



Institute of Coaching

We partner with our patients and their families to improve their lives by providing individualized and specialized care; informed by research and delivered by expert and compassionate caregivers.

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INTRODUCTION

As coaches, we are given a unique window into people's everyday lives and functioning. Our office is our client's office. In many situations, we are able to directly observe their interactions, behaviors, and moods. This provides a level of information that is different from therapists who rely only on their observations of a patient's emotions and the patient's report of their moods, behaviors, interactions, and life experiences. With this unique opportunity, coaches also have a responsibility. Psychiatric illness is one of the most significant health problems in our country. Over 25% of individuals have

some kind of mental health diagnosis within a given year, and over 50% experience one in the course of their lifetime¹. A study from University of Sydney found that 25% to 50% of coaching clients have clinically significant levels of stress, anxiety, and depression². Coaches need to be solidly educated in the prevalence, signs, and symptoms of psychiatric illness and be ready and able to make appropriate referrals when needed.

Unfortunately, there are many obstacles that get in the way of individuals receiving treatment for psychiatric and emotional issues. The main obstacles include a lack of education about these kinds of problems, the stigma against diagnoses, and poor access to mental health care. Despite treatment success rates better than heart disease and asthma, people can go years without getting the help they need, and 2/3 of individuals never get treatment at all³. As coaches we can be a pivotal resource for improving knowledge, referral rates, and access.

RED FLAGS AND WHEN TO THINK ABOUT REFERRAL

There are several avenues that can lead a coach to consider when a client needs more than coaching help: coaching progress, what you observe, and what the client reports. Together, these can create a pattern of signs, symptoms, and information that raise a red flag.

¹ "The Numbers Count: Mental Disorders in America." NIMH Á. N.p., n.d. Web. 31 Aug. 2012. <<http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml>>.

² "What Can Coaches Do For Your." <http://www.coachfederation.org/includes/docs/101-HBR--What-Can-Coaches-Do-for-You.pdf>

³ "The Numbers Count: Mental Disorders in America." NIMH Á. N.p., n.d. Web. 31 Aug. 2012. <<http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml>>.





When a client gets stuck and coaching fails to progress, it is important to step back and think about what might be contributing. Is it something in the client, in the process and relationship, or in your coaching style and technique? If you are clear that it is not you or the process, then persistent behaviors and reactions can reflect a client's avoidance of (consciously or not) underlying issues. Here are some behaviors that could reflect something else is going on.

COACHING PROGRESS

- Lack of follow through with coaching action plans and commitments
- Lack of preparation for coaching meetings
- Persistent defensiveness or inability to hear feedback
- Blaming others and externalizing excuses
- A rigid viewpoint or lens that distorts client's impressions and assessments
- Perseverating on the same issue
- Absenteeism or unusual changes in the coaching schedule
- Difficulty with projection and issues of transference in the coaching relationship
- A lack of willingness to allow the coach to speak with colleagues or employees

WHAT YOU OBSERVE

- Physical – client is not taking care of her/himself, eating poorly, or has a change in physical appearance
- Affect – client has become irritable, sad, angry, negative, anxious, tense, or elated, expansive, or unrealistically happy
- Activity – client appears tired, lethargic, apathetic, talking and interacting less

or hyperactive, with a lot of nervous energy, restless, or talking a lot and rapidly

- Thinking – client seems easily distracted, shows poor concentration, can't make decisions, is confusing and hard to follow, or presents over-reaching and unrealistic ideas
- Interpersonal – interactions are difficult with a tendency to over react or under react, or be hypercritical, passive, overly sensitive, or remote

WHAT IS REPORTED

- Client expresses increased difficulty with relationships at work and at home
- Client experiences stress at work including promotion, being passed over, new projects, work crises, or at home, including illness, divorce, loss, moves, family issues, or financial pressures
- Client reports feeling consistently overwhelmed and struggling to cope
- Mood – Client shares feelings of being sad, dysphoric, hopeless, helpless, nervous, frustrated, or elated and grandiose
- Activity – Client reports having insomnia or sleeping more, weight gain or loss, increased or decreased energy, getting nothing done or working around the clock
- Thinking – Client describes that his/her thinking is dull, slow, going blank, unfocused, or fast, jumbled, or erratic



It can be difficult to distinguish the line between manageable stress and symptoms that indicate a psychiatric problem that requires treatment. All of us can have some symptoms of mental illness at one time or another and yet not have a formal, clinical diagnosis. The difference is in the intensity, frequency, and duration of the symptoms, as well as the constellation of symptoms taken as a whole. In general, the symptoms must be severe enough to be disruptive in an individual's daily life and have persisted for some degree of time (this varies with each diagnosis). If symptoms are occasional, mild, or involve just one or two out of many, it is not sufficient to meet clinical criteria. However, even if a person feels their symptoms are "just stress," coaches should be thoughtful before automatically agreeing with this conclusion. Stress left unmanaged can lead or contribute to underlying psychiatric and physical problems or mask more serious underlying illness.

Any client who either continues to mention signs or symptoms consistent with a mental illness, or in whom you observe the signs and symptoms, should be referred to their primary care physician or a mental health professional. *Any client who expresses thoughts and/or plans to harm themselves or others in any way should be treated as a medical emergency.* While dealing with possible psychiatric illness can be challenging to broach, coaches can provide the education and support to facilitate individuals getting the care they need.

THE ROLE OF THERAPY

There are times in coaching when a lack of progress or issues arise that indicate deeper work needs to be done or could be highly beneficial for your client. Therapy is not just for those with a clinical diagnosis. In fact, clients who are interested in developing themselves professionally through coaching may be curious about understanding and learning more about the importance of emotions and their inner experience. While coaching can and does address some aspects of this, therapy allows a client to learn more about deeply personal, family of origin, past history, and relationship issues. It can also provide the insight and understanding to help a client have greater success with their professional coaching. It is important for coaches to understand the role of therapy both for clinical need and for enrichment and fulfillment.

COMMON PSYCHIATRIC DIAGNOSES

Below are the signs and symptoms of some the more common psychiatric illnesses. These do not include the comprehensive formal criteria from the psychiatric Diagnostic and Statistical Manual of Mental Disorders (currently DSM IV however, DSM-5 is due out May 2013) which is the official psychiatric diagnostic code. Therefore, this information should be used only as a general guideline for considering referral.



SIGNS AND SYMPTOMS

(From the National Institute of Mental Health)

GENERALIZED ANXIETY DISORDER

- Worry very much about everyday things
- Have trouble controlling their constant worries
- Know that they worry much more than they should
- Not be able to relax
- Have a hard time concentrating
- Be easily startled
- Have trouble falling asleep or staying asleep
- Feel tired all the time
- Have headaches, muscle aches, stomach aches, or unexplained pains
- Have a hard time swallowing
- Tremble or twitch
- Be irritable, sweat a lot, and feel light-headed or out of breath
- Have to go to the bathroom a lot

SOCIAL PHOBIA

- Be very anxious about being with other people and have a hard time talking to them, even though they wish they could
- Be very self-conscious in front of other people and feel embarrassed
- Be very afraid that other people will judge them
- Worry for days or weeks before an event where other people will be
- Stay away from places where there are other people
- Have a hard time making friends and keeping friends
- Blush, sweat, or tremble around other people
- Feel nauseous or sick to their stomach when with other people

OBSESSIVE COMPULSIVE DISORDER

- Have repeated thoughts or images about many different things, such as fear of germs, dirt, or intruders; acts of violence; hurting loved ones; sexual acts; conflicts with religious beliefs; or being overly tidy
- Do the same rituals over and over such as washing hands, locking and unlocking doors, counting, keeping unneeded items, or repeating the same steps again and again
- Can't control the unwanted thoughts and behaviors
- Don't get pleasure when performing the behaviors or rituals, but get brief relief from the anxiety the thoughts cause
- Spend at least 1 hour a day on the thoughts and rituals, which cause distress and get in the way of daily life

MAJOR DEPRESSION

- Persistent sad, anxious, or "empty" feelings
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details, and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- Aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment



BIPOLAR DISORDER

Symptoms of mania or a manic episode include:

Mood Changes

- A long period of feeling “high,” or an overly happy or outgoing mood
- Extremely irritable mood, agitation, feeling “jumpy” or “wired”

Behavioral Changes

- Talking very fast, jumping from one idea to another, having racing thoughts
- Being easily distracted
- Increasing goal-directed activities, such as taking on new projects
- Being restless
- Sleeping little
- Having an unrealistic belief in one’s abilities
- Behaving impulsively and taking part in a lot of pleasurable, high-risk behaviors, such as spending sprees, impulsive sex, and impulsive investments

Symptoms of depression or a depressive episode include:

Mood Changes

- A long period of feeling worried or empty
- Loss of interest in activities once enjoyed, including sex

Behavioral Changes

- Feeling tired or “slowed down”
- Having problems concentrating, remembering, and making decisions
- Being restless or irritable
- Changing eating, sleeping, or other habits
- Thinking of death or suicide, or attempting suicide

ATTENTION DEFICIT DISORDER

- Be easily distracted, miss details, forget things, and frequently switch from one activity to another
- Have difficulty focusing on one thing
- Become bored with a task after only a few minutes, unless they are doing something enjoyable
- Have difficulty focusing attention on organizing and completing a task or learning something new
- Have trouble completing or turning in homework assignments, often losing things (e.g., pencils, toys, assignments) needed to complete tasks or activities
- Not seem to listen when spoken to
- Daydream, become easily confused, and move slowly
- Have difficulty processing information as quickly and accurately as others
- Struggle to follow instructions

In order to meet the criteria for ADD as an adult, the individual must have had symptoms since childhood that continued into adulthood. The above symptoms are those of inattention. However, inattention may be caused by a variety of issues including anxiety and depression. An adult who is disorganized, often late, forgetful, has difficulty with daily tasks, or is unproductive at work needs a careful psychiatric evaluation so that the underlying problem can be properly diagnosed.



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