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# Choose one – act on one!

## A Three-Session Coaching on a Selected Work Problem

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### Abstract

In the modern world of work, employees are confronted with increasingly high social and cognitive demands. In particular, employees with mental disorders often have problems to meet these demands, which is reflected in increasing sick leave durations.

The short coaching presented here offers the opportunity to explore individual work problems within three sessions in one-to-one contact based on a behavioral situation analysis and to strengthen work-related capacities in a targeted manner. Depending on the coaching topic, various behavioral as well as cognitive change techniques can be used. In this manual, the procedure of the short coaching is described based on the session structure and supplemented with diagnostic materials and practical examples.

**Keywords:** coaching, soft skills, work ability, situation analysis

## 1 Introduction

Compared to physical disorders, employees with mental disorders have significantly longer sick leave durations (Hensing & Spak, 1998; Nielsen et al., 2011). Those affected mainly show deficits in the fulfilment of mental work requirements, which often leads to long-lasting or lifelong problems at work (Muschalla et al., 2011; Stansfeld et al., 2008).

Programs for the prevention of mental distress and for the general promotion of mental health and well-being of employees have long been in the focus (Riedel-Heller et al., 2012). Companies are also aware of the benefits of such programs (DGPPN, 2013; Kuhn, 2010). Employers can support employees through workplace health promotion to improve work-related skills (Muschalla, 2021) and to learn how to cope with distress such as fatigue and feelings of work overload (Proper & van Oostrom, 2019; Robertson et al., 2015).

Work-related coaching is useful both for (mentally) healthy workers as preventive skills training, and for employees with mental disorders for coping with their mental health problems at work (Linden et al., 2014; Joyce et al., 2016). Coaching can have effects on job performance, job skills, well-being and attitudes towards work (Hill et al., 2015; Theeboom et al., 2023). Coaching should be tailored to the individual problem. Consideration of working condi-

tions as well as personal development goals and one-to-one counselling is recommended (Losch et al., 2016).

The coaching introduced here has been evaluated within a large European workplace health promotion project (H-WORK, Horizon 2020, <https://h-work.eu/>). Evaluation results (e.g. Werk & Muschalla, 2022) are available from the authors.

## 2 Context for work coaching

### 2.1 Qualification of the Coach

The coach needs some basic skills: Expert knowledge about work-related exhaustion or overload in the sense of healthy suffering on the one hand and mental disorders on the other hand is necessary. Therewith, the coach will be able to guarantee sufficient diagnostics and a goal-oriented coaching implementation. A psychological diagnosis by qualified professionals is essential for detecting possible mental disorders behind the work problems (Greif, 2013). If a mental disorder is present in the participant of the coaching, the clinical assessment by physician or psychotherapist is necessary. This avoids mixing up the treatment of mental disorders and work-related problems (Möller, 2018). Coaches without psychotherapeutic training

should use regular and case-based supervision (Crow, 2017). In the case of a coaching participant with an acute mental disorder (with the participant's consent), consultation should take place with the treating physician or psychotherapist.

## 2.2 Coaching is not psychotherapy

A work-related coaching of three sessions can be used as a short intervention for workplace problems. It may give impulses and "set the course". Coaching is not psychotherapy! Nevertheless, the coach must understand his profession in order to avoid side effects and unwanted events: Searching for causes or problem attribution can, however, trigger psychological problems and also worsen existing problems (Schermuly, 2014), for example, when previously unaffected employees come to the conclusions such as "Work makes me sick" or "I have to be careful of subtle discrimination at work".

In cases of mental disorder and workplace problems, parallel treatment through psychotherapy to treat the mental disorder and coaching in the workplace context is quite reasonable (Jordan & Livingstone, 2013; Stein et al., 2017). If psychotherapeutic treatment is conducted at the same time in parallel to the coaching, the goals should be clearly described and addressed separately (Möller, 2018).

Forwarding coaching participants to psychotherapeutic diagnostics or to the general practitioner for clarification of a mental disorder can be useful for coaching participants who suffer from long-term or recurring mood problems, exaggerated fears, and who have impairments in their everyday (work) life as a result.

## 2.3 Coaching topics

Coaching topics can be categorized according to Rosen et al.'s (2010) work stressor catalogue. In this way, a structured procedure can be planned, and coaching topics can be chosen:

1. *Role Stressors: All issues associated with fulfilling specific role expectations and taking on leadership responsibilities (Jackson & Schuler, 1985).*
2. *Workload: Qualitative and/or quantitative overload of the workload and how to deal with it (Spector & Jex, 1998).*
3. *Situational constraints: Issues of the organizational framework, e.g., bureaucratic rules or organizational structures (Peters & O'Connor, 1980).*

4. *Lack of Control: Issues of a lack of fit between action freedom and job demands in terms of the job-demand-job-control model (Spector & Jex, 1998).*
5. *Interpersonal demands: All social conflicts in the workplace (Jex, 1998; National Institute for Occupational Safety and Health, 1999).*
6. *Careers issues: Issues of job insecurity, underemployment, lack of promotion opportunities and job application processes (National Institute for Occupational Safety and Health, 1999).*
7. *Job conditions: Issues related to work environment and work structure (e.g., physical workload, work time models; Jex, 1998).*
8. *Acute stressors: Episodic exceptional situations at work (Jex, 1998; National Institute for Occupational Safety and Health, 1999).*

## 3 Coaching procedure

### 3.1 Structure of the coaching

The coaching is designed for three sessions of 60 minutes each in one-to-one contact. This makes a confidential conversation possible, as well as individual appointments. Coaching sessions can be done in rhythm of two to three weeks. In between, there is enough time for practicing exercises or doing homework tasks.

Behavior analysis is a main tool in the beginning of the coaching. Based on a situation-specific behavior analysis (microanalysis) using the SORKC scheme (Linden & Hautzinger, 2022), work-related issues are explored by the coach. Then one (!) coaching goal for behavioral or cognitive changes is chosen together with the participant.

The coaching techniques that are used to work on the topic are selected individually for each coaching (Linden & Hautzinger, 2022). Depending on the topic, alternative behaviors are tried out for selected work situations as well as cognitive reflection and re-evaluation of attitudes and behaviors in the workplace.

After practical testing of what has been learned in everyday work between sessions, the newly gained experiences are reflected with the coach, and possibilities for longer-term implementation beyond the coaching are discussed.

Figure 1

Examples of coaching goals

#### Examples of coaching goals

Behavioral coaching goal on breaks at work: "Take at least a 30 minutes lunch break in the park every weekday between 12 and 1 pm."

Cognitive coaching goal on valuing: "Reflect on daily performance at work and recognize a task that you completed well. Write this down in one sentence in your diary!"

### 3.2 First coaching session – diagnostics and goal setting

#### 3.2.1 Introduction and agenda for coaching

After the introduction, the coaching format (number and duration of sessions) and the framework conditions (e.g., work-related topic, consent, coach's obligation to confidentiality, supervision concept, if applicable) are explained to the participant. The participant has the possibility to clarify questions in advance. Then the procedure of the first session is outlined.

#### 3.2.2 Questionnaires on work ability, job-coping and skills profile in relation to work requirements

The coaching participant is first asked to complete a questionnaire on self-perceived work ability and his coping capacities. The following scales can be used:

##### **Work-Ability-Index**

**(WAI; Hasselhorn & Freude, 2007)**

The Work Ability Index is a short assessment of subjective work ability with reference to the current, last or similar job. A distinction is made between general work ability, work ability in relation to mental and physical work demands, and prognostic work ability in two years' time (Appendix A).

##### **Job Coping and Return Intention Inventory**

**(JoCoRi; Muschalla, 2017, 2015)**

Active work-related coping strategies are assessed using the two dimensions of "work-related self-calming and self-instruction skills" and "active problem solving and interaction at work" (Appendix B).

##### **Mini-ICF-APP Self-Assessment**

**(Mini-ICF-APP-S; Linden et al., 2018)**

Participants assess their work-related capacities using the following 13 behavioral dimensions (Appendix C): 1. Adherence to regulations, 2. Planning and structuring of tasks, 3. Flexibility and ability to adapt to changes, 4. Competency and application of knowledge, 5. Ability to make decisions and judgments, 6.

Proactivity and spontaneous activity, 7. Endurance and perseverance, 8. Assertiveness, 9. Contact with others and small talk, 10. Group integration, 11. Dyadic or close relations, 12. Self-care and 13. Mobility.

#### 3.2.3 Anamnestic information

In order to get an idea whether the coaching participant suffers from general mental health problems (which has an impact of what should be done in the coaching) it is useful to clarify some biographical and medical anamnesis questions (Appendix D). In addition to the basic personal data (sex, age, partner situation, living conditions, children), the career stages of the coachee (highest general school degree, highest professional qualification) and the current professional situation (job title, number of work hours, periods of incapacity to work) should be explored routinely.

Mental disorders are often accompanied by workplace problems, such as social conflicts and misunderstandings, problems with stamina, errors in work results due to lack of concentration (Muschalla et al., 2012). For coaching, knowledge about possible mental disorders is important. The coach must use different approaches depending on whether, for example, self-management problems are due to a lack of learned skills, or due to a brain-organic disorder (Werk & Muschalla, 2022). Therefore, mental disorders or treatments (onset, duration, course, outpatient and inpatient pre-treatments, primary treatment providers, ongoing treatments) should also be surveyed in the first coaching session.

Structure	Coaching session (60 min)
1. Introduction and agenda	ca. 5 min
2. Questionnaires on work ability, job-coping skills and self-assessment of the skills profile in relation to the job requirements	ca. 10 min
3. Collection of anamnestic information in a talk	ca. 10 min
4. Behavioral exploration of current work-related problem areas (SORKC)	ca. 25 min
5. Goal setting for the coaching	ca. 10 min

**Table 1**

Outline of the first coaching session

"I would like to give you some questionnaires to start with. They give an impression of how you can evaluate your current work situation and reflect your own abilities. I will ask you some questions about yourself in order to understand your life situation properly. After that, we will have an open discussion so that you can tell me in detail why you are here and what topic we want to work on."

**Figure 2**

Example of how to start the first coaching session

3.2.3 Behavioral exploration of work problems (SORKC, Linden & Hautzinger, 2022)

In an open conversation, the participant can report on his work-related stresses and problems. The coach has to actively explore and structure the problem areas. In some cases, different situations are described for the same overarching problem area (e.g., problems in dealing with a colleague and the supervisor, both because of poor communication skills). Some participants bring several different topics (e.g., conflict with a colleague and being overwhelmed by the amount of work) from which one problem should be selected due to the time limit of three sessions in the coaching.

The coach guides the conversation to the behavioral level so that problems are discussed by the participant on the basis of concrete everyday situations. A behavior analysis scheme (SORKC, Linden & Hautzinger, 2022; Hautzinger, 2022) can be used for guided exploration.

In terms of establishing a relationship between coach and participant, the participant should be given enough time to describe his concerns without losing focus of the overall aim of the session, which is to set one concrete coaching goal. In most cases, the coach can create a trusting working relation by active listening, interested questioning, and summarizing.

3.2.3 Goal setting for the coaching

The result of the first coaching session should be one (!) coaching goal that can be monitored using behavioral markers at the end of the third coaching session. Goal statements should follow the SMART

principle: They should be specific, measurable, attractive, realistic, and timed (Doran, 1981). The goal reaching degree can be documented in terms of a Goal-Attainment Scale (e.g., Turner-Stokes, 2009). With the SMART principle, a behavior-oriented goal is developed with the participant. At the end of the first coaching session, the degree of goal achievement at baseline is assessed independently by the coach and the participant on a scale.

In some cases, the participant can be given a homework task at the end of the first session until the next session. This can be a self-observation in a selected stressful situation, or recording activities in the form of a daily or weekly plan. After the appointment for the second coaching session, the participant leaves.

3.3 Second session – Intervention

3.3.1 Introduction and agenda

Before getting into the topic, open questions about the last coaching that may have arisen in-between should be answered. If the problem has changed since the last session, it should be briefly discussed whether and to what extent this affects the coaching goal.

The agenda for the second session is then presented to the participant: The debriefing of the homework task, followed by working on the problem using a selected technique.

**Figure 3**  
The coach explores situation-specific reactions (here: thoughts) of the coachee (SORKC)

“I understand that the argument with your colleague has made you angry. I would like to go back to the situation in which she criticized you for inaccurate work. What thoughts were going through your mind in this very situation?”

**Figure 4**  
Example for the concretization of a coaching goal

“So, your coaching goal for our three sessions is ‘Making lunch break more active’. How would you know that you have come closer to your goal?”

**Table 2**  
Outline of the second coaching session

Structure	Time frame (60 min)
1. Introduction and agenda	ca. 5 min
2. Optional: discussion of the homework task	ca. 10 min
3. Solution-oriented working on the problem	ca. 35 min
4. Homework task and conclusion	ca. 10 min

**Figure 5**  
Example for the description of the agenda of the second coaching session

“Today we want to be very practical. First of all, I would like to discuss the homework task with you. Then we will look at what you would like to change in your everyday work and look for suitable solutions.”

### 3.3.2 Optional: discussion of the homework task

If it was thematically appropriate, the participant was given a homework task at the end of the first session. Once this has been done, the debriefing can be used as a thematic (re)introduction to the problems. For example, an activity protocol of the past week can be used to analyze which positive (e.g., sufficient breaks) and negative (e.g., lack of prioritization) aspects could be observed. Depending on which behaviors turn out to be in need of change, the further session can be oriented towards this.

If the homework task has not been completed, there is a brief discussion of why the participant has not completed it and an explanation of why it makes sense to work on homework tasks in the context of coaching.

### 3.3.3 Solution-oriented working on the problem

Depending on the problem area and the coaching goal, the coach can make use of a wide variety of therapeutic and psychological techniques from his repertoire. The following techniques are frequently used (Linden & Hautzinger, 2022; Wenzel, 2021):

- Socratic dialogue
- Exposition in sensu
- (Career options) disputing
- Relaxation exercises
- Daily and weekly plans
- Prioritization
- Pomodoro technique
- Role plays
- Stress management
- Break management (activity structure)
- Role definition

- Introduce reward systems
- Questionnaires for self-reflection

As long as the chosen technique fits the participant's problem area, there are no limits to the imagination. The selected technique is presented to the participant and can be supported by media, depending on the concept. The flipchart, index cards and worksheets are most commonly used. Photo or film material (e.g., for educational purposes) or presentation slides can also be used for illustration.

### 3.3.4 Homework task and conclusion

Giving a homework task between the second and third session is recommended in most coachings, in order to test what has been learned in everyday work. The concrete implementation of the homework task (W-questions) should be planned together and possible barriers (e.g., the colleague is not in the office next week) should be discussed in advance. Due to the everyday testing between the sessions, it may make sense to extend the period until the third session somewhat (e.g., three to four weeks) to allow for an intensive practice. This can be agreed individually with the participant and depending on the quality of the homework task. To build motivation, it can be useful to explain the advantages of doing the homework. After clearing questions about the homework task an appointment for the third session has been made, and the coaching session can be closed.

"I understand you didn't get the homework task done because of your heavy workload, that can happen. I would like to encourage you to spend at least the selected 30 minutes on doing the homework until the next coaching session. Because we only have three appointments in the coaching, most of the change happens between sessions. That means you can benefit the most if you also deal with the topic in your everyday work."

**Figure 6**

Example of dealing with an unfulfilled homework task

"We have now talked about how your colleague criticized you in the conversation and how you reacted and would like to react instead. You said that next time you would like to tell her directly that the critique was inappropriate. Shouldn't we try this out practically? Imagine that I am your colleague and you can tell me what you would have liked to tell. Let's start!"

**Figure 7**

Example of the introduction to the "role play" intervention technique

Structure	Time frame (60 min)
1. Introduction and agenda	ca. 5 min
2. Optional: discussion of the homework task	ca. 25 min
3. Outlook on the implementation after the coaching	ca. 10 min
4. Evaluation	ca. 20 min

**Table 3**

Outline of the third coaching session



### 3.4 Third session – reflection and evaluation

#### 3.4.1 Introduction and agenda

After welcoming the participant, potential changes in the work situation since the last meeting are discussed. The meeting schedule is presented to the participant and any questions that may arise are answered. At this point, it can be reminded that today's meeting is the last coaching session.

#### 3.4.2 Optional: discussion of the homework task

In most cases, the participants are given a homework task assignment in the second session to practice in their everyday work what they have learned. This is discussed in detail. Achievements and resources are highlighted and reinforced by the coach. This can be important because participants often focus on the points that failed when they have partial success. Together they reflect on the barriers they have encountered, what they have learned, and look for solutions to overcome barriers in the future.

If the participant did not complete the homework task, the coach explores the reasons for this. It can happen that the homework task was not formulated clearly enough at the end of the second session or that the participant felt overwhelmed. These reasons can be taken up. Together, it should be worked out how a more targeted or smaller-step implementation can succeed in everyday life in the future. If the homework task was forgotten or refused, this should also be discussed. An alternative procedure for missing homework task can be the repetition, deepening and refreshing of the contents from the second session.

#### 3.4.3 Outlook on behavior implementation after the coaching

Often, the debriefing of the homework task results in a plan for the participant as to which newly learned behaviors he would like to continue after the coaching. This plan can be specified by discussing time or behavioral markers for evaluation. In this part of the session, it is important to reflect on

the participant's expectations. Very ambitious participants want to achieve great results very quickly. A reality check of expectations can be useful. Normalizing the length and effort of big, lasting changes in attitudes and behaviors is helpful and relieving for many participants.

#### 3.4.4 Evaluation

In the end, when all the participant's content-related questions have been clarified, the coaching can be evaluated. Questionnaires on work ability, job-coping (work) capacity profile in relation to job demands can be repeated in the sense of a before-and-after comparison. Often this is a gain for the participants if they perceive (positive) changes in their assessment of the questions compared to beginning of the coaching.

Then coach and participant independently assess the degree of coaching goal achievement in the Goal-Attainment-Scale. Due to the behavioral goal setting, it is possible to talk about concrete behavioral changes during the coaching and to make achievements visible. Different perceptions of goal achievement between coach and participant can be discussed. At the end of the session, the participant can give open feedback to the coach and on the coaching itself.

## 4 Case Reports

### 4.1 Case report on planning and structuring problems at the workplace in terms of healthy suffering: improving work organization

Ms. G., a 36-year-old mechanical engineer, has been working part-time (25 hours per week) as a project manager in a public institution for two years. Her tasks include communicating with the project partners, supervising the internal project staff as well as writing project reports and presenting and publishing results. Ms. G. reported that as the project progressed and tasks became more concentrated, more and more tasks were left undone for several weeks, although Ms. G. had not yet missed any project deadlines. Working overtime is not possible because she has to pick up her two children (three

Figure 8

Example of homework task discussion in the third session

"You have not been able to use the break plan from the last session every day. However, you also said that it worked very well for the first two days. It sounds like you got off to a good start. Let's take a look at why the break schedule didn't work as the week went on."

Figure 9

Example of normalizing stepwise slow change

"You may know how hard it can be to establish a sports routine and stick to it. It's no different with changes in thoughts and behavior. It can help to move forward step by step and celebrate even the small changes and achievements."

and one and a half years old) from childcare at 3 p.m. on weekdays and therefore, she always leaves the workplace on time.

The first step was to analyze her current work organization with the participant. Ms. G. uses digital as well as analogue to-do lists, whereby she often forgets to transfer some tasks to the lists, and they are then stored “only in her head”. At the beginning of the working day, she would pick the task that was most important to complete and work through it until the first appointment with the project staff was due. These appointments are not set in advance. As soon as the project team members arrive at the workplace, which varies due to flexible working hours, she turns to the conversation and leaves the task at hand. On most days, project meetings and staff appraisals took up more time than Ms. G. had previously planned, so that the processing of other tasks was postponed. This leaves her dissatisfied at the end of the working day, as she has the feeling that she “didn’t get anything done” and that the to-do lists are getting longer and longer.

During the exploration of the current state of her work organization, the participant expressed doubts about her to-do list system. She had realized that she often did not know whether a task was filed in the digital or analogue to-do list, so that she did not even enter the task, but started directly with the processing of tasks. Prioritization was not the problem; Ms. G. ordered her tasks taking into account deadlines and importance. In the guided discovery, the coach worked out with the participant that she benefited more from the digital to-do list than from the handwritten one, because it had a fixed place and could also be seen by the project team members. This facilitates project coordination.

The participant was motivated to limit her task overview to the digital to-do list in the future and had already been able to achieve initial achievements as a result (“It helps me to have my tasks collected in one place”).

In order to test digital time management, an exemplary weekly schedule was drawn up with the participant, in which project meetings, staff discussions and project-related writing tasks were given fixed periods of time. Particular care was taken to ensure that Ms. G. had enough buffer time to allow for longer conversations and unforeseen tasks. After a three-week trial, the participant reported that she particularly wanted to keep the fixed appointments with the project staff and the buffer times for herself. As a result, she manages to complete more tasks per day and can go home feeling more satisfied. She has been able to delegate more tasks to the project staff, so that her workload has been reduced overall.

#### 4.2 Case report on planning and structuring problems at work due to recurrent depression: Preventing mistakes

Ms. B., a 48-year-old kindergarten worker, has been working full time in a day-care for children for half a year. She had previously worked in another day care center for four years and had been advised to look for a new job due to difficulties in the team. Ms. B. reported that she had been absent from work for several months due to depressive episodes over the last few years. Her current depressive episode had started six months ago, she had been receiving outpatient psychotherapeutic treatment and medication for several years, and three years ago she had received inpatient psychosomatic rehabilitation treatment.

The participant reported making mistakes at work due to her concentration problems and sleep disorders. For example, she forgets that a child is waiting in the changing room to be taken care of, or to take the children to lunch on time. This leads to conflicts with her colleagues, who accuse her of “not reliable” and “having to clean up after her”. There had also been a crisis meeting with her supervisor because colleagues had complained about her. Ms. B. could not understand why her colleagues were not understanding of her health situation. She was thinking about changing the day care center or at least the work team.

The participant seemed hopeless because of her stressful overall situation, which is why she was given understanding and encouragement in the first coaching session. Together, existing resources and possible strategies were collected to compensate for limited abilities (e.g., the ability to concentrate), in order to prevent mistakes in everyday work. The participant could imagine carrying a small notebook with her in the future to write down important tasks. As soon as she is undecided about which tasks need to be done promptly, she can take her notes to hand. For fixed times, e.g., at lunch, she sets an alarm on her smartphone to remind her. Ms. B. was relieved that she could also do something independently of her colleagues to improve her work situation.

In order to develop understanding for the normal reaction of her colleagues, Ms. B. was encouraged to change her perspective. She could see that her colleagues take on more tasks due to her forgetfulness and get stressed more often. She was upset because she had not been able to understand why her colleagues were angry with her. Through education about normal social psychological phenomena and social rules, Ms. B. developed ideas to thank her colleagues for their support and to make small amends: she wanted to put chocolates in her locker for her colleagues and apologize for her “rude” behavior lately. As soon as her health is better, she can take on more tasks again to relieve her

colleagues. In the last coaching session, the participant reported that her apology had been well received by her colleagues, although the team climate was still strained ("It won't be sorted out overnight"). Thanks to her notebook, she forgets fewer tasks overall. She is positive about the future, that she will be able to find compromises in the team and that she will be able to stay at the day care center.

#### 4.3 Case report on social competence training: job application training after graduation

The 24-year-old Ms. B. handed in her Master's thesis in biology a few weeks ago and now wants to work in university research. She has concrete ideas about the content of her future job (with the possibility of a doctorate, thematic focus), she is not tied to a specific location and is open to national and international job offers. Ms. B. said that she hoped the coaching would help her prepare and review application documents and train her in application situations, as she lacked experience in this area. At the end of the coaching, she would like to have sent her first application. She has no mental disorders.

At the end of the first coaching session, the participant was given the homework task to prepare an application including a cover letter and CV, which could be reflected on in the next session. The highly motivated participant sent the coach two draft applications before the second session, which were discussed and corrected together. Both subject-specific features and general standards of applications in the university context were taken into account. The coach took on a structuring role, but also acted in an advisory capacity based on his own application experience. Ms. B. had already sent out several applications after this appointment and was waiting for feedback.

The third coaching session was used to practice a job interview. In preparation for this, Ms. B. consulted fellow students and colleagues in biology about the questions they had been asked in job interviews so far and collected them. In addition, she researched frequently asked interview questions on the internet. Within a role play, a complete job interview was simulated by the participant and the coach. Afterwards, challenging questions and the tested answers could be reflected, so that Ms. B. subsequently felt confident in answering most of the questions. At the end of the coaching, Ms. B. received a first acceptance for an interview and looked forward to the upcoming appointment with confidence.

#### 4.4 Case report on social skills training for social phobia: giving presentations

The 32-year-old Mr. W. has been working full-time as an industrial accountant in a medium-sized company for five years. In the marketing department, he is the creative director responsible for the company's branding, he develops new concepts together with his team and provides the company's internal newsletter. Mr. W. reports that one of his regular tasks is to present the new branding concepts to the management on a quarterly basis. Due to a social phobia, which Mr. W. was diagnosed with as a teenager, he finds presentation situations very difficult. The more people were present and the greater the expertise of those present, the worse the fear before and during the presentation. He was very nervous several days in advance and suffered from insomnia and loss of appetite. At the age of 21, he had undergone a behavior therapy because of his disorder, and could remember some learnings from this. The participant knew strategies to reduce his lecture anxiety. He said that the best way to help him was a breathing technique to calm himself down shortly before the lecture.

After the situation and behavior analysis, the coach worked out what progress the participant had already made in the last few years. From the beginning, Mr. W. had not avoided lecture situations at work, although a colleague had offered to take over these tasks for him. In addition, the participant used every opportunity to practice lectures, e.g., he had given a short speech at the last company party. He had noticed that the fear had also become somewhat less in recent years ("I would never have dared to do that in the past"). The coach emphasized the independent fear exposures as a great resource, so that the coaching could build on these achievements. For this purpose, the rationale of "habituation through repetition" was explained and linked to the participant's positive experiences. Coach and participant worked out in which situations the participant could regularly expose himself, in order to further reduce the lecture anxiety. For this purpose, Mr. W. wanted to give a short talk of 15 to 20 minutes on a topic of his choice in front of a group of friends. Based on the W-questions, this meeting could be planned very concretely. Possible barriers, e.g., the friends cancelling, were discussed and possible ideas for solutions and alternative plans were discussed. The participant had been able to implement the presentation situation between the second and third meeting as discussed due to the detailed planning and had had another positive experience. Although he had been very tense beforehand, his anxiety had already decreased during the first few minutes of the presentation. Afterwards, he received positive feedback from his friends about his presentation and was very proud of himself. The lecture evening



as a social gathering had gone down so well with his friends that they would now try to organize such evenings about once a month.

## Declarations

### Author roles

Lilly Paulin Werk: Diagnostic and coachings, data curation, formal analysis, project administration, writing: original draft preparation; Beate Muschalla: conceptualization, funding acquisition, methodology, supervision of coaching project and clinical supervision of coachings, validation, writing: review and editing

### Competing interests

No competing interests were disclosed.

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## 6 Appendix

### 6.1 Appendix A – Work-Ability-Index (WAI; Hasselhorn & Freude, 2007)

<b>Current work ability compared with the lifetime best</b>
Assume that your work ability at its best has a value of 10 points.
How many points would you give your current work ability?
(0 means that you cannot currently work at all)
<input type="radio"/> 0 completely unable to work
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9
<input type="radio"/> 10 work ability at present

<b>Work ability in relation to the demands of the job</b>
How do you rate your current work ability with respect to the physical demands of your work?
<input type="radio"/> 5 very good
<input type="radio"/> 4 rather good
<input type="radio"/> 3 moderate
<input type="radio"/> 2 rather poor
<input type="radio"/> 1 very poor
How do you rate your current work ability with respect to the mental demands of your work?
<input type="radio"/> 5 very good
<input type="radio"/> 4 rather good
<input type="radio"/> 3 moderate
<input type="radio"/> 2 rather poor
<input type="radio"/> 1 very poor

<b>Own prognosis of work ability two years from now</b>
Do you believe that – from the standpoint of your health – you will be able to do your current job two years from now?
<input type="radio"/> 1 unlikely
<input type="radio"/> 4 not certain
<input type="radio"/> 7 relatively certain

## 6.2 Appendix B – Job Coping and Return Intention Inventory (JoCoRi; Muschalla et al., 2015)

Please imagine being at your workplace right now. How could you do the following things?					
	not able to do this				best coping ability for doing this
When I get nervous or stressed at work, I can calm myself down.	0	1	2	3	4
I can tolerate that I do not feel my best at work all the time.	0	1	2	3	4
When a conflict arises at work, I address it, or I help actively to solve the problem.	0	1	2	3	4
When I have problems with job assignments or work procedures, I start searching for information or turn to the person in charge.	0	1	2	3	4
When I have too much work, I say to myself that I will manage this, and I begin with a first step.	0	1	2	3	4
I can work together with colleagues and supervisors, as well as with those whom I do not like personally.	0	1	2	3	4
When I am impaired at work due to health problems, I tell this to my supervisor in a way that helps him understand the problem so that we can search for a solution together.	0	1	2	3	4

## 6.3 Appendix C – Mini-ICF-APP Self-Assessment (Mini-ICF-APP-S; Linden et al., 2018)

In the following, you find some statements and questions. Please make a rating on how you can cope with the respective requirements. Please tick the box that best reflects how you see yourself.

### 1. Adherence to regulations

How well can you stick to rules, e.g., comply with given work procedures and official requirements, come in time to appointments, comply with agreements?

This is clearly a strength of mine	I am better than many others	I can do this well	This is somehow possible	This does not always work	I have problems with this	I need help in this regard	I am fully unfit
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### 2. Planning and structuring of tasks

How good are you at planning things, to organize your daily routine, to determine what you have to do in a week, which tasks have priority? Can you organize adequate time for everything?

This is clearly a strength of mine	I am better than many others	I can do this well	This is somehow possible	This does not always work	I have problems with this	I need help in this regard	I am fully unfit
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### 3. Flexibility and ability to adapt to changes

How well do you manage to cope with changes, e.g., change of work processes, new office, new colleague, new computer programs or techniques? How do you react to short-term changes in appointments, or if you suddenly have to go somewhere else? How do you feel about being interrupted by something (the phone)?

This is clearly a strength of mine	I am better than many others	I can do this well	This is somehow possible	This does not always work	I have problems with this	I need help in this regard	I am fully unfit
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**4. Competency and application of knowledge**

Can you apply your knowledge and experience when asked, for example, to do things at work as your education or your actual expertise requires?

This is clearly a strength of mine	I am better than many others	I can do this well	This is somehow possible	This does not always work	I have problems with this	I need help in this regard	I am fully unfit
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**5. Ability to make decisions and judgments**

How well can you rely on your assessments, your advice or your decisions? Do you usually come to conclusions based on existing information that others consider useful and convincing?

This is clearly a strength of mine	I am better than many others	I can do this well	This is somehow possible	This does not always work	I have problems with this	I need help in this regard	I am fully unfit
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**6. Proactivity and spontaneous activity**

How well do you manage to get yourself going, to take your own initiatives, to initiate and start things on your own, such as spontaneous appointments, leisure activities, at home or at work? How good are you in seeing on your own what must be done?

This is clearly a strength of mine	I am better than many others	I can do this well	This is somehow possible	This does not always work	I have problems with this	I need help in this regard	I am fully unfit
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**7. Endurance and perseverance**

How good are you to stay in the line or withstand stress, such as holding a working day, not being struck by adversity, or continuing activities when things get tough?

This is clearly a strength of mine	I am better than many others	I can do this well	This is somehow possible	This does not always work	I have problems with this	I need help in this regard	I am fully unfit
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**8. Assertiveness**

How good can you express your opinion or defend your position without making inappropriate remarks?  
Can you make others do what you want?

This is clearly a strength of mine	I am better than many others	I can do this well	This is somehow possible	This does not always work	I have problems with this	I need help in this regard	I am fully unfit
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**9. Contact with others and small talk**

How easy is it for you to approach other persons, to engage in a conversation, make small-talk and give others the impression that you are a good dialogue partner?

This is clearly a strength of mine	I am better than many others	I can do this well	This is somehow possible	This does not always work	I have problems with this	I need help in this regard	I am fully unfit
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**10. Group integration**

How well do you get along in groups, in work teams, in private cliques or among friends? Can you engage in group discussions, but also withhold yourself and promote group cohesion?

This is clearly a strength of mine	I am better than many others	I can do this well	This is somehow possible	This does not always work	I have problems with this	I need help in this regard	I am fully unfit
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How well do you manage to build and maintain close, confidential relationships with other people? How are you in a partnership or when you are close to your family? Are you a family person, someone on whom close friends and relatives and rely can trust?

This is clearly a strength of mine	I am better than many others	I can do this well	This is somehow possible	This does not always work	I have problems with this	I need help in this regard	I am fully unfit
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How well are you in paying attention to yourself and your appearance, in dressing according to the season and the occasion, to eat a balanced diet? How well do you manage to get enough recreation, to exercise, to take care of your health?

This is clearly a strength of mine	I am better than many others	I can do this well	This is somehow possible	This does not always work	I have problems with this	I need help in this regard	I am fully unfit
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Can you move around as you want, to bend, climb stairs, go for a walk? Can you go where you need to go, do your shopping without any problems, and use all means of transportation such as cars, busses or trains?

This is clearly a strength of mine	I am better than many others	I can do this well	This is somehow possible	This does not always work	I have problems with this	I need help in this regard	I am fully unfit
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How many weeks was the client unable to work within the last 12 months?

o Other:

Client:

Does the workplace situation have an impact on health status?

- ☐ Helpful resource                      ☐ Questionably helpful                      ☐ Not to be said  
☐ Questionably impairing                      ☐ Clearly pathogenic

What are the problems related to work? (multiple answers if applicable)

- Frequent absenteeism                      ☐ Yes                      ☐ No  
 Workplace conflict                      ☐ Yes                      ☐ No  
 Underdemand                      ☐ Yes                      ☐ No  
 Overwork                      ☐ Yes                      ☐ No  
 External circumstances (e.g., restructuring)                      ☐ Yes                      ☐ No

Other: \_\_\_\_\_

Is there a mental disorder?

☐ Yes, there are previous diagnoses/treatments: Diagnosis numbers according to ICD-10:

\_\_\_\_\_  
☐ Yes, probably

- ☐ Yes, probably  
☐ Mood disorder  
☐ Anxiety disorder  
☐ Complex partial performance disorder or personality disorder  
☐ Addictive disorder

☐ No, unlikely – it is a healthy condition

For how many months has the current disorder/disease been present? \_\_\_\_\_

How old was the client when clear mental health problems first appeared? \_\_\_\_\_ years

What was the course of the mental health problems?

- ☐ First episode                      ☐ Chronic - exacerbating  
☐ Relapsing - intermittent                      ☐ Chronic - persistent

How many pre-treatments of the mental disorders (inpatient or outpatient) were there? \_\_\_\_\_

How many psychosomatic rehabilitation stays were there? \_\_\_\_\_

How many other somatic rehabilitation stays were there? \_\_\_\_\_

Is there currently a primary care doctor or psychotherapist for the mental disorder?

(Multiple answers if applicable)

- ☐ No                      ☐ Other  
☐ Doctor for psychiatry and psychotherapy                      ☐ General practitioner/internal medicine specialist  
☐ Doctor for psychosomatic medicine                      ☐ Psychological psychotherapist

How regularly do the sessions take place?

- ☐ 1-2x/week                      ☐ Monthly or less                      ☐ As needed