The Coaching/Therapy Boundary in Organisations Coaching

ABSTRACT

A literature search revealed a number of differing descriptions of the coaching/therapy boundary. Organisational coaches were surveyed to explore and discover how they made decisions about the boundary in their practice to gain a better definition. Coaches regard coaching as differing from therapy in the sense they feel it's future-orientated, short-term, less deep, goal-orientated, appropriate for clients who are mentally healthy, and organisationally focused. The study showed a high proportion of their practice seemed to be therapeutic. As such, it was difficult to determine theoretical justification for the process and client elements of this definition. Instead of trying to define a boundary, it might be better to accept the indications from the research that coaching has a significant overlap with therapy, and therefore advantageous if coaches were to engage in therapeutic training. With that, coaching could be differentiated from therapy through clear competences and some contextual parameters. For the purposes of this study, it was limited to organisational coaching and omitted life coaching. These types of coaching are regularly treated separately, and some writers alleged that coaching has an organisation focus mitigating any intra-coaching disparities that might confuse the coaching/therapy relationship and therefore highlighting the advantage of facilitating the research question of whether it is coaching's primary focus is on effectiveness at work, rather than personal development, and therefore differentiating it from therapy, this being the only dimension Bluckert (2005) viewed as providing clarity between coaching and therapy.

LITERATURE REVIEW

More prescriptive concepts of coaching and therapy have been introduced (Bluckert, 2005; Peltier, 2001; Zeus & Skiffington, 2000), whereby certain qualities could be assigned to each practice in a way that enabled differentiation. That said, this brought about other challenges in terms of describing the scope. For example, Peltier's (2001, p. xxvi) definition of coaching as 'action oriented, data driven, present-moment focused and designed for a high-functioning client' marginalises current coaching practice and as such, hard to determine the boundary line. Is another or inquiry required to standardise the coaching/therapy boundary. It's also important to note the four themes, namely: the client, the coach/therapist, the process and the purpose provided a framework for thinking for the study. Zeus and Skiffington (2000, p. 12) gave several examples: *Traditional counselling focuses on exploring reactive problems and behaviours, whereas coaching is proactive and looks to recognise and avert problems before they arise; therapists tend to focus on the resolution of old pains and old issues.*

RESEARCH METHODOLOGY

Invitations were sent out to third parties, bolstered by direct approaches to organisational coaches on the internet. The questionnaire was designed to keep responses anonymous unless they volunteered their information, response rates and any specific organisations biases were not known. 192 coaches practising in organisations answered the questionnaire. There was a 49:51 split between respondents from a psychological or therapeutic background and those from management or HR with no psychological or therapeutic experience. 48% of all respondents had received coaching training. Neither of these dimensions, or length of experience of coaching, proved to be significant either way to later questions. Although the results presented below are aggregates, the questionnaire response database permitted analysis of individual responses, and the segmentation of one type of response by the results of others. Therefore, checks could be carried out to confirm patterns suggested by cumulative responses reflected individual answers rather than being chance, guesstimated.

ANALYSIS OF DATA

Differences between coaching and therapy

Question 1: 'When you think about how your coaching is different to therapy, the things that come to mind are? Answering in their own words. The responses were grouped into themes, guided by the four dimensions mentioned in the Literature Review. Three other groupings showed up namely: future/present versus past plus organisational and no difference.

Table 2. How is your coaching different to therapy.

When you think about how your coaching is different to therapy, the things that come to mind are: [192 Respondents]	Firstly	Secondly	Thirdly	Fourthly	Other
Future/present vs. past	47	14	8	5	0
Process	44	86	89	56	21
Purpose	42	31	19	13	2
Client	34	25	25	11	2
Organizational	15	18	13	10	1
Coach	7	4	9	8	1
There is no difference	3	1	2	1	2
TOTAL	192	179	165	104	29

Reasons for deciding not to start coaching

Question 2 addressed the reasons why coaches might decline to coach a potential client. 8% of respondents regarded 'significant performance issues' as a good reason for declining to coach, the word significant is used to try to differentiate from 'any performance issue' which in many cases would be precisely the reason why people engage coaching. The view that significant performance issues often arise from psychological problems was not shared. 52% of coaches who responded that the work being likely to be outside their field of competence was not necessarily a very good reason for deciding not to coach, 86% were at times prepared to coach clients with mental health issues, or where psychological problems needed to be addressed, or where clients seemed uncommitted to change.

Reasons for terminating coaching

Question 3 asked coaches to give their views on reasons why they might terminate the coaching of an existing client. The data shows that many coaches were confident in their ability to manage substantial client difficulties. 'Mental health problems', 'psychological dysfunctions' or 'needing more than normal levels of psychological support' were strong reasons to end coaching. 139 (73%) coaches who didn't answer 'very well' to all three questions, demonstrating quite a wide view of the coaching remit. Of these, 139 coaches, 94 (68%) did not have therapeutic experience, and of these 42 (30%) did not regard 'moving out of my field of competence' as a very good reason to stop coaching. In other words, 22% (42/190) of the coaches who answered this question were not therapeutically trained, nor particularly concerned about their competence, but were prepared to coach clients seemingly showing therapeutic need. 'Persistent performance issues', 'resistance to change' and 'inability to focus on coaching goals' (6%, 12%, and 13% respectively) were not seen as very good reasons. See Table 4 above.

Table 3. Reasons for deciding not to start coaching someone.

How well would the following describe the reasons for you deciding not to start coaching? [138 Respondents]	Dimension	Very well %	Possibly %	Not at all well %
The client had significant performance issues	Client	8	28	64
The client appeared to have mental health issues	Client	57	32	11
The client's goals were more about addressing psychological problems than improving well-being or performance at work	Purpose	47	39	14
The client seemed uncommitted to change	Client/Purpose	35	38	27
The work was likely to be outside my field of competence	Coach	48	31	21

Table 4. Reasons for finishing or renegotiating a coaching contract.

How well would the following possibilities describe the reasons you decided or might decide to finish coaching or to negotiate a therapeutic contract? [190 Respondents]	Dimension	Very well %	Possibly %	Not at all well %
The client appeared to have mental health problems	Client	66	27	7
Goal achievement required addressing psychological dysfunctions in some depth	Process	55	36	9
The client needed more psychological support than is normal in coaching	Process/Client	51	40	9
I felt I was moving out of my field of competence (in the case of finishing coaching)	Coach	56	28	16
The client had persistent performance issues	Client	6	42	51
The client was resistant to change	Client	12	47	42
The client was unable to maintain focus on the agreed coaching goals	Process/Client	13	47	40
The work became past- rather than future-orientated	Purpose	29	53	19
The work became personal rather than relating to improved satisfaction or performance at work	Purpose	21	38	41

Discussion of results

The analysis of results showed one of the main features of the research was the alleged inconsistency between coach's theoretical perspective on the boundary, how they thought about and managed it in their practice. The findings of the analysis of practice are now reviewed within the structure of the overall themes of the coaching/therapy boundary shown in Table 2. There was a sense that the process of coaching was perceived as therapy-lite, without coaches having determined in their own minds what they needed to be light on. Respondents cumulatively input almost 300 statements that have been loosely grouped under 'process'. The only common themes differentiating coaching from therapy were that coaching has less depth and is more short-term than therapy. The concern about depth was supported by most coaches agreeing that 'goal achievement required addressing psychological dysfunctions in some depth' was a good reason to finish coaching. However, there was very little agreement that the client having 'persistent performance issues', being 'resistant to change', or unable to 'maintain focus on agreed goals' were valid reasons. Those capable of assessment would likely be therapeutically competent and could simply provide therapeutic support rather than limiting themselves to coaching the mentally healthy.

Potential ways forward

There appears to be two alternatives. One is to develop coaching as a profession with clear differentiators that sets it apart from therapy where a clear boundary needs to be established. The other is to accept that the coaching and therapy overlap significantly which then would mitigate the need for the boundary but would require the coaching profession to develop a clear description around its context, purpose and process.

CONCLUSION

The researcher believes that organisational coaching would maximise its potential by accepting that it includes therapy, and coaches would benefit themselves and their clients by being therapeutically trained. He also believes that coaches being clear about their personal competence, coaching characteristics, making them explicit to clients and working within them is more important than the definition or boundaries of coaching and therapy. What was not clear is determining how 'deep' a coach can delve compared to a therapist over and beyond a belief, an opinion through a set of questions versus observational analysis. In support of this perception, the researcher feel that coaching educators and governing bodies might benefit by considering what could be deemed core therapeutic competences for coaches. In summary, the research has indicated that practising coaches overwhelmingly believed that coaching is different to therapy, but their practice did not seem to be in line with their beliefs and that compared to the definition of coaching, many coaches engaged in variations of therapy in practice.