

# Lessons From Health Coaching... Are Participants Too Frail to Fail?



...by **Paul Terry**

There's a common belief among coaches practicing motivational interviewing: when participants have failed in past attempts to change, it's imperative that we guide them to goals they can meet. If only goal setting were that simple.

I sympathize with the tendency to coach toward the lowest denominator, hoping not to perpetuate another downward cycle fostering "learned helplessness." But the science behind goal setting suggests that effective coaches guide participants to goals consistent with their learning style and readiness to change. Still, the art of coaching can pander to our instinct to spare clients the agony of defeat, which can leave us acquiescing to trivial or even nonsensical goals. Might that make us damp down goals for those capable of accomplishing much more? Perhaps the best way to be sure we're not holding anyone back is to be sure we treat everyone differently. A truly tailored approach to coaching demands that every decision be traced to the person's unique preferences and needs.



If we start from an assumption that all changers are self-changers, we're also bound to this: the change process will have as much dynamic variation as the individuals themselves. It's a realization that makes coaching an act of humility as well as flexibility, not to mention endlessly fascinating. Even though countless people make successful, sometimes dramatic health habit changes on their own, our task is to use behavior science and learning theory to spare participants the trial and error approach.

My StayWell Health Management research colleagues and I recently published a study\* to compare phone-based coaching programs to mail-based education interventions. We examined 6055 participants from 10 companies and found both programs effective in reducing health risk status; the phone program was slightly more effective.

Our study also compared the demographics of those who selected each approach and assessed differences in relative program success. We learned that phone participants were more likely to be older, female, and salaried as well as more ready, confident, and motivated to make a behavior change vs. those in the mail program.

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“Coaches can help participants intent on exploring various learning options to support their self-change journey.”

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This study is a convincing reminder: Offering a variety of the right interventions to the right participants at the right time can lead to health improvement success.

I've heard many worksite health promotion practitioners say "engagement drives outcomes." More participants may net a greater yield from program offerings, but we need to be cautious about recruiting high participation for the sake of showing large numbers. If the interventions are not tailored to the individuals' needs, readiness, and learning preferences, driving too many participants may actually diminish program impact.

We concluded from this study that we when we tailor interventions, we empower our clients for success; they're more likely to accept recommendations and work toward reducing health risks. The similar success rates between phone and mail approaches show that accommodating a participant's learning preference may be every bit as important as the program's level of intensity or content specifics. Our research is showing that self-changers are very coachable about where they need to go — and thrive when guided toward the best route to get there. 🇺🇸

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\* Terry, P.E., Seaverson E.L., Stauffer M., Gingerich, S.; A Comparison of the Effectiveness of a Telephone Coaching Program and a Mail-Based Program, *Health Education and Behavior*. October 27, 2010.1177