CHAPTER 3

COACHING BEHAVIOR CHANGE

Margaret Moore, Gabrielle Highstein, Bob Tschannen-Moran, and Gloria Silverio

“Growth is not steady, forward, upward progression. It is instead a switchback trail; three steps forward, two back, one around the bushes, and a few simply standing, before another forward leap.”

—DOROTHY CORKVILLE BRIGGS

AFTER READING THIS CHAPTER, YOU WILL BE ABLE TO:

- Describe the Transtheoretical Model
- Define the five stages of change
- Apply the stages of change to coaching
- Define coaching competencies for each stage of change
- Define decisional balance and operant conditioning
- Describe the Mount Lasting Change model
- Apply general techniques for coaching change

INTRODUCTION TO BEHAVIOR CHANGE

A primary goal of coaching is to facilitate a client’s growth and change. In the health, fitness, and wellness arenas, we are particularly concerned with behavioral changes that support a higher level of health and well-being.

Fortunately, there are excellent theories and extensive research on the preconditions and processes of behavioral change. One of the most important is the Transtheoretical Model (TTM) from the field of behavioral psychology, which contributes a wealth of principles, skills, and processes to the foundation of health, fitness, and wellness coaching. In fact, the TTM-inspired Mount Lasting Change pyramid described below lays out the key cognitive, behavioral, and relational processes of change as a coaching framework.

TRANSTHEORETICAL MODEL OF BEHAVIOR CHANGE

The Transtheoretical Model of behavior change, developed by Dr. James Prochaska, is based on more than 25 years of research measuring behavior change for a wide variety of health behaviors, including smoking cessation, exercise adoption, eating a low-fat diet, and mammography use. This model is a blueprint for effecting self-change in health behaviors and can be readily applied in health, fitness, and wellness coaching (Prochaska et al., 1994).
Most of your client prospects will be in the contemplation and/or preparation stage for at least one area (fitness, weight, nutrition, stress, mental or physical health) and your coaching program will help them reach the maintenance phase (sustaining the new behavior consistently week to week) within 3–6 months. You may be able to help them move forward in areas where they are precontemplators when openings emerge in the coaching discussions. Also, when clients progress in one area, their confidence in self-change grows and they may become ready to move forward in another area.

The stages that people move through are very predictable and identifiable—beginning with the precontemplation stage where individuals are not yet thinking about making change, all the way through to the maintenance stage where changes have been adopted as a way of life. The characteristics people exhibit at each stage are distinct and recognizable.

The five stages of change are:

1. **Precontemplation (Not Ready for Change)**
2. **Contemplation (Thinking about Change)**
3. **Preparation (Preparing for Action)**
4. **Action (Taking Action)**
5. **Maintenance (Maintaining a Good Behavior)**

**DON’T FORGET . . .**

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**Precontemplation: “I Won’t” or “I Can’t”**

When someone is not even thinking about adopting a healthy behavior, it’s usually because they fall into one of two categories of people: the “I Won’t” or the “I Can’t” people. The “I Won’t” people are not interested in changing because they do not feel they have a problem. Family and friends may feel otherwise and may be nagging them about it, but they fail or refuse to see the problem. The “I Can’t” people would like to change but they don’t believe it’s possible. For very different reasons, both kinds of people are not even contemplating, let alone working on, making a change when it comes to that area of their lives.
Coaching Skills to Use in the Precontemplation Stage

To move forward, precontemplators first need sincere empathy from their coaches. This is the time to use reflections to show that you understand and respect their feelings and needs. Your ability to recognize and to accept that they do not intend to change a particular behavior is the key to future possibilities. You are not asking them to move forward on the change process at this time. Instead you are focused on understanding them at a deep level without judgment or fear (for additional material on empathy using Nonviolent Communication, see Chapter 5).

For most “I Won’t” people this is the important message: “I understand that you are not ready right now. That is fine. Here is how you can contact me if you decide at some point that you are ready.” You leave clients feeling good about the interaction so they will think about you in a positive light. You do not make them feel judged or that they are inadequate.

The “I Can’t” people are aware they have a problem and need to change, but they believe change is too complicated and/or difficult. They may have tried and failed in the past. These people are acutely aware of their barriers and need help to look at the barriers in a positive and rational way so they can learn from them rather than being overwhelmed by the negative emotions generated by past failures.

With a coach, clients can sort their barriers into those that are real and need to be put to the side right now, those that are excuses, and those that can be overcome by a strong enough motivator. Taking real barriers, for which time may have to elapse before resolution, off the table can lower the client’s emotional level. The client doesn’t have to convince you, the coach, about the barrier. This acceptance shows your clients that you are on their side. The client is then much readier to work with you to find a strong, positive motivator. When clients have something they really want and they know that this change will give it to them, they are far more motivated to work on finding solutions to barriers that have tripped them up in the past.

Contemplation: “I May”

We call the Contemplation Stage the “I May” Stage. At this stage, clients are thinking about changing an unhealthy behavior or adopting a healthy behavior—and are considering taking action within the next 6 months. They are more aware of the benefits inherent in changing and less satisfied with their present health and well-being than the precontemplators.

They may express a fair amount of ambivalence about change, feeling that change will be difficult or even impossible to achieve. People can remain in this stage for a long time and become chronic contemplators because they cannot imagine themselves behaving differently and/or they do not know how to change. They are still weighing the benefits of change against the effort it will take.

When openings emerge with “I May” people, you may be able to explore their best experiences with change in the past as well as the positive reasons for doing a particular behavior in the future. By focusing on their values and vision, they may come to appreciate how change would improve their life. When appropriate, coaches can share important scientific facts about the benefits of the behavior and can assist clients to discover the pros that might serve as positive and even powerful motivators for change.

Coaching Skills to Use in the Contemplation Stage

- Help clients move beyond the contemplation stage by connecting them to their strengths and assisting them to get excited about change. The discovery work alone may be enough to move them to the next stage of change. Increasing their awareness of compelling reasons to change and getting them to connect with people who have successfully made the change are key motivational strategies.
- Assist these clients to connect the dots between the changes they seek and the values they hold. Setting behavioral change in this larger context makes the change more meaningful and significant.
- If clients have not sufficiently identified their personally compelling motivators to change, including new supportive relationships and new reasons to change, help them to think this through. A clear vision of what they want (not what they don’t want) is essential.
- Help these clients examine not only the upside but also the downside of giving up old behaviors for new, healthier behaviors. Identify which barriers are real and which can be worked out. Normalize, don’t catastrophize.
- Help these clients identify and accomplish small, realistic thinking and feeling goals every week, thereby empowering them to be more confident in their ability to change. A series of small successes builds self-efficacy.
- Remember that, at this stage, the small goals will involve reading, thinking, talking, listening, discovering, and deciding—not doing a behavior.
Preparation: “I Will”

This is known as the “I Will” Stage. In the Preparation Stage, ambivalent feelings have been largely overcome. Clients have strengthened their motivation and they are planning to take some action within the next month. These clients have a strong motivator. They know what their barriers are and they have come up with some possible solutions. If these thinking tasks are not accomplished then they are still in Contemplation. During this stage, clients experiment with their possible solutions, discard the ones that do not work, and think up new approaches.

Coaching Skills to Use in the Preparation Stage

• Help your clients move through the preparation phase by assisting them to concretize their plans for change. Encourage them to write down a formal statement of what they are committing themselves to do, containing specific details of what, when, and how.
• Help your clients by brainstorming and identifying lots of small steps they can take that are actionable and realistic. Brainstorming can be done together, with both the coach and the client coming up with ideas.
• If clients exhibit ambivalence or resistance to change, help them to explore the difficulties of doing the new behaviors and encourage them to identify ways to work these out. Do not add to the resistance by telling clients what to do.
• Discuss situations clients think could be problematic when they actually start the behavior, and have them develop strategies to cope before the situation arises.

IMPORTANT!

To move contemplators into preparation and then into action, be sure they:
• Find strong motivators
• Understand their challenges
• Identify possible solutions

Action: “I Am”

The action stage is known as the “I Am” Stage. In this stage, clients have identified the new behavior that they want to establish and are doing it consistently, building up to the target level. For example, they may be working toward meeting the ACSM definition of cardiovascular exercise, which suggests that exercise be done 3–5 times a week for 20–60 minutes at a time at a moderate to high level of intensity. Or, they may be meeting whatever specific set of dietary criteria their physicians have prescribed for them.

During this stage, which lasts up to 6 months, clients are working on building new relationships, practicing new behaviors, and establishing new habits. They may have to concentrate very hard while practicing the new behaviors and refining their lifestyles. The bulk of coaching generally takes place with people who are in this stage, as well as in the preparation stage.

IMPORTANT!

Because there is a high risk of lapse and relapse back to preparation at this stage, techniques to manage challenging situations are important. Note that there is a distinction between lapse and relapse. A lapse is a single slip in a desired behavior that may or may not lead to a relapse. Whether a lapse becomes a relapse depends on the individual’s response to lapses, their perceived loss of control, and their social network.

IMPORTANT!

A coach can help the client explore their challenging situation and to learn from it. Who were they with? Where were they? What was going on? How were they feeling? What can they do differently next time? Such questions lead to the formation of a relapse prevention plan that the client can have in their proverbial back pocket for the next time they are challenged.

Assisting clients to develop new relationships with people who share their interests and behavioral goals can make a significant difference. With the right modeling and support, lapses will seldom become relapses. Without modeling and support, as clients attempt to “go it alone” and “figure it out for themselves,” lapses can easily trigger a downward spiral. Coaching is itself a new relationship, but it usually takes a community of interests to support long-term behavior change. Coaches should encourage the formation of such new alliances.

Coaching Skills to Use in the Action Stage

• Help these clients to connect their new behaviors with their strengths, values, and preferred environments (including social networks). The more modes of support they can identify, the better.
• Target gradual changes and small achievable steps that assist clients to feel successful early.
• Encourage clients to develop new relationships with people who share their interests and behavioral goals.
• Anticipate and be prepared for lapses.
• Help these clients reframe a lapse as a temporary setback.
• Assist clients to frame mistakes as learning opportunities rather than as failures. Learn from all mistakes to minimize the chance of them happening again.
• Help these clients move away from an all-or-nothing mentality about their goals, which only leads to guilt, self-blame, and an excuse to quit.
• Unless clients are ready to take a bold step forward, which sometimes happens, it is usually best to avoid high-risk situations that unduly test a client’s new skills and behaviors.
• Conduct a planned lapse, such as a day without exercise or a meal where they eat whatever they want, to develop new mental skills, perspective, and resilience under a controlled situation.
• Discuss situations that could be problematic when they actually start the behavior. Have clients develop strategies to cope with these situations before they actually come up.

Maintenance: “I Still Am”

This is the “I Still Am” stage. This stage begins when the new behavior change has become a habit and is done automatically—usually 6 months after the initial behavior has changed. Clients are now confident that they can maintain the new behavior, and they would rate their confidence to maintain the new behavior at a level of 8 or 9 out of 10. In this stage, their self-efficacy is both high and self-reinforcing.

Just because clients progress to the maintenance level does not mean they don’t need to continue working diligently to maintain the behavior. (Nor does it necessarily mean that they will no longer need or want a coach.) There are a different set of risks in maintenance, including boredom and the danger of gradually slipping back into old, less-healthy habits.

Lapses, where people temporarily abandon new behaviors, can occur during the maintenance period just as easily as during the action stage. If and when this happens, people often need assistance to set new goals and get refocused. For example, they may benefit from signing up and training for an event, taking up a new type of exercise, or trying a competitive sport. This can be easier in maintenance, than in action, because they have already come to experience the value and benefits of their new behavioral patterns. Lapses in this stage don’t usually produce any significant alteration in the health and fitness benefits of the behavior change, which means people can more easily and quickly get back on track. Learning to make such adjustments is, indeed, a sign of being in the maintenance stage of change.

Relapses are more problematic in any stage of change. As extended abandonments of new behaviors, such as a new eating regimen or exercise program, relapses lead to the reduction or even to the disappearance of benefits. To reverse a relapse, it is important to reconnect clients with their strengths, values, resources, vision, goals, and motivators. Instead of doing a root-cause analysis on what happened, it is better to restart the preparation and action process with judgment-free listening, inquiries, and reflections. The more vividly clients can remember and reconnect with their capacity to put their strengths to work, the more they will develop their self-efficacy and regain their sense of control.

Coaching Skills to Use in the Maintenance Stage

• Assist these clients to reconnect and appreciate the value of new behaviors in serving their vision and goals.
• Challenge clients to keep growing by setting new behavioral goals that are both interesting and attainable.
• Assist these clients to establish social networks and other environmental support mechanisms.
• Never lose sight of the motivators that brought clients to coaching in the first place.
• Help clients discover new motivators if theirs were time limited.
• Encourage clients to share their health-promoting commitments and behaviors with others. It is motivating to be a positive role model.
• If and when lapses happen, encourage early recognition and rapid responses to get back on track.
• Avoid judgment at all times, especially when clients have lapsed.
• If and when relapses happen, go back to using the coaching skills for preparation and action.
• As clients get back on track with their desired behaviors, develop relapse-prevention plans that will assist them to cope with potential derailments.

The five stages of change are illustrated by Figure 3.1, from the Centers for Disease Control and Prevention; it makes clear that lapses and relapses are a normal part of the change process. Table 3.1 provides a summary of the coaching skills that are useful for each stage of change with reference to the International Coach Federation’s Core Coaching Competencies (see Chapter 2).
Lapses or sliding backwards occasionally is not unusual.

Figure 3.1. Five stages of change.

### TABLE 3.1. Coaching Skills for Behavior Change

<table>
<thead>
<tr>
<th>Stage</th>
<th>Skills to Use</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation: I Won’t</td>
<td>Listening, Empathy, Acceptance, Inquiry, Reflection, Affirmation, Reframing, Sharing, Brainstorming, MI (Chapter 5)</td>
<td>We’ve all been there, and clients need to know we understand their feelings and needs. This is not the time to judge but to empathize. Compassion, “to suffer with,” is the operative word. Accepting people right where they are, without lecturing them about where they ought to be, will build the trust and intimacy so necessary to being a catalyst for change. (See ICF Core Competencies 3 and 4.) The I won’ts need to bolster their appreciation of the pros.</td>
</tr>
<tr>
<td>I Can’t</td>
<td>Listening, Empathy, Acceptance, Inquiry, Reflection, Affirmation, Reframing, Sharing, Sorting barriers, AI (Chapter 4)</td>
<td>I can’ts need to bolster their confidence for overcoming the cons. We can also offer to help them sort through their barriers. Everyone in precontemplation needs not only reasons why but also hope when it comes to the prospects for change.</td>
</tr>
</tbody>
</table>

(continued)
### TABLE 3.1. Coaching Skills for Behavior Change (continued)

<table>
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<tr>
<th>Stage</th>
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<tr>
<td>Contemplation: I Might</td>
<td>Listening, Empathy, Acceptance, Inquiry, Reflection, Affirmation, Reframing, Sharing, Brainstorming, AI (Chapter 4), MI (Chapter 5), Self-efficacy and Self-esteem (Chapter 6)</td>
<td>Contemplators need to get in touch and stay connected with their strengths, core values, and intrinsic motivation for change. Identifying strengths, values, and motivators will assist contemplators to complete the wellness vision coaching process, giving them more clarity on where they want to go and why. Contemplators need to find strong motivators. They need to understand their barriers and to have come up with possible solutions. Accomplishing these three thinking tasks moves contemplators forward into preparation. Sharing information as well as stories related to the possibilities for and benefits of making a change can make an invaluable contribution to the client's change process. (See ICF Core Competencies 7 and 8.)</td>
</tr>
<tr>
<td>Preparation: I Will</td>
<td>Listening, Empathy, Inquiry, Reflection, Affirmation, AI (Chapter 4), Brainstorming, Experimenting, Committing, Honoring, Testing, Scheduling</td>
<td>Once people have strong motivators, know their barriers, and have thought of some possible solutions, it’s time for the coach to work with them on designing actions (ICF Core Competencies 9 and 10). This starts with exploring their positive core (AI, Chapter 4) through powerful questioning (ICF Core Competency 6). Although we may want to teach them the tricks to being successful, it’s better to assist them to discover, design, commit to, and experiment with their own strategies for success. Those are the ones that will stick.</td>
</tr>
<tr>
<td>Action: I Am</td>
<td>Listening, Inquiry, Reflection, Affirmation (Support), Inspiration (Challenge), Normalizing, Calibrating, Reengineering, Environmental design</td>
<td>If ever there were a time for a coach to be a cheerleader and a champion, it’s in the action stage of change. The client has started on the path—he needs our confidence, energy, and commitment to believe he can stay on the path (ICF Core Competency 9). We walk a tightrope here, between support and challenge. Clients need to be inspired. Too much support and we baby them; too much challenge and we overwhelm them. To inspire them, we keep just the right amount of tension on the line. As clients run into challenging situations, coaches help them explore those situations and come up with relapse prevention plans.</td>
</tr>
<tr>
<td>Maintenance: I Still Am</td>
<td>Listening, Inquiry, Reflection, Affirmation (Support), Inspiration (Challenge), Modeling, Improvisation, Creativity, Intrinsic rewards</td>
<td>If it takes 21 days to develop a new habit, it may take 21 months to develop a new lifestyle. During the process, clients will discover new and exciting things about themselves; they will also encounter challenges and setbacks, as well as boredom and discouragement. Helping clients develop into role models for others is a powerful way to stay motivated. By being flexible, creative, and inventive, coaches can assist clients to stay engaged. This is part and parcel of managing progress and accountability (ICF Core Competency 11), which may be too heavy for some clients to handle without continued experimentation and improvisation (ICF Core Competency 9).</td>
</tr>
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### HELPING CLIENTS MOVE THROUGH THE STAGES OF CHANGE

After establishing trust and rapport, with an orientation around their positive core, you will want clients to tell you (rather than for you to tell them) what stage of readiness they believe they are in with regard to their areas of focus (e.g., physical activity, eating, weight management, stress management, mental and physical health) or any life issues related to their health and well-being. This alone can generate wonderful conversations as to why they picked the stage they picked, what got them to where they are, and
what goals or behaviors they want to focus on first in moving forward. Once their stage of change is recognized and their initial behavioral goals are identified, you can apply the coaching skills and techniques appropriate to their readiness for change. Note that the Readiness to Change quiz (see Appendix A at the end of this chapter) can be used with clients to prioritize the behaviors they want to change and rate their confidence in their ability to change.

The conversation essentially flows according to the following pattern:

- Explore clients’ positive core, including their character strengths, core values, and primary motivators or reasons for change.
- Co-identify their stage of change and one or more appropriate behavioral goals.
- Co-design strategies that will promote quick-wins and self-efficacy with those behavioral goals.
- Discuss challenges, as appropriate, that may interfere with behavior change and stimulate thought about possible solutions.
- Elicit client commitments as to the steps they will take and the efforts they will make in the week ahead.
- Reconfirm their readiness to change and willingness to move forward.

Remember that you don’t have to get clients to use the formal names of the stages themselves. It is often better, in fact, to simply have clients choose the descriptive statement that best describes where they are with respect to changing a particular behavior:

- I won’t do it
- I can’t do it
- I may do it
- I will do it
- I am doing it
- I am still doing it

MORE ON THE TRANSTHEORETICAL MODEL (TTM)

James Prochaska, PhD, recognized that some people were ready to change and others were not, and that different strategies had to be used for people in different stages of readiness. After surveying a wide variety of different psychotherapeutic models, Prochaska and his collaborators put together the TTM to identify what processes worked best for people in different stages of change. Carlo DiClemente, in his PhD dissertation, identified ten such processes that describe what people actually do to change. Five are cognitive and five are behavioral processes of change.

Processes of Change

Cognitive processes encompass a wide range of reflective-learning processes in which people are sorting out their thoughts, feelings, and desires regarding a particular health-promoting change. These processes, which often take place over a period of several months or even years, include:

1. **Getting Information**: Finding out about all the benefits (e.g., medical and lifestyle) of doing a behavior.
2. **Being Moved Emotionally**: Taking to heart the health effects of a behavior and using them to ignite your drive to change.
3. **Considering How Your Behavior Affects Others**: For example, thinking through what your children may be learning from watching you perform a behavior.
4. **Self-Image**: Connecting the dots and seeking congruence between one’s vision, values, and behaviors to enhance integrity.
5. **Social Norms**: Connecting and talking with like-minded people who are all working on the same behavior (e.g., a support or special-interest group).

Behavioral processes encompass a wide range of action-oriented learning processes in which people are experimenting with new health-promoting behaviors and adopting the ones that work. These processes include:

1. **Making a Commitment**: For example, writing down exactly what new behavior will be done and when.
2. **Using Cues**: For example, designing environmental reminders to do what is planned.
3. **Using Substitution**: Replacing an old health-risky behavior with a new health-promoting behavior (e.g., substituting carrot sticks or a straw for a cigarette).
4. **Social Support**: Recruiting family and friends to help with behavior change by specifically asking each of them to consider the particular thing you would like them to do for you. This requires clients to think carefully about what they would like someone to do and then to ask the person on their support team to do it.
5. **Rewards**: Setting up ways to be rewarded or rewarding yourself for completing your weekly action goals.
**DECISIONAL BALANCE**

An effective way to engage clients in the processes of change, especially the cognitive processes, is to get them to weigh the pros and cons of a particular behavior or behavioral change. Known as a Decisional Balance (Janis & Mann, 1977), such weighing increases the chance of successful behavior change by taking into consideration:

- The Pros or gains for self, gains for others, approval of others, and self-approval.
- The Cons or losses for self, losses for others, disapproval of others, and self-disapproval.

Pros/benefits/motivators are the good things about doing a new healthy behavior. They are what you will get if you do the new healthy behavior. It is the coach’s job to help a client move from a general, non-specific pro such as “I want to stop smoking for my health, so I won’t get sick down the road” to a specific, personal, positive motivator such as “I really want to stop smoking because my children will not allow my grandchildren to come into my house because I smoke, and I want to be able to bake cookies with my grandchildren.”

Cons/barriers/challenges are things that make it hard to do a new healthy behavior. By getting clients to sort through their barriers, you can assist them to discover that some barriers are real and only time will change them, some are excuses, and some can be overcome by a strong enough pro or motivator. For example, the young executive who was working 18 hours a day in his first job trying to make a mark for himself had absolutely no time to exercise regularly until an attractive young woman who worked out regularly joined his firm; he somehow found the time to go to the gym because he wanted to get to know her. Some barriers can be overcome by a strong-enough motivator.

Clients in the “I Can’t” stage who are totally focused on their barriers and all the reasons that they cannot make a change can be praised for knowing their barriers. If the three tasks of an early-stage person are finding a motivator, knowing their barriers, and coming up with some possible solutions, the “I Can’t” person has one of the three tasks completed. They are acutely aware of their barriers. The work of coaching is to make sure the other two tasks get done.

**IMPORTANT!**

Over the past 25 years, researchers have found that the pros have to outweigh the cons for someone to actually do a new behavior successfully. This means it is very important to help early-stage people who have not yet started to do a behavior to find personally salient, specific, positive pros or motivators and to honestly sort out their cons.

**SELF-EFFICACY**

The point of the TTM, and of health, fitness, and wellness coaching in general, is to increase a client’s sense of self-efficacy, or “the belief that one has the capability to initiate or sustain a desired behavior (the exercise of control).” Self-efficacy, described and explored by the seminal work of Albert Bandura (1977, 1986, 1997), is such a core concept in coaching that we devote an entire chapter to its understanding and application (Chapter 6).

Simply put, however, self-efficacy describes the circular relationship between belief and action: the more you believe you can do something, the more likely you will do it; the more you do something successfully, the more you believe that you will be able to do it again. The opposite is also true: the more you believe that you cannot do something, the less likely you will do it; the more you do something unsuccessfully, the less you believe that you will be able to do it again. In other words, to quote an old adage, “nothing succeeds like success.”

As a coach, it is therefore very important that you do not allow clients to set inappropriate goals that they may fail at, possibly setting up a series of failures. That’s also why it is so important to correctly determine a client’s stage or readiness to change (e.g., whether you are working with an “I may” or an “I will” person). It is risky to let an “I may” person set late-stage behavioral goals. The appropriate goals for “I may” persons are thinking and feeling goals—connecting with their positive core, finding motivators, knowing barriers, and coming up with possible solutions. They are not yet
ready to experiment with activities as is the “I will” person. The way to tell the difference between an “I may” person and an “I will” person is to ask him or her these questions:

1. Why are you making this change now?
2. What do you want to get from making the change? (motivator)
3. What is going to get in the way? (barriers)
4. What are some of the things you might try to overcome the barriers? (possible solutions)

To protect against clients setting inappropriate goals that they may fail at, you can ask clients, after they have set a weekly goal, “On a scale of 0 to 10, how confident are you that you will be able to accomplish this goal this week?” If you hear an answer of 7 or above, you can be reasonably confident that the client will succeed. If you hear a lower score, you may want to share with the client the concern about this goal being at risk for failure. You can explain the circular nature of confidence and ask about how they could improve their confidence rating. Is it by altering the goal or scrapping it altogether and starting over? When it comes to self-efficacy, it’s crucial to not over-promise and under-deliver.

Coaches can unduly influence a client by their energy and enthusiasm. This can result in clients taking on goals that are more important to the coach than to the client. You want to avoid making suggestions that the client could interpret as being what the client is supposed to do or should do. If your client needs a suggestion, it may work well to brainstorm ideas together, taking turns to generate multiple suggestions. By asking clients to then choose from among the possibilities, decision making remains in the hands of the client, where it belongs.

When clients have experienced some type of challenging situation and have had a lapse, your job as coach is to reframe this failure and turn it into a learning experience. Ask, “What can we learn from this experience? Who were you with? What were you doing? Where were you? How were you feeling? What could you do differently next time?” Assist clients to come up with a relapse prevention plan so they are ready the next time that the challenging situation arises.

**OPERANT CONDITIONING**

Another way to engage clients in the processes of change, especially the behavioral processes, is to get them to focus on the relationship of a behavior and its consequences. Known as operant conditioning, or learning through positive and negative reinforcement, it is a form of learning that takes place when an instance of spontaneous behavior is either reinforced or discouraged by its consequences. The principles involved have had a strong influence on behavior modification as well as on other kinds of therapy.

Successful operant conditioning looks for the antecedent conditions that may trigger an undesired behavior. For example, missing breakfast may lead to overeating at lunch, which may lead to feelings of guilt, which may lead to irritability. This irritability may lead to abandonment of any improved eating habits for that day. The end result can be an ice cream binge after dinner. When a behavior chain is identified, assisting clients to alter a behavior earlier in the chain instead of later can generate significant shifts and benefits.

**KEY TTM POINTS TO USE IN COACHING**

- Help your clients understand their readiness to change for each goal
- Help your clients choose the behaviors they are most ready to change
- Teach them about the processes of change
- Help them build confidence in their ability to change—this will increase their readiness to change in other areas

It is often easier to manipulate the antecedents than to modify the consequences or behaviors. Examples of antecedent conditions could include a long drive to get to the gym, an unpleasant workout environment, driving by a favorite ice cream shop, a particularly stressful day, or negative self-talk. For example, stressful workdays and self-statements, such as “I am overwhelmed and can’t deal with everything,” may lead to overeating at dinnertime on a continual basis. It may be helpful to create a goal that helps clients relieve some of their stress during the day or before eating, in addition to their goals that relate to eating.

**COACHING TIMELINES**

Using the stages of change model and the timeframes presented in each stage provides a coach with general guidelines that can be helpful in constructing the coaching program.

A 3- to 6-month coaching program of weekly, bi-weekly, or monthly coaching sessions is usually ideal for most clients to establish new behaviors or habits. After the initial 3–6 months, coaches and clients may decide to decrease the frequency of meeting.
Some clients have special needs or life issues that affect their ability to move through the changes within these timeframes. For example, a client desiring to lose more than 30 pounds may find that weekly coaching sessions are helpful for a year or more. A lifestyle makeover may require two years. There really is no set amount of time that coaching partnerships “should” last or continue.

**DONT’ FORGET . . .**

Most clients who hire a coach are in either the contemplation or preparation stage for one or more health, fitness, and wellness behaviors. Some clients may even be in the action stage already. Moving clients from the early stages of change and reaching the maintenance stage can take from 3–6 months or longer. If the behavior is more challenging, 12 months may be required to help a client reach the enduring maintenance stage.

**MOUNT LASTING CHANGE**

Drawing from the Cognitive and Behavioral Processes of the TTM, as well as from evidence-based principles of behavioral psychology and positive psychology and Wellcoaches’ experience in coaching clients and training and certifying coaches, Wellcoaches created a graphic metaphor for health, fitness, and wellness coaching: Mount Lasting Change pyramid (Fig. 3.2). The behavior change pyramid provides a guide to what it takes
to make lasting changes in behavior, self-awareness, and self-image.

The pyramid has 15 building blocks that take us to the top—being one’s best self. Thirty of the 15 building blocks are not about action; they are about thinking. If we prematurely jump into action (to the third level of the mountain), i.e., a quick fix, we proceed on a shaky foundation.

The base level of the pyramid represents the vision and higher purpose for change. First, we decide to take charge. We then define our best selves—what we value most about ourselves and about life. We also identify the skills and knowledge we need and the strategies for using our strengths to handle our big challenges. The next level addresses how the vision is turned into a realistic plan, including behavioral goals and our support team, and how to increase confidence. Then a commitment is formalized. The third level depicts the doing process (specific behavioral goals) with early wins and constant fine-tuning. The fourth level represents the approach to sustaining new behaviors.

The top is “my best self.” This is what we yearn to become or uncover through the change process. Arrival to the upper levels (or even moments spent there) is a big cause for celebration.

Change isn’t a linear process, where one proceeds from the bottom directly to the top of the pyramid. People cycle up and down the five levels, sometimes for years. When people don’t make lasting change, they typically have missing or weak building blocks. We can help our clients lay down the structure and assemble the building blocks to get to lasting change and “the real me.”

The Mount Lasting Change pyramid can be applied to any area of health, fitness, and wellness. One can use the pyramid for single behaviors (three 30-minute walks per week) or groups of related behaviors (nutrition including five servings of fruits and vegetables per day, balanced breakfast five days a week, healthful snacks five days a week).

**Vision Level**

The bottom, “vision level” of the pyramid is the foundation for change. It is essential to not rush through this level. Devoting the time to generously explore a client’s positive core—the vision-level building blocks—prior to moving into preparation and action is enlightening and valuable. Revisiting and reinforcing the vision building blocks along the way breathes life and inspiration into the change process.

**Self-Awareness and Responsibility**

Developing mindfulness and self-awareness of where we stand with all of the building blocks is an ever-present theme. Taking charge and personal responsibility for change is our call to action. People choose to make specific changes at specific times and for specific reasons when they are ready, willing, and able.

**Strengths**

The change process is much more likely to succeed if we identify and stay connected to our strengths and abilities that have proven successful in other parts of our lives. Building on what’s working now (see Chapter 5) is a key approach when it comes to coaching.

**Values**

This building block is at the center of the foundation because it represents both the higher purpose and deeper meaning for the change. Our values, when clearly articulated and kept in view, are what keep us going in the face of big and small challenges.

What people value about change is highly personal, ranges widely, and changes over time. Some values include being a role model, having peace of mind, looking good or youthful, living in balance, and exercising self-control. To discover client values, ask about who they want to be and why they want to be that way. Of course, one can’t become that person overnight, but one can start doing the things that person would do. Acting “as if” is a great way to get on track.

We often need permission to live from our values, especially when that means saying “No” to others to practice self-care. Coaches can assist clients to recognize that this practice undergirds being our best in life and work.

**Benefits and Information**

One must identify, explore, prioritize, and emotionally connect with the list of potential benefits to be derived from making lasting change. Getting just-in-time education and information on the new behavior(s) and understanding all of the building blocks are both vital and ongoing.

**Challenges and Strategies**

Identifying and exploring our significant challenges, such as competing priorities, lack of time, lack of confidence, and the benefits of not changing, are ongoing life processes. Raising our awareness of how our challenges not only hurt us, but also serve us, is important thinking/feeling work for those in the early stages of change.

The thinking/feeling work around our significant challenges then leads to the thinking/feeling work around realistic strategies for moving forward. Some clients will get so excited about a new interest that chal-
Challenges will seemingly fade from view. Other clients will want to develop specific strategies for dealing with challenges, especially if they have a long history of derailment. Either way, the key to masterful coaching is to elevate a client’s confidence in their ability to move forward successfully. At its core, coaching generates hope in a client’s ability to change as well as awareness of realistic strategies that work.

**Preparation Level**

**Confidence**

Before proceeding and while on the change path, it is vitally important to have a moderate to high level of confidence in one’s ability to be successful. If our confidence level is less than a score of 7 out of 10, more work is needed to increase the level to at least a 7 or an 8. One of the most important goals of the behavior change process is “self-efficacy”: the confidence that one has the ability to initiate and sustain a desired behavior, even in the face of challenges.

**Commitment**

When we make an oral or written commitment to another person—a family member, friend, colleague, physician, or coach—to establish a new habit, we increase our probability of success. Having a high level of integrity, we want to honor our commitments.

**Support**

Making changes can be tough and having support from family, friends, or colleagues—who can help us work through the change process, stay on track, and provide positive feedback—is extremely valuable. It’s often helpful to ask for support and be specific, explaining the kind of support that is working or not working.

**Plan**

The details are crucial. Developing and updating a detailed plan describing our scheduling and preparation, as well as clearly defining the behavioral goal (what, when, and how) is an important activity. Tracking our performance is also important—using journals or logs, for example, to record how we eat, exercise, and relax.

**Action Level**

**Behavioral Steps**

Choosing, refining, and committing to specific behavioral goals which are realistic, while challenging, is the all-important “doing” part of behavior change. Committing to the mastery of a new behavior in 3 months, and then maintaining it for a further 3 months, reaching high self-efficacy, is a good target for change. The goal should be specific and measurable—replace “exercising more” with—“I will walk 4 days a week for 30 minutes at a moderate intensity.”

Building up to the 3-month behavioral goal should progress gradually each week, in manageable steps. Some weeks, more progress will be made than others. A good starting point would be “walking 4 days for 10 minutes” or “walking 2 days for 20 minutes”.

**Problem Solving**

While we first addressed challenges and strategies on the vision level, as part of the foundation for change, clients inevitably encounter challenges and setbacks along the way to reaching and mastering their behavioral goals. Coaches can assist clients to view such times in a positive light—as opportunities to learn and grow. An effective problem-solving process, including brainstorming, enables rapid self-awareness, increased desire to stay on track, and prompt, corrective actions, which may include brainstorming and experimenting with new action strategies or even tweaking the behavioral goals themselves. The secret is to normalize and appreciate such experiences for the gifts they have to offer, rather than to catastrophize and deprecate them as beginning a downward spiral.

**Rewards**

To reinforce our motivation and confidence, it is important to experience quick “wins,” to enjoy extrinsic rewards, and to savor the intrinsic value of behavioral changes. We generally start to feel better, stronger, lighter, or more energetic, for example, when we start to exercise more, eat better, relax more, are more engaged with life, or have more fun. We need to mindfully observe, enjoy, and celebrate such rewards to fully engage with and sustain the change process.

**Results**

**Lasting Change**

It feels great when we’ve adopted a new habit and we’re confident that we can sustain the new habit for the foreseeable future. The diligent effort to build up to our behavioral goal and embrace the challenges along the way has a big payoff when we’re successful. The key is to move from extrinsic inducements to intrinsic motivation and contentment. That is the work of masterful coaching.

**Relapse Prevention**

Even after we’ve mastered a new behavior, there is still potential to get sidetracked. Shift happens. New
challenges emerge as we get older and our lives get more complex. Developing strategies to prevent relapses (when we stop doing the new behavior) is the thinking/feeling work required when we’ve reached the maintenance stage of change. Finding ways to be a role model for others is an effective way to prevent relapses.

The Real Me

Best Self

One of the big bonuses of lasting change is that we expand our sense of self and get closer to becoming our best self—or the real me. Often the real me is buried under extra physical and emotional weight and stress and is revealed when we master change. Take time to notice, embrace, and enjoy our best selves. As we reach the top of the pyramid, it’s definitely time to celebrate!

GENERAL SUGGESTIONS FOR COACHING CHANGE IN LIGHT OF THE TTM

Assist your clients to frequently connect with their positive core, especially their strengths, aptitudes, values, and resources for learning and growth. This will assist them to maintain a hopeful and positive relationship to the prospect of behavior change.

Remind your clients that change can be uncomfortable and difficult in the beginning. This is normal when people are stepping out of their comfort zone and seeking to make a conscious change.

Reassure your clients that lapses are common during the early stages of change; that is why they will need a lot of encouragement and support when they first get started. When you sense that your clients are struggling with change, reassure them that what they are experiencing is a normal part of the change process. Let them know that they are doing something that is difficult for most people. It is a good time to remind them of progress they have made to date—such as hiring a coach! Most people underestimate their ability to change and lack the tools and process to facilitate change. As their coach, you can help them raise their level of confidence by never losing sight of their positive core. “You can do it!” is a key framework of masterful coaching.

IMPORTANT!

Help your clients develop internal motivation and focus less on external motivators by having them look inside and focus on changing behaviors for themselves and not for anyone else. If your clients’ motivation originates externally—“I’m doing this for my spouse/children/employer etc.”—it usually leads to guilt, frustration, anger and often quitting. When your clients can honestly say, “I’m doing this because it will help me feel good and feel good about myself,” then they have internal or intrinsic motivation.

The guilt inducing “I should do this” is usually counterproductive. Help your clients focus on their internal motivation, not on externally induced pressures. Common blocks to the motivation process include:

- I don’t really want to do this (I don’t have a good enough reason)
- I can’t do this
- I have never done this
- I don’t have the time
- I can’t get started
- It’s too hard
- I won’t be able to . . . (drink beer with my friends, enjoy parties, eat what my family eats, etc.)

The breakthrough comes when clients take control and responsibility for their own well-being and health, the change process, and becoming connected with their own motivators. This will unleash their inner power to usher them through the obstacle course of change.

IMPORTANT!

Ambivalence, the existence of coexisting and conflicting feelings, can be a major factor inhibiting clients’ motivation to change. Feeling ambivalent is a common and perfectly normal state of mind. Assist your clients to accept their ambivalence, rather than to fight it, to work their way through it. It may always be present to some extent, and that’s okay. Ambivalence doesn’t need to be completely resolved for clients to get started and to be successful with change. For example, some people may always be ambivalent toward getting up early to exercise, but they continue anyway because the intrinsic rewards make it worth doing.

If ambivalence destroys your clients’ commitment, then it is a problem. If it simply makes them question their commitment and does little more than lead to a temporary detour now and then, it can be a positive experience as they experience resilience and the ability
to get back on track. Self-awareness of their positive core and goal setting through lapses and relapse are powerful tools for dealing with ambivalence.

Clients may underestimate the power of their personal coaching program at the beginning. With your help, they will make changes they didn’t realize were possible. As their confidence in changing grows, their readiness to change will spill over to other areas of their health and fitness, and even to other areas of their lives.

Change in one area of life can have a mobilizing effect on changing another area. You will probably find that when your clients have success in other areas where their readiness to change is more advanced, they may progress past contemplation in the more difficult areas, powered by new self-efficacy and self-esteem (see Chapter 6).

If clients have not made significant progress on certain goals over 3–4 weeks, and the goals are not unrealistic, it may be time to honestly question whether they are truly committed to those goals. They may want to change their goals or even their approach. For example, they may benefit from a different intervention, such as a dietitian, personal trainer, or psychotherapist, or a more prescriptive or structured program with a lot of education. Often, clients receive such honest questions as a “wakeup call” that renews their commitment to change.

If you finish a coaching session and feel that it did not go well, stop and think: “Is this client really in the stage I think they are in, or have they moved back into an earlier stage, and I need to help them set more thinking/feeling goals instead of behavioral goals?” When you are not on the same page as your client, the dynamic dialogue can disappear and you are left feeling you have not connected.

**REVIEW AND DISCUSSION QUESTIONS**

1. What is the Transtheoretical Model? List the five stages of change and briefly describe each one.

2. Why is it important to identify the stage of change a client is in for a particular behavior?

3. Pick an area of your own wellness that you would like to change or have changed recently and determine what stage of change you are in. What information did you use to determine your current stage of change?

4. What are some strategies that you would use to help a client that is in the precontemplation “I can’t” stage get ready to take action?

5. What are some examples of weekly goals that someone in the preparation stage might set?

6. What is the optimal time frame to initially set for coaching?

7. What is decisional balance? What is the optimal ratio of pros and cons for someone to do a new behavior successfully?
8. What is self-efficacy? How does it impact behavior change?

9. What are the processes of change? List two cognitive and two behavioral processes that promote behavior change.

10. Define operant conditioning. Give an example of an antecedent condition.

11. What is the Mount Lasting Change pyramid? How does this model help a client reach his or her best self?

REFERENCES


SUGGESTED READING


APPENDIX A
THE READINESS TO CHANGE QUIZ FOR CLIENTS

AM I READY TO CHANGE?

Research has shown that self-change is a staged process. We move from not thinking about changing a behavior, to thinking about it, to planning to change, and then to testing out ways to do it before we actually start. When we think about changing or adopting a behavior, questions we ask ourselves are:

- Why do I really want to change the behavior? (the benefits or “pros”)
- Why shouldn’t I try to change the behavior? (the obstacles or “cons”)
- Do my “pros” outweigh my “cons”?
- What would it take for me to change the behavior and overcome my “cons”? (What’s my strategy?)
- Can I really do it?
To move forward, we need to believe in our ability to change (our positive core), our “pros” must outweigh our “cons,” and we need realistic strategies to overcome our “cons.” Behavioral scientists recognize five stages of readiness to change behavior:

- Precontemplation (I won’t or I can’t in the next six months)
- Contemplation (I may in the next 6 months)
- Preparation (I will in the next month)
- Action (I’m doing it now)
- Maintenance (I’ve been doing it for at least 6 months)

A number of techniques can help you move from not thinking, to thinking, to planning, to doing, and to continue doing.

Determining how ready you are to change a behavior can assist your coach to help you make that change. The following questions can assist you and your coach to make that determination (so after you write your responses, send them to your coach).

Your coach will then discuss your answers with you. Your answers will help your coach guide the conversation so that you can move through the stages of change and reach your goals. (Note: No matter what your stage of readiness, your coach can help you move through the process to reach your goal.)

1. The goal or behavior I want to work on first is:
2. My reasons for wanting to accomplish this goal or change this behavior are:
3. The strengths, aptitudes, values, and resources that I can draw upon include:
4. The main challenges I will face while changing this behavior are:
5. My strategies to move forward and meet those challenges are:
6. The efforts I made toward changing this behavior in the last week are:
7. My goal for next week with respect to this behavior is:
8. My readiness to change this behavior is (circle the level that best describes where you are):
   - I won’t do it
   - I can’t do it
   - I may do it
   - I will do it
   - I am doing it
   - I am still doing it

APPENDIX B

COACHING STRATEGIES FOR STAGES OF READINESS

EARLY STAGE PEOPLE

Important Tools:

- Experiencing empathy
- Connecting with positive core
- Getting factual information
- Thinking about their values and self-image
- Considering their impact on others
- Being moved emotionally
- Making decisions (pros and cons)
- Social norms

Stage 1: Precontemplation
(“I won’t” or “I can’t”)

Where a person is not thinking about making a behavior change within the next 6 months. The “I won’t” people are not interested in change because they do not feel as though they have a problem.

Coaching strategies for clients in the “I won’t” stage include:

- Express empathy (see Chapter 5)
- Connect with their positive core (see Chapter 4)
- Leave them having been heard not judged
- Leave them with a way to get a hold of you when they are ready

The “I can’t” people are aware of the problem and the need to change but they believe change is too difficult or complicated (cons).

Coaching strategies for clients in the “I can’t” stage include:

- Express empathy (see Chapter 5)
- Connect with their positive core (see Chapter 4)
- Praise them for knowing their barriers
- Help them sort their barriers
- Decrease emotional response and increase rational response
**Stage 2: Contemplation (“I may”)**

Where a person is thinking about making a behavior change within the next 6 months.

- They are more aware than those in precontemplation that they have a problem, and they are considering taking action.
- They have some ambivalence and may think that success will be difficult and may be impossible to achieve (cons still more important than pros).
- They have not yet identified a sufficiently compelling reason to change (no personally salient pro).
- They are unaware of their specific barriers and have not thought of any possible solutions.
- They lack self-efficacy, both as internal framework and as external reality.

Coaching skills for clients in the contemplation stage include:

- Express empathy (see Chapter 5)
- Connect with their positive core (see Chapter 4)
- Identify compelling reasons to change (pros/motivator)
- Connect with others who have been successful with the same behavior change
- Identify real barriers and possible solutions
- Develop small cognitive goals (e.g., getting information or thinking about or clarifying feelings regarding their image of themselves)

**Late Stage People**

Important tools:

- Connecting with positive core (see Chapter 4)
- Identifying challenging situations (previous behavior chains)
- Brainstorming possibilities and strategies (see Chapter 8)
- Making a commitment
- Cues
- Substitution
- Social and environmental support
- Intrinsic rewards

**Stage 3: Preparation (“I will”)**

Where a person is planning to start doing the behavior within the next 30 days and some type of action has been attempted.

- Clients have fully taken action and are doing healthy behaviors.
- Your clients take action to modify the unhealthful behavior, usually over a period of 6 months.
- There is a possibility of lapses during this stage.
- Gradual change leads to permanent change.
- The heart of your coaching program is focused on the areas where your clients are in the action phase.

Coaching strategies for clients in the action stage include:

- Connect with their positive core (see Chapter 4)
- Analyze challenging situations and come up with relapse prevention plans (see Chapter 8)
- Write down formal statements of commitment (make commitment)

**Stage 4: Action (“I am”)**

Where a person has begun doing the behavior and has sustained it for less than 6 months.

- Your clients have mobilized their motivation, and they intend to take action within the next month
- Your clients can appreciate the good things about doing the behavior but are equally aware of the barriers (pros = cons).
- Your clients have made a conscious choice to examine their barriers and to come up with possible solutions

Coaching strategies for clients in the preparation stage include:

- Connect with their positive core (see Chapter 4)
- Think through personally compelling motivators to change (pros)
- Examine any barriers or challenges (cons)
- Brainstorm possible solutions for the challenges including coping strategies in anticipation of problematic situations (see Chapter 8)
- Write down formal statements of commitment (make commitment)
- Identify achievable short-term goals and post them (cues)
- Encourage the joining of group(s) that will supply a positive group norm (social norms)
- Enlist support from family, friends, and colleagues (social support)
- Design other forms of environmental support (e.g., information systems, physical habitats, and financial plans)
• Substitute new healthier behaviors for old less-healthy behaviors (substitution)
• Identify achievable short-term goals and post them (cues)
• Appreciate the intrinsic value of quick wins, positive steps, and achieving small goals (rewards)
• Enlist support from family, friends, and colleagues (social support)
• Encourage the joining of group(s) that will supply a positive group norm (social norms)
• Design other forms of environmental support (e.g., information systems, physical habitats, financial plans, and nature)

Stage 5: Maintenance (“I still am”)
Where a person has begun doing the behavior and has maintained it for longer than 6 months.

• This period usually begins 6 months after the initial behavior has changed.
• New behavior change has become more of a habit.
• The longer your client is at the maintenance level, the lower the risk of having a total relapse.
• During the maintenance period, your clients may lapse or temporarily abandon the new behavior, but they will tend to quickly return to it.
• Lapses don’t produce significant alterations in the health and fitness benefits of the behavior change.
• Relapse is the abandonment of the new positive behaviors, such as an exercise program, leading to the disappearance of the benefits.
• To reverse a relapse, it is important to explore what happened and then to restart the preparation and action process.

Coaching strategies for clients in the maintenance stage include:

• Connect with their positive core (see Chapter 4)
• Appreciate the intrinsic value of continuing to achieve goals and maintain behaviors (rewards)
• Encourage early recognition of lapses and develop just-in-time coping strategies for problematic or challenging situations
• Suggest that the person substitute a new motivator or behavior for one he or she is becoming bored with (substitution)
• Encourage the person to assist someone else who may want to start living a healthier life (role modeling)
• Establish social support mechanisms (social support)