



The Integrative Health Coaching Approach to Care: **A Path Forward**



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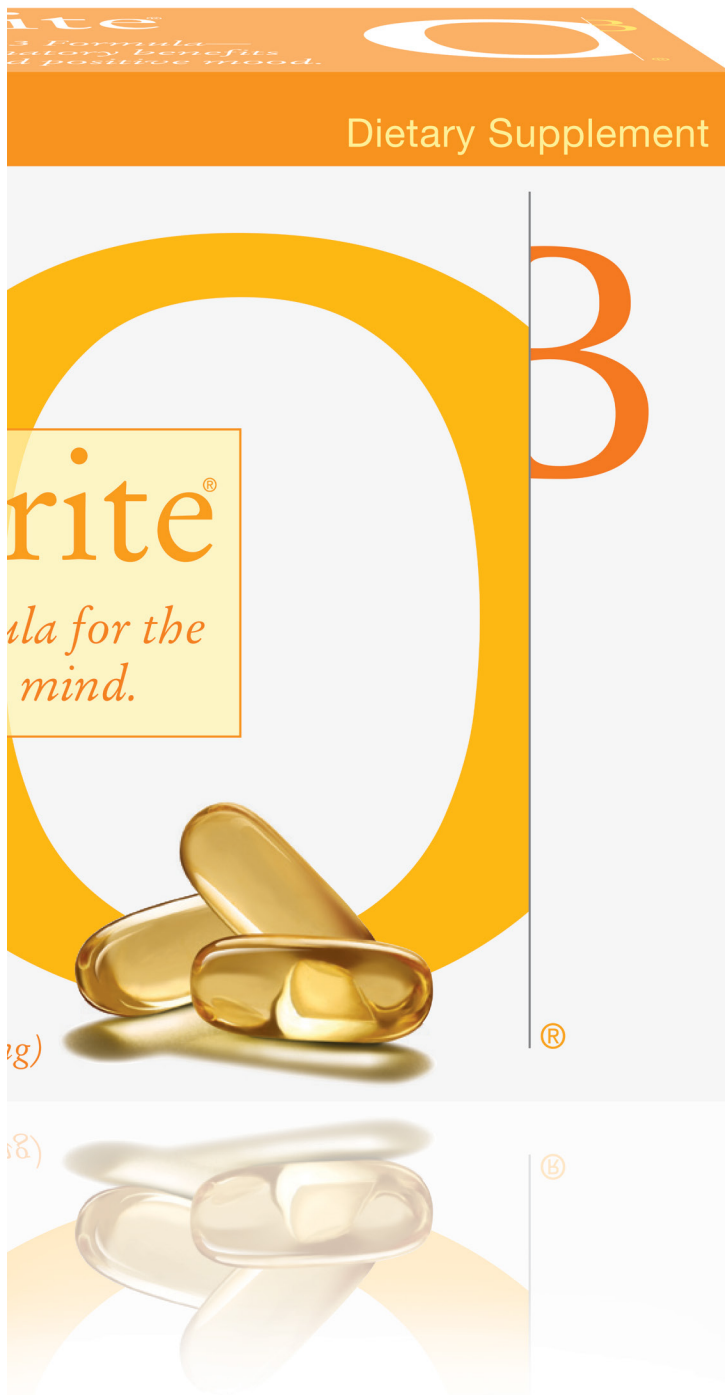
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Introduction



IN THE UNITED STATES, **six in 10 adults** are grappling with a chronic disease, according to the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Chronic disease is not only the leading cause of death and disability, but along with mental health conditions, accounts **for 90 percent** of the country's \$3.8 trillion annual healthcare costs.

Tobacco use, poor nutrition, lack of physical activity, and excessive alcohol use are all at fault for chronic disease, and as Americans, a stressed, busy lifestyle along with managing the impact of a global pandemic only increases these lifestyle risks. In 2021, the Association of American Medical Colleges (AAMC) **predicted** an estimated shortage of between 37,800 and 124,000 physicians by 2034, in both primary and specialty care. Population growth and aging is driving the increased demand as during this period, the U.S. population is **projected to rise** by 10.6 percent from about 328 million to 363 million people.

As a result, practitioners are increasingly inundated with patient demand, yet there has been a growing amount of research demonstrating patients are **not getting** the care they need. If there was ever a perfect storm for integrative health coaching, it is now.

Integrative health coaches are not doctors; and do not take on that role, as you will read from various coaches in this resource. They are here to gently guide and serve the patient or client, depending on who you are talking to, to help them clarify and move toward their goals. It's a process of exploration without judgment that takes place with a skilled coach who can ask questions and reflect on the answers. It's about helping people align with their values, live fully from that place, and facilitating deep, meaningful behavioral change that incorporates the mind, body, soul connection.

In this e-book, we talk with several integrative health coaches about their experience and approach, as well as new developments in this ever-evolving field. •





» Differentiating Integrative Health Coaching



Health coaching is a facilitative approach where the coach helps the client clarify their own goals and solutions to move toward those goals, according to Ruth Wolever, PhD, NBC-HWC, director of the Vanderbilt Health Coaching program in Nashville, Tenn. The scope of the health coach is very specific. The coach learns to elicit information and ideas from people as opposed to telling them what to do or giving them advice. The job of the health coach, according to Wolever, is to help their clients find their inner wisdom and become empowered to use it. Their role is not to diagnose or treat clients, rather the coach is there to help a client utilize their own inner resources to move forward.

“When you have someone who has a clinical condition a coach can be helpful to support behavior change, but they don’t treat,” said Wolever. “They respond and help shape what the client brings forward. When the coach is trying to tell the client what to do, that is not coaching.”

According to the [National Board for Health & Wellness Coaching \(NBHWC\) website](#), “health and wellness coaches partner with clients seeking to enhance their wellbeing through self-directed, lasting changes, aligned with their values. In the course of their work, health and wellness coaches display an unconditional positive regard for

their clients and a belief in their capacity for change, honoring the fact that each client is an expert on their own life, while ensuring that all interactions are respectful and non-judgmental.”

But when it comes to the difference between health coaching and integrative health coaching, Wolever, who is also a professor of physical medicine and rehabilitation at Vanderbilt University Medical Center and was the inaugural president of the NBHWC (when it was named the International Consortium for Health and Wellness Coaching) said integrative health coaching encompasses the whole person.

“That may or may not be true with a regular health coach,” Wolever said. “They don’t necessarily have a mind, body, spirit, and community approach in the same way that integrative health coaches do.”

While many people have heard of health coaching, where coaches help people change their perspective and behaviors and look at habitual patterns and beliefs that may stand in the way of reaching one’s goals, integrative health coaches take it a step further than just diet, exercise, and stress management, according to Meg Jordan, PhD, RN, NBC-HWC, chair of Integrative Health Studies at the California Institute of Integral Studies (CIIS) in San Francisco. “They know that changing lifestyles is tough for people, but there are a lot of soothing and supportive integrative therapies from the field of integrative

health and medicine and complementary medicine that provides this extraordinary support as people try to overhaul their lifestyles, often while coping with a chronic condition.”

In today’s world, according to Jordan, these chronic conditions aren’t just autoimmune disease, cardiovascular disease, obesity, and diabetes, but also now include the confusing post-acute sequelae of COVID-19 or “long COVID.” And as Jordan said, the emotional, physical, and financial costs of these chronic health conditions are devastating for many people. “The integrative health coach then helps people navigate, most importantly, the myriad of offerings in complementary, traditional, and integrative healing arts such as mindfulness practices, massage, yoga, acupressure, guided imagery, and more. They help clients navigate a confusing array of options, and assess credentials and experience of various practitioners, along with quality, cost, and access.”

It’s this difference that defines the integrative health coach, Jordan said, as they can offer a greater understanding of integrative therapies that clients can use on their path to healing. Integrative health coaches are more aware of these modalities and understand that no one approach works for everyone. They support the client in this process of discovery.

“Not everyone who integrative health coaches talk to has an integrative or functional medicine doctor they’re working with,” said Jordan. “Unfortunately, when patients ask many conventional healthcare providers about an integrative modality, it may be dismissed or at least not encouraged. Wise consumer choices require a lot more support, guidance, and advocacy.”

Integrative health coaches may learn about these complementary therapies and integrative modalities in their training. According to Jordan, CIIS, University of Minnesota, Vanderbilt University, Duke

University, Maryland University of Integrative Health, and University of Arizona are the six main schools that teach integrative health coaching – going beyond what Jordan called “foundational health coaching” to address holistic alternatives that can be used to support a client in wellness.

For Laura Calascione-Nguyen, FMCHC, NBC-HWC, owner of GlassFull Coaching in Boonton, New Jersey, integrative medicine is looking at a client-centered model where a coach or practitioner is integrating different modalities and approaches that may be best suited for an individual’s needs.

“For a client to feel that an approach is right for them, sometimes they need support to better understand what it is about that modality which could make it a right fit for them,” she said.

For example, if a client is told to get acupuncture for a certain condition, Calascione-Nguyen might ask the client: why is acupuncture being suggested, what are the things that you would be hoping to get from it, and how do you communicate that with the practitioner? “Working with a coach who is well-versed in an integrative and root cause approach really can make a difference in maximizing a particular modality,” she said.

Calascione-Nguyen said she has immersed herself to learn as much as possible – not to be a substitute for any one specialty, but to be able to understand and bridge the gap with a particular client. “That’s where I see the difference between an integrative approach versus just being focused on behavioral change,” she said. “That is what coaching is, we are essentially behavior change specialists, but from an integrative perspective, we may have a little bit more understanding on the various approaches that could be considered integrative framework.” •





The Integrative Health Coach Approach



According to the [Andrew Weil Center for Integrative Medicine \(AWCIM\)](#), integrative health coaching is defined as a “client-centered, relational approach to working with individuals collaboratively to address the health and wellbeing of the whole person. It acknowledges the interdependent roles of mind, body, and spirit, and the innate healing capacity within each person, with an emphasis on self-care,” as described on its website.

“I do think in our current healthcare crisis, a health coach is the person who understands what motivates people to make changes in their life and stick to them,” said Theresa Nutt, MA, BSN, RN, co-director of the Integrative Health and Wellbeing Coaching Program, at University of Minnesota’s Center for Spirituality and Healing. “That is the missing link in our healthcare system.”

When people have life issues and challenges they are dealing with, they can easily read a book or Google how to be healthy to get tips and strategies on what to do. But it’s the actual day-to-day behaviors and barriers that need to be addressed if lasting change is the goal. For Nutt, the health coach provides a little extra time to understand the person at an individual level and truly help them get practical about making a change. “That’s what makes integrative perfect,” she said. “We’re not just looking at one small piece of who they are.”

Integrative health coaches start where the client wants to start.



As Nutt said, if a smoker knows they need to quit smoking but isn’t ready, the coach will start with something easier. This strategy helps to build skills, tools, and confidence with the idea that one day that client will be ready to quit smoking.

“Effective integrative health coaching rests on a foundation of holism, is relationship-centered, and holds the client to be ultimately

resourceful and has a narrative that is central to a healing process,” Jordan said. “You don’t get there through typical goal-driving coaching dialogue. A deeper narrative of trust and rapport must be built.”

At the heart of these conversations, Jordan said there is the understanding that the client is whole, that they don’t need fixing, and that they have a life full of experience. “You need to remain curious about speaking to somebody from a very time honored, canon of positive psychology and that is something that integrative health practitioners really need to understand,” she said. “The client’s needs and preferences are really central. That co-created wellness vision is the start of a healing journey, and you are the guide, but you’re not directive or prescriptive. You are shining a light on the path, but you’re not making the choices, or diagnosing, or treating.”

Aside from being patient or client-focused and meeting that client where they are on their journey from a connected mind-body-spirit perspective, at the core of integrative health coaching is mindfulness, not only with the client or patient, but within the coach who is practicing. More specifically, the coach must have the ability to ground in self-care and self-awareness so they can be an active, present listener for their client.

“Coaching, integrative coaching in particular, is a growth fostering relationship,” Wolever said. “In order to really support growth of someone else, a coach has to be super present, really well regulated so they have an embodied ability to attend to the client’s agenda. When coaches are not self-regulated, have too much anxiety, or distraction, or are really reactive, they can’t possibly hold the space needed for the client.”

Coaches as a result, need to have a toolbox of practices of self-soothing and self-regulation, according to Wolever. This is part of their learning.

For Nutt and her program at the University of Minnesota, it’s about the coach’s growth and development and learning how to know themselves fully. It’s also about identifying blind spots and developing a self-care routine. “What does it feel like when I’m really stretched,” she said. “Because when you know that for yourself, you’re able to hold more space for others.”

According to a 2013 study published in *Global Advances in Health and Medicine*, in which Wolever was a co-author during her time at Duke University, “integrative health coaching draws from several techniques sourced from humanistic and positive psychology, solution-focused, and mindfulness-based therapies, and leadership coaching to empower patients through various stages of learning and change.” The results of that research found that, “clinical studies employing Duke University Integrative Medicine’s model of integrative health coaching have demonstrated improvements in measures of diabetes and diabetes risk, weight management, and risk for cardiovascular disease and stroke. By supporting and enabling individuals in making major lifestyle changes for the improvement of their health, integrative health coaching carries the potential to reduce rates and morbidity of chronic disease and impact myriad aspects of healthcare.”

The underlying theoretical model of integrative health coaching, according to another 2013 study published in *Global Advances in Health and Medicine*, said that “behavior changes can be sustained

when linked to personal values and sense of purpose. Integrative health coaching helps clients to access the motivation needed to initiate and maintain change by facilitating their ability to consider new perspectives and work with numerous factors that contribute to achieving goals. Such factors include accessing resources and supports, overcoming internal and external barriers to change, and generating alternatives, workarounds, and back-up plans for planned action steps.”



Integrative health coaches do not:

- Give advice or tell someone what to do.
- Diagnose, prescribe, treat, manage care, or provide therapy.
- Make medical recommendations.
- Take on the role of the doctor.
- Push their own agenda or belief system onto a client.

Integrative health coaches do:

- Lead the clients through a self-discovery process.
- Help clients clarify their own goals and move towards those goals.
- Support clients to find their inner wisdom and become empowered.
- Help people align with their values and support them in living fully from that place.
- Facilitate conversation around deep, meaningful behavioral change.
- Hold space and ask questions.
- Address the client from a whole person perspective, taking into account mind, body, spirit, and soul.
- Assist in implementing a treatment or care plan recommended by a practitioner. •





Understanding Behavioral Change

At Vanderbilt, the behavioral change theories that are used in the curriculum have the strongest evidence base behind them, according to Wolever. Coaching doesn't draw from theories that propose people make changes when they are afraid of something or don't like the outcome, she said. Coaching rests on the theories that help people build health, and by tapping into the prefrontal cortex, addressing what makes people happy and excited and gives them more meaning, as opposed to triggering fear.

She points to several behavioral change theories, including self-determination theory, or the ability for a client to chart their own course, as a heavy part of health coaching, as is the alignment with intrinsic motivation, Wolever said, which is aligning what a person cares about with what they are doing.

There is also the transtheoretical model of behavior change (TTM), originally developed by James Prochaska, PhD, in the late 70s, which is considered a **blueprint** in the field. Described in a 1997 study published in *American Journal of*



Health Promotion, TTM concluded "that health behavior change involves progress through six stages of change: precontemplation, contemplation, preparation, action, maintenance, and termination."

In addition, self-perception theory, which Wolever said, to her, is foundational in integrative health coaching, "basically says we are more changed by what we hear

ourselves say than what somebody says to us” and it’s this ‘talking it out’ that leads people to change. Motivational interviewing, while not a theory but a style, is also central to coaching as defined in a 2018 study published in *PLOS One*, aiming to “explore and resolve ambivalence that people might have about health behavior in favor of change. It encourages people to say why and how they might change and pertains to both a style of relating to others and a set of skills to facilitate that process.”

Self-efficacy theory and patient activation, according to Wolever, both focus on people having not only the knowledge, but skills to do what they need to do, to learn what they need to learn, and the confidence to carry them out.” Wolever said, “We also understand a lot more about the power of context in behavioral change now.”

While many of these behavioral change theories tap into the same thing – what the autonomous adult does to learn and change and grow, according to Wolever, an individual conversation with a client or patient could be framed up by multiple theories, depending on the context. “The real difference [in which



The real difference [in which theory best explains the process] is when people are deeply ambivalent about something or have competing needs.



theory best explains the process] is when people are deeply ambivalent about something or have competing needs,” she explained. “‘I really want rest and need rest and I really need exercise and want to exercise,’ motivational interviewing is the best approach here.”

For Nutt, determining what model to pull from is the art of good integrative health coaching. “Where the coach really learns to distinguish themselves is by discerning how this client is showing up and recognizing where the client is getting stuck in their own process. Based on that, how do I need to respond and show up to help them get more aligned with where they want to go?” •

Behavioral Change Theories at a Glance

There are several theories integrative health coaches can draw from, here are a list of the more common approaches to behavioral change:



SELF-DETERMINATION THEORY, or the ability for a client to chart their own course.



TRANSTHEORETICAL MODEL OF BEHAVIOR CHANGE (TTM), which involves progress through six stages of change: precontemplation, contemplation, preparation, action, maintenance, and termination.



SELF-PERCEPTION THEORY, which says talking it out and hearing what we say leads to greater change than what somebody says to us.



MOTIVATIONAL INTERVIEWING, while not a theory but a style, helps to resolve ambivalence as it relates to changing health behavior.



SELF-EFFICACY THEORY and patient activation, focuses on people having not only the knowledge, but skills to do what they need to do, to learn what they need to learn, and the confidence to carry them out.

CREDENTIALS AND EDUCATION Requirements



The NBHWC has had a lengthy journey to become the credentialing body for health and wellness coaches. It includes many hours of volunteer work from the NBHWC's board of directors and the process of collecting data, working with governmental bodies, and partnering with other organizations to see the vision through, according to Leigh-Ann Webster, NBC-HWC, CPT, executive director of NBHWC. While the national organization doesn't focus on integrative health coaching specifically, several integrative health coaching programs have applied to become an NBHWC – approved training and education program. In all, the NBHWC has more than 100 approved programs and more than 6,500 NBHWC certified health and wellness coaches who practice in the fields of healthcare, employee wellness, government, and private practice, according to the NBHWC website.

Webster said she fields many calls from people interested in becoming a health and wellness coach, who want to be board certified, and want to know what program they should attend. "The way I describe it, which is not very health coach like, it's like ice cream. It's all ice cream, but different flavors," she said. "You really have to figure out, what's your flavor?"

It's a matter of preference for most – is the person interested in the psychology of coaching, are they looking for name recognition, are they interested in nutrition? "They all meet the basic standard in terms of coaching, but there are different flavors," she said.

While programs can vary in length, anywhere from six months to more than two years, to become board certified, the NBHWC has program approval standards that include providing 75 instructional hours of training and education

NBHWC

HAS MORE THAN

6,500

certified health and wellness coaches who practice in the fields of healthcare, employee wellness, government, and private practice.





4,000 hours of work experience allows for that community health worker, or other professionals doing excellent work, to take it a little bit further, attend a program and then become a board certified coach and make a huge difference in their community.



covering the HWC Certifying Examination Content Outline. In addition, there are practical skills, development, feedback, and assessment, along with faculty standards interested programs must follow.

To become a National Board Certified Health and Wellness coach, there is another set of criteria. An applicant must complete a NBHWC approved program, complete 50 health and wellness coaching sessions in duration of 20 minutes or more with certain stipulations, and have either an associate's degree (or higher) or 4,000 hours of work experience in any field.

"The 4,000 hours of work experience

allows for that community health worker, or other professionals doing excellent work, to take it a little bit further, attend a program and then become a board certified coach and make a huge difference in their community," Webster said. "I feel strongly about that. Society needs coaches to come from all parts of America."

More professionals from all walks of life, not just healthcare, are finding themselves on the health coaching career path. Many new coaches have switched careers, according to Dina Lumia, MA, NBC-HWC, program manager of Duke Health & Well-Being Coach Training in Durham, North

Carolina. These individuals she said, show interest for a myriad of reasons – they are not fulfilled in their current career or perhaps they or someone they love went through a medical event in their life and feel they want to help people in similar circumstances. While a majority of the students that come to the Duke program are in their early 50s, many are still in their 40s and 90 percent are female, coming from some sort of healthcare background, Lumia said, adding these statistics are as of August 2020 and are self-reported from students.

Duke's integrative health coach professional training program started in 2008 but was redesigned to meet the NBC-HWC standards in 2021. They offer three cohorts a year with more than 100 students per cohort, according to Lumia. The program asks for a bachelor's degree, in any field, but if a person doesn't have a bachelor's degree, they ask for a minimum of three years' work experience in a related field.

Vanderbilt's Health Coaching program is designed for licensed healthcare professionals who want to either practice as an independent Nationally Board-Certified Health and Wellness coach, a Nurse Coach-Board Certified, or enhance a current healthcare role by obtaining the skills to facilitate patients to better self-manage health and optimize wellness, according to its website. The program has two phases and runs two cohorts each year, in the spring and fall.

CIIS offers a hybrid master's degree in **Integrative Health Studies**. It is a two-year, nonclinical program meant for people who have a clear commitment to bridging Western biomedicine and Eastern alternative/complementary approaches to treatment, according to its website. Graduates also receive certificates in Integrative Health and Wellness Coaching and Wellness Management, in Patient Navigation, and in Guided Imagery.

The Integrative Health and Wellbeing Coaching Program at the University of Minnesota's Center for Spirituality & Healing has been around since 2005 and **offered the first** academically-based graduate health coaching program in the United States. Graduates work in a variety of practice settings – from hospitals and clinics to corporations and schools, according its website.



The Integrative Health and Wellness certification program offered by the Andrew Weil Center for Integrative Medicine at the University of Arizona allows students to choose two paths – an integrative health coach and an integrative wellness coach.

According to their website, an integrative health or wellness coach forms a partnership with individuals or groups to empower and support them in achieving their personal goals related to optimal health and wellness.

The Maryland University of Integrative Health offers both a Master of Arts in Health and Wellness Coaching and a Post-Baccalaureate Certificate in Health and Wellness Coaching. Both programs, according to its website, are designed for individuals seeking to promote health and wellness by working with individuals and small groups reached via private practice, in integrative health clinics, conventional medical settings, fitness and wellness centers, and organizations. The certificate program serves as both a stand-alone credential and as an entry point leading toward the Master of Arts in Health and Wellness Coaching degree.

Aside from these six schools, there are other integrative health coaching programs including the Coaching Intensive Practicum offered by the Institute of Integrative



Nutrition; the Integrative Health Coaching Program at the University of Portland in Oregon; as well as the Health Coach Certification Program offered by the Functional Medicine Coaching Academy.

Olivia Beisler, NBC-HWC, a December 2019 graduate of the University of Minnesota's program took the national board exam in February of 2020. After graduating from college, Beisler, who was personally interested in integrative health, worked for six years in inpatient psychiatry at a hospital. She would see patients come back month after month with little to no change, being prescribed medications, without any real holistic care. That's when she started Googling for other career options and discovered the University of Minnesota's program.

"We learned a lot about the limitations of the Western medical model," she said of the program. "How the medical system is set up right now, it's not very conducive to patient-centered care, it's not conducive to preventative care, and then sustainable long-term care. Health coaching is a really great modality that fits into the medical system pretty well and it helps with those problems."

Lumia, who has a small coaching practice outside of her role at Duke, has seen her program go through many changes to get



Steps to Becoming a National Board Certified Health Coach

ACCORDING TO THE **NBHC**, TO QUALIFY FOR THE NATIONAL BOARD EXAMINATION YOU MUST:

- ▷ Complete a NBHC approved training program.
- ▷ Complete 50 health and wellness coaching sessions. Each coaching session must be at least 20 minutes long and 75 percent of those coaching sessions must be devoted to coaching facilitation not education.
- ▷ Possess an associate's degree or higher or 4,000 hours of work experience in any field.

ONCE THESE STEPS ARE COMPLETE, YOU MAY APPLY FOR THE **NATIONAL BOARD CERTIFICATION EXAM**.

to the board certified program it is today. "It has elevated the profession to have this national standard," she said. "Anyone can say they are a health coach. At this point, next to a license, the next best thing is to have these standards. It's a great guiding light for our programs to ensure they are giving their coaches the best training they can." •



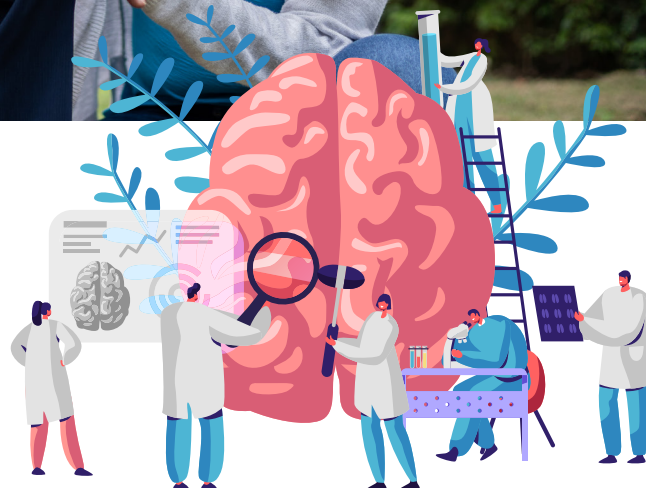
» Finding a *Niche*

Jenny Johnson, MSPT, FMCHC, NBC-HWC, owner of Simplified Wellness Designs in Woodland Park, Colo., went through her own health journey with chronic illness before becoming a health coach. After doing a lot of mental, emotional, and spiritual work and determining allopathic medicine wasn't enough in healing her condition, she sought out functional medicine and integrative practitioners who helped her realize there is more than a physical body for wellness.

Formally trained in the Shoemaker Protocol and in functional medicine, Johnson is an environmental wellness coach who decided to set aside her training in physical therapy to focus on her new endeavor helping people who are navigating Alzheimer's Disease as well as the biotoxin illness, chronic inflammatory response syndrome (CIRS).

"I'm not prescribing, not diagnosing, not making medical recommendations," she said. "I'm much more of a partner. I'm a support person. I'm an encourager. I'm a question-asker. I'm an organizer. I help patients who feel overwhelmed by their own chronic illness diagnosis to feel less overwhelmed."

Johnson said she does this by supporting her clients in understanding their doctor's treatment plan and helping them through the process of sorting out their feelings and figuring out next steps. Oftentimes her clients don't know where to start, so she helps them look at what their priorities are based on their goals and



what the doctor would like them to do and takes it from there.

"Usually when there is a chronic illness going on there are multiple factors," she said. "It's going to pull in integrative medicine and functional medicine and there is going to be a lot of different pieces to the puzzle."

Choosing a niche has proven to be beneficial for Johnson, as she described the Alzheimer's and CIRS community as being small. After becoming certified in the specific methodologies for these two niches, she has become members of professional groups that serve these populations, as well as regularly attends and speaks at conferences.

"In the biotoxin community I was the first health coach to go through the certification program and pass the test," she said. "They didn't know what to do with me. I made up my role in that community and once the doctors trusted me, they invited me to speak at conferences."

But Johnson did have to build rapport and trust in those groups by showing the doctors that she was not going to tell their patients

what to do but instead be their partners. She also made her presence known in email forums and by contributing to ongoing discussions which helped people get to know her and trust her, she said.

"I think it's so important for coaches to stay in their lane, maintain the posture of nonjudgment that we have been trained in school, not judging the doctor's call, not judging the patient's reception of it, and just trying to support, and not letting the ego come in," she said.

Calascione-Nguyen also works with clients who are grappling with chronic and complex illnesses. She said when it comes to patient care there are two key points that are measurable: the patient experience and the outcome. "If you look at both the experience and the outcome, coaching is perfectly positioned to play a pivotal part."

Sometimes Calascione-Nguyen will spend up to two sessions prepping a client for an appointment with their doctor, so they are more comfortable and able to have a voice. "Going in prepared definitely leaves people with a better experience and a better feeling, not just for the... client, but for the physician or the practitioner."

Jennifer Hanawald, NBC-HWC, an integrative health coach in Montclair, New Jersey, works with a wide variety of clients tackling goals related to movement, nutrition, rest, mind-body awareness, stress reduction, and professional and personal

Going in prepared definitely leaves people with a better experience and a better feeling, not just for the...client, but for the physician or the practitioner.



not talkative and at the end of the call, when they check in about the session's takeaways, the client will sometimes say the most extraordinary thing.

"If a client is introspective and curious about themselves, they will be able to grow a lot through coaching," she said.

For Hanawald, working with veterans has been extremely meaningful because of her family's experiences during the Vietnam War. She has found there to be a lot of diversity within this population and has learned and grown as a coach.

"Generally speaking, this group of clients has certain characteristics known to be supportive of positive coaching outcomes," she said. "They show



development. According to Hanawald, her clients are also working with other healthcare providers and therapists and their work together tends to enhance those outcomes.

"Medical practitioners are experts in putting a broken body back together but in terms of habit change, physicians don't have the time to really work with people, so they envision health coaching as this bridge," she said.

Hanawald also works with veterans and their families. Sometimes Hanawald will be on the phone with a client who has been flat and

up consistently, they are respectful of the process, and they tend to be highly motivated and hard workers. They may also be dealing with trauma and anxiety and be on medications. It's important to establish the other care they are receiving in our first meeting so we are on the same page about how our work together might fit in with their journey to coping and healing."

As for choosing a niche as a health coach, Hanawald said it provides a focus to building a business and allows for a coach to be known through writing and speaking in that particular area.

"It's empowering to have a depth of experience in terms of understanding the issues around a specific group of people," she said. "On the other hand, core to coaching is the belief that you approach each client as if you've never seen this before, free of judgment. Each client is an individual and you never want to say to yourself – 'ah, I know how this is going to go.' Because our job as coaches is to see each client's unique constellation of strengths and take time to learn about their values so we can best support them as they craft their own solutions. No two clients are the same, even if they have similar professional or personal backgrounds." •

BUILDING THE CASE FOR HEALTH AND WELLNESS COACHING

A growing amount of research on the benefits of health and wellness coaching on patients has been collected in the **Compendium of the Health and Wellness Coaching Literature**, published in the *American Journal of Lifestyle Medicine*. Led by Gary Sforzo, PhD, professor emeritus in the department of exercise & sport sciences at Ithaca College, the compendium was created in 2017 and includes 16 years of previous data from the field of health and wellness coaching. In 2019, an **addendum** was supplemented to the original body of work, which is still growing. The goal of the compendium is clear, according to its authors, “we aim to provide HWC practitioners with the latest findings while also assisting HWC researchers in identifying gaps in the literature to further advance the related knowledge base.”

The addendum covers research related to the impact of health and wellness coaching and a wide range of topics and conditions such as cholesterol, diabetes, heart disease, obesity, and hypertension. In addition, studies also focus on menopausal depression, chronic obstructive pulmonary disease (COPD), chronic kidney disease, Duchenne muscular dystrophy, and drug abuse. The body of research also includes studies on “coaching for wellness,” which is one of the more top studied categories, according to the addendum, which includes topics such as physical activity, stress, leadership, and self-efficacy.

Health and wellness coaching can fill in the gaps between provider appointments and help guide the patient or client through a wide range of conditions. Known to already benefit those navigating chronic illness, a 2020 study published in the journal, *PLOS One*, sought to evaluate the effect of health and wellness coaching on

pain. Researchers observed that health and wellness coaching was “associated with clinically meaningful reductions in pain intensity and pain related interference” and was “associated with improved psychological pain-related functioning and physical functioning related to pain.”

In addition, Jordan authored a 2021 study on “The Role of the Health Coach in a Global Pandemic,” which was published in the journal, *Global Advances in Health and Medicine*. The study found that, “as the co-morbidities and other chronic conditions related to COVID-19 among individuals and families in low-income communities are worsened by dual forces (lifestyle/behavioral choices and ingrained structural inequities), adding the support of certified health coaches to build trust, provide more convenient access to address vaccine hesitancy, and dispel falsehoods, is an effective means for advancing health and wellbeing.”

According to the study, Jordan summarized challenges for health coaches and wrote that in viral pandemics and chronic disease epidemics, the health coach must operate on three fronts:

- **Facilitating individual behavior change**
- **Advocating for improved social conditions**
- **Actively engage with next-generation thinking on cultural competence for underserved minority groups.**

“Next-generation cultural competence” goes beyond early diversity training, according to Jordan. Instead, it builds upon “the recent moral reckoning of racial and ethnic injustices, and the calls for new engagement with next-generational cultural competence.” •





Collaborating with *Other* Integrative Practitioners

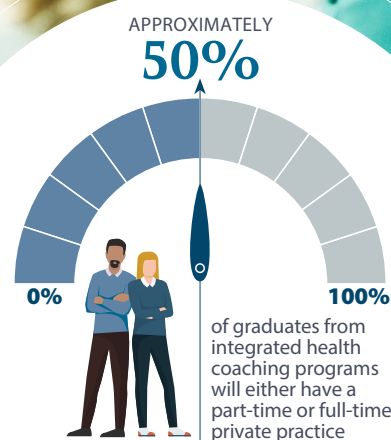
Approximately 50 percent of graduates from integrative health coaching programs will either have a part-time or full-time private practice, according to Nutt. Of those who are entering into private practice, she said, some are working in wellness collaboratives with other practitioners where a system of referral is taking place. Other coaches work independently and are building relationships with other practitioners with outside providers that may send them clients. A fair portion are working in the “back office” of companies, providing employee wellness. Still others are working as a coach with doctors in a practice, Nutt said.

Jordan said that some of her program’s graduates end up working in medical practices, where they are called into weekly meetings to share an update on the patient. For example, a coach at a membership-based primary care practice informed the team about problems a patient encountered in pursuing the recommended dietary plan from the physicians and clinical nutritionists. The elderly patient cleared a lot of the processed foods out of her

cabinets but continued to bake cakes and cookies every day for her grandchildren. “The amount of isolation she felt during the height of the pandemic was distressing and the grandmother showed signs of declining cognitive function. Sharing her baked goods was perceived as a vital connection with her family,” Jordan said.

The job of the coach is to work with the present state of the patient or client in the current moment, co-create a wellness vision or desired state, and then bridge that gap with step-by-step action plans and direct feedback.

“The integrative coach is alert to hearing when the client may pursue some behavior that is counterproductive to their overall goal. At that point, the coach asks to share some helpful information that supports some healthier, alternative behaviors,” she said. “You’re giving bits and pieces of information. Even though the exact details of a coaching conversation are to be kept confidential, just like they are in psychotherapy, there are still elements that you share with the provider team.”



Here, Jordan stressed the importance of confidentiality and consent, and that the client knows and agrees to a flow of communication between the coach and the practitioner. Not to share the deep work that is being done, but for relevant detail.

Jordan said that the biggest difference between integrative health coaching and psychotherapy is that after a respectful passage of active listening and expressing empathy, coaches move back more swiftly to the present moment and provide forward momentum with an eye toward the positive. "Coaching does not circle or stagnate around long-winded stories of blame or victimhood. Instead, the coach asks transformative questions so the client can refocus. Or the coach offers a reframe that invites somebody to shift to a new perspective," Jordan said.

Calascione-Nguyen often sits in doctor's appointments with her clients, and anytime she works with a client who wants her to be more involved, consent is required. The client will reach out to their doctor's office to make sure Calascione-Nguyen can accompany them and communicate the best way forward on how to do that. "Once that is given and I join, usually that's when the practice will get to experience someone working with a coach," she said.

Working with clients navigating chronic illness, Calascione-Nguyen will look at treatment plan notes from a doctor's visit, and help them decipher what to do next. She'll ask what the client understands about the treatment protocol and what they want to focus on. "I first give the client the opportunity to share with me what they think they've heard and then I ask them where do you feel you could benefit from more insight? I put them in the driver's seat."

From there, Calascione-Nguyen will help them piece it together and build the bridge from where they currently are and what they are implementing to where the provider is hoping to take them. She walks with them every step of the way, she said.

"Coaches will spot patterns and that is really a hidden gem in collaboration," Calascione-Nguyen said. "There may be things going on they may not have disclosed which may be important. When I have that ability to communicate directly with who they are working with, it can make a big difference."

Johnson said she enjoys being able to work with different doctors and their patients and believes she can support more people that way as opposed to just working in one practitioner's office.

6 QUICK TIPS FOR COLLABORATING WITH OTHER PRACTITIONERS

1. **IDENTIFY** yourself as a partner, not a competitor to the practitioner.
2. **COMMUNICATE** and be clear about your role as an integrative health coach supporting the client.
3. **BUILD TRUST**; follow the practitioners treatment plan and don't judge or criticize their recommendations.
4. **ASK PERMISSION**. If the client wants you to sit in on a doctor's appointment, ask the client to obtain permission from that office first before you attend.
5. **INFORM** the practitioner about what you know when it's appropriate, being mindful of the client's consent and confidentiality.
6. **SHARE** with the practitioner that you are available to help with emotional processing and treatment implementation and that you can support the client between appointments.



"There can be a beautiful partnership when a doctor and a coach are in the same office, I've seen that work so well," she said, adding the coach in this role does a lot of the follow-up and checking in with the patients in between appointments. "People can get lost in the shuffle if they have a question or they don't tolerate something, and no one is following up on them. The coach can prevent them from experiencing that."

In addition, given Johnson's background as a physical therapist, she was always used to working on a multidisciplinary team, collectively treating patients. The same is true for her, even as an independent health coach.

"I have clients who have nuanced mental health needs or nutrition needs that go beyond my scope," Johnson said. "I have people I feel comfortable referring my clients to. By the end, the client might be seeing a doctor, me, a nutritionist, then a psychotherapist based on what their needs are. Multidisciplinary care, especially for complex chronic cases, is usually needed because no practitioner can do it all."

Brian Housle, MEd, MS, education training coordinator for health coach training who works with Lumia at Duke Integrative Medicine, said in his experience working with clients, he helps them brainstorm on how to address an issue, dialoguing along the way, trying to lead them to discovery that might help them take the next step.

"If I'm working with someone who wants to focus on their nutrition or the desire to eat better, the coach might ask things like 'what does the term eating well mean to you?' or 'what have you done in the past when you've been more successful with your nutrition?'" Housle said.

"If the client continues to struggle, it is important to note that health coaches are not dietitians and can't recommend ways to eat. But, if

the client wants more specific dietary resources, the coach can ask 'what do you think might help?' and the client might say, 'maybe I can work with a nutritionist/dietitian. I know my healthcare plan provides for that.' Then, the client and coach work together to create a plan for that to happen."

Housle also pointed to providers who know health coaches can help as a valuable resource, especially with Current Procedural Terminology (CPT) medical billing codes in development.

"The more providers know about coaching, especially when it gets to that place where its reimbursable, I believe more hospitals will employ health coaches and hopefully private practices will see the need to have them as part of their team as well," Lumia said. •

THE EVOLUTION OF INTEGRATIVE HEALTH COACHING



Health coaching is still a relatively young field. But it's growing. According to Webster, in 2010, subject matter experts in the area of health and wellness coaching started talking about the fact that there was no training and education standards in place.

In 2012, the NBHWC formalized and created a board of directors and shortly after, developed a job task analysis for the profession of health coaching. At the time, it was validated by more than 1,000 practicing health and wellness coaches, according to Webster. This health coach job task analysis has been expanded to the organization's content outline which serves as the framework for the National Board Certification Examination and the training and education standards. In 2016, the organization began working with the National Board of Medical Examiners

(NBME) to establish the board certification examination.

"We're definitely building a following and a community in terms of backing the standards and the need for standards. It is professionalizing," said Webster. "We are seeing job growth. We are seeing an increase in pay. There are more studies; there's more researchers who are devoting time to research to validate positive outcomes. We're seeing physicians open their minds to the profession of health and wellness coaching and referring more patients to health coaches."

In 2019, the American Medical Association (AMA) granted Category III CPT codes for health and wellness coaching. They went into effect January 1, 2020. According to a [press release](#) issued by the NBHWC in October 2019,

the organization and the U.S. Department of Veterans Affairs (VA) applied for the creation of these new tracking codes, using the NBHWC standards. VA will be tracking the use of the coaching codes to evaluate the effectiveness of coaching as a part of the department's whole health system of care. This data, ultimately, could support Category I approval, according to the organization. Currently, professionals certified by NBHWC or The National Commission for Health Education Credentialing (NCHEC) can use the new codes.

“The new codes reflect what research is demonstrating: coaches have expertise that helps patients step into more active roles in their own care,” said Wolever, who serves on the NBHWC’s board of directors as its certification commission chair, in the [press release](#). NBHWC is optimistic the new

codes will increase utilization of this service and support needed reimbursement in the near future.

Wolever pointed to VA physician Kavitha Reddy, MD, and her team, who shared a vision for advancing this work. Reddy led the initial application process for new CPT codes. Margaret Moore, MBA, NBHWC, board member and founder of Wellcoaches, is leading the proposal to uplevel the codes.

Since then, the NBHWC has been working with health and wellness coaches who work in healthcare and who are using the codes. Currently, as of publishing of this e-book, the NBHWC is in a formal Institutional Review Board (IRB) approved agreement with the



University of California, San Diego (UCSD). UCSD is housing the data needed to apply for the Category I codes. The NBHWC hopes to have enough data to apply for Category I codes by the spring of 2023.

Category III CPT codes are intended to support the wide utilization and data collection, with and without reimbursement, required for AMA approval of Category I codes. As it stands, reimbursement by payers of Category III codes has been optional since January 1, 2020. Payers typically wait until codes have Category I approval to begin reimbursement, according to the press release.

Webster stressed that just because there are CPT codes for health and wellness coaching it doesn't necessarily mean they can be used by all coaches or that all coaches will receive reimbursement.

"It doesn't work like that," she said. "There is language around the codes from the American Medical Association, and this language needs to be adhered to by health and wellness coaches who work with a physician. Acquiring reimbursement for the profession is a complex process that will take time to iron out."

THE CATEGORY III HEALTH AND WELL-BEING COACHING CODES INCLUDE:

CODE	DESCRIPTION
0591T	Health and Well-Being Coaching face-to-face; individual, initial assessment
0592T	Individual, follow-up session, at least 30 minutes
0593T	Group (two or more individuals), at least 30 minutes



Still, as more research is being conducted, more data is being collected to move toward the goal of Category I codes.

"What is starting to happen... many different uses of health coaching are becoming clearer through research and that is opening doors to get health and wellness coaching reimbursed in a fee for service model," said Wolever, adding that it has been challenging to collect data over long periods of time due to funding often being short-term and other variables related to people changing insurers frequently. "The system complicates it, as far as getting accurate data. There is enough data now though and we will hopefully see the movement from a level III CPT code to a level I."

In Beisler's experience the biggest barrier she sees in health coaching in clinics and hospitals is the lack of insurance coverage so medical centers need to absorb the costs or patients need to cover it. "Once we have those codes, that will open the door for health coaches to infiltrating the clinics and hospitals. That will lessen the burden a lot and allow for more access going forward."

Another way coaching is on its way to becoming more financially accessible is by group coaching. For Jordan, this means pairing with a local nonprofit in a community of need that subsidize the coach, and then charging participants a few dollars per session. Typically, people gather and talk about a particular theme. In this instance, Jordan said, coaches need to be skilled in how to facilitate group dynamics.

Other instances include groups focusing on a particular condition or illness. Johnson provides this to her clients and described it as her favorite offering. She said she makes sure the support group is low cost so the barrier to entry and participate is low.

"There is something so cool about getting people together who feel like they are the only one going through something," she said. "There is a lot of healing in solidarity."

In addition, Housle described the evolution of health coaching as an explosion, especially with more virtual coaching coming into focus due to the COVID-19 pandemic. He said he's seen the Duke program gain more international students because they don't have to incur the cost of travel to the United States. •



Considerations on Becoming an Integrative Health Coach

The first question someone needs to ask themselves if they are considering becoming a health coach is whether they need to be seen as an expert. “Coaches are not traditional experts,” said Nutt. “We guide others to trust their own process. That for a lot of newer coaches is a hard transition.”

Johnson said something similar: coaching is not consulting.

“Coaching is not telling, it’s listening,” she said. “I think being honest and asking yourself, do you want to be a specialist in something? Do you want to tell people what to do to be healthier or do you want to be the person who lifts others into their own discovery? People think health coaching is ‘I’m going to be an expert in nutrition and then tell people what to eat,’ and it’s not. That’s a surprise to people.”

Lumia said it’s important for people to think about why they want to be a



How much money can I make?

Coaching can vary with ranges between \$35 to \$180/hr



coach and consider their long-term plan, especially for those who already have healthcare experience. She sees similar experiences happen that Nutt and Johnson describe, and that people can often be confused by the word “coach.”

“In sports, a coach is really telling you what to do,” she said. “Sometimes that is a misconception. ‘If I don’t tell them what to do, how are they going to make changes?’ That can be a big shift and hard for people especially if you’ve been in a profession where you’ve been telling people what to do. You have to take that expert hat off.”

Since health and wellness coaching is still a relatively new profession, Nutt said it’s important that people are willing to be a pioneer and educate others, so they understand what health coaches do. In addition, and not surprisingly, she said people need to ask themselves if they are truly walking the talk. “The best health



coaches are doing their own work,” she said. “They are living a life and role modeling a life that is integrative and holistic. Without that aspect of role modeling, it’s a little flat.”

One of the more common questions many experienced coaches field is, “how much money can I make?” And while rates for coaching vary with ranges between \$35 to \$180 an hour, according to Jordan, coaches on the East and West Coasts, along with those who are more seasoned, typically bring home the higher hourly rates.

However, if you’re a solopreneur and independent coach, it’s just like building a business.

“It’s not an easy lucrative way to make a living,” said Hanawald. “It takes a lot of work. This has felt pioneering in a way to me. Coaching is evolving and changing. You want to get good training and you want to believe in the training you get, and you want to build a community with other practitioners.”

When Jordan interviews students for the program at CIIS, she looks for someone who has had their own healing journey. Perhaps they identify with the wounded healer archetype, or they have a family member who has suffered with lack of access, or as a result of fragmented care, or they have been struggling themselves with a poorly managed chronic condition. Jordan looks for individuals with patience, openheartedness, and a passion for health equity, she said.



You’ve got to actively uplevel on your own EQ, (emotional intelligence), and be open to learning advanced techniques of narrative coaching, nonviolent communication, and trauma-informed coaching.



They need to have an open curiosity about what it means to establish a relationship-centered alliance with somebody.

A person who wants to be an integrative health coach must study evidence-based mind/body tools for soothing an overstressed physiology with self-care practices like mindfulness, meditation, somatosensory scans, guided imagery, breathwork, or ways to assure better sleep. They facilitate growth in self-awareness so clients can recognize negative patterns, outworn beliefs, and shift to a healthier perspective and growth mindset. And finally, they support the patient’s commitment and accountability for tracking their own progress, Jordan said.

For the integrative health coach, which is only a fraction of the health and wellness coaches out there, Jordan said it’s about the ability to get on the same wavelength as a client and being able to attune to others. “You’ve got to actively uplevel on your own EQ, (emotional intelligence), and be open to learning advanced techniques of narrative coaching, nonviolent communication, and trauma-informed coaching.” This is especially true given so many patients and clients are living with unimaginable trauma and are under great distress.

And finally, to be a quality integrative health coach, you’ve got to let go of your own favorite hacks, habits, and obsessions whether it’s for diet, weight loss, or exercise, according to Jordan. There are plenty of novice, poorly educated health coaches who are convinced that clients would be better off if only they adopted the coach’s particular obsessions. No, not the case, Jordan said.

“If I see students applying to be an integrative health coach and they have kind of an obsessive nature about what must be done according to their health Bible, then I urge them to understand that the journey to satisfying wellbeing is not paved with admonitions, badgering, or pushing one’s personal agenda. That, in fact, is the fast lane to stress, burnout and exhaustion. The Quadruple Aim holds fast for these newest actors in the integrative health landscape, just as it does for all integrative professionals.” •



The Health and Wellbeing Coaching Process



PART 1: Cultivate a Coaching Mindset

Be a role model. Engage fully in your own self-care and wellbeing in order to walk the walk. Be patient and understanding in exploring how to change when change is hard.

Be all-in present. Give your undivided attention to your client, not distracted by your thoughts, infinite to-do list, or computer screen. Stop the clock for a few moments and cultivate a deep level of presence so that you can listen with all of your brain's resources.

Elicit and share positive emotions. Ask clients about what is going well in their lives, in their health and wellbeing, what they are enjoying most, what puts a spring in their steps, what they are most grateful for, what they are most looking forward to. Positive emotions improve the brain's potential to be open, take risks, learn, strategize, and find creative solutions for challenges.

Improve self-compassion. In our high-achieving culture, most people are highly critical of themselves, judgmental, not accepting, or compassionate toward their own suffering and failings, which assist in regulating negative emotions. Model self-compassion for your own suffering, and radiate compassion for the messiness of being human, and the many challenges that make it hard to take good care of one's health and wellbeing over the lifespan.

Catalyze insights. View your role as a catalyst of your client's insights, not the know-it-all expert. Facilitate the generation of insights through provocative open questions and creative reflections. Hold space for insight generation. Don't fill the space with your knowledge and ideas. Get out of sales and into fishing.

Welcome and learn from setbacks. Help clients cultivate the growth mindset, not a success/fail or self-esteem-based mindset. Be a self-scientist. Every step is simply an experiment. Every result brings more learning.



PART 2: Coaching Inquiry

Navigate through the following topics for inquiry with your client.

1. DEEPEN MOTIVATION

The bigger the why the easier the how. Help people dig deep to find what they treasure most about their lives (what matters most, not what is the matter with you) and why wellbeing is an important resource, the means to what they desire most in life.

Best experiences of wellbeing. What have been your best experiences of being well, times when you felt alive, vigorous, and engaged? Recall one or two stories, in detail.

Imagine your best self. What is your vision for your future wellbeing? Paint a picture. What kind of person do you want to be? What do you want to do, have, think, feel, and look like?

Clarify your vision until it's reasonably succinct.

Motivating values. What makes this vision important to you? What are the most important or valuable elements for you in this vision? What is most important for you in your life that you couldn't have if you weren't well?

2. EXPAND CONFIDENCE

Motivation goes to sleep when confidence is low.

Gap between current and best self. If your vision for your wellbeing represents a future score of 10/10, how would you score your wellbeing today out of 10? Why is your score not lower (identify what's working)? What would it take to increase it by one point?

Confidence rating. On a scale of 0-10, with 10 being totally confident and 0 being no confidence, how confident are you that you can close this gap and realize your vision?

Internal Resources – Strengths. What strengths can you draw on to help you close this gap and realize your vision? How can the lessons from your life successes be applied on your path toward wellbeing?

External resources – Social support. A good deal of the resources we need to change ourselves for the better are outside, in our environment in life and work. What people, resources, systems, and environments can you draw on to help you move forward towards realizing your vision?

3. OVERCOME GROWTH EDGES (AKA CHALLENGES)

Identify Challenges. What challenges do you anticipate having to overcome on the way to reaching your vision? What else? Review multiple possibilities.

Creative strategies. To foster creativity, brainstorm possibilities to overcome a challenge in a light and playful manner in order to generate new ideas, the wilder the better until new energy and insights emerge. What strategies may be effective to help you move forward? Brainstorm and clarify multiple ideas, including outside-the-box possibilities. Of the ideas generated, which one or ones are most intriguing? How might a key idea be turned into new habits – what could you be doing consistently around three months from now?

4. SET BEHAVIORAL GOALS

Commit to first steps. Help clients define and commit to a behavioral goal. Any action, even small behavioral steps, starts momentum for the change journey. It's easier to change course when there is momentum than to overcome inertia. What step or steps do you want to commit to in the next week(s) that will move you toward your vision? How can you improve your motivation and confidence a little more to increase the likelihood of success for the first step? How will you hold yourself accountable?

Recalibrate confidence. On a scale of 0-10, with 10 being totally confident and 0 being no confidence, how confident are you now that you will take these steps on the way to realizing your vision? What would elevate your confidence to a 7/10 or higher?

5. HARVEST INSIGHTS

The real journey in coaching is helping clients expand their self-awareness, self-motivation, self-confidence, learn new knowledge and skills, and select and establish an optimal formula of habits that support their best selves. It's important to harvest and anchor these insights along the way.

1. Summarize your vision, values, strengths, supports, strategies, and first steps as succinctly as you can.
2. Summarize the key insights you gained in our coaching session.

Editor's note: Margaret Moore, MBA, NBC-HWC, contributed this resource. She is an executive coach; founder/CEO of Wellcoaches Corporation; co-founder and board member of the NBHWC; and co-founder and chair of the Institute of Coaching. Moore is located in Wellesley, Massachusetts.

A Step-by-Step Coaching Perspective



As we often see in life, there is no one way in the approach to coaching. For each prospective client, there is a unique reason which led them to reach out.

As an independent coach, with my own virtually based business, I'll provide some insight into how I initially engage with prospective clients and, structure client sessions.

INITIAL INTERACTIONS

- Prospective clients have typically reached out after being given my information from another health professional or have come across my name on a professional association's website (where I am an active member).
- Being that I hold client sessions over secure video conferencing, I offer a 20-minute discovery session ideally through the platform I host sessions or over the phone if they prefer. The goal of this time together is:
 - For both of us to get to know each other.
 - Go over what they are looking for in working with a coach.
 - Discuss what to expect in a coaching relationship and provide insight into my scope of practice.
- During the discovery session, I'm doing my best to get a sense for the prospective client's needs and determine what I can offer.
 - If it feels like a good fit, I will propose a program package, go over the investment and commitment.
 - If I get a sense we could be a good fit but see how they may benefit from collaborating with another professional, I will share more about what I am thinking, and get feedback from them.

ENTERING A COACHING PROGRAM

- For a coaching relationship to be established, I'll send along forms to review and sign which lays out the details of the program.
- These electronic forms can include:
 - Client agreement.
 - Informed consent release and waiver.
 - No-show, cancellation, and late policy

WORKING TOGETHER

- Typically, I start working with clients through a packaged program.
- The first session is a foundation session, with an extended time of 90 minutes.
 - We may discuss in greater detail the dynamics of a coaching relationship, clarify any expectations but most importantly this is the session for the client to share anything they feel is of importance.
 - Feeling fully heard can be one of the most important aspects in building rapport and trust (key pillars in a coaching relationship).
 - I'll then summarize what I've taken away from what they shared, inquire if there is anything they want to clarify, or if there is anything else they wish to share.
 - Depending on the time left, I may ask them to expand more on their goals.
- Ongoing follow-up sessions are typically weekly and 45 to 60 minutes in duration.
 - Client centered and client directed.
 - In order for a client to confidently step into becoming empowered in their health and wellbeing, it's important to meet them where they are in a judgment-free space.
 - When a client knows what they "should be doing," they may still seek out support because they realize they are not achieving their goals on their own.
 - ◇ By meeting a client where they are with no judgment, it creates space to have the client objectively explore what could be standing in the way.
 - ◇ When a client is able to be supported in this exploration, they develop greater agency for them to identify potential solutions, test ways to navigate in a supported environment, optimize, and adapt.
- Other clients can find medical appointments overwhelming and not know where to start after the appointment.
 - ◇ Getting a clear understanding of what the client took away from the appointment along with notes from the practitioner (either from the client or directly from consents in place) can be helpful for building support scaffolding for their journey in developing greater agency.

PROGRAM COMPLETION

- Once a client completes a packaged program, I'll offer ala carte services which allows them to select the duration and frequency or the option to extend into a new packaged program.

The value coaches can bring to clients and the practices they cultivate holds so much possibility.

Coaches are behavior change specialists who can be masterful in facilitating change. Training by credentialed programs are rather robust, as they are based on best and evidence-based practices. How this gets applied in client sessions will often be customized and unique.

For each coach, there is an approach that feels most aligned. Initially for me, it was working one-on-one. However, as time went on, I noticed there were unmet needs. From my 15 years of prior experience in brand and business development, I knew these are untapped opportunities. I've spent a great deal of time thinking about the common threads and how I can uniquely contribute.

Whether it's working with a client or stepping into opportunities yet to unfold, finding alignment, being fully present, spotting patterns, listening for the unsaid, meeting the moment, along with clear and compassionate communication, coaching has the ability to positively impact both patient and practitioner worlds.

Editor's note: Laura Calascione-Nguyen NBC-HWC, FMCHC, contributed this resource. Calascione-Nguyen is founder of GlassFull Coaching in Boonton, New Jersey. She is an Integrative Practitioner Editorial Advisory Board member.





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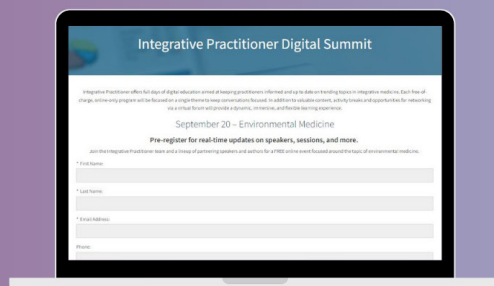


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About the Author



Liz Gold, Editor, Integrative Practitioner

Liz Gold is the editor of Integrative Practitioner. She brings more than 20 years of experience as a journalist and content creator for community newspapers and B2B audiences. Previously, Liz worked as a senior editor at Accounting Today, covering public accounting firms with a specialization in diversity and inclusion, growth strategies, and best practices. For the past decade, she owned a communications consulting company helping clients propel their stories into the world and reporting on the cannabis industry. She has produced several radio shows and podcasts, including a recent program exploring topics of strength, courage, and resilience. As a mental health advocate and mixed media artist, Liz is passionate about taking an integrative approach to health and wellness for inspired mind/body/spirit alignment.