Coaching Versus Therapy
A Perspective

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This article reports a study of current perceptions among professionals regarding therapy and coaching. Whereas therapy and counseling have been traditional fields of study and practice, coaching is not as well developed. It is helpful to examine the perceptions of practicing professionals in order to delineate the distinctions and overlaps in these modalities. A set of 7 questions was used to explore these viewpoints with a participant pool of professional coaches–therapists. Interview data and narrative summaries provide a perspective on the controversy of coaching versus therapy.

Although the origins of coaching began back in the 1940s, it wasn't until the 1980s that the field really came into its own (Hudson, 1999; Tobias, 1996.) As the world of work and organizations changed, so did the needs of the individuals within them. Services—such as succession planning, leadership training, and outplacement, to name a few—became more common. We also witnessed societal changes, with many aspects of our lives being more unpredictable, turbulent, and fragile. Because of these dynamics and the increasing frequency and speed of associated transitions, coaching has evolved as a methodology to fill a need for growth as well as continuity in our lives.

Counseling and therapy also assist individuals in need and have their own rich traditions of helping and social influence. Much overlap currently exists between therapy–counseling and coaching, including the fact that many former therapists have switched to coaching or practice both coaching and therapy concurrently. Both coaching and therapy are based in similar theoretical constructs, and similar practitioner–client issues may arise in each. Both professions are based on an ongoing, confidential, one-to-one relationship between the therapist or coach and his or her client. "Clients come to therapy or coaching wanting change, and both professions assume that significant change will occur over time" (Hayden & Whitworth, 1995, p. 1). These overlapping characteristics between therapy–counseling and coaching raise issues and, in some cases, foster controversy among professionals in both arenas.

In an effort to articulate, clarify, and further discern these issues, we conducted face-to-face and telephone interviews with 30 geographically dispersed participants. The participant pool was composed of professional colleagues as well as random, self-selected respondents to an Internet-based request for participants. All participants met the criteria of (a) holding a clinical master's or doctoral degree and (b) having either active or former practices in both coaching and therapy. Participants' demographics are summarized in Table 1.

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DOI 10.1037//1061-4087.53.4.229
Consulting Psychology Journal: Practice and Research, Vol. 53, No. 4, 229–237

Table 1
Demographic Data of Participants

Demographic data	Male	Female
Educational training		
MA or MSW	6	9
PhD or EdD	9	6
Type of coaching		
Generic (i.e., personal)	8	10
Executive	7	5
Description of practice		
Currently practicing coaching and therapy	8	7
Has practiced both, but not concurrently	7	8
Description of clients		
Individual	7	6
Organization	2	1
Individual and organization	6	8

The experience and opinions drawn from these interviews provide the basis for our inquiry and are categorized and summarized below.

Question 1: From Your Experience, What Do You Think Is the Critical Difference Between Coaching and Therapy?

Participants identified between one to six critical differences between coaching and therapy. Their comments emphasized the distinction in focus of attention, time orientation, level of activity, and type of conversation between themselves and their clients.

In therapy, the focus is often on interpersonal health and an identifiable issue, such as acute depression or relational discord, that interferes with the client's level of functioning and current psychodynamic or psychosocial adjustment. The focus is typically retrospective, dealing with unconscious issues and repair of damage from earlier experiences, according to numerous interviewees. It may even involve medication, adjunct therapies, and coordination of services. Discerning and treating pathology and relieving symptoms through behavioral, cognitive, or analytic intervention is the domain of the psychotherapist.

The coach's orientation is prospective, focusing on goals, untapped potential, and critical success factors in a whole person who seeks to maximize his or her fulfillment in life and work. Although both approaches involve developmental issues and focus on awareness, therapy encourages awareness of past injuries in order to promote insight and healing, whereas coaching focuses on untapped present possibilities in order to link awareness to action.

Regarding level of activity and types of conversation, coaches are more likely to initiate topics for discussion and to step into a session with ideas and suggestions. They portray their coaching interactions as more active, informal, and self-disclosing, often perceiving their coaching clients as experts in their own right. According to most interviewees, conversations in coaching are tied to business and work objectives. Whereas therapy may be an undefined, wandering process of uncovering and discovery, coaching interactions were described by participants as more structured and task focused, often involving concrete action plans designed to move clients toward their defined goals. Therapeutic dialogue is seen as more often involving the expression of feelings and emotional processing. The exploration of depth issues is perceived as outside the boundaries of coaching for nonclinically trained coaches.

Participants also articulated the overlap between coaching and therapy. In particular, they highlighted the similar methods of inquiry, propensity for advice giving, boundary issues, and potential power differentials that exist in both. Several participants stated that the grayness between these two approaches to social influence and the current lack of regulatory standards of practice for coaching create critical issues for both professions.

Question 2: How Do You Relate to Coaching Clients Versus Therapy Clients?

Overall, there is a profound difference in relating while conducting coaching versus

therapy with clients. All of the participants agreed that coaching is more goal directed, action based, and outwardly defined. When coaching clients, participants reported themselves as "self-revelatory," "having a skilled friendship," and "in partnership." Other common themes were having looser boundaries, being more relaxed, using the self as a vehicle for change, and not addressing transference issues. Participants reported using more humor, being more actively engaged, and having greater flexibility within the coaching relationship. There is not the same need to "protect" the relationship, and as a marriage and family therapist from Montana put it, "You can admit that you know them in the grocery store." Almost all of the participants interviewed for this study admitted that they expect more from their coaching clients. They indicated that they can adopt less of a caretaking role with their coaching clients and are not responsible for emotional fragility and looking out for them. A master's-level therapist from British Columbia who is now practicing only coaching stated that "coaching is not such a tender zone as therapy is."

Most of the participants interviewed for this article relate to therapy clients in a traditional psychotherapist–client manner. A clinical psychologist in New Jersey who is practicing both therapy and coaching stated,

> In coaching, once the coach opens the door, the client walks through with little, if any, difficulty. In therapy, the client is more likely to be reticent, not "seeing the door" or feeling afraid to find out what is on the other side.

In therapy, the emphasis is on past relationships, problems, and behavioral patterns. Participants reported that they are "distant" and "protective" and do not develop friendships with their therapy clients. Self-disclosure is minimal unless it is considered beneficial to the therapeutic process. There is an assumption that the therapy client is damaged, lower functioning, or in crisis. Boundaries are usually rigid and impermeable in therapy relationships. Another major difference is the use of transference issues in therapy, which is virtually ignored in the coaching relationship. In therapy, the therapist is viewed as the "healer" in the relationship, whereas coaching implies more collaboration between coach and client. The extensive clinical training and education that the therapist has experienced compounds this position, primarily because for some time psychotherapy has aligned itself with the medical model. When a client comes to therapy, he or she has the expectation that the therapist is the so-called expert who knows more about the diagnosis or problem than he or she (the client) does. This is different than when a client comes to the coach with the expectation of a more collaborative model.

Question 3: What Would You Do or Not Do With a Coaching Client Versus a Therapy Client?

Perhaps the biggest difference between executing coaching versus therapy for the participants we interviewed is the emphasis (or lack thereof) on the client's past. A psychologist from Washington State who no longer practices therapy reported, "Coaches have to stay in the here and now; they do not go into the past to try and figure out why a person is behaving in the way that they are." A PhD psychologist from Massachusetts who practices both coaching and therapy delineated between the two by "not taking up issues pertaining to one's family, not dealing with depression and referring out if symptoms of pathology are present" while he is doing coaching.

Flexibility and duality appear to be overriding differences between maintaining coaching versus therapy relations. An EdD who is the president of a national coaching training program for therapists stated, "The coaching client can also be in other relationships with you [golf, social, etc.] if boundaries are respected. Dual relationships are taboo in therapy relationships." Coaching

does not carry the same stigma that therapy has in the past. People are even inclined to publicize the fact that they are receiving coaching. "I would meet a coaching client in Starbucks for a session while I would never meet a therapy client in a public place," exclaimed a clinical social worker from California.

Looser boundaries allow the coach much more latitude than the therapist. An example of this difference was elucidated by a licensed clinical social worker in Florida who practices both therapy and relationship coaching:

> If a coaching client asks me my birthday, I'll tell them, and even accept a card. If my therapy client asks me the same question, I'll ask them why they want to know or what do they want to hear.

Participants reported much greater flexibility in the delivery of coaching methods but tended to rely on the traditional means of conducting psychotherapy. Participants interviewed for this article reported relating to coaching clients by means of telesessions (over the phone), the Internet, video conferencing, and in-person meetings. Therapy relations existed largely on a face-to-face basis, relying on telesessions for an emergency basis only.

Participants reported a greater feeling of dependency from their therapy clients. The expectation is that the coaching relationship will not foster the same level of dependency and that there will be a more egalitarian relationship. A master's-level therapist from California reported, "A lot of therapy can be coaching but not vice-versa." A psychologist from Indiana stated, "Coaching can be used by a therapist as a situational application when the circumstance requires him to act as a coach, as an adjunct approach. A coach, on the other hand, is not equipped to act as a therapist."

Among participants there was a strong consensus that when providing therapy, remaining distant is always a concern. However, this concern is not there in coaching relationships. One therapist–coach from Maryland reported that he "talks more" in coaching: "I am more likely to offer something that might catapult them in some direction."

Question 4: What Do You Consider "Red Flags" for Coaches Who Are Not Trained Therapists?

Responses to this question clustered around two areas of concern: (a) the specific client characteristics and issues that a coach needs to be able to recognize as danger signals requiring referral and (b) the issues surrounding people acting as coaches who are not professionally trained clinicians. Starting with the first, the red flags most often mentioned as indicators of deeper client issues include signs of depression, anxiety attacks, alcohol or drug addictions, personality disorders, and paranoia. A psychologist who trains therapists to be coaches feels that "if the client is stuck in a victim role or emotional drama, not showing up, not following through, has serious emotions in more than one session, or [is] expressing that they cannot go on," a coach should beware. He stated, "A tight feeling in your gut is a red flag, and don't dance around it."

A master's-trained therapist from Maryland said,

> Watch out for low affect, high degrees of chaos, and the inability to take action and move forward on a path. If you feel you have to be overly responsible, this is not a good sign for a coaching situation.

A clinician trained in organizational behavior warned that when the "mood of the client is a prominent feature of the interaction" and "it takes on the character of an overarching belief system that you know may not have anything to do with the reality of the present-day situation,"

the coach should beware. When the client tells the coach, "You are the only one who cares about me," there is cause for concern. Other red flags suggesting the need for referral include persistent anger or aggression, suicidal ideation, self-destructive impulses or behaviors, and extreme dependency.

These issues lead into the second area of concern held by many participants, starting with whether nonclinicians are able to identify a mental or emotional problem that lies beyond the realm of coaching. "You must know how to identify, how to ask the right question to assess, and how to manage the problem," stated a psychologist from the San Francisco Bay area. A blind spot for coaches who are not trained therapists is that "their paradigm keeps them ignorant and myopic in that they approach everyone as if they are whole and complete. They do not recognize pathology, nor have a skill set to manage or treat it," according to a psychologist in Oklahoma who is authoring a book on the subject. "They themselves may demonstrate their own pathology or unresolved issues within the context of the coaching relationship without recognizing it."

Boundary issues comprise another area of concern related to coaching without clinical training. As the psychologist from Oklahoma stated, "Coaches may surface powerful pockets of transference and countertransference through establishing highly intimate dialogues that create a power differential, without any clear parameters or articulation of that process." "One of the advantages of coming from a therapy background is knowing the distinctions, knowing where not to go, but helping people find a good clinician," said an executive coach practicing with multinational corporate clients. A number of interviewees raised yet a third concern involving ethical behavior and issues of confidentiality in coaching given there are currently no licensing or governing boards. As one participant pointed out, "Protecting confidentiality and keeping agreements are important in coaching but are legally required in therapy."

Question 5: Alternatively, What Do You Think Is Unique About Coaching That a Trained "Therapist-Turned-Coach" Needs to Be Aware of While Coaching?

Perhaps the biggest obstacle that the therapist-turned-coach needs to be aware of is that coaching is not for every therapist. Coaching models seem best suited to goal-oriented therapists who prefer to enable clients to take responsibility for their own process and outcomes, rather than to "fix" the problem (Steele, 2000). Participants strongly stated the need to stay away from psychodynamic issues. The coach's intention is to keep the process moving forward, and discussion of the past should be avoided: "You may want to 'visit' the past, but don't spend time analyzing it." In coaching, one does not focus on symptoms or draw conclusions. As one participant stated simply, "Don't do therapy."

In therapy, one "works to achieve wellness," whereas in coaching one focuses more on increasing capacity and reaching goals. The coach is there to help the client achieve results. As one participant stated, "People want you to help them, and just listening is not enough." This often translates into a necessity for the coach to demonstrate business savvy and achieve business results. Coaches must understand how business organizations function and have a grasp of different industries and their particular needs. Having a business mindset is important when making the transition to coaching.

Participants raised other distinctions between coaching and therapy that therapists should be aware of related to timing, scheduling, and setting an agenda. In coaching the time frames are not as rigid as in therapy. A session may be broken up into half-hour time

blocks and may be weekly or monthly, depending on the contract between the coach and the client. So coaching would vary from the traditional 50-min hour. The coach needs to guide the process and not direct it. The client, not the coach, should establish the agenda for the coaching. Also, many participants agreed that the client is in charge of the process as opposed to therapy, where the therapist is often in charge.

In reference to executive coaching, it was suggested that the concept of and training in leadership roles is helpful. A coach should be familiar with different styles of managing others. Coaches need to appreciate the role of the individual in the context of the organization. Overall, the executive coach should maintain a focus on achieving results for both the client and the organization.

Finally, participants indicated that therapists desiring to become coaches would greatly benefit from a formal coaching program. One study participant suggested that "therapists may need to 'unlearn' therapeutic techniques" in which they were previously trained and instead learn what is required to be an effective coach. This may also necessitate that therapists-turned-coaches "let go of the ego of their title." One participant offered this comment: "Being a therapist does not [by definition] make you a good coach."

Question 6: Who Would You Say Is "in Control" in Coaching and in Therapy?

The participants responded in a variety of ways to this question. A few participants indicated that in therapy the therapist is in control of the process. This may be attributable to the therapist's experience in dealing with mental health issues or the perception that the particular therapist has of a client. Also, the influence of professional training and orientation may play a role in how the process is managed. One participant stated, "The issue of control is about 80% of the therapy."

Another group of participants classified control for coaching as a comutual or cocreative process. Coaching is seen as a more collaborative process and more straightforward than therapy. It appears to be an activity that is shared by both parties and not controlled by the coach. The coach will guide the person being coached but will not directly assume responsibility for the outcome. These participants indicated that in coaching, the person being coached would know that he or she is in charge.

Other participants suggested that the issue of control rests with the client. Whether it is coaching or therapy, they maintained that control is always in the hands of the client. One participant stated, "The client is always in charge; in coaching the client knows this, and in therapy, it is something that has to be taught."

Question 7: How Are Contracting and Confidentiality Handled in Coaching Versus Therapy?

Participants reported mixed responses to this question. Contracting in coaching appears to be more formal than in therapy. A PhD from California confided that

> in coaching, there is a clear contract—it is explicit: "Where are we going, where do you want to be?" In executive coaching, the organization comes to the coach and says, "we have this guy who is really messed up."

Other aspects that seem to make coaching contracts more formal than therapy contracts are quarterly reviews, fixed time lines, open discussions of clients' expectations, outcomes, payment made up front, and requirements to demonstrate targeted results.

According to some participants, contracting in therapy appears to be looser and less defined. A clinical psychologist from California stated that he does not do much contracting in therapy and that he "may use it very loosely around what it is we need to work on, but do not ratchet it down to spe-

cific behaviors or goals." Contracts in therapy appear to be verbal or left to the insurance companies. At the opposite end of the spectrum, a psychologist from Oklahoma stated that "in therapy, the implied contract is rooted in national standards for ethical practice to which therapists are held accountable, are reviewed, monitored, and can be sued."

Approximately one third of the participants interviewed for this study reported no difference in contracting. A master's-level clinician from Illinois who is concurrently practicing both therapy and coaching sees contracting in both "as the same process—dealing with fees, goal setting, logistics, time and place." Another psychologist from Indiana reported "no real difference—different psychologists use different contract models. It depends on the individual."

Confidentiality is a critical aspect of any helping relationship. An EdD from Colorado reported, "Confidentiality is a little looser in coaching, although I do not share who my client is or any details without their permission. Coaching clients, however, love to tell people who their coach is!" Others reported that there is a lack of monitoring in coaching and that there are not any actual rules pertaining to confidentiality. A PhD from Georgia confided, "In coaching, there is not legal protection. In coaching you could 'blab' to anyone, whereas you are not able to do that in therapy." Obstacles to confidentiality in coaching include instances when you are working as an external consultant for a company and when the company is your client.

Overall, most of the therapists who are also practicing coaching appear to take confidentiality very seriously and are skeptical that other coaches without the clinical training are doing the same. Most therapists who are doing coaching seem to adhere to the therapist guidelines and to practice under their oath as a psychotherapist. A psychologist from Illinois stated, "Confidentiality in coaching must be cleared with the client first. In therapy, there are laws governing what can be said and how. You must follow the law."

Managed care has caused the notion of confidentiality in therapy to take an interesting turn. One master's-level therapist from Arizona stated,

> 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 don't know this.

Summary

This article documents some of the thoughts and concerns expressed by 30 professionals who practice coaching, therapy, or both. In summary, participants identified several distinct differences between coaching and therapy, including the focus of attention, time orientation, level of activity, and types of conversations between themselves and their clients. They also articulated the overlap between coaching and therapy; in particular, they highlighted the similar methods of inquiry, propensity for advice giving, boundary issues, and potential for power differentials that exist in both. Second, participants reported that they relate to coaching and therapy clients differently and described coaching as more goal directed, action based, and outwardly defined. By contrast, there is an assumption that in therapy the client is often "damaged," lower functioning, or in crisis. Third, participants reported overriding 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. Participants reported that they have much greater flexibility in their coaching relationships and that they tend to rely on a more traditional expert–subject relationship with clients while conducting psychotherapy. In addition, they

reported 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.

A fourth area of response clustered around 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.

Some participants reported that the therapist is in control of the therapy process; another group classified control in coaching as a comutual or cocreative process. There were also mixed responses to questions about contracting and confidentiality in coaching versus therapy. In general, contracting in coaching appears to be more formal than in therapy, where it appears to many to be looser and less defined. However, approximately one third of the participants reported no difference in contracting. Confidentiality was also reported by some to be a little looser in coaching. However, most of the therapists who are practicing coaching appear to take confidentiality very seriously and were skeptical as to whether nonclinically trained coaches are doing the same.

Issues for Future Consideration

The experience and opinions summarized above give rise to issues that warrant further exploration. Key categories of inquiry suggested here include concerns about legality and accountability, the importance of adequate training, and the need for supervision.

Concerns About Legality and Accountability

Issues of ambiguity that arise for therapists who are transitioning to coaching include licensing accountability for practicing as a therapist while coaching, governing laws, and future legislation. As of now, coaching is an unregulated field. There are some who think this may change in the future, and they are waiting for the first coach to be sued in court. An example of this uncertainty exists in the state of Washington, where a coach must be registered as a counselor. The law includes the following definition, which has been interpreted by some as including coaching:

> (5) "Counseling" means employing any therapeutic techniques, including but not limited to social work, mental health counseling, marriage and family therapy, and hypnotherapy, for a fee that offer, assist or attempt to assist an individual or individuals in the amelioration or adjustment of mental, emotional or behavioral problems, and includes therapeutic techniques to achieve sensitivity and awareness of the self and others and the development of human potential. (Revised Code of Washington, 1987)

Many coaches practicing in Washington have interpreted this definition to include their profession and have registered in order to be safe. The likelihood of other states following Washington's lead is unknown at this time.

Importance of Adequate Training

A second issue for future consideration relates to the need for nonclinicians to receive training to address red-flag issues. A number of our participants offered advice in this arena. In the words of an Olympic coach who became an executive coach and authored a coaching book: "A coach is not a therapist and should focus on the issues that the client brings. If he (she) is aware of anything that

interferes with these issues, that could be a cue for a referral." Another psychologist recommended that coaches have a statement they make for themselves and others as to what their limits are and that they verbalize it with examples of what they do and what they do not do in coaching:

> Elucidating their coaching processes—such as defining the issues, the goal, the plan of action, and the deliverables—gives the client some perimeter or a container to put her/himself into. Then the assumption is that [if the coach] does these things and the client does not change, there may be a clinical issue going on.

Need for Supervision

A third issue and recommendation that several participants voiced is that a coach should have a coach in addition to adequate training. One reason is to ensure that the coach understands the coachee or client experience. Our participants suggested that ongoing supervision for coaching is important for professional development, just as a practicum or internship is usually required in clinical training. Another purpose of this mentoring relationship is to provide a context for working through issues that cross the boundary between coaching and therapy as they surface in one's coaching practice. A final reason relates to the variety and complexity of organizations. Although ideally a coach has experience with various organizations and industries, "it is clearly impossible to have proficiency and expertise with regard to all issues" (Laske, 1999, p. 151) that may arise with clients. A coach's aptitude is inherently limited by his or her prior exposure to specific cultures and professional experiences. Peer supervision can enable coaches to develop "a proficient methodology, theory and personal ability to work in a variety of environments inhabited by culturally diverse people" (Haber, 1996, p. 34).

If the field of coaching continues to expand, as its current popularity suggests, future research will no doubt find these and other issues worthy of further inquiry. It is likely that, as more scientifically validated coaching practices and their applications are identified, "professional standards for coaching will also emerge" (Laske, 1999, p. 158).

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