



Reflecting pathways to  
learning and change



F. Campone, Inc. Newsletter

*In preparation for this column, I read a special issue of *The International Journal of Evidence-Based Coaching and Mentoring*, summer 2007 (<http://www.brookes.ac.uk/schools/education/ijebcm/special-2007-contents.html>). Popovic and Boniwell's description of "personal consultancy" piqued my interest as an effort to cross the borders between coaching and various forms of psychotherapy. The article that generated real thought waves, though, is "The mental health boundary in relationship to coaching and other activities" by Andrew Buckley. Buckley's article offers considerable material for reflection by all individuals who call the work they do "coaching".*

## Currents in Coaching Research : Coaching and Psychotherapy

Buckley approaches the issue of boundaries and offers an alternative approach from a grounded and common sense perspective. This is a critical and highly relevant issue for coaching practitioners, regardless of coaching niche or specialization. Evaluating the appropriateness of a coaching intervention is also relevant whether a coach practitioner is licensed as some form of psychotherapist or otherwise. In Buckley's view, the current debate about boundaries between coaching and psychotherapy focuses inappropriately or unrealistically on three elements: the client's mental health (or illness), the coach's qualifications and the purpose or focus of the coaching.

Buckley notes that many publications on coaching define coaching by what it is not, in contrast to psychotherapy. He cites several instances which refer to coaching as suitable for clients who are "mentally healthy" or "normal", who are "not dysfunctional". He then parses the definitions, underscoring that even where a clinical definition or boundary may exist, not all therapy practitioners would accord with the distinctions. He says, for example, that "In counseling, a person is seen as broken, bruised and in need of healing. In coaching, people are viewed as creative, resourceful and whole." Buckley then goes on to repudiate this statement as not consistent with his own view of his clients. Staying with clinical definitions and guidelines to draw a clear boundary between "healthy" and "ill" clients, Buckley suggests, can only lead to an illogical end result, which is that "no coaching could ever take place because of the impossibility of defining mental health as a distinct 'have or have not". That is, a clinical definition of mental health or illness is a place along a sometimes ambiguous continuum. Furthermore, for a coach to evaluate where a client may be along this continuum would require that the coach have extensive clinical training in such assessment, training which is far beyond the scope of what is currently encompassed in coach preparation. This is related to Buckley's second point.

Buckley's article considers the competencies of the coach in drawing coaching/therapy boundaries. As his introductory remarks make clear, definitions of who qualifies as a counselor,

psychotherapist, or psychologist vary widely across state boundaries and around the globe. Presenting the extremes, he notes that in “parts of Europe...the psychotherapist is medically qualified. In contrast, in the United Kingdom...there are not boundaries to anyone using the term psychotherapist or counselor.” Limitations and requirements for coaches to operate within the constraints of their own competencies and skills are imposed mostly by ethical codes of conduct (e.g. The International Coach Federation, The European Mentoring and Coaching Council). For those coaches who are also licensed psychotherapists, the boundaries are still not simple. “The American Counseling Association defines counseling as ‘the application of mental health, psychological or human development principles, through cognitive, affective, behavioral or systematic intervention strategies that address wellness, personal growth or career development as well as pathology’.” (p.19)

Further ambiguity surrounds the coaching/therapy distinction when one views state regulatory codes. The Mental Health Regulatory Boards in the state of Colorado [1] advise “there are four determining factors the Board uses in assessing whether personal coaching is psychotherapy. First, does a professional relationship exist between the personal coach and client? Is there an expectation by the client for the coach to provide any assessment or counseling to assist the client in understanding conscious or unconscious motivations; to resolve emotional, relationship, or attitudinal conflicts; or to modify behaviors that interfere with effective emotional, social, or intellectual functioning? If the coach is not a licensed psychotherapist, is the client compensating the coach for his/her services? And last, under what circumstances or for what purpose did the client employ a personal coach? If the coach was employed to attain a promotion or for career enhancement purposes, this practice is generally considered exempt under the “employment or rehabilitation counseling” provisions of the Mental Health Practice Act.” However, “personal coaching practiced for the purpose of promoting self-discovery, understanding and coping with various life issues, and setting personal goals or engaging in any self-improvement counseling is most likely considered the practice of psychotherapy by the Regulatory Boards.” (Martinez, 2004). This last sentence may be considered an advisory to local coaches advertising services that promise to help a client “create a perfect life!”

Buckley concludes his exploration with four common-sense recommendations for key skills which he suggest will enable coaches to “effectively manage those clients where some other form of help may be indicated.” Specifically, he advises that all coaches must have the “awareness that some people will have temporary, or more permanent, mental health issues that will be barriers to effective coaching” and that these are not indicative of the coach’s competence but simply what is. The second skills is the “ability to recognize the signs that suggest a possible mental health issue”; this is different from being able to diagnose the issue. Third, Buckley suggests a “thorough knowledge of legalities and ethics...as well as an ability to make informed judgments of one’s own level of training and experience and any specific contractual agreements that may be in place. “ Finally, Buckley suggests coaches must have a “willingness to make choices around coaching as an appropriate solution and to offer alternatives to those clients in need.” In essence, we must be able to sometimes say “no” to a client for whom coaching is not the appropriate course of action.

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1 Martinez, A. (2004) Coaching: Is this considered the practice of psychotherapy? Mental Health Trends, State of Colorado. Accessed in the original on 6/12/06 and by this author on 4/6/08 from <http://www.dora.state.co.us/mental-health/trends>

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