

**Meeting Clients Where They Are –
the Adult Development Coaching GPS
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As an experienced coach, have you ever had the experience where you designed a coaching engagement that did not meet the client where they were, even though it worked in other situations? For example, administering a 360 survey and when the leader received their feedback, they completely shut down...perhaps the engagement never quite got back on track afterward, even?

A fundamental coaching competency is to meet clients “where they are”. We typically use markers like their personality styles or preferences to help us hone in on their “location”, but we can still have these “false addresses” appear at times.

Now imagine if there is a developmental framework, different from personality types and preferences, that can help us not only meet our clients at their location, but also help us better understand how to navigate from our location to theirs. A framework and theory that serves as a map to navigate that person’s journeys from:

- Leading Self → Leading Others → Leading Team of Teams
- Knowing the Answers → Getting Others’ Buy-in → Curiosity without a Known Answer & Seeking Other’s Perspectives
- Leveraging Independence → Collaboration → Interdependence

What does that mean for you as the coach? For your client? For you as your own continuous learner?

The Leadership Maturity (LMF) Framework, does just that – and more. We are seeing a profound impact with our physician clients – and their organizations - where we have been leveraging this framework within our engagements with the leaders, their sponsors, and our team of coaches. We believe this framework is a game changer for our coaching and systems work in healthcare and share here some key focus areas we now incorporate into our coaching toolkits. We invite you to apply them as you find useful as well.

The Leadership Maturity Framework is based on the work of many, including Piaget, Loevinger, Kegan, Cook-Greuter and more.¹⁻⁴ There are multiple articles that articulately describe the intricacies of this framework, including one in this very journal.⁵ Our purpose here is instead to demonstrate ways of considering this framework within our coaching engagements to *meet our clients where they are*, with respect to their action logic “stage”.

We’ve crafted a table that serves as our adult development GPS that shows the 4 developmental stages spanning the majority of organizational leaders and looks at the leadership competencies we encounter as most discerning in this framework’s application. These also specifically address the 4 key question model – O.A.R.S. - we previously shared with physicians for their own self-coaching.⁶

Table 1. Adult Development “GPS”

	<i>Conventional</i>		<i>Post-Conventional</i>	
Leadership Maturity Stage	SKILL-CENTRIC (Expert - 3/4) 36.5%	SELF-DETERMINING (Achiever - 4) 29.7%	SELF-QUESTIONING (Pluralist – 4/5) 11.3%	SELF-ACTUALIZING (Strategist - 5) 4.9%
Outcomes & Focus	Focus on expertise, procedure & efficiency	Focus on delivery of results, goals, success & effectiveness	Focus on understanding capacity, system connections & self in relationship	Focus on higher principles, social construction of reality, complexity & interdependence
Feedback & Response	Dismisses it from “non-experts; seen as a personal attack & defends position	Accepts it; seen as a means to improve effectiveness & achieve goals	Welcomes it; seen as needed for self-knowledge & uncovering blindspots	Invites it; understands different perspectives are inevitable
Paradox & Thinking style	“Either/Or”; Logic rules norms	Beginning appreciation of “And” with “Either/Or”; Single system effectiveness rules expert logic	“And” within systematic thinking; Relativity rules single system logic	“And” with increasing system’s complexity and long-term trends; most valuable principle rules relativism
Communication Styles* & Influence	I Advocates own position	I & II Logical arguments & data	I, II & III Discuss issues and air differences	I, II, & III Frames ways to support overall principles & strategies

%; distributions across adult populations (n = 4,510)⁴

*: Conversational Intelligence framework: Levels I (Transactional), II (Positional), III (Transformational) ⁷

Remember the initial example we shared? We actually did have that experience where a healthcare organization requested their leader have a 360-survey done as part of their coaching engagement. Looking back on their defensive reaction, we would have a first clue that particular physician was centered at a Skill-Centric stage. Had we known that then and leveraged this table, we could have approached the feedback process in a different way - perhaps a self-assessment as a means to work through a feedback experience and their meaning-making before getting external feedback, as well as setting different expectations with the sponsors, to maintain overall forward developmental progress with the client. That is precisely the type of thinking and co-creating we do now, with this GPS table as a resource.

So how might you leverage this for your own work meeting your clients where they are, as well as where they – and their sponsors – would like them to go?

Let’s consider the often encountered coaching requests for those individual contributors who excelled and are promoted into leadership roles where they now need to lead others. This transition can feel rocky for all impacted as the leader struggles in various degrees translating their prior success over to effectively leading others. Challenges often encountered in this transition include difficulties with the following leadership behaviors:

- Delegating to others
- Working collaboratively
- Managing conflict

- Communicating effectively
- Black/white thinking & problem solving

Referring to the GPS table, one can hypothesize these challenges align more with the Conventional stage of meaning-making. Based on the transition of such a leader, who has been performing and rewarded in a skill-centric (expert) environment, as well as the research that two-thirds of the population reside in these stages, this is a good starting place from which to continue looking for clues to hone in further to the “location” where best to meet your client.

Let’s now zoom in more closely to JP, one such leader, to see how to continue:

JP was recently promoted to Lead Hospitalist for 25 physicians in a metropolitan hospital. As an emerging leader with lots of ambition, JP seemed interested in taking on more and more responsibility. His quality metrics often exceeded that of his peers and he was not shy about sharing that data with others throughout the system. His vision was to become a Chief Medical Officer someday and this position seemed a great first step to him.

As part of this promotion, he was assigned a coach to help him transition into the role. While JP wasn’t sure that was necessary, he was passionate about learning and increasing his expertise in evidence-based protocols, so he decided to approach this as an opportunity to learn.

At this point, what details are you noticing from the client’s language that support, or not, the initial hypothesis of Conventional stage? Any other clues that might have you leaning to either the Skill-centric or Self-determining stages within this tier?

As the coach met with JP, she listened for those discerning clues as he responded to her standard coaching questions focused on hearing his life story, creating trust and intimacy and defining measures of success. As the GPS table indicates, she was listening for what mattered most to him (source of self-esteem – his expertise? his achieving of results? etc.); his perception of partnering with others (are others referenced? if so, how - as partners, tools, or?); his relationship to authority (deferential or collaborative?); and his readiness to accept constructive feedback (if valid or useful and from whom?).

JP shared his commitment to excellent patient care, which his patients and medical students expected of him. Competence, quality, and personal achievement were important to JP, as was being recognized as a great problem solver. His general demeanor was confident, bordering on a perception of arrogance, yet he was deferential to more experienced clinicians.

In thinking about the new role, JP shared some of his challenges. His direct approach, which he prided himself on, didn’t seem to work with some of the other hospitalists. A few even complained to the CMO about his abrupt and rude communication style. He had little tolerance when the nurses wanted to modify their care based on clinical and unit circumstances because he was rather clear on the right way to conduct most aspects of patient care. When other clinicians presented a different solution or perspective, JP would get

defensive and sarcastic. He was also struggling to keep up with his workload, which now included supervising his peers and partnering with different service line leaders.

For JP, in the context of the Leadership Maturity Framework, his role seemed to be requiring a transition from a skill-centric center of gravity to one where he could see a bigger picture and consider other perspectives in service to achieving results. With JP, the coach focused on supporting him in making the transition from leading self to leading and working with others.

The coach leveraged JP's desire for technical expertise and provided resources on topics like time management, delegation, crucial conversations, effective meetings, and lean management. JP met senior leaders he respected around behaviors that helped them to be effective leaders, expanding his lens on multiple approaches to the same problem. The coach supported a shift from "either/or" to "and" thinking by introducing polarity maps into JP's work. This created new awareness around the interdependent tensions of direction and participation; tasks and relationships; candor and diplomacy for JP.⁸ She used the Thomas Kilman Conflict Instrument so he could appreciate different ways to manage conflict. Aspects of Conversational Intelligence were also incorporated that emphasized to JP the positive impacts of collaborative conversations from a neuroscience perspective.

With experiments that he reviewed for his own feedback process, journaling his conversations, and beginning to notice his feelings underlying his actions, JP grew into a more effective leader, as noted in their incremental meetings with his boss.

By meeting JP where he was in his hypothesized action logic stage and tailoring the tools and techniques accordingly, JP ultimately embraced the learning and was achieving the results he defined for the engagement – most notably to him, receiving positive feedback from peers, nursing staff and his boss.

What about the coach in this partnership? Just as with Google Maps, in order to meet someone at their location, it is also important to know from where you, the coach, are starting. For example, if coming from a postconventional action logic that has systems thinking and complexity online, how might you want to adapt your language and techniques to connect with a more concrete, conventional thinker that focuses on expertise?

As coaches, we work hard to uphold the guiding coaching principle of "Ask, don't tell". For some of us, especially coming from organizational development and other consulting backgrounds, you may remember similar moments earlier in your careers – and even now - where that urge to "provide our solution" can overtake our "trust that the client is creative, resourceful, and whole" mantra.

In polarity thinking language, this is the continuous opportunity to leverage directive AND non-directive coaching. Just as our skill-centric leader clients need to shift from seeing everything as a problem with one right answer to also noticing the interdependent tensions that exist in complexity, we coaches also need to adapt our style in order to best serve the client at their action logic.

Adaptations that were required of JP's coach to meet the Skill-centric stage included:

- Presenting an agenda with options vs leaving it completely open for him to drive
- Incorporating concrete tools to help with targeted management skills
- Use of recognized “experts” in his life and in the literature
- Tools to help him consider different perspectives
- Intentional use of polarity work to begin recognizing multiple perspectives and help the client shift from a problem, “either/or” orientation to a paradox, “both/and” orientation

We share here a conventional stage example as, statistically, the odds are good that you will encounter a leader coming from that level of meaning-making. And, this same principle and process can be leveraged at any stage, with individual leaders, their sponsors, and their teams.

What might you approach differently if your leader was amongst the 16% of leaders who are post-conventional? Have you ever experienced where a client seems to be on a more “stratospheric” way of thinking than you or that they feel frustrated or unheard in some way? If so, perhaps this GPS table can help you meet those leaders a bit differently moving forward.

As we've worked with post-conventional leaders, we've noted they face this experience posed above quite frequently in their interactions. Why? The systems they work in, as well as the leaders around them, are largely operating within a conventional action logic and structure. The coaching opportunity for us in partnering with these leaders is to support them in bringing their best self to work, even if their boss or organization is coming from a predominantly conventional center of gravity.

In leveraging our GPS table, our best practice techniques with post-conventional leaders include, but are not limited to, focusing on:

- Deep exploration of purpose
- Ongoing, active solicitation of feedback
- Leveraging polarities
- Integration of body, mind, and spirit: use of somatic tools, journaling, and reflection
- Calculated risk-taking: managing up and influencing to nudge the system in adaptive ways better suited to an unpredictable world
- Leveraging team of teams: creating systems to support trust and decentralized decision-making within and among interdisciplinary teams

In our engagements, we introduce the LMF concept to our clients to anchor our interventions and tools as we leverage them. If clients become interested in learning what their stage of meaning-making is currently, we explore providing them the Maturity Assessment Profile (MAP)⁹, administered by certified coaches. For us, whether we introduce the formal assessment or simply follow our GPS table, we find that by leveraging this leadership maturity framework, we are able to meet our clients where they are much more effectively than without using it.

All action logics are needed in the workplace – and – because the LMF has a hierarchical schema to it, there can be valid struggles for clients – and coaches – to be able to meet each other well when coming from different locations. While it might be tempting to succumb to “better than”

thinking from later stages to earlier ones, the challenge to us and our clients is to meet everyone with compassion and curiosity, rather than judgement, wherever we are.

Healthcare is in a period of transformational change that is raising the bar for healthcare leadership skills, particularly regarding managing complexity and ambiguity. Those areas require later stages of leadership maturity, as identified within the Leadership Maturity Framework.

To meet our clients where they are in their stage on that developmental journey, having a GPS table to orient us to their possible “center of gravity” has proven invaluable in co-creating the sequencing of coaching interventions that more deeply supports the client with forward, rather than potentially disruptive, progress along that path. Due to this noticeable impact in the level of work with our physician leaders – and their healthcare organizations – we are sharing our table and experiences with the hopes of broadening our community’s capacity of creating powerful and more transformative engagements to support and contribute in healthcare’s transformative process.

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