LIFE AND EXECUTIVE COACHING: SOME ETHICAL ISSUES FOR CONSIDERATION

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Over the past couple of decades, coaching has emerged as a recognized career or proficiency for psychologists. The coaching profession has grown tremendously since 1998, and the number of life and executive coaches within the United States has been estimated in the tens of thousands. As a result of this growth, the coaching profession has become a widespread topic of discussion in the popular press (Hall, Otazo, & Hollenbeck, 1999; Grant, 2003).

This chapter addresses some of the major ethical issues facing coaches and the coaching profession. We review issues surrounding competence or retraining for coaching, discuss the issue of creating and maintaining appropriate boundaries (especially how these boundaries may vary from those found in mental health or psychotherapy services), and explore how ethical guidelines for coaches address the issue of when to make referrals. In addition, we discuss the ethical issues of confidentiality, informed consent, and the client-coach-sponsor triad, all of which can influence and complicate the coaching process. As we discuss ethical guidelines and standards in the coaching profession, we draw on the work and ethical codes of two coaching organizations: the International Coaching Federation (ICF) and the International Association of Coaches (IAC). To set the context for our discussion, we begin this chapter with a brief overview of coaching and its history. We follow this overview with a brief discussion of the similarities and distinctions between the practice of coaching and the practice of clinical psychology and psychotherapy, which we then relate to the ethical concerns.

AN OVERVIEW OF COACHING

As a basic frame of reference, psychologists who work with people in the capacity of coach are working with individuals, whether in the personal domain or career domain, to help them create new thoughts, emotions, or behaviors that will facilitate positive results (Douglas & McCauley, 1999; Grant, 2003). Ultimately, coaches work with clients to help them expand their choices and awareness of relationships or events in life in which the clients desire personal or professional change.

The term *coach*, which referred to a carriage pulled by a horse, was first used in the 1500s in a small town in Hungary (Smith, 2010). Three hundred years later, the term referred to a person who assisted university students in the United Kingdom in preparing for exams. Here in the United States, around the 1950s, businesses began to hire consultants, who would now be referred to as *executive coaches*, to provide guidance about ways to increase company productivity. In the 1980s to the mid-1990s, the field of coaching expanded to include different specializations, such as personal or life coaching, career coaching, and leadership coaching (Smith, 2010; Williams, 2006).

In recent years, more and more research has been done and evidence-based theories have been developed to create the beginnings of a body of knowledge and evidence that coaching can call its own (Stober & Grant, 2006). As the profession of life coaching evolves, it becomes more uniquely defined and described through role clarification

and designation (Williams, 2006). Professional coaching organizations and associations have sought this clarification and designation. Early in the 1990s, several training schools for life coaches were launched and professional coaching associations and organizations were created (Williams, 2006). Two of the major organizations were the Professional Coaches and Mentors Association and the ICF. In 1996, these two associations merged under the name of ICF, which soon became a leading international organization to represent the coaching profession. Several other coaching organizations have developed since the mid-1990s. One of these is the IAC, which was launched in 2003. Although various organizations credential life and executive coaches, the two flagship organizations are the ICF and the IAC. For this chapter's discussion, we draw on the ethical standards and guidelines from these two organizations.

Life coaching borrows from and builds on theories and research from related fields, such as psychology and philosophy. As such, coaching is a multidisciplinary, multitheory synthesis and application of applied behavioral change concepts and methods. Although coaching has a unique paradigm, much of what is used in coaching goes back decades and even centuries.

Coaching and Psychotherapy: Similarities and Distinctions

Some who write about and research coaching suggest that the worlds of psychotherapy and coaching are not that distinct. For example, the field of counseling psychology, as a discipline and body of knowledge, is close to coaching in the client issues and type of services offered. Possibly this is one reason why Bono, Purvanova, Towler, and Peterson (2009) have suggested that in the end, there are no "clear lines to separate coaching from therapy" (p. 264). Others, such as Grant (2001), have proposed that therapy and coaching might actually represent a type of continuum; on one end are those clients who need psychotherapy because they represent the clinical population, while on the other end are those clients (e.g., business executives) who are psychologically healthy but seek executive coaching to enhance their professional performance. As Spence, Cavanagh, and Grant (2006) have stated, "Coaching is not concerned with treating deep personal problems (the aim of therapy and counseling), but rather to assist healthy people unlock more of their potential and become more effective" (p. 80). The middle of the continuum represents those clients for whom the needed services (therapy or coaching) might be more difficult to delineate clearly.

More recently, some have suggested that coaching, and more specifically "coaching psychology," actually finishes out or addresses a point on the mental health continuum that the field of clinical psychology has left unaddressed. Dr. Anthony Grant at the University of Sydney, Australia, first coined the term *coaching psychology*. Grant (2006) spoke of coaching psychology as providing a unique niche to help psychologists understand and work beneficently with individuals who are high functioning and mentally healthy. Linley and Harrington (2005) have proposed a connection between coaching psychology and positive psychology. They, too, suggested that coaching picks up where clinical psychology leaves off. They stated that

both positive psychology and coaching psychology are explicitly concerned with the enhancement of performance and wellbeing, beginning at the level of the individual. Arguably, one may suggest that this definition applies to the whole of psychology. In practice, however, most psychologists may have traditionally considered their job to be done when the "client" was free of psychological problems and difficulties. To the positive psychologist and the coaching psychologist, that is to stop at only half way. (pp. 2–3)

For Linley and Joseph (2004), coaching psychology and positive psychology both work "to promote optimal functioning across the full range of human functioning, from disorder and distress to health and fulfillment" (p. 4). According to Williams (2006), positive psychology looks at the assets of the client and therefore is the theoretical underpinning for the coaching practice.

In addition to the type of client issues served, there is a difference in context for coaching and psychotherapy. Some of these differences, which have been discussed in the literature (Kilburg, 2000; Levinson, 1996; Richard, 1999; Sperry, 1993, 1996; Tobias, 1996) and summarized by Kampa-Kokesch and Anderson (2001), revolve around the actual practice. Differences include the context in which or the location where the intervention takes place. For example, coaches generally meet clients in a variety of places, the last of which is a clinical office (Williams, 2006). Most coaching with executives occurs at the workplace and continues by regularly scheduled telephone sessions. Other distinctions include the amount of time the professional and client spend working together, and the view of the relationship between the professional and the one receiving the benefit of the professional's expertise (Williams, 2006). For example, many clients see the coach as a personal consultant, so coaching services do not carry the stigma that seeing a therapist may.

An additional difference can be the lens through which professionals view their clients. Filipczak (1998) observed that psychologists, who often lack business experience, are jumping into executive coaching because of the paucity of job opportunities in mental health. At the same time, Filipczak is concerned that psychologists might be unsuccessful as executive coaches because "they see corporate America as another dysfunctional family that needs to be fixed" (p. 34). Even in life coaching, a paradigm shift might be necessary for the psychologist who comes from more of a clinical view that focuses on psychopathology rather than strengths. In coaching, clients are viewed as the real experts of their own life, and they determine the goals for coaching. The coach focuses less, or possibly not at all, on problems, and instead looks for and builds on the client's strengths and potential.

Another important difference or distinction is in the area of professional regulation. Currently, the coaching profession is not monitored or regulated by state legislation or regulatory boards (Williams, 2006). As a result, the practice of coaching is open to all who have the motivation to market themselves as a coach. Coaching associations see this lack of regulation as problematic; at the same

time, however, the coaching profession desires to remain self-governing. In a similar vein, some authors have discussed the pros and cons of regulation for professions. For example, Handelsman and Uhlemann (1998) proposed that regulation is not necessarily the "unqualified wise choice for professions; instead it should be approached with caution" (p. 315). They proposed that one key issue to address is what is best for the public as well as what is best for the profession.

The desire for self-governance has not come without battles. For example, between 2001 and 2004, one state regulatory board (the Colorado Department of Regulatory Agencies) encouraged its state legislature to include the coaching profession under psychotherapy legislation. Several coaching associations (the ICF, the IAC, the Worldwide Association of Business Coaches, and the Association of Coach Training Organizations) joined forces with the Colorado Coalition of Coaches to lobby against the effort. The lobby by the coaching associations was successful. (For a more detailed discussion of this event, see Williams, 2006).

According to Williams (2004a), the coaching profession is poised to remain a distinct profession with its own training and competencies, credentialing, professional standards, and a growing body of knowledge. Many coaching associations such as ICF have taken a "policy stand for professionalism and self-governance in coaching" (Williams, 2004a, p. 34).

At the same time, although there are no regulatory boards that govern the profession of coaching, there is some graying of areas. Psychologists who offer both psychotherapy and coaching psychology might find themselves being governed in both arenas because of broadly written legislation that speaks to the application of psychological knowledge when one is using coaching skills and techniques. Along with this gray area comes the question of coaching across state lines. At this time, there are no ethical restrictions regarding this practice. The question of professional liability in coaching is an evolving one, however. Psychologists who also provide coaching services are seeking professional coverage because they realize that the potential for malpractice charges is on the horizon (Sara Oberg, personal communication, May 24, 2010).

ETHICAL ISSUES IN COACHING

In this section, we highlight the following ethical issues: competence or retraining for the coaching practice, boundary issues with coaching clients, informed consent, and confidentiality.

Issues of Competence or Retraining

As psychologists consider an extension of their practice into the coaching profession, they need to address the ethical obligation to be fully trained and up to date to practice competently (Swenson, 1997). Kaslow et al. (2007) called competence the "cornerstone" of ethics in psychology. It seems that we could use this same analogy for ethical practice in coaching. Some authors say that training in psychology does not automatically prepare one to deliver an ethical coaching practice (Williams, 2006). Coaches come from different backgrounds, such as sports psychology, industrial psychology, and consulting psychology, and thus they approach client issues from various starting points. However, most coaches would unite around one key issue: "Coaching is not therapy" (Spence et al., 2006, p. 80). With coaching and psychotherapy being two different professions, a psychologist should not consider his or her training as a psychologist necessarily sufficient to competently practice coaching. For example, psychologists may have some of the necessary skill sets for executive coaching, but they may lack knowledge about the business world involving issues of organizational performance and change processes (Harris, 1999; Saporito, 1996). In life coaching, some psychologists may have been well trained to recognize psychopathology, but they need retraining to look for growth and normalcy in clients.

In a recent review of clinical, industrial—organizational, and counseling psychology graduate programs, as well as ICF-certified training programs, Bono et al. (2009) found what they called "gaps" in training for coaching. For example, industrial—organizational psychology programs focus on motivation, behaviors, attitudes, and performance in the workplace, but they lack in training when it comes to skills and techniques needed for one-on-one coaching. In addition, counseling and clinical psychology programs address human development, but they do not provide training in

business law and legal issues that influence employees or the business or organizational environment.

There has been a debate in the literature about who can make the better coach: psychologists or nonpsychologists (Bono et al., 2009). On one side is the argument that coaches need clinical psychological training to recognize or be competent to see when clients need services other than coaching (e.g., psychotherapy for depression or anxiety). In addition, some propose that psychologists have the necessary training in assessment and evaluation and therefore can offer competent advice to organizations and businesses about coaching outcomes (Berglas, 2002) and the criteria for selecting a competent executive coach (Brotman, Liberi, & Wasylyshyn, 1998).

On the other side of the argument are those who suggest that psychological training might actually work against competent coaching or be "potentially harmful" to the client. In a review of the literature on executive coaching, Garman, Whiton, and Zlatoper (2000) found that 31% of the articles mentioned psychological training in some fashion. Of these articles, 36% proposed that psychological training for coaches could be positive as well as negative and 18% of the articles suggested that psychological training could be negative and "potentially harmful" (Garman et al., 2000, p. 203).

Others are less concerned about the competence of psychologists serving in the role of coach but are more concerned about the practice of coaching as a whole. For example, some have waved a caution sign encouraging psychologists to stop and consider the scientific validity of coaching practices:

When, as in the case of coaching, practice is considerably ahead of research, there is the danger of self-assuredness and advocacy for particular methods and techniques and argument and experience being used as a basis for action. I argue that to the extent executive coaching is in the domain of psychology at all, its proponents who are psychologists must proceed with caution and must do the necessary work. (Lowman, 2005, p. 93)

Possibly Lowman's concern is slightly overstated. Using scientific methods of psychology, studies examining the outcomes of both life coaching and executive coaching suggest evidence for effectiveness. For example, Peterson and Kraiger (2004) studied more than 350 managers who participated in a coaching process to enhance work performance. Participants were rated at three different time periods by three different individuals (themselves, their boss, and their coaches). The ratings from all three perspectives indicated substantial improvement on specific learning and work objectives.

Although outcome-based research has begun to build, some practitioners and researchers in the field of coaching are the first to call for more research (Grant & Stober, 2006). Best current knowledge from related fields, integrated with the expertise of the coach, can inform the practice of life coaches and executive coaches. At the same time, the coaching field needs to continue its pursuit of informed practice via research that "incorporates both rigor and the lived experience of practitioners and clients" (Grant & Stober, 2006, p. 6).

The Ethical Principles of Psychologists and Code of Conduct (the Ethics Code; American Psychological Association [APA], 2010) expresses the importance of psychologists practicing within the boundaries of their competence and performing roles within the limits of their competence, which is indicated by education, experience that is supervised, training, and other additional professional experience (Kitchener & Anderson, 2011). Some have called on the APA to establish standards for psychologists who want to offer services as executive coaches (Brotman et al., 1998). Lowman (2005) suggested that Standard 2.01, Boundaries of Competence, offers appropriate direction at the present time:

Standard 2.01, Boundaries of Competence

In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm. (APA, 2010, p. 5)

The burden of responsibility for maintaining competence in areas of existing expertise and for developing competence in new or emerging areas always remains with the psychologist (Canter, Bennett, Jones, & Nagy, 1994).

Psychologists, struggling with financial downturns in mental health services and perceiving financial gain in coaching, may be tempted to just jump into the coaching profession (Filipczak, 1998) and without adequate retraining, this could result in ethical missteps. To be effective in the role as coach, retraining is a necessary step to consider, and coaching associations hold to this line. For example, ICF offers membership with voting rights to those who have completed training through an ICF accredited program. (More information on issues of competence in general can be found in Volume 1, Chapter 6, this handbook.)

Multiple Relationships and Other Boundary Issues

The coach sometimes holds more than just the coaching role with the client. Multiple relationships can be concurrent or sequential (Kitchener, 2000; Lazarus & Zur, 2002; Pope & Vasquez, 1998). A concurrent multiple relationship occurs when coaches are involved in a business relationship, friendship, or any other type of relationship with their clients at the same time that they are engaged in a coaching relationship. A sequential multiple relationship occurs when a coaching relationship ends and a new relationship begins between the coach and the client. Nonsexual, nonexploitative multiple relationships between a coach and a client in and of themselves are not unethical. Within the coaching literature, little discussion has occurred about multiple relationships and professional boundaries (Zur & Anderson, 2006).

The mental health literature is quite expansive about multiple relationships. According to Pope and Keith-Spiegel (2008), professional boundaries have been the main focus of more than 1,500 scholarly works since the early 1980s. In the psychotherapy literature, there is a continuum of perspective on the

ethics of nonsexual and nonromantic boundaries with clients (Kitchener & Anderson, 2011). On one end of the continuum are those who see many multiple relationships with clients as beneficial and serving the public in a positive manner (Cottone, 2005; Ebert, 1997; Lazarus & Zur, 2002; Moleski & Kiselica, 2005). At the other end of the continuum are those who encourage psychologists to view multiple-role relationships with more caution (Anderson & Handelsman, 2010; Borys, 1994; Gabbard, 1994; Kitchener, 2000; Pope & Vasquez, 2007; Sonne, 1994). Across the continuum, there is a concerted effort to understand and make a distinction between boundary crossings or extensions and boundary violations.

The ethical obligations of coaches when it comes to appropriate boundaries with clients may very well be different from those of psychotherapists providing mental health or psychotherapy services. The coach-client relationship is seen as a "co-creative, equal relationship" (Zur & Anderson, 2006, p. 131). This cocreative, equal relationship may suggest that the power differential between coaches and clients is less than what exists in the psychotherapy relationship, also suggesting that coaches have less opportunity to exploit clients (Zur & Anderson, 2006). In addition, boundaries between coaching and social interactions may be more fluid and flexible and secondary relationships less problematic. When the coach and client do enter into these secondary relationships or social interactions, it also may be the case that role expectations and role obligations in the coaching role are more congruent with those associated with a role as social friend or golf partner. Because of cultural norms within an organization, coaches may find themselves socializing (e.g., playing golf, going to a sporting event) with clients outside of the coaching sessions. Such interactions often are expected in corporate or executive coaching (Zur & Anderson, 2006).

However, research on the coach–client relationship, especially from the client's perspective, is scant at best. The research that does exist suggests that the connection and interaction between the coach and client is a critical component to successful coaching outcomes (Gyllensten & Palmer, 2007). As O'Broin

and Palmer (2006) stated, more formal research into the coach–client relationship is absolutely necessary. We would encourage exploration into issues of boundaries and multiple relationships especially from the clients' perspective.

Although the term *multiple relationships* is not mentioned in the IAC (2003) and the ICF (2008) codes of ethics, both associations address the importance of respect for clients' dignity, autonomy, and privacy through such terms as *conflict of interest*, *unfair discrimination*, *exploitation*, and *misuse of power and influence*. Therefore, coaches always should steer clear of secondary relationships with clients that potentiality could undo or negate the gains clients have made and paid for in the coaching relationship (Anderson & Kitchener, 1998; Kitchener, 1992).

Conflict of interest. The IAC's (2003) ethics code includes a conflicts-of-interest section, which states,

- (a) Whenever feasible, a coach refrains from taking on professional obligations when preexisting relationships would create a risk of conflict of interest.
- (b) If a coach finds that, due to unforeseen factors, a potentially conflict of interest relationship has arisen, the coach attempts to resolve it with due regard for the best interests of the affected person and compliance with the Ethics Code. (p. 3)

The ICF's (2008) ethics code includes a similar conflicts-of-interest section and discusses three major points. First, coaches should avoid conflicts or potential conflicts of interest; if one should arise, coaches are encouraged to remove themselves from the conflict. Second, coaches are to declare to the client any compensation received or to be received from third parties. Third, coaches are not to take any "personal, professional, or monetary advantage or benefit of the coach-client relationship," with the exception being the compensation agreed upon in the contract (ICF, 2008, p. 3).

Bartering. Ethics codes consider bartering as a form of payment to be potentially problematic; the codes encourage professionals to consider whether services

could be compromised if a bartering agreement is not reached or if bartering for services could give rise to conflicts of interest. The ICF (2008) code states, "I will only barter for services, goods or other non-monetary remuneration when it will not impair the coaching relationship" (p. 2).

Several psychologists have written about reasons to support the act of bartering. For example, Welfel (2010) has suggested that bartering provides a means for making professional services within the mental health field available to those who do not have financial resources. In addition, some communities and cultural groups see bartering as a social norm. To resist this type of financial arrangement would run counter to the norms of the community (Helbok, 2003). It is likely that these same arguments also apply to the field of coaching. There will be times when coaching is needed and the client is able to compensate the coach only via some type of bartering arrangement.

Termination of services and appropriate referral.

Coaches are ethically obligated to make arrangements for the end of the services they provide. Toward this end, they respect the client's right to terminate services, and they even initiate termination of services for their clients when they recognize the clients are no longer benefiting. The ICF code (2008) states that coaches

will encourage the client or sponsor to make a change if . . . the client or sponsor would be better served by another coach or by another resource [and] will suggest [the] client seek the services of other professionals when deemed necessary or appropriate. (p. 3)

The IAC code (2003) has more to say about appropriate boundaries of competence and referrals when it comes to client mental health issues. Under Standard 3.02, the coach is encouraged to make appropriate mental health referrals when the client is at risk of harm to self or others.

For psychologists also trained as coaches, there may be the temptation to provide coaching services as well as therapy to the same client. However,

coaches are ethically obligated to avoid performing overlapping services. According to Jenkins (2008),

It would be ethically inappropriate [for coaches] to act as both psychologist and coach with a client, whether concurrently or sequentially. Positive change is difficult enough without having to worry about role confusion. This approach means that if either [coach or client] recognizes a need for therapeutic treatment, [the coach] can assist in referring the client to appropriate resources. (p. 4)

The coaching associations offer psychologists little ethical guidance about appropriate referrals or the process to consider. Spence et al. (2006) noted that the ICF code of ethics (2008) provides only vague references to when mental health services might be necessary, or to processes for referrals. Of course, for the clinical or counseling psychologists who have been trained to recognize psychopathology, this lack of direction is probably of little consequence. But for other coaches, such as executive coaches who have training as industrial psychologists and have not been trained to recognize depression, anxiety, or other mental health issues, this lack of direction is possibly a doorway to harm for the client. As psychologists work to understand what services clients need, they need to stay true to the original role established when they initially contracted with clients or completed the informed consent process.

As mentioned, there is no research to support the notion that coaching clients experience the coaching relationship as equals to the coach. Therefore, from our lens, we would encourage coaches not to enter multiple relationships with coaching clients casually or carelessly. To do so would ignore the ethical principles of beneficence, nonmaleficence, and fidelity. When entering the professional relationship, coaches are promising to offer a service and expertise (in exchange for money) that will benefit the clients.

Informed Consent Issues

Coaching clients purchase professional services, either directly or indirectly. Like consumers of other products, coaching clients have ethical and legal

rights to information about services, and professionals have an obligation to provide that information before they accept clients. This process is known as informed consent.

Informed consent has two central aspects:
(a) disclosure of relevant information the client needs to make a decision about whether to engage in services and (b) free consent, which means that the client's decision to engage in services is made without coercion (Welfel, 2010). Ideally, informed consent constitutes a process of shared decision making between mental health professionals and their clients about care (Knapp & VandeCreek, 2008), a partnership in which professionals use their expertise to help clients achieve their own goals. Informed consent contracts should reflect this understanding on the part of both the professionals and the clients they serve.

Ethical principles, such as respect for autonomy, provide a foundation for the informed consent process. Having a valid contract for services between professionals and clients actualizes the principle of autonomy because "the contract itself recognizes the autonomy of people to choose what they value, with whom to work, and the manner in which to be 'in exchange' with one another by making their agreement" (Garlo, 2006, p. 97).

Other ethical principles are attached to informed consent and valid contracts. Fidelity supports enforceable adherence to promises made between the parties. The ethical principles of beneficence and nonmaleficence are interwoven through the real meaning of consent, and they demonstrate that coaches and clients jointly understand the contract or the context of their coaching relationship and that the "agreement is not the result of fraud, deception, duress, undue influence, or coercion" (Garlo, 2006, p. 97).

Informed consent and codes of ethics. The ICF code of ethics (2008) requires that a clear contract or business agreement should exist between coaches and clients that define the responsibilities of each party. Section 3, entitled Professional Conduct With Clients, requires that coaches

honor all agreements or contracts made in the context of professional coaching

relationships . . . carefully explain and strive to ensure that, prior to or at the initial meeting, coaching client and sponsor(s) understand the nature of coaching, the nature and limits of confidentiality, financial arrangements, and any other terms of the coaching agreement or contract . . . respect the client's right to terminate the coaching relationship at any point during the process, subject to the provisions of the agreement or contract . . . and be alert to indications that the client is no longer benefiting from [the] coaching relationship. (p. 3)

The nature of coaching is critical to discuss with each client. For clients to truly understand the parameters of coaching and give "informed consent," they need to know that the service they will receive is one suited for assisting "healthy people" tap into their potential and obtain specific goals for an effective more productive life (Cavanagh & Grant, 2004; Peltier, 2001; Williams, 2004b) and the limits to confidentiality. Similar to psychotherapy, coaches maintain confidentiality except when they become aware of the client's harm to self or others (IAC, 2003).

As part of the informed consent process, coaches are encouraged to include price structures and payment fees and schedules as part of disclosure of information (Garlo, 2006). Coaches could provide pro bono services to clients who demonstrate financial need. In these cases, an informed consent contract that delineates the pro bono nature of the relationship is an ethical requirement because there is much more to informed consent contracts than fee structures.

Third-party payers. In life coaching, coaches typically enter into a contract for services with a single client; however, with executive coaching, third-party payment for services is common. The ICF code (2008) directly addresses this issue:

In order to clarify roles in the coaching relationship, it is often necessary to distinguish between the client and the sponsor. In most cases, the client and sponsor are the same person and therefore jointly referred to as the client. For purposes of identification, however, the International Coach Federation defines these roles as follows:

- Client: The "client" is the person(s) being coached.
- Sponsor: The "sponsor" is the entity (including its representatives) paying for and/or arranging for coaching services to be provided.

In all cases, coaching engagement contracts or agreements should clearly establish the rights, roles, and responsibilities for both the client and sponsor if they are not the same persons. (Section 1, p. 1)

Similar to psychotherapy, coaches do not disclose information to third-party payers unless the client legally allows this disclosure through a signed contract such as a release-of-information form.

Accurate representation of professional qualifications and appropriate services. Therapists and coaches are ethically required to represent their professional qualifications as part of the informed consent contract. Section 1 of the ICF code (2008) requires that coaches "accurately identify coaching qualifications, expertise, experience, certifications and ICF credentials" (p. 1). Sometimes coaches also may possess credentials related to psychotherapy, such as related educational degrees and licenses to practice. When such overlap occurs, it may be beneficial for coaches to explain in the informed consent contract the differences between coaching and psychotherapy services. This explanation is a critical point for the relationship. Clients have the ethical right to understand the difference between the two and need to be clear about which service they are agreeing to. Jenkins (2008) has recommended verbiage similar to the following:

Coaching techniques, unlike therapy, move away from diagnosis and instead address a variety of circumstances—e.g., assessing and compassionately handling grief issues, communication and/or conflict; finding ways to overcome certain

stressors; attending to specific personal projects; tackling working toward more balance (as between family and work); finding creative ways to manage life's struggles; increasing options in managing job-related difficulties and/or general conditions in a client's life, business or personal. Coaching is about the business of working with a client right where s/he is rather than what diagnosis is required to get the client well. As such, coaching is not a substitute for counseling. (para. 4)

Informed consent involves ensuring that all parties, particularly the person who will pay for and receive a service or product, clearly understand what they have agreed to. Good business practice entails detailing, in writing, the terms of the agreement between the parties (essentially a form of consent between them) to be sure it is clearly understood. Coaches agree to provide the client feedback, structure, process, alternative viewpoints, and sometimes suggestions, education, or advice. Coaching clients are expected to share, clarify, and revise their goals; choose a course of action; and then implement their plan to bring those goals to fruition.

Confidentiality Issues

In some ways, there appears to be a comfortable overlap between the worlds of coaching and psychotherapy when it comes to confidentiality. In both arenas, confidentiality is critical to the professional relationship. For the psychotherapist, confidentiality is one of the professional issues that is stipulated and watched over by professional organizations (e.g., the APA) and government regulatory agencies (Greenfield & Hengen, 2004). Confidentiality is described as "the cornerstone of therapeutic trust" (Corcoran & Winslade, 1994, p. 354).

Confidentiality also might be considered the "cornerstone" in the coaching relationship. Confidentiality, promised by the coach, builds trust and confidence in the relationship and provides a place for the client to "learn, grow, make decisions, and take actions to develop change or create new experiences" (Garlo, 2006, p. 89). For the client and coach to build a solid, close, and understanding working

relationship, trust is the critical foundation (Garlo, 2006). The coaching world or profession recognizes the importance of confidentiality in its different ethics codes. The ICF code (2008) in Section 4 states that the coach

will maintain the strictest levels of confidentiality with all client and sponsor information . . . will have a clear agreement or contract before releasing information to another person, unless required by law . . . will have a clear agreement upon how coaching information will be exchanged among coach, client, and sponsor. (p. 3)

The IAC ethics code (2003) also addresses confidentiality. The code encourages the coach to consider many issues, such as discussing the meaning of and parameters around confidentiality at the beginning of the relationship. In addition, the IAC code (2003) highlights the issue of limitations to confidentiality, as well as times when confidentiality may be breached to "prevent foreseeable imminent harm" for the client or someone. This provision for coaches to breach confidentiality is similar to ethical obligation for psychologists, which came about from the Tarasoff v. Regents of the University of California (1976) case. For psychologists, the Tarasoff case requires the therapist to break confidentiality to honor the "duty to protect" a third party from a client's threat of harm. The IAC code (2003) reads as follows:

Coaches must notify the appropriate authorities when a client discloses that they are harming or endangering another individual or group. The coach must also attempt to notify the person or group who is being harmed or endangered. The coach does not need to discern if a mental health problem is present or in fact if the current or imminent harm is in fact illegal. (Standard 3.02[c])

One of the unique issues of coaching and confidentiality, and specifically of executive coaching, can be the triad relationship that includes the client, the sponsor, and the coach. In this case, all three parties have a vested interest in how information is gained

and used in the coaching relationship. Typically, in life coaching, there is a confidential one-on-one relationship; but with coaching in the organization or business world, this triad or three-way contract between the coach, client, and sponsor (i.e., the client's organization or business) can prompt blurring lines of confidentiality (e.g., Zeus & Skiffington, 2000). Employers may wish to have information about employees, or chief executive officers may push for information about midlevel managers that coaches have obtained from the coaching relationship. As addressed in the section on informed consent, the coach needs to address the limits of confidentiality for all those involved with as much clarity from the start of the relationship. The IAC code (2003) provides some helpful guidance around confidentiality and the triad relationship in the following two standards: Standard 4.02(a) states, "Coaches are fundamentally prudent in the protection of the confidentiality rights of those with whom they work or consult. Coaches acknowledge that professional relationships, institutional regulations, and/or the law may establish confidentiality." Standard 4.02(e) continues:

In a consultative capacity, coaches do not share confidential information that could lead to the identification of a client with whom they have a confidential relationship. Coaches may only share this information if they have obtained the prior consent of the client, or if the disclosure cannot be avoided. Furthermore, coaches share information only to the extent necessary to achieve the purposes of the consultation.

The concept of promising and maintaining confidentiality is built on the ethical principles of autonomy, fidelity, beneficence, and nonmaleficence. Clients promised confidentiality in the coaching relationship decide who will have what information about them when, which addresses the principle of autonomy. Of course, as we already have addressed with the limits of confidentiality, autonomy is not absolute. Should a coaching client indicate harm to self or others, or a plan to commit some type of act against the sponsor (the third party paying for the

coaching services), the coach would have grounds to breach confidentiality, or at the least, to seek consultation about whether to maintain or break confidentiality.

The commitment of confidentiality also is grounded in the ethical principle of fidelity. The promise to keep the client's information private is at the core of a trusting relationship and even speaks to a type of fiduciary contract. The coach and client enter the relationship with the clear mission of the client reaping benefits from the interaction with the coach.

CONCLUSION

Parallels as well as distinctions between the professions of coaching and psychology encourage psychologists to consider ethical issues in coaching from a different vantage point. As psychologists move into the coaching profession, we encourage them to recognize that every profession has its own culture (Anderson, Wagoner, & Moore, 2006), and life and executive coaching is no different. This means, as well, that psychologists need to attend to their ethical acculturation journey (Handelsman, Gottlieb, & Knapp, 2005) as they move into the coaching profession. Being aware of and working through the ethical acculturation process will help psychologists recognize their match or mismatch with the profession (Anderson & Handelsman, 2010).

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