



National Board for Health  
& Wellness Coaching

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# Continuing Education Approval Requirements



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# NBHC Continuing Education (CE) Summary



Thank you for your interest in NBHC Continuing Education Approval!

NBHC Continuing Education Approval is a rigorous process intended for organizations seeking to provide Continuing Education opportunities to National Board Certified Health and Wellness Coaches (NBC-HWCs). This guidebook outlines the requirements for NBHC Approved Continuing Education as well as provides numerous resources for the application process. You will find the standards for Continuing Education, the NBHC Code of Conduct for Approved CE, a list of the core competencies for health and wellness coaching, as well as many other resources to ensure that your Continuing Education opportunity delivers training and education to the highest standards. We look forward to having your CE opportunity available to the NBC-HWC community as well as working together to continue to advance the field of health and wellness coaching.

*NBHC Approved Continuing Education does not meet eligibility requirements for individuals planning to sit for the National Board Exam.*

## CE Approval Key Elements

Please take note of the following important features of NBHC CE Approval:

1. Any and all opportunities offered as NBHC Approved CE must be reviewed and approved in order to be CE eligible.
2. Applications are required for each and every CE opportunity.
3. Application fees (\$149 per application) are paid prior to a review and pay for the review only.
4. Application fees do not guarantee approval and are not applied to annual fees.
5. Approval fees, valid for one year, are assessed based on the value of CE per offering; Approval is not valid and active until Approval fees are received.
6. Approval fees must be paid annually and are due the first day of the month approval was awarded. Fees not paid on time are subject to late fees and when fees are not paid within 30 days of the due date, Approval status is removed.
7. Conferences are only Approved for one-year and do not renew annually. If a conference transitions to an asynchronous course after the event occurs, the NBHC office can be contacted to assist with a transition from conference to course Approval status and the annual Approval fee will be assessed accordingly.

## CE Approval Process

The following steps outline the process by which all CE opportunities are submitted, reviewed, and approved:

1. Organization creates an account
2. Select “Programs” to find the CE Approval application
3. Open an application
4. Within the application, select “course” to submit up to 5 courses or “conference” to submit a conference event\*
5. Fully complete all required information in the application
6. Sign Terms & Conditions and Release of Liability
7. Submit application with review fee
8. Receive notice of approval decision, typically within 14-30 days of submission
9. Pay CE Approval fees\*\*
10. Receive CE Approval information after fees have been paid

*\*Selection of a conference application is appropriate when offering a formal event organized for the purpose of experts sharing knowledge on a specific topic. Conferences are typically multi-day and offer keynote speakers in addition to a subset of topics or seminars held under an umbrella theme.*

*\*\*Approval fees are only invoiced if CE is Approved.*

<b>Application Fee</b>	\$149/application (up to 5 courses per application)	
<b>Course Approval Fee <u>per course</u></b>	1 CE Course	\$150/year
	2-11 CE Course	\$200/year
	12-24 CE Course	\$400/year
	25-36 CE Course	\$600/year
	37-48 CE Course	\$800/year
	49-60 CE Course	\$1000/year
	61+ CE Course	\$1500/year

# CE Standards

Outlined below are the key requirements for all NBHWC Continuing Education opportunities. A thorough review of these key requirements is recommended to ensure complete understanding of guidelines prior to beginning the application process.

**All Continuing Education submitted for NBHWC CE Approval, without exception, must be able to demonstrate the following:**

1. The entirety of the content presented is within the NBHWC Scope of Practice (Appendix B).
2. The entirety of the content presented is relevant to advancing the professional practice of health and wellness coaching (Appendix A).
3. Content is relevant to one or more of the following areas:
  - a. One or more of the core competency areas required for the practice of health and wellness coaching (Appendix A).
  - b. Business development for a health and wellness coaching business, including:
    - i. Health and Wellness Coach business development and design
    - ii. Health and Wellness Coach marketing
    - iii. Health and Wellness business systems
  - c. Health and wellness coaching subspecialties, including:
    - i. Group coaching
    - ii. Digital coaching skills
    - iii. Coaching in healthcare
    - iv. Corporate wellness coaching
  - d. Diversity, equity, and inclusion knowledge and practice in the field of health and wellness coaching
4. Content is overseen and/or endorsed by a subject-matter expert (SME) in coaching, health and wellness coaching, or the relevant applicable field as presented in the content.

# NBHC CE Course Requirements

**Each course submitted for NBHC Course Approval must include the following:**

## 1. Detailed Course Description

- a. Course content may be focused on theory, practice, or a combination of both.
- b. Course content must emphasize valid, client-centered knowledge and practice skills that advance the professional practice of health and wellness coaching.
- c. All content contained within the course must be fully within the NBHC Scope of Practice.

## 2. Measurable Course Objectives

- a. At least two (2) objectives must be provided that align specifically with the practice of health and wellness coaching; these objectives will be included in all marketing materials for the course.
- b. There must be a description of measurable behaviors the student will demonstrate or achieve upon completion.  
*Example:* "Upon completion of this program, the coach will be able to:
  - i. Describe the latest coaching techniques to help clients with brainstorming;
  - ii. Explore with clients their preferred means for monitoring progress;
  - iii. Evaluate behavioral risk factors."
- c. When measurable objectives are not provided, an application will be denied (instructor goals and learner outcomes may not be substituted for measurable course objectives).

## 3. Description of Course Relevance to Health & Wellness Coaching

- a. Application must include description of how the content is applicable to the core competencies of health and wellness coaching.
- b. There must be a description of how the course advances or enhances an NBHC's practice of health and wellness coaching within Scope of Practice.

## 4. Outlined Course Delivery

- a. Content delivery method(s) must be described, and courses may be one of the following or a combination of both:
  - i. Synchronous delivery
    1. Direct instructional delivery by a qualified faculty/instructor in a live format, including in-person, virtual or telephonic methods.
    2. Instruction is calculated minute-per-minute, and courses is a minimum of 60 minutes.
  - ii. Asynchronous delivery
    1. Direct instructional delivery by a qualified faculty/instructor in a recorded format that is instructor-led or facilitated.
    2. Instruction is calculated minute-per-minute, and courses is a minimum of 60 minutes.
      - » Examples of permissible recorded formats include recorded lectures, recorded webinars, narrated PowerPoints, and facilitated reviews of coaching demonstrations that are measurable in time.
- b. Student learning activities conducted **outside** direct synchronous or asynchronous instruction must be accounted for, including independent reading, writing, reflections, tests/exams, research papers, etc.

*However, please note that:*

  - i. These activities will be **excluded** from instructional time.
  - ii. These activities will **not** count toward CE for the course.
- c. Student learning activities conducted **inside** direct synchronous or asynchronous instruction must be instructor-led or facilitated to count as instructional time; evidence of time spent in such activities must be verifiable.
- d. Course must identify the relevant target audience for the content.
- e. Course must outline the languages available for instruction.
- f. Evidence of attendance policies must be submitted for ensuring full participation of each attendee.

## 5. Method of Assessment or Evaluation of Learning

- a. Methods used to assess or evaluate achievement of course objectives must be clearly outlined, including but not limited to: assessments, quizzes, tests, etc.
  - i. The completion of documented, verifiable assessments of learning will be

- required in order for a participant to receive a certificate of completion.
- ii. Participants must pass the course with assessment in order to receive CE.
- b. Non-measurable items, including surveys of a course, will not be accepted as methods of assessment or evaluation.

## 6. CE Calculation for Instructional Time

- a. CE calculations will be 1 CE = 60 minutes of instructional time.
- b. Courses above 60 minutes may reflect CEs accordingly (i.e. 90 minutes of instruction = 1.5 CE).
- c. Courses must demonstrate that they are a minimum of 60 minutes in length; applications for courses that are less than 1 hour will be denied.
- d. Organizations must attest that only courses completed **in full** will award CE; credit for partial completion of a course may not be provided.
- e. Instruction provided in an academic, for-credit settings may calculate CE from the following:
  - i. One academic quarter credit is equal to 12.5 CE.
  - ii. One academic semester credit is equal to 15 CE

## 7. Instructor Credentials and Qualifications

- a. A resume or CV that includes education and training background must be submitted for the instructor(s) of a course.
- b. Descriptions must be provided regarding an instructor's coaching credentials and experience as applicable to the course; descriptions should emphasize subject-matter expertise.
- c. If applying to deliver a course that requires specific training to be a designated trainer, evidence of the official training completion must be submitted.
- d. If a course is being provided by a non-coach instructor, evidence must be provided for an overseeing and/or endorsing subject-matter expert (SME) in coaching, health and wellness coaching, or the relevant applicable field as presented in the content.**

## 8. Certificates of Completion Components

- a. NBC-HWC name
- b. Course title
- c. Date of completion
- d. Issuing organization with signature
- e. CE credits awarded
- f. NBHWC Approved CE number

# NBHC CE Conference Requirements

**Each conference submitted for NBHC CE Approval must include the following:**

## 1. Detailed Conference Description

- a. Conference content may be focused on theory, practice, or a combination of both.
- b. Conference content must emphasize valid, client-centered knowledge and practice skills that advance the professional practice of health and wellness coaching.

## 2. Measurable Conference Objectives

- d. At least two (2) objectives must be provided that align specifically with the practice of health and wellness coaching; these objectives will be included in all marketing materials for the course.
- e. There must be a description of measurable behaviors the student will demonstrate or achieve upon completion.

*Example:* “Upon completion of this program, the coach will be able to:

- i. Describe the latest coaching techniques to help clients with brainstorming;
- ii. Explore with clients their preferred means for monitoring progress;
- iii. Evaluate behavioral risk factors.”
- f. When measurable objectives are not provided, an application will be denied (instructor goals and learner outcomes may not be substituted for measurable course objectives).

## 3. Description of Conference Relevance to Health & Wellness Coaching

- a. Application must include description of how the content is applicable to the core competencies of health and wellness coaching.
- b. There must be a description of how the conference advances or enhances an NBC-HWCs practice of health and wellness coaching within Scope of Practice.

#### 4. Outlined Conference Delivery

- a. Content delivery method(s) must be described, and the conference may be one of the following or a combination of both:
  - i. Synchronous delivery: Direct instructional delivery by a qualified faculty/instructor in a live format, including in-person, virtual or telephonic methods.
  - ii. Asynchronous delivery: Direct instructional delivery by a qualified faculty/instructor in a recorded format that is **instructor-led or facilitated**.
- b. Student learning activities conducted **outside** of direct synchronous or asynchronous instruction must be accounted for, including independent reading, writing, reflections, tests/exams, research papers, etc.

*However, please note that:*

- i. These activities will be **excluded** from instructional time.
  - ii. These activities will **not** count toward CE for the course.
- c. Student learning activities conducted **inside** direct synchronous or asynchronous instruction must be instructor-led or facilitated to count as instructional time; evidence of time spent in such activities must be verifiable.
- d. The conference must identify the relevant target audience for the content.
- e. The conference must outline the languages available for instruction.
- f. Evidence of attendance policies must be submitted for ensuring full participation of each attendee and/or with a plan regarding distribution of CE in accordance with each participant's attendance.

#### 5. CE Calculation for Instructional Time

- a. CE calculations will be 1 CE = 60 minutes of instructional time (synchronous or asynchronous delivery).
- b. Courses above 60 minutes may reflect CEs accordingly (i.e. 90 minutes of instruction = 1.5 CE).
- c. Multiple-day conferences may issue CE for each segment completed **provided that** the segments are a minimum of one hour in length and attendance is tracked per segment.
- d. Alternatively, multiple-day conferences may submit the application requiring full, complete attendance and CE is awarded only on the successful completion of the entire event.

## 6. Instructor Credentials and Qualifications

- a. A resume or CV that includes education and training background must be submitted for the instructor(s); bios of speakers are permitted for conference applications only.
- b. Descriptions must be provided regarding an instructor's coaching credentials and experience as applicable to the course; descriptions should emphasize subject-matter expertise.
- c. ***If a course is being provided by a non-coach instructor, evidence must be provided for an overseeing and/or endorsing subject-matter expert (SME) in coaching, health and wellness coaching, or the relevant applicable field as presented in the content.***

## 7. Certificates of Completion Components

- a. NBC-HWC name
- b. Course title
- c. Date of completion
- d. Issuing organization with signature
- e. CE credits awarded
- f. NBHWC Approved CE number

# NBHC Continuing Education Code of Conduct

## Purpose

NBHC Continuing Education Approval is a rigorous process intended for organizations seeking to provide Continuing Education opportunities to National Board Certified Health and Wellness Coaches (NBC-HWCs). The purpose of this document is to outline the policies and agreements established as training and education organizations apply for and obtain NBHC Continuing Education Approval. The policies and agreements outlined in this document ensure that organizations providing NBHC Approved Continuing Education operate with consistency and integrity to benefit the ongoing development and professionalization of health and wellness coaching.

## Scope

Organizations seeking NBHC Continuing Education Approval or renewal are responsible for understanding and complying with all of the policies and agreements outlined in this document. The scope of these policies and agreements shall be understood as applicable both during the Continuing Education application process and once Approval is received. These policies and agreements shall be understood as binding guidelines and responsibilities to ensure appropriate conduct and integrity is maintained; attestation to the adherence of these policies and agreements is completed as a part of the NBHC Continuing Education Approval application and renewal processes.

## Policies

### 1. Continuing Education Content

- a. Approved Continuing Education is considered supplemental and advanced education for new learning, advancing skills and practice, and for renewing an NBC-HWC credential.
  - i. Approved content must be related to the practice of health and wellness coaching.
  - ii. Approved content must be in alignment with the NBHC Scope of Practice (Appendix B) and related to one of the approved areas for Continuing Education.

- iii. Approved content may be related to business development and growth of a health and wellness coaching business; general courses in business or business development **not** specific to the growth of a health and wellness coaching business will be considered ineligible for CE.
- b. Approved Continuing Education submitted and/or advertising as offering a “Certification” must be able to demonstrate clear, verifiable evidence that a recognized, regulatory body exists to issue and oversee the certification.
  - i. Organizations seeking to offer a “certification” must submit proof of accreditation, the structured assessment process, and the outlined adherence to standards established by a certifying authority.
  - ii. Organizations who are **not** established or recognized certifying bodies, and/or are not providing Continuing Education in partnership with a certifying body under authorized supervision, may **not** use the term “certification” in any materials associated with the CE Approval being sought. Organizations may use “certificate” or other similar designation that does not imply certification by an authoritative body.
- c. Approved Continuing Education may **not** be utilized as eligibility for the NBHWC Board exam.

## 2. Operations

- a. Applications
  - i. Applications may remain open for completion for up to 6 months. If an applicant has not completed the application process within 6 months, the application will be closed.
  - ii. Application fees for CE Approval are non-refundable and do not guarantee approval.
  - iii. Incomplete applications, if submitted with missing information or documentation, will be denied.
  - iv. Failure to respond within 30 days to any request for additional or clarifying information will result in an application being denied.
- b. Continuing Education Approval Fees
  - i. Application fees are not applicable to Approval fees.
  - ii. Approval fees must be paid annually for the course to remain valid as CE.
  - iii. Approved Courses may roll over from one year to the next without a new application **provided that** the course continues to be delivered as approved and the course continues to meet any updated standards or requirements for Continuing Education as published by NBHWC.

- iv. Approved Conferences are valid for only one year and are not renewable without authorization from NBHWC.
- c. Marketing
- i. All Continuing Education Approved by NBHWC must adhere to and comply with standards and guidelines for marketing as set forth by NBHWC for Continuing Education.
  - ii. All marketing of Approved Continuing Education should clearly outline Approval status and must display the NBHWC CE Approval number. Organizations may also utilize the NBHWC Approved Continuing Education Seal of Approval. **The NBHWC and NBME logos and brands may not be used at any time.**
  - iii. Marketing materials must disclose all relevant information about the Continuing Education opportunity, including but not limited to description, objectives, duration, approval status, faculty as appropriate, CE value, and any associated costs.
  - iv. Marketing materials must adhere to ethical standards and guidelines for the health and wellness coaching profession; misleading claims and false representations in marketing materials will not be tolerated and may result in the revocation of Approval.
- d. Conflicts of Interest
- i. Every effort should be made by organizations offering CE to minimize or remove conflicts of interest within Approved Continuing Education offerings.
  - ii. All Approved Continuing Education offerings are required to disclose any personal, financial, or professional interests that may create a conflict with the impartial delivery of Continuing Education opportunities. This includes but is not limited to, financial relationships, financial gains, personal financial ties to programmatic materials and offerings, and all other gains tied to specific outcomes for a course, conference, or other CE event.
  - iii. In instances where a potential conflict of interest exists, transparent disclosure of the nature of the conflict must be provided to participants. This disclosure will be made in a clear and conspicuous matter to allow for participants to make informed decisions regarding their engagement with the Continuing Education offering.

### **3. Continuing Education Agreements**

- a. By agreeing to provide Approved Continuing Education, the applicant understands and agrees to fully comply with all conditions, requirements, and guidelines set forth in the NBHWC CE Code of Conduct.

- b. By agreeing to provide Approved Continuing Education, the applicant understands and agrees that all instruction will occur in accordance with the NBHWC Scope of Practice (Appendix B) and the NBHWC Code of Ethics (Appendix C).
- c. By agreeing to provide Approved Continuing Education, the applicant understands and agrees to comply with all conditions, updates and amendments made by NBHWC.
- d. By agreeing to provide Approved Continuing Education, the applicant understands and agrees to comply with all branding, logo, and seal of approval guidelines for NBHWC Approved Continuing Education.
- e. By agreeing to provide Approved Continuing Education, the applicant understands that an audit of Approved CE materials, including faculty and content, may be conducted at any time to ensure continued compliance with NBHWC CE requirements.
- f. By agreeing to provide Approved Continuing Education, the applicant agrees to cooperate with audits and inquiries from NBHWC regarding compliance with NBHWC CE requirements, including but not limited to review of files, course(s) content, faculty, student records, and interviews of students, faculty and staff.
- g. Record Keeping
  - i. By agreeing to provide Approved Continuing Education, the applicant understands that documented participant records are required to be maintained regarding Approved Continuing Education completion.
  - ii. By agreeing to provide Approved Continuing Education, the applicant agrees to notify NBHWC of all changes to the providing organization, or owner(s) of the Approved Continuing Education, including but not limited to:
    1. New ownership or new organizational partner for the course(s)
    2. New contact person or contact information
    3. New delivery method or change in proposed CE
    4. New/updated course(s) name

# NBHC Continuing Education Approval Application and Agreement

## TERMS AND CONDITIONS

In signing this form upon submission of an application for NBHC Continuing Education Approval, the applicant organization (“I,” “we,” or the “Applicant”) indicates complete understanding, acknowledgement, and agreement with the terms and conditions outlined below:

- I (we) represent and warrant that all information and any documents submitted with the Applicant’s application for NBHC Continuing Education Approval for the course(s), conference(s), or other educational opportunity listed in such application (the “Application”) are true, accurate, and complete to the best of the Applicant’s knowledge.
- I (we) authorize NBHC to contact third parties; request, obtain, use, and disclose additional information and documents; and otherwise take such actions as are reasonably necessary or appropriate to investigate and verify the information in the Application or other supplemental Materials.
- I (we) represent and warrant that the Applicant and the individual submitting the Application for the Applicant have the legal authority to submit the Application and to make all disclosures, grant all permissions, and meet all obligations in these terms and conditions.
- I (we) understand and agree that the application fees for NBHC Continuing Education Approval are review fees and do not guarantee course(s), conference(s), or other educational opportunity approval. I (we) further understand that all fees for NBHC Continuing Education Approval are non-refundable.
- I (we) understand that NBHC retains the right to increase fees without prior notice.
- I (we) understand that all decisions and recommendations by NBHC are final. I (we) further agree to defend, indemnify and hold harmless NBHC, the National Board of Medical Examiners (“NBME”), and the Foundation for Health and Wellness Coaching (“FHWC”) and their respective affiliates, directors, officers, employees, and agents for any and all third-party claims, causes of action, liabilities, losses, damages, penalties, assessments, judgments, awards, or costs, including reasonable attorneys’ fees and costs, arising out of, resulting from, or relating to the applicant’s Application.

- I (we) acknowledge that NBHWC Continuing Education Approval, if granted, will apply only to the course(s), conference(s), or other educational opportunity listed in the Application that are approved. It will not apply to any other program, course(s) or other educational opportunity operated by the Applicant.
- I (we) acknowledge that NBHWC Continuing Education Approval, if granted, will apply only to the course(s), conference(s), or other educational opportunity operated and delivered by the Applicant. It will not apply to and cannot be used by any franchisee, licensee, or secondary distributor of any kind or by any entity other than the Applicant. Any such entity, described above, will be considered a separate, individual educational opportunity and must have a separate application for NBHWC Continuing Education Approval.
- I (we) agree to maintain compliance with all applicable copyright laws for course materials and content used for any and all locations in which the course(s), conference(s), or other educational opportunity is delivered and/or provided.\*

*\*If the course(s), conference(s), or other educational opportunity material and content is not uniquely developed by the Applicant, the Applicant must furnish evidence of authorization, i.e., licensing, etc. to use the materials/content. Documentation should include the signed statement below regarding compliance with copyright laws and ownership. If utilizing licensed content, upload a copy of the license agreement or statement from the licensor stating that the Applicant has a license to use the material.*

- I (we) have read and understand the NBHWC Continuing Education Code of Conduct and agree to honor and uphold the guidelines and agreements as stated for NBHWC Continuing Education Approval and the NBHWC Continuing Education Approval process. This shall include, but is not limited to, agreement to maintain the integrity of the course(s), conference(s), or educational opportunity as approved; agreement to comply with any provisions of approval as identified by the NBHWC Continuing Education Approval Department; agreement to adhere to NBHWC and NBME branding and graphics policies and procedures; agreement to adhere to NBHWC marketing and conflicts of interests policies, and agreement to ensure that all training and education, including mentoring, is in accordance with the NBHWC Code of Ethics.
- I (we) agree that NBHWC has sole discretion to issue, amend or revoke the rules and regulations governing NBHWC Continuing Education Approval. I (we) agree to abide by any decision of NBHWC regarding the matters of NBHWC Continuing Education Approval, including changes in the guidelines and requirements, and the revocation of NBHWC Continuing Education Approval, if granted.
- I (we) acknowledge that this agreement, including the Release of Liability set forth below, is governed by the internal laws, and not the law of conflicts, of California.

# RELEASE OF LIABILITY

To the fullest extent permitted by law, the Applicant releases and forever discharges NBHWC, NBME, FHWC, and their respective affiliates, directors, officers, employees, and agents (collectively, the “Released Parties”) from and against any and all claims, causes of action, liabilities, losses, damages, penalties, assessments, judgments, awards, or costs, including reasonable attorneys’ fees and costs, arising out of, resulting from, or relating to:

- A Released Party’s review of the Application and any other Application-related documents or information;
- A Released Party’s good-faith consultation or exchange of documents or information with any third party for purposes of investigating and verifying any information in the Application and any other Application-related documents or information; or
- A Released Party’s decision, opinion, or recommendation to approve or reject the Application.

The Applicant acknowledges that it has read and considered and understands the provisions and significance of California Civil Code Section 1542, which provides as follows:

A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.

The Applicant expressly waives any and all rights that it has or may have under California Civil Code Section 1542, as now worded or later amended.

I (we) acknowledge that I (we) have read this NBHWC Continuing Education Approval Application and Continuing Education Agreement and voluntarily agree to its terms and conditions, including the Release of Liability set forth above.

# APPENDIX A: HEALTH & WELLNESS COACH COMPETENCIES

## 1

### Coaching Presence, Relationships, and Sessions

A photograph showing a man and a woman in a professional office environment. The man, wearing a pink and white striped shirt, is leaning forward and gesturing with his hands as if in conversation. The woman, wearing a red top, is looking at him attentively. The background shows office desks and other people working.

The foundation of coaching lies in how a coach “shows up” in the coaching relationship and the partnership that is formed as a result. The coach brings their authentic self to the conversation with the intention to fully focus on the client, allow silence, and listen to understand; the coach’s presence is grounded in being attentive and “with” the client while coaching. The coach uses mindful awareness to notice, with curiosity and non-judgment, what is happening with the client, as well as what is happening within themselves during coaching. The ultimate purpose of the relationship is to support the client’s change process, with the coach’s attunement to self also essential for self-regulation and self-management.

The coaching relationship is based on the recognition that the client is whole, resourceful, and the expert on their own life; the client does not need to be “fixed.” This perspective creates an open and accepting space for the client to explore, reflect, and respond. This type of presence increases connection, builds trust and rapport, and helps the client feel supported, heard, seen, and safe. When the client’s agenda, needs, and preferences drive the coaching relationship, the coach is able to resist “knowing” what is best for the client. Additionally, with a grounded, positive, and supportive environment, the client is more likely to be aware, honest, vulnerable, and prepared for self-discovery.

While the content of Health and Wellness Coaching is client-driven, the coach guides the process and provides structure for sessions. There are many models for coaching that create structure and support the coaching process. In general, though, coaching structures can be organized into preparation for a session, early client interactions, follow-up sessions, and the end of the coaching agreement. Using such structures, the coach embraces a client-centered, strengths-based perspective to affirm, empower, and equip the client to take responsibility for their health and wellbeing. This approach informs all aspects of coaching, from the clarification of roles and expectations for both coach and client to the exploration of the client’s values,

vision, purpose, priorities, and understanding of their own health and wellness. Work done in early sessions to clarify “why” and “what” the client wants and needs helps provide motivation for the “how” of the process of positive changes that are most important to the client. Throughout, the coach is attuned to the state of the client, emphasizing successes and new discoveries. The coach encourages the client to reflect on their own learnings, which they may then apply to their plan for continued progress or maintenance at the end of the coaching relationship.

## 1.1. Coach presence

- 1.1.1. Create a mindful, calm, receptive state; recognize presence is foundational for growth and learning
- 1.1.2. Demonstrate unconditional positive regard
- 1.1.3. Demonstrate an inclusive, culturally-affirming manner that invites all aspects of client’s identities
- 1.1.4. Demonstrate empathy and compassion
- 1.1.5. Convey belief that client is resourceful, autonomous, and expert in client’s lived experience
- 1.1.6. Remain open-minded, non-judgmental, and curious
- 1.1.7. Invite client feedback
- 1.1.8. Demonstrate integrity and follow through on commitments to client
- 1.1.9. Attune to discord or breaches of trust and rapport (including microaggressions)

## 1.2. Coach self-awareness and self-regulation

- 1.2.1. Attend to own emotions, thoughts, beliefs, values, and non-verbal cues
- 1.2.2. Recognize that all biases influence coaching relationship
  - 1.2.2.1. Be aware of impact of diversity-related history, marginalization, and trauma
  - 1.2.2.2. Recognize power and privilege imbalances
  - 1.2.2.3. Practice cultural humility
  - 1.2.2.4. Be aware of own social identities, power, privileges, unconscious biases, and personal triggers
- 1.2.3. Refrain from directing, advising, or problem-solving
- 1.2.4. Manage own emotions and judgment about client
  - 1.2.4.1. Accurately perceive and understand impact of words and actions; self-monitor verbal and nonverbal communication
- 1.2.5. Welcome client’s full emotional experience

## 1.3. Build growth-enhancing relationship

- 1.3.1. Cultivate coaching partnership
  - 1.3.1.1. Foster an open, welcoming, and inclusive relationship
  - 1.3.1.2. Practice culturally appropriate communication
  - 1.3.1.3. Facilitate collaborative approach
  - 1.3.1.4. Observe, name, and refer to client's beliefs, values, successes, and strengths
  - 1.3.1.5. Ensure that client's agenda, needs, interests, literacy, pacing, and preferences (vs. coach's) drive coaching relationship
- 1.3.2. Build trust, rapport, and psychological safety
  - 1.3.2.1. Establish rapport; connect with client by helping them feel seen and heard
  - 1.3.2.2. Respond appropriately to nonverbal cues relevant to the unique individual and their culture
  - 1.3.2.3. Ask client preferred identifiers (e.g., name, nickname, pronouns, etc.)
  - 1.3.2.4. Respect client's personal boundaries
  - 1.3.2.5. When given permission, briefly share coach's personal information/ experience only when helpful to client
  - 1.3.2.6. Notice and attempt to neutralize any power dynamics
  - 1.3.2.7. Attempt to repair discord or breaches of trust and rapport (including microaggressions)

## 1.4. Session preparation

- 1.4.1. Review available client materials
  - 1.4.1.1. Use strengths-based mindset, focusing on the person, not the problem
  - 1.4.1.2. Recognize limitations of client materials in relation to cultural norms, family histories, significant life events, etc.
- 1.4.2. Establish logistics (meeting modality [virtual, in-person], time, etc.) and appropriate onboarding
  - 1.4.2.1. Make arrangements with client's needs in mind, including a safe and confidential environment
  - 1.4.2.2. Examine potential access issues for clients from different backgrounds, life experiences, and needs
  - 1.4.2.3. Eliminate distractions for coach and client
- 1.4.3. Engage in mindful or grounding practice prior to session

## 1.5. Early sessions

- 1.5.1. Establish coaching foundation
  - 1.5.1.1. Explain coaching process and partnership using plain language
  - 1.5.1.2. Explore client’s intentions, motivations, and needs for coaching
  - 1.5.1.3. Determine if coaching is appropriate at this time
  - 1.5.1.4. Mutually determine if coach and client are good fit
  - 1.5.1.5. Establish feedback mechanisms
- 1.5.2. Co-create coaching agreement
  - 1.5.2.1. Set guidelines (e.g., logistics, fees, scheduling, inclusion of others if appropriate, duration)
  - 1.5.2.2. Establish format of coaching (e.g., laser coaching, long-term coaching, virtual, in-person, and incentivized coaching)
  - 1.5.2.3. Discuss roles, responsibilities, and expectations
  - 1.5.2.4. Review confidentiality and privacy policies and practices
  - 1.5.2.5. Address accessibility issues
  - 1.5.2.6. Ensure client understanding of agreement
- 1.5.3. Explore vision and current vs. desired states
  - 1.5.3.1. Have client assess current state of health and wellbeing
  - 1.5.3.2. Explore the importance of the client’s vision of desired health and wellbeing
  - 1.5.3.3. Identify gaps between current state and desired state
- 1.5.4. Establish focus and/or long-term goals that lead to desired outcomes

## 1.6. Follow-up sessions

- 1.6.1. Reconnect with client, inviting client to reflect on how they are showing up at beginning of each session
- 1.6.2. Invite client to share success and learning related to action steps or commitments made in previous sessions when appropriate
- 1.6.3. Establish and/or re-establish the “what” by inviting client to select topic for session
- 1.6.4. Identify and/or re-identify the “why” by exploring what’s most important to client
- 1.6.5. Partner and support client to outline the “how” by identifying and planning

action steps or commitments aligned with client's vision and values

- 1.6.6. Include below components of session closing
  - 1.6.6.1. Invite client to summarize next steps
  - 1.6.6.2. Invite client to reflect on learning and insights, including “takeaways”
  - 1.6.6.3. Affirm and acknowledge client
  - 1.6.6.4. Set next coach/client interaction

## 1.7. Ending coaching agreements

- 1.7.1. Invite client to reflect on and articulate progress made, lessons learned, and growth attained
- 1.7.2. Invite client to reflect on how successes will be celebrated
- 1.7.3. Affirm client's progress and learning
- 1.7.4. Assist in developing sustainable pathway forward to maintain progress, supporting ending of relationship in a way that honors client's experience
- 1.7.5. Explore and summarize support and resources for client's continued progress, and share resources with permission, as appropriate

# Theories, Models, and Approaches to Behavior Change

Health and Wellness Coaching focuses on helping people change their health behaviors. It draws on a broad theoretical base ranging from theories in psychology and neuroscience, to the fields of communication and leadership. It is essential for health and wellness coaches to have a working familiarity with the established theories and models that have influenced coaching methodologies. Many of these are specific to learning, motivation, behavior, and brain function, and help explain how behavior and mindset change, along with ways to support that change.

Health and wellness coaches should have general knowledge of the primary concepts defining each theory and model noted below. The ordering of the items does not convey their relative importance.

Most importantly, the coach should be able to apply relevant elements to their coaching practice. For example, Self-Determination Theory posits several universal needs for psychological health and well-being: autonomy (not feeling persuaded or controlled), competence (seeking confidence and mastery), and relatedness (being connected to others). The coach does not need to memorize minute details of this theory, such as how these universal needs interact, but should recognize ways to help clients meet these needs.

For each item noted below, coaches should demonstrate the following abilities:

1. define the item;
2. identify the item within coaching conversations and the coaching process; and
3. utilize relevant resources, strategies, techniques, and/or skills associated with the item that are most applicable to Health and Wellness Coaching within scope of practice.

All theories and models have inherent limitations. The coach should be able to discern the appropriate use of models and behavior change approaches.

## **2.1. Neuroplasticity, including basics of healthy habit formation**

## **2.2. Transtheoretical Model (stages of change)**

## **2.3. Motivational Interviewing 4.0**

2.3.1. The spirit of motivational interviewing

2.3.2. The four tasks

2.3.3. Change talk vs. sustain talk

2.3.4. Guiding style

## **2.4. Goal-Setting Theories and Approaches**

## **2.5. Self-Efficacy Theory (Social Cognitive Theory, Social Learning Theory)**

## **2.6. Self-Determination Theory**

## **2.7. Growth vs. Fixed Mindset**

## **2.8. Positive Psychology Approach**

## **2.9. Appreciative Inquiry**

# Skills, Tools, and Strategies

In the practice of Health and Wellness Coaching, coaches apply skills in active listening, empathy, and communication to establish rapport and foster a supportive coaching relationship. This section reviews evidence-based skills and tools used in Health and Wellness Coaching, including those used in motivational interviewing, goal setting, and behavior change techniques. Coaches should know how, why and when to utilize these techniques to empower clients to make sustainable lifestyle modifications and mindset shifts. The ordering of the items does not convey their relative importance.

Additionally, coaches should practice cultural humility and adapt strategies to meet the unique needs of each individual, ensuring inclusivity and equity in the coaching process. Coaches should regularly review and update their knowledge, leverage innovative tools, and implement client-centered strategies. Coaches should strive toward a comprehensive and personalized level of support to promote long-term health and wellbeing.

## 3.1. Facilitation tools

- 3.1.1. Wellness exploration (e.g., Wellness Wheel, Personal Health Inventory)
- 3.1.2. Health information (e.g., healthcare provider recommendations, biometric and health risk assessment results)
- 3.1.3. Values exploration (e.g., surveys)
- 3.1.4. Strengths-based exploration (e.g., surveys)
- 3.1.5. Wellness/wellbeing visioning
- 3.1.6. Brainstorming
- 3.1.7. Scaling questions (e.g., using a 0-10 scale)
- 3.1.8. Reflective and self-awareness practices (e.g., journaling, meditation, guided imagery, visualization, mindfulness, etc.)
- 3.1.9. Digital health platforms, apps, and technology

## 3.2. Core communication skills

- 3.2.1. Employ active listening
  - 3.2.1.1. Listen with curiosity for what is said and how it is said
  - 3.2.1.2. Observe nonverbal communication
    - 3.2.1.2.1. Notice what is not being said
    - 3.2.1.2.2. Attend to and address nonverbal signals
- 3.2.2. Use silence and pauses appropriately
- 3.2.3. Use open- vs. closed-ended questions
- 3.2.4. Affirm/acknowledge/validate
- 3.2.5. Reflect
  - 3.2.5.1. Use simple content reflections, paraphrase
  - 3.2.5.2. Use complex reflections (e.g., double-sided, metaphors, meaning, and emotion)
- 3.2.6. Summarize
- 3.2.7. Utilize core components of Motivational Interviewing
  - 3.2.7.1. Cultivate change talk
  - 3.2.7.2. Soften sustain talk
  - 3.2.7.3. Respond to discord
  - 3.2.7.4. Use ask-offer-ask

## 3.3. Client's freedom of choice, autonomy, and intrinsic motivation

- 3.3.1. Elicit client's perspectives (including reasons for change, solutions, ideas, experiments, desires, reactions, desired outcomes, rewards/incentives, cultural identity, and lived experiences)
- 3.3.2. Help client explore and articulate values, sense of meaning, and purpose
- 3.3.3. Help client envision their optimal health and/or wellbeing
- 3.3.4. Discuss and honor without judgment client's preferences for self-monitoring, accountability, and mode of connecting (email, text, phone call, in-person)

## 3.4. Client awareness, perspective shifts, and insights

- 3.4.1. Elicit awareness of self-talk and adjustment as appropriate
- 3.4.2. Acknowledge self-defeating thoughts, perceptions, and limiting beliefs

- 3.4.3. Explore patterns related to client behaviors and decision tendencies (e.g., triggers, thoughts, emotions, physical sensations, environment, and culture)
- 3.4.4. Invite and support client to engage in reframing and shifting perspective
- 3.4.5. Invite and amplify client insights
- 3.4.6. Support client to recognize, name, and describe own emotions
- 3.4.7. Encourage client to foster self-compassion and self-acceptance
- 3.4.8. Draw out client's positive emotions (e.g., joy, contentment, serenity, peace, and gratitude)
- 3.4.9. Nurture optimism, persistence, and resilience

### **3.5. Client self-efficacy**

- 3.5.1. Assist client to identify positive role models for behavior change (e.g., vicarious learning experiences for self-regulation, acceptance, and active engagement)
- 3.5.2. Offer affirmations to support client's positive efforts, qualities, and skills
- 3.5.3. Invite client to articulate strengths and abilities, and plan how to leverage them
- 3.5.4. Support client to build self-efficacy through taking achievable and realistic steps
- 3.5.5. Support client to build confidence through reflection, self-assessment, and naming of learnings and progress made
- 3.5.6. Recognize and highlight client's identity and lived experience as integral to making informed decisions
- 3.5.7. Invite client to problem-solve and evaluate options, considering both short- and long-term benefits

### **3.6. Expanding the conversation**

- 3.6.1. Use open-ended/appreciative questions
- 3.6.2. Use evocative (powerful) questions
- 3.6.3. Use metaphors based on client language and interests
- 3.6.4. Connect the focus to multiple dimensions of client's life
- 3.6.5. Explore broader perspectives and inspire interest in new possibilities
- 3.6.6. Recall previous information and experiences of client

### **3.7. Narrowing the conversation**

- 3.7.1. Skillfully interrupt and redirect
- 3.7.2. Use bottom-lining
- 3.7.3. Ask client to summarize

### 3.8. Improving support

- 3.8.1. Assist client to identify and build supportive relationships (social, familial, professional)
- 3.8.2. Assist client to identify and build community resources and networks
- 3.8.3. Assist client to identify and develop structural and environmental supports
- 3.8.4. Recognize non-modifiable systemic barriers to inform supports
- 3.8.5. Consider how health literacy and numeracy impact client's health and wellbeing and adjust coaching approach as needed

### 3.9. Defining goals and implementing action

- 3.9.1. Help client establish and refine specific long-term goals that lead toward desired outcomes and/or vision
- 3.9.2. Help client identify short-term goals or action plans
  - 3.9.2.1. Align with client's pace, interests, needs, and values
  - 3.9.2.2. Ensure that goals or action plans are specific, realistic, and time-bound (e.g., SMART framework)
  - 3.9.2.3. Consider thought (cognitive goals) or mindset changes as well as tangible actions
- 3.9.3. Translate outcome goals into behavioral goals
- 3.9.4. Guide client to commit to action
- 3.9.5. Identify and leverage types of support to facilitate and sustain change
- 3.9.6. Anticipate and plan for potential barriers or challenges
- 3.9.7. Establish client's own methods of accountability and tracking progress, moving toward self-management
- 3.9.8. Incorporate cultural considerations into goals or action plans
- 3.9.9. Adapt goals or action plans to address the impact of social determinants of health

### 3.10. Ensure appropriate time management

# Ethics and Professional Practice

Health and wellness coaches commit to maintaining and promoting coaching excellence by adhering to best practices inclusive of professional development, scope of practice, code of ethics, and legal and regulatory guidelines.

Personal development as a coach will focus on enhanced growth and self-awareness, with practices including self-reflection on personal biases, assumptions, judgments, and stereotypes. Additionally, the coach will monitor self-care, including seeking necessary outside help to monitor burnout and promote overall growth and wellbeing. Professionally, the coach will pursue ongoing training, as defined by the *NBC-HWC Recertification Handbook*, including emerging research, science, and evidence-based trends in health and wellness, diversity, and inclusion practices, cultural humility, health equity, and disparity.

It is the responsibility of the coach to adhere to the *NBHCW Health & Wellness Coach Scope of Practice* and to educate the client and other individuals/organizations regarding what is and is not within the scope of practice. If holding additional, active, national- or state-recognized credentials, the coach must clearly define boundaries and guidelines for the coaching relationship in regard to multiple roles and/or dual relationships. The coach will refer the client to a specialist for care outside the coach's appropriate scope of practice. Examples of when to refer include, but are not limited to, a request for providing nutritional plans, exercise prescriptions, recommendations for supplements, interpreting medical data, unpacking past trauma experiences, or providing psychological therapeutic interventions or treatments.

The coach abides by the standards and guidelines as defined in the *NBHCW Code of Ethics*. This includes demonstrating dignity and respect for all people, consistently honoring diversity and cultural sensitivity while maintaining appropriate confidentiality, and clearly stating any conflicts of interest and dual roles. Further, the coach will accurately represent training, expertise, and use of material from appropriate sources, and disclose use of artificial intelligence and related technologies.

Finally, the coach follows best practice guidelines with regards to client privacy and security of information, including appropriate platforms. The coach adheres to the *Title II HIPAA Administrative Simplification* and stays up to date on relevant federal and state regulations that affect health coaching, including responsible use of emerging technologies.

## 4.1. Engage in ongoing development

- 4.1.1. Obtain continuing education that advances professional practice as a health and wellness coach
- 4.1.2. Seek mentorship and collaboration
- 4.1.3. Develop ongoing reflective practices to deepen awareness and cultural humility
- 4.1.4. Monitor own physical and emotional health and seek help when necessary
- 4.1.5. Cultivate personal health and wellbeing practices
- 4.1.6. Build and maintain professional network for referrals, collaboration, and support
- 4.1.7. Stay up-to-date on relevant emerging research
- 4.1.8. Demonstrate basic understanding of how to locate and evaluate appropriate resources based on robust evidence-based science (e.g., Centers for Disease Control, peer-reviewed journals, and National Institutes of Health)

## 4.2. Know and abide by current NBHWC Health & Wellness Coach Scope of Practice

- 4.2.1. Educate or share information within NBHWC Scope of Practice when given permission or specifically asked
- 4.2.2. Refer clients as appropriate (i.e., for imminent danger, trauma treatment, mental health treatment, or other professional healthcare)

## 4.3. Know and abide by current NBHWC Code of Ethics

- 4.3.1. Maintain and uphold client privacy
- 4.3.2. Identify and address conflicts of interest (e.g., disclosure for sale of products)
- 4.3.3. Honor diversity, demonstrate dignity and respect for all people, practice cultural humility
- 4.3.4. Maintain clear professional boundaries with clients
- 4.3.5. Provide true and accurate representation of training, experience, expertise, and credentials
- 4.3.6. Provide attribution for contributions of others, including copyrighted material
- 4.3.7. Understand the ethical implications and the responsible use of digital health technology and platforms
- 4.3.8. Disclose the use of artificial intelligence (AI) or emerging technologies as appropriate if used
- 4.3.9. Seek consultation or supervision on ethics as needed

## 4.4. Legal

### 4.4.1. Maintain confidentiality of data

- 4.4.1.1. Gather documented consent from client to collect and store data
- 4.4.1.2. Provide data security through protected access and controls (e.g., two-factor authentication, secure servers, and password-protected wifi)
- 4.4.1.3. Ensure data privacy, confidentiality, and storage through password-protected platforms, secured devices, or physical files
- 4.4.1.4. Know secure vs. non-secure sites and platforms
- 4.4.1.5. If using generative AI, do not involve client data

### 4.4.2. Adhere to relevant laws and regulations (e.g., reporting laws, HIPAA) that affect health coaching

# Health and Wellness



Health and Wellness Coaching is rooted in a whole-person model (e.g., physical, psychological, emotional, social, and spiritual) to support a client's pursuit of optimal health, wellness, and wellbeing. The coach understands that health is much broader than the absence of disease and that wellness and wellbeing are impacted by many facets of a client's life. Coaches therefore seek to support clients in achieving the client's vision aligned with their life's mission, aspirations, and purpose as well as their mental, physical, emotional, and social needs. The coach understands that healing can exist despite the presence of disease and that the client is the best expert to shape their vision.

A holistic or whole-person view of health can include many domains, as noted in 5.2. The health and wellness coach should be as familiar with the components of proactive health and wellbeing as they are with the prevention and self-management of the most common chronic diseases. While there are many components of proactive health and wellbeing, there is no pressure on behalf of the coach to encourage the client to optimize any given area. Further, a client's chronic disease(s) does not dictate the focus in coaching unless it is the client's chosen focus. A coach must be able to identify risk factors for prevalent chronic diseases, commonly used biometric measures, and current lifestyle recommendations for optimizing health; however, these are referenced only in service to the client's overall vision, desires, values, and needs. The coach should approach topics within the areas of health and wellness by first determining what the client already knows, needs, and wishes to learn; from this vantage point, then, the coach supports the client in obtaining credible health and wellness-related information, including general knowledge on healthy lifestyle practices to facilitate progress toward the client's vision.

Health and wellness coaches are not content experts in health or disease, nor is this expertise necessary; health and wellness coaches do not diagnose, treat, prescribe, or advise unless the coach has credentials in another profession that allow expert advice to be given. While specific chronic conditions are listed to guide the examinee for studying purposes, it should be understood that lifestyle plays a key role in the prevention and management of other conditions not mentioned here, including cancer. What is important is that a coach is able to recognize common signs of potentially imminent danger or medical red flags and knows when and how to refer to other healthcare professionals as necessary and relevant.

Further, coaches should have a working knowledge of current evidence-based recommendations in the areas of health promotion, disease prevention, and basic lifestyle medicine. Guidelines in health and wellness are continually evolving and can vary widely; the coach's knowledge should include common guidelines created by public health groups, for example, the Centers for Disease Control and Prevention, the U.S. Department of Health and Human Services, Healthy People 2030, and the National Institutes of Health. In addition, coaches should be aware that there is evidence-based health and wellness information emerging from established organizations in fields such as lifestyle medicine, integrative health and medicine, etc.

## **Health and Healthcare Equity and Inequity**

As the credentialing body for Health and Wellness Coaching, the NBHWC is committed to helping eliminate health and healthcare disparities by embracing and utilizing strategies and resources that promote equity, increase access, and reduce discrimination. As such, health and wellness coaches must be aware of and understand structural determinants of health, social determinants of health, and health literacy and numeracy. Further, they should be able to help clients adjust health and wellbeing strategies to accommodate individual needs.

### **5.1. Health promotion and wellness, embracing a whole person perspective**

- 5.1.1. Describe health, wellness, and wellbeing (e.g., whole person health, high-level wellness, illness-wellness continuum)
- 5.1.2. Describe dimensions of wellness and their interconnectedness (e.g., social, physical, intellectual, occupational, financial, emotional, environmental, and spiritual)

### **5.2. Components of proactive health and wellbeing**

- 5.2.1. Physical activity, exercise, and movement
  - 5.2.1.1. General physical activity guidelines per the U.S. Surgeon General/U.S. Department of Health and Human Services for adults, older adults, and adults with chronic conditions or disabilities (not including children, adolescents, or pregnant or postpartum women)
  - 5.2.1.2. Activity tracking options, including mobile devices and wearable technology
- 5.2.2. Food and water
  - 5.2.2.1. Healthy diet basics, including knowledge and recommendations regarding unprocessed and minimally processed whole foods, whole grains, lean proteins, adequate fiber, healthy fats, and fruits and vegetables (i.e., MyPlate and Harvard Healthy Eating Plate)

- 5.2.2.2. Awareness of evidence-based nutritional interventions commonly recommended for chronic health conditions (i.e., DASH diet, ADA Plate Method, Mediterranean Diet, and anti-inflammatory diet)
- 5.2.2.3. Water intake basics, including the role of hydration in health
- 5.2.3. Surroundings and environment
  - 5.2.3.1. Surroundings include where we live, work, learn, play, and worship—both indoors and out
  - 5.2.3.2. Understand that surroundings influence behavior and can have positive or negative impact
  - 5.2.3.3. Understand how to help clients make incremental changes to improve environment
- 5.2.4. Spirituality, meaning, and purpose
  - 5.2.4.1. Influence of connecting with something greater than oneself, and how this can provide a sense of meaning, purpose, direction, peace, or comfort.
  - 5.2.4.2. Understands the importance of exploring the personal meaning under desires and needs; what gives an individual meaning and purpose.
- 5.2.5. Personal and professional development (growing and learning)
  - 5.2.5.1. Impact of investing in personal and professional growth
- 5.2.6. Sleep, rest
  - 5.2.6.1. Basic sleep needs
  - 5.2.6.2. Awareness of impact of sleep and rest on optimal functioning and healing, including in chronic conditions and diseases
  - 5.2.6.3. Sleep hygiene
- 5.2.7. Stress management, recovery, and recharge
  - 5.2.7.1. Impact of stress on the body and mind
  - 5.2.7.2. The role of unmanaged stress in the development and/or exacerbation of most chronic diseases
  - 5.2.7.3. Awareness of evidence-based strategies to reduce stress and engage the relaxation response/parasympathetic nervous system (e.g., breathing techniques, biofeedback, meditation, yoga, qi gong, and massage therapy)  
[NOTE: Many ways to manage stress are covered in the other components as well (e.g., exercise, healthful nutrition, time in nature, prayer, speaking with trusted friends, adequate sleep, etc.)]
  - 5.2.7.4. Recharging involves activities that replenish mental and physical energy

## 5.2.8. Mind-body connection

5.2.8.1. Changes in the mind impact the body, and vice-versa

5.2.8.2. Impact of thoughts, beliefs, and mindset on behavior as well as physical and mental health

5.2.8.3. Impact of mindset shifts on moving toward health and wellbeing, even in the presence of disease or disability

5.2.8.4. Impact of mind-body techniques and practices to support behavior change, personal growth, and overall health and wellbeing

## 5.2.9. Relationships and communication

5.2.9.1. Influence and role of relationships and communication in health and wellbeing

5.2.9.2. Impact of relationships and communication in shaping how clients perceive themselves and the world around them

## 5.2.10. Community and belonging

5.2.10.1. Influence of community on health and wellbeing, including connection to others, environments, social systems, culture, history, geography, etc.

5.2.10.2. Impact of living within the context of community, and that love, acceptance, belonging, and support from others are essential needs

5.2.10.3. Role of social isolation and loneliness as a risk factor for all-cause mortality

# 5.3. Supporting prevention and self-management of chronic disease

## 5.3.1. Key knowledge for coaching in prevention and self-management of common chronic conditions and diseases

### 5.3.1.1 Cardiovascular disease (heart disease and stroke)

#### 5.3.1.1.1 Definitions and descriptions of conditions

5.3.1.1.2. Red flags indicating need for immediate attention (i.e., FAST, signs of heart attack)

#### 5.3.1.1.3. Modifiable risk factors

### 5.3.1.2. Hypertension/prehypertension

#### 5.3.1.2.1. Definitions and descriptions of conditions

5.3.1.2.2. Systolic blood pressure and diastolic blood pressure, normal ranges, and red flags indicating need for immediate attention

#### 5.3.1.2.3. Modifiable risk factors

- 5.3.1.3. Lipid abnormalities, including high cholesterol
  - 5.3.1.3.1. Definitions and descriptions of conditions
  - 5.3.1.3.2. Lipid profile, including LDL, HDL, total cholesterol, triglycerides, and normal ranges
  - 5.3.1.3.3. Modifiable risk factors
- 5.3.1.4. Diabetes/prediabetes
  - 5.3.1.4.1. Definitions and descriptions of conditions
  - 5.3.1.4.2. Fasting blood sugar, A1C, normal ranges, and red flags indicating need for immediate attention
  - 5.3.1.4.3. Modifiable risk factors
- 5.3.1.5. Metabolic syndrome
  - 5.3.1.5.1. Definition, criteria, and description of condition
  - 5.3.1.5.2. Modifiable risk factors
- 5.3.1.6. Obesity
  - 5.3.1.6.1. Definition and description of condition
  - 5.3.1.6.2. BMI (and its limitations), waist circumference, and normal ranges
  - 5.3.1.6.3. Modifiable risk factors
- 5.3.1.7. Dementia and Alzheimer's disease
  - 5.3.1.7.1. Definitions and descriptions of conditions
  - 5.3.1.7.2. Modifiable risk factors
- 5.3.2. Mental health, specifically depression and anxiety
  - 5.3.2.1. Definition of mental health
  - 5.3.2.2. Definitions and descriptions of depression and anxiety
  - 5.3.2.3. Lifestyle influences
- 5.3.3. Substance use (prescription and non-prescription)
  - 5.3.3.1. Substance use and abuse overview and definitions, and when to refer
  - 5.3.3.2. Tobacco, including overview of tobacco use, health effects, and support networks/tools for tobacco cessation
  - 5.3.3.3. Alcohol, including overview of alcohol use, health effects, and support networks for alcohol use issues
- 5.3.4. Symptoms of common sleep disorders (insomnia and apnea); when to refer
  - 5.3.4.1. Definitions and descriptions of insomnia and apnea
  - 5.3.4.2. Modifiable risk factors

## 5.4. Health and healthcare disparities, equity, and inequity

### 5.4.1. Define

#### 5.4.1.1. Health disparities

#### 5.4.1.2. Health equity and inequity

##### 5.4.1.2.1. Healthcare equity and inequity

5.4.2. Recognize that there are strategies and resources to promote equity, dismantle power dynamics, address stereotyping, and reduce discrimination

## 5.5. Structural determinants of health

5.5.1. Recognize that structural determinants of health are the “root causes” of health inequities because they shape the quality of the Social Determinants of Health experienced by people in their neighborhoods and communities

5.5.2. Identify relevant structural determinants and how they impact client (e.g., values, beliefs, and norms; governance; laws and policies; institutional practices that impact hierarchical patterns of advantage; and power relations)

5.5.3. Know that structural determinants of health affect whether the resources necessary for health are distributed equally in society

5.5.4. Consider how structural determinants of health impact client’s health, wellbeing, behavior, and medical conditions

## 5.6. Social determinants of health (SDOH)

5.6.1. Define SDOH as the conditions under which people are born, grow, live, work, and age, which are shaped by a set of forces beyond the control of the individual. They are intermediate determinants of health, “downstream” from the structural determinants of health

5.6.2. Identify relevant social determinants and how they impact client (e.g., education access and quality, economic stability, healthcare access and quality, neighborhood and built environment, and social and community context)

5.6.3. Know that structural determinants of health create and impact SDOH

5.6.4. Consider how SDOH impact client’s health, wellbeing, behavior, and medical conditions

## 5.7. Health literacy and numeracy

5.7.1. Define health literacy and numeracy

# Appendix B: NBHWC Scope Of Practice

Health and wellness coaches engage individuals and groups in evidence-based, client-centered processes that facilitate and empower clients to develop and achieve self-determined, health and wellness goals. Coaches assist clients to use their own insight, personal strengths, and resources to set goals, commit to action steps, and establish accountability in building an envisioned healthy lifestyle. In this way, coaches empower clients through encouragement, exploration, the mobilization of internal strengths, the identification and utilization of external resources, and through the support and development of self-management strategies for executing sustainable, healthy lifestyle changes.

The coach's role is one of accountability partner, not director, in navigating behavioral change and exploring opportunities for growth and development. As facilitators of the behavior change process, health and wellness coaches support clients to achieve self-directed goals and behavioral changes consistent with the client's vision for health and wellbeing, informed by any treatment plans prescribed by the client's professional healthcare team. When appropriate, health and wellness coaches may offer evidence-based resources or information from nationally recognized authorities. Additionally, when working under the license of a qualified medical or allied health professional (e.g., physician, psychologist, physical therapist), health and wellness coaches may support the implementation of those professionals' treatment plans. On their own, however, coaches themselves do not diagnose, interpret medical data, prescribe or de-prescribe, recommend supplements, provide nutrition consultation or create meal plans, provide exercise prescription or instruction, consult and advise, or provide psychological therapeutic interventions\* or treatment.

Health and wellness coaches who hold additional, active, national or state-recognized credentials may provide expert support and guidance within their professional scope for that credential; however, disclosure of the professional role and potential conflicts of interest must be discussed with the client and documented from the onset of a professional relationship. Health and wellness coaches should only function in dual roles with conscious intention and by clearly outlining both professional capacities, through discussion and documentation, as well as defining the boundaries of each. Further, health and wellness coaches must be well-versed in the professional capacity of each role, including the limits of knowledge and skills respective to each role, understand and demonstrate how to work within the limits of each professional role,

and comply with all guiding ethical principles to ensure client interests and needs are at the forefront of the coach-client partnership.

*\*Therapeutic interventions are methods by which relevant, qualified professionals attempt remediation of a diagnosed medical or mental health condition, guided by the indications and contraindications noted for the intervention itself. Examples of therapeutic interventions provided in the context of treatment include, but are not limited to: Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), Solution Focused Therapy, Dialectical Behavioral Therapy (DBT), Internal Family Systems Therapy, and other such therapies and treatments relevant to the treatment of diagnosed medical and mental health conditions.*

Approved 12.13.2022

# Appendix C: NBHWC Code of Ethics

The National Board for Health & Wellness Coaching (NBHWC) is committed to maintaining and promoting excellence in coaching. Therefore, NBHWC expects all National Board Certified Health & Wellness Coaches to adhere to the elements and principles of ethical conduct and to integrate NBHWC Health and Wellness Coach Competencies effectively in their work.

The NBHWC Code of Ethics is designed to provide appropriate guidelines, accountability and enforceable standards of conduct for all NBC-HWC credential holders. In line with the NBHWC definition of coaching, all NBC-HWC credential holders commit to abiding by the following Code of Ethics.

## Part One: Definitions

- **Health and Wellness Coaching:** Health and Wellness Coaches partner with clients seeking self-directed, lasting changes, aligned with their values, which promote health and wellness and, thereby, enhance well-being. In the course of their work, health and wellness coaches display unconditional positive regard for their clients and a belief in their capacity for change, honoring that each client is an expert on his or her life, while ensuring that all interactions are respectful and non-judgmental.
- **NBHWC Coach:** A health and wellness coach who has passed the Health & Wellness Coach Certifying Examination and is board-certified by NBHWC; and who thereby agrees to practice within the NBHWC Health and Wellness Coach Scope of Practice and Competencies and who pledges accountability to the NBHWC Code of Ethics.
- **Professional Coaching Relationship:** A professional coaching relationship exists when coaching includes an agreement (including contracts) that defines the rights, roles and responsibilities of each party.
- **Roles within Coaching Relationships:** In order to clarify roles in the coaching relationship, it is often necessary to distinguish between the client and the sponsor. In most cases, the client and sponsor are the same person and are therefore jointly referred to as the client. For purposes of identification, however, NBHWC defines these roles as follows:
  - **Client:** The “client” is the person(s) being coached. (May also be referred to as “coachee,” “patient,” or “member” in some settings.)
  - **Sponsor:** The “sponsor” is the entity (including its representatives) paying for and/or arranging for coaching services to be provided. In all cases, coaching agreements should

clearly establish the rights, roles and responsibilities for both the client and sponsor if the client and sponsor are different people.

- **Student:** The “student” is someone enrolled in an NBHWC-approved coach training program or working with an NBHWC-approved faculty member or coach mentor, in order to learn the coaching process or to develop and enhance coaching skills.
- **Faculty:** An individual who provides primary instruction/training to students enrolled in an NBHWC-approved coach training program.
- **Mentor:** An individual who conducts coaching skills performance audits and provides feedback to coaching students/coaches for the purpose of developing and enhancing health and wellness coaching skills.
- **Conflict of Interest:** A situation in which a coach has a private or personal interest sufficient to appear to influence the objective of his or her professional role or responsibilities as a coach, faculty, or mentor.

## Part Two: The NBHWC Standards of Ethical Conduct

### Section 1: Professional Conduct at Large

– As a health and wellness coach, I:

- Conduct myself in accordance with the NBHWC Code of Ethics in all health and wellness coaching interactions, including coach training and coach mentoring activities.
- Commit to take the appropriate action with the coach, faculty member, or coach mentor and/or will contact NBHWC to address any ethics violation or possible breach as soon as I become aware of such a situation, whether it involves me or others.
- Communicate and create awareness in others, including organizations, employees, sponsors, coaches, clients, potential clients, and others who might need to be informed of the responsibilities established by this Code of Ethics.
- Refrain from unlawful discrimination in occupational activities, including age, race, gender orientation, ethnicity, sexual orientation, religion, national origin or disability; and consistently demonstrate dignity and respect in all professional relationships.
- Make verbal and written statements that are true and accurate about what I offer as a health and wellness coach, the coaching profession, and NBHWC.
- Accurately identify my coaching qualifications, expertise, experience, training, certifications and NBHWC credentials.
- Recognize and honor the efforts and contributions of others and only claim ownership of my own material. I understand that violating this standard may leave me subject to legal remedy by a third party.
- Strive at all times to recognize any personal issues that may impair, conflict with or interfere with my coaching performance or my professional coaching relationships. I will promptly seek the relevant professional assistance and determine the action to be taken, including

whether it is appropriate to suspend or terminate my coaching relationship(s), whenever the facts and circumstances necessitate.

- Recognize that the Code of Ethics applies to my relationship with coaching clients, students, mentees, sponsors, and other coaches.
- Conduct and report research with competence, honesty and within recognized scientific standards and applicable subject guidelines. Research I participate in will be carried out with the informed consent of those participating and the approval of all regulatory bodies as indicated. Such research efforts will be performed in a manner that complies with the applicable laws and regulations of the jurisdictions involved.
- Maintain, store and dispose of any records, including electronic files and communications, created during my coaching engagements in a manner that promotes confidentiality, security and privacy and complies with any applicable laws, regulations and agreements.
- Use NBC-HWC credentialed coach contact information, such as email addresses and telephone numbers, only in the manner and to the extent authorized by the NBHWC.

## **Section 2: Conflicts of Interest**

**- As a health and wellness coach, I**

- Seek to be conscious of any conflict or potential conflict of interest, openly disclose any such conflict to all stakeholders involved, and offer to remove myself when a conflict arises.
- Clarify roles for health and wellness coaches, set boundaries and review with sponsors and stakeholders conflicts of interest that may emerge between coaching and other role functions. Disclose to all clients the exact nature of the coach's role within the company or organization, and the limitations and expectations thereof.
- Disclose to my client and the sponsor(s) all anticipated compensation from third parties that I may receive for referrals of clients or pay to receive clients. Compensation from the sale of products or non-coaching services to clients must be disclosed fully before coaching begins. The quality of coaching services and the quantity of coaching sessions as defined in the coaching agreement must not be dependent in any way upon the purchase of any additional products or services by the client.
- Honor an equitable coach/client relationship, regardless of the form of compensation.

## **Section 3: Professional Conduct with Clients**

**- As a health and wellness coach, I**

- Ethically speak what I know to be true to clients, prospective clients or sponsors about the potential value of the coaching process or of me as a coach.
- Make clear to any employer/sponsor and to the client what activities fall within the scope of practice for an NBC-HWC, as well as the outcomes that can be reasonably expected.
- Adhere to all ethical standards of practice for respective health care licensures and credentials.

- Carefully explain and strive to ensure that, prior to or at the initial meeting, my coaching client and sponsor(s) understand the nature of health and wellness coaching, the nature and limits of confidentiality, financial arrangements, and any other terms of the coaching agreement.
- Have a clear coaching service agreement with my clients and sponsor(s) before beginning the coaching relationship and honor this agreement. The agreement shall include the roles, responsibilities and rights of all parties involved.
- Uphold responsibility for being aware of and setting clear, appropriate and culturally sensitive boundaries that govern interactions, physical or otherwise, I may have with my clients or sponsor(s).
- Avoid any sexual or romantic relationship with current clients, sponsor(s), students, mentees or supervisees. Further, I will be alert to the possibility of any potential sexual intimacy among the parties, including my support staff and/or assistants and will take the appropriate action to address the issue or cancel the engagement in order to provide a safe environment overall.
- Respect the client's right to terminate the coaching relationship at any point during the process, subject to the provisions of the agreement. I shall remain alert to indications that there is a shift in the value received from the coaching relationship.
- Strive to protect the health, safety, and welfare of the client. I will encourage the client or sponsor to make a change if I believe the client or sponsor would be better served by another coach or by another resource, and I will support my client seeking the services of other professionals when deemed necessary or appropriate.

## **Section 4: Confidentiality/Privacy**

### **– As a health and wellness coach, I**

- Maintain the strictest levels of confidentiality with all client and sponsor information unless release is required by law, specifically adhering to all applicable state and federal regulations.
- Have a clear agreement about how coaching information will be exchanged among coach, client and sponsor, including mobile health/electronic health data collected by the client.
- Have a clear agreement when acting as a coach, coach mentor, coaching supervisor or trainer, with both client and sponsor, student, mentee, or supervisee about the conditions under which confidentiality may not be maintained (e.g., illegal activity, pursuant to valid court order or subpoena; imminent or likely risk of danger to self or to others; etc.) and make sure both client and sponsor, student, mentee, or supervisee voluntarily and knowingly agree in writing to that limit of confidentiality. Where I reasonably believe that because one of the above circumstances is applicable, I may need to inform appropriate authorities.
- Require all those who work with me in support of my clients to adhere to the NBHWC Code of Ethics Confidentiality and Privacy Standards as well as any other sections of the Code of Ethics that might be applicable.

## Section 5: Continuing Development

- As a health and wellness coach, I

- Commit to the need for continued and ongoing development of my professional skills.

### Part Three: The NBHWC Pledge of Ethics:

As a health and wellness coach, I acknowledge and agree to honor my ethical and legal obligations to my coaching clients and sponsors, colleagues, and to the public at large. I pledge to comply with the NBHWC Code of Ethics and to practice these standards with those whom I coach, teach, mentor or supervise.

*Adapted with permission from the ICF Code of ethics. Available at [www.coachfederation.org/about/ethics](http://www.coachfederation.org/about/ethics). Accessed July 26, 2016. Adopted by the NBHWC Board of Directors February 1, 2017.*

# Stay In Touch With NBHWC

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[www.nbhwc.org](http://www.nbhwc.org)

## Facebook

<https://www.facebook.com/nbhwc>

## Private Facebook Page

<https://www.facebook.com/groups/180640202553113>

## Instagram

<https://www.instagram.com/nbhwc/>

## LinkedIn

<https://www.linkedin.com/company/nbhwc/>

## Hashtags

#NBHWC #NBCHWC #boardcertifiedhealthcoach



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