

# Ten commandments for the executive coach

Erik de Haan explores what psychotherapy research may teach executive coaches

**A**t any one moment during their work executive coaches have a vast array of interventions at their disposal. The key question for any coach is undoubtedly: “Which, of the whole range of things that I can do now, is the best for my coachee?” This question addresses the *effectiveness* of coaching.

Similar questions have been asked over a much longer period and more rigorously in the field of psychotherapy. Are the answers that have been found there significant in relation to the effectiveness of coaching?

I believe it is safe to assume that similar factors are at work in coaching and in psychotherapy. However, in spite of many similarities between the disciplines of coaching and psychotherapy, there are also differences (Kets de Vries 2005):

1. Coaching generally takes place with strong and well-functioning individuals or at least under this assumption, ie in the absence of a diagnosis of potential pathology.
2. Coaching is largely work-related, which makes it much

more of an ‘organisation intervention’ than psychotherapy. This means that ‘effectiveness’ has a different meaning in coaching: it also includes effectiveness for the organisation, ie for other people who are not present at the sessions.

3. Coaching is generally more orientated towards concrete results and specific actions than is therapy.
4. Coaches and therapists have different previous training and work experiences, plus there is probably a greater diversity within the discipline of coaching.
5. There are practical differences, such as the location, duration and frequency of sessions, and fee structures.

Another, blunter way of looking at these differences is to assert that coaching is very much the same

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‘service’ as therapy, with the main difference being, roughly speaking, that coachees do not aim to progress from ‘negative’ or ‘poor’ to ‘average’, but set themselves the goal of progressing from ‘average’ or ‘well-performing’ to ‘excellent’. The similarities in dominant approaches and ways of working are clear, such that it appears to make sense to assume, at least provisionally, that the principal results from the meta-analyses of effectiveness research in psychotherapy (see p55 or, for example, Wampold 2001) can be transposed to coaching.

## Ten commandments for the executive coach

Based on the meta-analyses in psychotherapy and other reliable research data, in my new book (De Haan 2008) I have proposed the following ten commandments for the executive coach:

1. **First, do no harm**  
This commandment might appear self-evident but, given some reports of abuse in executive coaching (Berglas 2002), it is perhaps not entirely superfluous. Moreover, it has been demonstrated that therapeutic approaches do



very badly if they are not used therapeutically but, say, as a way of passing the time or in order to create a 'stationary' control group (see Wampold 2001). The conclusion often drawn in medicine from the rule of *primum non nocere* is *in dubio abstinere*, ie if in doubt, it is better to do nothing than carry out an intervention that may be harmful.

## 2. *Have confidence*

As long as you follow tried-and-tested ethical principles and your honest intention is to help the coachee, there is a good chance you *are* actually helping him. Coaching interventions are highly effective, by all accounts. You are not necessarily any better at it than other coaches (an illusion that you can easily acquire, however, in the isolation of your coaching sessions!) but you have a good chance of

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doing it more or less as well as they do.

## 3. *Commit yourself heart and soul to your approach*

Although we can't demonstrate that there is one specific approach that works better than others, it *is* possible to show that commitment, faith, attachment or loyalty to a professional approach – whichever it might be – does make a positive difference. Commitment to a coaching ideology and

approach, to which you gear your interventions, will contribute towards your effectiveness, provided that commitment is genuine and focused on helping the client. In other words, commit yourself heart and soul to your approach but resist the temptation to believe that it is truly superior.

## 4. *Feed the hope of your coachee*

Hope is such an important factor for effectiveness in therapy (Lambert 1992) that it would be a mistake to do anything to lessen it. As a coach, your coachee frequently confronts you with doubt, in the form of questions such as "Will this help me?" or "What will five coaching sessions give me?" In response to such questions, there is no more ill advised potential answer than the one that is probably the most correct: "I don't know yet. I have no idea if this will help you."

With that answer you run the risk, in all honesty and openness, of diminishing that valuable hope. In such a case it is much more advisable to remain hopeful oneself and, equally truthfully, to respond “Coaching has helped many other people with similar issues.” or “I personally have very positive expectations about the outcome.”

5. *Consider the coaching situation from your coachee's perspective*  
All the signs are that it is primarily the client's view of things that determines how effective a given coaching journey will be. What is important, therefore, is how your coachee sees you and how he experiences the working alliance with you, so collect as much ‘feedback’ and as many ‘ratings’ from him as you can.
6. *Work on your coaching relationship*  
It is not just about the issue or the problem, and not even just about the coachee and his issue or the coachee and his organisation and their issues; it is actually mainly about the relationship (Horvath & Symonds 1991). If the relationship itself is good, there is a better chance of change for the better, even if, for example, the question is not entirely addressed. So pay attention to your relationship and your working alliance with your coachee, and make it explicit if that helps to make it stronger. Be careful with interventions that jeopardise the working alliance.
7. *If you don't ‘click’, find a replacement coach*  
There is little point in trying to achieve results in a working alliance that isn't functioning properly – in this case, one of the most important common factors is under pressure and there is a high risk that other important factors such as the personality of the coach (in the eyes of the coachee!) and the coachee's expectations will suf-

fer as a result. In addition, in coaching as in psychotherapy we can expect the bulk of any achievements to be made in the first few sessions. If that part is already under pressure, it is better to ‘regain’ this and other factors by bringing in a different coach.

Luborsky (1976) agrees with this argument, and suggests trying out different combinations of patients and therapists, even at a very early stage of treatment, if the relationship is not ideal. Miller, Duncan, Brown, Sorrell & Chalk (2005) put this idea into practice and achieve

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higher effect sizes in psychotherapy by constantly monitoring the working alliance, as perceived by the client, and suggesting a change of therapist to clients in the event of an alliance that is less than ideal. But also be aware that a referral itself always puts the relationship under pressure. A referral is always experienced in part as a rejection and a loss, however much the coachee understands rationally that it is better to move forward with someone else. So refer carefully and helpfully, and remain available to the coachee for any questions or further conversations.

8. *Look after yourself, to keep yourself as healthy as possible*  
It is not even just about the issue, the coachee, the organisation *and* the relationship – it is

also about your own personality or, in any case, your personality as perceived by the coachee. It therefore helps to know how others see you, and it helps to be seen as ‘helping’ in one way or another. How this is translated into personality traits is not very clear as yet, but it seems to make a difference in a positive sense if the coach comes across as attractive, competent, stable, healthy, happy, empathic, warm and trustworthy.

9. *Try to stay fresh and unbiased*  
Applying pre-determined procedures and protocols, with often carefully considered and ingeniously devised interventions, appears to have little influence on the outcome. Indeed, it seems to have an adverse effect. It appears therefore to be the case that a coach who meets the coachee with a fresh, unbiased and sympathetic approach – and thus pays more attention to where the coachee is and to his own relationship with the coachee – achieves better results.
10. *Don't worry too much about the specific things you are doing*  
This follows from the meta-analyses (Wampold 2001): specific techniques and coaching interventions appear to make much less difference than the more general, common factors – and there are even strong indications that specific interventions make no difference at all. Even if clients are subsequently asked to name the most effective ingredients of their therapy journey, they very rarely mention specific discoveries and interventions, but mention much more often the personality of the therapist or the opportunity to talk to someone who understands and supports them (see, for example, Tallman & Bohart 1999).

If you share the assumption that it is not about the specific





things you say or do, you also become more relaxed as a coach about retaining and contributing recollections and suggestions. For example, it doesn't seem so terrible if you forget relevant (specific!) comments from previous sessions or if you don't have any clear ideas for your coachee's future. You learn to pay more attention to what is actually going on here and now in this coaching relationship.

### Time for a change in emphasis

Following my reading of the meta-analyses in psychotherapy, I now find that many guides for coaches, including my own previous book on coaching, *Coaching with colleagues* (De Haan & Burger 2005), place too much emphasis on the coach and on specific coaching techniques. The recent research findings in

psychotherapy are both sobering and instructive. If we accept them in relation to coaching as well, it is clear that we should place much less emphasis on ourselves as coaches during coaching and should, instead, learn to put our relationships with our coachees and what is going on for them much more at the centre.

My view of coaching now is that coaching is predominantly an exercise in *self-understanding* and *self-changing* on the part of the coachee. The ability of the coachee to bring about the intended understanding and change is many times greater, however, than the ability of the coach to bring about change by means of a considered choice of interventions. Coachees do the actual work all by themselves and the only thing that coaching can do for them is help find and activate their natural, inherent abilities. We know how important coaching can be for our client, and how effective coaching conversations are, but we should also realise who is doing the actual work: the coachee!

### A relational approach to executive coaching

The stance towards coaching that emerges from the ten commandments above should be called *relational coaching*, in line with a long therapy tradition (see, for example, DeYoung 2003). In this approach, we can trust the coachee fully to make use of, and exploit, contributions by the coach. The only thing the coach can actually influence, the only thing the coach can use to exert albeit an indirect influence on the outcomes of coaching, is the *relationship* between coach and coachee.

Relational coaching, in my view, is when the coach makes

1. an effort to understand all the subject matter contributed from the perspective of the relationships in which it has arisen, and this relationship

## The 'hard data' – what outcome research in psychotherapy says

Outcome in psychotherapy research is usually reported as an effect size  $d$ , which is the difference between the means of two distributions on a standardised scale, mostly success rate of group 1 ('patients') and success rate of group 2 ('controls'). *Meta-analytical research* in psychotherapy has shown that (for more information on these figures see De Haan 2008):

1. Psychotherapy has a large effect on various criteria for success (effect size  $d \approx 0.85$ ).
2. There is a negligible difference in effectiveness between different approaches (effect size  $d < 0.20$ ).
3. The active ingredients of therapy are therefore *common* to many approaches:
  - Relationship-related factors: working alliance, commitment, transference.
  - Client-related factors: hope of change, motivation, problem pressure.
  - Therapist-related factors: personality traits, cultivation of positive expectations, warmth, appreciation, attention.
  - Change-related factors: opportunity for expression, practice and acquiring a rationale for change.
  - Structure-related factors: use of techniques or rituals, exploration of issues of the coachee and commitment to theory.
  - External factors: outside help, changes occurring independently of the therapy.

The strongest of these 'common factors' are:

- The quality of the relationship:  $d \approx 0.54$ .
- The person of the therapist:  $d = 0.50 - 0.65$ .
- The client: the least-studied but probably most effective factor in therapy. Well-founded estimates of effect size of 'hope':  $d \approx 0.85$ . Influence of external factors:  $d \approx 1.65$ .

2. an effort to make the relationship as strong and as productive as possible
3. no restriction on his specific interventions, either in the nature or the order of their contributions. As long as the coach feels that it suits his own personality, and he is truly behind it, the choice is justified.

All these aspects of relational coaching work together to make the coachee and the coaching relationship, as it evolves from moment to moment, as central as possible in coaching conversations. All this means that the relational coach observes from minute to minute what is going on in the relationship with his coachee. Casement (1985) calls this continuing reflec-

tive outlook *internal supervision*. I myself have called it *self-monitoring* elsewhere (De Haan 2006).

I consider it important to guard against the possibility that the research results from meta-analyses may tempt us to adopt an eclectic, pluralistic or even nihilistic stance. The research results tell us that any existing professional approach is as good as any other, but they don't tell us that we can exchange or combine approaches as we please or that we can completely disregard the approaches themselves and their importance.

An important factor for effectiveness seems to be the adoption and application of a *preferred approach*, something that eclectic, pluralistic or nihilistic coaches wouldn't do. The latter groups may feel all-too-

free not to develop a coaching ideology that they truly believe in, or to pile intervention upon intervention at random without considering objectively how they fit in with their overall ideology or the objectives of the coaching. ■

### References

1. Berglas, S. The very real dangers of executive coaching. In: *Harvard Business Review* June 2002, pp. 86-92.
2. Casement, P. (1985). *On learning from the patient*. London: Tavistock Publications.
3. De Haan, E. (2006). *Fearless consulting: temptations, risks and limits of the profession*. Chichester: Wiley.
4. De Haan, E. (2008). *Relational coaching: in search of excellence*. Chichester: Wiley (to appear in January 2008).
5. De Haan, E. & Burger, Y. (2005). *Coaching with colleagues: an action guide for one-to-one learning*. Chichester: Wiley.
6. DeYoung, P. A. (2003). *Relational psychotherapy: a primer*. New York: Brunner-Routledge.
7. Horvath, A.O. & Symonds, B.D. (1991). Relation between working alliance and outcome in psychotherapy: a meta-analysis. In: *Journal of Counseling Psychology* 38.2, pp. 139-149.
8. Kets de Vries, M. F. R. (2005). Leadership group coaching in action: The Zen of creating high performance teams. In: *Academy of Management Executive* 19.1, pp. 61-76.
9. Lambert (1992). Psychotherapy outcome research. In: J.C. Norcross & M.R. Goldfried (Eds.), *Handbook of psychotherapy integration*. New York: Basic Books.
10. Luborsky, L. (1976). Helping alliances in psychotherapy. In: J.L. Clegg (Ed.), *Successful psychotherapy*, pp. 92-116. New York: Brunner/Mazel.
11. Miller, S.D., Duncan, B.L., Sorrell, R., Brown, G.S., & Chalk, M.B. (2005). Using outcome to inform therapy practice. In: *Journal of Brief Therapy* 5.1.
12. Tallman, K. & Bohart, A.C. (1999). The client as a common factor: clients as self-healers. In: M.A. Hubble, B.L. Duncan & S.D. Miller (Eds.), *The heart and soul of change: what works in the therapy*. Washington (DC): APA Press.
13. Wampold, B.E. (2001). *The great psychotherapy debate: models, methods and findings*. Mahwah (NJ): Lawrence Erlbaum.

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