

Article for *Coaching World*

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Using Coaching as a Health Intervention

The ICF has demonstrated, very clearly, its commitment to supporting research initiatives at a variety of levels inclusive of the recent commissioning of PricewaterhouseCoopers to do a massive “state of the coaching industry” study. Research into various aspects of coaching is growing exponentially every year. Evidence-based coaching, evidence-based *anything*, has become a watchword in the scientific community, almost an acid test for the validity of any research. From another perspective, it would seem that we need to be at least conscious of practice-based evidence as well. Thus, evidence-based coaching research can inform coaching and so can good coaching practices inform research. This article explains one particular research study where both aspects, the evidence from research and the actual practice of coaching are held as symbiotic.

There is a rapidly growing body of evidence concerning the effectiveness of coaching as a behavioral intervention for health-related issues/trends such as aging, anxiety/stress, asthma, attention deficit hyperactivity disorder (ADHD), cancer, diabetes, mental health, depression, and physical fitness, to name just some of the areas. Currently, we have two Graduate research studies underway in our Health and Rehabilitation Sciences Program at the University of Western Ontario, London, Canada. One examines the impact of coaching on increasing physical activity among physically inactive adolescents (12-15 years of age) in London, Canada. Space does not permit descriptions of this study and it is currently still in the coaching stage. We will discuss the second study in which we assess the impact of one style of coaching, (co-active coaching, from the Coaches Training Institute) on body composition, self-esteem, self-efficacy, physical activity, nutrition, and functional health status of adults with obesity (defined as Body Mass Index or BMI value greater than 30).

We used a one-group, pre-test, post-test study design that targeted a sample of 20 men and women, aged 35-55 who had a BMI equal to or greater than 30. Two coaches, both certified, professional co-active coaches, were each assigned to coach 10 participants for 8 coaching sessions (approximately 45 minutes each session) using health and bodyweight as the over-arching coaching issue or agenda. A research assistant recorded height and weight to calculate BMI and did measurement to determine Waist-to-Hip Ratio (WHR, one of the most reliable indicators of health re overweight-ness and/or obesity and attendant risk factors); and the same assistant administered the short form version of the 36-item Functional Health Status Scale, the adopted Godin Leisure Time Activity questionnaire, the International Physical Activity questionnaire, and the Rosenberg Self-Esteem Scale – all of these scales and questionnaires are well accepted

and tested instruments to assess and actually measure the impact of a behavioral change/initiative, in this case, coaching. All of these measurements and questionnaires were administered before (the pre-test) any coaching took place so that researchers could establish a 'baseline' of current physical characteristics and health attitudes/behaviors; then, the same measurements and questionnaires were administered at the end (post-test) of 8 coaching sessions and once more two months later, the latter to assess the longer term impact of coaching. In addition, two 24-hour dietary recalls (recollections and recordings of dietary behavior during a 24-hour period) were administered throughout the 8-coaching session time-frame. The coaches were 'blind' to the results of the pre- and post-coaching measurements.

For those researchers interested in how analysis is done, we used paired t-tests to analyze the data. We hypothesized that BMI and WHR values will decrease while functional health status, physical activity, self-efficacy, nutrition, and self-esteem values will increase by the end of the 8 coaching sessions. Preliminary results have shown that WHR decreased significantly for most of the participants, a very telling measure since WHR is one of the most accurate predictors of potential risk factors associated with being overweight and with obesity. The other results are being assessed at the time of this writing. We believe that the findings from this study will provide concrete and critical information regarding the effectiveness of life coaching as a health-related intervention. It is vitally important that we continue to build solid, verifiable evidence about the effectiveness of coaching while, at the same time, using qualified coaches and sound coaching practices and techniques to enhance the chances of positive behavioral changes.