COMPARISON BETWEEN THE TRAINING PROCESS IN COACHING AND THE FORMATIVE EXPERIENCE IN PSYCHOTHERAPY

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Título Español: Comparación entre el proceso de entrenamiento en Coaching y la experiencia de formación en Psicoterapia.
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Resumen: La investigación en Coaching se ha enfocado en mostrar su efectividad en las empresas, más que en explorar su proceso. Este estudio establece las habilidades básicas para efectuar procesos de Coaching, y describe los entrenamientos en Coaching. Contribuyendo con la diferenciación entre Coaching y Psicoterapia, se plantea una comparación de sus habilidades y procesos de formación. Se realizaron entrevistas a profundidad a diez entrenadores de Coaching, y a seis psicoterapeutas, profesores en universidades Colombianas. La información fue categorizada para su análisis, estableciendo relaciones a través de redes semánticas, análisis del contenido y contraste con aproximaciones teóricas. Los resultados indican que Coaching trata del fortalecimiento de la comunicación para generar la auto-reflexión, por ende, las habilidades comunicacionales son críticas, mientras que en la psicoterapia estas habilidades hacen parte de la entrevista para explorar el comportamiento humano permitiendo su interpretación, un fin que implica el conocimiento de modelos teóricos explicativos. Por sus similitudes, el Coaching y la Psicoterapia deberían alinear sus prácticas para ser más efectivos.

Abstract: Research on Coaching has been focused on results within the organizational arena, more than on its process. This study establishes the basic skills to perform a Coaching process and also describe how the training of Coaches is structured. Because of the difficulty to define what
the difference between Coaching and Therapy is, a comparison between them in terms of skills and training is proposed. In-depth interviews were performed with ten Coaching trainers and six psychotherapists who work as professors in Colombian Universities. Data analysis categorized the information, established relations through semantic networks, and contrasted these with theoretical views. Results indicate that Coaching is about enhancing communication to promote self-reflection; therefore communicative skills are critical in the process while in psychotherapy these skills are part of different tools to explore human behavior. Because psychotherapy is about interpreting human behavior, different models have to be learned, making the training much longer than in coaching case. Because of their similarities, psychotherapy and coaching should align their practices to be more effective.

Key words: coaching, psychotherapy, psicoterapia

Comparison between the training process in coaching and the formative experience in psychotherapy

Coaching field has been explored since only few years ago. From 1993 and 2003, there was a big increment in the number of published theoretical and empirical articles (Grant & Cavanagh, 2004), and most of the studies were in its effectiveness and impact in organizational results (De Haan, 2008; Ledgerwood, 2003; Kampa-Kokesch & Anderson, 2001). The Coaching process has received less attention (Day, De Haan & Sills, 2008) and there are only few publications with regard the skills and general requirements to be a good coach.

Scientific practice and research-based training are required for the ongoing maturation of the coaching industry (Grant & Cavanagh, 2004; Eggers & Clark, 2000). This paper aims to offer information about the required skills, their acquisition process and current training programs to become a coach, and to provide a comparison between Coaching and Psychotherapy to visualize the differences and similarities between them.

What is coaching?

Van Kessel (2006) pointed out that although coaching has become an important concept in the last years, its definition remains still unclear. Coaching means different things to different people (Jackson, 2005). The lacks of agreement in its definition, as well as the lack of research-based information, become an obstacle in showing the real benefits of it.

Authors have paid attention to overall aims of the coaching definition (Downey, 2003; Jackson, 2005). For example, Gallwey (2002) has defined it as a “way of working that contains within it the art of creating an environment, through conversation and a way
of being, that facilitates the process by which a person can move toward desired goals” (p.177).

Grant (2000) defines coaching as “…a solution-focused, result-oriented systematic process in which the coach facilitates the enhancement of work performance and self-directed learning and personal growth of the coachee” (p.8). The original Hungarian “root meaning of verb “to coach” is to convey a person from where (s) he is to where (s) he wanted to be” (Van Kessel, 2006, p.393). Other definitions have been used according to Coaching uses (O’Connor & Lages, 2004)

Because specialists and professionals with higher educational level in different areas are performing coaching, the question whether it can be considered as a profession has emerged. According to Grant and Cavanagh’ assumptions, instead of being a profession, coaching is a practice performed by professional people who offer a well-supported service, depending on their academic and practical background. This doesn’t mean coaching cannot become a profession; currently, there are some efforts of some practitioners to professionalize coaching using evidence-based training and doing research, although most of the coaching training schools teach without using empirical-based knowledge (Grant, 2000).

In conclusion, because of the lacks of empirical information, the presence of professionals in different areas, there isn’t a unique definition of coaching. However, most of the authors agree that coaching is about to help people to self-discover, enhance their skills and improve their performance. Empirical studies are required for coaching to become a rigorous field.

What is therapy?

DeYoung (2003) argued that there are not clear definitions or guidelines to clarify what activities, services and skills are included in therapy; instead of having one general definition, concepts have been proposed from different approaches or schools in psychotherapy. Generally speaking, within therapy human being has to be understood in terms of their psychological functioning, their biological and social history and environment to enhance and promote psychological well-being by the systematic application of knowledge derived from theories and research.

The difficulty to define therapy and its core competencies has been based on the weak understanding of what a therapist is and does. The lack of agreement in these core competencies is reflected on the fact of not requisition for specific set of courses in the training and education for therapists.

Some efforts have taken place in defining those competencies (for more information, see Richard and Huprich, 2009); Bent and Cannon (1987) described the “key functional skills” including intervention, assessment, research, evaluation, relationship management, supervision, consultation and teaching, etc. Other competencies are related with ethics, communication expressivity, diversity, and information retrieval (Overholser, 2009; Rodolfa, Bent, Eisman, Nelson & Ritchie, 2005).

Beinart, Kennedy and Llewelyn (2009) identified five therapists’ competencies. The understanding of theory and research, the knowledge and use of specific techniques; the ability to make positive therapeutic relationships not only with clients, but also with colleagues; their ethics approach to face and manage ethical dilemmas as special requisitions; the ability to understand and to work constructively with groups and colleagues; and finally, the fifth competence is being able to reflect.
The capability of critical thinking, knowledge to make assessments and decisions, to reflect, evaluate and change decisions and behaviors are also recognized to be central in the therapy practice, and they require constant education and formation through work lifetime.

Today’s therapists work flexibly and in an integrated way to study and understand human situations, needs and problems and therefore the training is generic, and it enables therapists to access and apply a variety of models according to clients’ necessities (Beinart, Kennedy & Llewelyn, 2009). These topics have to be taken through specific postgraduate training that, in some countries, got the PhD level.

Similarities between Coaching and Therapy

Although coaching has grown within the business area, it has much in common with psychotherapy (De Haan & Burger, 2005 cited by Day, De Haan & Sills, 2008; Peltier, 2009; Wayne, 2009). Bluckert (2005) named several correspondence points between these two fields. He identified both coaching and therapy to bring behavioral change and to help people to understand what is the connection and influence across cognition, emotions, performance and well-being.

Bluckert also lists other similarities such as the core skills – deep listening and questioning-, client-centered, creativity, empowerment of the client to be able to get his/her own solutions, trust-based relationships and skilled practitioners. Most of these similarities come from the fact that therapists and clinical psychologist have joined the consulting field, and they have brought with them their background in terms of understanding, skills and norms.

Day, De Haan and Sills (2008) describe the importance of the relationship between the coach or therapist and the client as one of the critical factors between these fields. Besides the trust-based relationship, the active participation, moments of rupture and tension, emotional incidents and responses, etc, are significant components in this relationship (DeYoung, 2003; Day, De Haan and Sills, 2008). Research has demonstrated that both coaches and therapist experiment especial moments through the process that are turning points in it (De Haan, 2008).

Divergences between Coaching and Therapy

Jopling (2007) has argued that instead of establishing fixed and precise differences between coaching and therapy, there is a “fuzzy space” in which approximations of distinctions between them can be posted. However, Bluckert (2005) highlighted the importance of this differentiation especially for those coaches who don’t have psychological background.

Differences have been identified in several categories: time focus, purpose, clients, contracting, fees, required training, duration and intervals. Jopling (2007) highlight the contracting phase as one of the most important differences between coaching and therapy. Her analysis identified coaching contracting to be about the nature of the process itself as well as the wanted goals, the techniques to be used and the structure of the relationship between coach and client regarding roles and responsibilities; the payment terms are usually established before the first meeting takes place. Instead, therapy’ contracting process is focused only in logistics issues, meeting times and payment terms.
Other authors identify therapy to be problem or crisis-centered, including a diagnosis that often requires testing, prescribe drugs, and focus in previous experiences or life history. Bluckert (2005) shows therapy to be past-focused, meaning it works with client’s life history rather than with his/her future; therapy addresses pain and unresolved issues or problems and it is mostly focused in pathologies and mental diseases or disturbances and arrests in growth and development as stated by Spinelli (2008).

Coaching is also described to be performance oriented, to put emphasis on taking action and improve performance. It focuses on the future and present rather than in the past, it is goal oriented which leads it to get results faster; people who look for coaching are not ill (like in therapy) but they are people who want to do even better (Bluckert, 2005). According to Spinelli (2008), coaching “is not about fixing things but, rather, is concerned with enhancing what already works reasonably well” (p. 242) and it is focused on positive aspects of personal development.

Some other differences are listed: therapy is more regulated than coaching; ethical code in therapy is clearer; therapy is usually cheaper (Spinelli, 2008); training, set-skills and experiences are different, while psychotherapy training usually takes years, it is time demanding and involve personal therapy, coaching training typically takes an interval between few days to one year; coaching sessions tend to be longer than therapy ones, and to be spaced at longer intervals; coaching is still stronger in organizational environments and often it includes feedback from bosses, peers and subordinates (Bluckert, 2005).

Skiffington and Zeus (2003) argued that therapists are trained to work at a deeper level within the human being, where emotions and psychological issues are more visible. In this sense, Jopling (2007) highlighted that therapist’s job is about to “explore the client’s experience of their own world with a genuine interest”(p.11) which means therapy is less focused on time limitations and it does less emphasis on outcomes.

Problems in distinguishing Coaching and Therapy

According to Bluckert (2005), the differentiation between coaching and therapy is still not clear. As stated before, Jopling (2007) showed the idea of a fuzzy space in which the boundaries between they both are not clear. Some specific examples are provided in order for people to see the complications in such a distinction.

Diverse authors state that the time focus is one of the biggest differences between coaching and therapy. The argument is that coaching is more interested in present and future processes and goals, while therapy needs to be focused pretty much in the past experiences in order to understand the current dilemmas or situations. Against this, Bluckert (2005) says some therapies do focus on the future, and sometimes coaching process has to explore the client’s past in order to contextualize their necessities and goals. Instead of being a restriction regarding the time focus, the distinction here can be a matter of degree in which both coaching and therapy take into account the past, the present and the future, and it becomes a subjective issue for each practitioner to choose this degree.

Another difference is present in the idea of therapy to be for sick people and coaching for well functioning and successful people. In practice, what Bluckert (2005) sees is that people come to therapy with many intentions such as self-exploration, self-knowledge, self-management, professional and personal development, and not only for facing pain, crisis, discomfort. It is also seen in practice that successful managers usually
have psychological problems, and still they try to solve them by attending a coaching process. Therefore, both therapy and coaching can share some purposes and uses; what is more important in this distinction is that both coaches and therapist have to recognize stress, addiction, depression and situations related with professional growing to address people either to therapy or to coaching process.

Recognizing when people need coaching or therapy can be a really hard for coaches who don’t have a psychological background. Here, it comes evident the importance of developing specific skills in order to lead coaching or therapeutic processes. However, one difficulty appears when trying to point out those skills: in the similarities between coaching and therapy, but also in the differences, basic skills seem to be shared for both practices.

It is not clear whether the skills-set are different in coaching and therapy, what those differences are and how current training programs make sure both coaches and therapist have the required skills to lead successful processes. The interest of this study is focused on identifying the required skills to become a coach, to become a therapist, and also the similarities and divergences between training programs. Understanding the differences regarding the skills and also the way people acquire or develop them, this research contributes with the necessity of enhancing research in the coaching field in order to identify what it is for, why it has had such achievement, and how training programs can improve their content and methodologies to guarantee successful coaches.

As a summary, the research purpose can be seen in three main points: the required skills in Coaching and Therapy and their acquisition; the training programs to become a Coach or Therapist and, finally, the similarities and differences between Coaching and Therapy with regard the skills, and the training programs.

Methodology

A qualitative design was utilized in this research following the model proposed by Maxwell (2005) in which he identifies five components: goals, conceptual framework, research questions, methods and validity.

The goal of this research is to understand the similarities and divergences between coaching and therapy in terms of required skills and abilities. The conceptual framework explores Coaching and Therapy definitions. As reported in the literature, the lack of available information make this study relevant to have basic ideas about what is Coaching about and its distinction with psychotherapy. The research questions, methods and validity will be explored later in this document.

Participants

Sixteen people were interviewed; ten (10) professional coaches who currently work as a Coaches Trainers in Latin America and Europe in countries such as Spain, Sweden, Mexico, Chile, Argentina, Venezuela, Colombia and the USA, and six Clinical Psychologist with several years of experience in the field who currently work as professors in Colombian universities. Participants were selected with the criteria of specific experience as coaching and therapy trainers.

With regard the sample size, Seidman (2006) shows two basic criteria for deciding whether the sample size is enough or not. The first of them is sufficiency and it is related with how representative is the sample to reflect population conditions not to generalize but
to allow readers or communities to connect their own experiences and make some conclusions from it. The second criterion is about amount of information: saturation. Both criteria were taken into account in this project. All participants have more than 5 years, so it was expected from them to have enough and rich information about the topic.

In the Coaches case, people were initially contacted using the trainers' list of the International Coaching Community ICC. Coaches who were interested in participating contacted other coaches and it allows getting coaches from different schools. They all received a letter of invitation in which the research purpose was explained as well as the contact information to participate in the study.

Clinical psychologists were contacted in Colombian Universities that offer clinical psychology masters programs. As well as in the Coaching case, there was the requirement for therapist to participate as professors or trainers in Therapy programs. Participants received an invitation letter as well as in the coaching case. The letter explained the main purposes of this study and detail information about the interview.

Contacting therapist with foreign education controlled the unfair condition of having coaches from Latin America and Europe versus having most of therapist from Colombia. All therapists did study their postgraduate education in European and American universities. As acknowledgement, coaching participants received the final report of this study.

Because of the intimacy level between interviewers and participants as a result of the interview, and caring participants' interests, in both cases, for coaches and therapists, consent for being recorded was got verbally at the beginning of the interviews once the participants were explained with the research purposes and information management.

Data collection

Following Seidman' model for in-depth interview, a single interview with three parts, was performed for each participant. The first part was called frame establishment and rapport and it was focused on knowing the participants and presenting the research objectives. The second part was the exploration of the main topics, the required abilities and skills to perform coaching and therapy, the acquisition processes of those abilities, current academic offers and curricula, and expertise criteria, etc. The third part was the recommendations and conclusions.

Most interviews were done and recorded via skype, and when possible personally, in Spanish and few in English. The length of each one was one (1) hour approximately.

Data Analysis

Categories to organize the information were established based on both the purpose of this study and the literature review. Each category grouped some factors coming from the literature for detailed analysis of the information.

Categories include: Coaching definition and purposes, Coaching uses, Specific skills to perform Coaching, Professional and educative background to perform Coaching, Training to perform Coaching, Therapy definition and uses, Specific skills to perform therapy, Training to perform therapy,

Besides of categorizing data and analyzing (content analysis) the most common features that were recognized into each, a comparison between coaching and therapy skills was developed using the information of specific categories. This comparison leaded
to accomplish the research purpose of identifying commonalities and divergences between coaching and therapy regarding the required skills and the training process.

Results

In order to describe the basic set of skills practitioners of each of Coaching and Therapy should develop, as well as to compare them, a matrix was developed (Table 1). Participants identified the most important skills in coaching and therapy.

In the coaching case, questioning, building rapport and empathy and active listening appeared like the most important skills, while in therapy those skills were complemented with interpretation and leading – influencing behavior.

The ability of questioning is critical in coaching. It is through questions formulation that coach gets information, but also coachees identify their goals, obstacles, resources, and feel responsible of their reactions and goals. Much more than getting answers, questions in coaching helps both the coach and the coachee to identify the coachee has the information he/she needs to overcome their problems or obstacles and it leads the coachee to become responsible and to increase their self-awareness level.
Table 1. Comparison between coaching and therapy skills

<table>
<thead>
<tr>
<th>Skill</th>
<th>Coaching</th>
<th>Therapy</th>
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<tr>
<td>Questioning</td>
<td>Question is the most important tool in coaching. It allows the coach to make the coachee identify obstacles and think about new possibilities.</td>
<td>Those &quot;micro-skills&quot; are involved in a bigger category which is called interviewing and it does include learning different types of interview according to the process stage besides the use of these skills.</td>
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<td>Empathy and Rapport</td>
<td>Understanding human needs from listening not only language, but also emotions, postures, gestual features, and coherence is essential for discovering human potential and new possibilities.</td>
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<td>Active Listening</td>
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<td>Interpreting - Theoretical frame</td>
<td>Because of the principle that everyone is able and responsible of getting their goals, coaching controls interpretations and influence over others' behaviors. Coach is a facilitator but it is up to coachee discovers the solution and follow it.</td>
<td>It's very related with interviewing. One has to have a reference point to understand consultant motives from evidence-based point. It does not apply for all therapy models, but all of them include a strong understanding and use of theoretical models.</td>
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<td>Leading - Influencing</td>
<td>Coaching starts also from the principle of not getting stuck because of concepts' complexity.</td>
<td>It is important for the process effectiveness to ensure patients/clients do what they have to do. Therefore, therapist has to be a kind of leader who is able to &quot;influence&quot; others' behavior. It does not mean the therapist discover the solution, because it is co-constructed.</td>
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</table>

Empathy and rapport building are required skills in coaching. Much more than just having good relationships, the intentionality is making the coachee confident, understood and comfortable to explore their own selves, to share information, to increase self-knowledge. When a coach shows availability to hearing and understanding others' needs, coachee becomes more flexible and open to change and act.
Understanding the coachee is also making him/her aware of things that he or she is not looking at; active listening is therefore an important skill not only to notice coachee answers but to identify coherence between different kinds of reactions. Active listening requires the coach to pay attention to gestures, body movements, voice tone, emotional reactions, etc., and also to what is transmitted by spoken language.

The above skills are known in some theories like micro-skills; in therapy, those skills are framed in a bigger one called interviewing. Different stages of the therapy process require different types of interview, and in all of them micro-skills appear with different degrees. Initiation, formulation, intervention and finalization, are one interviews’ classification that some schools of therapy use. What one can see is those micro-skills related with building empathy and rapport are stronger in the first two categories, but are present along the whole process.

According to participants’ opinion, in therapy it is required to contextualize patients/clients needs within theoretical frames. Some approaches use concepts and theories related with mental diseases, some others use systemic models; depending on the school, therapists use specific theories and methods to approach and to interpret clients’ interests and situations. Interview structures in therapy depend on the school or model the therapy is based on.

Theories and models in therapy also give a frame of interpretation. The role of one therapist is to offer their interpreting ability to understand, contextualize and get solutions to face, solve or overcome one situation or to cure one disease. Acquiring and learning models make the therapy’ training process focused in theoretical review.

In contrast, coaching practitioners should try to avoid interpretations. Although interpreting is one mental process, coaches have to ‘control’ their interpretations in order to allow the coachee to interpret the situation and get the solution or the answer they are looking for. In that sense, coaching training is also focused on developing skills to build good relationships rather than teaching theoretical models.

Allowing the clients to get their own way and to express what they want to (the concept of authenticity, cited by Rogers and Stevens, 1980) is also related with the ability of ‘leading’ people mentioned by some psychotherapists. Coaches are interested in their clients to get the address and goals they want, and coach is only a facilitator but not a leader in anyway. However, it is important to clarify that this leading ability is stronger only in some models of therapy; therapists agreed in saying they are not to lead any process, and their main role should be as facilitator; then the role of both coaches and therapists somehow is similar and the difference is in the kind of support they offer to clients.

The answer or solutions the client gets in coaching are results of their own reflection processes; in contrast, in therapy, the solutions or treatments are co-constructed between therapists and patients. While in therapy the performance or behavioral change seem to be responsibility of both therapists and patients/clients, in coaching the responsibility is only of clients.

More skills could be compared when reviewing coaching and therapy, however the skills described here appear like the most important ones. The use or implementation of such skills in therapy and coaching processes has been part of several studies (Day, De Hann & Sills, 2008; Grant & Zackon, 2004; Latham, 2007).

According to the results, although coaching and therapy share some skills, the use and even the way each of them understands those skills are different. This differentiation between coaching and therapy regarding the skills and their use, allows people to have some understanding about how each of them works, and also it leads to see some advantages or disadvantages that both of them have.
Comparison between coaching and therapy training

The used categories to analyze coaching training programs were also used in comparing coaching and therapy training. This comparison is presented in the Table 2 that summarizes the main points.

Coaching and therapist education are different for many things. It seems that coaching training is mostly focused on teaching tools rather than in teaching theories, and it is also reflected in the fact coaching training is much shorter than therapy one.

Both coaching and therapy trainings are coherent with the principles they are based on. One very clear example is in coaching: “if you want to learn, then act”, its training is based on learning by doing. In contrast, therapists offer clients their interpretation capability and therefore the training should be focused in learning theoretical models.

This fact is also connected with the kind of practices. In both coaching and therapy, practice is a basic component of the training; however, practice occurs differently in each case. Coaching programs allow their participants to put into practice what they are learning from the very first day of training. Instead, therapy programs include more regulated practices involved in strong theoretical review.

Learning by doing allows coaching programs to be faster; length is also influenced by the principle of not to become confused with the concept which means in coaching training programs, concepts and theories are not strongly reviewed; students are invited to explore the concepts by themselves, but it is never a requirement to perform coaching. Current practices and regulations are defining at least some basic knowledge coaches should have in order to perform coaching, and soon it will be evaluated through exams in some countries.
Table 2. Comparison between coaching and therapy' trainings

<table>
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<tr>
<th>TOPIC</th>
<th>COACHING</th>
<th>THERAPY</th>
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<tr>
<td>Length of the process</td>
<td>Programs are between 8 days and 9 months length, usually divided in several months and practice periods are included.</td>
<td>Depends on the country. Posgraduate education is required. In most cases, Master (between 1 and 2 years) and PhD (3 or 4 years aprox) education is mandatory to perform therapy processes.</td>
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<td>Theoretical review</td>
<td>Understanding how human behavior works is important to contextualize coachee necessities, goals or situations, especially when one doesn’t come from human sciences professions; however it is not a taught topic in all certification programs. Since Coaching is more developed in organizational field, knowledge about how organizations work and managerial terminology is important.</td>
<td>Theoretical review starts in undergraduate education. Understanding how human behavior works is mandatory, including emotions, motivation, cognitions, behavior itself. Models explorations is demanded in training because it is important for the therapist (or therapy student) to know different approaches to one situation or problem in order to identify what has worked in simillar cases.</td>
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<tr>
<td>Internships / Practices</td>
<td>Practice is required to start applying the concepts and tools. According to participants’ opinions, practices within the certification allow the students to use tools and to practice in a safe environment. In all certification programs, students establish a coach - coachee relationship with a partner (another student). For being a good coach, one has to be a good coachee.</td>
<td>There are two main formats of practice: the most predominant is where the student sees a therapist doing therapy (observation); the second format is where the student does therapy but, according to participants’ experience this last one is minimum. Students are encouraged to participate in therapy as patients with a graduated therapist.</td>
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<td>Supervision</td>
<td>Although trainers recognize supervision to be very important within the education the training. The few times students process, no programs have permanent are allowed to do therapy, they supervision. Supervision occurs usually in always have support from another groupal meetings where students share therapist. Gesell domes (one way their experience in the process; they also mirrors) are usually used in order to must submit a written report of every supervise therapy sessions when session they do within the certification studying. Feedback is always offered after the requisitions. Feedback is usually offered.</td>
<td>Permanent supervision is required in</td>
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<td>Institutes</td>
<td>There are some problems regarding the institutes offering Coaching trainings; since there is not clear regulation, any institute can offer programs and their quality can negatively affect coaching reputation. Postgraduate programs to train Therapists are usually offering many institutions are offering such institutions dedicated to specific International institutions such as International Coaching Federation and International Coaching Community, are giving support to some programs that accomplish some criteria.</td>
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<td>Accessing requirements</td>
<td>People coming from any profession or expertise field are welcome to participate in Coaching trainings. In some cases, an interview is done in order to get to know student's interests, and also to see how developed are some basic skills. Some programs require the applicant to submit a motivational letter. No formal admission requirements are updated. Being psychologist is a requisition to entering in a therapy training program (there might be some exceptions, but minimum). Admission process usually includes knowledge exams, motivational letters, experience in the field and interviews.</td>
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<tr>
<td>Programs structure</td>
<td>Programs are centered in teaching tools to guide the coaching process. In some and practice are combined. schools or approaches, there are special interest for students to explore theories, the student to learn and understand but other programs don't include structured theoretical review based in the principle of needs, as well as how to approach not to get confused with the concept, problems and situations. Scientific Practice takes place along the whole inter-modules time. There is a big difference between taking a training and supervised; programs are continuous (full or part time).</td>
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<tr>
<td>Learning strategies</td>
<td>Learning by doing is one of the most used strategies in Coaching trainings and certifications. The student is required to start practising tools in order to develop abilities and expertise. Practice is the way to acquire experience and expertise. Modelation is when one has to learn observing others' behavior. Since in trainings in therapy are based on observation, modelation can be considered the most used strategy to teach and learn. Learning by doing and feedback are also included.</td>
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<td>Regulations</td>
<td>There are not regulations to Coaching Therapy and its training are under training programs. There are some regulations. American international institution as Psychology Association APA has International Coaching Community and established criteria to educate International Coaching Federation that further therapists; since therapy support some programs but it is not a usually requires formal education, formal regulation. Some countries are Minister of Education usually working on laws and regulations for both intervene somehow the programs. training and using coaching. Also, in Latin America, since mental health issues are present, Minister of health regulates both the profession itself and its training or education.</td>
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On the other hand, therapy training is about learning theoretical models in order to acquire a frame to interpret human behavior, which leads them to offer personalized help. That requires students to be psychologists, and also to spend more time in classrooms and strong theoretical review. Because therapy is mostly associated with mental health, minister of health regulates its practice and its education should also accomplish requirements of minister of education. Further descriptions can be seen in Table 2.

Discussion

Comparing coaching with therapy in terms of the skills, allows people to see strong differences that have not been reported in previous research. Differences are much more than treating with diseases or goals, or the time each takes to help people out; differences are in the kind of help coaching and therapy offer, in the use of specific skills, and educative requirements to perform.

Literature has stated out that required skills to do coaching and therapy are similar in few aspects. Basic competencies such as active listening, questioning, systemic approach, rapport building, and others, are recognized to be important in both fields; however, there are many differences that distinguish coaching and therapy education and the use of them.

Coaching offers the same kind of help to everyone; using questions, its intention is to “push” people to see different solutions to one specific problem or situation, to enhance learning by acting and reflecting, and to get other points of view. Instead, therapy offers a specialized help according to specific situations, problems or diseases; that means therapists need to contextualize every situation to interpret it depending on the model they use.

Some trainers and schools of coaching see the importance of including some information about how human behavior works, including emotions, cognitions, motivations and all basic psychological processes that are basic contents in therapy. Unfortunately not all programs include this education, and as one trainer said, there are people who have never stopped to think about human behavior, and understanding others’ needs could be difficult to them.

A stronger exploration of human behavior models (Skiffington & Zeus, 2003), as well as human psychological working process such as emotions, motivations and cognitions, seem to be an opportunity for coaching training programs to improve their quality and action field, and a therapy experience about it could be a starting point to integrate such knowledge in coaching programs.

Coaching trainings’ structure and contents are more about how to develop specific skills that have been recognized as fundamental to get effective communication with others. Some of those skills are recognized as “micro-skills” in therapy. Questioning, listening, reading non-verbal behavior, etc., are the skills coaching is based on, and training programs’ priority is that the student develop them through practice. However, it does receive some critics in the way that using those micro – skills without a strong support or guidance is about having a simply conversation, but not real influence or change could be got with that.

Enhancing communication skills through practice could be implemented in therapy training to allow students start having contact with patients or clients and to improve the ability of recognizing real needs people have.
While coaching uses micro-skill not only to get effective communication with coachee, but also to understand coachee necessities from their own perspective, therapy uses micro-skills to get effective communication, but understanding necessities is related with using models and theories of human behavior. Other therapy schools or approaches such as positive interventions recognize the effectiveness of understanding necessities and goals from what is expressed in good relationships rather than from framing them in specific models (Biswas-Diener, 2009).

Structure in coaching training programs does include teaching how to use some specific tools and tasks, but theoretical review is not strong because, according to trainers’ opinion, the concept can result complex for some people and it makes the learning process difficult.

This point could be also related with the lack of specific knowledge about how human behavior works. Since most of the people who join coaching certification programs come from the business and administration field (Grant and Zackon, 2004), they are not experts, not even have basic knowledge about human behavior. Some efforts have started to be implemented, and some schools are including more emphasis in learning human behavior and psychological processes’ principles but it is still a big opportunity for coaching programs to improve.

Exploration of human behavior principles is also related with the coaching school. Ontological coaching has to do with language and the way language builds reality; it includes a strong exploration of human beings essence. Another approach, ARL does use reflection to enhance learning, and basic principles of learning are explored in its training programs.

Trainees recognized that one quality factor in coaching training programs is the combination of perspectives’ principles, as well as involving research-based evidence, because it means richer bases and tools to generate human changes (Grant & Cavanagh, 2007; Laske, 2004). According to what is seen in coaching schools focus, having training in different perspectives leads the coaches to develop different but complementary skills that allow them to have an integral conception of human beings and to generate results in learning, human being conception, and behavior.

There are too many things that distinguish coaching from therapy, although there are similarities with regard some skills both of them use in practice. There are also some things that can be learned or transferred from coaching to therapy and vice versa. For example, about the use of interpretation as one of the master tool in therapy, which is time consuming, there was one big question: how therapy is facing current demands of efficacy in terms of time management? And how therapy can use coaching principles to improve its results?

It seems that coaching skills are part of therapy skills as well, so there are one big opportunity for therapists to start enhancing what coaching has achieved in their practices for them to be effective in showing results and being able to get into new fields such as organizations, educations, and so on. Therapists are the ones who have a deep knowledge of human mental working processes and behavior, and combining it with coaching principles surely will lead them to get results. Since they have also started to integrate different models of therapy (Lazarus, 1989), they can also take advantage of similar professions and learn from them.

Nowadays, some practitioners of therapy and coaching have started to identify their common points and a new field or school is taking place in countries such as Australia and the USA. Coaching Psychology is combining principles, tools and theories; research is also having importance in how to integrate them rather than in how to differentiate them;
professionals are being invited to amplify their points of view, and there are new schools in coaching, in therapy and in coaching psychology trying to integrate different models, to become more flexible when using theories to understand people needs and to help them to overcome their problems or obstacles (Palmer & Whybrow, 2008; Peltier, 2009).

This study is, at last, one invitation to explore deeply how coaching works and to see how therapy and coaching can integrate new models or approaches that are effective in helping people. Rather than making difference stronger, coaching and therapy research should be focused in showing how effective they have been, what makes they so helpful, in what conditions or situations and how they can be integrated when having the required knowledge and experience.

References


