Here's what you should do." We know from coaching research that there's a better way to go about co-facilitating, evoking, finding someone's intrinsic motivation and actually helping them take those first steps. Have the clients discover their solutions and insights into moving forward with fitness.

I've done some work within the fitness industry. I'm editor-in-chief of *American Fitness Magazine*. I've been with an organization called AFAA (Aerobics and Fitness Association of America) for a long time in addition to the National Consortium for Credentialing of Health & Wellness Coaches, and we've found that there are a lot of lessons from those in the fitness industry and how they went about certifying their fitness instructors and personal trainers.

As we embark on this national certification for health and wellness coaches, we have learned that there are a lot of fitness instructors out there who have taken a written test only, and we know that any kind of healthcare professional, even allied healthcare professionals, should have to demonstrate their practical, hands-on knowledge.

There should be an opportunity for them to say, “If I’m working with a lot of ambivalence, what kind of coaching questions would be modified for that vs coaching questions for someone who is highly motivated to manage their chronic disease? How do I work with somebody with body issues that are so important and intimate?” We need to see how that coach prepares, asks questions, guides, and co-facilitates.

That part of the certification process is called a demonstration of proficiency of their practical skills. Not just a written test. Within the fitness industry, a lot of certified fitness instructors take a 150-question multiple choice test and never have a chance to demonstrate what they know in a practical way. They never have a practical hands-on exam. That’s the biggest lesson we can learn from the fitness industry as we roll out a national certification for health and wellness coaches: it should be a two-part process. We are currently examining ways in which this practical demonstration can be efficiently undertaken.

GAHMJ: What have you seen with regard to the need for standard setting in fitness training and the consequences of not having clear skill testing?

Meg: Without clear skill testing, we see real problems evolve. For instance, would you want a surgeon who never had to demonstrate her practical skills operating on you? No, of course not. So accredited medical or other health professional schools assess those skills before graduates can sit for any kind of national board, national certification, or licensure.

We’ve seen lately that there is a bit of a media frenzy about the rising injury rate within fitness training. There have even been some deaths lately. So we’ve taken a harder look at the fitness training certification that is in place, and we discovered that a lot of these fitness trainers have only taken a written test; they never had a chance to actually demonstrate, through a practical skills assessment, their proficiency in working with bodies. This is a huge error and something that has alerted us to the fact that with health and wellness coaching, we need a two-part certification process—not only the knowledge base, but also the practical assessment of skills in the coaching conversation, the coaching alliance relationship.

GAHMJ: What would be included in that practical assessment? Can you think of an example regarding fitness?

Meg: There are different ways to measure a practical exam and to actually put one in place. Right now at the National Consortium we’re considering these questions: Do we accredit various training programs, and based on what criteria? What prerequisites would students need in order to enter the training or educational program? What kinds of faculty credentials should be considered? How does the training pro-

gram assess student outcomes? Is there mentored coaching? How much? How many hours of training should be live vs asynchronous? A lot goes into this process, and we have some respectful disagreements at this stage but are making substantial progress toward outlining a basic level of proficiency.

This is going to be a dialogue that goes on for the next 6 months, 12 months—we’re not sure yet. But we are trying to be inclusive with as many stakeholders in training and educators as possible in that process. We’ve also done a large survey of health and wellness coaches, those who are in the field and working right now, looking at both the frequency of various tasks and the importance of those tasks. Those tasks were identified by a process known as a Job Task Analysis, in which working health coaches assembled for a few days to describe the full gamut of typical tasks they conducted in customary coaching sessions.

To summarize, this is a long and arduous process of putting together national certifications. When we look at the certifications and licensure and accreditation and the whole process that’s happened with healthcare professionals, we see that there have always been practical assessments of skills and theoretical knowledge testing. That two-step process is so important and something that we’re going to adhere to.

GAHMJ: Why do we need standards?

Meg: There’s a definite need for standards within the field of health and wellness coaching, just as there’s a need for standards within all of the healthcare professions. Public safety is of paramount importance right now. People can go online, type information into fields on a website, and get a health coaching certificate overnight. It’s kind of crazy. And so what we are looking at is establishing a training and education standard that says that you need to meet this educational standard, this benchmark, this minimum. This is so important because you are working with people on major issues of health, diet, exercise, stress management, relationships. That is a major responsibility.

A doctor or a nurse or any health professional should be able to say, “I need my patient to follow this” and to hand the instructions over to a health coach knowing that the coach has to have a certain modicum of knowledge and practical experience. The coach has to have had educational testing and undergone mentored observation. His or her practical skills had to be assessed and evaluated.

Just as becoming a therapist needs to be supervised, we believe now that health coaches and wellness coaches also need that kind of supervision and oversight. It’s for public safety, number one. It’s also because of the elevation and professionalization of the field itself. Anytime an emerging profession

arrives on the scene, it's kind of renegade. There are all sorts of overnight certifications, and we should probably encourage the public to be wary of those.

The field is growing up, though; it's maturing, and those training and education standards are evolving now with a large inclusive process of many important stakeholders and educators in the field. And a lot of that is directed by coaches who have been practicing for a long time. And so we are getting wonderful information from them, along with groups like the International Coach Federation, and together, the National Consortium for Credentialing of Health & Wellness Coaches expects to have this evolved by late 2015. I'm going to go out on a limb and say we think we will have the trainings and standards out by then, along with a rollout of a national certification exam within the next year or so.

Perhaps the most important reason for evolving training and education standards within the health and wellness coaching field is because we are looking at outcomes and assessments and trying to thoroughly evaluate the effectiveness of health and wellness coaching. We have some great research right now, but it still needs a sort of agreed-upon basis of what the training is, what the education is, what the defined principles of health and wellness coaching are. From there, we will have research that is solid and valid.



Karen Lawson, MD, ABIHM, an assistant professor of University of Minnesota's Family Medicine and Community Health, is director of Integrative Health Coaching at the Center for Spirituality & Healing (www.csh.umn.edu). She is a physician, board-certified

in both family medicine and integrative and holistic medicine. She was the 2003 to 2005 president of the American Holistic Medical Association and a founding Diplomate of the American Board of Integrative and Holistic Medicine (ABIHM). Dr Lawson is active in undergraduate and graduate medical education and teaches graduate courses. She is an executive leader of the National Consortium for Credentialing Health and Wellness Coaches (www.ncchwc.org).

GAHMJ: How have health coaching, coach training, and education changed in the last 10 years?

Karen: Health coach training and education have really been evolving over almost 2 decades. While we've had coaching training in general for probably

between 30 and 40 years, health and wellness coaching got started about 20 years ago, beginning with entrepreneurs with small, private foundations and organizations doing educational programs—sometimes private one-on-ones but also within private corporations and for large employers.

In the past 10 to 12 years, that field has really taken off, with more players coming into the field. Probably the largest-volume trainer of health coaches we currently have is Wellcoaches (Wellesley, Massachusetts), and they've been on the job for 12 years now. One of the biggest gains that we've seen is with credibility and recognition in the marketplace.

Academic institutions have started to step up to the front. I'm at the University of Minnesota, and we began our program 10 years ago. There is an evolving spectrum—from smaller, more limited, directed, and focused programs done for groups in corporate settings, insurance settings and with different kinds of employers—all the way to graduate degree programs at major universities. There is a very wide spectrum, and that's one of the gifts in the field—but also one of the challenges: How do we come to common terrain and agree upon what it means when someone says that he's a "health and wellness coach"?

GAHMJ: What are the backgrounds of those going into health coaching?

Karen: There is a large and growing swell of interest from people of many, many diverse backgrounds and areas of professional practice who are coming to health and wellness coaching as a new profession. There is also a natural flow of those from different healthcare professional backgrounds—nurses, psychologists, social workers, allied health workers, nutritionists, even physicians. Some of those people are adding onto the existing training that they have in whatever is their established area of expertise. Augmenting those skill sets with coaching training is a natural fit for many providers.

The fascinating thing to me has been watching the people from widely varying fields who are coming to this saying, "This is what I dreamt of doing my whole life." I have architects, engineers, lawyers who have had a personal calling in the area of health and wellness for years and have never worked in the field professionally and are now seeing an opportunity to take the passion that they have personally and to retrain to be able to work with people in a way that's very health-focused. Health coaching can be very prevention-focused; it doesn't have the disease framework that dissuaded many people from going into the healthcare field in the first place.

We are seeing people crosstraining from many different professions. That's raising interesting challenges for those of us who are in the education realm. How much do they need to know about medicine and science? How much do they need to know about

healthcare? How much content do they really just need to be a good coach? That's really an area of the field for which we're trying to gain clarity. I think there's a pretty strong agreement from across the consortium and the training schools that people need a solid background with at least a bachelor's degree or, if not a bachelor's, then a licensed healthcare profession of some kind. The bachelor's degree could be in a different discipline, but then we need to add further education on top of that.

The irony is that sometimes I find the absolute best health and wellness coaches haven't come out of the ranks of conventional healthcare because they bring fresh eyes and they haven't become jaded by the pathology perspective that is so prevalent in most of healthcare. So while medicine in general and healthcare more broadly have done some wonderful things, looking through the lens of health and wellness has not been the orientation of those fields.

Therefore, there is now an opportunity for these people to bring their passions to work in new ways, and they'll need additional training and different skill sets for creating those new ways of practicing, but I think it's going to create a fascinating new face for healthcare.

GAHMJ: Do you see a master's degree as a path for future coaches?

Karen: In academic settings, there are three different ways people can obtain educational training in the field of health and wellness coaching. The first path is to come in through professional continuing education; that's a common path that some students take. That's really designed predominantly for practicing healthcare professionals.

The second is the route that we started with at the University of Minnesota and several other schools have adopted as well, which is to offer what we call a graduate certificate. It's not a full graduate program, but it's a good fit for people who have existing, particularly graduate-level, education already. If you already have a master's or a doctorate or a specific degree in the healthcare field and you obtain a health and wellness coaching certificate, that gives you the content that you need to do the work, and you already have a degree that's at a sufficient level to get you into the job market.

The third path, which is something that we just started this year at the University of Minnesota, is to offer a master's degree in integrative health coaching. The reason for that is twofold. One is we have new and excited graduates who are coming out of undergraduate training with bachelor's degrees already knowing that this is the professional field in which they want to work. However, they recognize that in this competitive job market they need a master's degree to get into many different kinds of positions in healthcare. The second reason is that there are

those people who have backgrounds in other areas and are switching fields. They need to gain some greater understanding in the areas of lifestyle medicine, mind-body skills, mind-body science, chronic conditions, foundational nutrition, and movement practices. For those people, it's a natural fit to come back to graduate school and get a full master's degree in the area of health coaching so that they have adequate skill sets to be able to go out into the job market, work in healthcare, and understand the system into which they're entering.

GAHMJ: How can the National Consortium for Credentialing of Health & Wellness Coaches reform coach training and education?

Karen: One of the reasons the National Consortium for Credentialing of Health & Wellness Coaches was formed was to set standards for credentialing education and training because with any new field, when a new profession is evolving, it's a little bit like the Wild West. You have mom-and-pop shops; you have people that are doing 1 day of training and putting the credential on their business card and saying, "Hi, I'm a health and wellness coach." One of the primary tasks for the consortium is defining necessary standards around the minimal criteria of what's needed for education and what's needed for training. When a new profession is evolving, when it's first getting started, it's widely variant. You have people who have done very little training or have purchased a certificate without any education, and then you have people who have studied for decades.

So it's important to bring together all of the stakeholders in the field, to combine our voices, to stand up and be heard, and say, "We believe, as professionals in the field, that this is where the entry-level bar is set. This is the minimum that people need to have in their knowledge base, in their applied skills, and their abilities to interface with clients in the existing healthcare system." By having an organization like the consortium, we have the ability to bring all those voices together and to be able to let employers, third-party payers, and government officials hear our voices and recognize that there is a credible force for standards.

Once the standards exist, educational programs need to step up to meet those standards. That's a natural progression. By making clear the items that we've agreed upon in a way that is recognized and accepted nationally, new schools and new training programs that are launched will need to step up to a recognized standard. People running these entities will know where they need to go in order to understand the expectations for offering a recognized and eventually accredited training program. New students will seek out such accredited educational opportunities in order to meet employer and consumer expectations.



Linda Bark, PhD, RN, MCC, NC-BC, is founder and president of the Wisdom of the Whole Coaching Academy, which teaches a holistic/integral approach to coaching for health and wellness practitioners. Dr Bark's model also works effectively in leadership and management arenas, and she

trains leaders internationally, especially in India. *The Wisdom of the Whole*, the textbook for her courses, won first place in professional development from the *American Journal of Nursing*. A book she coauthored, *The Art and Science of Nurse Coaching*, was published by the American Nursing Association and has set standards internationally for a coaching role in nursing.

GAHMJ: How is coaching being used in the healthcare setting?

Linda: From the very early days of forming the consortium, we realized there were 2 groups that were using coaches and coaching. One was stand-alone coaches who were just doing coaching, so they were working with patients and behavior change. Then there were the people who already were trained in clinical roles and were adding coaching to their patient skills that they already had. In healthcare, there is a wide variety of people saying they're coaches and that's one of the things that the consortium and our standards will address.

The consortium is looking at both groups, and both groups need standards. One of the problems that we have in healthcare is that there are people calling themselves health coaches when they have had maybe an hour of training or sometimes no training. They're really asked to ensure compliance: they're not helping patients get clear about their goals and how they're going to achieve them but rather to make the patient comply with the doctor's orders.

Besides these 2 groups, there is another place that coaching is burgeoning, and that is in healthcare leadership. Over the past years of training, I have been fascinated by the impact I have seen coaching have in leadership training. Management styles are sometimes similar to patient care. Someone is the expert and tells someone else what to do. There is a time for the expert role in patient care and also in management, but when it comes to intrinsic motivation and empowerment, coaching comes to the forefront in both areas. Managers want to keep good people and have them engaged in their work. Helping managers learn coaching skills can help create and maintain a positive environment. Employees are drawn forward to bring in new concepts and innova-

tion. They become excited when they are truly valued and able to offer solutions and next steps and move toward important goals. Most people like working at their potential and feeling successful so they stay and contribute to their team or organization in new ways. It is a real win-win for everyone.

For example, one of my students is a new nurse manager, and she is amazed at how her coaching skills are helping her transform her unit into a place where people are collaborating more on how to address problems that have been around for years. She is listening to her employees, and they are beginning to listen to each other more and also the patients. Improved patient care is a great side effect. And the staff meetings she runs are different from other units. She is asking powerful questions that rely on the skills of the staff. They are seeing how they can impact their jobs and success. Other staff members want to come to work on her unit. All this has happened in a very short amount of time. She has only been doing this for several months.

GAHMJ: What trends are you seeing in healthcare systems adopting coaching?

Linda: We know that telling people what to do doesn't work. The awareness of this is increasing because of outcomes and pay-for-performance measures. We've known for a while that it isn't working, but because of changes in laws and healthcare, we're seeing now that people aren't changing behaviors. Healthcare systems are realizing they're not getting money for things that they need to be paid for because people aren't following through and achieving the outcomes they should.

The changes that are being made involve health coaching because from the research, it's becoming very clear that people become motivated internally, yet when they're supported, when they have autonomy, when they have confidence, they really do make necessary changes. Health coaching is becoming more popular at the very time when leaders in healthcare systems are saying, "Oh my gosh, we haven't done this correctly; we're not doing well." It's a perfect storm—in a good way—when health coaching has an opportunity to move in a way that can help people make lasting changes.

One of the myths about coaching in healthcare is that a health practitioner needs a lot of time to do coaching. Really, I haven't found that to be true, so coaching is popping up in many areas of practice. A powerful question can take less than a minute to ask and a minute or so to answer and yet have a great impact on patients and the changes they want to make. One of my students began to ask her orthopedic patients what they wanted to do in the summer. She did this as she was taking care of them so it was not a sit down kind of interaction. They realized that they wanted to go on vacation and take care of young

children in their family and as they talked, they got clear about their own motivation. This changed their behavior, and they started to work harder in physical therapy and rehab. They went home sooner and had an easier time. The outcomes were so obvious that other nurses asked her what she was doing, and she explained the coaching process to them. She was surprised herself about the results.

One of the trends that I've seen in health coaching is that some health coaches tend to come from a whole-person perspective. There is a trend now to focus on the patient experience, to see the whole person, and this bigger picture is helping patients make lasting changes. It is my belief that when patients integrate feelings, thoughts, images, body feedback, and values, they arrive at decisions or actions that are more congruent to the whole self, and they move faster and make lasting change. They're more integrative. They're more holistic, and that is really a gift, I think, that health coaching could give to coaching in general.

GAHMJ: How can the National Consortium for Credentialing of Health & Wellness Coaches help set the standards and guidelines to help those using coaching in a clinical role?

Linda: As we've mentioned, there are so many people calling themselves health coaches, so we want to set a minimum standard to ensure that the coaching will be successful.

We've found that employers, too, need guidance about health coaching. Employers have been calling me for years asking, "What kind of training do health coaches need?" "What shall I include in the job description?" "How do I measure outcomes?" This is another area in which the standards and the guidelines that we're setting can truly help healthcare.



Margaret Moore, MBA, or "Coach Meg," a 17-year veteran of the biotechnology industry, founded the Wellcoaches School of Coaching (Wellesley, Massachusetts) for health professionals in 2002 in collaboration with the American College of Sports Medicine. Margaret is co-founder and co-director

of the Institute of Coaching at McLean Hospital, a Harvard Medical School affiliate, and co-director of the annual Coaching in Leadership & Healthcare conference offered by Harvard Medical School. Moore teaches coaching psychology courses at Harvard University Extension School. She co-founded and co-leads the National

Consortium for Credentialing of Health & Wellness Coaches, which is developing national standards, certification, and collaborative research. She is coauthor of the first coaching textbook in healthcare, the *Coaching Psychology Manual*, published by Lippincott, Williams & Wilkins, and a Harvard Health Book entitled *Organize Your Mind, Organize Your Life*.

GAHMJ: How did the National Consortium for Credentialing of Health & Wellness Coaches get started?

Margaret: The National Consortium for Credentialing Health & Wellness Coaches—which is a mouthful—got started because a number of us had come together several years ago and were focused on creating a new professional role in healthcare and corporate/consumer wellness, and we had all come to the same conclusion: that we needed a standard, we needed to set a bar in order to move the field forward, to do good research so that we could bring credibility to the field in order to support reimbursement and dissemination.

We were finding interest, in different ways and in different places. Dr Mehmet Oz and his network were really interested developing national standards for health and wellness coaches, as was the integrative medicine field; there were a number of coaching schools in the private sector, too. In the end, we all came together and realized that we have a common mission, which is to build this field, and we needed a standard.

The consortium brought together thought leaders who were passionate about setting high standards for the field, and up until that point, we were not collaborators. The way the marketplace works, we were competing, but we also all realized that collaboration was going to be the answer to move the field forward.

It was at that point that about a dozen or so leaders came together, and probably the biggest accomplishment that we made in the early years was—and it did take years—was getting us to all agree on there being one code, one standard for coaches across the full spectrum, from the clinical world to the corporate and consumer worlds. We knew it would really confuse the marketplace if we had different standards and different baskets of competency.

So we pulled that all together, and once we had decided that we wanted to build this together, then we had to raise money, we had to create a legal entity, we had to build a website. Once that was all accomplished, we were ready to march forward. And now it's moving at a rapid pace because we created a legal entity, we raised donations, we completed the first steps that are required to create a new profession. It took years for us to gather enough practicing coaches in enough areas to have a large and diverse cadre that could then define the job, define the tasks, and figure out the knowledge and skills that are needed.

Now we have achieved the first stage: We have defined what a coach is and what a coach does and what skills and knowledge a coach has to have to be able to practice this set of tasks. We're very close to defining what it takes in terms of training and education and background to get there, and then the next step is to bring the field together to endorse and pressure-test and make sure we've done all the right things. We're within shooting distance right now of a national credential.

GAHMJ: In what year did the National Consortium for Credentialing of Health & Wellness Coaches get started? Can you describe the process?

Margaret: The team of us started together about 5 years ago. The first stage was team building, and then we held a summit with 70 stakeholders participating, which was an amazing experience because we used an appreciative inquiry process that led us to a common vision: that we really wanted to transform the health-care system and be a catalyst for change. We could see that the way coaches work and participate in the patient-centered, client-centered agenda, we could be really pivotal in that experience. Everybody really felt that shared passion and energy.

From there, the next step was to define the path to a national credential, and there are lots of different ways to do it. We eventually landed on building a non-profit entity, raising money, and following a best practices process to figure out the tasks, the skills, and knowledge that coaches needed to perform. So we built the legal structure to do that, we created a board of directors, and we were all pretty well coalesced around one agenda.

The biggest accomplishment was we went from being competitors to having deep friendships and a collaborative agenda. I think that's actually what's driving us forward now. I think we've all transcended, we've all moved past ego and self-interest and our own organizations and even personal and financial interest to say, "This is for the betterment of the coaching industry and the world." And that energy, that collaboration of serving a larger cause, is now the life force behind this group.

We're not far off having a national certification: a year, maybe 2 or 3 years. You can't predict everything that will happen between now and then. But the energy is there, the resources are there, so we're not far from the finish line now.

GAHMJ: How can people who are interested help move this forward?

Margaret: The consortium has a mailing list; people can sign up for that and keep up to date with what we're doing. And second, making a donation is the best way to show your support, to help fund the various activities that we're needing to do to help drive this

forward. It also helps to be an advocate through social networking and to talk about the value of standards.

There are a lot of people calling themselves coaches who have not been through any formal training in coaching competencies. And coaching is not easy; this is not something you learn in a book. Being a coach is about facilitating self-directed neuroplasticity. We are actually helping people change their brains for good. That takes more training, not less. And so we really need for people to help make the case for the field and for the betterment of the field.

This is a team effort, and we're hoping that more coaches and more organizations that are supporting coaching will get on board with us and make donations and spread the word because we are volunteers, and the more shoulders to carry this opportunity and project, the better. If you're a coach or you've been a client of a coach or coach trainer or you're an organization that employs coaches or delivers coaching services, we'd love to have your help because we'll all be better off. The field will grow and flourish when all of us are together on this mission.

GAHMJ: What is the state of evidence and research in your field?

Margaret: We live in a world where evidence is essential when you're offering new interventions and new programs in the healthcare system, so it's very important to be thinking about how we're going to generate the evidence that's going to make the difference. The evidence used to trickle in, and now it's a bit of a flood. There was a meta-analysis done a year ago, and we have nearly 300 studies of health and wellness coaching that would meet the definition of what a coach does—which means we help people find their own way.

We help people discover their goals, we help them be more autonomous and more confident and to improve their health and wellness in ways they've not been able to do alone. Now we have a growing literature base; we had an article published recently in *Global Advances in Health and Medicine* on smoking cessation in a hospital in the Midwest. It showed that multiple 40-minute coaching sessions over a few months had something like a 73% quit rate within a month, and within a year we were getting close to 60%, which is a pretty good predictor of long-term smoking cessation.

That's an example of how we can move the field forward. Coaching addresses the self-care side, which is applicable to many, many diseases, so we have research that Duke University has done on coaching in cases for heart disease and diabetes. We have studies on attention deficit hyperactivity disorder, with cancer survivors, in cases of obesity. There are case reports in primary care, employee wellness, and rehab situations, and I'm involved in a clinical study on fibromyalgia that's going very well, so we're starting to see

breadth and depth in the research.

Now the challenge is that in order to really evaluate the evidence, you have to have one population that's homogeneous and one protocol. So what we're seeing is an emergence of a lot of data across many different populations with many different protocols.

Randomized studies are so difficult to fund, and they're often very narrow in terms of the population and the protocol. So I think the future is going to see all of us pooling all of our data together and going with this new format that the National Institutes of Health is supporting, which is practice effectiveness research, where you need tens of thousands of patients, or in our case, coaching clients, across a wide range of settings and a wide range of clinical indications. When we pull all of that together, we're going to see significant improvements. People are busy doing the work and not reporting their data. We need to assemble a team of researchers, and I think we're within a year or 2 of having enough data to say, "This is moving the needle. Let's put this into practice." The group is collaborative, and in the coming years we're going to be able to see what worked and what didn't.

We have new research that shows that there's a statistical significant improvement in blood pressure as a result of health coaching. Through the relationship, through the promotion of autonomous control and efficacy and agency, we're reducing stress. You reduce stress, which likely brings blood pressure down, and then the natural desire to be well surfaces. I often say the thing we need to do most is to bring down stress levels so that the natural urge to be well will bubble up, and then people will have the inner resources to do the right things and become healthy.

We're on the way, but I think we need to be clear about the standard and then go out and pool all the data and get it all into the literature just the way *Global Advances in Health and Medicine* has been doing: through case reports, through more nontraditional ways of showing that this is working in practice.

GAHMJ: Tell us about your website.

Margaret: The National Consortium has a website—ncchwc.org—and we have a page on it called "research," and there we keep a Power Point deck that summarizes all the recent studies that add up to make the case for the positive outcomes based on both hard biometric data as well as more general wellbeing measures.

It's a joy to be a coach, to train and mentor coaches on a large scale, to collaborate with the leading health and wellness coach trainers and educators. To help manifest the life and world-changing potential of coaching in healthcare and wellness through standards and evidence.