

Cognitive-Behavioural Coaching: Applications to Health and Personal Development Contexts

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Abstract

Coaching programs are demonstrating their effectiveness in several contexts and populations, namely in personal development through the lifespan, and in health contexts. In the present conceptual paper, Coaching definitions, goals, procedures, benefits and limitations are described and critically discussed. Specifically, differences between Coaching and Psychotherapies are emphasized. Based on this knowledge, the structure of a Cognitive-Behavioral Coaching program is presented, and its differences in relation to Cognitive-Behavioral Psychotherapies are also emphasized and critically discussed. Finally, the evidences for Coaching programs effectiveness, in particular in Health and Personal Development contexts, are reported, based on meta-analytic data and on literature systematic reviews. The need for qualified training and supervision, as well as limitations and future directions are also pointed in order to contribute to diminish conceptual and practical ambiguities that may interfere with Cognitive-Behavioral Coaching and, in consequence, that may interfere with the persons' goals for their health or personal development.

Keywords: Coaching; Cognitive-Behavioral Coaching; Psychotherapy; Personal Development; Health

The last years have been fruitful in the emergence of the most diverse types, forms and contexts of Coaching, implemented by people of the most diverse professional areas. However, the limits and distinction between Coaching, even the so-called Psychological Coaching, and Psychotherapy, especially Cognitive-Behavioral Psychotherapy, are not clear.

The proliferation of models and tools, along with the difficulty in regulating the practice of coaching, contribute to maintaining this ambiguity and to the emergence of the most varied perspectives, visions and "offers", many without any basis in scientific evidence or even implemented by persons without adequate training. This ambiguity does not favor any of the areas, leading Coaching to be seen by many as a "skillful diversion" to insert professionals without proper medical or psychological training, in a field reserved for Psychotherapists and legally defined in Portugal. This process of "skillful deviance" has also been shared by other professionals without adequate training, who bypassing the fact that they are not legally Psychotherapists, call themselves "Third-generation Coaches" or "Mindfulness Coaches".

Coaching was born in sports [1] and had the vocation and purpose to help people to achieve their dreams, be successful and fulfilled. Coaching is based on the assumption of the existence of an inexhaustible human development capacity and is assumed as a stimulus for questioning, generating new perspectives and implementing more effective practices to achieve the desired results.

According to the International Coaching Federation (ICF), Coaching is a "partnership with clients in a creative and challenging thinking process that inspires them to maximize their personal and professional potential, which is particularly important in the uncertain and

complex environment of today” [2, pp. 22]. This partnership is based on a set of qualities, skills (which include, among others, communication skills, confidence, presence, active listening) and tools, and is based on the application of a set of specific ethical and deontological principles [3,4].

In this way, as a personal development process, Coaching is based on a collaborative relationship of commitment and trust, adequate to the needs of the person, and based on which the professional applies the skills that he/she holds to help the person, through teaching and training of various tools, to achieve their goals [3].

From the historical point of view, Coaching has its roots on Ancient Greece and its foundations, on the one hand, in the theoretical concepts and tools of Systemic Psychotherapy, particularly in the Palo Alto School and the works of Erickson [5] and, on the other hand, on Cognitive and Behavioral Psychotherapies and Positive Psychology [6,7]. Regardless of the theoretical model on which is based, Coaching involves a continuous process of mutual learning.

Coaching is thus a process centered on personal choices and goals of the person, focusing on future possibilities, their consequences and possible commitments, through goal setting methodologies. In this process, the current and previous realities are analyzed with the main goal of facilitating self-awareness processes related to questioning, thinking, (re) acting and feeling. This process of reflection is directed towards the construction of a plan of action aimed at orienting future goals and possible barriers that may arise, along with accountability for the expected, expected and unexpected results [8].

A fundamental question in the scope of Coaching concerns to its differentiation from Psychotherapies, namely Cognitive-Behavioral Psychotherapies. On the one hand, in both types of interventions, the basic ethical aspects are similar and the professional relationship that is established requires attention, clarification and limits. Furthermore, in both cases, the interventions use language in a collaborative relationship between the client and the professional to achieve a goal, and are directed to change (ultimately to a different level of personal development).

However, Coaching is not a form of Psychotherapy and distinguishes itself from, among others, its focus and methods. In Psychotherapies, by definition, the intervention is focused on overcoming or accepting difficulties; in Coaching, the intervention focuses on personal (or professional) success in the relationship with people without salient psychological problems and without experiencing especially traumatic or vulnerability situations [1,8].

From this distinction, it is already clear that Coaching does not apply to people with clinical disorders or problems and, consequently, that people with this type of difficulties can take risks to their health when subjected to Coaching processes, without guarantees that the professional in question has the knowledge and skills to intervene without harm [1].

In fact, it is not the techniques that define the methods. Also, the use cognitive, behavioral, experiential or emotional regulation techniques is not enough to access a psychotherapeutic competence. The practice of Coaching and Cognitive-Behavioral Psychotherapy may, in some cases, be complementary if preceded by a functional analysis that justifies each of the interventions and provided that the respective technicians are properly accredited. However, cognitive-behavioral psychotherapeutic techniques and methods (e.g. exposure, role-playing, cognitive restructuring, emotional acceptance, mindfulness) are powerful and can become dangerous when there is insufficient and qualified training [1] and when they are applied as a “magical cooking” recipe: just as a recipe does not make a good cook, a cook without competence can even spoil the food. When working with people, it is urgent to ensure that the therapeutic relationship, at least, will not hurt.

Regarding Coaching practice regulated by the International Coaching Federation (ICF), despite all the autonomy of the person throughout the process and, of course, after the process completion, the professional plays an extremely important role which involves, according

to the ICF [3], 1) Qualities (regarding their self-knowledge, adaptability, improvisation and flexibility, among others), 2) Values (availability, respect, integrity, honesty, commitment, solidarity, trust, individuality, dignity and loyalty, among others), and 3) Skills (ethical and deontological standards, relationship, communication and planning/management) [9].

There are several Coaching models that have been developed and used in different contexts and/or life domains, focusing on personal development and problem solving [10] in order to facilitate change. Based on many of these models, the focus is on building a plan of action through goals setting [11] and on the empowerment of the person with a view to achieve their goals.

However, there are other types of barriers, emotional or psychological (thoughts, emotions, among others) that may hinder or even impair performance and goals’ achievement. In these situations, several authors are unanimous that Coaching should not be used [12,13].

Cognitive-Behavioral Coaching involves an integrated vision that focuses also on these barriers and uses cognitive-behavioral tools, based on theoretical and intervention models, to facilitate behavior change, enabling the analysis of needs related to external aspects (goal orientation) and/or internal (cognitive barriers) simultaneously [14] and, thus, help the person to achieve their (realistic) goals [15].

For example, according to Milaré and Yoshida [16], in the course of a Coaching process, some people quickly learn to identify and organize their thinking and change it for their own benefit, fundamentally if the motivation for change is high.

Specifically, this Coaching model is based on the theoretical and intervention models of Cognitive-Behavioral Psychotherapies, based on Ellis’ Rational Emotive Therapy [17-19], Beck’s Cognitive Therapy [20], D’ Zurilla’ Problem-Solving model [21-23], Goal Setting [24], and Social Cognition and Self-Efficacy theories [25], consisting of a process of developing new patterns of thought and behavior directed at one’s life goals (in different contexts, of their life, health, profession, etc).

In the same way that Coaching differs from Training (insofar as it does not form/teach, rather it creates the conditions for learning and for the development of emotional intelligence competencies; [26]), Consultancy (in Coaching, the person finds the solution whereas in Consultancy, the solution is recommended), Mentoring (the Mentor gives the answers while the Coach asks questions; [27]) and Therapy (although both focus on behavior and self-awareness, therapy is more oriented to solve and overcome difficulties and pathologies, while Coaching has its focus in the development of competences; [28]), Cognitive-Behavioral Coaching also differs from Cognitive-Behavioral Psychotherapies for, among other characteristics of the process, addressing to the promotion of personal development and not the remediation of clinical disorders or even subclinical problems (see Table 1).

	Cognitive-Behavioral Therapies	Cognitive-Behavioral Coaching
Goals	Modification of clinical or subclinical symptoms	Development of competences that aim to promote personal and/or performance characteristics
Fases	Functional analysis, diagnosis and motivation for change; Therapeutic relationship; Psychoeducation; Goal setting; Program Implementation and Assessment; Monitoring; Follow-Up	Contract; Goal Setting; Psychoeducation; Feedback; Plan implementation, Assessment; Follow-up
Procedures	Cognitive, behavioral, contextual procedures	Cognitive, behavioral, contextual procedures
Population	Children, Adolescents, Adults, with clinical or sub-clinical diagnosis	Children, Adolescents, Adults, without any diagnosis
Forms	Individual, Group, Family	Individual, Group
Method	Directive, Collaborative, Participatory	Directive, Collaborative, Participatory
Applications	Clinical and Personality Disorders; Subclinical Symptoms; Modification of risk factors and promotion of protective factors (Prevention)	Personal and career development
Context	Clinical, Educational, Work; Organizational, Forensics, Sport	Clinical; Executive; Sports; Personal
Outcomes	Well-being; Quality of life	Well-being; Quality of life; Success (personal/ executive)

Table 1: Differences and Similarities between Cognitive-Behavioral Therapies and Cognitive-Behavioral Coaching.

This differentiation is fundamental to understand the different levels of involvement in both processes and the role of both Cognitive-Behavioral Therapist and Cognitive-Behavioral Coach because, despite the differences, there are few studies that aim to analyze and/or deepen them [29].

Objectives and processes of Cognitive-Behavioral Coaching

Cognitive-Behavioral Coaching is based on the theoretical and empirically proven principle that the way people interpret reality is determined by their beliefs about those same situations and not by the situations themselves, which can contribute to create mistakes in the way social information is processed [30].

The main goals of Cognitive-Behavioral Coaching involve guiding the person in the best way to achieve his or her goals, facilitate self-awareness of cognitive, emotional and behavioral barriers that may hinder or impair its achievement, help develop and/or promote cognitive and behavioral skills, improving internal resources, stability and self-acceptance, to mobilize for action and, ultimately, empower for self-regulation [31].

Based on cognitive-behavioral theories, models and procedures, Cognitive-Behavioral Coaching is also based on a collaborative and results-oriented relationship and aims to improve performance and/or personal development as a facilitator of behavioral changes. In this context, and similarly to other models, the Cognitive-Behavioral Coaching process presents a structure with seven main phases [32] that presents overlaps with the structure of a general Coaching program [33]:

1. Commitment and contract (identification of goals and expectations, scope of sessions, topics to be addressed, number of planned sessions and ethical aspects of the professional relationship to be established);
2. Goal setting (based on nuclear values, meaningful to the person and facilitating development or problem solving);
3. Development and implementation of an action plan (identifying and evaluating the internal and external resources available to cope with the situation and identifying and developing the necessary resources/competencies);
4. Dealing with obstacles (internal and external barriers);
5. Maintenance of changes (through the identification of factors that may contribute to eventual setbacks, in order to avoid them or to adequately cope with them);
6. Completion of the process (in a positive way, after learning new ways of dealing with issues) and
7. Follow-up (to evaluate outcomes and feedback).

Based on a direct and directive approach from which barriers, emotions and behaviors are identified, analyzed and modified (focusing attention on structured and systematic problem solving), these new learning patterns are implemented through a set of tools based on behavioral, cognitive and, more recently, contextual procedures.

From this structure, it is once again clear the differences between Cognitive-Behavioral Coaching and Cognitive-Behavioral Psychotherapies which involves, in the second case, a rigorous assessment with a view to the case formulation, with self-monitoring throughout the whole process and the implementation of a program based on Learning, Cognitive, and Emotional Regulation Theories and on the ultimate Neurosciences knowledge, with systematic monitoring and evaluation of treatment results [34].

Tools used in Cognitive-Behavioral Coaching

There are several techniques and cognitive-behavioral procedures that can be used in Cognitive-Behavioral Coaching, and can be grouped into three main categories, depending on the system they intend to modify: procedures that aim at modifying the cognitive, behavioral system and, if necessary, directed at the increased or decreased physiological activation.

First, Cognitive-Behavioral Coaching has a psychoeducational component by sharing knowledge, models and tools under the principles of metacognition (thinking about thoughts) and increased awareness of the impact of thoughts on behavior, emotions, and body.

The model developed by Ellis, Gordon, Neenan and Palmer in 1997 [20] is one of the central focuses of Cognitive-Behavioral Coaching. Developed under the principles of Rational Emotive Therapy [18,19], which assumes the existence of a relationship between a triggering event (Activator) and an emotional or behavioral reaction (Consequence) mediated by the beliefs about the event, the Model ABCDEF starts from the identification of the internal triggers (the most common, ambition, competition, control and/or harmony, fear of failure, approval, security and perfectionism) to integrate the dispute of irrational beliefs (D), along with the search for an effective (E) and future oriented (F, for personal goals) response.

This model applies to everyday life situations and questions both the vision and the approach to those situations, contributing to develop alternative ways of thinking that will facilitate the occurrence of positive behaviors and emotions in order to reach goals and objectives. In this context, people can also learn to identify and recognize patterns of thinking that are irrelevant to their tasks, which constitute internal (cognitive) barriers that can hamper their achievement, and develop thoughts that are relevant to their tasks and goals, which will work as strategies to cope with these barriers [35].

The use of procedures such as the Socratic questioning to evaluate the implications of thoughts and expectations (in relation to oneself, others and situations), in order to stimulate the development of rational thought patterns, applies to the analysis of the reality involved in the situation and not the person's vision of the same situation, allowing the development of realistic and prospective thinking patterns. On the other hand, it allows a cost-benefit analysis of actions, behaviors, emotions, plans and impact on other people, facilitating the transition from decision to action. Thus, the modification of negative beliefs and thoughts through a process of Socratic questioning [35] contributes to the creation of alternative views and more adaptive behaviors.

Problem-solving models are also used in the context of Cognitive-Behavioral Coaching. In this context, PRACTICE, an acronym for a problem-solving and solution-focused model [36-38] developed from the theoretical models of problem-solving, starts from the identification of the problem and its circumstances and moves to goal setting and seeking alternative solutions and associated consequences for decision-making, implementation and evaluation of the effectiveness of these solutions. Also in this context, the SPACE model [39], takes into account the social context in which the person moves, as well as the identification and recognition of physical sensations, along with cognitions, actions and emotions. More recently developed, the CLARITY Model [40] is also a step-by-step model whereby, from the analysis of contexts and life experiences and events, and based on mental visualization procedures, the person analyses his or her actions, reactions, thoughts and future choices.

Independently, and not exclusively, of these procedures, another relevant tool in Cognitive-Behavioral Coaching is goals, priorities and action plans setting. Adequate goal setting and tasks within and between sessions is the key tool to transform the internal representation of these goals into results, for generalizing these learnings and for their integration into the persons' daily life [41].

In some circumstances, Cognitive-Behavioral Coaching can also use tools to help the person to relax and, more recently, to develop Mindfulness skills, related to the role of emotions in behavioral self-regulation. In this context, the use of Mindfulness skills can contribute to promote the individual's ability to accept the discomfort associated with the thoughts and emotions that are felt, as opposed to experiential avoidance, a pattern directly related to the difficulty in dealing with difficult or challenging situations [42].

Having its roots in cognitive-behavioral theories and therapeutic procedures and having developed, among others, as one of the Third-Generation so called Contextual Therapies (although in many circumstances it is used by people without specific training in the area and, still in others, as synonymous with other practices, and without evidence), Mindfulness integrates a set of systematized practices, among which Full Attention, and Mindful Breathing (or, more in depth, Mindful Meditation). Although the existence of various applications of

Mindfulness to the context of Coaching [43,44] and its scientific evidence is already demonstrated in other circumstances, the scarce studies on the effectiveness of Mindfulness in Coaching are still inconclusive, showing that the inclusion of Mindfulness techniques in the Health Coaching process did not show different results from Cognitive-Behavioral Coaching focused on the solution [45].

Evidences about the effectiveness of Cognitive-Behavioral Coaching

Coaching has been adapted to different contexts, in particular to the executive context [46-48]. The experience in Executive Coaching programs has demonstrated that adherence to the process, and its evolution, are determined by the degree of awareness for change, as well as by the existence of internal resources to deal with it. In this context, a meta-analysis aimed at evaluating the effectiveness of Executive Coaching in the organizational and personal environment showed results that demonstrated significant positive effects on competencies and individual performance, well-being and coping strategies, attitudes towards work and goal-directed self-regulation [49].

In education, and despite its multiple applications, there are few studies developed with the objective of evaluating the effectiveness of Coaching programs. In a meta-analysis of the effects of the implementation of Coaching programs with teachers, the authors concluded that teachers who did this kind of programs had broad positive effects on their educational practices and moderate effects on student performance [50].

From the point of view of personal development, several studies point to the effectiveness of Coaching at various levels, for example, emotional intelligence [51], well-being and psychological functioning [45]. The impact of Coaching on improving performance and on psychological, subjective and work well-being in employees of a large company demonstrated the existence of significant improvements in all studied variables, allowing to conclude that the 8-weeks Coaching program contributed to the development of the employees' professional competencies, as well as to the well-being of the participants [52]. Despite the evidences, no systematic review of the literature or meta-analysis was performed with the objective of analyzing the efficacy of the studies in this area.

In the area of health and well-being, Health Coaching applies to the education for specific conditions, related to the promotion of health behaviors, education for disease management, rehabilitation and changes in lifestyle with repercussions on health [53,54]. In this context, Health Coaching consists, generally, on the development of self-care resources for an adequate chronic illness management and/or lifestyle modification, with the main goal of improving health and well-being.

The application of the principles of Health Education and Health Promotion to Coaching and in Health contexts, based on psychological principles (similar to the principles of the motivational interviewing theoretical model; [55]) is aimed at promoting well-being and health-related objectives, e.g. weight or blood pressure control, nutrition, substance use, adherence to treatments, etc. [56,57].

A systematic review of the literature on quantitative and qualitative studies about the efficacy of Life Coaching combined with other interventions in health contexts obtained results that allowed to conclude that most of the studies do not present a solid research design. However, there was a trend towards improving health-related self-efficacy [58].

A narrative review of the literature conducted in the UK [59] aimed at evaluating the effectiveness of Coaching in promoting healthy behaviors, taking into account different criteria involved in the selection of studies (participants, professionals, type of intervention and impact), showed mixed results in terms of health consequences and lack of impact on reducing health-related costs.

Also in 2014, a systematic review of the studies carried out with the main goal of analyzing the effectiveness of Coaching programs in adults with chronic diseases, demonstrated that Health Coaching contributes to chronic disease management, motivates people for behavior modification, and promotes physical and mental health [60]. More recently, in another systematic review of the literature on Health Coaching in prevention and rehabilitation, the authors have shown that its long-term efficacy remains to be proven [61].

Limitations associated with the implementation of Coaching programs

Despite the benefits that it seems to present, the practice of Coaching in the most diverse contexts and, in particular, in health and personal development contexts, requires careful reflection.

On one hand, in several countries, there is a lack of regulation of this type of practice, which allows anyone, regardless of their academic background and Coaching training and supervision, to do so.

Obviously, because of their training in theoretical and intervention models underlying the understanding of the mental processes and the behavior of the human being, Psychologists should be better able to do this professional exercise. However, caution is also needed here, regarding the Psychologists role and the necessary differentiation between Psychology (in the various contexts and areas of intervention), Psychotherapy and Coaching.

From this point of view, regardless of basic vocational training (for example, risk behavior prevention programs, based on psychological models, can be implemented by peers or teachers, not requiring the direct work of the Psychologist), Cognitive-Behavioral Coaching should oblige those who do it to education, training and supervision in the explanatory models and in the different cognitive, behavioral and contextual modification procedures, in order not to limit the individual capacity to discriminate their adequacy. Coaching is unnecessary in the presence of other action oriented models (which in themselves are sufficient) and is inappropriate in people with personality and/or mental disorders, subclinical or clinical (whose diagnosis and/or evaluation can only be done in the area of mental health), people with mental disabilities or people who do not accept responsibility for their actions and/or difficulties. On the other hand, during a Coaching process, other sources of stress and adversities, relevant or not to the process, can arise, giving rise to emotional and behavioral changes that must be properly managed.

Discussion and Conclusion

In summary, Cognitive-Behavioral Coaching involves the ability of self-regulation in people without clinical problems and focuses on goals, being more effective in previously motivated people. Based on the impact of thought patterns on behavior and life decisions, it focuses on solutions and in the future, on developing solutions to challenges and not on remediation of clinical or subclinical problems or difficulties.

In spite of the existence of several studies that try to demonstrate the effectiveness of the different models and contexts of Coaching throughout the life span, it is evident the necessity of its clarification, in order to create an evidence based approach, through the adaptation of the Coaching model to the client needs, and through the adoption of psychological theories and models with proven effectiveness. Regarding the need to evaluate the effectiveness of Coaching programs, a literature review, demonstrated that only 17 of the studies carried out this type of evaluation, evidencing that much more needs to be done in this field [62]. In an exploratory study conducted in 2013 to analyze the importance of the characteristics of the Coaching relationship on the outcomes of the program, the obtained results demonstrated that the only predictor of effectiveness was the focus on the goals and not the satisfaction with the relation and/or autonomy given [63]. More recently, another meta-analysis study suggested that Coaching programs only show broad effects on behavior change, and their effectiveness depends on the research designs, the nature of the samples, and the number of sessions performed [64]. Yet in 2015, another systematic review of the literature has shown the positive effects of most Health Coaching programs in at least one of the outcomes studied [65].

At present still very much based on the models of the cognitive modification, the tendency of the Cognitive-Behavioral Coaching involves the orientation to the Third-Generation models, the contextual and also empirically proven models, related to acceptance and commitment, being developed thus from a reasoning, more comprehensive and coherent approach to its practice.

On the other hand, if the regulation of the practice of Psychological Coaching in the country seeks to be in some way framed by the creation, within the Portuguese Psychologists Order, of this specialty, the need and importance of regulating this activity for other professionals is maintained.

Ultimately, it will be up to people in general, in the course of their quest for personal or other development, to take these criteria into account in order to make an informed decision.

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Conflicts of Interest

None declared.

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