

ESSAY

Beyond the Individual: Couple-Centered Health and Wellness Coaching to Address the Burden of Chronic Conditions

Fariha Niazi, PhD¹; Shazia Akhtarullah, PhD²

Accessible Version: www.cdc.gov/pcd/issues/2026/26_0070.htm

Suggested citation for this article: Niazi F, Akhtarullah S. Beyond the Individual: Couple-Centered Health and Wellness Coaching to Address the Burden of Chronic Conditions. *Prev Chronic Dis* 2026;23:260070. DOI: <https://doi.org/10.5888/pcd23.260070>.

PEER REVIEWED

Approximately 194 million adults live with 1 or more chronic diseases (1). Many of these conditions require ongoing lifestyle modifications in addition to medical treatment and are associated with consequential increases in health care costs and mortality and disability rates (2). Notably, the burden of chronic diseases often extends beyond people to social networks, including partners and families.

Living with chronic disease is shaped by interpersonal processes within family and couple systems (3). When one or both partners are affected, the impact is felt by the couple as a unit. Roles shift, routines change, and emotions are heightened (3). In the presence of chronic disease, health-related changes are negotiated within shared daily routines, roles, and expectations. Lifestyle management, such as diet, exercise, sleep habits, and stress reduction, is not often accomplished alone. Lifestyle management is navigated every day in intimate relationships. Partners frequently engage together in caregiving, household responsibilities, and management of emotional and practical demands (eg, concerns of possible disability, dependence, coordination of treatment).

Emerging evidence suggests that couple dynamics influence health behaviors and their outcomes and that interventions focusing on couples, rather than individuals alone, may be more effective in improving health outcomes (4). Some studies have shown the benefits of couple interventions compared with individual-only interventions (5,6). Although further rigorous research is needed to establish effectiveness, couple-centered approaches show considerable promise (7). Despite the growing recognition of the importance of couple- and family-centered care, a need to further devel-

op these interventions and implement them in chronic disease management remains (8).

This essay highlights the perspective that chronic diseases are experienced within interpersonal contexts and that public health approaches may benefit from greater attention to these contexts. We propose a conceptual framework for couple-centered health and wellness coaching that extends existing coaching competencies by incorporating dyadic processes into behavior change efforts. Involving both partners and positioning health behaviors within shared routines may support consistency, adherence, and long-term sustainability. This framework aligns with public health priorities by addressing behavioral drivers of chronic disease, such as health and lifestyle factors (eg, sleep, stress, diet, exercise).

Chronic Diseases

Chronic diseases are long-term conditions that may vary both within and between diagnoses in terms of etiology, symptom presentation, severity, trajectory, and patient response. For example, diabetes is often characterized by a relatively stable course requiring ongoing self-management; however, the complexity of care may range from routine lifestyle adjustments to intensive monitoring, medical management of medication, and coordination of services (9). In contrast, heart failure often follows a progressive trajectory with increasing functional decline (10). Chronic pain may range from mild, intermittent discomfort to persistent and debilitating forms and is frequently marked by unpredictability and fluctuating intensity that affects daily functioning and quality of life (11). These variations shape how people and couples manage illness over time. Effective long-term management often requires attention not only to individual behaviors but also to the relational environments in which these behaviors occur.

Relational Perspectives on Chronic Diseases

Family-based perspectives emphasize that illness affects not only biologic functioning but also communication patterns, shared



The opinions expressed by authors contributing to this journal do not necessarily reflect the opinions of the U.S. Department of Health and Human Services, the Public Health Service, the Centers for Disease Control and Prevention, or the authors' affiliated institutions.

meaning-making, and relationship dynamics (3,12,13). Within the couple system, chronic diseases can disrupt established routines and roles while also creating opportunities for mutual support and coregulation. Whether these dynamics facilitate or hinder adaptations may depend on how couples interpret illness, distribute responsibilities, and communicate about health-related needs. Many lifestyle behaviors that are the focus of chronic disease prevention programs are embedded within shared environments. Food choices are influenced by shared meal planning and cultural norms; physical activity is shaped by coordinated schedules and energy levels; sleep and stress are often regulated within intimate relationships. Interventions that do not consider these interactional patterns may be less effective at supporting long-term adherence.

Health and Wellness Coaching Perspective

Health and wellness coaching is a client-centered, evidence-informed process that supports people and groups in achieving health-related goals through behavior change (14). It emphasizes leveraging strengths and resources while aligning with clinical care plans. National board-certified health and wellness coaches function as facilitators rather than clinical providers, supporting goal setting, accountability, and lasting lifestyle change (14).

Coaching has demonstrated potential to enhance engagement, support lifestyle modification, and contribute to chronic disease management (15,16). Many of the areas addressed by coaching — including risk factors, behavior change, and prevention — are already reflected within existing clinical documentation systems, such as the International Classification of Diseases system (16). We propose a couple-centered extension of coaching as a relationally informed, nonclinical approach that engages partners collaboratively. Grounded in established competencies, the framework adopts a strengths-based, whole-person perspective that situates health and wellness within social and interpersonal contexts (17).

Couple-Centered Health and Wellness Coaching Framework

The proposed framework emphasizes the involvement of both partners in lifestyle change processes. By incorporating dyadic engagement, it seeks to integrate health behaviors into shared routines and leverage interpersonal dynamics to support adherence and sustainability (3–8). Sessions may include joint goal setting, collaborative planning, and structured follow-up, with opportunities for both individual reflection and shared discussion. Coaching interactions are typically delivered in person or via telehealth, in 45- to 60-minute sessions across a series of 10 to 12 meetings.

Consistent with established health and wellness coaching practices, ethical considerations are central and include obtaining informed consent from both partners, maintaining professional boundaries, and ensuring confidentiality in the coaching process (14,17,18). Attention to safety, transparency, and power dynamics is also important (18). When appropriate, referrals to specialized services are made, and collaboration with health care providers is maintained to ensure alignment with clinical care (17). This approach differs from processes in which partners may be included in a supportive role rather than fully engaged in shared goal setting and behavior change. Unlike therapy, which addresses mental health conditions, coaching focuses on optimizing health behaviors and supporting goal attainment (14).

Mechanisms of Action

This framework is proposed to influence sustained behavior change through several interconnected relational processes. Engaging partners encourages communal coping, in which challenges are approached as shared concerns to promote couple collaboration and support (4). The framework also supports adaptive responses to stress through coregulation within the relationship. Accountability within the partnership can reinforce consistency and follow-through, while shared habits may become integrated into daily routines. In addition, reducing relational stress can create an environment that supports engagement and adherence (19). Together, these processes are likely to position interpersonal dynamics as key contributors to long-term behavior change.

Public Health and Systems Implications

Health and wellness coaching aligns with public health priorities by addressing modifiable risk factors and supporting sustained behavior change in real-world contexts (20). Evidence indicates positive outcomes across populations and settings, particularly in primary care (15). Extending coaching to include partners may further enhance adherence, improve outcomes, and expand the reach of preventive interventions. Integration into primary care and community settings may be achieved through brief, structured sessions embedded within routine care and follow-up appointments. Interdisciplinary teams can incorporate coaching to support shared goal setting, action planning, and follow-up beyond clinical encounters.

From a policy perspective, incorporating partner-inclusive approaches into preventive and behavioral health services may support reimbursement models, workforce development, and value-based care initiatives. These approaches may also contribute to reduced health care utilization associated with poorly managed chronic disease (19). Telehealth delivery can offer additional opportunities to expand access and scalability by enabling remote

sessions, ongoing communication, and shared tracking of health behaviors. These strategies are likely to improve accessibility while maintaining continuity of support for both patients and partners (15).

Alignment With Chronic Disease Prevention Frameworks

Couple-centered health and wellness coaching aligns with some chronic disease prevention frameworks by embedding behavior change within interpersonal and system-level contexts central to population health. For example, consistent with the social ecological model, it targets the interpersonal level by engaging partners as active participants, recognizing that health behaviors such as diet, exercise, and stress management are shaped within shared environments (21). By incorporating both partners, coaching extends beyond individual-focused strategies to address relational influences that affect adherence and long-term sustainability. Couple-centered health and wellness coaching also aligns with the Chronic Care Model by supporting self-management, patient engagement, and goal-oriented care (22). Through shared goal setting, collaborative action planning, and ongoing follow-up, couple-centered coaching can reinforce key components of effective chronic disease management. From a population health perspective, integrating couple-centered coaching into primary care and community settings may enhance reach, improve adherence, and support prevention efforts that focus on modifiable risk factors (23). By leveraging interpersonal dynamics, this framework offers a scalable strategy to strengthen chronic disease prevention and management while addressing the relational contexts in which health behaviors occur.

Chronic diseases are not experienced or managed in isolation. They are lived within interpersonal contexts that shape daily health behaviors and influence long-term outcomes. Incorporating relationally informed approaches, such as couple-centered health and wellness coaching, into chronic disease management efforts may strengthen public health strategies focusing on improving population health while supporting the lived realities of individuals, couples, and families.

Acknowledgments

The authors received no external financial support for the research, authorship, or publication of this article. The authors declared no potential conflicts of interest with respect to the research, authorship, or publication of this article. No copyrighted material, surveys, instruments, or tools were used in the research described in this article.

Author Information

Corresponding Author: Shazia Akhtarullah, PhD, Department of Psychiatry and Behavioral Medicine, Dr. Kiran C. Patel College of Osteopathic Medicine, Nova Southeastern University, 3300 S. University Dr, NSU-Mailman Hollywood Building, Office 303, Fort Lauderdale, FL (shaziaa@nova.edu).

Author Affiliations: ¹Department of Couple and Family Therapy, Dr. Kiran C. Patel College of Osteopathic Medicine, Nova Southeastern University, Fort Lauderdale, Florida. ²Department of Psychiatry and Behavioral Medicine, Dr. Kiran C. Patel College of Osteopathic Medicine, Nova Southeastern University, Fort Lauderdale, Florida.

References

1. Watson KB, Wiltz JL, Nhim K, Kaufmann RB, Thomas CW, Greenlund KJ. Trends in multiple chronic conditions among US adults, categorized by life stage, from the Behavioral Risk Factor Surveillance System, 2013–2023. *Prev Chronic Dis*. 2025;22:E15. doi:10.5888/pcd22.240539
2. Hacker K. The burden of chronic disease. *Mayo Clin Proc Innov Qual Outcomes*. 2024;8(1):112–119. doi:10.1016/j.mayocpiqo.2023.08.005
3. Rolland JS. *Helping Couples and Families Deal With Illness and Disability: A Comprehensive Method*. Guilford Press; 2018.
4. Gouin JP, Dymarski M. Couples-based health behavior change interventions: a relationship science perspective on the unique opportunities and challenges to improve dyadic health. *Compr Psychoneuroendocrinol*. 2024;19:100250. doi:10.1016/j.cpnec.2024.100250
5. Trief PM, Fisher L, Sandberg J, Cibula DA, Dimmock J, Hessler DM, et al. Health and psychosocial outcomes of a telephonic couples behavior change intervention in patients with poorly controlled type 2 diabetes: a randomized clinical trial. *Diabetes Care*. 2016;39(12):2165–2173. doi:10.2337/dc16-0035
6. Voils CI, Coffman CJ, Yancy WS Jr, Weinberger M, Jeffreys AS, Datta S, et al. A randomized controlled trial to evaluate the effectiveness of CouPLES: a spouse-assisted lifestyle change intervention to improve low-density lipoprotein cholesterol. *Prev Med*. 2013;56(1):46–52. doi:10.1016/j.ypmed.2012.11.001
7. Arden-Close E, McGrath N. Health behaviour change interventions for couples: a systematic review. *Br J Health Psychol*. 2017;22(2):215–237. doi:10.1111/bjhp.12227

8. Manne SL, Soriano EC. Couple-focused interventions for chronic illness: past, present, and future directions. In: Schneiderman N, Antoni MH, Penedo FJ, Smith TW, Anderson NB, Revenson TA, eds. *APA Handbook of Health Psychology*. Vol 2. American Psychological Association; 2025: 171–227.
9. American Diabetes Association Professional Practice Committee. Standards of care in diabetes — 2024. *Diabetes Care*. 2024;47(suppl 1):S1–S4.
10. Ponikowski P, Voors AA, Anker SD, Bueno H, Cleland JGF, Coats AJS, et al; ESC Scientific Document Group. 2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: the task force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC) developed with the special contribution of the Heart Failure Association (HFA) of the ESC. *Eur Heart J*. 2016;37(27):2129–2200.
11. Treede RD, Rief W, Barke A, Aziz Q, Bennett MI, Benoliel R, et al. Chronic pain as a symptom or a disease: the IASP classification of chronic pain for the International Classification of Diseases (ICD-11). *Pain*. 2019;160(1):19–27.
12. Reinhardt F, Maatouk I. Turning everything upside down: the impact of illness on romantic relationships — a SEM-based actor-partner interdependence model. *Fam Process*. 2026; 65(1):e70129. doi:10.1111/famp.70129
13. Rolland JS. *Families, Illness, and Disability: A Comprehensive Treatment Framework*. Basic Books; 1994.
14. National Board for Health & Wellness Coaching. Health and wellness coach scope of practice. Accessed December 28, 2025. <https://nbhwc.org/scope-of-practice/>.
15. Perlman AI, Abu Dabrh AM. Health and wellness coaching in serving the needs of today's patients: a primer for healthcare professionals. *Glob Adv Health Med*. 2020;9: 2164956120959274. doi:10.1177/2164956120959274
16. National Board for Health & Wellness Coaching. When a profession begins to mature. Published March 30, 2026. Accessed April 5, 2026. <https://nbhwc.org/when-a-profession-begins-to-mature/>.
17. National Board for Health & Wellness Coaching. *NBHC content outline 2026–2030*. Published 2025. Accessed April 11, 2026. <https://nbhwc.org/wp-content/uploads/2025/07/NBHC-Content-Outline-2026-2030-2.pdf>.
18. Ives Y, Cox E. *Relationship Coaching: The Theory and Practice of Coaching With Singles, Couples and Parents*. Routledge; 2014.
19. Weitkamp K, Feger F, Landolt SA, Roth M, Bodenmann G. Dyadic coping in couples facing chronic physical illness: a systematic review. *Front Psychol*. 2021;12:722–740. doi:10.3389/fpsyg.2021.722740
20. Jordan MA. The role of the health coach in a global pandemic. *Glob Adv Health Med*. 2021;10:21649561211039456. doi:10.1177/21649561211039456
21. McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Educ Q*. 1988;15(4):351–377. doi:10.1177/109019818801500401
22. Grudniewicz A, Gray CS, Boeckxstaens P, De Maeseneer J, Mold J. Operationalizing the Chronic Care Model with goal-oriented care. *Patient*. 2023;16(6):569–578. doi:10.1007/s40271-023-00645-8
23. Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Accessed April 13, 2026. <https://www.cdc.gov/nccdphp/index.html>