

The Evidence for Coaching: Lessons Learned & Future Directions

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Agenda

1. **What does evidence-based mean?**
2. **Coaching outcomes measurement - How do we know coaching works?**
3. **Does coaching work?**
 - **Coaching evidence in life and executive coaching**
 - **Coaching evidence in healthcare**
4. **Conclusions & next steps**
5. **Q&A**

What does evidence-based mean?

Evidence-based practice was first explored in Journal of American Medical Association in 1990:

Best available research evidence combined with “clinical expertise.”

Best evidence (from dictionary)

Evidence that is the most reliable and most direct in relationship to what it is offered to prove.

Most reliable – multiple well-designed research studies, randomized with control groups

Most direct in relationship – similar:

- Coaching model – theoretical foundation & skills/processes
- Coaching specialty
- Coaching population
- Coaching outcomes metrics

Why we need observational studies to evaluate the effectiveness of health care

“Random allocation to a strictly controlled protocol may reduce the effectiveness of an intervention that depends on the subject's active participation, which, in turn, depends upon the subject's preferences and beliefs.”

“When researchers try to standardize a protocol from a top down perspective, bottom up engagement by clinicians and subjects can be lost, resulting in a lack of significant difference in outcome between comparison groups and underestimation of the benefits of the intervention.”

Black. British Medical Journal, Volume 312(7040), May 11, 1996. 1215-1218

Why we need observational studies to evaluate the effectiveness of health care

“It is at least as plausible to assume that rigid experimentation reduces the effects of these interventions than to assume that the results of observational studies are wrong.”

Black. British Medical Journal, Volume 312(7040), May 11, 1996. 1215-1218

Why do psychologists reject science?

By Sharon Begley | NEWSWEEK, Oct 2, 2009

“...many clinicians fail to "use the interventions for which there is the strongest evidence of efficacy" and "give more weight to their personal experiences than to science.”

As a result, patients have no assurance that their "treatment will be informed by science.”

“The disconnect between what clinicians do and what science has discovered is an unconscionable embarrassment,” and there is a "widening gulf between clinical practice and science” which will discredit psychology.”

Cope and Allison, University of Birmingham: International Journal of Obesity

“...we scientists have our own code of conduct. Central is a commitment to faithful reporting, to acknowledging our study limitations, to evaluating bodies of evidence without selectively excluding information on the basis of its desirability. In short, a commitment to truthfulness.”

“The demonization of some aspects of evidence and sanctification of others, although perhaps helpful in spurring social action, may be more harmful to us in the long run by giving unconscious permission to breach that code, thereby eroding the foundation of scientific discipline.”

What is coaching aiming to accomplish?

Coaches facilitate a process of change or development which enables individuals and organizations to realize their potential.

Potential is unrealized latent ability, capacity, or possibility.

What are we trying to prove?

Theoretical foundation of coaching skills and processes

1. How does coaching work?

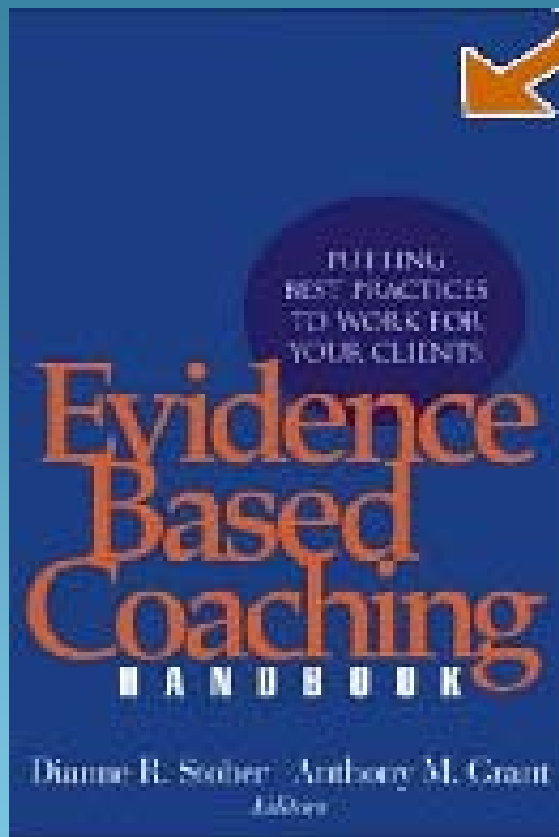
Coaching outcomes

1. How do we know that coaching works?
2. Does coaching work?
3. What is the return on the investment in coaching?

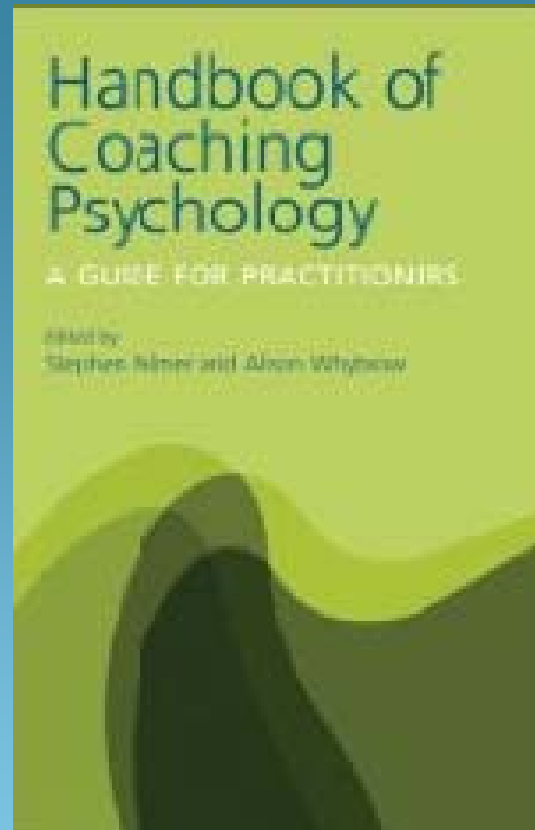
Optimization of coaching outcomes

1. What in coaching works?
2. When and with whom does coaching work?
3. What might work better?

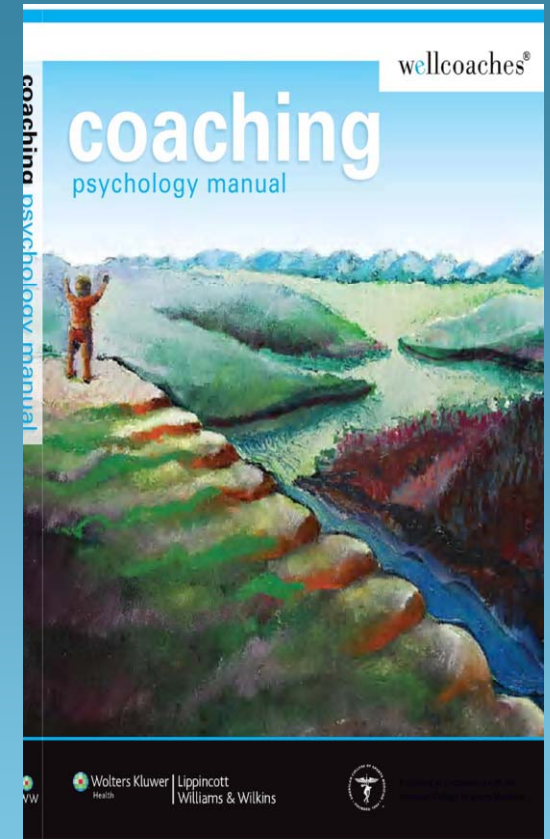
Evidence-based coaching competencies



**Dianne Stober
Anthony Grant**

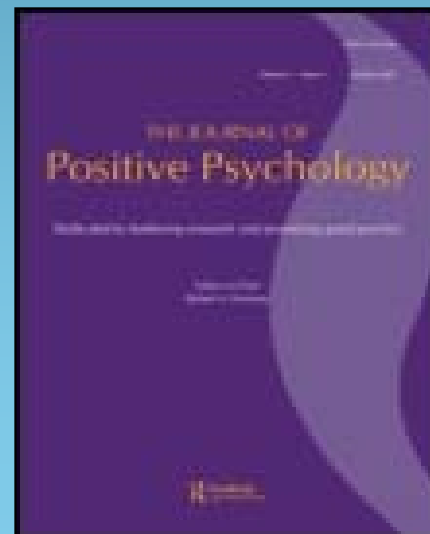
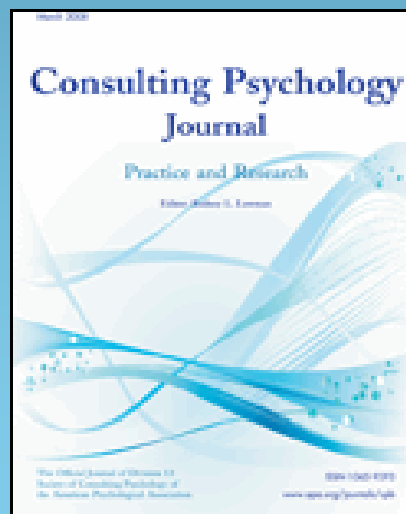
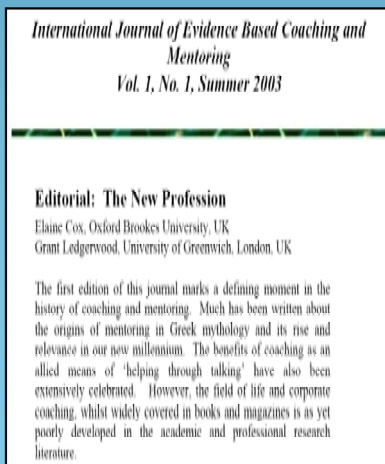
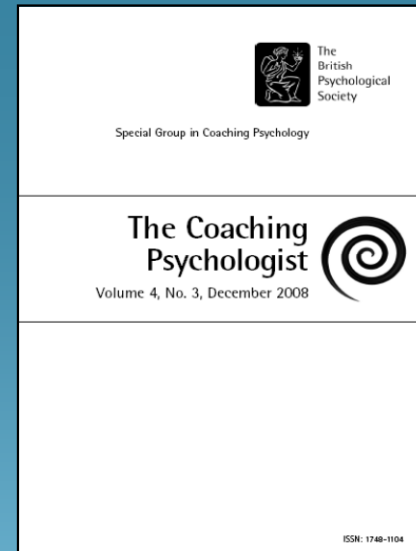
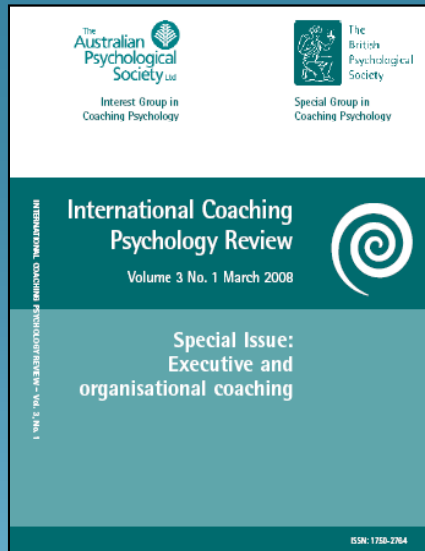
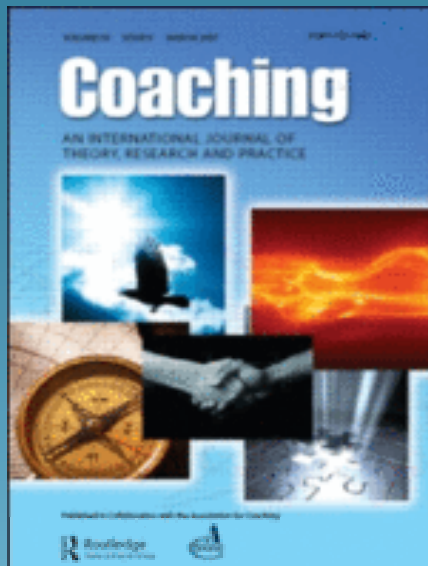


**Stephen Palmer
Alison Whybrow**



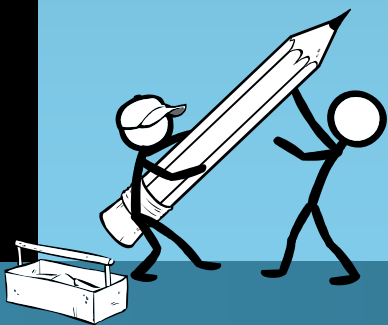
**Margaret Moore
Bob Tschannen-Moran**

Coaching journals



Theories underpinning coaching psychology

1. Positive psychology
2. Self-efficacy
3. Appreciative inquiry
4. Transtheoretical model
5. Motivational interviewing
6. Relational cultural theory
7. Cognitive behavioral therapy
8. Solution-oriented therapy
9. Flow and **Relational flow**
10. Emotional intelligence
11. Self-determination
12. Nonviolent communication
13. Adult development
14. Goal setting/Planned behavior



Coaching: Proposed Evidence-based Mechanisms of Action

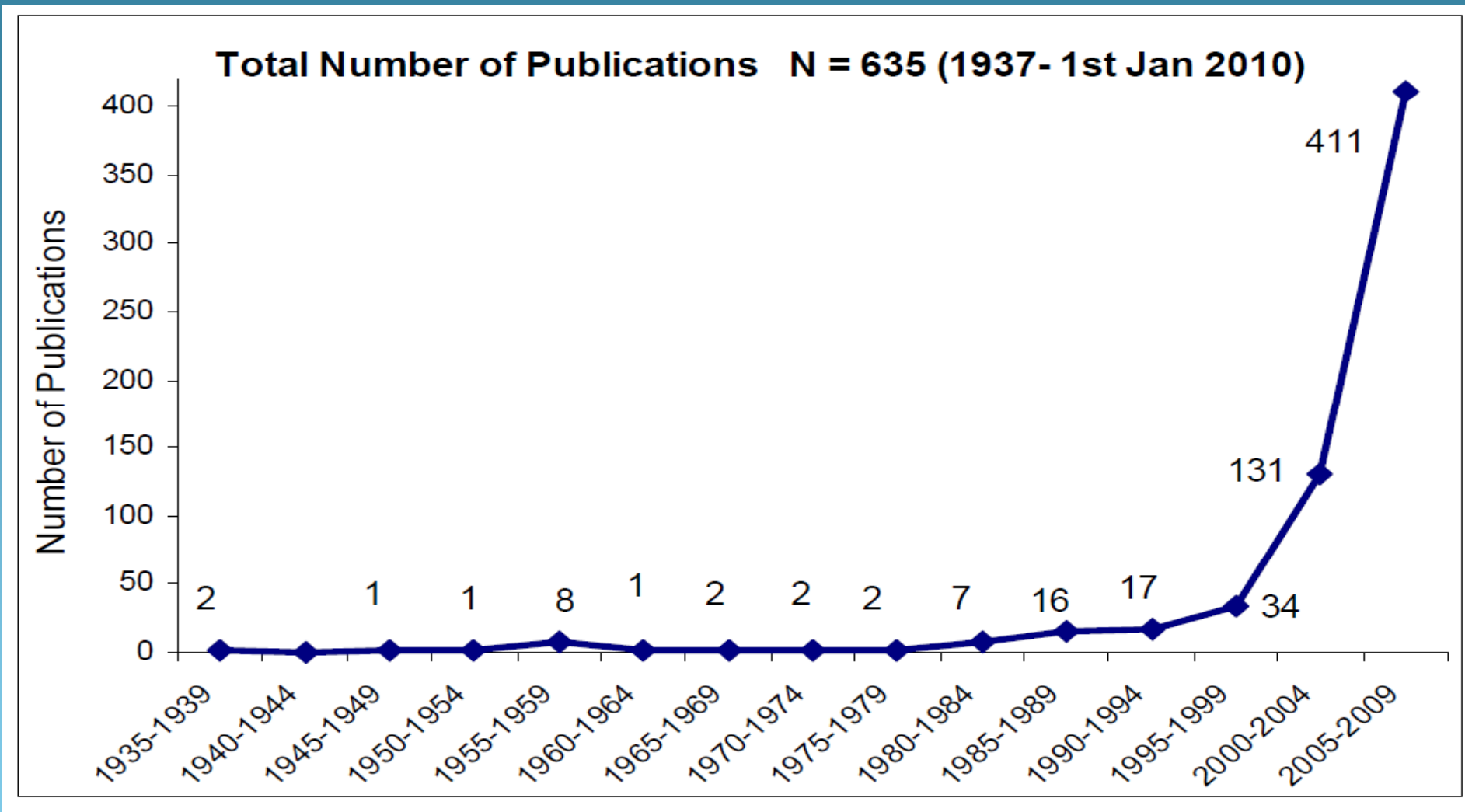
1. Build growth-promoting relationship
2. Elicit motivation – jet fuel for change
3. Increase capacity to change
4. Facilitate process of change

Tony Grant, PhD (first coaching psychologist) Director of Coaching Psychology Unit

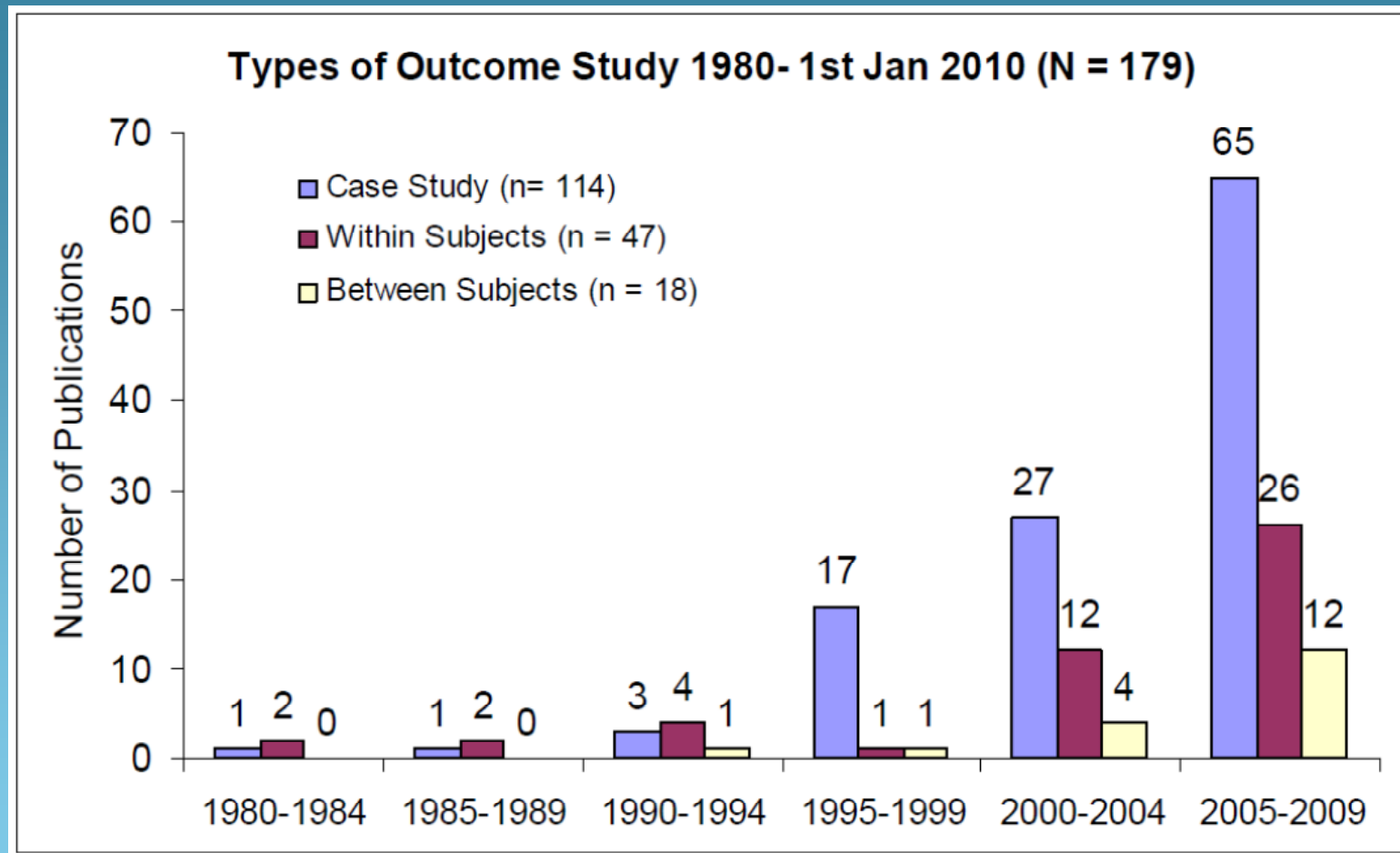
University of Sydney



Coaching publications



Coaching publications

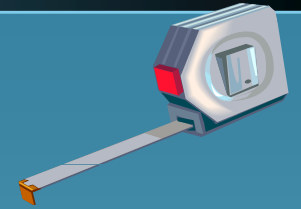


Coaching outcomes

What do we need to measure?

- **Performance – reaching a quantifiable destination**
(biometrics such as weight or blood pressure, sales target, new job, run a marathon)
- **Skills – developing new skills or abilities**
(how to exercise, how to cook, mindful eating, managing stress, handling adversity, leadership skills, ability to focus)
- **Behaviors – establishing new behaviors or habits**
(interpersonal relations, management, health and wellness)
- **Psychological resources** - mindfulness, self-motivation, emotional regulation, confidence, hope, optimism, self-awareness, insight

Validated Outcomes Metrics



■ PERFORMANCE

- Biometrics – weight, blood pressure, immunity measures
- Mental distress: Depression, Anxiety, and Stress Scale
- Well-being: QOLI; PWB; SWB; PANAS; Hope; Cognitive Hardiness; Workplace Well-being Index

■ BEHAVIORS

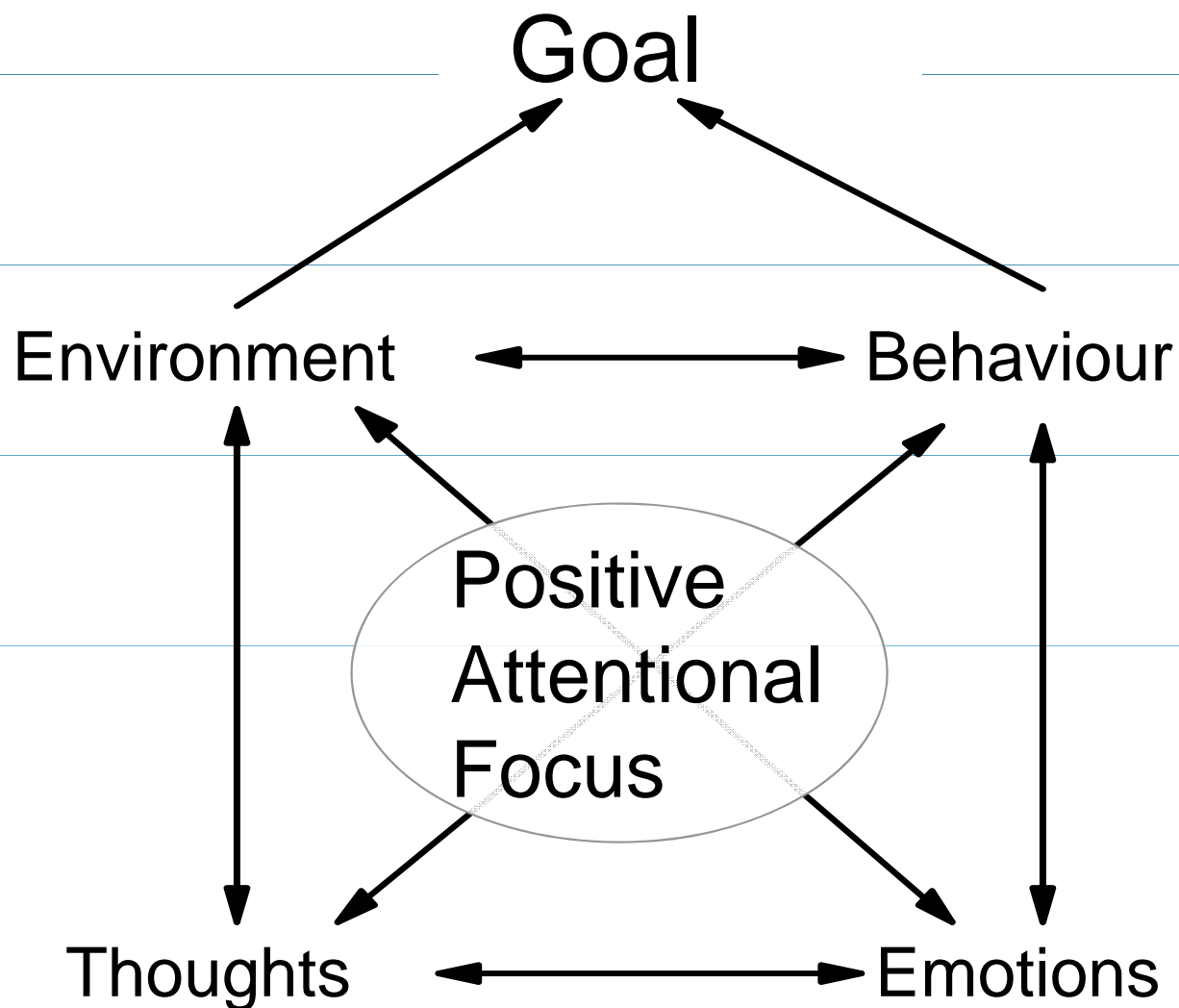
- Goal Attainment Scaling (GAS), Stage of Readiness to Change, Exercise Frequency, Leadership styles

■ PSYCHOLOGICAL RESOURCES

- Self-reflection and Insight Scale, Mindfulness, Positivity, Self-Motivation, Self-management, Resilience, Social Support

Tony Grant, University of Sydney

The Solution-Focused Cognitive-Behavioural Model



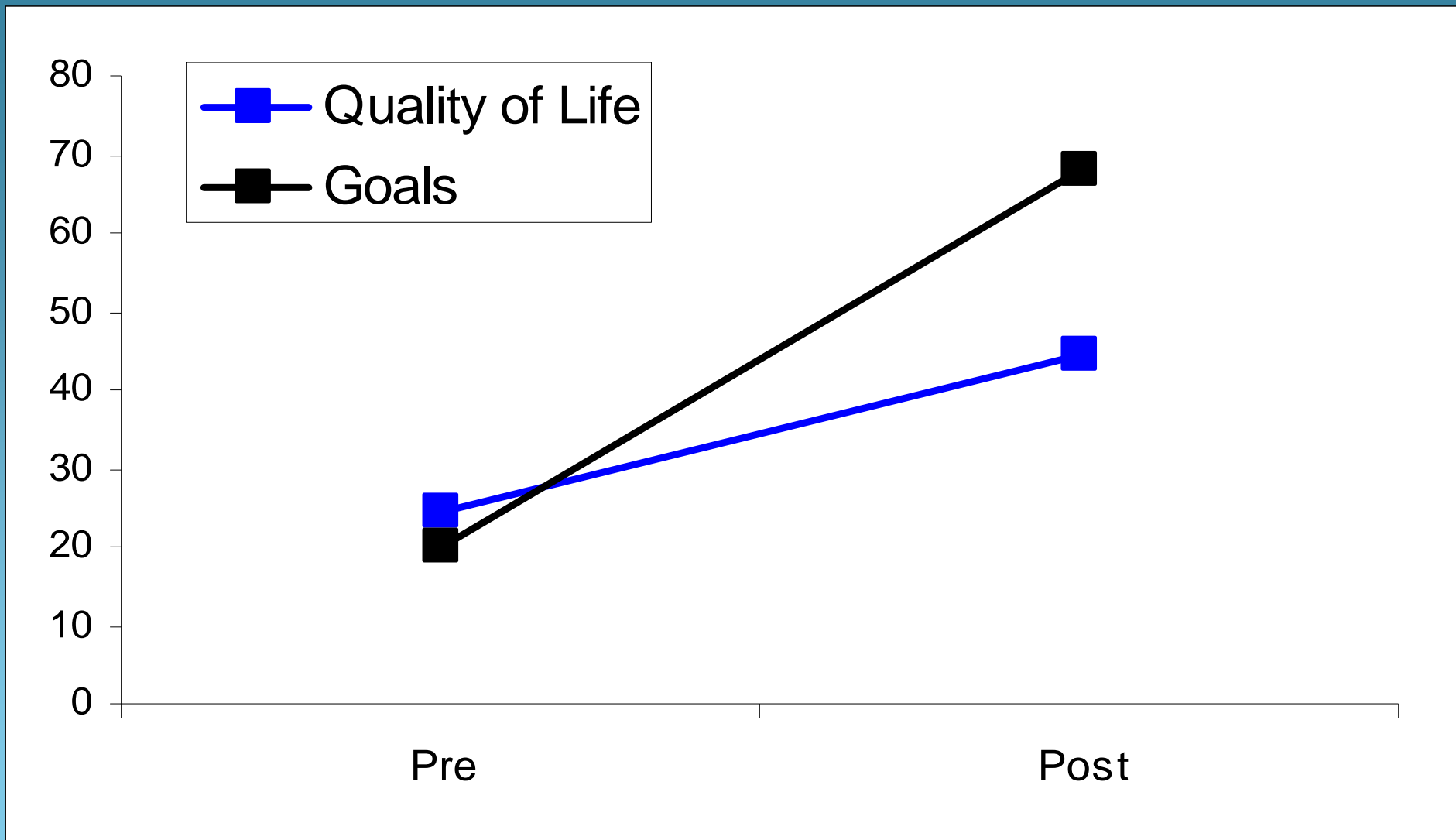
Life coaching group program study

Q: Does Coaching “work”, and how does it impact on self-reflection and insight?

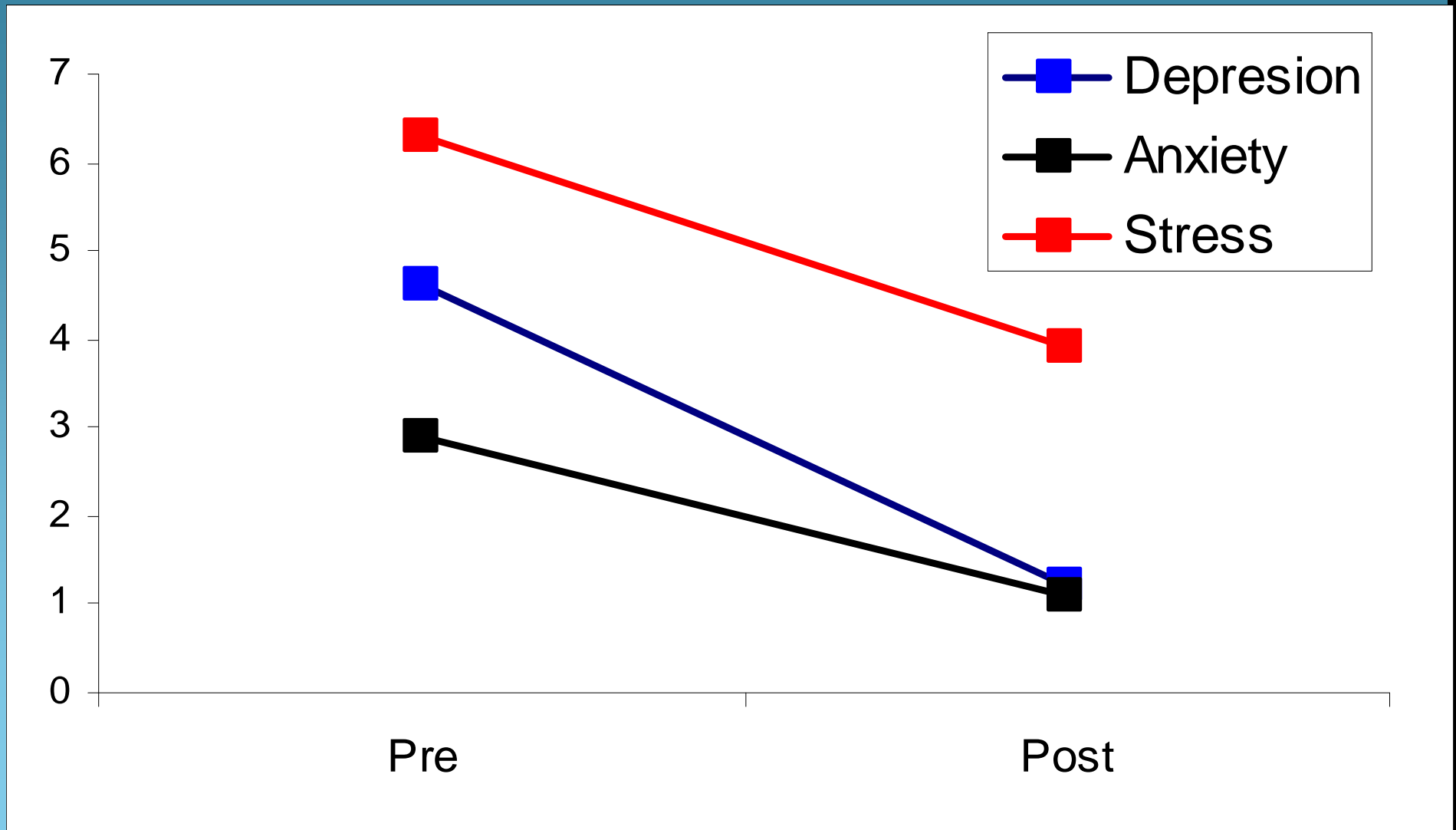
- N = 20 (Adults 35.6yrs)
- 13 wks, 50 min weekly, group-based “GROW” sessions
- Self-Reflection & Insight Scale; Quality of Life; Mental Health; Goal Attainment

(Grant, 2003)

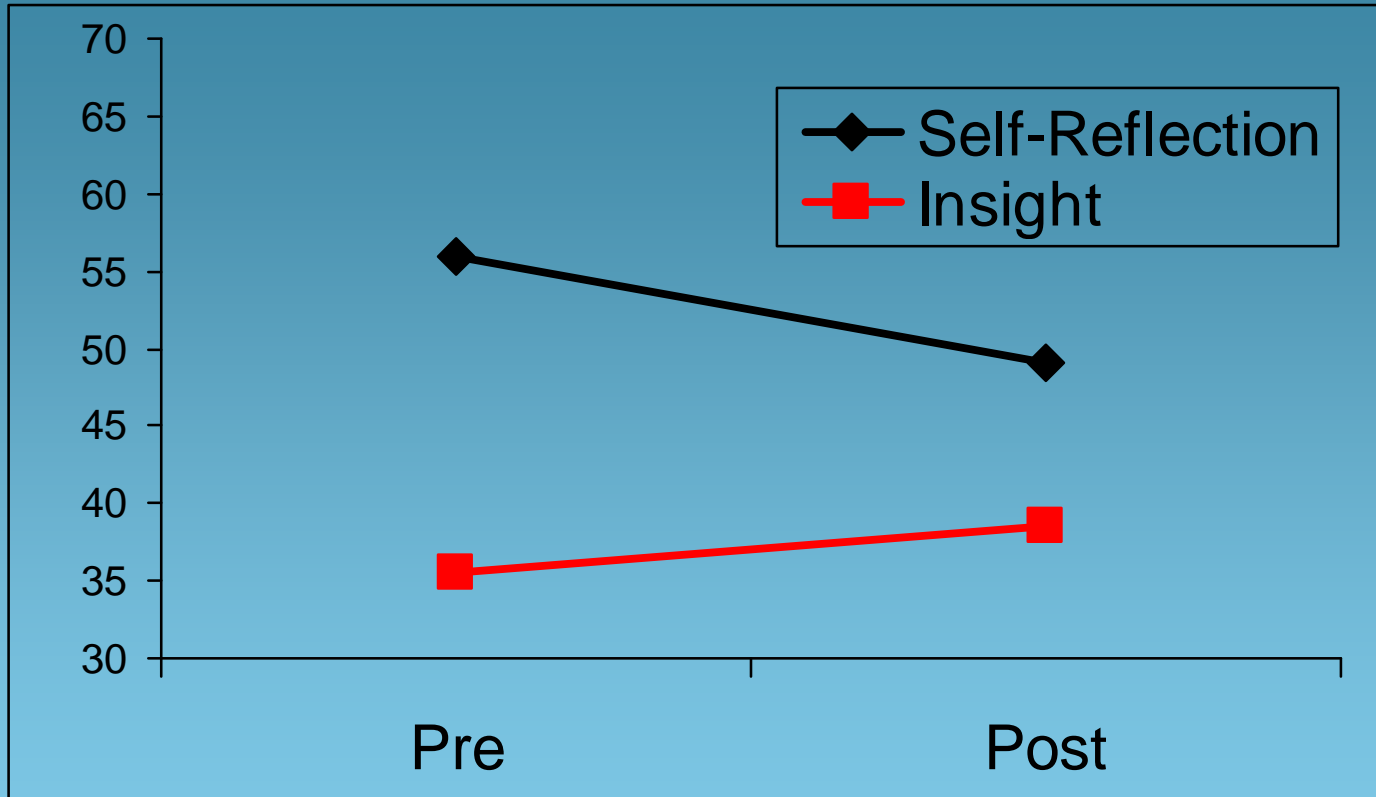
Goals and Quality of Life



Depression, Anxiety & Stress



Self-Reflection & Insight



First randomized study of external executive coaching

Q: Is executive coaching effective at enhancing workplace well-being during organisational change?

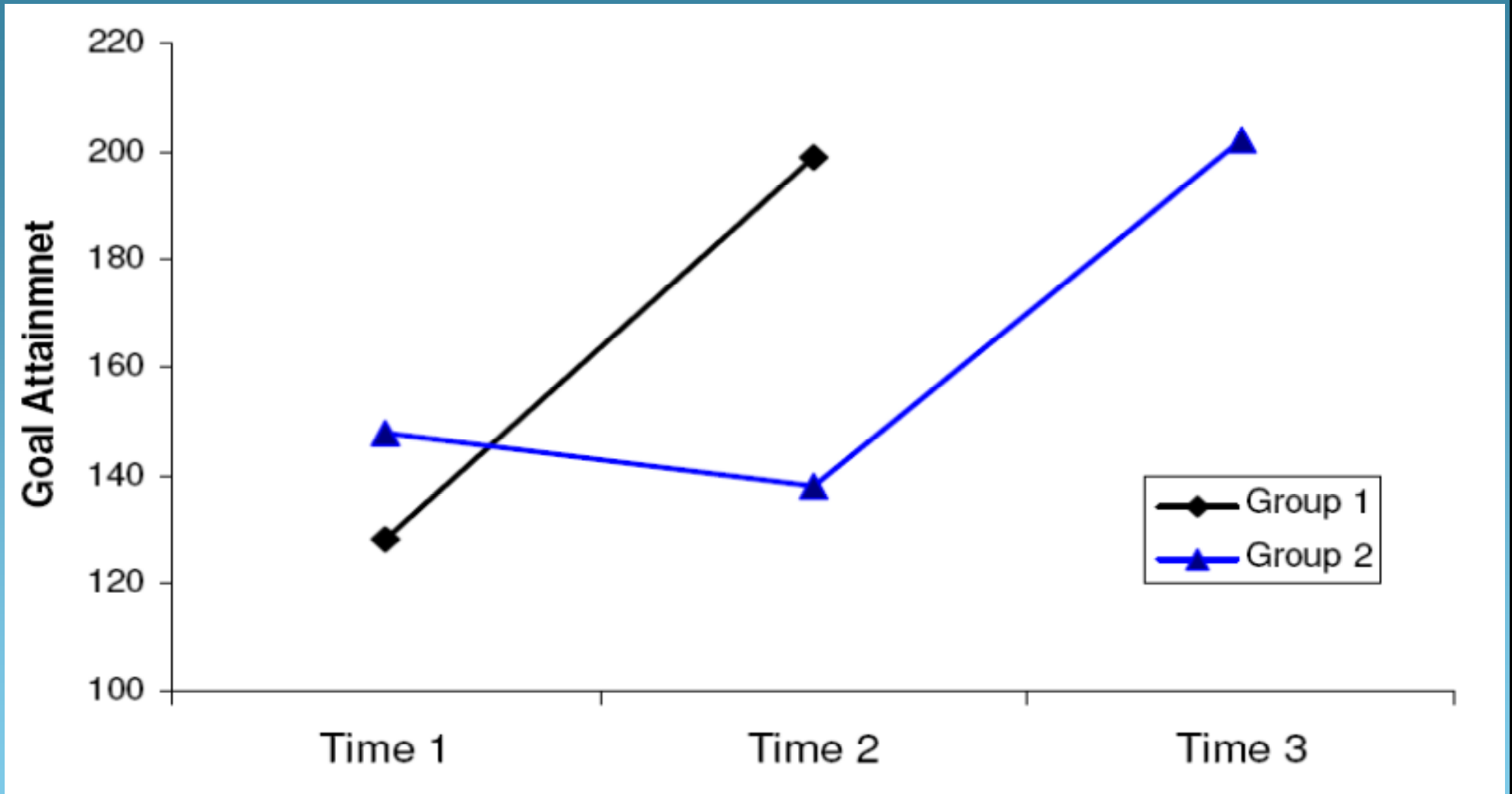
- Solution-focused, cognitive-behavioural executive coaching with 360 feedback
- 45 executive and senior managers from large public health service

(Grant, Curtayne, & Burton, 2009)

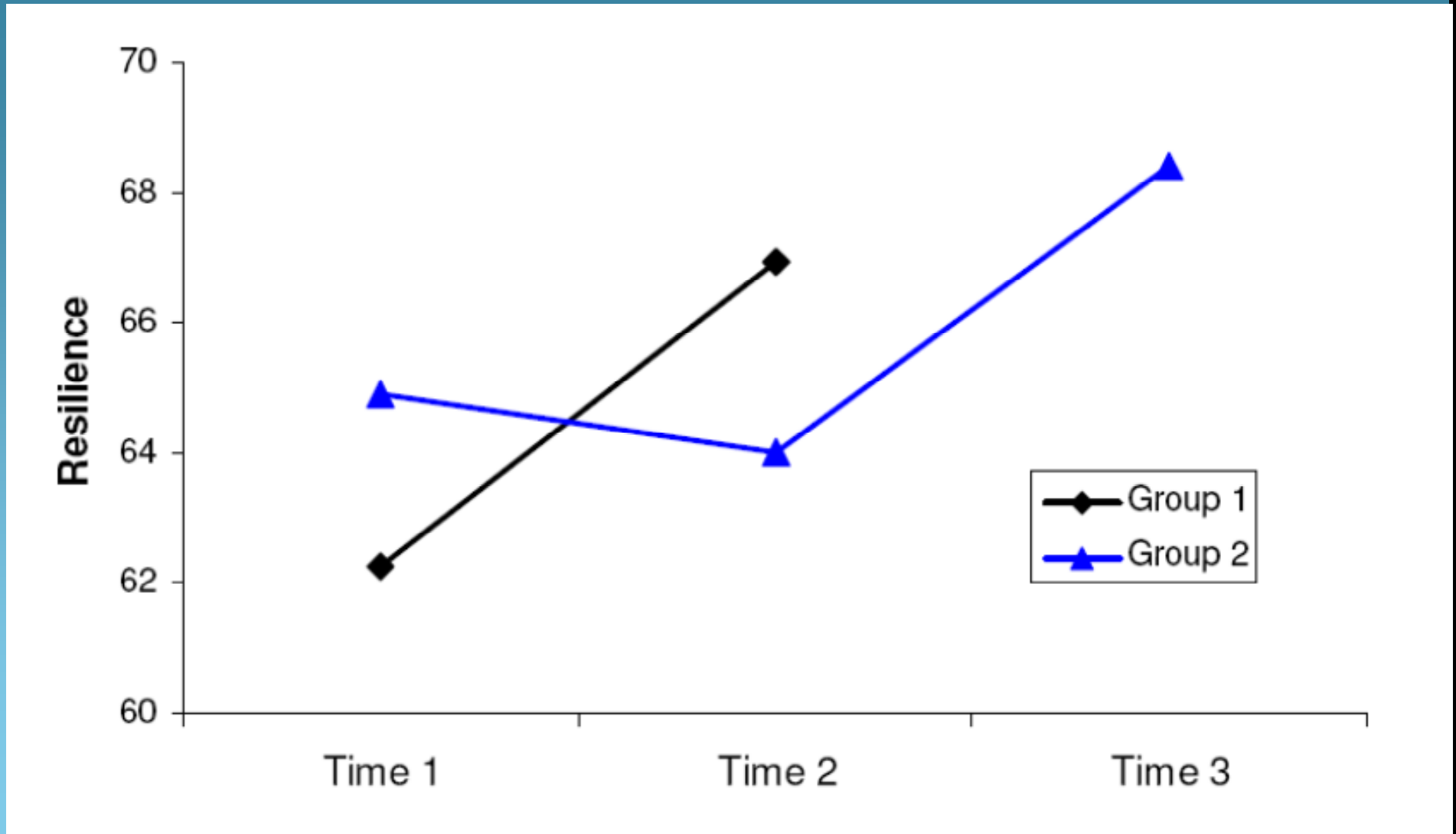
Executive Coaching: Goal Attainment & Well-being

- Half-day leadership development w/shop
- Organisation in major change process
 - *360 feedback (HS-LSI)*
 - *Goal Attainment Scaling (GAS)*
 - *Cognitive Hardiness Scale*
 - *Depression, Anxiety, and Stress Scale*
 - *Workplace Well-being Index*
- Four coaching sessions over 8 to 10 wks
- Control group got coaching ten weeks later

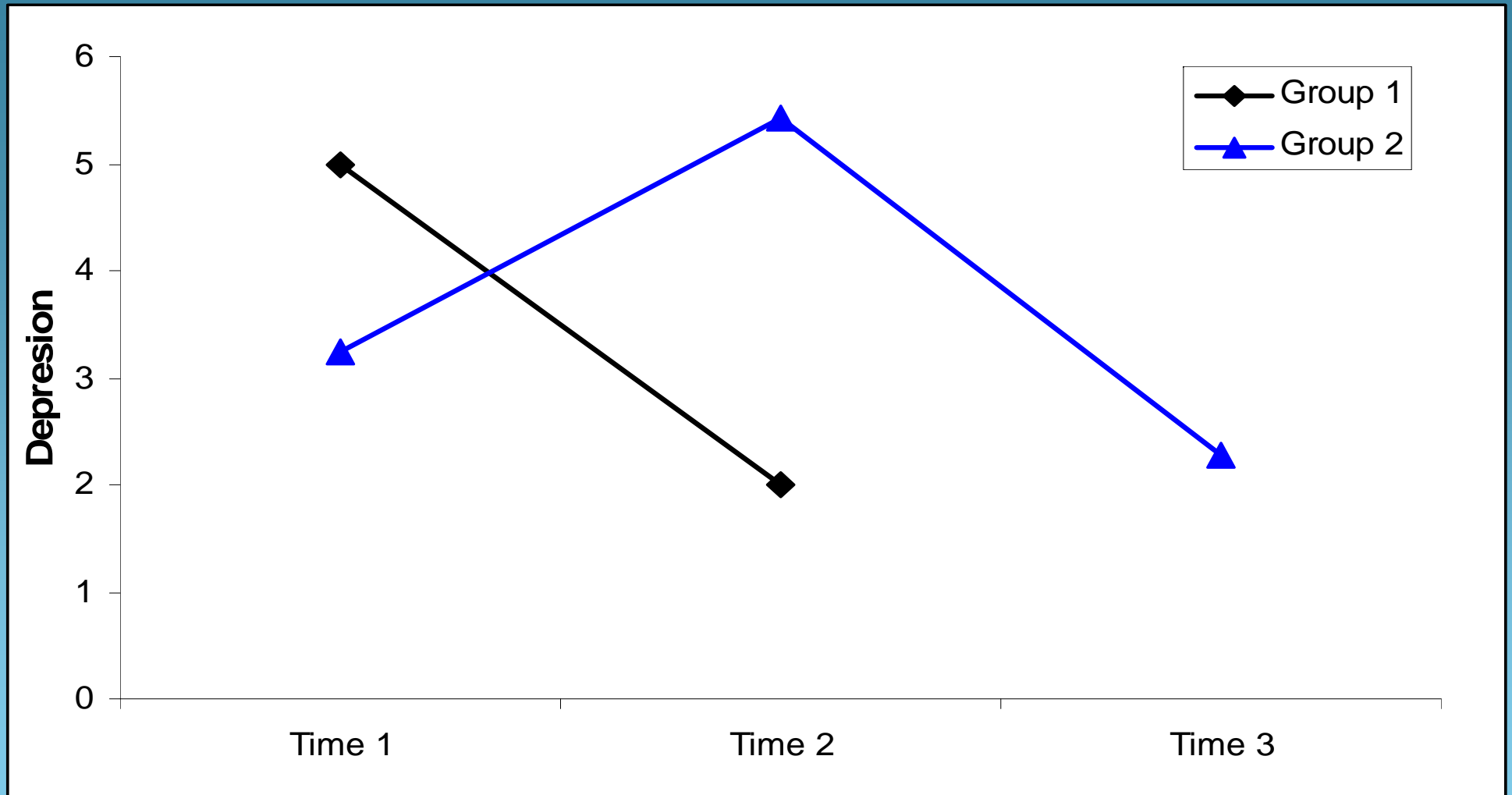
Goal Attainment



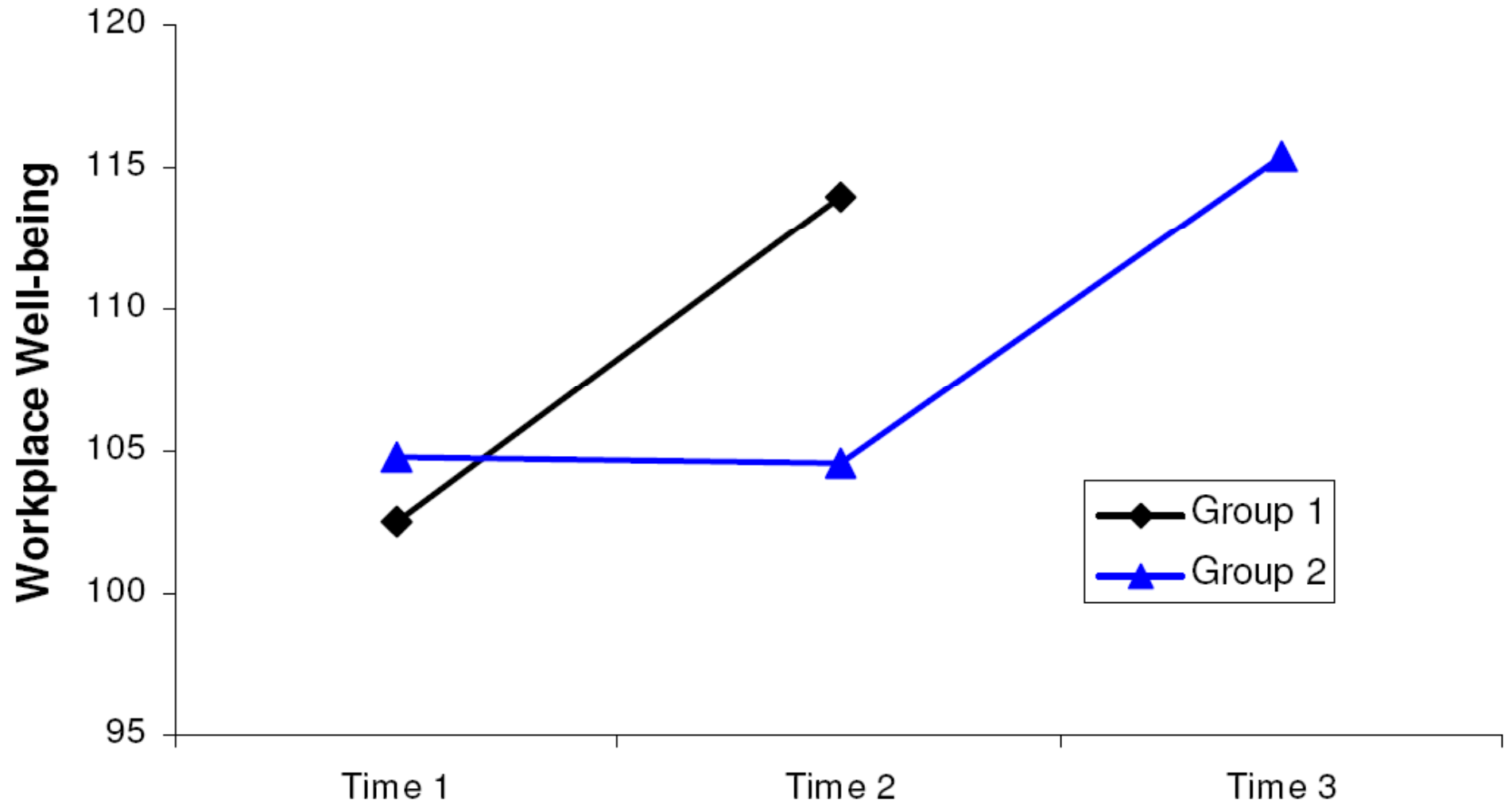
Resilience



Depression



Workplace Well-being



Executive coaching vs internal coaching

International Journal of Evidence-based Coaching & Mentoring; Aug 2009:

The Effect from Executive Coaching on Performance Psychology, Moen, Skaalvik; Norwegian University of Science & Technology

External executive coaching improves psychological variables affecting performance such as self-efficacy, goal setting, intra-personal causal attributions of success, and satisfaction of self-determination need.

The outcomes of internal coaching based leadership are not as strong as those from external executive coaching.

Coaching works...(Human Resources Program Evaluation Handbook: Chapter by Peterson, Kraiger, 2004)

Based on dozens of case studies, hundreds of personal testimonials in scores of organizations, and diverse threads of research, coaching has a positive impact on people and on business results.

Coaching is more effective in helping people improve their performance in areas of leadership, communication, interpersonal, and cognitive skills than management training.

Studies (summarized in Kampa & White, 2002; Kampa-Kokesch & Anderson, 2001) provide substantial evidence that well-designed coaching makes a meaningful difference in skill learning, job performance, and organizational results.

The state of executive coaching research

Int'l Coaching Psychology Review, Passmore, Gibbs; 2007

Lessons from 50 years of studies of counseling psychology research:

- Meta-analysis of 475 controlled studies – 80% of clients better off than untreated subjects

Recommendation:

Coaching research needs to be completed with samples of 100+ participants in randomized control studies.

Coaching Research in Healthcare

- Randomized Controlled Studies (16)
- Non Randomized Study (2)
- Qualitative Reports (4)
- Case Study (1)
- Project Demonstration (1)
- Descriptive Articles (7)
- Medical Education (2)

Coaching Research: Manage, Treat, and Prevent Disease

- ADHD
- Asthma
- Cancer pain
- Cardiovascular disease
- Compromised urinary bladder syndrome
- Diabetes
- Depression
- Male caregivers of dementia patients
- Osteoporosis
- Physical activity
- Spinocerebellar degeneration
- Weight loss

Conclusions: Coaching Research Studies

There is evidence in the medical literature that coaching alone is effective at improving health outcomes:

- Cardiovascular disease
- Diabetes
- Asthma
- Cancer pain
- Cancer survivors
- Weight loss
- ADHD
- Co-morbid mental and physical conditions

Integrative Health Coaching for Patients With Type 2 Diabetes: A Randomized Clinical Trial

Wolever et al, Diabetes Educator, Volume 36, No. 4, July/August 2010

- 56 patients with Type 2 Diabetes – 55% had income below \$50k and 59% did not have college degrees
- 93% of coaching clients completed all 14 sessions
- Two experienced, well-trained coaches
- Randomized to usual care or 14 x 30 minute phone coaching sessions over six months
- Coaching clients defined individualized vision for health and goals aligned with life values

Integrative Health Coaching for Patients With Type 2 Diabetes: A Randomized Clinical Trial

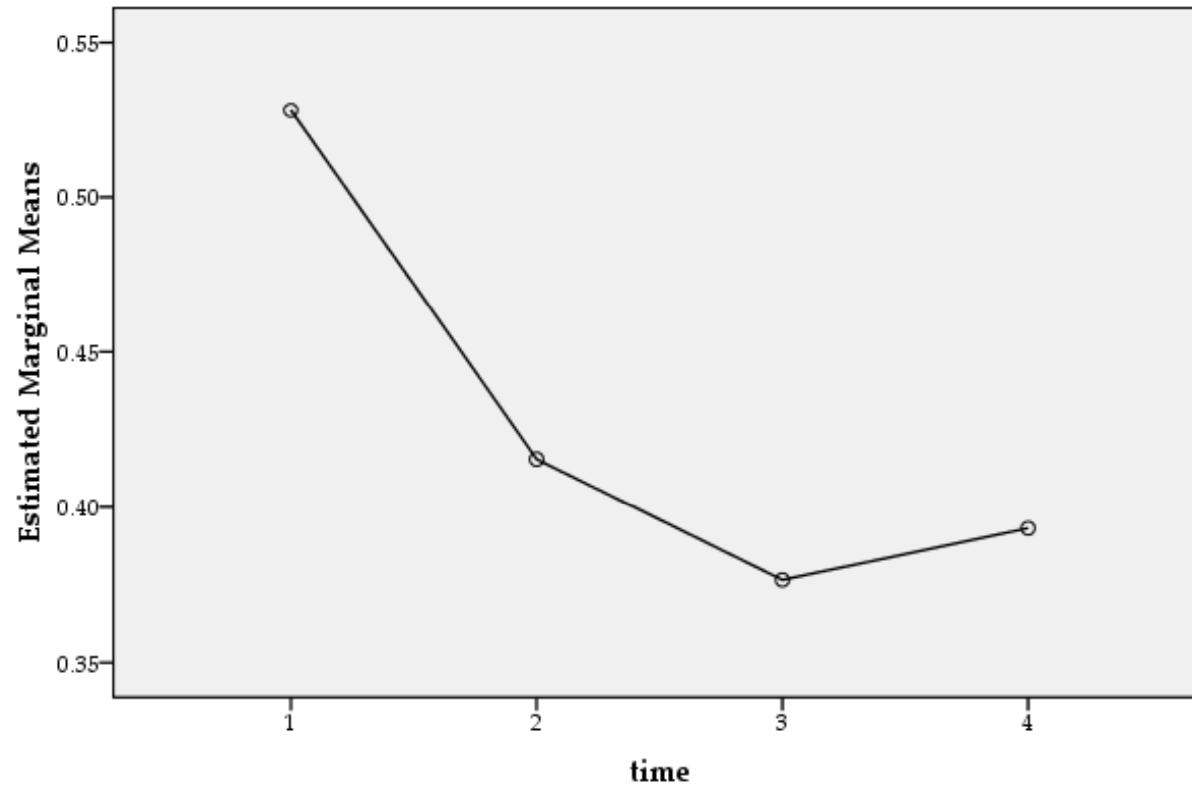
- **Results:** 51% reporting missing dose in past week at baseline, 7% at 6 months, no change in control group
- **Results:** Coaching clients with elevated A1C levels (>7) significantly reduced A1C levels
- **Results:** improved significantly in coaching group:
 - Exercise frequency
 - Engagement in self-management
 - Barriers to medication adherence
 - Stress coping
 - Illness perception – benefits of diabetes
 - Perceived social support

Longitudinal Benefits of Wellness Coaching Interventions in Cancer Survivors

Schmid, Galantino et al, International Journal of Interdisciplinary Social Sciences; Vol 4, 2009

- Three cohorts (n=30)
 - Delaware, Vermont, Illinois
- Breast, prostate, colorectal cancer survivors
- 90 minute initial coaching session and five 30-40 minute sessions over three months.
- Data collected at baseline, 3, 6, 12 after completion of coaching
- Statistically significant improvements in depression scores, exercise behaviors, and quality of life scores

Estimated Marginal Means of HAD2depress



HADS-Depression

- 1: Surveys completed at baseline
- 2: Completion of the wellness coaching intervention (at 3 months)
- 3: Six months after intervention ended
- 4: Twelve months after intervention ended

Healthy and Fit After Cancer®.com



Pam Schmid
Breast cancer
survivor, patient
advocate, speaker,
author
Certified ACSM
HFS and
ACS/ACSM
Cancer Exercise
Trainer, Certified
Executive
Wellcoach®,

Partnering with cancer centers and organizations to provide coaching through grant funding

Providing education/training through keynotes, grand rounds, conferences, other trainings for HCP's and survivors

Taken leadership roles and involved with local, state, and national patient advocacy and cancer organizations

Influenced multiple programs around the country to send staff for training

Mindfulness training and health coaching

(2008) Spence, et al: Coaching: An International Journal of Theory, Research and Practice

- 45 adults randomly assigned to three groups for 8 wks
- Two groups received alternative delivery of MT and cognitive-behavioural, solution-focused coaching; Third group participated in a series of health education seminars.
- Goal attainment was significantly greater in the facilitative/coaching format than the educative/directive format.
- No statistically significant difference in results related to timing of MT

Effect of MI-Based Health Coaching on Employees' Physical and Mental Health Status

Journal of Occupational Health Psychology
Butterworth et al, Oregon Health & Science University

276 employees at a medical center self-selected to participate in either a 3-month health coaching intervention or control group.

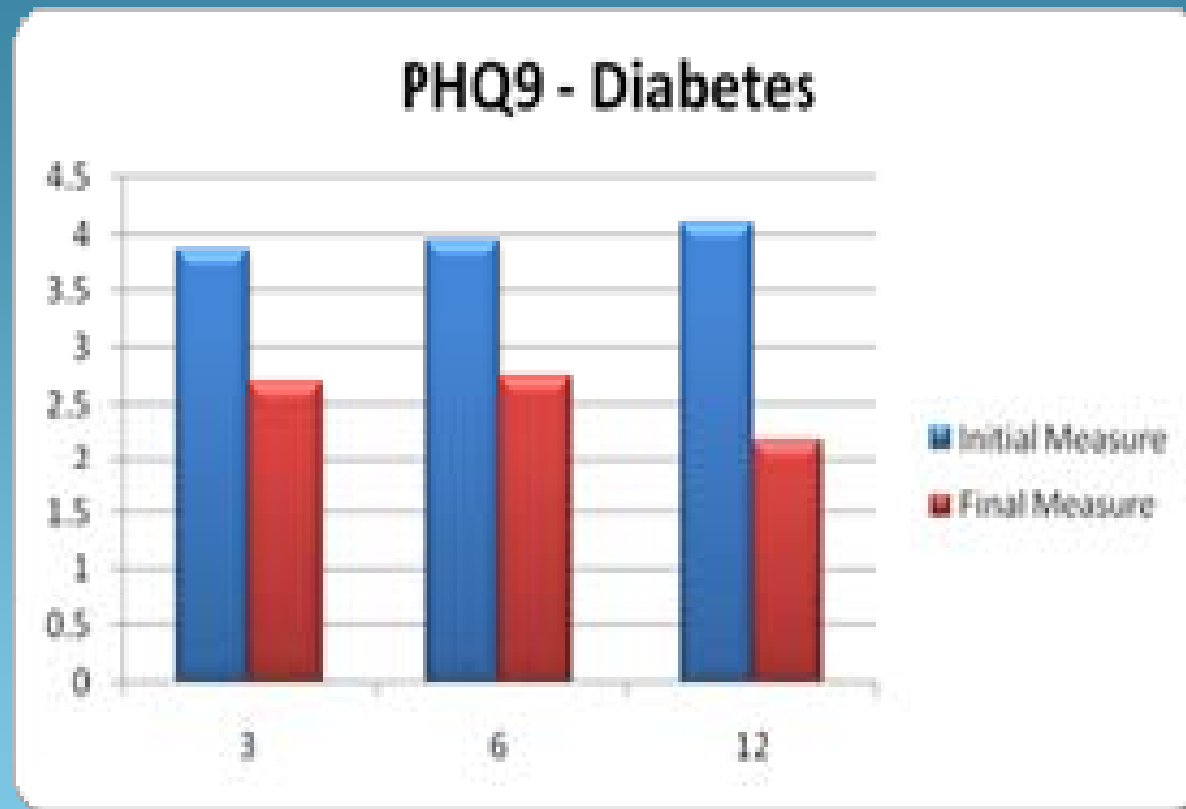
The treatment group showed significant improvement in both SF-12 physical ($p < .035$) and mental ($p < .0001$) health status compared to controls. A case-controlled group was also identified and elicited similar results.

Telephonic health coaching for co-morbid behavioral health + medical conditions

- 30 behavioral health therapists who are trained and certified health coaches
- Coaching clients have psychosocial issues + co-morbid medical conditions; 1,000+ for each population
- Phone coaching sessions for 6-18 months
- High ROI (reduced ER visits, admissions, hospital stays, and other urgent care)
- Significant improvement in depression and productivity scores

Population Type	Average Return on Investment
Commercial	2.0 – 2.5 to 1
Medicare Advantage	2.5 – 3.5 to 1
Medicaid Managed Care	3.5 – 4.0 to 1

Mental Health Functionality PHQ-9 Scores in Diabetes



Future Goals: Coaching Research in Healthcare

- Coaching Standards
 - *Definition of health and wellness coaching*
 - *Process to develop national certification is underway*
 - *Best practices*
 - *Coach training and education standards*
 - *Distinction between “light” and intensive coaching*
- Larger studies in multiple clinical indications and settings (clinical and workplace)
- Combination with intensive skills training (how to cook, how to exercise, how to relax)
- Long term follow up

2010 Launch of National Team for Coaching Research in Healthcare

Participants represent:

- Harvard Medical School
- Duke
- Vanderbilt
- University of Minnesota
- Mayo Clinic

Clinical targets:

- Diabetes
- Metabolic syndrome
- Cardiac rehab
- Cancer survivors
- Behavioral health co-morbid with medical conditions

What can we conclude, at least preliminarily?

- 1. Coaching can be an effective mode of facilitating change – biometrics, performance, behavior, and psychological resources**
- 2. Coaching increases goal attainment – engagement in new behaviors related to skills development**
- 3. Coaching improves psychological resources that predict higher performance, capacity to change, and mental health, e.g. increasing positivity, resilience, and self-efficacy**

The Evidence for Coaching Lessons Learned & Future Directions

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- **The integration of mindfulness training and health coaching: an exploratory Study; Gordon B. Spence*, Michael J. Cavanagh, and Anthony M. Grant Coaching Psychology Unit, School of Psychology, University of Sydney, Australia *Coaching: An International Journal of Theory, Research and Practice* Vol. 1, No. 2, September 2008, 144-162**
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