

The Potential Perils of Personal Issues in Coaching

The Continuing Debate: Therapy or Coaching?

What Every Coach MUST Know!

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Within the forest of success stories of both life and business coaching, there continues to be a shadowy debate that struggles with the question: is it coaching, or is it therapy? While sharing some commonalities, the differences between therapy and coaching are vast and can be solidly delineated. This article seeks to clearly define the differences, but also raises some issues which every coach should consider. There are pitfalls for the coach who does not know and observe the boundary lines between these two disciplines, and wanders unknowing into a potentially perilous territory of psychotherapy.

Coaching, for both life and corporate advancement, continues to rack up amazing success stories, becoming one of the most powerful personal and professional tools for sustained success. However, despite all the hoopla and excitement generated by coaching triumphs, there lingers behind the scenes a dilemma and a debate that continues to hover around the coaching profession, and those who would benefit from coaching. Is it coaching, or is it therapy? – and where do you draw the line?

Coaching can look to the uninformed public like therapy because of its commonalities. They both seek to support the individual. They both are delivered in much the same way, through regular “face-to-face” or phone sessions. They both work to take a person from the place they are now, to a place they want to be. But the similarities stop there.

Although coaching is rapidly becoming more acceptable, and more known by the general public, there is still an unfortunate, and possibly even dangerous (as we’ll see in a

moment), tendency for the uneducated public to lump coaching and therapy into the same professional category, precisely due to these common features.

Four Potential Pitfalls

There are four groups of people who are at possible risk if the lines and differences between coaching and therapy are not well-understood, and even worse, if not respected and properly separated.

1. Coaches with therapy backgrounds
2. Coaches without therapy backgrounds
3. Clients needing therapy, but seeking to avoid the “stigma” of therapy by being coached
4. Legitimate coaching clients who also have therapeutic needs

Before we explore the potential pitfalls associated with these groups, however, a brief history of the coaching profession is useful here to put things into perspective, and for further understanding of potential problems.

The Roots of Coaching

It is helpful to understand that both coaching and therapy have the same roots. Coaching evolved from three main streams that have flowed together:

1. The helping professions such as psychotherapy and counseling.
2. Business consulting and organizational development.
3. Personal development training, such as EST, Landmark Education, Tony Robbins, Stephen Covey seminars, and others.

Many psychological theorists and practitioners from the early 1900s onward have influenced the development and evolution of the field of business coaching. The early theories of William James¹, America’s father of psychology, influences coaches as they

help clients discover the power of will in discovering their brilliance, which is often masked or buried and can be experienced when they begin to design life and work consciously and purposely. Many of the theories of Carl Jung² and Alfred Adler³ are antecedents to modern day coaching. Adler saw individuals as the creators and artists of their lives and frequently involved his clients in goal setting, life planning, and inventing their future – all tenets and approaches in today’s coaching. In a similar fashion, Jung believed in a “future orientation” or teleological belief that we can create our futures through visioning and purposeful living.

In 1951, during the human potential movement, Carl Rogers wrote his monumental book, “Client Centered Therapy,”⁴ which shifted counseling and therapy to a relationship in which the client was assumed to have the ability to change and grow. This shift in perspective was a significant precursor to what today is called coaching. Abraham Maslow⁵ researched, questioned, and observed people who were living with a sense of vitality and purpose and who were constantly seeking to grow psychologically and achieve more of their human potential. He spoke of needs and motivations, as did earlier psychologists, but with the view that man is naturally a health-seeking creature who, if obstacles to personal growth are removed, will naturally pursue self-actualization, playfulness, curiosity, and creativity. This is the foundational belief of coaching today. Maslow’s treatise “Toward a Psychology of Being” (1968) set the framework which allowed coaching to fully emerge in the 1990s, as an application of the human potential movement of the 1960s and 1970s. And more recently, the work of Seligman and the theories of Positive Psychology⁶ are readily applied to life coaching.

“Coaching” is a term first used in the sports training and recreation fields, and implies training, motivation, accountability and partnering with an athlete for his or her best performance. The term later emerged in the corporate world, with an emphasis on management and organizational development, as a natural offshoot of mentoring and consulting. It soon became very obvious that the coaching methodology first applied to

sports could be a vital tool in the corporate world, especially with the advent of Cognitive Coaching at Stanford University in 1983 (Arthur de Costa)⁷ and the transitional Solution-Focused Therapy providing a model for goal-focused, time-limited help for clients.

Coaching today embodies the superior purpose of psychology. It is not just about pathology, diagnosis, and the treatment of human frailties. It is, more importantly, the study of human potential and possibility. Its higher purpose is NOT to repair what has been damaged, but to cultivate the genius that resides within the human mind and the generosity that resides within the human spirit. When you empower people and help them discover what they *can* do – instead of focusing on what is wrong and what they *can't* do – you improve their overall mental health and the quality of life, both personally and professionally, dramatically.

There is a Chinese proverb that reads:

The superior doctor prevents sickness;

The mediocre doctor attends to impending sickness;

The inferior doctor treats actual sickness.

One of the most interesting results of the kind of empowering change that can occur through coaching is the potential to prevent a dysfunction, or even render them inconsequential. By Chinese definition, this is the mark of superior “medicine.”

Important Distinctions

To take an initial pass at the central intent of these two disciplines, psychotherapy can be broadly defined as “a talking treatment in which a trained person deliberately establishes a professional relationship with a patient for the purpose of relieving symptoms.”⁸ On the other hand, coaching may be viewed as “...a powerful human relationship where trained coaches assist people to design their future rather than get over their past...coaches aid clients in creating multiple strategies to support achieving those goals. Coaches recognize the brilliance of each client and their personal power to discover their

own solutions when provided with support, accountability and unconditional positive regard.”⁹

Coaching is a derivative of many fields and the innovative thinking of great pioneers. As such, however, it is important to recognize the major distinctions between coaching and therapy. While therapy and coaching may share a common background, their differences are vast. Therapy is vital for those with serious presenting problems – what we call pathology. Coaching is for those who are healthily functioning and already typically self-motivated. Both fields have their place and should not be confused.

With coaching, little time is spent in the past, except for brief “visits” and the focus is on developing the person’s future. This philosophical shift has taken root in a generation that rejects the idea of sickness and seeks instead wellness, wholeness and purposeful living – both personally and professionally. The coaching relationship allows the client to explore their blocks to great success and to unlock his or her biggest dreams and desires. The shift from seeing clients as “ill” or having pathology toward viewing them as “well and whole” and seeking a richer life is paramount to understanding the evolution of coaching. I often say therapy is about *recovering* and *uncovering*, while coaching is about *discovering*.

The following table is a quick way to see at a glance the basic differences between therapy and coaching.

Table 1
Therapy vs. Coaching

THERAPY	COACHING
Is a medical/clinical model , relies on diagnosis, pathology	Is a learning/developmental model , focusing on attainable goals and possibilities
Deals with identifiable dysfunctions in a person	Deals with a healthy client desiring a better situation
Therapy patient usually has difficulty functioning	Coaching client desires to move to a higher and better level of functioning
Is about fixing the past	Is about understanding the past as context and creating the future
Deals mostly with a person's past and trauma, and seeks healing	Deals mostly with a person's present and seeks to help them design and act on behalf of a more desirable future
Asks WHY?	Asks HOW? And WHAT? Asking WHY is avoided as it seeks to go for insight, not creation
Helps patients resolve old pain; focuses on relieving pain and symptoms	Helps clients learn new skills and tools to build a more satisfying successful future; focuses on goals
Doctor-patient relationship (The therapist has the answers)	Co-creative equal partnership (Coach offers perspectives and helps the client discover own answers)
Focuses on process and feelings	Focuses on action and outcomes
Assumes emotions are a symptom of something wrong	Assumes emotions are natural and normalizes them
The Therapist diagnoses , then provides professional expertise and guidelines to provide a path to healing	The Coach stands with the client and helps him or her identify the challenges , then partners to turn challenges into victories, holding client accountable to reach desired goals
Therapy style is one of patient nurturing , evocative, indirect, parenting, cathartic	Coaching style acts as a catalyst to challenge , is direct, uses straight talk, accountability
Progress is often slow and painful .	Growth and progress are rapid and usually enjoyable
Limited , if any, personal disclosure by the therapist	Personal, relevant disclosure by the coach used as an aid to learning
Therapist is responsible for both process and outcomes	Coach is responsible for process; Client is responsible for results

This listing of differences could be extended indefinitely, but these are a basic summation. Essentially, a therapist is the professional with the answers to pain and brokenness; a coach is a partner to assist in discovery and a design for growth. A good way to view the foundational differences between therapy and coaching is to think of two cars driving along a sandy, wave washed shoreline. One car hits a log and breaks an axle, sinking deep into the sand. The other car swerves to keep from hitting the log, but in doing so also sinks in the sand. For the first car, the only hope is a tow truck and a week in the shop. It is broken and cannot go further. This is a therapy patient. The second car merely needs a push, a little traction under its wheels, and it continues its race across the sand. This is the coaching client. Coaching provides the traction needed to get on with one's journey.

The Caution

Despite the empowerment and success of coaching, **coaching and coaches cannot do it all**. There will always be fragile, diagnosable, psycho-emotional cases that require diagnosis and traditional psychotherapy - and quite often these people can be found as coaching clients.

As the coaching clientele increases, it only follows that a certain number of these coachees will have therapeutic needs, as we would expect in the general population. We now come back to the original statement that there are four groups of people at potential risk when the differences between therapy and coaching are not understood, or become blurred.

Group 1: Coaches with Therapy Backgrounds

This group may have the most difficulty in keeping therapy and coaching in separate camps. That may seem illogical at first thought, considering the fact that these people include the former therapists who are now rapidly removing their "counseling" shingles, and donning the hats of professional coaches. Their therapy experience and training may be precisely what causes them to blur the lines of delineation and move, perhaps unconsciously, into becoming the therapist again, rather than the coach. At this point,

coaching takes a back seat to therapy, and the original intentions of the partnership are sabotaged, as well as the therapist's goal of being a coach, rather than a counselor. It is the therapist-turned-coach who is most at risk here. The client is most likely receiving competent therapy, but the should-be-coach is not coaching anymore. He or she is right back in the therapist's chair.

Many former therapists have become coaches, bringing their rich and valuable training to the coaching profession. But this transition is difficult at times, because therapy and coaching ARE different. It is vital for the former therapist-now-coach to keep these distinctions clear and avoid the trap of "treating" their clients as patients, rather than assisting them in their own discovery for a more successful future. A therapist may add coaching skills to his or her practice, but never has a relationship as a coach and a therapist with the same client simultaneously. And if a therapist "graduates" a therapy client into a coaching relationship, there must be a ritual ending of therapy and a new beginning of the coaching relationship.

For recovered and healed *therapy* patients, coaching can be an additional benefit, but coaching assumes the healing and well-being of its clients as a given. A therapist may add coaching skills to his or her practice, but a coach never engages in therapy. However, a capable client may engage the services of a therapist, and benefit from a coaching relationship simultaneously.

There are certain lines that coaches must never cross – regardless of the fact that they may have had psychotherapy training and experience. Coaching is NOT therapy and the distinctions must be well known and protected to assure the well-being of clients – and coaches. It is very important for coaches to have a client agreement that covers the distinctions, and disclaimers for the client to sign. It would also be helpful to give the client a copy of the Code of Ethics of the International Coach Federation.

Group 2: Coaches without Therapy Backgrounds

And, dangerously, some untrained coaches may also have blurred vision when it comes to the dividing line between coaching and therapy. Most reputable coach training schools spend appropriate time on educating the non-therapeutic background person in what to look for in clients who might need therapy, and how to handle these situations. However, until the coaching profession is fully standardized and regulated, it is possible that this training will be missing or insufficient. Without a clear understanding of the differences between therapy and coaching, the potential exists for the client to present therapeutic symptoms, and the untrained coach to fall into the trap of treatment without benefit of professional training and licensing. This presents a very real risk for BOTH the client and the coach. The risk to the client is in receiving incorrect “treatment” which can be a waste of time at the least, and downright dangerous at the extreme. The risk to the coach is in the client’s potential to bring a legitimate and damaging lawsuit for such treatment without license or training.

I have read articles and quotes that allude to the expected “crossover” of therapy and coaching by coaches. Some say this can’t be avoided. I say it can, and should. Coaches without therapy backgrounds are playing with matches and gasoline when they “cross over” into counseling or therapy with their clients. The key is the context of the relationship, the service delivery chosen by the client, and the efficacy of the coaching.

For coaches who have not transitioned from a therapeutic background, it is of great value to know and understand these distinctions, and have personal warning bells and red flags that alert them to the impending move from coaching to therapy. The International Coach Federation (ICF, www.coachfederation.org) has a list titled “Top Ten Indicators to Refer to a Mental Health Professional.” The following is a summary only of this list:

ICF’s Top 10 Indicators: When to Refer to a Mental Health Professional *(if repetitive and/or extreme)*

1. Unable to experience pleasure, increase in hopelessness or helplessness
2. Unable to focus, intrusive thoughts
3. Poor sleep patterns, exhaustion
4. Marked change in appetite
5. Guilt, unworthiness
6. Despair, hopelessness
7. Hyper or excessively tired
8. Irritability, anger outbursts
9. Impulsive, risk-taking behavior
10. Preoccupied with death

For a more complete explanation of these warning signs in a client, contact ICF. There are additional indicators, other than the ten mentioned here, which can become early-warning signs as well. These include such things as excessive or ongoing grief and addictions that may come to light during coaching conversations. These are also indicators of potential needed therapy, and should not become part of the coach's service to his or her clients.

Be careful not to over-react. Some coaches think that when their clients get "emotional" (cry) they are dysfunctional. Tears do not mean the person needs therapy - it merely means they have feelings. Feelings are healthy, if expressed in appropriate times and ways. The coach can assess the appropriateness of tearfulness, depression or moodiness. If it does not end, and continues inappropriately, the coach should bring this assessment to the attention of the client, and together pursue possible needs for outside therapy. It is recommended for all coaches that they have a consulting psychologist or psychotherapist as a consultant available to them when needed.

Group 3: Clients Needing Therapy, but Seeking to Avoid the "Stigma" of Therapy by Being Coached

The proliferation of psychotherapy in the 1970s and 1980s seemed to spawn an entire generation of “victims” - people who had something “broken.” We began thinking of the entire human race as “pathologized,” having need of mending for some thing or another. This rush to the sanctity of the therapist’s office produced an unfortunate backlash - a stigma associated with psychotherapy. Many people, even people who genuinely needed competent therapy, would not see a therapist because of the fear of labeling or judgment by family, friends and even professional peers. Sadly, that stigma seems to have remained behind in the recesses of our minds, keeping many hurting people away from the help they need. Coaching has burst upon the scene as a new way for those who want personal or professional assistance to seek it with no stigma attached - especially for those who do not need psychotherapy, but the services of a partner such as a life coach, or within an organization through executive coaching. However, as great as this is, it also creates the possibility of people with very real therapeutic needs avoiding the therapist and deliberately engaging a professional coach, as coaching has a much more “acceptable” look and feel. This person is in need of therapy, but thinks he or she can solve the problems through coaching. There is also the client who will see coaching as “killing two birds with one stone” - getting coaching AND therapy for the price of just the coaching. Coaches must be alert to these possibilities, AND KNOW IN ADVANCE how they will handle such situations.

The potential for risk in these cases is to both coach and client. To the coach, the already discussed specter of a lawsuit hangs over his or her head, in the worst case, as well as the realization that any hope of coaching success with this client vaporizes once the real objective of the client is known. The risk for the client is the possibility that the coach will not realize the problem, will not be clear on the distinctions between coaching and therapy, and may potentially cause the client harm, or at the very least, delay appropriate treatment. The coach must develop a highly refined sense of client objectives and honest reasons for engaging a coach.

Group 4: Legitimate Coaching Client with Therapeutic Needs

This fourth group of clients includes those who honestly seek a coach to assist them in work and life balance, and specific needs related to business or other typical coaching issues. Quite often executives are referred for coaching for specific reasons by their organizations. During the course of the coaching engagement, the coach determines that the client has a very real need for psychotherapy. This may or may not have been known by the client, or the coach, prior to this time. These are people genuinely interested in the appropriate services of a life or business coach, but a need is discovered “en route” for therapeutic intervention. These needs will most likely be subtle at first, perhaps only “hunches” by the coach. As the evidence mounts, however, the coach must question the client more on observed behavior and discussions, so that real needs can be discovered and treated in a timely manner. As the conversations evolve, the coach should be willing to bring up the possibility of a therapist referral to the client, and coach them on seeking the proper therapist/healer. Coaches should have known referral therapists, and those with whom they can consult with about their concerns. I believe that every coach should have a therapist who is familiar with coaching available to them for consultation and advice in these situations.

What to Do

Before doing anything else, educate yourself - if you need it - NOW. Know the distinctions between therapy and coaching, and determine in advance how you might handle any given situation once you encounter that “line in the sand.” How will you protect yourself? How will you protect your client? How current and reliable is your network of referral professionals? How good are you at detecting potential pathology? What are your “red flags?” How will you handle the confronting conversations? What will be the line of questioning? Build yourself a strategy to deal with these possible issues. In the meantime, consider these case studies:

Case Study 1

I was coaching a prominent businessman who was a very solid person emotionally. However, during the course of our coaching partnership this man suffered the devastating experience of having a child killed. Immediately this client was plunged into despair and wrenching grief. He missed a few sessions, but picked back up on our regular schedule. I was sensitive to his great loss, but I also knew that I was not there to act as his counselor or therapist. I told him that I wanted to be supportive of him as his coach, but he would need emotional support from other sources. I quizzed him about his resources and support circle. Was he seeing a counselor, a priest or equivalent? Friends and family? I had to make it clear that he would need support, but I could not provide it – at least not on that level. Once we were in agreement about this, and I made sure this man had adequate professional support from elsewhere, we continued our sessions. His life goals were on hold for awhile, which shifted the focus of our calls for about three or four sessions, but he realized that what he was doing with his coach would support him in another way and he wanted to continue to pursue his goals. I agreed to “hold the space” for him to do an emotional dump or debrief during the first five to ten minutes of our calls. The rest of the call was dedicated fully to coaching issues and moving forward. This man did not want to halt progress, or completely throw his life out of whack because of this tragedy. And that’s what we did – we moved on with me as coach, not therapist.

But not all coaching clients will react and respond in this way. In a case like this, the coach may need to determine if his or her client is ABLE to have a coaching conversation, and if not, request that they get an assessment from a licensed and practicing therapist, then report back to see if there is something the coach can do for them. The coach cannot become psychotherapist for the client. The coach can give the time and space for emotional reactions, but cannot “treat” the person’s problem – in this case, deep grief.

There are many potential outcomes in these kinds of cases. When the genuine need for therapy is determined, there are three possible options: the client can be referred to a

therapist and the coaching is terminated; the coaching and therapy can continue concurrently; or the coaching can be postponed temporarily. These are terms which the coach will need to pursue, in the best interest of the client.

Case Study 2

Some years ago a physician came to me to learn how to run his business in a smarter way. He was also overwhelmed and his life was out of balance – common coaching issues. He did tell me that he had problems with anger management (which I also could detect through our conversations) and was sometimes depressed, but he said he was taking Prozac and seeing a psychologist. I agreed to continue coaching him, but I informed him clearly that the coaching would not be around his depression, anger management or his treatment by the psychologist. As our conversations progressed, however, I discovered more. In a session following a weekend training event he attended, I asked him how it went. He responded that it was very relaxing – especially after he ordered a double scotch on the airplane. Red flags popped up everywhere in my head. I pursued the questioning a little more focused at this point. Was alcohol something he used often to relax (a DOUBLE scotch is a red flag!)? We had a discussion about his use of alcohol and he admitted it played an important part in his DAILY routine. Did he drink too much? He told me his wife would say yes, he did. After several similar and targeted questions, I determined that this man had a drinking problem. I asked him to get an alcohol assessment. He agreed, but did not do it for awhile. I eventually had to tell him that something was at the real root of his depression, anger, marital problems and frustration, and that if he did not see a professional about his alcohol use I would have to discontinue coaching. And I did – this client dismissed me the next week.

A coach must always weigh the risk of dismissal with the risk of crossing the therapy threshold. In doing so, you protect both yourself and the client. *(I need to note that psychotropic medication, when properly prescribed and used, can very greatly assist clients with*

therapy issues. This alone should not preclude the coach from accepting any client. But it will alert the coach to be particularly sensitive to potential therapeutic issues.)

Many times an executive will be recommended for coaching because they have exhibited some sort of behavior that is not completely acceptable by leadership within the organization. Anger management is a classic for this scenario. Poor communication skills and ineffective or inappropriate relationship competencies/behaviors are others. This situation is especially true in men, since they generally seek therapy much less often than women, and their “issues” present more often in the workplace. The organization can, in these cases, more easily refer them to coaching, as an “acceptable” way to deal with the problem. Telling a male worker that he needs therapy is not an enviable task, and is usually avoided. Coaching seems a good solution to the uneducated public. The coach should be alert to this possibility.

A coach can effectively assist some of these people to overcome weaknesses in these areas, but sometimes these weaknesses are full-blown dysfunctions with evident pathology. The coaching relationship may need to be terminated at this point in favor of recommended psychotherapy.

The Bottom Line

The truth is, coaching and psychotherapy do often look and sound similar. That is because many of the techniques and principles discovered in years of psychological research and application are useful in coaching. Masterful coaches do utilize skill sets from solution-oriented therapy approaches, cognitive and behavioral psychology and recent advances in positive psychology. But that does not make coaching the same as psychotherapy. A good golf instructor will use some of the same techniques and principles of motivation and learning.

Consider this analogy. I was in Australia recently where I rented a car. The steering wheel was on the right side and the driving lane on the left, making driving a challenge for me. The same skills to drive this car were required, but it felt uncomfortable for awhile as I got used to driving in a different lane. It is the same for therapists transitioning into coaching. The same skills are required, but the lane is different and the steering wheel is on the other side – the client’s side.

Coaches with psychotherapy backgrounds and well-trained non-therapeutic background coaches will know and understand the differences between therapy and coaching, and the potential perils of crossing over from coaching into therapy. It never hurts to be reminded, however, since this can sometimes be an unseen landmine waiting to explode. As more and more people realize the obvious advantages of coaching, more and more of those coaching clients will display behaviors in alignment with a need for therapeutic treatment. And, it is highly likely that the very behaviors which caused an organization to seek coaching for an executive will be determined by the coach to justify psychotherapy, either in addition to coaching, or instead of it. Every coach must be prepared for just such a situation – BEFORE it happens.

Only the coach will know exactly what to do, when the need arises. Every situation will be different. Every client will be unique. But a good plan of action, founded on a strong understanding of the differences between therapy and coaching, will be the best protection from the potential perils of personal issues in coaching, and the temptation or unconscious tendency of a coach to wander onto the thin ice of therapeutic terrain.

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Endnotes

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⁹ Williams, P. and Davis, D. *Therapist as Life Coach: Transforming Your Practice*. New York: W.W. Norton & Company, 2002.

Coaches (or prospective coaches) enrolling in this course MUST refer anyone seeking or in need of mental health services, to a qualified mental health professional immediately. CBT Coaching - like a owners manual for your mind! Thoughts, emotions and behaviors are in an interplay - a fluid dance.Â Coaches never treat mental health issues. As a coach, first and foremost, you must never engage in offering mental health advice. You must never attempt to diagnose or treat mental illness. You must never practice therapy.Â This is a life coaching certificate course. After taking this program you will not be a trained therapist, and we stress must never attempt the specialization of therapy.