

Realizing the Promise of Health Coaching

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The Role of the Behavioral Sciences in Health Care

The World Health Organization estimates that 80% of heart disease, stroke and Type 2 diabetes—and 40% of cancer—could be avoided through healthy diet, regular physical activity and avoidance of tobacco use. Better treatment adherence, lifestyle management, and self-care could also prevent both disability, and costly disease-related complications and hospitalizations among patients with chronic conditions. Poor medication adherence alone costs an estimated \$290 billion in the United States each year. Fortunately, the behavioral sciences offer some practical, effective—but poorly utilized—ways to address these issues.

Health Coaching as an Evidence-Based Practice

Professionals, employers and health care organizations have recently embraced health coaching approaches that target patients at risk of, or affected by, chronic conditions. However, with the increased popularity of health coaching, questions have been raised about its effectiveness and value. In health care, effectiveness is demonstrated through both objective, peer-reviewed research and expert consensus.

That raises the question: Should evidence and expert consensus be the bases for health coaching practice as it is for other health care specialties from cardiology to nutrition?

Some might argue that health coaching should be an intuitive practice, or that it is more “art” than “science.” Others think that formalizing health coaching will diminish its “patient-centeredness.” (Physicians have made similar arguments against evidence-based medicine). Though health coaching may be less well-defined than other medical interventions, the fact remains that some health coaching techniques are highly effective. Other popular techniques, however, are unproven, and some are unproductive or ineffective. To work, health coaching should be both patient-centered and effective.

Is “Usual” Health Coaching Evidence-Based?

Given the lack of consistency in how health coaching is defined, practiced and assessed, it’s difficult to determine whether or not “usual” health coaching is evidence-based. Today, individuals ranging from nutritional supplement dealers, fitness trainers, massage therapists, life coaches and nurses refer to themselves as “wellness coaches” or “health coaches.” Yet few have been exposed to or trained in structured, evidence-based health coaching practice.

In health care settings, it has long been assumed that health coaching is a “soft” competency that is “innate” in nurses and other clinicians. Even among specialty disease management organizations, gaps in staff experience and preparation for evidence-based health coaching practice have been documented. While more wellness, disease management and care management programs are

introducing more staff to evidence-based models and approaches, few require any external certification or competency assessment in this new approach to care. It is impossible to verify common claims of “behavioral science-based” services—in the absence of any formal, standardized certification or other measurement of staff proficiency or performance.

Are Popular Health Coaching Training Programs Evidence-Based?

An informal review of the popular health coach training programs and curricula indicates that most are based on “life coaching” models. Life coaches use mentoring, values assessment, behavior modification, goal-setting and other approaches to help their clients succeed in life. Most health coaching programs represent a collection of various psychological concepts and techniques—typically with a cursory overview of motivational interviewing. While some claim to represent the “psychology of health coaching”—and cite psychological terms and studies—experts in the behavioral sciences typically play no role in their design or review.

Additionally, most health coaching training programs are neither competency-based, nor founded on modern learning and development best practices. These programs are not effective for building the required threshold competence in evidence-based approaches such as motivational interviewing.⁶ Indeed, most training programs are based on testimonials or client success stories. Some include health coach business plans, marketing kits, referral networks or lapel pins. One promises to help new health coaches: “Make more money than ever imagined as a health coach.” Others claim to help individuals become “Health Coach Entrepreneurs,” who “earn at least \$171 per hour without leaving home.”

Experts in evidence-based health coaching have commented on popular health coach training and certification programs. Dr. Susan Butterworth, the recipient of two NIH grants to study the efficacy and impact of health management interventions, and a member of the Health Sciences Institute Advisory Board member, recently notes: “With few exceptions, the health coaching training programs and certifications that we have seen are not based on behavior change science. The models and interventions that they advocate have not been objectively evaluated, particularly for use with people with chronic health conditions or for use in health care encounters.” While life coaching-based health coaching approaches may have value, as Butterworth, Linden and McClay recently wrote in a comprehensive review of health coaching in health management programs: “Motivational interviewing is the only technique to have been fully described and consistently demonstrated as causally and independently associated with positive behavioral outcomes.”

Putting Evidence-Based Health Coaching Into Practice

The life coaching perspective and coaching-based approaches have value in that they put the focus squarely on the patient and his or her goals. This is clearly an improvement over the patient education-oriented approaches that have historically been used in health care. However, health coaching can be either patient centered and effective, or, patient centered and ineffective or unproductive. To prepare health-coaching specialists—and to support wider adoption of basic health coaching techniques by health professionals in all settings—it is essential that health coaching be based on a formal, structured practice model.

Health coaching should also reflect evidence in related areas including disease prevention, nutrition, weight management and physical activity—as well as medical care and self-care support for common chronic diseases. These steps are essential for delivering optimal value to the patients who receive coaching services, as well as the purchasers who expect that their investments in chronic disease prevention and management yield measurable results. Patient-centered, effective approaches such as motivational interviewing may appear simple, but they can be difficult to apply in practice. Consequently, best practices in learning and competency development, and workplace performance measurement and management, must be applied to support proficiency. It is critical that health coaching not devolve into patient-led encounters or aimless discussion.