



# Multimodal coaching and its application to workplace, life and health coaching

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## Abstract

*This article highlights how the multimodal approach (Lazarus, 1989) has been adapted to the field of coaching and coaching psychology. It covers the basic theories underpinning the multimodal approach and illustrates the link between the theory and practice. Key multimodal strategies are covered including modality profiles, structural profiles, tracking and bridging.*

**Keuwords:** *multimodal coaching and therapy, workplace coaching, health coaching, Arnold Lazarus, modality profiles, structural profiles, tracking, bridging.*

## Development of the multimodal approach

THE MULTIMODAL APPROACH was developed by a psychologist, Arnold Lazarus (1989, 1997) in the 1970s. He believed that no one system of therapy could provide a complete understanding of either human development or condition. By following-up counselling clients who had received behaviour therapy he found that many of them had relapsed. He noted that when clients had used both behaviour and cognitive techniques more durable outcomes were obtained. Hence he started using a broad range of cognitive-behavioural techniques applied systematically and finally this led to the development of Multimodal Ther-

apy which focuses on seven discrete but interactive dimensions or modalities which encompass all aspects of human personality (Lazarus 1971, 1973).

The multimodal approach has been adapted and applied to executive coaching (Richards, 1999), and to personal/life coaching, stress management and health coaching (Palmer, 2003; Palmer et al., 2003; Palmer & Gyllensten, 2008). It pre-dates cognitive behavioural models such as SPACE (Edgerton & Palmer, 2005). Successive surveys of coaching psychologists have found that about 10 per cent of respondents use multimodal coaching (see Whybrow & Palmer, 2006a, b; Palmer & Whybrow, 2004, 2007).

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## Basic theory and practice

The Multimodal approach is underpinned by a broad social and cognitive learning theory (Bandura, 1977, 1986), although it also uses group and communications theory and general systems theory as necessary (Lazarus, 1989). It assumes that people are: *'essentially biological organisms (neurophysiological/biochemical entities) who behave (act and react), emote (experience affective responses), sense (respond to olfactory, tactile, gustatory, visual and auditory stimuli), imagine (conjure up sights, sounds and other events in the mind's eye), think (hold beliefs, opinions, attitudes and values), and interact with one another (tolerate, enjoy or suffer in various interpersonal relationships). These dimensions of personality are usually known by the acronym, BASIC I.D. derived from the first letters of each modality, namely Behaviour, Affect, Sensations, Images, Cognitions, Interpersonal and Drugs/biology (Palmer, 2006, pp.322–323). The BASIC I.D. modalities often interact with each other and may exist in a state of reciprocal transaction. For example, an **Image** in one's mind of performing badly at work could trigger a **Cognition** 'I'm a failure' which could subsequently lead to an **Affect** (emotion) of depression. Coachees presenting a number of issues or problems for coaching may need a range of strategies and techniques to deal with them. In multimodal coaching the seven BASIC I.D. modalities may be examined if necessary when developing a coaching programme. Multimodal practitioners take Paul's (adapted 1967, p.111) mandate seriously:*

*'What intervention, by whom, is most effective for this individual with that specific problem and under which set of circumstances?' Although research may indicate a specific technique or skill may be effective, the coach will still consider if it is the best one for this particular coachee at this moment in time. The coach may refer the coachee onto another practitioner if he or she believes that would maximise the coaching outcomes for the coachee. Multimodal coaches may adapt their interpersonal style to enhance their relationship with the coachee and improve the coaching alliance. For example, they would monitor whether the coachee prefers a formal or informal approach, responds positively to humour and so on. This is known as being an 'authentic chameleon' (Lazarus, 1993). Coaches assist the coachee in developing their own bespoke coaching programme as human personalities stem from interplay among social learning*

and conditioning, physical environment and genetic endowment.

The combination for each individual is unique and although they may share similar problems with their colleagues and friends the solution may be different. Coachees often use some of the BASIC

I.D. modalities in preference to others. Dependent upon the modality they prefer, the coachees are referred to as 'imagery reactors' or 'cognitive reactors' or 'sensory reactors'. For example, an individual may think in pictures and images. The coach may note that in conversation the person states,

'I can see me doing a good job on that task'. This may suggest that this coachee may find imagery techniques more effective than cognitive techniques in addressing issues relating to stress and performance. It is worth noting that 'Multimodal coaching' *per se* does not exist, as multimodal coaches, as technical eclectics, apply theories and techniques from other approaches as necessary. However, there is a multimodal framework or structure.

## Techniques and strategies

An extensive range of cognitive and behavioural techniques/strategies are used in multimodal coaching including others which have been taken from a variety of diverse approaches (e.g. the empty chair taken from the Gestalt approach). Table 1 illustrates some of the techniques are used to deal with issues that arise across the seven modalities. In the workplace when using the multimodal approach for executive, business and/or performance coaching, eliciting Performance Interfering Thoughts (PITs) and the development of Performance Enhancing Thoughts (PETs) is often seen as important depending upon the issues the coachee is bringing to multimodal coaching (Palmer, 2003). Whereas in multimodal health coaching, eliciting Health Inhibiting Thoughts or Beliefs (HITs or HIBs), and the development of Health Enhancing Thoughts or Beliefs (HETs or HEBs) is seen as more crucial to help the coachee overcome blocks to change, reduce relapse and improve the ability to maintain health goals (see Palmer et al., 2003; Palmer, 2004). Similar to cognitive behavioural coaching, bibliotherapy, ie the use of books, information leaflets or other materials such as CDs, DVDs, to aid development and learning is used in multimodal coaching. A range of books have been written by multimodal practitioners for this purpose (e.g. Lazarus, 1985;

Lazarus & Fay, 1975; Lazarus et al., 1993; Palmer et al., 2003).

## Table 1. Frequently used techniques and strategies.

### BEHAVIOUR

Behaviour rehearsal, Time management, Prioritising skills, Modelling, Self-monitoring and recording, Shame attacking, Empty chair, Fixed role coaching, Response prevention/cost, Stimulus control, Paradoxical intention.

### AFFECT

Anger expression, Anger/anxiety management, Feeling identification.

### SENSATION

Biofeedback, e.g. GSR, biodots, Hypnosis, Relaxation training, Meditation, Momentary relaxation, Relaxation response, Multimodal relaxation method.

### IMAGERY

Coping imagery, Time projection imagery, Anti-future shock imagery, Mastery imagery, Positive imagery, Thought stopping imagery, Aversive imagery, Associated imagery, Motivation imagery.

### COGNITIVE

Bibliotherapy, Cognitive rehearsal, modifying unhelpful beliefs, Problem solving, Challenging faulty inferences, Constructive self-talk, Thought stopping, Eliciting Performance Interfering Thoughts (PITs), Developing Performance Enhancing Thoughts (PETs), Eliciting Health Inhibiting Thoughts (HITs), Developing Health Enhancing Thoughts (HETs). Provide information.

### INTERPERSONAL

Assertion training, Contingency contracting, Fixed role coaching, Communication training, Friendship/intimacy training, Social skills training, Role play, Paradoxical intention.

### DRUGS/BIOLOGY

Lifestyle changes, Stop smoking programmes, Nutrition, Weight control, Exercise, Medication, Referral to specialists.

### Modality profiles

The techniques are applied in a systematic manner depending upon the coachee qualities, coach qualities, coach skills, coaching alliance and technique specificity. Through discussion during the first and sometimes second coaching session, a Modality or BASIC I.D. Profile is developed in which the particular issues or problems are divided into the seven modalities. The coach and coachee develop a proposed coaching programme to address the individual issues that have been discussed. Case Study 1 (overleaf) provides an example of Modality Profiles which illustrates a performance coaching programme (Palmer et al., 2003, pp.91–92).

### Case Study 1

Michael has been asked to give a presentation at the next team meeting. Michael finds giving presentations very stressful and avoids them as far as possible. However, on this occasion it is important he presents, as it could impact on whether or not he is promoted. Below is an example of how he used the various techniques and strategies to deal with his stress. © Palmer et al., 2003.

## Modality Problem Coaching programme

Modality	Problem	Coaching programme
Behaviour	Procrastination: Avoids writing the presentation by doing other tasks such as tidying up files	Use time management techniques; challenges unhelpful belief about being a failure.
Affect/Emotional	Feels increased anxiety	Use feeling identification to Ascertain helpful (concern) versus unhelpful (anxiety) emotions.
Sensory	Feels sick before giving presentation	Use relaxation techniques before presentation.
Imagery	Can only see myself delivering a poor presentation	Use coping imagery.
Cognitive/thoughts/ideas	I must give an excellent presentation (Demandingness) otherwise I will never get promoted (All or nothing) and I will be a failure (label).	Dispute unhelpful beliefs by identifying thinking errors and employing appropriate thinking skills, including self-acceptance training Complete an Enhancing Performance Form.
Interpersonal	Poor communication skills.	Practice and develop communication skills.
Drugs/biological	Experiences palpitations and drinks excessive coffee as a way to relax.	Reduce caffeine intake. Will alternate drinks with decaffeinated coffee.

## Other strategies used in multimodal coaching

### Structural Profiles

To obtain more information and also general goals for coaching, a Structural Profile can be drawn (Lazarus, 1989). It is particularly useful when working with coachees interested in improving their health and reducing stress. This is developed by asking coachees to rate subjectively, on a scale of 1 to 7, how they perceive themselves in relation to the seven modalities. The coach can ask a number of different questions that focus on the seven modalities:

- Behaviour: How much of a 'doer' are you?
- Affect: How emotional are you? Do you get wound up easily?

- Sensation: How 'tuned in' are you to your bodily sensations?
- Imagery: How imaginative are you? Do you often visualise people and situations in your mind's eye?
- Cognition: How much of a 'thinker' are you? Are you analytical?
- Interpersonal: How much of a 'social being' are you? Do you like attending social gatherings?
- Drugs/biology: To what extent are you health-conscious? Do you take nutrition and exercise seriously?

In the coaching session the coach can illustrate these scores graphically by representing them in the form of a bar chart on paper (for examples, see Palmer & Dryden, 1995). Then coachees are asked

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in what way they would like to change their structural profiles during the course of coaching. Once again the client is asked to rate subjectively each modality on a score from 1 to 7. Structural profiles would seldom be developed for brief coaching contracts consisting of a couple of sessions. However, in multimodal developmental coaching, personal/life coaching, stress management and health coaching structural profiles are more useful.

#### Second-order BASIC I.D.

Second-order BASIC I.D. is a modality profile which focuses on one particular issue or problem that the coachee is experiencing difficulty in

overcoming. It is used when the initial coaching programme has had limited success. Case Study 2 provides a typical health coaching example (Palmer et al., 2003, pp.93–94).

#### Case Study 2

Jayne had tried on three occasions to stop smoking. The first two times she started smoking again only after a couple of weeks. On her last attempt, she was progressing well until she hit a crisis at work. As soon as the pressure was on, she just 'had to have a smoke'. She was determined to give up this time. However, more preparation had to be done to help her deal with the possible causes of lapse. © Palmer et al., 2003.

#### Modality Problem Proposed technique

Modality	Problem	Proposed technique
Behaviour	Smokes at meal times.	Use stimulus control techniques by removing lighters from the house. Select a Stop Smoking Day. Cut down smoking to 10 per day for one week prior to the Stop Day.
	Increases smoking when under stress.	Learn a range of strategies to manage my stress.
Affect/Emotional	More easily irritated and quick to feel angry when not smoking.	Learn to count to five and breathe slowly when in stressful situations.
Sensory	Unpleasant feelings of tension when not smoking.	Remember, with time this will pass. Start practicing relaxation training before the Stop Day to help me cope with the tension when it occurs.
Imagery	Can picture parents who both smoked.  Picture of father dying in hospital of lung cancer	When this picture comes to mind imagine my parents not smoking. When I think of smoking again, remind myself of my father dying in hospital.
Cognitive/thoughts/ideas	I must have a cigarette when I want one (Demandingness).	Dispute unhelpful beliefs: Why must I have a cigarette? Just because I want one doesn't mean I must have one!

Modality	Problem	Proposed technique
	I can't stand unpleasant feelings and tension. I can't stand not smoking.	This is not true, I don't like it but I'm living proof I can stand these feelings. I stood not smoking for four weeks the last time. Perhaps I can do better next time.
	If I have one cigarette, Then I've blown it. What's the point! (All or nothing thinking).	Just because I have one cigarette, it doesn't mean I've blown it. I don't have to give in.
Interpersonal	Smokes in social situations.	For the first six weeks avoid social situations with friends/colleagues who are smokers. In role play at home, practice being assertive and saying, 'No thank you. I don't smoke.' Only when I'm adequately prepared, enter social situations.
Drugs/biological	Smokes 40 cigarettes a day  Smoker's cough  Lack of exercise	Stop smoking programme. Remind myself of the damage it is doing to my body. Check this out with GP in case of undiagnosed problems. If I stop smoking, it may be a good idea to increase daily exercise as I do not wish to put on additional weight. I can walk up the stairs at work instead of using the elevator. Take a 30-minute walk during my lunch break.

### Tracking

Tracking is a technique that is used in multimodal coaching in which the 'firing order' of the different modalities is noted for a specific problem. Then the coaching interventions are linked to the sequence of the firing order of the modalities.

### Bridging

Multimodal coaches may use a 'bridging' maneuver to initially focus on a coachee's preferred modality (e.g. imagery), before exploring a modality (e.g. affect/emotion) that the client may be avoiding (Lazarus, 1997).

### Evidence based approach?

Most of the strategies and techniques used are taken from cognitive and behavioural approaches. In addition, management skills are used such

as time management, problem solving, solution-seeking, prioritising, and communication skills. These techniques, skills and approaches have been shown to be effective for a range of issues relating to enhancing performance and confidence, reducing stress and improving health.

### Conclusion

Multimodal coaching has been used for a range of issues within a variety of coaching settings and contexts. In addition, the techniques and strategies can be integrated within other approaches. For further information on the multimodal approach, a self-help multimodal coaching book provides details regarding many of the multimodal techniques and includes how to develop a Modality Profile (Palmer et al., 2003). Fra DJCP takker vi British Psychologi-

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