

Gear Shift

When to refer a coaching client to a mental health professional

By Lynn Meinke, PCC

Have you ever wondered if a particular client might benefit from professional counseling or psychotherapy? Are you uncomfortable raising your concerns with the client? What indicators or patterns should you be looking for to know a referral is appropriate? These questions are important ones for any coach who wants to maintain best practices and honor the principles and ethics of the coaching profession.

In June 2002 a controversial article published in the *Harvard Business Review* suggested that many coaches — those who lack rigorous psychological training — do more harm than good because they downplay or simply ignore deep-seated psychological problems they don't understand. A number of psychotherapists have similarly argued that some coaches are practicing psychotherapy without a license. In fact, one state wanted coaches to register as non-licensed

therapists. Thanks to the proactive leadership of the International Coach Federation, this state licensing board was educated about the philosophy, ethics and scope of practice for coaching and the need to register was dropped.

It is important that the coaching industry thoughtfully address these concerns. A clear response will solidly establish coaching as a unique profession anchored in learning and development. It will also differentiate coaching from the mental health field which has historically been anchored in the medical model of pathology. Therefore, it is imperative that the coaching industry ask itself the question, "Are psychologically naïve coaches at risk of practicing outside their field of expertise and possibly doing harm?" If they are, should coach training include instruction on how to recognize psychopathology or other situations

that would best be served by the mental health industry? If the answer is yes, then it is important that coaches become educated about when and how to refer to a mental health professional. In this way, the coaching profession will demonstrate to the public and other helping professions that it is a profession distinct from the philosophy, skills and expertise of those in the mental health professions.

Educating coaches about the signs that would suggest a referral to a mental health professional has another equally important effect. This education will also increase a coach's sense of comfort and competence when working with heightened emotions. Moreover, this education can include instruction on how to maintain the coaching framework while dealing with these

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Coaching vs. Therapy

difficult topics. This education will equip coaches with the skills and tools necessary to address these issues in the best manner possible. Thus, the coach's professionalism will be enhanced, clients will be better served, and the highest form of excellence established by the coaching profession will be upheld. Ultimately, this education will give coaches knowledge that will solidify best practices and assist in preventing coaches from practicing outside of their field of expertise.

In response to these questions and the evolving need to develop clear guidelines for making referrals, the following "Top 10 Indicators for Referring to a Mental Health Professional" were developed. To make these indicators even more useful, a number of ways of recognizing the behaviors in clients are suggested.

Top 10 Indicators to Refer to a Mental Health Professional

The appearance of any one of these indicators (except for #10 which must be dealt with immediately), does not necessarily indicate the immediate need for a referral to a mental health professional; everyone can experience a brief episode of any of the indicators. However, if you see that several indicators are emerging or that a pattern of several indicators is developing and that the client is not presenting as whole, competent, capable and resourceful, then it is time to begin discussing a referral to a mental health professional.

Your client:

1. Is exhibiting a decline in ability to experience pleasure or an increase in being sad, hopeless and helpless

- You notice that your client is not as

upbeat as usual and there is a decline in talking about things that are enjoyable.

- She may talk much more frequently about how awful life is and that nothing can be done about it.

- The client may make comments such as "Why bother?" or "What's the use?"

- He may stop doing things he likes to do (examples: going to the movies, visiting with friends, or participating in athletic events).

- The client begins to talk about being unable to do anything that forwards her desires, or she stops talking about the future.

- The client is consistently unable to follow through with the actions he has set for himself.

2. Has intrusive thoughts or is unable to concentrate or focus

- You notice that your client is not able to focus on his goals or the topic of conversation.

- The client is unable to complete her action steps and isn't aware of what got in the way.

- The client tells you that unpleasant thoughts keep popping into her mind at inopportune moments and that she can't seem to get away from them.

- Your client tells you about recurring scary dreams that prevent him from focusing.

- Your client reports that she has so many thoughts swirling in her head and that she can't get them to slow down.

3. Experiences erratic sleep patterns or sleeps excessively

- Your client begins talking about not being able to get to sleep or how he wants to sleep all the time.

- Your client reports to you that she

can get to sleep but wakes up frequently and can't get back to sleep.

- Your client tells you that he needs to take frequent naps during the day, something he hasn't done before.
- Your client reports that she falls asleep at inopportune times or places.

4. Experiences eating problems

- Your client reports that she isn't hungry and just doesn't want to eat, or that she is restricting food or purposely not eating.
- Your client reports that he is eating all the time even when he is not hungry.
- Your client reports that she is not sitting down to eat with friends or family as she did in the past, or that she is secretly eating.
- Your client reports that he "throws up" after eating or that he compulsively exercises more than two hours a day and is not training for an athletic event.

5. Is feeling overly guilty

- Your client reports that he feels guilty most of the time and can't identify a rational cause.
- Your client states that she doesn't understand why she is still alive when others have had to suffer or die.
- Your client expresses an intractable belief that he is unworthy of having a satisfying life.

6. Has feelings of despair or hopelessness

- According to your client, life is awful and nothing can be done about it.
- Your client misses sessions or says she wants to quit coaching because life is not worth living or she doesn't deserve to get what she wants.
- Your client moves into excessive, recurrent negative thinking.

“Coaching [is] a unique profession anchored in learning and development... [whereas] the mental health field has historically been anchored in the medical model of pathology.”

- Your client says that he can't make a difference or that whatever he does doesn't matter.
- Your client has the attitude of "Why bother?"

7. Is being hyper-alert and/or excessively tired

- Your client reports that he can't relax or that he is jumping at the slightest noise.
- Your client reports that it feels like she always has to be on guard or is listening for any little sound that is out of the ordinary.
- Your client consistently comes to her coaching sessions tired and exhausted.
- Your client reports that he has no energy and can't get motivated to do anything.
- Your client states that she can't do her usual chores because she is so tired.

8. Has increased irritability or outbursts of anger

- Your client becomes increasingly belligerent or argumentative with you or other people.
- Your client reports that everyone or everything annoys her.
- Your client reports that other people are telling him how angry he has become.

- Your client states that she gets so upset she doesn't know what to do or that she feels like a pressure cooker and is ready to explode.
- Your client tells you about wanting to do things that would harm himself or others (examples: putting his fist through a window; wanting to punch someone; wanting to hit something with his car).

9. Has impulsive and risk-taking behavior

- Your client reports doing things (such as going on a buying spree) without thinking about the consequences of her behavior.
- Your client reports an increase in doing things that could be detrimental to himself or others (examples: increase in promiscuous sexual behavior; increase in alcohol or drug consumption; driving at excessively high speeds).

10. Has thoughts of death and/or suicide

- Your client begins talking a lot about death, not just a fear of dying.
- Your client alludes to the fact that dying would be appropriate for them.
- Your client becomes fascinated with what dying would be like.
- Your client talks about ways to die or

alludes to having a plan for dying.

• Whereas previously your client was engaging, personable and warm, now she is cold, distant and aloof. This is often a signal that the client has disengaged from living and is silently thinking or planning to commit suicide.

What you can do: Tell her what you are observing and ask her what is going on. Ask for specifics about what is happening for her. Don't abandon the client by saying you can't talk about the topic or by hanging up the phone. Instead, keep talking with the client and ask good coaching questions. You might ask the client what she would say to a

best friend if she was hearing what you are hearing.

Some specific questions you might ask your client if she is unclear about what is going on: "Do you want to die?" "Are you planning on dying?" "How would you die if you decided to?" "When are you planning on dying?"

If you have any indication that your client is planning on committing suicide, immediately refer them to an emergency room or call 911.

Tell your client that you care about her, are concerned for her, that you are taking what she says seriously and that she must get help immediately.

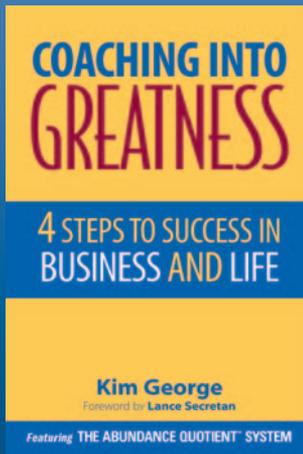
If the client balks at what you are saying, gets belligerent or more dis-

tant and you become more concerned about her, tell her you will break confidentiality because of your concern for her well-being and that you are calling 911. (You can call your local 911 and give them the address and phone number of your client, even if it is in another region, and they can contact the client's local 911 dispatcher).

As a coach, after such an episode, debrief with a mentor or trusted colleague.

Lynn Meinke, PCC, is a former psychotherapist who trains human development professionals in the art and science of life coaching with The Institute for Life Coach Training.

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