

# A Look at Counseling versus Coaching

By: Jane Bajor, M.S., LMHC



According to various articles, coaching came into its own in the 1980's fed primarily by the recession that caused a lot of organizational changes like downsizing and right-sizing of corporations. Consultants came into organizations to coach individuals and groups to optimize potential growth and human characteristics for the benefit of the corporation.

Over time, coaching has spread beyond the business world. People from all walks of life are now hiring coaches to assist them in achieving a variety of personal and professional goals. This growth is evidenced by the increasing number of coaches joining the International Federation of Coaches (ICF), the professional organization that sets ethics and standards for the coaching profession and certifies coaches.

According to the ICF, coaching can be defined as "an ongoing partnership that helps clients produce fulfilling results in their personal and professional lives. Through the process of coaching, clients deepen their learning, improve their performance, and enhance their quality of life."

In being coached, one does not have to admit to either needing help or even to having a problem, so the shame based feelings often triggered by counseling are by-passed. It is no disgrace to have a coach; even Tiger Woods has had a few.

How does one distinguish between coaching and therapy/counseling? "First, clinical work is focused on diagnosis-bound behavior, while coaching is centered on improving work or job performance. Second, clinical work is patient centered and process oriented, while coaching is more direct and may involve more prescriptive approaches (e.g., advising and information giving). Third, in counseling progress is measured mainly by patient self-reports, while in coaching performance is measured in more concrete numerical terms. Fourth, therapy is traditionally done face to face; coaching can also include telephone sessions and even E-mail correspondence. The final difference is how compensation is received. In therapy, the patient or Health Insurance Company pays. In consulting, in most cases, the client company is billed or the client pays in advance for the service." (Executive Coaching A Comprehensive Review of the Literature, Consulting Psychology Journal: Practice and Research Fall).

Coaching executives requires knowledge about organizations, management, leadership, economics, and many other disciplines. Psychologists who coach executives need not necessarily be executives themselves, but they must have an in-depth feel for the lives that these most competent, ambitious, and talented people lead and how to successfully intervene with them. It is clear in this regard that executive coaching has continued on the path of becoming a unique competency in the practice of consulting psychology, according to Executive Coaching A Comprehensive Review of the Literature, Consulting Psychology Journal: Practice and Research.

However, the context and nature of the relationship between the therapist or coach and their client differs significantly. Therapy's primary focus is on processing your emotional history or diagnosing and treating mental health issues. The client relationship with a therapist tends to be kept at arm's length where as with a coach it is co-created, close and collaborative. The coach's perspective is one of seeing the client as whole and perfect as they are. The therapist seeks to strengthen weaknesses and heal the client of old wounds.

Coaching is action oriented, with a focus on your current life and plans for the future. Although therapy deals with your current life, the focus is on the past and its healing process.

Some of the similarities between coaching and therapy include key skills and qualities needed for both therapists and personal coaches. Both services include the need for: perceptive listening skills, respect, empathy, creativity, a sense of humor, and the ability to offer clients encouragement, resources, new perspectives, etc. Also, many models for counseling have been developed that make use of collaborative goal setting, which are strength-based, present or future oriented, and solution-focused- however, there are also important differences.

Clients engaging in coaching services are considered to be in good mental health and are functioning within normal limits, while people involved in psychotherapy tend to be stuck at an unsatisfactory level of psychological, social, and/or occupational functioning, generally as a result of a number of distressing symptoms that they are struggling with.

Coaching clients may choose to focus on issues that include creating increased personal/professional fulfillment, enhancing creativity, striving for new levels of achievement, relationship strengthening, etc. Clients receiving psychotherapy are generally provided with services for symptom relief in order to restore impaired functioning.

Coaching is often based on a client's personal passions and vision for the future and goals are generally created through an in-depth process of identifying client strengths/interests, aspirations for new directions, and through creative exercises for problem-solving/action planning, etc. With psychotherapy, especially if insurance coverage for services is needed, work generally needs to be focused on identifying symptom criteria in order to establish a diagnosis (based on the "DSM", Diagnostic and Statistical Manual for Mental Disorders,) and on the development of a treatment plan to address the client's "pathology" according to established guidelines, with the aim of decreasing the client's distress and correcting "maladaptive behavior." (Ideas on Fostering Creative Problem Solving in Executive Coaching, Consulting Psychology Journal: Practice and Research)



With coaching, goals are created based on the client's values, personal desires, and unique vision for their life's next chapter. In therapy, if insurance coverage is needed, treatment plans need to be written by the therapist in such a way that they will meet the approval of the insurance company, so that a certain amount of sessions will be authorized for payment.

Coaching services are completely private, not involving insurance in any way. Information about your work with a coach will not be shared with anyone (unless you want someone included, with the only exception being that for legal and ethical mandates" such as an intent to do harm type situation.)

However, it is interesting to note that "there is actually more confidentiality in coaching. People do not realize that when they submit their bills to their insurance company for therapy, their information is public knowledge. They can access that information at any time. There are also clearinghouses that a savvy person can call to get the addresses of people with a certain diagnoses from their insurance companies. Most people do not know this." (Coaching Versus Therapy A Perspective, Consulting Psychology Journal: Practice and Research).

There are a number of issues that delineate the difference between coaches and therapy. First, the focus of attention, time orientation, level of activity, and types of conversations between themselves and their clients is very different with coaching vs. therapy. Second, there are differences in flexibility and duality between coaching and therapy relations: Dual relationships are taboo in therapy, whereas looser boundaries allow the coach much more latitude than the therapist. It is reported that there is greater flexibility in a coaching relationships and that it tends to rely on a more traditional expert-subject relationship with clients while conducting psychotherapy. In addition, coaching has a tendency to stay in the here and now rather than delving into the past in order to determine why a person is behaving as he or she is. Third, the specific client characteristics that a coach needs to recognize as danger signals requiring referral, with coaches who are not professionally trained clinicians often failing to recognize these red flags. Hallmarks of danger include signs of depression, anxiety attacks, alcohol or drug addictions, personality disorders, and paranoia. At the same time, participants also identified that a therapist-turned-coach must have business knowledge in addition to clinical experience (i.e., a business mindset) and be able to achieve business results. Therapists may need to avoid using certain therapy techniques or, more to the point, realize that being a good therapist does not necessarily make one a good coach.

Major areas of concern for coaching in the future are in the area of legalities and licensing issues. Today, there are not any requirements for licensure of coaches in the United States. A second area of consideration is training and supervision. Again, there is not a uniform means of training for coaching, however, this is changing. Additionally, there is not a practicum as required for therapist along with supervision. Ongoing supervision is necessary for coaches to ensure they are not crossing the boundaries of a therapeutic relationship. Accountability and ethics will also be areas of future growth as the industry grows.

## References

Executive Coaching A Comprehensive Review of the Literature, Author: Kampa-Kokesch, Sheila; Anderson, Mary Z. Source: Consulting Psychology Journal: Practice and Research Fall 2001 Vol. 53, No. 4, 205-228

Ideas on Fostering Creative Problem Solving in Executive Coaching, Author: Richard, James T. Source: Consulting Psychology Journal: Practice and Research Fall 2003 Vol. 55, No. 4, 249-256 ISSN: 1061-4087 Number: cpb554249

Coaching Versus Therapy A Perspective, Author: Hart, Vicki; Blattner, John Leipsic, Staci Source: Consulting Psychology Journal: Practice and Research Fall 2001 Vol. 53, No. 4, 229-237 ISSN: 1061-4087 Number: cpb534229