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Reflections from the Field

A qualitative study of client experiences using stress inoculation coaching

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Abstract

Stress Inoculation Therapy (SIT) is an evidence-based method for mitigating adverse stress effects. Stress Inoculation Coaching (SIC) utilises the same approach as SIT but applies this to the non-clinical workplace population. SIC has four phases: awareness and knowledge building, skill development, application, followed by review and improvement. This study used a qualitative and interpretative phenomenological method to provide insights from ten clients who had experienced SIC. Clients regarded the SIC approach as useful and there can be cautious optimism about suitably trained, supervised and ethically adherent coaches using this approach. Further research is needed into the effectiveness of SIC.

Keywords

Stress Inoculation Coaching, coaching techniques, client experience, qualitative study

Article history

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Introduction

Stress Inoculation Therapy (SIT) was developed by Meichenbaum (2007) to provide an effective strategy for mitigating the adverse effects of stress (Robson & Manacapilli, 2014). It enables clients to develop resistance using carefully managed proactive exposure to stressful stimuli along with a combination of cognitive and behavioural capability development. It is different from many stress management approaches because it fosters a proactive approach to stressful situations with the client planning and practicing techniques before the difficult situation arises (McCormick, 2023). The approach uses an analogy to medical inoculation because it suggests that clients build resistance by getting just enough stress to engage defences or coping skills before the onset of a major stressful event. In SIT the level of stress exposure is both small and manageable for the client (Meichenbaum, 1985). This approach of combining exposure and training enables the client to learn to address stress and build their confidence in a safe and supportive environment.

Meichenbaum (1985) suggested that SIT has the following useful features:

- It assists clients to comprehend the background and sequence of events that leads to stress arising and so to understand the transactional nature of their responses. This understanding of the steps in the stress generating process enables the client to recognise the multiple points of possible change in the sequence that can be considered.
- SIT assists with client problem solving, including problem definition, options, choices and consequences.
- It trains clients to monitor their dysfunctional beliefs, behaviours, feelings, images and thoughts and to make rational decisions about how they react.
- SIT allows clients to anticipate difficult upcoming situations and to rehearse coping strategies before the event.
- It can involve a combination of in vivo and imaginary practice that allows exposure to be gradually increased of time.
- SIT can reframe unwanted stressful events as opportunities to apply inoculation techniques.

Stress Inoculation Coaching (SIC) developed by McCormick (2023) utilises the same four phase design as SIT but applies these techniques to the non-clinical population, primarily in the workplace. These four phases are: awareness and knowledge building, skill development, application, followed by review and improvement.

The awareness and knowledge building phase involves the client learning about the nature of stress and the four different types of stress events. These types are: one-off rarely repeated events, such as invasive dental procedures, one-off events that generate a range of subsequent stress responses, for example divorce or job loss, intermittent but repeated events, such as military combat, public musical performances or elite athletic competition, finally chronic and continual events such as abusive marital conflict, confronting police work, chronic illness as well as nursing or teaching in highly demanding environments. This phase also includes clients learning about the rationale for SIC, that is to assist individuals to better understand and proactively manage stress. At this point in the process the client is provided with reassurance that unpleasant stress responses are normal, natural and unavoidable. The knowledge component of the tactics of stress reduction used in the subsequent skill building phase are then outlined. These include: functional ways to deal with stress events, cognitive, emotional, behavioural and social preparation, facing the events, coping during these events and recognising achievements afterwards. The knowledge building phase also involves learning about the powerful motivational impact of the avoidance of unpleasant emotions. Clients are taught how avoidance intensifies unpleasant feelings and body sensations, while acceptance of them and watching them rising, peaking and subsiding will reduce intensity in the longer term.

Next the skill building phase involves teaching clients the practical elements of inoculation. This includes six steps:

- The client is asked to make a commitment to making time to prepare for upcoming events because the proactive element of SIC is critical to success. The client then identifies a specific concrete upcoming stressful situation to work on in the session.
- A series of somatic calming exercises are taught including the square or box breathing technique (Ahmed *et al*., 2021) which involves instructing the client to breathe in for four seconds, hold for four seconds, breathe out for four seconds, hold for four seconds and repeat this ten times. This slow breathing exercise can be used to reduce heart rate, blood pressure and other physiological stress responses (Ahmed *et al*., 2021).
- A series of cognitive techniques are then taught, including mindful thought watching (Gupta, 2024) which involves asking the client to notice: five things they can see, four things they can feel, three things they can hear, two things they can smell and one thing they can taste. This technique can be useful to refocus thoughts on harmless matters when the situation is demanding. Clients are also taught to recognise their unhelpful thinking and to substitute helpful thoughts. For example, ‘this is horrible, and I want to be out of here’ can be changed

to 'I have been through this before, it is not pleasant, but I can deal with it effectively' (Griffin & Clark, 2014).

- After this cognitive preparation, the client is taught simple behavioural techniques, such as asking questions when a colleague is angry to help diffuse the emotion or to make a joke to lower the tension in a difficult group situation (Donohue, 1992)
- The next step is social preparation where the client is asked to think about who they can talk to or call before, during or after the event for support (Kelly *et al*. 2017).
- A concrete coping action plan is then written to deal with the upcoming event, and this is documented by both client and coach. This needs to be explicit and clear with specific actions, timeframes and with direct personal accountability (Jungbluth & Shirk, 2013).

The application phase comes next and assists the client to regularly implement the stress inoculation at a practical level whenever needed. The phase includes repeated practice sessions so the skills become familiar and readily applied. The client is encouraged to frequently review their calendar to identify potentially stressful upcoming events and to prepare for these. For example the client may use a private meeting room to practice square breathing before a difficult client encounter. They may also prepare by proactively rehearsing the situation and applying emotional, cognitive, behavioural and social techniques.

The final review and improvement phase consists of the client using self-reflection techniques based loosely on the Gibbs (1988, 2013) model to recall the detail of an event, to reflect on the thoughts and feelings the client had during this time, to evaluate what went well and not so well, to identify what they learned and to draw up a long-term action plan for future improvements.

In this way the client is given a practical, systematic and effective set of skills to more proactively deal with stress (McCormick, 2023).

Literature review

SIC is a relatively new area of application for the stress inoculation techniques so little research has been done. However SIT is well established so reviewing the research in this area is relevant and important.

The effectiveness of SIT has been assessed in a wide range of studies including an early review by Saunders *et al*. (1996). These authors used a meta-analysis to assess the overall effectiveness of SIT and to examine which conditions lead to greater effectiveness. They used 37 studies with 1,837 participants. Results indicated that SIT was an effective method for reducing both performance and state anxiety and improving performance under stress with effect sizes in the range .31 to .56. The analysis indicated that more SIT sessions resulted in greater effectiveness for clients when compared to smaller numbers of these. The authors suggest that four to seven sessions are required to produce average-level declines in state and performance anxiety. Clients trained by less experienced trainers did rather better than those with more experienced trainers. Although up to this point in time SIT had mostly been used with the clinical population this review suggested there were no clear limitations in using stress inoculation training with normal populations. Group training was also found to be effective when there was only a relatively modest number of training sessions.

Chemtob *et al*. (1997) evaluated the effectiveness of SIT with a randomised group design to investigate a 12-session anger and PTSD treatment programme for severely angry Vietnam War veterans who were suffering from combat-related stress. Eight veterans were given SIT anger treatment and 7 were in a control condition of routine clinical care. Both groups completed a range of measures pre- and posttreatment that included anger control, reaction, and disposition, as well as assessments of anxiety, depression, and PTSD. Significant positive impacts were found in the SIT group for both anger reaction and control but not anger disposition or physiological measures.

The authors conducted an 18 month follow-up with both those who completed the training and for the dropouts and found that treatment effects were largely maintained. At this time veterans in the treatment group also reported less intense reactions to provocative situations with one suggesting that he still got very angry but he was able to withdraw before trouble arose and calm himself down.

Based on a meta-analysis of 50 SIT and cognitive-behavioural interventions and 1,640 subjects, Beck and Fernandez (1998) found positive treatment effectiveness with a mean weighted effect size of .70. They suggested that with treatment the average recipient was 76% better off than untreated subjects in terms of anger reduction with post-treatment scores improving by 83% on pre-test levels. These improvements were maintained at follow-up which ranged from 2 to 64 weeks. In summary, they suggested that the clinical implications of the meta-analysis are encouraging with positive effects being robust, statistically significant and generally homogeneous across a wide range of research studies undertaken over 20 years.

DiGiuseppe and Tafrate (2001) conducted a meta-analytic review of SIT and related cognitive-behavioural interventions for adults and adolescents with anger and aggression problems. They examined 50 between-group studies with control groups and seven investigations with only within-group data that covered 92 treatment interventions and 1,841 subjects. The overall average effect size of 0.71 was found indicating that moderate treatment gains were made. The review demonstrated that subjects in the treatment group showed significant and moderate improvements compared to untreated subjects. Also that large improvements were made when pre and post scores were compared. The treatments generated moderate to large positive changes on anger self-reports, measures of aggressive behaviours, type A behaviours, measures of positive nonangry behaviours, cognitions, attitudes, and physiological measures. They concluded that SIT and other related anger management treatments generated a reduction in the negative anger affect and an increase in positive behaviours. An analysis of follow-up results indicated that treatment gains were maintained with post-treatment stress scores improving 83% on pre-test levels. Follow up at 2 to 64 weeks showed sustained improvements. With regard to different client groups they suggested that the treatment worked well for all populations, age groups and for both men and women. Overall the study found that SIT was moderately successful with clients showing a 76% improvement over control group untreated clients.

SIT has been used effectively in academic settings with Sheehy and Horan (2004) using this approach to improve anxiety, stress, irrationality, and academic performance with first-year law students. The authors employed a 2 × 3 repeated-measures crossover design with the middle assessment being when control subjects first received SIT. Students that were initially given SIT demonstrated decreases in personal, emotional, and general stress compared to the controls. In addition, all students who received SIT demonstrated lower levels of anxiety, stress, and irrationality over time. There were also marked improvements in academic performance with students, particularly with those who were predicted to finish in the bottom 20% of their class. The authors concluded that SIT has promise as a treatment for law students who experience high stress levels in their first year.

Barwood *et al*. (2006) used 32 subjects who completed a series of body immersions in 11 degrees Celsius water. The treatment group of 16 subjects underwent SIT that consisted of four training sessions which covered goal-setting, arousal regulation, mental imagery, and positive self-talk. The 16 control subjects undertook their normal daily activity. The results indicate that trained subjects significantly increased their initial maximum breath-hold time on immersion compared to the control subjects. The authors concluded that psychological factors could account for the considerable difference in respiratory responses during cold water immersion which may be a key survival factor with accidental immersions. SIT appeared to have promise in improving maximum breath-hold time on immersion compared to untrained subjects.

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SIT has also been used to assist military personnel. McClernon *et al*. (2011) used this approach with trainee pilots who had no prior flying experience and found that those who were given SIT enhanced their flight task performance compared to those who had not. The treatment did not significantly enhance subjective stress ratings compared to the control group but did improve objective flight performance that was measured using aircraft telemetry data and flight instructor ratings. In a wider review of the area Robson and Manacapilli (2014) concluded that the majority of sound research studies in the military indicated that SIT improved this type of performance under stress.

Narimani *et al*. (2012) examined the impact of SIT in reducing stress, anxiety and depression of pre-university female students. The subjects were randomly selected from all students in a school and they were administered the Lewinda Stress, Anxiety And Depression Inventory. Forty students who scored highly, above 27 on the measure, were assigned to training or control groups. The authors found that repeated measures analysis of variance showed SIT significantly reduced the stress, anxiety and depression in these female students.

Palupi *et al*. (2020) suggested that students in Indonesia with low self-esteem who enrolled at public university had frequent feelings of pessimism and failure. Their research examined the effectiveness of group stress inoculation training to improve students' self-esteem. They divided 14 ninth grade students into training and control groups and examined pretest-posttest data. Self-esteem was measured using The Rosenberg Self-Esteem Scale. The study found that group stress inoculation was effective in improving students' self-esteem and that treatment was more effective than the conventional group counselling given to the control group.

Askari *et al*. (2020) assessed the impact of combining SIT and positive psychology on depression in pregnant women with heart valve disease. They used 45 subjects with 15 assigned to a first experimental group, 15 to a second and 15 in the control group. Depression was measured using the Beck Depression Inventory. The results showed that SIT and positive psychology produced a significant reduction in depression scores in these women. The authors concluded that inoculation against stress and positive psychology training had a significant effect on improving psychological well-being and depression for these subjects.

Tavakkoli *et al* (2021) examined the impact of SIT on the general health and occupational adjustment of patients with multiple sclerosis. The study use 40 randomly selected participants who were assigned to intervention and control groups. Assessments were made using the General Health Questionnaire and the Bell Adjustment Inventory. The SIT group received seven weekly training sessions while the control group did not receive this. Adjustment strategies taught in SIT were helpful in improving occupational and emotional strategies, however they did not impact mean scores of physical health, anxiety, social health or depression. The authors concluded that SIT has potential in improving occupational and emotional adjustment but not in improving general health in multiple sclerosis patients.

Simi *et al*. (2022) assessed the impact of cognitive-behavioural stress inoculation in improving coping skills and the quality of life, for incompatible couples in Iran. The authors randomly divided 24 couples between experimental and control groups. The SIT consisted of 10 sessions while the control group was on a waiting list. Coping skills and quality of life was measured using Andler and Parker's Coping Styles Questionnaire as well as Cohen's Perceived Stress and Quality Of Life Questionnaire. The study showed that SIT reduced stress and improved couples' quality of life. They concluded that SIT had promise in increasing problem-solving coping styles among incompatible couples.

In a qualitative study Silva Guerrero *et al*. (2022) examined 53 patients' perceptions of SIT delivered by physiotherapists for victims of acute whiplash. They found that five themes emerged: balance between the physical and psychological components, dealing with stress, coping with the injury, pain relief and return to function, and elements enhancing therapeutic alliance. The authors

concluded that the majority of patients with whiplash injury found SIT to be useful in managing pain and stress, coping with their injury, and returning to normal functioning.

Bahramfar *et al*. (2023) studied the impact of SIT on the general health of mothers of children with visual impairments. The study used 34 mothers selected from two Iranian schools who were randomly assigned to equal sized experimental and control groups. The experimental group were given 10 SIT sessions, while the control group received no training. The study used the General Health Questionnaire to assess these mothers' perceptions. The authors found that SIT had a significant positive impact on post-test scores of general health and concluded that it can be useful in improving the self-perceived health of the mothers of children with visual impairments.

Rezapour *et al*. (2023) assessed the impact of SIT and behavioural activation on experiential avoidance and emotional regulation in adolescents with social anxiety disorder. The study used 600 male high school students who were screened using Paklak's Social Anxiety Scale for Adolescents. Students were randomly assigned to two experimental groups and a control group. The experimental groups were given 10 sessions in behavioural activation and nine sessions of stress inoculation training while the control group had no intervention. The Acceptance and Action Questionnaire and emotional regulation measures were used to assess social anxiety in the study. The results indicated that both behavioural activation and SIT improved emotional regulation in adolescents compared to the controls and no significant difference was found between the two types of intervention. The authors concluded that both behavioural activation therapy and SIT decreased experiential avoidance and improved emotional regulation in adolescents with social anxiety disorder.

Kaur and Khanna (2023) studied the impact of SIT in reducing the stress of caregivers of disabled children. The study sample consisted of 24 caregivers of which 12 looked after intellectually disabled children and 12 cared for children with autism. The age range of caregivers was 25-45 years. Assessments were made using the Zarit Burden Interview, the Beck Anxiety Inventory and the Perceived Stress Scale. Twelve of the 24 participants were given SIT for 2 months. The ANOVA analysis and omega square technique demonstrated that test scores decreased significantly on caregiver burden, anxiety and perceived stress as compared to the no-intervention control group. The results suggest that SIT can increase self-confidence and the coping skills for caregivers of disabled children.

In a recent study (Zolfaghary *et al*., 2024) examined the effectiveness of computer-based SIT on anxiety, depression, and stress in students with premenstrual syndrome. The authors used 100 university students who were randomly divided between the SIT intervention and a no treatment control group. The latter group received individually delivered weekly computer-based SIT for 6 consecutive sessions, each lasting 30 to 45 minutes. Assessments were made using the Premenstrual Symptoms Screening Tool, the Hospital Anxiety and Depression Scale, the Perceived Stress Scale, the Sheehan Disability Scale and Riff's Psychological Well-being Scale. The study show that computer based SIT decreased premenstrual syndrome severity and significantly reduced anxiety, depression, perceived stress, and Sheehan's disability after intervention. The authors conclusion was that computer-based SIT counselling was helpful in reducing the severity of symptoms in students with premenstrual syndrome.

In conclusion SIT has been shown to demonstrate promise in improving stress responses for a wide range of subjects with many different challenges. Given this conclusion SIT may be able to be adapted into a coaching approach and used with the non-clinical population in the workplace.

Methodology

The approach used in this study is qualitative and interpretative phenomenological (Eatough & Smith, 2017), aiming to uncover insights from clients who have experienced SIC. The semi-structured interview approach used to gather client responses was based on the work of Schaich *et al*. (2020) and McCormick (2024). This methodology has merit because it can help coaches to better comprehend the breadth and depth of clients' experiences (Passmore & Fillery-Travis, 2011). This paper also extends the qualitative work undertaken in the area by Silva Guerrero *et al*. (2022) which examined 53 patients' perceptions of SIT delivered by physiotherapists.

The present study recruited 10 coaching clients who had completed a course of SIC and were followed up to assess progress and to record their experience of the approach. Both the SIC and the follow-up semi-structured interviews were conducted by the author. The ten client participants included nine males and one female. The mean age of the participants was 47 years. At the time of interview all participants had completed SIC and there were no drop outs. All participants had graduate qualifications, six had post-graduate qualifications and all were currently employed.

Table 1: Characteristics of the participants

Client ID	Age group	Gender	Qualifications level	Role
Client A	40 - 50	Male	Post graduate	Private sector senior executive
Client B	50 - 60	Male	Post graduate	Private sector senior executive
Client C	50 - 60	Male	Post graduate	Government senior manager
Client D	40 - 50	Male	Graduate	Architect
Client E	40 - 50	Male	Graduate	Chief Executive Officer
Client F	50 - 60	Male	Graduate	Government middle manager
Client G	20 - 30	Male	Graduate	Marketing director
Client H	50 - 60	Male	Post graduate	Private sector senior executive
Client I	40 - 50	Male	Post graduate	Government senior manager
Client J	40 - 50	Female	Post graduate	Management consultant

The interviews were conducted via video, telephone or in person and were of 30 to 60 minutes duration. The eight interview questions below were asked of all participants. The author took notes based on their responses and clarified the responses by reading back these notes and gaining agreement on their accuracy.

Table 2: Semi-structured interview questions

In your own words ….

1. What is stress inoculation coaching?

2. Why did you undertake stress inoculation as part of your coaching?

3. What were your positive and negative experiences with stress inoculation coaching?

4. What was helpful or less helpful about the behaviour of the coach in relation to:
    - The introduction to stress inoculation coaching?
    - The performance of the technique?
    - Managing the time?
    - The emotional support of the coach?

5. What was the impact of stress inoculation coaching - short term? Long term? What was the impact on your stress levels? What were your reactions? Emotional? Cognitive? Physical? Behavioural? Overall, in your life?

6. What did you learn from doing stress inoculation coaching?

7. Would you recommend stress inoculation coaching to others?

8. What are your comments for other coaches who want to use stress inoculation coaching?

The interview questions were similar to those used by Schaich *et al*. (2020) and McCormick (2024).

Detailed notes were taken during each interview and then a content analyses was generated to summarise the results.

Results

Data were analysed and seven themes emerged.

Table 3: Themes from the qualitative interviews

Number	Theme
Theme 1	The clients' views of the utility of the awareness and knowledge building phase
Theme 2	How clients viewed the structured process to manage stress
Theme 3	The clients' views of the range of different techniques
Theme 4	How clients viewed the proactive process used to handle upcoming stressful events
Theme 5	The clients' views of the level of stress produced in SIC
Theme 6	How clients viewed the SIC routine to better manage stress
Theme 7	How clients viewed the applicability of the approach

These seven themes are presented in more detail using quotes from clients that have in some cases been altered slightly to preserve anonymity and improve clarity.

Theme 1: The clients' views of the utility of the awareness and knowledge building phase

All clients reported being able to understand and see the value of the awareness and knowledge building phase which was in several cases supplemented by relevant reading material. Three verbatim examples are given below.

Client A: *The process was helpful and understanding the backstory to stress inoculation was great. It is nice to know the origin of the approach. Talking through the research base for stress inoculation was also very helpful.*

Client D: *The reference and background material I was send was very useful and enabled me to get my head around the ideas before the session. Overall, a very worthwhile and practical experience.*

Client J: *The introduction part of the process was both clear and appropriate. The use of the vaccine analogy was helpful to me, but this may not work with everybody.*

Theme 2: How clients viewed the structured process to manage stress

Clients reported being able to easily understand the practical steps involved in SIC and that this made subsequent implementation easier. Three verbatim examples are given below.

Client B: *The coaching was all very helpful. It provided a structured pathway to process my problem.*

Client E: *I really liked the systematic process – a step by step way to work through a situation. I found the setting of an intention for how I wanted to behave as very useful. I thought about how I wanted to behave and also how I did not want to behave.*

Client J: *The steps in the process were very clearly explained. I took notes and these were very helpful afterwards. I also had clear goals which were useful.*

Theme 3: The clients' views of the range of different techniques

Clients typically found the range of techniques to be very useful with the slow breathing exercises being cited as the most helpful to use both before and during demanding stressful situations.

Client B: *I felt that having a range of tools was useful and I was able to tailor these to my situation. In the longer term I have not needed to use the tools as much as I thought because I have come to accept the things I cannot change, and this has helped a great deal. The process allowed me to reframe the content and to be more positive.*

Client C: *It is useful to have a range of tools ready to use. It was a reminder to rehearse difficult situations so I do not over react. The square breathing exercise was particularly useful. Changing my thoughts was also helpful.*

Client E: *In the short term I felt like it gave me some useful tools. In the longer term it has become a daily activity which I use to prepare for meetings, especially for one-on-one meetings. I am now much more interested in what people say! I have gone from feeling powerless and not having any ability to persuade – just getting defensive. I can now relax and help people find their own solution not just give them the facts.*

Theme 4: How clients viewed the proactive process used to handle upcoming stressful events

Clients reported that the proactive nature of the process was helpful because it enabled them to carefully prepare for upcoming challenging events. This greatly reduced the element of surprise and shock in situations and gave a much greater sense of personal control.

Client D: *The stress inoculation coaching was a helpful process to proactively manage my stress.*

Client H: *Lots of things in the coaching were useful especially the breathing exercises and putting time aside for preparation for upcoming difficult meetings.*

Client I: *It was immediately helpful to learn to breathe slowly, calm down and spend some time preparing for challenging events. I have a note on my computer – Breathe. It says it all.*

Theme 5: The clients' views of the level of stress produced in SIC

Clients expressed the view that the approach generated a controllable level of tension and that they felt safe to try out different ways to manage their nervousness and build a sense of equilibrium.

Client B: *This is a process to expose yourself to a manageable level of stress in a safe environment and to learn to be comfortable with it.*

Client D: *I wanted to learn to deal with stress and to better manage my nervousness about a personal situation. I wanted to build my sense of equilibrium in a safe atmosphere and stress inoculation enabled me to do this.*

Client E: This is a great process that enables you to make time to cope, to accept the situation and to work through it in a protected place.

Theme 6: How clients viewed the SIC routine to better manage stress

The clients all learned about the value of the regular use of the techniques and often set calendar and other visual reminders to help establish the stress reduction habit.

Client G: *As a result of the coaching, in the short term I knew I would be able to get through the hot spots faster and to let go of conflict more quickly rather than dwell on it. In the longer term it has helped my relationships at work and at home. Sticking to the inoculation process in the long term will be the key. I will put some reminders in my calendar about this.*

Client H: It has made such a great difference to my life. I think back to the start of the coaching and know how far I have come. I will apply it on a regular basis in a whole range of areas of my life.

Client I: I have used the techniques a lot and I have really gone a long way. I now have no distress in that difficult situation. It has been very profound. I have done lots of traditional stress management in the past, but stress inoculation is different because it reduces the upcoming stress wave. You plan, you do and no overwhelm.

Theme 7: How clients viewed the applicability of the approach

The clients suggested that the approach would be of value to a wide range of others including family, as well as operational staff and management team members.

Client C: *Yes definitely I would recommend this approach to dealing with stress for anyone like myself who is going through challenging times. The tools can be used very widely for example a student facing exams and in many other areas in life.*

Client D: *Yes I would recommend this approach to anyone with stress in their lives. I am using it with my team and they find it helpful. Also I am coaching a troubled staff member using what I learned and that is great.*

Client I: *Yes this is a useful approach for both operational staff and management – it is very important and not something that we are taught at university or at work.*

Discussion

This study explored the experiences of clients undertaking SIC as an integrated and evidence based approach to proactively dealing with demanding situations. The paper used a phenomenological approach to understand the clients' experience as they underwent the four phases of SIC. Overall clients reported positive experiences in the learning and application of SIC.

The difference between stress inoculation and traditional stress management

Both stress inoculation (Meichenbaum, 1985) and traditional stress management (Yazdani *et al*., 2010) aim to help clients deal more productively with stress but they differ in a range of important ways. Traditional stress management training typically draws from a wide range of practices such as, breathing exercises, meditation, mental imagery, progressive muscle relaxation and yoga relaxation (Yazdani *et al*., 2010). Workplace stress management training uses techniques such as: analysing and planning of future activities, focusing on problem solving, listening to music, meeting with friends and developing rational explanations of the situation (Miedziun & Czabała, 2015). By contrast stress inoculation involves proactive exposure to stress and the training of individuals in

physiological, cognitive and behavioural coping techniques (Meichenbaum, 1985). Stress inoculation tends to be more structured and focuses on building resilience through exposure and skill development (Meichenbaum & Cameron,1983).

Training for stress inoculation coaching

SIC is a relatively simple, structured and systematic process with clear guidelines so it is likely that SIC would be easy for many trained, supervised and ethically adherent coaches to learn. It also appears to be widely accepted by clients who report immediately understanding the inoculation analogy and feeling that the process will be emotionally manageable. Coaches are also likely to be able to clearly explain SIC because it is goal-orientated and solution focused rather than being problem directed. While there is currently little evidence of the effectiveness of stress inoculation in coaching, the process draws heavily on SIT which is well researched and evidence based.

Client selection and applicability

The literature review above suggests that the stress inoculation approach can be usefully applied to a wide range of clients, for example, adults and adolescents with anger and aggression problems, military personnel, war veterans, mothers of children with visual impairments and so on. As SIC uses the same methods as SIT it seems likely that the approach would be useful for a wide range of coaching clients both in and out of the workplace.

Working with trauma

SIT can be applied to a wide range of clients who are involved in a diverse variety of situations including with individuals who have experienced trauma. However coaches need to take great care when asking clients to proactively anticipate and mentally rehearse what can be highly emotional situations in case this triggers a re-traumatisation. This occurs when a client re-experiences a previous event and once again suffers painful and deeply troubling emotions. This can be caused by stimuli that are similar to the original trauma, such as those generated when imagining a frightening upcoming event or meeting with a powerful individual. If the client has a background of trauma then risk factors need to be carefully explored using a multilevel perspective process like that advocated by Parker *et al*. (2022). This involves three perspectives, an ecological view of the client so that risks can be identified at an individual level, such as personal self-awareness, motivation and expectations, an interpersonal level, such as the relationship with the coach and finally at the context level such as the expectations in the workplace or those of family members. It is vital that coaches are alert to the subtle yet powerful forces that can disrupt the effectiveness of SIC.

Homework

Homework has been defined as the additional activity that is undertaken outside of the training session and is typically seen as an important and effective element of education and training. Within the coaching context it is the inter-sessional activities used to support the coaching process (Passmore *et al*., 2024). In SIC homework is critical, given the need for proactive preparation for upcoming challenging events.

If SIC homework is to be effective it should follow the guidelines set out for cognitive therapy (Beck *et al*., 1979) which includes the following:

1. Homework should be explicit and clear with specific actions, timeframes and personal accountability.

2. The client needs to be able to clearly understand the rationale for the homework and why it will benefit them.
3. The client needs to have the opportunity to have direct input into the homework activities so that it will meet their lifestyle and needs.
4. The client and coach should jointly review the progress made in implementing the homework so that lessons can be learned, future homework tasks are refined, and progress is recognised and praised.

Conclusion

Stress inoculation coaching is based on the same four step process and techniques as stress inoculation therapy but is used with high functioning individuals in the workplace rather than with members from the clinical population (McCormick, 2023). The techniques of both approaches are drawn from behaviour therapy and cognitive behavioural therapy as developed by Meichenbaum (1985). The current phenomenological study suggests that clients report finding the proactive and structured nature of the approach useful and there can be cautious optimism about suitably trained, supervised and ethically adherent coaches using this approach.

Limitations

The current study has three main limitations. The sample of 10 clients was small and all lived in the one geographical location, that is in New Zealand. Large and more diverse sample groups are needed to explore the generalisability of the findings. The current phenomenological study has no control condition and so findings must remain tentative. In addition the training and data collection was undertaken by the author which has risks of bias. Independent interview data collection would improve the validity of the findings as would multiple data collection times.

Future research

Stress inoculation coaching is in the early stages of development and so further research is required to explore its generalisability and utility. Additional studies are needed with more diverse client groups, with longitudinal designs, larger sample sizes and the random allocation of subjects between control and treatment conditions. It would also be useful for future research to attempt to replicate the findings from this study in different countries, as well as different cultural and economic groups.

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