Behavioral health coaching: An action-oriented approach to mental health promotion

ABSTRACT

Research into the effects and mechanisms of coaching for health including emotional wellness has been rapidly growing in the past decade. In this review, we discuss the history, theory, and methodology of coaching and review potentially beneficial mechanisms of action of coaching for managing mental health with examples from Ginger, an on-demand virtual mental health company that incorporates behavioral health coaching with licensed therapists and psychiatrists. Coaching has demonstrated a beneficial role in augmenting the need for mental health care providers. A number of trials have been performed to investigate the therapeutic effects of coaching for mental health. Although the data from these trials are promising, more studies are needed given the heterogeneous field of coaching and multifactorial aspects of mental health. There is also an important need to standardize behavioral health coaching methodology and differentiate between trained mental health practitioners that offer coaching, trained and certified coaches, and peer-based support.

INTRODUCTION

It is well-documented that mental health is a growing public health crisis, exacerbated by the multifactorial strain from COVID-19 (Substance Abuse and Mental Health Services Administration, 2019). As of April 2020, one out of four U.S. adults meet the criteria for serious mental distress, eight times more than a demographically similar sample from 2018 (Twenge & Joiner, 2020). In October 2020, Mental Health America published data showing a 93% increase in people seeking anxiety support and a 62% increase in people seeking depression support since 2019 (Reinert et al., 2020). Of the more than 1.5 million people included in this survey, 61% had never received any form of mental health treatment or support prior to 2020.

This increasing need for mental health care is outpacing the number of licensed mental health providers. There is a growing recognition that we can only meet this demand through new care delivery models, including the expansion of tele-health to overcome the geographic maldistribution of providers and by developing new methods of mental health support to overcome the shortage in licensed providers (Reinert et al., 2020). Numerous studies have shown promising results around delivery of mental healthcare through behavioral health coaches working in collaboration with licensed clinicians. This review evaluates the mechanisms of action and efficacy of behavioral health coaching for mental health, associated symptoms, and health concerns. Additionally, it describes how Ginger, an on-demand virtual mental health company, implements coaching to provide high-quality mental health support to its members.

THE ORIGINS AND DEVELOPMENT OF COACHING

While the roots of coaching date back to classical Greece, the field and methodology of coaching psychology formally developed in the early 20th century via sports psychology research (Allen, 2016; Griffith, 1926). Health coaching in particular has emerged as a potential solution to traditional provider shortages. It is used to motivate lifestyle behavior changes, medication adherence, following medical requests and scheduling appointments, and to promote improvements in quality of life in the context of managing various health conditions, including diabetes, heart failure, cancer, autoimmune conditions, and others.

A challenge for the field has been standardized definitions and accreditations. Several industry organizations have emerged to address these gaps for coaching in general and health coaching specifically. The International Coach Federation (ICF) defines coaching as a "partnering with clients in a thought provoking and creative process that inspires them to maximize their personal and professional potential" (ICF, 2019, para. 3). The National Board for Health and Wellness Coaching (NBHWC) defines the scope of practice of health and wellness coaches to be to "work with individuals and groups in a client-centered process to facilitate and empower the client to develop and achieve self-determined goals related to health and wellness. Coaches support clients in mobilizing internal strengths and external resources, and in developing self-management strategies for making sustainable, healthy lifestyle, behavior changes" (NBHWC, 2020, para. 1). To support the legitimacy of health coaches, the ICF and the NBHWC have both created credentialing requirements. The ICF offers three different credential levels that require completion of at least a 60-200 hour ICF approved coaching program, at least 100-2500 hours of coaching experience with at least 8-35 different clients within a 24 month period, at least 10 hours of coach mentorship, and completion of the Coach Knowledge Assessment (ICF, n.d.). To be certified through the NBHWC, an approved training program must be completed, at least 50 health and wellness coaching sessions completed, and the coach must pass their National Board Certification Exam (Become a board certified coach, 2020). Recognizing the unique expertise and value of coaching, the American Medical Association (AMA) announced approval of new Category III Current Procedural Terminology (CPT®) Codes for health and wellbeing coaching effective January 1, 2020 ("American Medical Association, 2019).

COACHING, PSYCHOLOGY, AND THERAPY

Despite some lack of agreement around whether coaching psychology and coaching are distinct modalities, there is general consensus that coaching focuses on behavior change through goals as opposed to focusing on diagnosis or pathology (Burke & Linley, 2007; Grant, 2012; Grant, 2014; Gregory et al., 2011; Smith et al., 2013; Spence & Oaedes, 2011; Theeboom et al., 2014; Whitmore, 2010). Research has supported the use of psychology models as within the scope of trained coaches and that psychological methods can be applied to clinical and non-clinical populations (Jenkins et al., 2012; Passmore & Theeboom, 2016).

Within coaching, there is often a distinction between performance or behavioral coaching versus developmental coaching, with the latter being more aligned with the use of psychological models and tools. Performance or behavioral coaching is focused on actions, behaviors, and goal achievement based on a time frame and action plan that the coach holds the client accountable to; whereas, with developmental coaching the focus is on the client's mindset, emotions, beliefs, and personality, seeking inner change to affect outer circumstances or performance outcomes (Barrick & Mount, 1993; Bono & Judge, 20014; Hogan & Holland, 2003; Judge et al., 2002; Mount et al., 1998; Nelson & Hogan, 2009; Tett et al., 1991). In the Ginger system, behavioral health or emotional wellness coaches combine goals-work with developmental coaching to help members improve their mental health, take accountability for their thoughts and emotions, and take action steps to improve self care and emotional wellness.

THERAPY TOOLS APPLIED TO COACHING

While coaches do not treat complex psychological disorders, they support emotion management, challenge negative thought patterns and negative thinking, support relationships and communication skill-building, and apply tools to reduce stress, anxiety, and depression. Behavioral health coaches and therapists use similar evidence-based tools to support emotional health and help members through anxiety and depression.

Summary of tools applied to coaching

Tool	Description	How it's applied to coaching
Positive Psychology	Move away from a focus on dysfunction and disorder to more "positive" aspects of human functioning such as "positive emotions" and psychological development (Pawelski, 2016).	Focus on client's strengths; focusing in sessions on a positive "diagnosis" (i.e. what is going well for the client); helping the client set "optimal functioning" goals; using positive psychology interventions such as gratitude; and assessing for positive qualities and strengths of the client
Solution-Focused Brief Therapy	Future-oriented, goals-focused, positive psychology form of therapy, focused on solutions instead of problems.	SMART goals development, gratitude practices, strengths exploration, values practices, and previous success exploration.

		as a means of developing resilience (Burke, 2017).
Acceptance and Commitment Therapy	Finding acceptance for challenges	Mindfulness skills training and promotion of psychological flexibility.
Dialectical Behavioral Therapy	Developed from behavioral and social learning theories for treatment of clinical suicidal populations that expanded its use into clinical populations at risk for suicide and self-harming behaviors such as personality disorders, depression, multiple anxiety disorders, eating disorders, and substance abuse disorders (Linehan & Wilks, 2015).	Skills training in mindfulness, interpersonal effectiveness, emotional regulation, and distress tolerance.
Motivational Interviewing	Developed for addictions counseling in the 1980s as a way to elicit behavior change and help clients move through the stages of change and resolve ambivalence (Miller & Rollnick, 2012).	MI uses open-ended questions and reflective listening to help clients express their concerns about change which coaches can use to help individuals set goals and determine a plan that matches their readiness for change (Hettema et al., 2014; Huffman, 2014; Miller, 2010; Simmons & Wolever, 2013).
Cognitive Behavioral Therapy (CBT)	Helps clients learn to examine thoughts using a structured approach to develop more rational, logical, and constructive thoughts that improve emotions and behaviors.	Support in thought journaling and reframing of cognitive distortions.
Mindfulness Based Stress Reduction	Development of present-moment attention and non-judgmental awareness of thoughts and emotions.	Supporting breathwork, meditation practices, and mindful awareness practices.
Psychoeducation	Combining therapeutic interventions with education about the diagnosis, health	Ensuring basic competence, supporting self-responsibility and empowerment, improving insight into

	issue, treatment options or client concerns.	the conditions which restrict the desired state, promoting relapse prevention, and supporting broader health (Bäuml et al., 2006).
Behavioral Activation	A CBT skill used in treating depression that supports an understanding of how behavior influences emotions.	Activity monitoring, assessment of life goals and values, activity scheduling, skills training, relaxation training, contingency management, procedures targeting verbal behavior, and procedures targeting avoidance (Kanter et al., 2010).

Summary of key coaching research

Publication title	Study objectives	Key findings
The effects of health coaching on adult patients with chronic diseases: a systematic review (Kivelä et al., 2014)	Describes the effects of health coaching on adult patients with chronic diseases.	Health coaching is an effective patient education method that can be used to motivate and take advantage of a patient's willingness to change their lifestyle and to support the patient's home-based self-care.
Application of Synchronous Text-Based Dialogue Systems in Mental Health Interventions: Systematic Review (Hoermann et al., 2017)	Reviews the current evidence for online one-on-one mental health interventions that use text-based synchronous chat.	Synchronous text-based interventions show significant and sustained improvements in mental health outcomes.
Does coaching work? A meta-analysis on the effects of coaching on individual level outcomes in an organizational context (Theeboom et al., 2014)	Meta-analysis of coaching within organizations.	Coaching is an effective intervention for employees, with significant improvement on performance/skills, well-being, coping, work attitudes, and goal-directed self-regulation

Enhancing goal self-concordance through coaching (Burke & Linley, 2007)	A study of 26 senior managers with a comparison of results from receiving coaching support with 1 goal and not the other goals.	Significant increases in self-concordance and commitment for the coached goal versus goals not coached.
Integrative health coaching: a behavior skills approach that improves HbA1c and pharmacy claims-derived medication adherence (Wolever R.Q.,& Dreusicke, 2016)	Observational study of 56 participants receiving coaching calls over 6 months.	Coaching improves oral medication adherence and psychosocial measures including patient activation with confidence for self-management, improved mood, improved quality of life and positive outlook at health challenges.
Do people with existing chronic conditions benefit from telephone coaching? A rapid review (Dennis et al., 2013)	Scoping review of effectiveness of telephone-based coaching services for the management of patients with chronic diseases.	Telephone coaching for people with chronic conditions can improve health behaviour, self-efficacy and health status, especially for vulnerable populations who have difficulty accessing health services.
Augmenting Evidence-Based Care With a Texting Mobile Interventionist: A Pilot Randomized Controlled Trial (Ben-Zeev et al., 2020)	A 3-month pilot randomized controlled trial of 49 individuals with serious mental illness was conducted to compare the mobile interventionist approach as an add-on to assertive community treatment versus treatment alone.	Evidence-based texting interventions can serve a crucial role in supporting continuity of care.

Fundamentals for Future Mobile-Health (mHealth): A Systematic Review of Mobile Phone and Web-Based Text Messaging in Mental Health (Berrouiguet et al., 2016)	Literature review of text-messaging use in mental health care to determine effectiveness and purpose.	Text messaging in mental health care may increase treatment adherence, symptom surveillance, and patient satisfaction.
Digital Mental Health Interventions for Depression, Anxiety, and Enhancement of Psychological Well-Being Among College Students: Systematic Review (Lattie et al., 2019)	Systematic review of digital mental health interventions for college students exploring improvement in mental health treatment.	Results suggest that digital mental health interventions can be effective for improving depression, anxiety, and psychological well-being among college students.
Development of an internet-based support and coaching model for adolescents and young adults with ADHD and autism spectrum disorders: a pilot study (Wentz et al., 2012)	Observational study of internet chat based coaching for autism spectrum and ADHD for teenagers and young adults.	Internet chat coaching found to increase quality of life and self esteem in participants.
Evaluation of an On-Demand Mental Health System for Depression Symptoms: Retrospective Observational Study (Kunkle, Yip, Ξ, et al., 2020)	Data were analyzed from 1662 users of an on-demand mental health system that includes behavioral health coaching, clinical services (therapy and psychiatry), and self-guided content	Reduction in depression symptoms measured through PHQ-2.
Association between virtual care modality, utilization, and anxiety outcomes: retrospective observational study (Kunkle, Yip, Hunt, et al., 2020)	Data were analyzed from 1611 users of an on-demand mental health system that includes behavioral health coaching, clinical services (therapy and psychiatry), and self-guided content	Collaborative care (teletherapy and text-based coaching) most likely to decrease anxiety.

	comparing anxiety outcomes by care modality (coaching, teletherapy and telepsychiatry, and collaborative).	
Autonomy support, relationship satisfaction and goal focus in the coach–coachee relationship: which best predicts coaching success? (Grant, 2014)	Exploratory study of 49 coach–coachee dyads comparing measures for coaching success.	A goals focus in coaching is the largest predictor of coaching success versus coach-coachee relationship or autonomy support.
Positive Psychology: The Science at the Heart of Coaching (Kauffman, 2006)	A review of the literature on positive psychology and its theoretical application to coaching.	Coaching may increase happiness "set points" through goals-work and promotion of fulfillment.
Positive coaching psychology: A case study in the hybridization of positive psychology (Lomas, 2020)	Perspective review on positive psychology and coaching psychology around: (a) the fields being essentially the same (b) positive psychology encompasses coaching; (c) coaching encompasses positive psychology; and (d) the fields overlap but are different.	Positive psychology and coaching psychology draw on a common body of theories and practice which belong to neither field.
Cognitive-behavioral, solution-focused life coaching: Enhancing goal striving, well-being, and hope (Green et al., 2006)	Exploration of outcomes for a 10-week experimental cognitive behavioral, solution focused group coaching program for non-clinical populations.	Study supports the use of psychological practices for non-clinical populations. Coached group increased in goal striving, hope, and well being with use of CBT coaching.
Adaptation of a peer based online emotional support program as an adjunct to treatment for people with schizophrenia-spectrum	Small exploratory study of use of a peer-based digital platform for schizophrenia spectrum disorders.	Use of a digital platform for mental health utilizing peer support is feasible for cost and availability and may be well received by patients.

disorders (Baumel et al., 2016)		
Online emotional support delivered by trained volunteers: users' satisfaction and their perception of the service compared to psychotherapy (Baumel, 2015)	Online survey results for peer-based digital platform.	Volunteer, peer-based support through a digital platform for emotional distress found as helpful as psychotherapy by some respondents and elicited positive feedback.
Adjusting an Available Online Peer Support Platform in a Program to Supplement the Treatment of Perinatal Depression and Anxiety (Baumel & Schueller, 2016)	Small scale exploratory study for using peer-based digital platform for perinatal depression or anxiety.	Positive patient results to the volunteers, peer-support through the digital platform, indicating it is an accessible and useful intervention form.

VIRTUAL AND TEXT-BASED MENTAL HEALTH CARE

A large body of evidence supports the effectiveness of both telemedicine and texting modalities to improve mental health outcomes. A 2017 study found that off-site telemedicine-based collaborative care led to better outcomes versus in-person collaborative care (Fortney et al., 2017). General advantages of telemedicine include improved access, reduced costs, flexibility, and interactivity (Langarizadeh et al., 2017).

In addition to telehealth, mobile-based interventions have also become increasingly common as 81% of North Americans own a smartphone ("Demographics of Mobile," 2019). A 2017 meta-analysis of smartphone-based treatments concluded that they are promising for depression management (Firth et al., 2017). Several studies have also shown that inclusion of a human supportive layer in virtual care improves outcomes (Dennis et al., 2013). A 2017 systematic review of synchronous text-based chats found significant and sustained improvements in mental health outcomes following synchronous text-based intervention, and post treatment improvement was equivalent to that of face-to-face or telephone counseling (Hoermann et al., 2017).

THE GINGER MODEL

Ginger's mission is to create a world where mental health is never an obstacle. By harnessing the power and convenience of a smartphone, Ginger is able to provide access to high-quality care to anyone, anywhere, in order to reduce symptoms of stress, anxiety, and depression. Ginger provides individuals with on-demand, evidence-based, virtual behavioral health coaching, therapy, and psychiatry, along with self-guided content and assessments. Coaches work with members through a text-based interface and therapists and psychiatrists meet with

members through video appointments. In Ginger's integrated system, coaches collaborate with the broader Ginger coaching team in addition to therapists and psychiatrists to provide the right level of team-based care to members. The Ginger model of care operates from the framework that clinical care is most effective when paired with coaching. Collaboration ensures that the coaching plan aligns with the therapy and/or psychiatry treatment plan, that there is a shared understanding of member's needs and goals, that progress can be evaluated across different levels of care, and that members can be triaged from one level of care to another as needed.

GINGER COACHES

Ginger coaches either have an advanced degree (Master's or Doctorate) in a field related to mental health, and/or an accredited Coach Certification in addition to at least two years of experience and six months of direct supervision, under a qualified, credentialed or licensed supervisor. Experience of coaches vary from working in mental health, child welfare services, residential treatment centers, outpatient clinics, VA centers, senior centers, community health centers, jails and the prison system, nature, non-profits, hospitals, human resource departments, schools, shelters, private practices, and on crisis hotlines as therapists, behavioral health coaches, nutritionists, social workers, physical health coaches, spiritual counselors, vocational rehabilitation counselors, functional medicine practitioners, fitness and yoga instructors, recreation therapists, school teachers, and meditation instructors; working with children, adolescents, families, adults, couples, entrepreneurs, and businesses. Areas of specialization include managing workplace conflict, motivation, goal setting, anger management, suicidal ideation, domestic violence and abuse, rehabilitation for developmental disabilities, emotional and disordered eating, grief support, relationships, religion and spirituality, sexual identity, crisis and life transition support, positive psychology, addiction counseling, equine therapy, art therapy, and family therapy. Coaches receive weekly direct clinical supervision, participate in a weekly group meeting to process challenging cases, and receive feedback from the clinical team that reviews coach transcripts to ensure quality and appropriateness of care. Coaches receive ongoing training from licensed or credentialed practitioners in evidence-based coaching practices and therapy models of care. Ginger's collaborative model using professional behavioral health coaches with licensed clinicians shows significant improvement in anxiety and depression of members (Kunkle et al, 2020).

CONCLUSION

Although coaching dates back to ancient Greece, only recently has it become a more formalized and recognized discipline, particularly in the area of mental health. Organizations like the International Coach Federation and the National Board for Health and Wellness Coaching have provided definitions and certifications to bolster credibility of the coaching field. The American Medical Association (AMA) also recognizes health and wellbeing coaching as a reimbursable service via CPT codes.

To address mental health issues, coaches use many of the same evidence-based tools as therapists, however, they tend to focus on behavior change through goals as opposed to

diagnosis or pathology. Systematic reviews have concluded that health coaching can motivate change in chronically ill patients' lifestyle behavior, leading to improvements in physical and mental health status. Additionally, there is growing evidence that coaching interventions delivered via text have similar effectiveness to traditional in-person care and may offer some additional benefits in improving convenience and reducing stigma.

In Ginger's virtual on-demand system, coaches collaborate with the broader Ginger coaching team in addition to therapists and psychiatrists to provide the right level of team-based care to members. Ginger coaches are mental health subject matter experts with either an advanced degree (Master's or Doctorate) in a field related to mental health, and/or an accredited Coach Certification, in addition to at least two years of experience and six months of direct supervision, under a qualified, credentialed or licensed supervisor.

As the demand for mental health services continues to grow, it is important that we continue to innovate on new care delivery models, while maintaining a high standard for quality and outcomes. To this end, Ginger plans to launch a Training Institute to provide first-in-class telehealth training for coaches and clinicians. By providing care that is collaborative, measurement-based, empirically-supported, culturally responsive, personalized, on-demand, and AI-enabled, Ginger will continue to further its vision for a world where mental health is never an obstacle.

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