



Colorado
Charter Chapter

The Informed Coach: Understanding Critical Distinctions Between Coaching and Psychotherapy and Knowing When to Make a Referral

By Becky Bringewatt, MA, LPC, NCC, Coach
and Meg'n Deaner, MA, LPC, NCC, Coach

Coaches usually work with coachees who have intentionally chosen the unique service of coaching as distinct from other professions. While they may go to an accountant for tax advice, or a personal trainer to lose weight, they choose a coach to maximize their potential in a variety of business, executive, and life situations. The small business owner may hire a coach as an accountability partner to ensure he follows through with the networking plans he keeps putting off; a busy corporate executive may hire a coach to set aside a couple of hours a month devoted to discussing leadership challenges and opportunities; a working mother may hire a coach to consciously improve her work/life balance. These individuals would be unlikely to hire an attorney, a caterer, or a psychotherapist to tackle these challenges, so the coach fills a distinct niche. However, a great coach is keenly aware of when to refer coachees to other professionals. Distinguishing between coaching and psychotherapy (shortened to "therapy" below), and other professions, is of particular relevance as the coaching profession continues its development.

Recently in Colorado, the Department of Regulating Agencies (DORA) has sent cease and desist letters to coaches who were suspected of performing therapy or pseudo-therapy with their coachees. As a coach, it is important to be clear with your client that you are not providing therapy, you are not qualified to provide therapy, and that coaching is not therapy. You must also practice your coaching in this manner in order to retain your integrity as a coach and stay within the ethical guidelines of coaching. [ICF ethics](#)

The boards governing counselors, social workers, and other types of therapists have the ability to issue cease and desist orders if they believe the person named in the complaint may be performing therapy or pseudo-therapy. There will be a legal proceeding by the board to determine if the complaint is valid. The person facing such charges may hire legal experts in order to help them defend themselves. The course of the findings can take several months, and it can be rather costly to the person and the business both financially and emotionally. Professional liability insurance may cover some of your legal costs in such a situation, so it might be time to research your insurance options. It is possible that the person named in the complaint (in this case, the coach) could be fined and even face felony charges if it is found that they are practicing therapy without proper credentials and expertise.

Recently, there have been discussions in many coaching and therapy circles about the similarities and differences between the two disciplines. In most coaching programs, these differences are spelled out to a greater or lesser degree, but this is only briefly discussed in ethics classes for therapy students. One distinction frequently cited is that therapy works with the past and coaching works with a present and future orientation. Also, therapy is seen to be focused on the why (process/discovery) and coaching focuses on the how (action/goals). As with most simplified explanations, it doesn't quite go far enough. There are times as a client when the past is an important part of a present situation and should be addressed. Likewise, a therapist would work with a client's present situation and their dreams for the future when this is the work a client must do. To muddy the water further, there are parallels between some potential topics of therapy and coaching such as understanding motivation (the who), resolving conflicts (removing barriers such as limiting beliefs), and modifying behaviors (making requests.) As a therapist (or coach) it is

important to study the differences between coaching and therapy because, to even the trained eye, they can look similar.

Therapy and Coaching Defined

In Colorado, psychotherapy is defined as: "the treatment, diagnosis, testing, assessment, or counseling in a professional relationship to assist individuals or groups to alleviate mental disorders, understand unconscious or conscious motivation, resolve emotional, relationship, or attitudinal conflicts, or modify behaviors that interfere with effective emotional, social, or intellectual functioning. Psychotherapy follows a planned procedure of intervention that takes place on a regular basis, over a period of time, or in the cases of testing, assessment, and brief psychotherapy, psychotherapy can be a single intervention." [Mental Health Regulations](#). Because therapists are trained in a variety of treatment modalities, styles of intervention, and theoretical orientations, this definition is necessarily broad. It captures all of these and places them under one umbrella so that they can be regulated by the state in order to protect the client, protect the therapist, and ensure that the therapist is in compliance with laws, ethics, and regulations.

The International Coach Federation defines coaching very succinctly by saying that coaching is "partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential. Coaching honors the client as the expert in his/her life and work and believes that every client is creative, resourceful, and whole." It further distinguishes coaching from therapy by stating that the work of coaching is generated by the client and supported by the coach. Although a client in therapy must agree to receiving therapy, the expert role of the therapist puts him/her in a position to have knowledge and information about the client's condition (diagnoses,) that may steer the process and the relationship. Another key point as seen by the ICF is that coaching produces specific and actionable goals, which is not always the case in therapy. [ICF](#)

The Coach Approach

"Coaches help each person discover what he or she REALLY wants, using the coachee's own values, needs and vision as personal reference points. They help coachees eliminate the goals they've had forever that aren't really important but that they've always thought they should pursue." (John Wiley and Sons p.20)

A coach's role is to be an active listener; however, the listening strategy is quite different than that of a therapist. A coach listens to a client neutrally and with a sense of curiosity and wonder. The coach, like the therapist, might notice certain themes, but the intent of the listening is vastly different. Because coaching assumes that the client and coach are full and equal partners, and that the client will discover what he/she wants and needs to reach his/her self-defined goals, the coaching conversation does not have a set agenda other than that set out by the coaching agreement at the beginning of and, often, throughout the session. The coach listens without judgment and without assessing the coachee's emotional or mental state. That doesn't mean the coach doesn't notice these things, but they are not the main topic of the conversation. The coach uses his/her intuition or gut reactions to bring information into the coachee's awareness, and scientific evidence doesn't usually come into play. The client is free to accept, modify or reject these observations, requests, or challenges. The coach focuses on the coachee's values, wants, goals, achievements, and plans. Action steps are decided by the client. The coach will often challenge the client to stretch beyond what they imagined they could do. "A client often hires you primarily because you will ask the client to do more or be more than the client would usually ask of him-or herself." (John Wiley & Sons, p.254)

Most external coaching is done globally by telephone or Skype, which makes coaching a unique experience. Coaches also have more freedom when entering into relationships with

people they have previously known, as the nature of coaching holds both persons in equal status. Also, because of the nature of the coaching relationship, coaches can exchange their services for an equal service if they choose, which is not something a therapist may do because of the possibility of having undue influence over the client in that relationship. [ICF Ethics](#)

The Therapist's Role

A therapist's role with a client is to diagnose using the DSMIV-TR (a manual of hundreds of diagnoses) and to treat a mental illness or disorder. Therapists are continually assessing a client's symptoms and reactions to determine if the client is getting better, getting worse, or staying about the same with the current treatment regimen. Therapists look at their clients through the lens of the medical model, where there are specific treatment recommendations, usually based on scientific evidence, that are most effective with certain diagnoses. Active listening to a client, as in coaching, is a large part of what therapists do, but in the context of therapy, the listening happens with this particular purpose in mind and that is to diagnose and treat.

Therapists are expected to practice within the scope of their experience and training, which means they cannot practice what they have not learned. If they do not have experience or training in a specific diagnoses, illness or modality, they are bound by law and ethics to either refer the client to a more experienced therapist, get the requisite training, or work with a supervisor who has that experience in order to gain and provide proper care and guidance. If your supervisor is trained in the area needed, you meet with them frequently in order to ensure you are following the best practice in order to do no harm and in order to provide benefit to the client.

The focus of therapy is the treatment and, hopefully, the healing of the client. If any questions arise about proper treatment, the therapist is required to have a clinical justification for any therapy they administer, which means they must be able to cite in professional literature where this treatment has been successful with the particular disorder. Furthermore, therapists must use best practices in the field, using treatment modalities that expert therapists would agree are the most appropriate.

Often a therapist will offer some amount of information (psycho-education) to the client regarding their diagnoses, symptoms, and best treatment approach. For therapy to be effective (symptom relief), there are times when the therapist is the expert and will be directive with a client in order to help the client reach his/her treatment plan outcomes. The client must, of course, agree to follow the plan, but this is a very different role than a coach would take in similar circumstances. Therapy also takes place in direct physical contact with the client. A therapist and client may hold a therapy session by phone if there are extenuating circumstances, such as living in very rural areas, or an emergency session or an occasional, scheduled session when the client is in a different location as part of continuity of care.

In most states, child abuse, abuse of the disabled, or elder abuse that is suspected by the therapist or told to the therapist, must be reported to the state's local welfare agency. Therapists do not play the role of investigator, they report the facts and the welfare agency takes it from there.

Confidentiality and Record Keeping

Many coaches keep no records on their coachees, or, if they do, the records often consist solely of the client preparation forms or other client self-reports of progress. Therapists are required to keep records of their treatment of clients. This information is expected to be kept in confidence, meaning it cannot be shared with anyone for any reason unless under

special circumstances or, expressed written consent from the client. This information, if written, must also be kept in a secure location. Of course, confidentiality is important in both therapy and coaching, particularly in respect to the conversations the professionals have with coachees/clients as a matter of trust, honor and respect, but there are regulations governing the expectations about confidentiality that therapists must follow that are not expected of coaches. Therapy records may, occasionally, be subpoenaed by the court if a person in therapy is involved in a legal dispute. Often, if a therapist and his/her records are summoned into court, the therapist may be considered an expert witness in the case due to his/her education, years of experience, and specialized training. There have been instances in which coaches were subpoenaed in court cases, but the testimony does not carry the same privilege. If you have any questions regarding handling court subpoenas please contact the International Coaching Federation (ICF.)

Coaching Regulations

At this time, coaching is not regulated at state levels. Any person can hold the title of coach, whether they have a few hours of training or hundreds of hours of training. Coaching standards and ethics are created and upheld by credentialing organizations and established schools of coaching, and are expected to be followed, but are not enforced. Working towards certification is not time limited, and many coaches do not pursue certification or practice for years before becoming certified. Unlike therapists' licensure, however, certification in coaching is available on several levels according to time spent coaching and mastery of higher level skills. A coach who is certified by one of these organizations has required training, either in the classroom, tele-classes, or online, as well as hiring a mentor coach for a certain amount of hours, the hours of coaching completed for the level of certification they are working towards, letters of recommendation by a Professional Certified Coach (PCC) or a Master Certified Coach (MCC), and passing a verbal examination of their coaching skills by master coaches. Look at the International Coach Federation website for more information about current requirements, as they are subject to change. [Credentialing](#)

Therapy Regulations

Although there are national organizations for psychiatrists, social workers, counselors, addiction counselors, psychologists, and marriage and family therapists, each therapist is licensed and regulated by the state they work in. The national organizations set ethical guidelines, test for knowledge, provide ongoing education, and lobby for therapists at a national level among other responsibilities, but they do not govern. That responsibility is left up to each individual state. In Colorado, that organization is called the Department of Regulating Agencies ([DORA](#)), which is a governmental organization that regulates everything from professional plumbers, electricians nurses and doctors, accountants, and real estate agents. There are similar agencies in many states, and it is important to know how the state where you are practicing regulates similar professions.

A psychotherapist in Colorado can be any one of several disciplines, including licensed clinical social workers, certified addiction counselors, psychologists, psychiatrists, licensed professional counselors, and licensed marriage and family therapists; also, while working towards licensure one is considered a candidate to a specific license and is allowed to practice under supervision. Other states recognize only some of these titles, and some states have additional licensing or additional requirements to obtain licensing, such as more hours or more time under supervision before being allowed to obtain a license. Some therapists may also be a member of a national organization that has its own requirements for membership, ethics, and continuing education requirements. [NBCC Ethics](#)

Any therapist practicing in the state of Colorado must register with the appropriate division of the department, in order to practice while completing the requirements to become licensed in the state, to obtain a state license to practice, renewed every two years

thereafter in order to maintain their license in the state. Once they are registered, they have four years to complete requirements and obtain their license. The state's licensing board authorizes individuals to practice at a level commensurate with their level of education and training as well as regulating the scope of their practice. To call oneself a psychotherapist in the state of Colorado requires graduation from a post-secondary degree program of two or more years, at least two thousand hours of supervised practice in the discipline in which they are licensed, practice under supervision for no less than two years while maintaining status as an unlicensed clinician by the board, a jurisprudence exam, a test of their knowledge and experience by a national board, and at least one hundred hours of clinical supervision by a trained supervisor. Colorado also requires that therapists complete twenty hours of approved continuing education each year to maintain this status.

Ethics

The ethics in coaching and in therapy are somewhat different, as they cover different clientele and scope of work, but many of the ethical considerations between the two disciplines are similar. These include no sexual relationships between coach/therapist and client, being aware of and expediently addressing potential conflicts of interest, upholding confidentiality, and the ability to provide pro bono services among other considerations. In general, the ethics that therapists are expected to uphold are stricter and more carefully defined, including such scenarios as how soon after a professional relationship is completed or terminated that a client and therapist can become engaged in any other form of relationship, including going into business together or becoming friends (usually 6 months to 2 years). Another ethical difference is that therapists are generally not allowed to take any nonmonetary compensation for their services, and are not allowed to accept gifts from clients because it can be confusing to the nature of the relationship, which is not true of coaching.

Interest in Coaching Among Therapists

Therapists are discovering that the coach approach is helpful when it is added to therapy techniques and methods. The Coach approach can help clients reach their goals faster and report sustained positive changes in their thinking and behaviors. In the article, *The Coaching Edge*, Lynn Grodzki writes, "Coaches seem far more adept than I at quickly motivating clients to make changes. It occurred to me that learning coaching skills could not only prepare me for a coaching career, but also make me a better therapist." [Psychotherapy Networker](#). They find that focusing on the what/situation, the how/goals, and the when/plan along with the why/process can be a powerful combination. Sharing and addressing what therapists see directly to the client in the session has its benefits. Some colleagues are realizing that within the therapeutic relationship, speaking the truth and challenging the client, when done effectively and with the right timing is brilliant. It is exciting and fulfilling for both the client and the therapist when this happens because it supports the client in making a shift. "A shift is a dramatic observable, permanent change in one's thoughts or behaviors." (John Wiley and Sons, p.126) Generally, therapists who also coach must perfect the dance of when to use coaching within therapy, but they never engage in therapy with a coaching client.

Complaints happen

In most states, the process of contacting the licensing board related to a concern of conduct is rather simple. Any person who has a complaint regarding behavior by a professional who is regulated by their governing board can file a complaint in writing to that board. The board's responsibility is to examine the complaint and ask the person about whom the complaint is made to respond to the claims made. This is true, also, in Colorado. Complainants can be fellow therapists, fellow coaches, businesses, agencies, former clients, current clients, or any other concerned citizen.

Coaching is not regulated in most states, although, if the complaint is about claims of efficacy, or the language of the coaching website or paperwork resemble what is regulated by the boards for therapists, the complaint will fall under the jurisdiction of that particular board. It is important, then, to be clear about the work you do so that your coaching cannot be misconstrued as therapy by any possible complainants.

Coachees may also make complaints to the ICF's Ethical Conduct Review Board regarding any member of the ICF. Mediation services are also available to coaches who are a part of that organization and if that service is needed and appropriate with a client or complaint.

Promotion, Marketing, and Written Coaching Materials

In educational and training programs for both therapists and coaches, you will find guidelines on the claims that you can and cannot make regarding your services. It is important to only state statistics that have a clear basis in fact and can be substantiated by an outside source. Other claims, such as those regarding the efficacy of your coaching services, modality, or products must be factual and must be able to be confirmed. For instance, a claim that most of your coachees are satisfied with your work may be valid and could be confirmed by such information as a satisfaction survey, but a claim that most of your coachees became very successful or rich cannot be readily verified due to different definitions of success and wealth, so cannot be made.

The information that you put out on your website or you send out in marketing materials should be scrutinized with these guidelines in mind. This is a wise discussion to have with your mentor coach or with other coaches who can review your information before it is published to make sure you are meeting ethical coaching guidelines with your marketing materials.

In coaching, it is important to establish a written coaching agreement, a written policy and procedure, and set a fee structure. These should be written clearly and succinctly so that both the coach and client understand the objectives of the coaching relationship, what is and is not coaching, the fee structure, and frequency and length of meeting times. Often coaches work monthly with their client and payment is expected at the beginning of the month. There is a growing trend, however, to offer coaching programs in four, six or twelve month increments where there is an overall program fee vs. a monthly fee.

Therapy Agreement, Policies and Procedures, and Fee Structure

Therapists follow rules and regulations set by their governing boards when forming agreements to treat their clients, too. Therapists are expected to create Informed Consent forms that specify important information about their education and training, provide their clients with a copy of the privacy practices, which are governed by national the Health Insurance Portability and Accountability Act ([HIPAA](#)), and have their credentials and specialties listed and defined. Therapists must also document the limited nature of confidentiality in cases of harm or abuse.

Therapists receive payment at the time of service, or they are reimbursed after services are rendered. Payment may be from the client or from their insurance company, depending on therapist preference. When a therapist becomes a provider for insurance companies, he or she must follow their fee structure as well as frequency and number of sessions allowed per calendar year. Also, when insurance companies pay for psychological treatment, they often request a diagnosis prior to treatment beginning.

When to Refer or Add Other Professionals

One benefit of knowing the differences between coaching and therapy is being able to determine when to refer a client to a therapist because that service is needed by your client, either alone or in conjunction with the coaching they are receiving from you. Some examples of when to refer a client to a mental health professional, if appropriate, include: depression and other mental health conditions, marital difficulties, family dynamics, addictions, disabilities, and suicidal concerns. In addition, it may be appropriate to refer your client to another type of professional when they are having a problem in one of the following categories: medical, financial, criminal, spiritual, skill training, discrimination, or job safety (John Wiley and Sons, Inc., 138-9).

Coachees sometimes seek out coaches because they feel they are in a stuck place in their lives, but after coaching someone for a period of time, if this stuck place does not seem to move, it may be rooted in a past experience or trauma, and may require therapy to get unstuck. If you are at all concerned that a coachee's psychological needs or past may be causing problems in the present, and you are not equipped to deal with it, talk to someone you trust to help determine how to best guide your client immediately. The ICF has further recommendations about when mental health referrals are recommended. [Referrals](#)

One concern many coaches have regarding a therapy referral is the assumption that a medication will be prescribed. If your client does not want to take medication to deal with a psychological or emotional problem, talk to the therapist about this. This could be due to a religious belief, problems with medications in the past, or simply wanting to try to heal without medication. There are many therapists who also prefer to treat clients without medication as much as possible, so this could reassure your client.

Your Professional Network

It is best to have a network of professionals that you can consult with in order to determine what is needed for your coachees. Acquiring a network of people you know and trust in advance of your need for them is best so that you have established relationships, understand which people they work well with, and know how they complement your coaching. It is also recommended that you consult with your mentor coach to help you determine when a referral to another professional might be necessary or appropriate.

Most coaches, over time, have built a network of referral sources, and refer their coachees when the need arises. Connecting with local chambers of commerce and other, more specific local organizations is a great way to build your network of potential coachees and referral sources. These are great places to meet doctors, lawyers, accountants, business consultants, and other important professionals that you can keep in your address book as resources for your coachees. Giving several referrals for the same service allows the client to choose which person best suits his/her own personality, values and desires. For specific therapy referrals in the Denver area, we recommend checking out the Denver Therapists Network, where you can look at profiles and specialties of local therapists and see if they would be a good consultant for you or a good referral for your coachees ([DTN](#)). Nationally, a way to find therapists and connect with them is through the "find a local therapist" button on the Psychology Today website ([Psychology Today](#)) or at the Good Therapy website ([Good Therapy](#)). You are also welcome to look us up and talk to us about your questions and concerns or those of your coachees. The best way to know if a particular therapist is one you want to recommend to your coachees, colleagues, or friends, however, is to meet them and find out about their practice, training, experience, expertise, methods, and philosophy. And a great therapist is an excellent person to have in your address book.

Great coaches have a great network of professionals and don't hesitate to make appropriate referrals. Fortunately, most coachees have a clear understanding of their own needs and hire a business, executive, or life coach as appropriate for those needs.

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Becky Bringewatt



Meg'n Deaner