

# Putting “Coaction” Into Action

...by Paul Terry

In a past column I discussed situational leadership and featured Dr. Sara Johnson’s studies on “coaction” — a finding from her work at Pro-Change Behavior Systems that suggests taking effective action on one behavior improves the chances of simultaneously improving another behavior. It is a counter intuitive idea about behavior change, given so many exhort us to take small steps and/or have us focus on single behaviors like smoking, stress, or fitness. That’s why I felt fortunate to meet a well-being practitioner who has been applying what Johnson researches. Marie-Josée Shaar (“MJ” for those of us who get tongue-tied by a French accent) and her colleague Kathryn Britton wrote the book: *Smarts and Stamina: The Busy Person’s Guide to Optimal Health and Performance*. MJ’s company by the same name also offers wellness workshops and an online coaching program.

Listen to Shaar’s presentations and you’ll learn her interest in coaction derives from biological as well as behavioral principles. She explains the role of serotonin, cortisol, and diurnal hormones while she describes “leveraging the connections between our various behaviors and the associated changes in biochemical activity.” MJ notes how working on behaviors together “keeps people from reinforcing past failures, getting stuck, and quitting. Programs that focus on only one or two of these behaviors lose in effectiveness, because they miss out on the efficiencies.”

Given the intersection of biochemistry and systems thinking might be esoteric

for some, I asked Shaar and Britton for a simpler example: “Our kids don’t learn the whole K-12 English curriculum in grades 1, 2, and 3, all of math in grades 4, 5, and 6, history in grade 7 and so on — and for very good reasons. Kids need to learn different skills at the same time because one reinforces the other. Strong language skills help a child understand math problems, and strong math skills help with science puzzles.”



**MJ Shaar,  
MAPP, CPT**

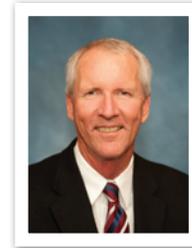
President, Smarts and Stamina



**Kathryn Britton,  
MAPP**

This example reminds me of Dr. Johnson’s speculation that coaction occurs because the skills accrued from changing one behavior generalize to other behaviors we could address. But, according to ProChange experts, tackling another behavior successfully still relates to readiness to change. So I asked Shaar and Britton whether working on one behavior could affect our stages of change related to another? “Sure, health habits interact with one another. We intuitively know that when we sleep poorly, we are drawn to snacking and overeating. We also know that nothing gets rid of a bad

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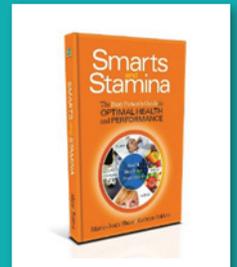


**Paul Terry,  
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mood faster than a good sweat and that lower stress levels contribute to a better night’s sleep. When we eat and sleep well, we have the energy to enjoy exercise.

**According to Shaar, Smarts and Stamina used a workbook approach so that 50**

**research-based concepts could be translated to highly practical, health-building activities. The book was also written as a resource for coaches or wellness program leaders hoping to find new ways to engage others. Visit [bit.ly/SaSBook](http://bit.ly/SaSBook) (case sensitive) for more details. To access several examples of these activities, visit <http://healthpromotionjournal.com/blog/>.**



Being active then makes it easier to fall asleep. Our sleep, food, mood, and exercise habits go together and grow together, not only because of how they make us feel subjectively, but also because of the biochemical activity that each generates in the body.”

Shaar and Britton trained under Martin Seligman and often allude to their rootedness in Positive Psychology principles. I wondered how they compared their approach to that of stages of change disciples. “Prochaska wrote that interventions that try to change multiple health behaviors

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either simultaneously or sequentially are likely to be the future of preventive medicine (Prochaska, J., 2008, *Preventive Medicine*, 46(3), 281-285). We do not recommend a specific, prescribed step-by-step process. Rather, we help participants as they create their own unique approaches to healthy living by finding the activities that are most interesting to them and easiest to integrate in their own busy lifestyles. In other words, our focus is on what people will do, not what they won’t.”

As a triumphant parent, having helped raise 2 high-spirited children into fully formed and astounding adults, it is a focus that resonates. Still, I doubt any professional trained in health

education would focus on a behavior a person is disinterested in focusing on themselves. I wondered, then, whether Shaar and Britton might be uncovering a fundamental tenet of coercion that involves considerably more than just starting slowly. That is, does being intentional about noticing the interactions between behaviors increase the likelihood that people will graduate from easier changes to harder changes?

You’ll get the ball rolling, feel in control and capable of change, and quickly build on initial victories. That’s much more energizing and sustainable than trying to fix your weakest area first.”

Like Gallup’s “Strength Finder” concept for improving workforce engagement or Search Institute’s “Developmental Assets”<sup>®</sup> for



Their answer is convincing and refreshingly unambiguous when compared to the boggling language used by coercion researchers. “When people ask us how they can become healthier, here’s our answer. Start with whatever is easiest for you instead of what’s most difficult. If you have had many failed diets, then food is your problem, not your solution. Work on sleep, mood, and/or exercise first, and food will become less of a challenge.

supporting youth achievement, there is considerable evidence that a focus on what we do well may be what it takes to better manage our shortcomings. Practitioners who help open the pathways from success in one area to improvements in other areas will need to be deliberate about putting coercion into action. 