When coaching isn't the whole solution

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Psychological and psychosocial issues can arise during coaching. Here's how to recognise them, and what to do.

When a client starts behaving in an unusual way – what could be happening?

- Are they upset?
- Have they received bad news?
- Or are these signs of mental illness?

The coach needs to know

- What to look for.
- How to build a picture.
- What to do.

Then they can answer these questions

- What's happening?
- Is my client OK?
- Should I coach or not?

From a mental health perspective, the coaching profession aims to work with a clinically well population. The coach's initial assumption will be that the client is mentally healthy. Occasionally, though, issues of mental illness will become evident. I am not aware that health warnings are routinely given in pre-coaching discussions, or of suggestions that they be included. And I've never come across a coaching assessment that includes questions about a client's medical and psychiatric history. Personally, I hope the profession never has to start including 'It is recommended that you consult your doctor before starting ...' statements of the kind routinely seen in advertisements for diet or fitness programmes.

The assumption of the basic wellness of a client is a powerful starting point in coaching: 'You're OK, but spend some time with me and you will be even better' is in line with its overall philosophy. Even with remedial coaching – for example, coaching the failing manager, working with the increasingly angry and stressed chief executive, developing the finance director who never speaks to their team – the coaching generally starts from a positive stance.

But those inhabiting the board room, high achievers earmarked for promotion, and team leaders facing change are not immune from becoming ill.

The signs

Perhaps only HIV/AIDS carries more stigma than mental illness – psychiatric disorder, nervous breakdown, clinical depression or stress – but at any point in time, one in ten people in the general population will have a depressive illness. The lifetime risk of depression is 12 per cent for men and 25 per cent for women, whilst about 40 per cent of GP consultations are for psychiatric problems.

Watch out for:

- Appearance/dress
- Punctuality and commitment
- Body language
- Attitude to the future
- Isolation
- Evasive responses
- Inappropriate responses
- Language used – words said / not said
- Changes in outlook
- Sadness or hopelessness
- Agitation and nervousness

Choices

When your warning bells start to ring, if there is a straightforward reason for your client's behaviour, then, as the coach, you are faced with choices – each of which has consequences for the client, the coach and the coaching relationship.

Your options

1. Continue coaching the client.
2. Continue coaching with other support.
3. Stop coaching, giving the reasons.
4. Stop coaching, and support the client while they find other, more appropriate help.
5. Take action to initiate appropriate help for the client.

Being aware that your client is under psychological stress and sharing your concerns for their well-being with them may be sufficient, and you may be able to continue coaching as normal in the next session – option 1 in the list.

Sometimes one of the other interventions is required. For example, David shows signs of depression. You question him using the PPP system, and find his marriage has been in trouble for the last six months. It is likely that he and his wife will divorce. He says he likes coming to work as it helps him forget his problems at home. When you ask about coaching, he says it is helpful as it focuses on the future and the way things could be (at work). Here option 1 or 2 seems most appropriate. But find out what support David has (friends and family). You could gently suggest that he visits his GP or talks to HR / the welfare office at work. If you choose option 1 and continue the coaching as planned, do so with a heightened awareness of David's mood to help you judge how to pace the sessions.

The above scenario could develop in a very different way. Suppose David comes to his next session looking dishevelled and very depressed. You discover he has moved out from home and has been staying with a friend, but he's been asked to leave because of his drinking. He has nowhere to go, and says, 'What's the point? There's no future for me.' You are now seriously concerned. If not suicidal, then David is severely depressed and it is time to take action.

The decision whether to take immediate action or to support David whilst he goes for help will probably be determined by how concerned you are that he cannot or will not go for help himself. If you decide to follow option 4, then be prepared to escalate this later by finding a route to help. If you decide option 5 is the most appropriate response, how you react will depend on the circumstances. It might involve anything from asking a colleague to take David to his GP to calling an ambulance.

The above scenarios represent extremes. What's more likely is that you will find your coaching session 'unusual'; your client will display some 'odd' behaviour; and you will leave the session, if not worried, then perplexed. At times like this it is helpful to talk over the concerns and work out appropriate ways forward with your coaching supervisor. If you don't have one, then perhaps there is a colleague or someone from your training course you can contact.

The underlying question to ask is: *What is in the best interests of my client?*

This may lead to difficult choices, such as terminating the coaching and losing the revenue – perhaps jeopardising future work with that organisation or breaking a confidentiality agreement. But not taking action, continuing as though nothing is wrong, may leave you open to claims of professional misconduct, a disciplinary hearing with your governing body, or being sued.

Further reading and resources

- www.mentalhealth.org.uk – general mental health information
- www.mind.org.uk – information and local advice
- www.bacp.co.uk – geographically searchable list of recognised counsellors
- Your client's own GP.
- Your supervisor.

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It may be necessary to refer the client on for expert help

These figures may be depressing in themselves, but for the vast majority of people recovery will happen with appropriate care and support.

The coach–client relationship is one built on the coach behaving in certain ways that encourage trust, honesty and self-exploration in the client. For many clients, this will be a new type of relationship and, as with other 'helping by talking' approaches, the client may well find themselves opening up in ways that are new for them. Just talking to someone who is actively listening and responding in a non-judgemental way can bring things out that may have been hidden by the client for years – including secrets, strange thoughts and unusual behaviours, to all of which the coach needs to know how to respond.

The most common mental-health issue is depression, either temporary and appropriate as in bereavement, or longer term. In either case, coaching is unlikely to be effective.

Don't jump to conclusions

Sometimes you will struggle to build any sort of working relationship with your client. Reasons vary. Maybe they are just not a 'people person' or they simply don't like or trust you. But the problem could be a symptom of a mild form of autism, a personality disorder, or an addiction issue (isolating is a symptom of both drug and alcohol addiction).

There is no easy definition of mental illness; the clinical diagnosis is based on an accumulation of signs and symptoms rather than a direct measurement. Mental health professionals will look for signs that this is not a mental health issue just as actively as they will look for signs that it is.

For example, if you came across someone showing signs of distress and gasping for breath, there could be many reasons: over-exertion while exercising, an asthmatic who needs to use their inhaler, something stuck in the throat, a heart attack, an anaphylactic reaction. In each case the initial symptoms are similar, but your reaction would be very different depending on the actual circumstances.

Psychiatric symptoms can be viewed in a similar way. If you find yourself talking to someone with emotional distress, they may just need a break in the coaching, either for a few minutes or until the next session, to 'get themselves together'. Or the issue could be so profound that immediate emergency action is necessary.

The easiest decisions to take are those at either end of the spectrum:

- If a client is talking about hallucinations, being controlled by something outside themselves, the futility of life and 'ending it all' then the decision to call for immediate help is relatively simple.
- Similarly, when someone starts ranting down the phone, shouting and angry, saying 'What's the point of it all?' and you ask 'What's going on?', to be told that an e-mail has just gone round saying that the company has been taken over with immediate effect, then there is a clear and simple explanation for the behaviour.
- Or, if a sad and tearful person lets you know that they have been passed over for promotion and are very disappointed, the signs may be similar to a depressive illness, but there is a clear cause and support is all that is needed at this stage.

Collecting information

If your attention is drawn to something unusual and warning bells start to ring, you should begin to collect information to build up a picture of what is going on for your client. The PPP system of questioning described in this module will help you do this. You are looking for both information to add to your concerns and information to subtract from them. It is a good idea to give your client opportunities to prove your assumptions wrong.

Take, for example, Joanne, who has recently been promoted to head up the IT department. Your remit is to support her through this transition. At the start of your next session, she appears really low and depressed.

Joanne: I can't cope; it's all too much.
Coach: [*Warning bells are ringing*] What's too much?
Joanne: Everything.
Coach: [*Louder bells*] Is this just at work?
Joanne: Yes, mainly.
Coach: [*Quieter bells*] How long have your felt this way?
Joanne: Since my promotion.

The alarm bells stop ringing. She seems to be saying she is both depressed and anxious about her new role, which is OK. You know you are there to support her through this. The session ends quite positively, with her committing herself to working on her delegation and transitioning from 'doing' to 'managing'.

In the next session, you learn that Joanne has not been delegating, and she appears to be trying to run the department by keeping control of all aspects of it. She is working longer and longer hours to manage her workload. She says she's OK and can manage.

Remembering your concerns during the previous session, you question her to try to find out what is stopping her delegating and trusting others to do their jobs. Hoping that this is a simple functional issue (perhaps she hasn't had any training in delegating), you explore the 'how to' with her. She knows how to delegate but cannot do it, and spends most of her normal working hours watching over her team. She has an awareness of what she should be doing to succeed as manager, but seems unable to take the necessary steps.

Warning bells are ringing again.

It looks unlikely that Joanne can meet the organisational need for a functioning IT manager. She has no plan for how to manage except to work longer and longer hours, which may ultimately lead to physical or mental illness for her. She seems unable to trust others to do the job, and coaching is unlikely to provide any quick or easy resolution.

The best course of action may be for her to work with a counsellor or psychotherapist for a while, only returning to coaching at a time when she is ready to look at her role without the blockage that is troubling her. There is little to suggest that Joanne has a mental illness, but something other than coaching at work seems more appropriate. The coach can support Joanne as she decides what to do.

Don't forget that, for the organisation, a positive result of coaching may be for Joanne to step aside from the management role before too much has gone wrong, so that she can be replaced with a more appropriate individual.

And for Joanne herself, a positive and realistic result of the coaching may be an understanding that management will be extremely difficult, possibly damaging to herself, unless or until she finds a way to resolve her other issues.

Hypothetically, continuing to coach her in her role as manager could be dangerous. She could become more and more depressed and hopeless as coaching reinforces her inability to manage the department's workload through delegation.

The PPP system of questioning

Past	What is the history of this behaviour or feeling? How long has your client had similar feelings? Has it happened before?
	There is a significant difference between someone feeling hopeless and depressed today, and someone who has felt like this for several months but, who maybe has just not talked about it before.
Pervasive	How much of your client's life is involved in the feelings? Is this a home issue that has crossed over to work today? Is it just a work issue? Or are all parts of your client's life affected?
Plan	Does your client have a plan? The best predictor for change (whether recovery from a mental illness or resolution of a psychosocial issue) is recognition of the problem and a plan to do something about it.

The PPP system of questioning is © Andrew Buckley.