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Exploring the Benefits of a Collaboration Between Behavioral Health Coaches and Clinicians

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Walden University

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Devan Marie White

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Walden University

2023

Abstract

Exploring the Benefits of a Collaboration Between Behavioral Health Coaches and

Clinicians

by

Devan Marie White

MS, Walden University, 2019

BS, Kansas State University, 2016

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

May 2023

Abstract

This case study addressed how to best use health coaches in the field of behavioral health to improve the accessibility and outreach of a new program launched by the target organization that emphasizes coaching as an intervention for improving well-being and mental fitness. The purpose of this qualitative case study was to investigate the potential influence of coaching within the behavioral health field and explore how health coaches could partner with clinicians or behavioral health leaders to allow for more collaboration and accessibility to services. The RQs centered on how health coaches might support the treatment of those who have been diagnosed with a mental health condition and on what standards health coaches could use to help sustain the well-being of customers seeking to reach a wellness goal. The conceptual framework that grounded the study was the Baldrige Excellence Framework. This framework provided (a) context on the innovation and sustainability of the target organization and of behavioral health coaching as a field and (b) a means for recommending structural considerations for future growth. The primary data collection instrument was interviews. Survey results and metrics provided by the organization were also analyzed. The results revealed that customers often felt that coaching could be modified to better fit their unique needs. A conclusion is that the organization could prioritize a more personalized approach and utilize the remote aspect of their coaching model in a more advantageous way. This study's significance for positive social change is reflected in its focus on improving the process of care collaboration between primary care providers and behavioral health providers, which may contribute to enhanced patient outcomes.

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Section 1a: The Behavioral Health Organization

Organization X is a for-profit organization with headquarters in the northeastern United States. The organization's mission is to help consumers improve their overall well-being by making behavioral changes. Its organizational structure resembles a descending family tree, with a behavioral health leader (BHL)/psychologist at the top and the roots comprising managers, supervisors, and health coaches.

When Organization X was launched it began by providing health coaching via an app-based weight loss program that helps consumers effect behavioral changes, with an emphasis on building healthy habits. Consumers collaborate with a health coach and group coach in addition to accessing the app, its curriculum, and tools. Organization X's coaches, who work virtually and are located across the United States, use cognitive behavioral therapy and motivational interviewing skills to encourage behavior change.

The app's psychological content represents a unique approach to weight loss/behavioral health programming. As part of their plan to expand service offerings, Organization X's leaders decided to build on the app's psychological component in offering Program Y, which they designed to aid the evolution of behavioral changes in users by helping them develop their emotional intelligence and stress resilience skills to improve mental well-being. Program Y differs from the original program in that it focuses more on coaching as an intervention for building well-being and mental fitness and helping to grow mental health. In this study, I explored the merging of behavioral health and health coaching. The findings could provide opportunities for the development of further offerings and areas of growth at Organization X.

Practice Problem

Expanding the organization's offerings by adding Program Y reflects a merger of two fields: behavioral health and health coaching. However, the organization has no clear guidelines on how its behavioral health clinicians and health coaches can unite to contribute to whole person wellness. Health coaching interventions have been found to be effective long term in rehabilitation and prevention settings (Dejonghe et al., 2017). Dialectal coaching strategies (concepts like mindfulness, acceptance, and emotional regulation) have been shown to provide mental support to clients in addition to initiating and creating more awareness for clients (Dol et al., 2021).

There are currently inconsistencies with the overall health coach framework across disciplines, and much more is known about the role of health coaches in the medical (health care) field when compared to behavioral (or mental) health (Johnson et al., 2018). Part of the problem reflects the lack of general agreement on the definition of health coaching (Normand & Bober, 2020). There is a sense of flexibility around how health coaching works, but most definitions share common elements such as providing training and guidance that encourages development and supports the learner with achieving a specific goal or aim ((Normand & Bober, 2020). The goal is to facilitate learning and improve performance (Normand & Bober, 2020).

The specific practice problem that was addressed was how Organization X leaders can best use health coaches in the field of behavioral health and how collaborations between health coaches and behavioral health clinicians could encourage real-world application of treatment strategies and aid in further development of collaborative care.

The research questions (RQs) that were used to address the practice problem are as follows:

RQ1: How might health coaches support the treatment and guidance of those who have been diagnosed with a mental health condition?

RQ2: What standards or methods could health coaches use to contribute to the sustainability of mental well-being for those receiving mental health services?

Purpose

The purpose of this qualitative case study was to investigate the potential impact of coaching for clients with a wide of range of mental health concerns and explore how coaches could partner with clinicians or BHLs to allow for more collaboration, accessibility throughout the treatment process, and applicability of the treatment method for those who are receiving counseling, psychiatric, or other mental health treatment. The Baldrige Excellence Framework (Baldrige Performance Excellence Program, 2021) was the lens for analyzing the organization and was considered throughout data coding and examination. The aim of this evaluation is to contribute to the innovation and overall sustainability of the field and the organization, as it could provide information that supports the current direction of Program Y and highlight possibilities for future growth.

I analyzed primary and secondary data for this study. Primary data included interviews with two senior health coaches who are leaders in Program Y. The BHL and head of diversity, equity, inclusion, and belonging (DEIB) were consulted as well to provide data specifically related to the coaching department and the organization's societal responsibilities.

Secondary data included existing client satisfaction surveys, results from which provided insights into what coaching aspects clients found most effectful. Furthermore, I reviewed the most recent client and coach satisfaction feedback surveys to obtain clarification on what both populations see as areas of improvement. Determining how the organization's users view the success of Program Y and what the coaches perceive to be the most common outcome may provide insight on the connection between the field of health coaching and the field of behavioral health. Another benefit of these findings could be providing information on the influence of health coaching on clients' overall mental health.

I also reviewed coach training materials to obtain clarity on the specific guidance Program Y coaches receive specifically related to mental health. Finally, research related to the practice problem was reviewed to provide a broader context and frame to support the study focus. Finally, a literature review was conducted using the APA PsycInfo and ProQuest Central databases, and there was a review of public information, including articles published by the organization on its website, and internal documents (made accessible to coaches upon hire) as well.

Significance

Addressing the potential benefits of the maturation of health coaches across the field of behavioral health and how this collaboration could encourage the real-world application of treatment strategies could aid the further development of collaborative care. Analyzing these benefits may prove useful to Organization X's leaders as the results could provide insight on supervision approaches for clinicians and the development of a

specific and concrete coaching philosophy for all. This study's significance for Organization X is that it provides clarification and insights on whether using health coaches in the field of behavioral health on a broader level might be beneficial for those struggling with severe mental health concerns. Helping people navigate their whole health needs is a popular aspect of health care (National Council for Mental Wellbeing, 2022).

Amid the nationwide shortage of behavioral health specialists, a team-based coordinated approach has been found useful and effective (Whitfield et al., 2022). This partnership between clinicians and health coaches could ensure that patients receive the care and support that they need. Addressing the potential benefits of the expansion and inclusion of health coaches across the field of behavioral health and how this collaboration could encourage the real-world application of treatment strategies could aid further development of collaborative care. Analyzing these benefits provides Organization X's leaders with information on supervision approaches for clinicians and the development of a specific and concrete coaching philosophy for all coaches from an ethical standpoint.

Program Y could be a groundbreaking example of how to shift Organization X and health coaching from case to care management. Care management focuses on where the patient is with their current treatment and provider while also creating a smooth transition to another specialist if necessary. In contrast, case management brings all aspects of the treatment together and uses a whole-person approach to view and support the patient (Warkentin et al., 2022). With organizational practice knowledge, leaders in

the behavioral health field may be better able to leverage coaches. Health coaches already have a presence within the medical field supporting patients with health responsibility and stress management (An & Song, 2020). It seems logical to at least consider that health coaches could work in conjunction with primary care and behavioral health care providers to enhance the overall effectiveness of collaborative care.

This study's significance for social change is reflected in its focus on identifying approaches for improving the process of care collaboration between primary care providers and behavioral health providers, which may result in enhanced patient outcomes. Viewing health coaches as an asset who could support clinicians' plans for change is the idea that inspired this study. This study aims to clarify potential next steps for the target organization in implementing health coaches.

Tatla et al. (2017) stated that coaching shows promise as a method to help improve care processes and patient outcomes so that each patient has a complete and fortuitous journey. Understanding more about the direct benefits of this collaboration could affect the development of health care workers, how they operate, and how they work together (Runyan, 2018). As patient care and patient safety continue to improve, the support and consistency that health coaches prompt and provide could positively influence whole person care. Recognizing and addressing the mind–body connection and improving the approaches health care personnel use to address it should affect society as a whole and enact positive social change.

Social change involves taking initiatives and being attentive to and considerate of areas of potential collective influence (Scofield, 2011). It implies putting the benefits

associated with helping others and creating social change over mere profit. Social change requires identifying a problem and taking action to make a substantial and sustainable effect (Scofield, 2011).

To truly effect positive social change, leaders should never stop learning and should constantly seek out creative avenues for outreach, communication, and advancement (Wallis et al., 2021). Organization X's mission and vision directly reflect that the organization is not done growing and that organizational leaders want to expand their reach well beyond what it is currently. Scofield (2011) stated that when creating a plan for innovation and change in behavioral health the first step would be to find the balance between innovation and standardization. The potential for individuals to benefit from a collaboration between health coaches and behavioral health clinicians is clear. Specification for how this relationship will function and be maintained while also adhering to legal and ethical responsibilities is an aspect that requires more clarity and planning.

Summary

A potential contribution of this study would be to aid in the development of potential guidelines and a structure for incorporating health coaches in the field of behavioral health. A further goal is to provide information and clarity for developing collaborative care—specifically, how clinical leaders, clinicians, and health coaches can work together to encourage and facilitate individual well-being and organizational change. I used the Baldrige Excellence Framework to guide this exploration. The

framework also provided a means of understanding the structure and operational aspects of the organization (e.g., strategic implementation and clarity on processes and results).

I gathered data by conducting interviews with a BHL in Organization X, two Program Y senior coaches, and the head of DEIB. I also analyzed external peer-reviewed data from recent and relevant literature in addition to various surveys and coach training materials. Analysis of these data provided context on the current organizational support and ethical standards that were in place for the coaches who work within Program Y.

Section 1b is an in-depth organizational profile for Organization X. In it, I describe the organization and key factors of importance to the organization in more detail using the Baldrige framework as a guide. I also address Organization X's need for the study. As part of this discussion, I cover the institutional context, clarifies organizational processes, and resource planning and management.

Section 1b: Organizational Profile

Introduction

The specific practice problem that was addressed in this study was the lack of understanding of how to best use health coaches in the field of behavioral health to improve the accessibility and outreach of Program Y. I also explored the collaboration between health coaches and behavioral health clinicians because it could encourage real-world application of treatment strategies and aid in further development of collaborative care. The purpose of this qualitative case study was to investigate the potential effect of coaching within the behavioral health field and explore how coaches could partner with clinicians or BHLs to allow for more collaboration, accessibility, and applicability of the

treatment method for the client. Many coaches participate in the medical field health, and they often attend medical visits with patients and sometimes meet with patients one on one (Johnson et al., 2018). A recent study has shown that nurse-led health coaching affects clinical health and health-related quality of life amongst patients (Kivelä et al., 2020). The researchers also found that nurse-led health coaching did improve patients' health-related quality of life and affected their emotional role limitation and energy.

Researchers have found that individuals who have received health coaching as a service value a focus-on-change and validating coaching strategy and that coaching also serves as a source of mental support (Dol et al., 2021). Normand and Bober (2020) supported the potential benefit of using behavior analysts who want to practice behavioral health as health coaches. If a sizable number of behavior analysts go about obtaining health coach certifications, it may allow leaders in behavioral health to define the practice of health coaching in a more concrete way so that coaches can contribute to the practice.

Additionally, I considered current practices for health coaches, in addition to the possible implications for clients' mental health. As integrated health care has become increasingly popular, there has been a rise in the number of routine screenings for behavioral health conditions. The utilization of health coaches has since been explored with a focus on the role of screening for social factors (i.e., income and education) that could affect an individual's health (Runyan, 2018). More research is needed to determine how health coaches can further develop their role as health care providers. I explored the implications for leadership personnel and strategies related to the implementation of health coaches, in addition to the possibility of establishing coaching as a prominent and

respected aspect of mental health care. The specific RQs that were used to address the organizational problem are as follows:

RQ1: How might health coaches support the treatment and guidance of those who have been diagnosed with a mental health condition?

RQ2: What standards or methods could health coaches use to contribute to the sustainability of mental well-being for those receiving mental health services?

In this section, I will present the organizational profile, background, context, and key factors of Organization X.

Organizational Profile and Key Factors

Organization X's first app is a unique course that aids in the evolution of behavior change in the lives of users with an emphasis on building healthy habits. Program Y is a separate course specifically geared toward emotional intelligence, mental well-being, the fostering of resilience, and development of stress management skills. These users also receive a health coach as well. The level of education required for the organization's health coach positions is a bachelor's degree or an associate degree plus 2,000 hr of related wellness experience. All coaches also undergo a 12-week comprehensive lifestyle coach training program that covers topics such as coaching philosophies, motivational interviewing skills, and goal setting. Also, the organization provides an opportunity for eligible coaches to become nationally board-certified health and wellness coaches through its accredited internal prep program.

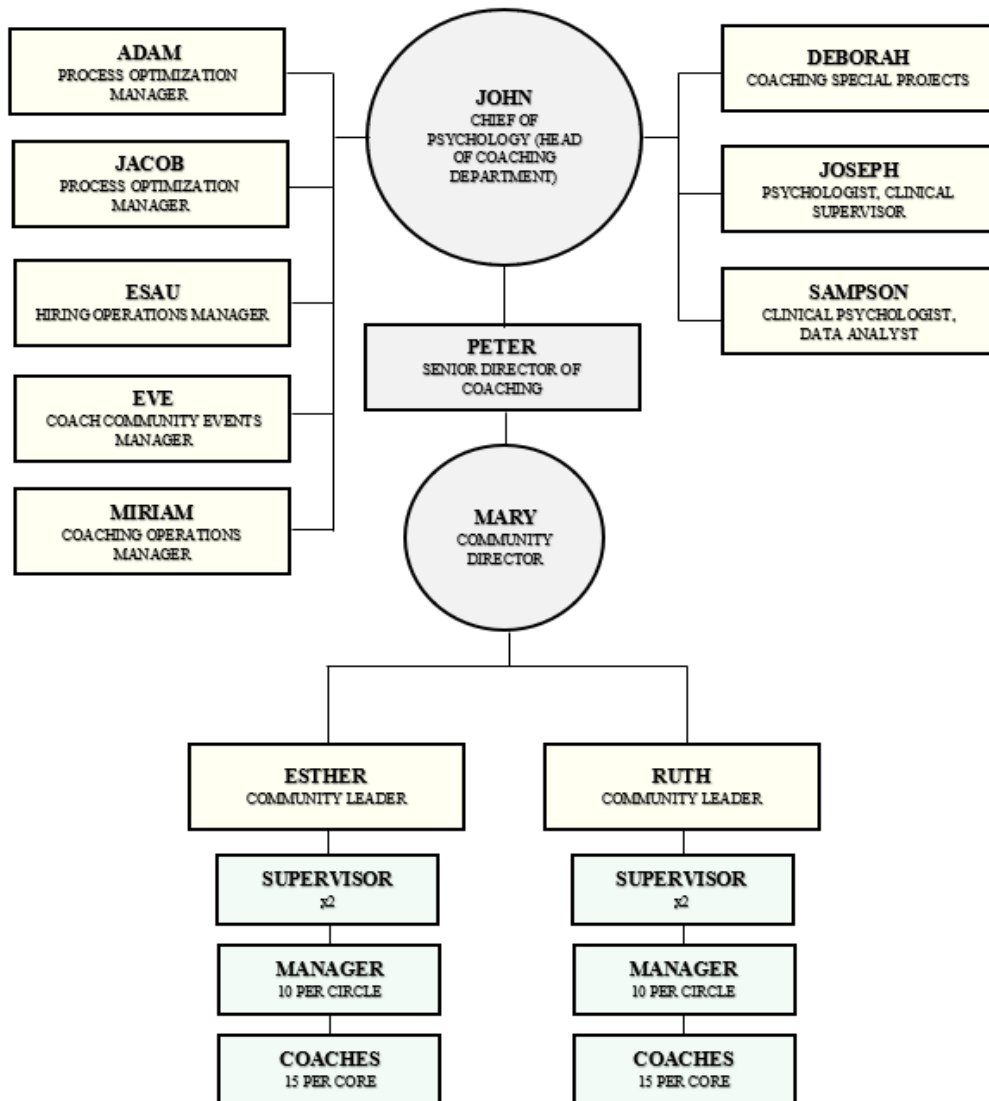
Because these positions are remote, there are no mandatory health requirements. However, the organization does emphasize the importance of wellness and provides an

assortment of free fitness classes via Zoom for staff throughout the day. It also has an internal well-being team that organizes events dedicated to helping coaches maintain their physical and mental well-being in the workplace and beyond. The organization's structure is also unique to accommodate the considerable number of employees.

The organizational structure of Organization X can be compared to a descending family tree with the BHL/psychologist being at the very top of the coaching department. Figure 1 provides a visual rendering of the organization's top-down structure for the coaching department. The structure consists of various lab project teams that oversee coach operations processes such as hiring, events, and operations. Upon further analysis of Organization X's internal structure, it does appear to be quite complex. Although logical, the various branches and positions within those subfields can be confusing to someone who is not familiar with this design. The organization is made up of diverse teams that often have multiple leaders, and as a result it may be difficult for staff to know who to go to for certain situations.

Figure 1

Organizational Structure



The titles for these positions are also unconventional and uncommon, which could lead to even more misunderstanding. An organization's size should factor into its structural decisions as having to change the structure later can be a difficult and time-consuming process (Clark et al., 2022). Therefore, it is beneficial that organizational leaders provide easily accessible material that outlines this structure to staff. Ultimately, having this information supplemented the study by providing a basis from which to determine the guidelines for which supervision is provided and who is giving it. It also provided clarity regarding who the health coaches report to and how new implementations, guidelines, or processes make their way down to the coaches from the leaders.

Health coaches are required to have a personal computer that adheres to specific device management which includes antivirus software, password protection etc. Since health coaches operate in a virtual setting they use personal computers to communicate with their clients. Having these systems in place protects not only the consumers' privacy but also all company-protected information (CPI) as well. Staff are required to complete yearly security and Health Insurance Portability and Accountability Act (HIPAA) training, which aids in the protection of consumer information and educates employees on best practices, security basics, and potential phishing attacks to look out for.

Having a clear understanding of the organization's workplace profile supports proper alignment within the study, and it aids in the understanding of what is relevant when it comes to the organization's business and performance (Baldrige Performance Excellence Program, 2021). Comparatively, this information also serves as the

organization's regulatory requirement as they must follow HIPAA guidelines when managing and storing customer information. Many of the organization's suppliers are technological partnerships that are utilized to store data, create visuals, and track user analytics. Equally important are the partnerships that the organization has with academic institutions that facilitate and collaborate on their own research studies, according to a BHL at the organization. Knowing the role that their suppliers, partners, and collaborators play could provide clarity on how they deliver their key health services and stay competitive and innovative within the field (Baldrige Performance Excellence Program, 2021).

Determining what legal, ethical, and mandatory relationships or connections that the organization has specifically with governing agencies etc., provides evidence regarding the potential role that health coaches may be able to play in the mental health field. When collecting data, it became important to pinpoint each connection that the organization has to the behavioral health field and uncover why it is important or necessary. It was also be crucial to consider the organization's mission, vision, structure, and services.

Organization X's mission and vision involves the importance of the overall wellness and health of not just their consumers, but all individuals as well, including their staff and employees. They also abide by principles that affirm transparency, kindness, and optimization, and they encourage all their employees (from the top down) to do this same. This is reflected through their leadership and day-to-day operations including how they present the latest information and changes. Leaders embrace and acknowledge that

processes may have to change as the organization continues to grow and develop, so they encourage their employees to trust in their own skills and in each other. Investing in the growth and development of their staff is important, and leaders advocate for teamwork and genuine concern while also embracing diversity as well.

This cultural background sets the context for not only understanding the organization, but also understanding how it operates (Baldrige Performance Excellence Program, 2021). This acumen allowed for a greater sense of comprehension when it comes to the organization's strategic advantages and potential challenges based on their current approach and company values. It can also confirm the organization's deployment methods and overall maturity (Baldrige Performance Excellence Program, 2021).

Organizational Background and Context

Organization X has several pillars that guide the scope of their practice and growth; one of which involves embracing change. The organization is new and wants to continue to progress so that they can reach their fullest potential and achieve their mission. Their efforts, uniqueness, and unrelenting permutation contribute to their competitive environment and sustainability and the need for the study. Moreover, studies have shown that there is no organizational practice knowledge on how the behavioral health field can leverage coaches which is a field that the organization is currently wanting to expand into (Dejonghe et al., 2017).

Health coaching has been found to promote positive behavioral changes and can be useful when it comes to providing motivation strategies, improving compliance, and health care maintenance (An & Song, 2020). Dejonghe et al. (2017) suggests that there is

a gap when it comes to research involving the effectiveness of health coaching in behavioral health. Knowing more about the specific benefits for the health care field will not only benefit Organization X, but also the health care field itself. Part of the organization's mission involves touching as many lives as possible, and their reach expands well beyond the United States and continues to grow.

Organization X provides their service through an app that they use to communicate and share information with their consumers. The name, logo and even their custom curriculum is tailored toward aiding the consumers with behavior change for a wide array of objectives. Their major facility includes a headquarters office on the east coast of the United States. One of the organization's major assets is its professional development learning management system. This platform houses all its e-learning training content.

There are resolute and qualified personnel within the organization that build and create interactive courses using an authoring tool, and these self-paced modules live on a specific virtual site. These course catalogs are available at any time and when there are new processes or skills that staff need to learn or practice, they would go here to do so. The organization's leaders are also upfront with staff about the organization's financial dynamic and how they prepare for peak season(s). There are specific metrics that are used to measure trends with their subscription sign ups and number of participants at specific times of the year. This feedback has influenced the timing for bulk hiring and how they determine caseloads.

HIPAA is one of the regulatory requirements with which the organization operates. Organization X works with health care companies and are required to abide by all policies set forth by the U.S. government regarding health information privacy. As a result, there is a mandatory HIPAA Training and Agreement and Request to Access protected health information (PHI). Having this information about the organization's knowledge assets and regulatory requirements provides insight into the organization's competitive forethought and how they continue to value for their stakeholders.

The adoption of health coach and clinician collaboration within the behavioral health care field will hopefully allow Organization X to remain competitive with their service but also create new potential community partnerships. Having an awareness of the regulatory commitments of HIPAA provides context on what specific exigencies the organization must adhere to if the development of health coaches changes their role. It also gives more perspective on the internal tools that Organization X could use to share their knowledge externally so this information could be accessible for other organizations as well.

Summary

Organization X offers a unique course that aids in the evolution of behavior change in the lives of their users with an emphasis on building healthy habits. The psychological content and component of the app is a unique approach to this type of program that is something new and engaging. They have decided to build on this component by creating Program Y which helps its consumers develop their emotional intelligence and stress resilience skills. These customers receive a health coach to aid

them throughout the process which has led to the consideration of how health coaches could affect the field of behavioral health in a similar fashion.

The purpose of this qualitative case study is to expound on the potential effect of coaching within the behavioral health field and explore how they could partner with clinicians or BHLs to allow for more collaboration, accessibility, and applicability. The analysis of the organization's profile and background have supported their commitment to growth, and the exploration of these potential benefits could lead to the expansion and implementation of health coaches in a new and unique facet. Section 2 will detail the information received from participants and supporting literature will be examined to provide context as to how the question should be addressed and what the evidence suggests.

Section 2: Background and Approach—Leadership Strategy and Assessment

Introduction

The specific organizational problem that was addressed in this study was the need for insight on how Program Y could enact social change at a broader level through the partnership of clinicians and health coaches. Given the increasing inclusion of health coaches across the field of behavioral health, knowledge of the ways in which they are trained and supervised could influence and encourage the development of concrete treatment strategies and aid in the further development of collaborative or integrated care. I considered the effects of organizational transformation on the overall leadership approach within Organization X. I also sought to offer recommendations for leaders. The purpose of this qualitative case study was to investigate the potential significance of coaching for clients with a wide of range of diagnoses and explore how coaches could partner with clinicians or BHLs to allow for more collaboration, accessibility, and applicability. Additionally, the implications for leadership personnel of implementing these strategies was considered, in addition to the possibility of establishing coaching as a prominent and respected prospect of mental health in the future. In Section 2, I discuss the existing literature and supporting evidence as well as assess the organization’s leadership and analytical strategy.

Supporting Literature

This case study required an in-depth review of existing literature to inform and support the study. Literature reviews help to contextualize the research setting, topic, and RQ (Ravitch & Carl, 2021). I examined the literature in a critical way so that I could

draw connections and then use those to promote understanding that would coincide with the theoretical framework of this study, which was the Baldrige Excellence Framework. I used databases and search terms were used to uncover research on both virtual and in-person coaching in all fields, especially in the behavioral or mental health field, in addition to the leadership strategies that are most practiced in the coaching field. The databases included APA PsycInfo and ProQuest Central. The following search terms were utilized in the APA PsycInfo database: *coaching AND collaborative, health coaches* AND behavioral health or mental health, coaching AND leadership strategy, and coaches AND leadership.*

The following search terms were utilized in the APA ProQuest Central: *virtual coach* AND behavioral health* and *health coaches* AND counseling.* I peer-reviewed research from the last 5 years.

Existing literature supports the significant effects that health coaching can have on stress management and overall health responsibility and its potential promotion of positive behavioral changes (An & Song, 2020). It is well known that health care is one of the most mentally and emotionally draining fields. Tatla et al. (2017) explored how coaching could potentially enhance family and interprofessional partnerships. They found that coaching shows promise as a method that could help improve the process of care and patient outcomes. However, they found that there is a need for more information on how coaching could affect individuals who have other professions and how it could affect families. These findings are important in relation to my study because they show how influential health coaching can be.

Health Coaching Interventions

Health coaching interventions have been found to be effective long term in rehabilitation and prevention settings (Dejonghe et al., 2017). Dialectical coaching strategies have been shown to provide mental support for clients, in addition to initiating and creating more awareness for clients (Dol et al., 2021). There are currently inconsistencies with the overall health coach framework across disciplines, and much more is known about the role of health coaches in the medical (health care) field when compared to behavioral (or mental) health (Johnson et al., 2018). Normand and Bober (2020) noted the potential benefits of using behavior analysts who want to practice behavioral health as health coaches. Additionally, Obro et al. (2020) found that mobile health and health coaching can benefit each other and that patients prefer personalized physical interactions.

Health Coaching Index

There have been developments with the implementation of the Health Coaching Index, which is being evaluated as a method of examining and gauging the conformity and application of the practical skills of health coaching (Sohl et al., 2020). The index has yet to be translated over to any specific discipline but could prove to be useful for future growth. Organization X's leaders have forecast rapid growth and development in the coming years. I researched leadership and organizational change strategies to highlight methods that may be useful for leaders. When promoting organizational change, it is important for there to be a clearly stated total change strategy (Wallis et al., 2021). This

strategy can be thought of as the plan of action that will help Organization X's leaders to their accomplished goal.

Strategic Approach

When establishing the total change strategy, there must be activities incorporated that will increase the strengths and eliminate the potential difficulties. This structural approach involves implementing changes in a way that details each of the components of the organization to everyone involved and to everyone that should be considered (Wallis et al., 2021). Another approach to consider is the behavioral approach in which human resources plays an influential role in looking out for things such as morale and motivation through the entirety of the process (Wallis et al., 2021).

I did not find much literature on the connection between health coaches or virtual coaches in behavioral health. It seems that although this connection has been considered (Dejonghe et al., 2017; Dol et al., 2021; Obro et al., 2020) there is not much research supporting specific guidelines or leadership strategies for organizations that want to go this route. Additionally, there is little current literature or supported organizational practice knowledge on how the behavioral health field can leverage coaches.

Health Coaching at Organization Z

There is one other organization (which will be referred to as Organization Z) whose leader have established the role of mental health coaches and currently utilize these personnel to help clients manage emotions and maintain mental health and well-being (see Boone & Edwards, n.d.). Organization Z coaches use a personalized approach that helps clients invoke evidence-based skills to overcome problems and reframe their

thinking. These services are currently being provided in conjunction with mental health services like therapy or psychiatry (Boone & Edwards, n.d.). However, there is presently no sense of collaboration or coordination between Organization X and Organization Y. The two organizations provide a similar client experience, the only difference being that Organization X's coaches are virtual.

Program Y could be an example for Organization X leaders of how to shift health coaching from case to care management. A focus on helping people navigate their whole health needs could expand the program even more (see National Council for Mental Wellbeing, 2022). This study could provide clarification as to what factors need to be considered and what Organization X leaders' next steps could be when implementing them. This information could affect the development, work practices, and collaboration of health care workers (Runyan, 2018). As patient care and patient safety continue to improve, it may affect the whole person care that all patients receive. Recognizing and addressing the mind–body connection and improving the systems for how health care (both physical and mental) personnel address it could affect society as a whole and enact positive social change.

Sources of Evidence

I conducted several interviews with the BHL to better understand the organization's needs and challenges. I addressed the specific leadership faux pas that have been prevalent over the past couple of years and the proposed ideas that the leadership team has about the expansion of Program Y. How the organization is preparing for the future changes and their development processes was discussed, in

addition to how leaders currently approach change. Currently their leadership stems from an aspirational model but leaders are constantly adapting to the changing environment and organizational growth. Addressing how the leaders plan to maintain and manage their relationships with their customers amidst all these changes was explored as well.

Interviews with two senior health coaches and leaders within Program Y were conducted to discuss the specific guidance and guidelines that they are expected to adhere to, as well as their experience working with this population. The coaches were asked to expand on the difference between their role and the 'typical' health coach role that is solely focused on nutrition. I explored what guidance they receive for tricky situations in addition to how they typically receive feedback. They were asked to describe their immediate supervisor's leadership traits, and what obstacles or barriers they have encountered throughout their times as a Program Y coach.

The secondary data includes reviewing existing client satisfaction results that provide insight on what aspects of coaching client's found to be the most significant, and coach training materials that provided clarity on what specific guidance the Program Y coaches receive that is specifically related to mental health. Additionally, there has also been a recent study conducted about Program Y that discusses preliminary outcomes which were analyzed for context on feasibility and accessibility. Furthermore, the most recent client and coach satisfaction feedback surveys were reviewed that provide clarification on what both populations see as areas of improvement. Finally, external data such as the organization's website and publicly available research was explored in addition to internally available coaching support documents as well.

This collection and analysis of this data provided clarification and insight as to whether utilizing health coaches within the field of behavioral health would prove useful and beneficial. Program Y could be a groundbreaking example for shifting Organization X and health coaching from more case to care management. Helping people navigate their whole health needs could expand the program even more (National Council for Mental Wellbeing, 2022). Determining how the organization's clients view the success of this program, and what the coaches perceive to be the most common outcome provided verification to the validity of this idea, while also providing information on how coaching effects their overall mental health.

Leadership Strategy and Assessment

The Baldrige Excellence Framework supports the idea that certain values and behaviors will allow an organization to perform and operate with success, and action plus feedback yields results (Baldrige Performance Excellence Program, 2021). The ways in which this framework supports this study include providing guidelines for assessing the organizational profile of Organization X through the analysis of the Health Care Criteria, and the potential implications for leadership with the consideration of their potential collaboration with health coaches. The leaders within Organization X span across various departments within the company but must also be of one accord.

Their leadership stems from an aspirational model and they aim to use consumer and staff experiences to motivate how they provide feedback and evolve. Transparency is a principle that the leadership team embraces and that is shown through several approaches. One of the most apparent being a weekly, companywide meeting that is held

in which senior leadership and managerial staff from various departments share information such as data promoting their initiatives, expansion ideas or opportunities, quarterly goals or aims, areas for improvements and how they plan to address them, and other relevant updates as well. This sense of openness and willingness to share mistakes is a critical illustration of best practices and ethical conduct. Having this knowledge also boosts staff morale and brings about a sense of unity and understanding across the entire organization (Baldrige Performance Excellence Program, 2021).

Communication efforts are also shown through the daily use of message channels which allow leaders to communicate with all staff in an interactive and functional way. Additionally, the BHL stated that the organizational structure of the company allows for each health coach to have access to a personal supervisory chain in which they can thread questions or concerns to, which can be directed to senior leadership if a solution is not found along the way. Seeing that daily example of how coaches can become leaders themselves also encourages growth within the organization.

Staff often have opportunities to participate in special projects outside of their immediate role, which is not only important for team building but also for skill building as well. These special projects can span from mentorship roles to leadership development to contributing to organizational experiments that are instrumental to providing direction for future growth. These experiments serve as part of the organization's operational data in which new app systems or coaching standards are assessed for things like functionality, user and coach usability, retention, tone, and relationship building. Senior leaders create an environment for success by investing in their coaches and giving them

the tools and training needed to become a certified health coach which is a certification that they can carry with them well after their time with the organization.

This is an example of strengths-based coaching which is a method of coaching that emphasizes the importance of using an individual's strengths as a basis for helping them reach their fullest potential (Qiang & Yuquiong, 2022). Leaders are assisting their staff with developing the skills that they need for the role, in addition to building on the assets that they already have. This is a strategy that can also be applied to the leaders themselves as a method of leadership development and cultivation which could be a crucial addition for leaders especially when considering the organization's plans.

Data and metrics are extremely influential for Organization X, and they are considered across the board to ensure that the future of the company and the coaches are considered, the BHL stated. The data collected include impact, confidence and ease, engagement, and customer acquisitions cost (e.g., marketing costs to acquire new customers) when compared to expected revenue, the BHL noted). Each department is held responsible for determining their objectives and plans for the subsequent quarters and that entire process happens yearly. The organization's board of directors is also consistently consulted, and members also provide guidance and direction for strategic implementation and more, according to the BHL. This advice and direction extend across the board for not only organization operations but also for legal and regulatory considerations as well.

Organization X leaders set yearly objectives and milestones, and each department is tasked with the development of action items that align with the identified milestones.

This is how they develop their strategy, and these objectives and milestones are meant to be established at all levels; departmentally, individually, and companywide, the BHL noted. When implementing strategy, Organization X currently has somewhat of a department-focused approach. Each department may have their separate aims, but all aims are connected in some way to the larger goal or objective. There have been situations in which new strategies are implemented prior to the congruence of all the different departments. As a result, there seems to be a missing piece when it comes to the overall strategic planning and collaboration process within Organization X.

Furthermore, with using the Baldrige Excellence Framework as a lens, these current processes of strategic planning and work systems are conducive to the state of constant change. However, it is yet to be determined if the same can be said for the implementation and delivery of these changes. There have been situations in which new strategies are implemented prior to the congruence of all the different departments. It seems as if there are critical conversations across departments that are missing and would prove beneficial to have happened before the roll-out or application of change. The overall consideration of people management and resistance to change is a component that may benefit leaders when it comes to strategy implementation.

As an organization that fosters an evolving nature and continuous evolution, the disposition and sentiment of staff should be anticipated. Staff may become combative of the new directions towards changes in protocol, staffing, training, or even organization structure. Organizational transformation can create such drastic changes within the corporation that the culture becomes different which can cause a decrease in the

organizational effectiveness of the corporation (Brown, 2020). Demographic changes and even influences from the external environment can contribute to resistance to change (Burns et al., 2020). That is when it will become necessary to incorporate change talk when combating that resistance to change. The concept of change talk can assist in aiding those in favor of the change by providing a comparison within the current state of the organization, and the future state that the change will provide (Metz, 2021). By utilizing change talk, organizations can combat resistance to change and increase the likelihood of acceptance while also reminding personnel of the common interests they all share when it comes to the mission or vision.

Considering that a community's environment and needs are constantly changing and evolving, the strategic plan should be flexible enough to be able to adapt to these changes (Burns et al., 2020). Additionally, representatives from each area of the organization should participate in all processes, especially those involving major change (Baldrige Performance Excellence Program, 2021). One strategy that might be useful for Organization X is using a "catch-ball" process, which would allow leaders to see how their plans in their entirety interact at the individual level. Also, it will allow them to ensure that they have the resources to conduct these strategies without causing potential staff unrest (Baldrige Performance Excellence Program, 2021). By adhering to the plan, Organization X will be able to maintain unification and a forward direction of growth. The anticipation of these considerations directly reflects a company's leadership approach and preparedness. An overall revamp in alignment and processes could allow

for a smoother transition when it comes to organizational and workforce change (Baldrige Performance Excellence Program, 2021).

Organization X embraces the contingency theory when it comes to their leadership strategies. This theory suggests that one style of leadership is applicable to all situations, and there can be evidence found for all the various leadership styles throughout their management tactics (Metz, 2021). Studies show the importance of management for systems and procedures, while staff and employees benefit more from leadership (Hoogeboom & Wilderom, 2019). When leaders and members can agree on the direction that the company is taking and mechanisms needed to get to that point, an optimal balance is reached.

The technical and interpersonal components of leadership can often be difficult to balance and may require adjustment and assessment over time (Hoogeboom & Wilderom, 2019). Furthermore, increasing collaboration across departments within Organization X could prove to be useful when it comes to organizing and instituting a coaching philosophy that could provide guidelines and direction for the growth and shifts within the coaching department. This will require a shift in leadership and overall collaboration which will ensure that the personal knowledge of leaders across each department is being utilized and taken under advisement.

Clients/Population Served

The client basis for Organization X varies but typically includes customers who are looking to reach a specific goal. whether that be a health goal, a fitness goal, or a behavior change goal. Program Y customers typically have a desire to achieve better

coping skills and/or develop new or improved stress management skills might pursue a membership in Program Y. Organization X obtains information from clients through user feedback that comes from surveys. There are several types of surveys sent over to customers such as cancellation surveys, sentiment surveys, and feedback surveys. Some customers are even selected for interviews so that leaders can obtain relevant and candid feedback, the BHL stated. Coaches are also given surveys that help to fuel the development of new experiments and ultimate product improvements.

The organization's leaders also utilizes market research to reveal how their product aligns with current societal needs and desires. This information also influences their long-term strategy and vision, the BHL noted. In addition, it influences their systems and product improvements. It also helps to safeguard the overall customer value of their product and bring about organizational success and sustainability (Baldrige Performance Excellence Program, 2021). Organization X leaders value the relationships that they form and sustain with their customers.

It is important for the customers to feel that backing from all aspects of the company from coaching to customer support, and even through the approachable tone of the curriculum and learning devices. The app itself, its tracking features, and the relationships that coaches develop with the clients further support the development of trust and positivity, in the view of the BHL. One of the organization's principles involves being trustworthy, authentic, and acting with integrity even when dealing with customer complaints or dissatisfaction. This includes how the staff treat each other and how they treat the customers as well. Client complaints are also managed efficiently by the

organization customer service and support team, and coaches themselves can also field and manage complaints while using their clinical and communication skills, according to the BHL.

Organization X leaders have also recently established a new satisfaction measurement tool called the Session Rating Scale (SRS) to aid leaders in understanding clients' impression of their coaches. This assessment tool was adapted from the SRS measure developed by Miller et al. (2003). Miller et al. formulated a set of questions to be used as a clinical tool by therapists to measure alliance, which is also a predictor of outcome (Miller et al., 2003). Organization X utilizes these questions to evaluate the client and coach relationship, acknowledgement of preferred goals and topics, approval of the coaches' approach or method, and the overall satisfaction rate with the addition of scaling component, the BHL noted. Having this measurement will confirm whether the coach and client are maintaining a positive alliance which will help to build long lasting trust as well.

The foundation of trust is essential across the entire organization, and establishing trust is how the company builds and maintains those relationships. Focusing on the long term and significance of changes and choices is how the company establishes trust, instead of focusing on short term gain. Organization X also is not afraid to listen to and learn from customer feedback. This approach prioritizes the sustainability of the organization, which is beneficial, and allows them to create a space for innovation and customer loyalty and referrals (Baldrige Performance Excellence Program, 2021).

Analytical Strategy

The research design for this study was a qualitative case study. A research design explains how the researcher will connect the various theories and concepts with their RQ and data analysis (Ravitch & Carl, 2021). Qualitative research is a process that is based off data which is used to describe qualities and characteristics. It starts with identifying an interest, problem or question and is followed by research and conversations held on the topic, and the development of a RQ that underpins the study (Ravitch & Carl, 2021).

A referral sampling strategy was applied when selecting participants. Snowball sampling is also referred to as referral/chain sampling, and it is a type of non-probability sampling which means that it is less likely to produce representative samples (Ravitch & Carl, 2021). The snowball sampling group was made up of a BHL, the head of the DEIB department, and two health coaches from Program Y. Coding was utilized to analyze the data. A code refers to a word or phrase that is assigned to a summary that captures the attributes of the language (Ravitch & Carl, 2021). This process involves identifying features that are distinct and seeing if there are any similar features across participants. When coding the type of information gathered and potential features of that observation was considered (Ravitch & Carl, 2021). As a result, the process of assigning phrases was carefully designed so that it allowed for patterns and meanings to be easily identified across experiences.

Individual interviews were conducted with the participants. Interviews give the interviewee the opportunity to describe processes and experiences in detail, and they allow the researcher to bridge intersubjectivity between themselves and the participant

(Ravitch & Carl, 2021). Additionally, an interview can be utilized to see how a particular individual recounts or interprets a specific event or experience. Throughout the interview process my approach was to be relational, contextual, non-evaluative, person centered, temporal, partial, and subjective. Before conducting the interview(s) introductions were made, supplemental information was given, and expectations were shared involving the sharing of information and anonymity. There was only one interview conducted with each participant, with the exception of the clinical Supervisor (BHL), whom I consulted over the course of several weeks.

There was also an extensive review of archival data conducted. Some of which include a company wiki that houses protocols and program information. Additionally, I explored relevant organizational surveys involving things like sentiment and satisfaction. Reviewing the entirety of the data after analyzing each component of the organization separately allows for there to be understanding and alignment for recommendations and changes (Baldrige Performance Excellence Program, 2021). Naturalistic inquiry has also become another part of the analytical strategy for this study. This method of inquiry allows for research to be interpretive while using inductive methods that are open to diverse approaches, methods, and beliefs (Ravitch & Carl, 2021).

Archival and Operational Data

Outside of the interviews data was also collected from the organization's own data archives including previously conducted surveys and metrics. Some of the relevant metrics that Organization X explores include engagement and sign-ups. The organization collects this survey data voluntarily from customers before, during, and after their

enrollment. There are several types of surveys sent over to customers such as cancellation surveys, sentiment surveys, and feedback surveys. Some customers are selected for interviews so that leaders can obtain relevant and candid feedback, the BHL noted.

Archival data that were collected and analyzed included

- the institutional website for Organization X
- the company wiki that houses product information
- engagement metrics
- sentiment surveys
- Session Rating Scale (SRS) results

Coaches are also given surveys that help to fuel the development of new experiments and ultimate product improvements. The organization also utilizes market research to reveal how their product aligns with the current societal needs and desires. This information also influences its long-term strategy and vision, according to the BHL. Having this data helps Organization X safeguard the overall customer value of their product and bring about organizational success and sustainability (Baldrige Performance Excellence Program, 2021). Organization X leaders have also recently established a new satisfaction measurement tool called the SRS to gauge clients' impression of their coaches.

Evidence Generated for the Doctoral Study

Participants

The referral sampling group was made up of a BHL (who provided insight on the organizational profile and leadership strategy), the head of the DEIB department (who

shared more information on how the organization contributes to social change), and two health coaches from Program Y (who provided key acumen for Program Y). After reaching out to the leadership team within Organization X, I was appointed a contact person within the team who was a BHL. They collaborated with me throughout the course of the study and provided insight and reports. The BHL suggested that I consult with the head of DEIB for greater insight on my social change questions. The health coaches were referred to me by the Program Y leader, who the BHL advised that I contact about this request.

Data Collection Instruments

The primary data collection instrument was interviews. Interviews give the interviewee the opportunity to describe processes and experiences in detail, and they allow the researcher to bridge intersubjectivity between themselves and the participant. The researcher can then turn the data gathered into detailed descriptions of experiences that integrate multiple perspectives (Ravitch & Carl, 2021). All interviews consisted of main questions, follow up questions, and probes. The main questions (also known as tour questions) establish the foundation for the various parts of the RQ, while the follow up questions (which could occur during the interview or later) investigate further into the various themes, concepts, or events that the interviewee brings up (Ravitch & Carl, 2021).

The theme of the follow up questions were always central to the RQ, and if the questions were too sensitive (especially early in the relationship) then I did refrain from asking them (Rubin & Rubin, 2012). Probes were then used as a tool for managing the

extent of the interviewee's responses, maintaining the focus and intent of the conversation, digging deeper into the responses, or requesting interpretation and elaboration. I conducted only one interview each with the head of DEIB and the two health coaches. I informally consulted with the clinical supervisor (BHL) on a weekly basis to discuss supplementary questions or gain further understanding. As expected, the structure of my interviews with the BHL adapted as our relationship grew; however, I never placed any restrictions on their responses.

An interview guide was developed by using the goals of the research and the information obtained from the literature review. This type of guide provides the researcher with a reminder of what the main questions (and possible follow up questions) are, and could also be referred to as a protocol, question checklist, or outline. This guide also helps to reduce some of the stress or anxiety that the researcher may have about the interview (Rubin & Rubin, 2012). This 'flow' will prevent the conversation from sounding too choppy, while providing a sense of connection with each subsequent question (Rubin & Rubin, 2012).

This guide was not used during every interview with the BHL, but it was used during initial interviews with all participants. The data collection methods contributed to the understanding and discovery of potential areas of change in systems and/or processes, and they also are critical to understanding the organization's performance alignment with the Baldrige framework. These data collection methods properly align with the RQs because they are based off experiences which were able to be shared by the interviewees.

Ethical Research

Informed consent was obtained from all participants in addition to a Partner Organization Agreement and a Service Order Agreement. A positionality memo was also composed. This practice is meant to provide a structure, early in the process, which explains the researcher's social identity and positionality (Ravitch & Carl, 2021). This served as a source of acknowledgement and introspection, and it also explains how certain aspects of the experience shape the process and influences the research. This memo was referenced and interacted with throughout the evolution of the study so that I can further reflect on its influence.

Researcher Bias

Eliminating bias was a crucial component and consideration of this study as there can be preconceived partiality since I am currently an employee within Organization X. However, throughout the study there was continuous self-reflection and confrontation of any potential biases that come across in my writings. Also, Program Y is something separate from my role within the organization, and a program in which I am not directly involved. Throughout the process participants were consistently kept up to date and safeguarded as well to ensure that no one felt pressured or intimidated to participate (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). Currently I do not hold a leadership role within the organization and have no subordinates, so this is a consideration that was manageable.

Another consideration was to consistently exhibit a respect for persons while also protecting all participants from harm whether they be autonomous or not (National

Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). One facet of qualitative research that was considered throughout this study was the usage of insiders in the study. Although it was conventionally upheld that outsiders should conduct research to obtain accurate conclusions, scholars now acknowledge the power of prior knowledge and relationships when it comes to accurate observation and recognition of phenomena (see Denzin & Lincoln, 2018). It is common for outsiders to have a more biased outlook on things, but insiders can see certain phenomena more clearly and are often able to have a better rapport with participants (Denzin & Lincoln, 2018). As an insider within Organization X, I have been able to identify patterns and trends in leadership from my own personal experience which can then be compared to the data received. Finally, it is important to make sure that there is transparency, accessibility, and respect when working with sensitive data which were deliberately examined throughout (Ravitch & Carl, 2021).

Validity and Reliability

It is vitally important that researchers safeguard their research by ensuring quality, trustworthiness, and credibility. Part of guaranteeing this would be by making sure that there is transparency, accessibility, respect, and that participants are informed (Ravitch & Carl, 2021). It is always important to obtain consent from adult participants which was obtained from all participants in this study. The techniques that were used to help ensure trustworthiness and validity were internal and external-facing transparency. Internal-facing transparency is geared towards the participants and external-facing transparency is more so for the audiences and readers (Ravitch & Carl, 2021). Internal-facing

transparency was shown through my candidness and honesty about all facets of the research including the goals, expectations, timeline, my own role, the participant's role, specifics about who will have access to the data, and details about confidentiality. External-facing transparency was shown throughout this analysis by providing knowledge about the potential or existence of bias as well as threats to validity.

Summary

The research collection and data analysis revealed that the initial outcomes of Program Y are feasible and acceptable to participants (McCallum et al., 2022). Regarding workforce operations, Organization X is not afraid to listen to and learn from customer feedback. Leaders emphasize and demonstrate openness and their willingness to share mistakes which is a critical illustration of best practices and ethical conduct (Baldrige Performance Excellence Program, 2021). However, there seems to be a missing structural component when it comes to the overall strategic planning and collaboration process within Organization X.

This study aims to highlight and explicate the potential significance of coaching within the behavioral health field and the data has shown a positive correlation between outcomes and the support customers receive from health coaches. This insight, in addition to the current leadership strategies of Organization X provide intelligence on what the supporting relationship between health coaches and clinicians might look like.

This section provided a synopsis on how the evidence was collected, who participated and why, and the techniques or procedure utilized to collect this data. It also described the nature and relevance of the information in congruence with the practice

problem, what exact archival data was examined, and how this data was collected originally. A referral sampling strategy was applied when selecting participants, and coding was utilized to analyze the data. Individual interviews were also conducted, and surveys (based on feedback and metrics) were analyzed to uncover themes.

Throughout the study there was continuous self-reflection and confrontation of any potential biases that came across, and informed consent was obtained from all participants. The techniques that were used to help ensure trustworthiness and validity were internal and external-facing transparency. The following section will explore the workforce operation of the organization including the workforce environment, management, and how the organization analyzes their progress and improves.

Section 3: Measurement, Analysis, and Knowledge Management Components of the
Organization

Introduction

The specific practice problem that was addressed was how Organization X leaders can best use health coaches in the field of behavioral health and how collaborations between health coaches and behavioral health clinicians could encourage real-world application of treatment strategies and aid in further development of collaborative care.

To address the practice problem, I sought to answer the following RQs:

RQ1: How might health coaches support the treatment and guidance of those who have been diagnosed with a mental health condition?

RQ2: What standards or methods could health coaches use to contribute to the sustainability of mental well-being for those receiving mental health services?

I conducted an extensive literature review as well as performed interviews with the BHL to better understand the organization's needs and challenges. Interviews were also conducted with two health coaches within Program Y to discuss the specific guidance and guidelines that they are expected to adhere to. The secondary data that were analyzed included existing client satisfaction results that provide insight on what aspects of coaching clients found to be the most impressionable and coach training materials that provided clarity on what specific guidance the Program Y coaches receive that is specifically related to mental health. Furthermore, the most recent coach satisfaction feedback surveys were reviewed to provide clarification on what both populations see as areas of improvement. Finally, I reviewed public information, including documents

published by the organization, its website, and internal documents (made accessible to coaches upon hire) as well

Analysis of the Organization

Throughout the hiring process, Organization X leaders consider retention and preparedness. Most of their staff is selected from referrals that come from current staff, and the interview process contains diverse sections that are meant to explore not only what the candidate is looking for in a work environment but also what the organization is looking for as well. Compensation and benefits are meant to be competitive to similar organizations, the BHL stated. Leaders seek to be transparent and emphasize the importance of flexibility and willingness to adapt as things change. Resources are diligently assessed and forecasted to ensure that they are being utilized at the highest and most functional level across departments. As a result, there is an overwhelming sense of employee-driven adaptability and shared prioritization, according to the BHL.

Organization X builds an effective workforce through availability and accessibility to protocols and resources for its health coaches. These protocols not only apply to common situations, but also to rare situations. Leaders also build a supportive workforce through their various avenues of support and guidance provided to their health coaches. These forms include visual (a company wiki that houses protocols and tips) and auditory (instructional videos) guidance and advice for specific customer situations and/or circumstances. Coaches also receive direction and support from their immediate supervisors and can collaborate or brainstorm with one another in smaller, community-type settings as needed. There are also built-in protocols that account for customers who

may mention a grievance, idea, or crisis-like comment (i.e., disordered eating, self-harm, domestic violence, substance abuse, or certain medical conditions).

There are also surveys sent out quarterly to staff that help leaders determine key drivers of staff engagement and any areas that they feel need further development or change. Having this understanding of how the organization's leaders support their workforce shows what influences they have on overall performance and performance management. This is crucial to engagement and keeping not just a customer focus, but a business focus as well (Baldrige Performance Excellence Program, 2021).

One way that the organization engages the workforce is by ruthlessly prioritizing employee satisfaction and wellness. Leaders monitor the levels of enthusiasm and connection that employees have with their organization through monthly surveys that allow them to listen to the team, determine advantages and opportunities, and assess the significance or effect of their current efforts. Organization X leaders aim to use these surveys as a method of gathering and evaluating team feedback as well. In addition to surveys, skill-based assessments, demonstrations (of skill acquisition and application), and manager evaluations are used to prompt learning and development from the learner's experience and the coaches, the BHL noted. These insights are used to prompt organizational changes, objectives, or even metrics. Leaders then connect this feedback directly to their new initiatives or changes.

Additionally, employees are offered the opportunity to receive their Health Coach Certification through the National Board-Certified Health and Wellness Coach (NBHWC). Training materials and group learning/study sessions are held, and

reimbursement is given to employees after taking and passing the exam. There are several distinct types of wellness support offered, which include counseling services, financial guidance and education, and exercise and meditation classes. Each month there are different initiatives that encourage employees to get active through the form of a step challenge. There have been recent improvements to insurance benefits and parental leave as well. Having information on workplace engagement provides a metric of how motivated employees are to put in the work and how committed they are to staying there (Baldrige Performance Excellence Program, 2021).

Knowledge Management

The organization's current target customer is based on its mission to help others improve their lives. The broadness of the organization's mission allows the organization's leaders to target a variety of consumers, which is what led to the expansion and creation of Program Y. The priorities of the CEO, board of directors, president, and other stakeholders were logically considered in addition to market trends and user research. Coaching is currently an unregulated service, and there are few regulations or mandatory requirements that are required on a state or county legislature level (Johnson et al., 2018). However, as Program Y further expands within the mental health field, leaders will consult the organization's legal department for guidance on jurisdictional requirements, the BHL noted.

Experimentation

Experimentation is the primary tool that is used for analyzing and improving organizational performance. Feedback that is gathered is used to prompt new experiments

that help leaders determine areas of innovation and improvement. After a focus area has been identified, the relevant teams will use these ideas to develop and assess hypotheses, which will then be brought to leaders across departments to discuss and decide on the most reasonable and conducive course of action. These data are then used to prompt organizational and coaching changes, which must also align with engineering resources and abilities.

Information about current and past experiments, including organization knowledge and assets, are housed in a company wiki that only staff have access to. It also contains protocols and program information, in addition to infrastructure information and workforce insights. Data from cancellation surveys, sentiment surveys, user interviews, and coach feedback are used to fuel the creation of experiments and product improvements. Leaders have also developed a rating system called ICE (which stands for impact, confidence, and ease) that helps them make decisions about their product, the BHL noted. There is also a new SRS that will be utilized for video/live calls and interactions. A customer's engagement and retention are also measured at all levels, and if there is a meaningful change in the business, a data science team and a product team help to analyze app data and metrics, which then influence the organization's next steps, the BHL stated.

Leaders also rely on trend forecasting (with sign-ups) and current external factors (i.e., economic state of the country) which influence future performance trends and how much they spend on marketing. The amount spent on marketing and bringing in new customers is important to the organization and is constantly assessed, the BHL stated.

This overall design comes from the need for more behavioral health services that allow individuals to access this support and guidance virtually (through an app platform). Having this insight provides clarity on what the organization values as their primary focus. Improvement should be a primary focus and it often leads to beneficial results (Baldrige Performance Excellence Program, 2021).

Institutional Data

Organization X manages their information within a company wiki that houses protocols, tips, instruction, and advice for specific customer situations and/or circumstances. This collection is extensive but also logically organized to optimize coach performance and reduce information overload. There are a wide range of categories that contain role specific content/protocols, as well as expected behavior for the app, troubleshooting, and Organization X programs and products. When it comes to their knowledge assets through a professional development learning management system. This platform houses all their e-learning training content. Having this insight provides organizational feedback on how they assess, calibrate, and construct their data.

Some institutional data is also shared to the company via Google Drive and can be distributed directly to coaches from leaders during company-wide meetings that are at the minimum held weekly. There are also individual stakeholders who are assigned and often emerge as subject matter experts on a specific topic or area of the organization (i.e., organizational data and quality of clinical endeavors). They also use a business analytic platform that houses hard data that are collected by the data science team, the BHL noted. In conclusion, this information can influence how the organization refines their work

processes and what/which data is most significant (Baldrige Performance Excellence Program, 2021).

Summary

Throughout the hiring process leaders consider retention, preparedness, and strongly rely on referrals from current staff. Organization X builds an effective and supportive workforce through availability, resources, and accessibility to protocols and resources for their health coaches. This guidance is available in various forms like auditory and visual, and it is also organized in a logical way that allows for coaches to easily locate what they are looking for.

The organization engages the workforce by ruthlessly prioritizing employee satisfaction and wellness through the collection and administration of frequent surveys, skill-based assessments, demonstrations (of skill acquisition and application), and manager evaluation. This information is then used to prompt change and development within the organization. There are also several distinct types of wellness support offered from counseling services, financial guidance and education, and exercise/meditations classes.

The priorities of the CEO, Board of Directors, the President, and other stakeholders are logically considered in addition to market trends and user research when it comes to determining developments and growth so that they can fulfill their mission. Experimentation is the primary tool that is used for analyzing and improving organizational performance, and that feedback is then used to prompt new experiments which help leaders determine areas of innovation and improvement.

Organization X manages most of their information through company wikis, a learning management system, and Google Drives. Leaders also use a business analytic platform that houses hard data that are collected by the data science team, the BHL stated. Next, I will reiterate the organizational problem and evaluate the evidence collected throughout the course of this study. The potential implications for the organization, as well as social change will be discussed in addition to the strengths, limitations, and outcomes of the study.

Section 4: Results—Analysis, Implications and Preparation of Findings

Introduction

The organizational problem that this study focused on was need for knowledge of the potential benefits of the inclusion of health coaches across the field of behavioral health and how this collaboration could encourage the real-world application of treatment strategies and aid in the further development of collaborative care. The practice-focused RQs were as follows:

RQ1: How might health coaches support the treatment and guidance of those who have been diagnosed with a mental health condition?

RQ2: What standards or methods could health coaches use to contribute to the sustainability of mental well-being for those receiving mental health services?

The sources of evidence included interviews conducted with the BHL to better understand the organization's needs, challenges, and current practices. Additionally, I interviewed two of the senior health coaches within Program Y to ascertain the specific guidance that they receive and guidelines that they are expected to adhere to when working with clients who enroll into the program. Data from the SRS measurement tool that organizational leaders use were also analyzed; the data provided information on clients' overall impression of their coaches. The secondary data included reviewing existing client satisfaction results that provided insight on what aspects of coaching clients found to be the most influential and coach training materials that provided clarity on what specific guidance the Program Y coaches receive that is specifically related to

mental health. Furthermore, to provide understanding of the reasoning behind the procedural development in progress, I explored engagement data.

Analysis, Results, and Implications

Organization X offers a unique course that aids in the evolution of behavior change in the lives of users with an emphasis on building healthy habits. Users receive a health coach and group coach, in addition to access to the app, its curriculum, and accountability tools. The organization utilizes health coaches to provide guidance and support as they simultaneously evoke behavior change for those who are looking to lose weight or reach a specific health goal. Recently, leaders have established an extension to this program (Program Y) that is behavioral health based and focuses on helping consumers develop their emotional intelligence and stress resilience skills. This development was prompted by the organization's desire to expand on its current service offerings and continue striving towards its mission in a variety of ways. Current research shows that health coaching interventions are effective, but there is not enough current data to determine long-term efficacy (Dejonghe et al., 2017).

Organization X leaders obtain information from clients that prompts change or expansion of programs through user feedback that comes from surveys. There are several types of surveys sent to customers such as cancellation surveys, sentiment surveys, and feedback surveys. Some customers are selected to participate in interviews so that leaders can obtain relevant and candid feedback, the BHL stated. Coaches are also given surveys that help to fuel the development of new experiments and ultimate product improvements. The organization also utilizes market research to reveal how its product

aligns with current societal needs and desires. This information also influences its long-term strategy and vision, according to the BHL. The organization's leadership is currently experimenting with a new coaching model that may increase the measurable significance of coaching in Program X and Program Y (if this strategy yields positive results). Part of this change includes the introduction of a modified SRS.

Session Rating Scale

Organization X leaders adapted their assessment tool from the SRS measure developed by Miller et al. (2003). Miller et al. formulated a set of questions for use as a clinical tool by therapists to measure alliance, which is also a predictor of outcome (Miller et al., 2003). Organization X leaders wanted to ensure that Program Y was aligned with psychological best practices and that it encompassed endorsed psychological measures as outcomes, according to the BHL. Figure 2 shows the results for 188 participants following the implementation of this questionnaire. The lowest score is 1 (*strongly disagree*), and the highest score is 5 (*strongly agree*).

During the initial experiment phase, a select pool of clients would fill out this questionnaire at the end of each session with their coach. They would rate whether they felt heard, understood, and respected by their coach and whether they felt as if they worked on the things that were relevant and important to them that day. These were the two highest scores shown across that period. Customers also rated whether the session on the given day felt "right" for them, which averaged out at a score of 4.92. Finally, the lowest score, which was still fairly strong, involved the customer's relation and regard of the coach's approach. These data are consistent with research showing that participants

value a focus-on-change and validating coaching strategy, and that it serves as a source of mental support (Dol et al., 2021). This possible change could improve that final score over time.

Figure 2

Session Rating Scale Results



Coding of Coach Interviews

I used narrative coding to examine the themes underpinning the various sources of evidence. A code refers to a word or phrase that is assigned to a summary that captures the attributes of the language (Ravitch & Carl, 2021). The coding process involves identifying distinct features across the transcript. The researcher uses the codes to

develop a theme that does not directly surface from the data (Ravitch & Carl, 2021). By analyzing and engaging with the data, I was able to detect relationships and patterns.

I organized the data through cross-referencing, sorting, and the linking of ideas to themes (see Paoletti et al., 2021). The ways in which the evidence converges is through themes of independence, support, flexibility, qualitative interactions, and scope. The codes include adapt and experience, which show how and why the coaches are permitted to have such an independent and acquiescent relationship with their clients. Support is shown through the coach's preparedness and quality mentorship that they receive both prior to their start and throughout so that they can continue to development. Both coach participants mentioned their ability to be flexible mainly due to the requirement of rapport building and opportunity to share and build connections.

However, they maintain the standard of qualitative interactions throughout and their ability to gauge the standout pieces of the conversation and hone in on the client's (and their own) choices of personal expression. Coaches also stay within the scope of their training by staying in the moment and using open-ended questions to encourage self-exploratory guidance. The information aligns with research on the future of coaching discussed in Section 2. The literature review confirms long-term effectiveness of health coaching interventions in rehabilitation and prevention settings (Dejonghe et al., 2017). Studies show that a validating coaching strategy that focuses on change will help participants feel more supported (Dol et al., 2021). Comparatively, Program Y coaches recognize the importance of listening and upholding the customer's unique journey and perspectives so that they can direct their own progress and long-term outcomes.

Health coaching is known as a tool that supports behavior change, and customers prefer personalized interactions (Obro et al., 2020). The preparedness mentioned by these health coach managers confirms their training and insight, but the flexibility proves that they are focused on adapting to the individual's needs. Health coaches have also been shown to be change agents that can screen for how social factors can influence an individual's health (Runyan, 2018). This reiterates the whole person approach that this program and organization is aiming to provide. The Program Y coaches also share the concern (and understanding) that since the program is in its initial stages procedures and policies are ever changing, and certain aspects of the program (i.e., expectations) lack concrete certainty.

Workforce Results

When analyzing the evidence regarding workforce results, employee feedback is considered, and monthly survey results are gathered. After organizing the data, it was then compared to insights gathered so far to uncover the connections. A workforce focus assesses capabilities and staffing levels, and operations involves the exploration of systems evolution (Baldrige Performance Excellence Program, 2021). However, one way that Organization X has recently evolved is through a reduction of the coaching team. Leaders determined that the coaching department's staffing numbers were too high, and cutbacks (both required and voluntary) were made so that leaders could move forward with future developments to the coaching model.

Following this change employee feedback has reflected apprehension and the need for trust to be rebuilt between coaches and upper management. It has also brought

about uncertainty about the future for coaches and the Organization, but the leaders are focused on making coaching more personable and accessible for customers. They continue to develop their telehealth program with health care providers who now have prescribing capabilities which pairs well with the behavioral health component.

In the medical field health coaches often attend medical visits with patients and even meet with patients one on one. Researchers have observed these interactions and inconsistencies within the overall framework (Johnson et al., 2018). This program enhancement aims to address divergence and could bring in the biological components that affect population in conjunction with the behaviors. Additionally, they continue to expand Program X, their life sciences and research team, and their diabetes prevention program. Leaders also consistently monitor weekly metrics and the average of customer base that has been influenced by any of the programming.

Leadership and Governance

Organization X leaders actively exhibit principles that align with their principles which include transparency, kindness, and optimization. This is reflected through their leadership and day-to-day operations including how they present the latest information and changes. Leaders acknowledge that the organization is still learning and growing and that processes may have to change as the organization gains more insight on what the market needs. Having this acumen provides clarity on what the organization values as their focus. Improvement should be a primary focus and it often leads to beneficial results (Baldrige Performance Excellence Program, 2021).

They also prioritize wellness and diversity inclusion for all personnel, and they work to provide staff with education opportunities (relevant to professional and personal progress). Individuals who receive health coaching value a focus-on-change and validating coaching strategy (Dol et al., 2021). Emotional burnout and compassion fatigue can be significant to coach well-being and retention. As coaches serve as source of mental support it proves crucial that leaders continue to take care of their coaches in this way (Dol et al., 2021). Investing in the growth and development of their staff is important, and leaders advocate for teamwork and genuine concern while also embracing diversity as well.

This investment will only benefit the coach-client relationship. As coaches feel better within themselves they can provide that same quality of care to their clients. It is well known that healthcare is one of the most mentally and emotionally draining fields. In this study the authors wanted to explore how coaching could potentially enhance family and interprofessional partnerships (Tatla et al., 2017). They also found that coaching shows promise as a method that could help improve the process of care and patient outcomes. This implies how crucial it is that coaches' well-being is prioritized so that they can continue to make the maximum impression.

There is evidence of the contingency theory amongst Organization X leadership due to the presence of several different leadership styles throughout their management tactics. Coaches describe their immediate supervisors as responsive, encouraging, understanding, supportive, knowledgeable, and comfortable with clinical topics. They have also been described as leaders who are able to determine strengths and provide

gentle feedback that is both productive and conducive to the coaches' growth and unique circumstances. There is no evidence of micro-managing but instead a sense of profound trust, as well as an emphasis on teamwork and team building. Health coaches at Organization X feel empowered to support their clients because of the leadership they witness. This directly aligns with the RQ and provides evidence to corroborate the necessary oversight of coaches who work in this field.

Financial and Marketplace Results

At the time of the study, Organization X was a private company that operated within several markets. Its revenue almost doubled during 2020, and leaders projected more growth in the coming year. The BHL was not able to provide concrete financial data to me, and so the only information that I could consider was that which was accessible via internet search. Before the pandemic, the organization was not well known, and it took founders almost 10 years to establish this now successful start-up. Now it has come into question how the organization will continue to grow and evolve post-pandemic. Hence the recent layoffs and a shift in the way in which coaching is delivered.

This change has affected the culture and influenced coaches' trust in leadership mainly due to the delivery of the information and swift action taken by leaders. Current literature confirms the need for additional experimentation and process management studies when it comes to coaches in this market (Whitfield et al., 2022). However, the adoption of health coach and clinician collaboration within the behavioral health care field could potentially allow Organization X to remain competitive with their service but also create new potential community partnerships and achieve their mission. Despite the

recent changes it is evident that organization X leaders are determined to find the right (and most effective) delivery methods.

Implications

The current data show that engagement with coaches decreases after the second week of the program. The evidence supports the idea that there is a potential for health coaches to be utilized in the field in a clinically measurable way, but specific guidelines and effective delivery methods need to be developed further. Overall, the findings reveal that there are additional advancements that need to be made to progress the clinical significance of health coaches. This has prompted an overall revamp within Organization X and new considerations have been made to the delivery methods of coaching support. This converges with the literature 's viewpoint of more research and development being necessary as the coaching field expands. However, there is also a case to be made that appeals to the demand for a personal and accessible analytic alternative.

The nature of social change enactment is embedded into Organization X's mission and day to day operations. The possibility of these changes will only expand their reach and ability to affect more lives in a variety of ways. This applies not only for Organization X but similar companies who are looking to provide services like coaching through a more clinical lens. Studies show that the approach coaches use is crucial to the planning of future interventions (Dejonghe et al., 2017). The potential implications of these changes will allow for the sustainability of the coaches' influence and impression.

Strength and Limitations of the Study

Strengths

Throughout this study qualitative standards were adhered to constantly and the Baldrige Framework grounded the research as an organizational model that provided context and guidance best practices. I based the study on the RQs and regularly reviewed the literature to provide a basis for and understanding of the data. Throughout the study, there was also an ongoing reflective inquiry process with built in engagement exercises (see Ravitch & Carl, 2021). The rationale behind this study is to broaden and expand on the gaps in research and provide insight or reflection on what might improve the practice of organizations who utilize health coaches. Introspection and reflection were also used throughout the study and the positionality memo developed in the beginning of the process was a common interaction component.

Limitations

This study has potential limitations in that concrete financial statements were not available for analysis. Organization leaders were not willing to share these details with me, so I drew from what I found from an internet search. My employment at the organization could potentially cause bias due to my familiarity with the daily processes and procedures. However, throughout the study there was continuous self-reflection and confrontation of these biases. This limitation was also, in some respects, a strength as well. It is common for outsiders to have a more biased outlook on things, but insiders can see certain phenomena more clearly and are often able to have a better rapport with participants (Denzin & Lincoln, 2018).

Throughout the course of the study there was limited access to data. The interviews with coaches were small, which suggests an insufficient sample size for statistical measurements. There were also time constraints that affected my relationship with Organization X leaders and staff. Due to staff turnover, several different BHLs contributed to the study, which limited my ability to conduct a thorough analysis.

This section covered the analysis of the curriculum for Program Y and the way in which health coaches are utilized throughout. It also provided insight on the internal experimentation process that the organizational leaders prioritize while also sharing details from employee feedback, surveys, and codes and themes from the interviews conducted with two Program Y coaches. Their revenue almost doubled during 2020 and they are projected to see more growth in the coming year, however the BHL was not able to provide concrete financial data to me.

The current data show that engagement with coaches decreases after the second week of the program, and there are additional advancements that need to be made to progress the clinical significance of health coaches. The possibility of these changes will only expand their reach and ability to affect more lives in a variety of ways. In Section 5, I will provide recommendations for future growth and development for Organization X, in addition to conclusions based on the entirety of the data and the considerations of the Baldrige Excellence Framework.

Section 5: Recommendations and Conclusions

Recommendations

The practice problem concerned how Organization X can best use health coaches in the field of behavioral health and how collaborations between health coaches and behavioral health clinicians could encourage real-world application of treatment strategies and aid in further development of collaborative care. Researchers have provided evidence of the potential benefit of using behavior analysts who want to practice behavioral health as health coaches. Behavior-analytic dispensation that is focused on health coaching could play a part in behavior change (Normand & Bober, 2020). Behavior change yields lifestyle changes which could contribute to the reduction of chronic disease in our country. In addition, leaders in behavioral health could possibly define the practice of health coaching in a more concrete should more behavior analysts pursue health coach certifications (Normand & Bober, 2020).

Program Y data show that engagement with coaches decreases after the 2nd week of the program. The evidence supports that there is a potential for health coaches to be utilized in the field in a clinically measurable way, but specific guidelines and effective delivery methods need to be further developed. The evaluation of this information led me to conclude that customers often feel as if their coach's approach is not always a good fit for them and their overall needs. Based on this feedback, I recommend structural changes and organizational standard revisions that could potentially benefit the company moving forward.

It may prove conducive for Organization X leaders to shift their coaching to more of a personalized approach that is not solely focused on individualized delivery but instead the design behind the approach and overall applicability. SRS data for Program X show that customers often felt that the coaches' approach was not the best fit for them on the given day of their session. Variability of approach may allow for precise and unique methods to be utilized for each customer based on a central theme or focus that is present upon their intake. Researchers have found that the application and mechanisms used by the coach must adapt to the population receiving coaching (An & Song, 2020). Behavioral and physical concerns will need to be considered in addition to the incentive or goal of the customer (An & Song, 2020).

An additional recommendation for Organization X leaders is that they utilize the remote aspect of their coaching model in a more advantageous way. They currently have health coaches located across the United States who are all connected to a specific hub (a major city that is no more than 5 hr away). This could provide an opportunity for coaches to collaborate with local hospitals, treatment facilities, and outpatient centers to provide psychological support to consumers near them.

Interview data reveal the appreciation that coaches have for the independence and flexibility that they receive within their role. Furthermore, this independence helps them to feel more confident working with this population, and these are traits of a collaborative care model. Studies have shown that individuals with psychological conditions benefit from a collaborative care model treatment plan (Whitfield et al., 2022). This model involves using a team approach to coordinate a patient's mental health treatment with

common health conditions that would be managed by primary care. This method has been shown to improve patient outcomes and provider satisfaction and collaboration (Whitfield et al., 2022).

The possibility of combining leaders' efforts with that of other workforces (for example behavioral health, physiotherapy, chiropractic care, personal training, reflexology etc.) could increase their reach and advance their international efforts as well. In the medical field health, coaches often attend medical visits with patients and even meet with patients one on one. They are typically supervised and employed by health delivery systems to manage complex patients (Johnson et al., 2018). Providers would be able to connect via teleconference or in person to receive updates and collaborate on avenues of treatment or care. The coach can still serve as a behavior change agent/initiator through their frequent and consistent communication with the patient. Organization X could also set up offices in each hub that would provide a space for local coaches to work or hold meetings and be a location for recurring mandatory training or continuing education opportunities.

Furthermore, there is a well-known mind–body connection that affects the overall health and wellness of human beings (Dol et al., 2021). Chronic care is a nationwide concern that is often mitigated with the use of self-management approaches. Studies show that mobile health and health coaching can benefit each other and that patients prefer personalized physical interactions (Obro et al., 2020). Researchers have explored the utilization of health coaches to screen for social factors (i.e., income and education) that could influence an individual's health (Runyan, 2018). This addition and

combination of telehealth and collaborative care could increase wellness outcomes in the United States.

It will also be prudent to consider that there are potential risks of using therapeutic tactics within the organization. Leaders refer to their health coaching tactics as "cognitive behavioral therapy-guided self-help"; this could prove controversial for health coaches who are licensed should the program expand (see Hildebrandt et al., 2020). Ethically, this phrasing is questionable due to the influence of coaches and the service that they provide to the customer. Most states require an advanced degree and specialized training to provide cognitive behavioral therapy. Although health coaches are not using this modality to treat patients, they are using aspects of it to influence other coaches throughout their time in the program. As a result, the organization may want to consider this wording and the way in which coaches utilize this skill.

Organization Z, which operates out of the Southwest region of the United States, currently has an Integrative Health and Wellness Coaching program that meets the standards of the NBHWC. It has one program that offers the opportunity for the coach to take either the health coach or wellness coach path (The University of Arizona, 2022). The curriculum and coursework take place online and include synchronous and asynchronous virtual training sessions. Participants are required to attend regular mentor-supervised team and 1:1 practice sessions (The University of Arizona, 2022).

The requirements of the program include a specific healthcare degree (for the health coach pathway) and Integrative Health and Medicine education from affiliated program, or an integrative medicine fellowship or residency (The University of Arizona,

2022). While Organization X has a similar training program and structure that is available to their current coaches, it is not currently mandatory. If the program were to shift to a collaborative model this change may be something worth considering.

Based on the recommendations it is evident that Organization X (and other comparable companies) could benefit from a study that expands on the benefits of a collaborative care model treatment team composed of clinicians, health coaches, and primary care providers. This study could also gauge the suggested ratio of health coaches to clinician/behavioral health care managers from a quantitative standpoint. This treatment process and its overall effectiveness could also be evaluated in different individuals based on the severity of their mental health symptoms/diagnosis.

Process measures have also been successfully used by collaborative care treatment teams to track patient progress using tools that increase engagement, and promptly address/modify the treatment plan when development has decreased or stalled (Whitfield et al., 2022). Further research could be conducted to determine what these process measures might look like for health coaches, and uncover what tools are necessary to improve patient outcomes (Whitfield et al., 2022).

The first step toward disseminating these ideas into Organization X would be establishing leadership in each 'hub' and organizing the structure of the teams within them. Next would be transferring customers to a coach in their area and obtaining consent to contact and facilitate conversation with providers. The organization would need to reach out to local providers to gauge their interest and willingness to partner with the

coaches and with Organization X. Coaches can continue the coaching relationship while gathering more information about the customer's unique treatment needs and motivators. Finally, coaches would begin to facilitate collusion and inspire behavior change as they encourage users to take more ownership of their overall health and wellness needs.

Summary

In conclusion this study aims to uncover guidelines for how behavioral health clinicians and health coaches can unite to contribute to whole person wellness. Organization X has recently established Program Y which was designed to aid the evolution of behavioral changes in users by helping them develop their emotional intelligence and stress resilience skills to improve mental well-being. Currently there is a lack of general agreement on a definition of health coaching and there is a sense of flexibility around how health coaching works (Normand & Bober, 2020). Addressing the potential benefits of the maturation of health coaches across the field of behavioral health and how this collaboration could encourage the real-world application of treatment strategies could aid the further development of collaborative care.

Researchers have found that individuals who have received health coaching as a service value a focus-on-change and validating coaching strategy, and that it serves as a source of mental support (Dol et al., 2021). This aligns with Organization X's mission and vision involves the importance of the overall wellness and health of not just their consumers, but all individuals as well, including their staff and employees. They also abide by principles that affirm transparency, kindness, and optimization, and they encourage all their employees (from the top down) to do this same.

The adoption of health coach and clinician collaboration within the behavioral health care field will hopefully allow Organization X to remain competitive with their service but also create new potential community partnerships and achieve their mission. Organization X should shift their coaching to more of a personalized approach that is not solely focused on individualized delivery but instead the design behind the approach and overall applicability. Organization X could also set up offices in each 'hub' that will provide a space for local coaches to work remotely or in person as they utilize a collaborative care model to engage with local customer treatment teams.

This treatment process and its overall effectiveness could also be evaluated on different individuals based on the severity of their mental health symptoms/diagnosis which could lead to future. Process measures could be used to track patient progress using tools that increase engagement, and promptly address/modify the treatment plan when development has decreased or stalled (Whitfield et al., 2022). Further research could be conducted to determine what these process measures might look like for health coaches and gauge the suggested ratio of health coaches to clinician/behavioral health care managers. Over the next couple of years Organization X could work towards establishing leadership within each hub and set up local community partnerships.

References

- An, S., & Song, R. (2020). Effects of health coaching on behavioral modification among adults with cardiovascular risk factors: Systematic review and meta-analysis. *Patient Education and Counseling*, 103(10).
<https://doi.org/10.1016/j.pec.2020.04.029>
- Baldrige Performance Excellence Program. (2021). Baldrige excellence framework (health care): A systems approach to improving your organization's performance. U.S. Department of Commerce, National Institute of Standards and Technology.
<https://www.nist.gov/baldrige>
- Boone, M. S., & Edwards, J. (n.d.). What is mental health coaching? Breaking down 4 common myths. Lyra Health. <https://www.lyrahealth.com/blog/what-is-mental-health-coaching/>
- Brown, D. R. (2020). *An experiential approach to organization development*. Pearson India Education Services.
- Burns, L. R., Bradley, E. H., & Weiner, B. J. (2020). *Shortell & Kaluzny's health care management: Organization design and behavior* (7th ed.). Cengage Learning.
- Clark, B. R., Fuse Brown, E. C., Gatter, R., McCuskey, E. Y., & Pendo, E. (2022). *Health law: Cases, materials, and problems* (9th ed.). West Academic Publishing.
- Dejonghe, L. A. L., Becker, J., Froboese, I., & Schaller, A. (2017). Long-term effectiveness of health coaching in rehabilitation and prevention: A systematic review. *Patient Education and Counseling*, 100(9).
<https://doi.org/10.1016/j.pec.2017.04.012>

- Denzin, N. K., & Lincoln, Y. S. (2018). *The SAGE handbook of qualitative research* (5th ed.). SAGE.
- Dol, A., Bode, C., Velthuisen, H., van Strien, T., & van Gemert-Pijnen, L. (2021). Application of three different coaching strategies through a virtual coach for people with emotional eating: A vignette study. *Journal of Eating Disorders*, 9, Article 13. <https://doi.org/10.1186/s40337-020-00367-4>
- Hildebrandt, T., Michaelides, A., Mayhew, M., Greif, R., Sysko, R., Toro-Ramos, T., & DeBar, L. (2020). Randomized controlled trial comparing health coach-delivered smartphone-guided self-help with standard care for adults with binge eating. *The American Journal of Psychiatry*, 177(2). <https://doi.org/10.1176/appi.ajp.2019.19020184>
- Hoogeboom, M. A. M. G., & Wilderom, C. P. M. (2019). Advancing the transformational–transactional model of effective leadership: Integrating two classic leadership models with a video-based method. *Journal of Leadership Studies*, 13(2). <https://doi.org/10.1002/jls.21655>
- Johnson, C., Saba, G., Wolf, J., Gardner, H., & Thom, D. H. (2018). What do health coaches do? Direct observation of health coach activities during medical and patient-health coach visits at 3 federally qualified health centers. *Patient Education and Counseling*, 101(5). <https://doi.org/10.1016/j.pec.2017.11.017>

- Kivelä, K., Elo, S., Kyngäs, H., & Kääriäinen, M. (2020). The effects of nurse-led health coaching on health-related quality of life and clinical health outcomes among frequent attenders: A quasi-experimental study. *Patient Education and Counseling*, 103(8). <https://doi.org/10.1016/j.pec.2020.02.026>
- McCallum, M., Ho, A. S., Mitchell, E. S., May, C. N., Behr, H., Ritschel, L., Mochrie, K., & Michaelides, A. (2022). Feasibility, acceptability, and preliminary outcomes of a cognitive behavioral therapy-based mobile mental well-being program: Single-arm prospective cohort study. *JMIR Formative Research*, 6(4), Article e36794. <https://doi.org/10.2196/36794>
- Metz, M. (2021). Overview of change in organizations. Resistance to change. A literature review. *Ovidius University Annals: Economic Sciences Series*, XXI(1). <https://stec.univ-ovidius.ro/html/anale/RO/2021/Section%204/22.pdf>
- Miller, S. D., Duncan, B. L., Sparks, J. A., Claud, D. A., Reynolds, L. R., Brown, J., & Johnson, L. D. (2003, January 1). The session rating scale: Preliminary psychometric properties of a "working" alliance measure. *Journal of Brief Therapy*. <https://www.scottdmiller.com/wp-content/uploads/documents/SessionRatingScale-JBTv3n1.pdf>
- National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1979). The Belmont report: Ethical principles and guidelines for the protection of human subjects of research. <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html>

- National Council for Mental Wellbeing. (2022, March 9). Netsmart and the National Council for Mental Wellbeing announce population health partnership to improve care coordination and use data to drive outcomes for certified community behavioral health clinics. National Council for Mental Wellbeing. Retrieved March 16, 2022, from <https://www.thenationalcouncil.org/news/netsmart-and-the-national-council-for-mental-wellbeing-announce-population-health-partnership-to-improve-care-coordination-and-use-data-to-drive-outcomes-for-certified-community-behavioral-health-clin/>
- Normand, M. P., & Bober, J. (2020). Health coaching by behavior analysts in practice: How and why. *Behavior Analysis: Research and Practice*, 20(2). <https://doi-org.ezp.waldenulibrary.org/10.1037/bar0000171>
- Obro, L. F., Heiselberg, K., Krogh, P. G., Handberg, C., Ammentorp, J., Pihl, G. T., & Ooster, P. J. S. (2020). Combining mHealth and health-coaching for improving self-management in chronic care a scoping review. *Patient Education and Counseling*. <https://doi-org.ezp.waldenulibrary.org/10.1016/j.pec.2020.10.026>
- Paoletti, J., Bisbey, T. M., Zajac, S., Waller, M. J., & Salas, E. (2021). Looking to the middle of the qualitative-quantitative spectrum for integrated mixed methods. *Small Group Research*, 52(6). <https://doi.org/10.1177/1046496421992433>
- Qiang Liu, & Yuqiong Tong. (2022). Employee Growth Mindset and Innovative Behavior: The Roles of Employee Strengths Use and Strengths-Based Leadership. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.814154>

- Ravitch, S. M., & Carl, N. M. (2021). *Qualitative research: Bridging the conceptual, theoretical, and methodological* (2nd ed.). SAGE.
- Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). Sage Publications.
- Runyan, C. N. (2018). Assessing social determinants of health in primary care: Liability or opportunity? *Families, Systems, & Health*, 36(4). <https://doi-org.ezp.waldenulibrary.org/10.1037/fsh0000377>
- Scofield, R. (2011). *Social Entrepreneur's Handbook: How to Start, Build, and Run a Business that Improves the World*. McGraw-Hill.
- Sohl, S. J., Lee, D., Davidson, H., Morriss, B., Weinand, R., Costa, K., Ip, E. H., Lovato, J., Rothman, R. L., & Wolever, R. Q. (2020). Development of an observational tool to assess health coaching fidelity. *Patient Education and Counseling*. <https://doi-org.ezp.waldenulibrary.org/10.1016/j.pec.2020.08.040>
- Tatla, S. K., Howard, D., Antunes Silvestre, A., Burnes, S., Husson, M., & Jarus, T. (2017). Implementing a collaborative coaching intervention for professionals providing care to children and their families: An exploratory study. *Journal of Interprofessional Care*, 31(5). <https://doi-org.ezp.waldenulibrary.org/10.1080/13561820.2017.1336990>

- The University of Arizona. (2022). Integrative health & wellness coaching - Andrew Weil Center for Integrative Medicine. The Andrew Weil Center for Integrative Medicine. Retrieved October 30, 2022, from https://integrativemedicine.arizona.edu/education/lifestyle/im_health_coaching.html
- Wallis, A., Robertson, J., Bloore, R. A., & Jose, P. E. (2021). Differences and similarities between leaders and nonleaders on psychological distress, well-being, and challenges at work. *Consulting Psychology Journal: Practice and Research*, 73(4).
- Warkentin, N., Wilfling, D., Laag, S., & Goetz, K. (2022). Experiences of family caregivers regarding a community-based care- and case-management intervention. A qualitative study. *Health & Social Care in the Community*, 30(1). <https://doi.org/10.1111/hsc.13430>
- Whitfield, J., LePoire, E., Stanczyk, B., Ratzliff, A., & Cerimele, J. M. (2022). Remote collaborative care with off-site behavioral health care managers: A systematic review of clinical trials. *Journal of the Academy of Consultation-Liaison Psychiatry*, 63(1). <https://doi.org/10.1016/j.jaclp.2021.07.012>