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Addressing deficit performance through coaching: Using Motivational Interviewing for performance improvement at work

Abstract

Resistance from coachees is a problem met by executive coaches in all fields. The continued interest in executive coaching by organisations has seen coaching beginning to be used more widely. An increasing number of low and average performing managers are following their high performing peers into the executive coaching room. One particular challenge facing the coaching psychologist is how to engage individuals where motivation for change is low.

This paper draws on a five stage model for behaviour change and an approach developed in the clinical setting which can usefully be applied to executive coaching to help the coaching psychologist address some of these behavioural challenges and add to their core coaching techniques through combining Motivational Interviewing (MI) techniques with their existing repertoire of skills.

The paper starts with a review of the development of motivational interviewing, before moving to explore the evidence for MI as an intervention, which is largely within the health sector. The paper builds on this evidence by exploring how MI may be applied within non-clinical settings, as a tool to address poor performance resulting from low motivation to change. The paper also suggests other potential uses for MI such as in health coaching around stop smoking campaigns or obesity.

Key words

Executive coaching, performance coaching, poor performance, deficit coaching, performance management, Motivational Interviewing, coaching psychology, Transtheoretical Model and behaviour change.

**Introduction**

Coachee ambivalence about change is a reality for coaching psychologists working with executives in the workplace. Yet coaching models are limited in their value in addressing coachee ambivalence. There has been so far little discussion of the readiness of the coachee for change and few of the current coaching models consider the ‘stage’ of change a coachee may be at, before commencing with the coaching process. Motivational Interviewing (MI) may be a useful contribution to the skill set of executive coaches, when used alongside behavioural and cognitive behavioural models (Passmore, 2007a).

This paper first discusses the development of MI and the theoretical bases in which it is grounded. The practice of MI is described with reference to the research literature. The paper then considers evidence from the application of MI in coaching, where MI has been applied in an organisational setting to resolve ambivalence about change. Finally, the paper offers suggestions as to when the coaching psychologist could most effectively use MI alongside more traditional coaching interventions.

**Development of MI**

MI was developed in largely clinical environments by therapists working with drug and alcohol dependency. Therapists working with clients from these groups found that change processes in therapy mirrored natural change outside therapy. A key predictive factor whether people would change or not was they way they spoke about change during their sessions with the therapist. Clients’ who made statements that signalled a high level of motivation and a strong commitment to change, were more likely to make change, than those demonstrating resistance. Alongside this was a recognition that the language used by the client, could be influenced by interpersonal interactions with the therapist (Miller & Rollnick, 2002). Thirdly that changes in the words and language used by the client was a strong predictor of future behaviour change. It was observed that the style of interaction affected the change talk of the client, with empathic styles facilitating stronger change talk, and more confrontational methods generating less strong change talk or resistance talk (Miller & Rollnick, 2002).

The strong facilitative nature of MI has links to the humanistic counselling tradition, with its person-centred method of communication (Joseph, 2002). In the case of MI these person centred discussions are goal related, which contrasts with person centred therapy. MI aims to enhance intrinsic or internal motivation towards behavioural change, by helping the resolution of ambivalence to change which is felt by the client (Miller & Rollnick, 2002; Resnicow, Dilorio, Soet, Borrelli, Hecht, & Ernst, 2002).
The approach also contrasts with traditional behavioural coaching approaches are
grounded in extrinsic motivators such as praise (Passmore, 2007b). In these cases
the coach may seek to encourage a behaviour change through recognising and
praising the efforts of the coach, and encouraging actions which move the coachee
towards the organisations expressed goals. MI takes the view that such approaches
can have an adverse effect, and strength resistance to change. In MI the coach
explores the values and goals of the coachee, and how their current behaviour may
be discrepant with their ideal behaviours. The aim of the coach in this approach is to
help the coachee clarify their ambivalence towards change.

**Theory Base of MI – Transtheoretical Model**

A key concept of MI is to assess the coachee’s state of readiness to change. The
Transtheoretical Model (Diclemente & Prochaska, 1998) is a well researched and
influential model, describing how people prepare to change, and how successful
change is maintained. The model argues that individuals progress through certain
stages, as part of a change cycle.

The transtheoretical model argues that people experience different thought patterns
at different stages of change, with consciousness raising, where a person learns new
facts or ideas that support making change, occurring at the contemplation stage, and
self-liberation, such as making a commitment to change, occurring at the action or
maintenance stages (Perz, Diclemente, & Carbonari, 1996). Likewise, the balance
between pros and cons of a specific behaviour varies with an individual’s stage of
change. The coachee in the preparation stage experiences more negative cognitions
and emotions towards their current behaviour, than a person in the contemplative
stage of change.

Miller notes that movement through the stages is not always a straight path from
pre-contemplation to maintenance, with relapse to an earlier stage, and spiralling
through the stages, typically occurring before long-term maintenance is achieved

A key concept of MI is the importance of tailoring interventions to meet an
individual’s stage of change; it has been discovered that the style of helping must
match the motivation of the person (Project MATCH, 1997a, 1997b).

At the pre-contemplative, contemplative or sometimes preparation stages
ambivalence is experienced by the client. This may be summarised by the statement;
what’s the point of changing?. Ambivalence can often keep the client grounded, and
not able to make the required change. It often explains why the person has not
responded to demands from their partner and others to attend the training course
or to correct the deficit behaviour, such as drug taking or abuse.

Table 1: Using MI and other interventions within a Model of Change

<table>
<thead>
<tr>
<th>Change Stage</th>
<th>Intervention model</th>
<th>Focus for work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-contemplation</td>
<td>Motivational Interviewing</td>
<td>Encourage the coachee to reflect on their current behaviour.</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Motivational Interviewing &amp; Cognitive behavioural</td>
<td>Encourage the coachee to explore their current behaviour, its wider affect on their network (colleagues, friends &amp; family)</td>
</tr>
<tr>
<td>Planning</td>
<td>Motivational Interviewing &amp; Behavioural</td>
<td>Encourage Coachee to establish a plan of action; long term and intermediate goals</td>
</tr>
<tr>
<td>Action</td>
<td>Behavioural</td>
<td>Encourage Coachee to reflect on barriers and stakeholders. Who is going to be on their side and who is against them? Who will encourage &amp; who will block their moves for change?</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Behavioural</td>
<td>Hold the coachee to account, reflecting back previous goals and discussing barriers &amp; stakeholders and referring back to values (motivators).</td>
</tr>
</tbody>
</table>

(Passmore adaption from Diclemente & Prochaska, 1998 Five Stage model of change)

A therapists’ response to such ambivalence, may be to offer unwelcome advice, education or options of action. Such interventions from the therapist are likely to result in resistance from the client, and frustration for both therapist and client. Resistance behaviours are often responses to the style of interaction, that is, a mismatch between the client’s stage of change, and the therapists’ approach. In organisational settings this may result in a coachee showing reluctance to attend the coaching sessions, complaints about the organisation being unfair in mandating attendance or complaints about the coach.

When applied to coaching the MI approach requires the coaching psychologist to recognise and understand ambivalence as a natural part of the change process (Miler & Rollnick, 2002) and to work with it. In line with MI, it is essential for the coach to know which stage of change the coachee is at. One way of doing this is to ask the coachee to rate their perceived readiness to change on a scale of 0 – 10, with 10 being that they have already made change, and 0 being not at all interested in changing.
This can be rephrased, depending on the nature of the relationship to “if 10 was you would bust down the door to make this happen and 1 is you can’t be bothered to get up from the chair, how motivated are you to...”. An alternative way of doing this is to draw the dimensions and ask the coach to mark where they are with a cross on the scale between 1 and 10 (Figures 1).

A second key concept of MI is that there is a discrepancy between the coachee’s values and goals, and their current behaviours. For successful change to occur, the individual needs to be willing to believe that the target behaviour is personally important to them, this often means that the goal is aligned to their personal values. Secondly, they must be ready to make the change a priority in their life.

The third element of MI involves the concept of self-efficacy (Bandura, 1977). In the “ready, willing and able” triumvirate, no amount of readiness will compensate for perceived inability (Rollnick, 1998). In this case, of skills deficit, the coach can step back into the role of trainer, mentor and facilitator to support the coachee in learning the new behaviours or skills required. This may involving drawing on a behavioural based models (Alexander, 2006; Skiffington & Zeus, 2003), or a facilitative model for supporting the development of the required skills.

One source of hope for coachees’ from the MI approach, is that there is no “right way” to change, and if one given plan for change does not work, a coachee is only limited by their creativity as to the number of other approaches that may be tried.

These three concepts of MI are related, for example readiness, relies on a perception of intrinsic importance and confidence to change (Miller & Rollnick, 2002). A coachee who does not see change as important, is unlikely to be ready to change, furthermore, a coachee who perceives change to be impossible, is unlikely to rate their readiness to change as very high. Exploring coachee ambivalence through the practice of MI helps to clarify which of these three concepts is keeping a client stuck in ambivalence, in turn identifying to the coach, which aspect of motivation needs to be the focus of change talk.
Clinical research

Most of the evidence base for MI comes from the clinical psychology environment where MI has been extensively used in drug and alcohol counselling, with strong evidence of effect (Burke, Arkowitz & Menchola, 2003; Miller and Moyers, 2002; Solomon & Fioritti, 2002). It has also been applied to the field of chronic illness management, for example helping people with diabetes to achieve better control of blood glucose (Channoon, Smith, Gregory, 2003; Prochaska & Zinnman, 2003), in teenagers contraception interventions (Cowley, Farley & Beamis, 2002), and in cardiac management (Kazel, 1998). However, to date MI has remained within the health and clinical psychology environment, yet it has potential for wider application such as by use in coaching psychology when combined with individual models for change such as the Transtheoretical Model described above and when used as part of a wider repertoire of skills such as behavioural and cognitive behaviour coaching interventions (CBC).

Applying MI in coaching psychology

This approach has been developed based on MI as a coaching tool to help of address deficit performance. It aims to retain the core spirit of the counselling based approach but focus its application within a workplace context.

The basis behind MI interactions is that the relationship between coach and coachee is collaborative. The coach provides empathy and support, never criticising the coachee’s efforts. The relationship is like a partnership with the coachee being responsible for their progress, which fits with the application of behavioural and cognitive behaviour coaching, as these too can be highly collaboratively.

In applying the techniques from MI a number of key lessons can help increase the likelihood of success. The coach should avoid suggesting options, until the coachee has resolved ambivalence and is getting ready to take action. Coachees are free to choose their own method of change, in turn increasing the likelihood of long-term success. Coaches may try to persuade the coachee about the urgency, and the potential benefits of change, however such tactics generally increase resistance and diminish the probability of change (Miller & Rollnick, 1991). Overall, the coach should aim to make the coaching session between the coach and coachee feel more like a dance than a wrestling match.

In this approach to MI, MI has been applied in three separate phases. The first phase involves exploring the ambivalence of the coachee. The second phase involves building the intrinsic motivation and self efficacy of the coachee. The third phase, involves strengthening the coachee’s commitment to change.

In the first phase, the coach uses open questions to encourage the coachee to talk about their situation at work, what has happened, what they feel and why they feel as they do. In this process my aim has been to come alongside them. Initially this is difficult as unlike most coaching assignments where the coachee is either self referred or is a keen participant, for these assignments the coachee has often been a less willing or suspicious participant. As a result the starting point is to make clear during the contracting stage that the coach’s role is a servant to the coachee. Further, that the coach is not there to provide advice or to tell them what they should do; their actions are their choice and each carries associated consequences. The aim during the early phase is to get the coachee to do most of the talking, with the coach listening and promoting the coachee to reflect on their values and goals, in contrast to their actions.

Figure 2: Reflective listening

| Coachee: “I have been referred by my manager for this meeting”. |
| Coach: “You’ve been asked by your manager to attend some coaching” |
| Coachee: “I don’t really feel that it’s fair. In fact most of what she does is not fair. I don’t need coaching. It’s not me who needs to change its her.” |
| Coach: “So, it seems to you that your manager has been unfair in referring you for coaching and that she has to look at her own behaviour as well.” |

A second core skill at this first stage is reflective statements demonstrate active listening and empathy to the coachee. This requires the coach to hold back from moving rapidly towards more directive and action orientated questions that are more typical of behavioural and cognitive behavioural interventions (Neenan, 2006 & Alexander, 2006). Reflection is not a passive process. It is the coach who decides what to reflect on and what aspects to ignore. In this way the coach can direct the attention of the coachee and encourage them to focus on aspects which may help them to reframe the situation or move forward.

Ambivalence to change may be apparent because importance is high, however confidence is low. To assess confidence to change, a confidence ruler can be employed, followed by: “Why are you a X on the scale and not a zero?” and “What would it take for you to go from X to a higher number?”

Offering affirmations also has an important place in MI. Affirmations facilitate an atmosphere of acceptance, helping to build confidence to change in the coachee and demonstrating the coach is working as an ally of the coachee.

During phase one, the processes highlighted above helps to clarify and explore ambivalence. However, there is a danger for the coach of becoming stuck in ambivalence with the coachee. In order to maintain momentum, the coach can utilise directive processes, for eliciting and reflecting on change talk.

In order to elicit change talk, the ruler method described previously may be utilised. For example, it may be appropriate to clarify the coachee’s rating of importance to address change and then to ask:

“Why are you at a X (x being a number) and not a zero?”

“What would it take for you to go from X to a higher number?”

It may be useful for a coachee to fill in a decisional balance sheet (see Figure 4), to reflect and reinforce ambivalence previously explored and discussed with the coachee. However, from personal experience coachees can be reluctant to complete the sheet for themselves. As a result the coach can help in this process and capture responds from the coachee, verbally summarising these and noting them down on the sheet. In this way the coachee has a record of their thinking at the end of the discussion.
Whether a person will continue to explore change talk or veer away, depends on how the coach responds. When resistance occurs, it is a sign that that the coachee is not keeping up.

Two summarising techniques can be useful to the coach to amply the reaction or to reframe it. Amplified reflections with an exaggerated emphasis, encourage the coachee to elicit the opposite argument of their ambivalence.

**Amplified reaction**

Coachee: “I couldn’t accept a transfer to a new role in the organisation, my colleagues will think that I have failed in my current job and delays are my fault?”

Reframing is a technique which acknowledges the validity of the coachee’s claim, but the information is reflected back in a new light, more supportive of change.

**Reframing**

Coachee: “I have applied for promotion so many times, they don’t want me to have it and that’s it. I am stuck in this role until I retire.”

Emphasising personal choice and control, or shifting the focus away from the resistance, maybe other useful strategies to help roll with, and not confront resistance.

The third phase of the MI process involves strengthening commitment. The coach needs to look for signs of decreased resistance, and decreased discussion about the problem from the coachee’s perspective. Continuing the example from Figure 2 the coachee may say “well I guess I also need to do something too, to help my manager recognise the skills I have”.

A discrepancy between a person’s goals, and their current behaviours, should now be clear, the next step is to help the coachee consider methods to achieve the goals. One route to achieve this would be brainstorming options; the coachee’s task is then to select a preferred option. A plan for change can then be devised, including summarising issues such as: why change is important, how specific goals can be reached, predicting obstacles, and evaluating how change will be measured. The more the coachee verbalises the plan, the more commitment is strengthened. All of this has strong similarities with action planning within the behavioural and cognitive behavioural approaches.

The key elements of MI practice may be summarised as:

- Seeking to understand and affirm the coachee’s perspective via summaries and reflective listening
- Keeping the coachee focused on change talk, through selectively reinforcing the coachee’s own motivational statements
- Monitoring degree of readiness to change, and rolling with resistance
- Accepting and affirming the coachee’s choice of change and self-direction.

**The evidence for MI in coaching psychology**

MI is a new approach within coaching. As an advanced technique it requires a high level of skills in framing questions, active listening and accurately summarising. It also requires an appreciation of human behaviour and motivation. Coaching psychologists are rightly keen to review the efficacy of each intervention. As yet the evidence for the efficacy of coaching in the workplace is still in its infancy (Passmore & Gibbes, 2007) and MI is no exception to this. The evidence for MI to date shows it to be a valuable approach in counselling addictive and habitual behaviours, but as yet no studies have been undertaken in respect of its efficacy in the workplace. Initial evaluation evidence from coachees who have experienced MI coaching suggest that MI may be worthy of more detailed research investigation. This evidence is drawn from reviews from coachees of their experience on the completion of the coaching intervention.

Three short cases are presented here with quotes from the coachee as an illustration of the range of opinions expressed. While the reaction level evaluation show coachees appreciate the coaching interaction and there appears to be some impact on motivation, such evaluation is inadequate for us to conclude that MI coaching is effect as a tool for addressing deficit performance and low motivation. A further
The first case is Susan, a middle manager in a public sector organisation. The coaching relationship involved four coaching sessions. The initial referral was from the organisation human resources team who had been asked by Susan’s line manager to ‘sort her out’. Susan revealed during her coaching session that she had worked for the organisation for 30 years she had less than five years to go until retirement and that the place had changed under the new senior appointments. The session spent a significant proportion of the time exploring values and life goals, which contrasts with a more behavioural or cognitive approach. At the conclusion of the relationship Susan reflected back that she was now reflecting on her motivation levels and how she might address her low motivation so she feel better about going to work each day.

“You have made me think about why I keep coming to work, and what I have to give to colleagues who are just starting out on their careers...”

In Susan’s case, the reaction feedback suggests that she has moved through the contemplation stage of the Transtheoretical model, but had not completed the planning stage. As a result there is no action at a behavioural level which is planned or which is being tested out. Unfortunately, given the nature of coaching in real organisations, there is no evidence about Susan’s plan or her subsequent actions.

Jack is a middle manager who lost out on an internal promotion. He felt bitter about the appointment process, and while able to welcome his new boss and get on with his old job, he was going through the motions. The reaction feedback at the end of the coaching relationship identified his need to act. Jack identified action plan choices as make the decision to move by start looking for a new job, or find tasks in his current role which he did enjoy and focus his energies on these to make a difference. Jack too was able to identify that a failure to change could result in him become a victim of the organisation. His language changed during the coaching and as it progress he was quoting stories of other managers from earlier in his career who had become characters of derision as they were ‘old buffers’ stuck in the past. Jack was determined not to become a source of ridicule from younger colleagues. By the end of the coaching Jack had identified a plan to take control of the situation. This involved planning his own departure and finding a new role which he found more rewarding, with a fresh challenge in a different organisation. He had allocated himself 12 months to find the role, and set other criteria which were essential and others which were desirable, to evaluate potential opportunities against.

The third case is Phil. Phil is a manager of a large team of building staff, which had a strong masculine culture. The behaviour and language used was inappropriate for the environment, and the appointment of female director responsible for the business had brought Phil into conflict with the director and subsequently the human resources director. Phil was referred on the basis of ‘coaching, but if he can’t
change it will be disciplinary action’. The MI interventions offered an opportunity to explore how his elder mother, aunt and is daughter would react to the work styles in the team. The reframing conversations moved Phil’s view towards one where he was able to express that that such language in what had been an all male environment may have been acceptable, but in a mixed work environment the style of working could result in people being offended and upset. Further that, as with his daughter, women had skills and the right to work in an environment where they were free from inappropriate remarks. In reviewing his approach Phil described how he viewed the situation differently, and while it was harmless fun, it could upset people. His change of heart in what was appropriate and inappropriate enabled a fresh approach in tackling such behaviours across the whole team, which he led, challenging his colleagues in their behaviour, and having a plan to help him change his behaviour, so leading by example. In Phil’s case he was able to make the move over six months from a fixed position to a new perspective, moving through pre-contemplation

‘This is not a problem, we have done this for years and no one has ever complained. It’s all to do with my new boss, who is a woman’

Through the contemplation stage;

“Well I would not like my daughter to be call that word”

Into the planning stage:

‘I have heard that at XYZ they took down the calendars and there is a swear box, we could try ideas like that too I guess’

The final step was a plan of action which Phil implemented, this helped him address his and his teams behaviours.

A word of caution from the Transtheoretical model, and from what we know of human behaviour; human behaviour is difficult to change. The desire to change our behaviour and an actual change are two different things. In the first we may have the desire to change (Willing) plan of action (Ready) and the skills (Able). However, to succeed, we need to be persistent. This maintenance aspect requires the individual to continually catch themselves slipping back into old behaviour pattern and re-energising themselves to return to the plan. Support during this phase should not be underestimated, so the use of rewards and allies can help the coachee to continue after the coaching assignment has ended.

In selecting MI as an approach initial reaction evidence suggests that MI is best suited where the coachee may not be the client and has commissioned the coaching themselves. But instead have been referred by others within the organisation. In cases of working with deficit performance we have found that more traditional approaches, behavioural and cognitive behavioural interventions, were not helping the coachee to move forward. In these situations the coachee seemed highly

resistant to change, yet they continued to attend coaching, as the organisation had mandated their attendance. This can occur in mergers and planned change where new roles have been identified and people allocated to new roles or have been asked to change and adopt the new ways of working of the lead partner in the merger.

A second circumstance is where the coachee is referred for coaching as a final step prior to the commencement of capability or disciplinary action. In this situation the threat of consequences is clear, but from my experience the coachee either rejects their manager’s view that they need to change or believe that their manager is being unfair. The coachee is thus ‘stuck’ and is heading for a direct collision with the organisation (Passmore & Whybrow, 2007).

**Proposed Model**

In these cases outlined above, the organisational client is often seeking explicit behavioural change, but before behavioural based coaching can commence, the coach needs to explore and resolve the ambivalence to the situation, or threat faced by the coachee. Behavioural or cognitive behavioural coaching can then be used to develop the new skills or beliefs for success.

Research (Passmore, 2007c) suggests coaching psychologists already use a wide range of interventions, effectively using an integrated approach through combining humanistic, behavioural and cognitive behavioural elements. MI is a complimentary set of techniques which can be added to their repertoire with the appropriate training, although the nature of the intervention may make it less suitable for non-psychotherapists. The Integrative Coaching model (Passmore, 2007a), offers one way which the approach can be combined with other widely used coaching approaches such as behavioural, cognitive behavioural and facilitative (Palmer & Whybrow, 2006).

While not explored in this paper, MI also has strong potential for application in other areas of work by coaching psychologist such as in health coaching and could compliment current Cognitive behavioural practice which has already been shown to be widely effective in health coaching intervention (Palmer, Tubbs & Whybrow, 2007). Examples could include the application of MI to support smoking cessation either working with organisations encouraging their employees to adopt more healthy lifestyles or working with local health trusts (Primary Care Trusts in the UK) to promote behavioural changes where motivation is a factor.

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Conclusion

The development of MI as a tool within coaching offers a new departure. Its integration as an element within a wider model could help coach psychologists to broaden their repertoire and offer a distinct approach which is grounded in psychological practice and is complimentary to already popular approaches.

References


