

# Border Line

Understanding the relationship  
between therapy and coaching

By Patrick Williams, EdD, MCC



**A**s the profession of life coaching evolves, it becomes more uniquely defined and described. Over the past decade, many coaches and psychologists have clarified its definition and role (Ellis, 2005; Williams and Davis, 2000; Stober and Grant, 2006; Williams and Menendez, 2007), and these distinctions continue to emerge. Increasingly, life coaching seems to be revealing itself as an evolutionary step beyond

traditional therapy. Traditional therapy will not become extinct, but rather it will increasingly serve only those clients who need clinical services. On a continuum, the distinctions between the two fields might be represented as in the chart on the opposite page

As the helping professions continue to evolve, more clarity will emerge

regarding which helping professional is the *best fit* for a client's current concern.

The distinctions between traditional therapy and coaching can be considered in four broad categories.

**1. Past vs. future:** Perspectives on the process. Therapy frequently focuses on the past and generally assumes the client has a problem that needs solving; coaching focuses

on the future and assumes the client is whole and has the innate wisdom and tools to have a wonderful life.

**2. Fix vs. create:** Why clients come to see you. Clients generally seek a therapist as a resource to fix or eliminate their problem; clients seek a coach to assist them in getting more out of their lives or creating new possibilities in their lives.

**3. Professional vs. collegial:** Characteristics of the helper-client relationship. Therapy clients generally see the therapist as an expert who holds the answers and techniques to fix their problems; coaching clients see the coach as a partner to support their growth and efforts to create an even better life than they have now.

**4. Limited vs. open:** How you generate new clients. Therapists are limited in the ways they can generate clients and how readily they can approach others about their services; coaches can be free and open about seeking clients and discussing their services.

Let's take a deeper look at each of these distinctions.

**1. Past versus Future:**

**Perspectives on the process**

In general, therapy has historically dealt with the client's past and some pain or dysfunction. Traditional psychotherapy focuses on the root of the problem, the history, the family of origin, and other causal issues. The helper's role is to bring the client to an adequate present or reasonable level of functioning (taking the dysfunction into consideration).

Coaching, by contrast, works with an individual who is already adequately functioning and moves him to a higher level of functioning. From a theoretical perspective, coaching focuses on the future, barrier identification, goal setting, planning, and creative action. Coaching works actively with the conscious mind to facilitate the client to step into a preferred future while also living a fulfilling life in the present.

Now, some of you are reading this and thinking, "But I work in the future when I do therapy!" This may well be the case, particularly if you are trained and practice from a solution-focused perspective. However, if you are helping adequately functioning individuals move to higher levels of functioning by using coaching techniques, you probably aren't doing therapy, or at least not therapy as defined by most insurance

**“It’s important to keep miles between your coaching and therapy practices if you choose to have both.”**

companies. There are definitely some coach-like therapists — in fact, they are usually the individuals most comfortable with the therapist-to-coach transition.

**2. Fix versus Create:**

**Why clients come to see you**

In most clinical practices, clients come with a presenting problem that they either want the therapist to solve or because someone else has sent them to get 'fixed.' Psychotherapists see many of the latter in marital therapy and child therapy.

Applying the traditional medical model of therapy, the therapist would likely undertake the follow-

ing strategies:

- Talk with the client about her personal and medical histories and previous mental health treatment.
- Explore the history and duration of the problem.
- Discuss why the client believes she might have this problem at this time in her life and continue to gather pertinent current and historical information.
- Consult the most recent DSM (Diagnostic and Statistical Manual of Mental Disorders) or the ICD (International Classifications of Diseases), give the client a diagnosis, and develop a treatment plan.

If the client has insurance, the diagnosis hopefully is one that the insurance company will accept. If not, the therapist faces the common dilemma of deciding whether to assign a DSM diagnosis that will enable the client to get insurance reimbursement. Many therapists will do this simply to enable the client to get reimbursement — not because the diagnosis is in any way helpful (with the exception of training in a clinical program

THERAPY/COACHING CONTINUUM		
TRADITIONAL THERAPY (Old style)	TRANSITIONAL MODELS (Gray areas)	COACHING (A new option)
Psychoanalytic Paradigm of pathology Orientation Process Feelings Inner world History Asking "Why?" Therapist as expert Client as patient Medical model	Solution-focused brief Paradigm of solutions  Language is primary tool  Move away from pathology	Whole-life coaching Paradigm of possibility Orientation Outcome Action Inner to outer worlds Vision of future Asking "How?" Coach as co-creator Partnership of equals Freedom from managed care

**DISTINCTIONS BETWEEN THERAPY AND COACHING**

<b>THERAPY</b>	<b>MENTORING</b>	<b>CONSULTING</b>	<b>COACHING</b>
Deals mostly with a person's past and trauma, and seeks healing	Deals mostly with succession training and seeks to help someone do what you do	Deals mostly with problems and seeks to provide information (expertise, strategy, structures, methodologies) to solve them	Deals mostly with a person's present and seeks to guide them into a more desirable future
Doctor-patient relationship (Therapist has the answers)	Older/Wiser — Younger/Less Experienced relationship (Mentor has the answers)	Expert-Person with Problem relationship (Consultant has the answers)	Co-creative equal partnership (Coach helps client discover their own answers)
Assumes emotions are a symptom of something wrong	Is limited to emotional response of the mentoring parameters (succession, etc.)	Does not normally address or deal with emotions (informational only)	Assumes emotions are natural and normalizes them
The Therapist diagnoses, and then provides professional expertise and guidelines to give you a path to healing	The Mentor allows you to observe his/her behavior, expertise, answers questions, provides guidance and wisdom for the stated purpose of the mentoring	The Consultant stands back, evaluates a situation, and then tells you the problem and how to fix it	The Coach stands with you, and helps YOU identify the challenges, then works with you to turn challenges into victories and holds you accountable to reach your desired goals

setting). This situation is the sad reality of managed care and the rigid application of the medical model to the helping professions, which is mostly the case in the United States.

Beyond this dilemma, the therapist must consider the client's perspective throughout this relationship. Clients assume that they will be *fixed* and will achieve emotional healing as a result of their relationship with a therapist; that is why they sought therapy in the first place.

Coaching clients, on the other hand, seek a coach for a myriad of reasons, most of which relate to their future. New clients usually do not come because they have a major problem — certainly not a major psychological one. They are not coming with a dysfunction and typically are not coming in pain. They might have a little general malaise because they want more out of life and don't know how to get it. Economists call this category of people

the *worried well*. They don't need, or usually even desire, a diagnostic label. They don't have something broken that needs an expert to *fix*. They just want more out of some aspect of their life and assume that by working with a coach, they will achieve greater success in planning, setting goals, and creating the life of their dreams.

If a client with a major psychological problem comes to see a life coach, the appropriate action is to refer that client to a qualified therapist. Coaches need to be proficient at recognizing appropriate and inappropriate coaching clients, as well as the ethical guidelines of maintaining both a therapy and a coaching practice. As a general rule, it's important to keep miles between your coaching and therapy practices if you choose to have both. Additionally, once a person has been your coaching client, it's unwise to take him or her into your therapy practice. The reverse is mostly

true as well, but a therapist may do coaching with a former therapy client as long as there is a ritual ending of the therapy relationship and the new coaching relationship is begun formally and clearly. Therapists who have added a coaching niche to their business also maintain a list of qualified therapists for referrals. Likewise, therapists sometimes refer clients to life coaches when they have resolved their therapeutic issues and are ready to move forward with their life design and plans.

**3. Professional versus Collegial: Characteristics of the helper-client relationship**

The coaching relationship is egalitarian, collegial, and balanced, and has the flavor of an active partnership. Life coaches assume that clients hold the necessary knowledge and the solutions; the coach simply helps unlock their wisdom. Consider this dialogic difference

between therapy and coaching clients.

**Therapy client:** “I just don’t know what’s the matter with me — I’m so depressed.”

**Coaching client:** “I’m not sure where to go next; I want to have more time with my family, but I’m just not sure how to make it work and keep this job.”

Coaching clients often know where they want to go; coaches help them clarify goals and see their way more clearly. There is not a power differential per se in coaching. Good coaches make a conscious effort to keep the relationship balanced.

If you were to observe a coaching session, you would see that it is typically very open — often friendly, casual, and light. Life coaches laugh with their clients and, when appropriate, may even joke or gently tease. With caution, life coaches may feel comfortable sharing personal experiences that are pertinent to what the client is experiencing. Clients and coaches feel as though they know each other on a deeper level than may be the case in many other professional relationships, and many coaching clients report that they appreciate that openness.

At the same time, coaches are professionals and should act accordingly. The International Coach Federation’s Code of Ethics delineates the high standards of professional behavior appropriate to the practice of life coaching. The collegial nature of the relationship between coach and client in no way lessens the importance of abiding by ethical and professional guidelines.

#### 4. Limited versus Open:

##### How you generate new clients

Therapists who add coaching to their business quickly notice the lack of stigma attached to attracting new coaching clients. Most people don’t talk openly about the need to see a therapist, which

makes it harder to create marketing efforts that are visible and relational. Identifying yourself as a professional coach in a social situation is much easier than stating you are a therapist. In contrast, it is much easier to build visible and supportive relationships with other professionals for referral to your coaching business, and it is also much easier to speak publicly and without stigma about what you do.

#### Transitioning from therapist to coach

Now that we’ve covered the major differences between therapy and coaching, let’s examine some of the many transferable skills good therapists (and other trained helpers) bring to the life coaching relationship.

If you have been trained as a therapist or counselor, much of what you have learned will serve you well as a life coach. Listening skills, reframing, positive regard for the client, note taking, and process skills are just a few of the transferable skills. Additionally, you know how to conduct intake interviews and discuss difficult issues with clients, and have probably heard such a variety of stories in therapy that you won’t be surprised by the issues that clients bring to coaching. If you are trained in solution-focused therapy, which uses a group of questions to focus the client’s attention and awareness on what works rather than what is broken, you already have a valuable set of tools you can transfer to life coaching.

When Deb Davis, a colleague, teaches workshops, she describes changing therapeutic assumptions to the coaching perspective as analogous to resetting the default buttons on a computer. Therapists have been trained to function from a certain operating system. As you transition



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into the coaching perspective and operate from coaching assumptions, you'll need to reset the default buttons on your internal operating system so you can think and act like a coach rather than as a therapist. If you've ever traveled to a foreign country and had to adapt to driving on the other side of the road, you understand the necessary period of adjustment. You have all the basic skills but need to adjust the context in which you use them. With time, you acclimate to the new paradigm, and eventually it becomes second nature.

The coaching profession is evolving, and we are continually developing increasing awareness of the distinctions and similarities between therapy and coaching. Therapists are learning that

“Listening skills and reframing... are just [two] of the transferable skills.”

they have many transferable skills and appropriate preparation that serve them well as they transition from helping professionals to life coaches. However, the two relationships are also distinct in key ways, and some of the foundational assumptions that professionals have made as therapists are not appropriate in the life-coaching relationship. It is your obligation as a professional wanting to be a great life

coach to recognize and modify or eliminate the assumptions and practices that may stand in the way of success for your coaching clients.

In summary, it is critical that therapists who transition to life coaching understand the distinctions between the two professions. It is equally important for people enrolled in coach-specific training to learn about these distinctions so they can stay in the coach role and not delve into therapy territory. Your previous training and experiences will dictate the extent to which you'll need to alter your professional mindset in order to acquire the coaching perspective. •

*Patrick Williams, EdD, MCC, is Chief Energizing Officer of the Institute for Life Coach Training.*



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