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*Occupational Therapy and Coaching*

*An investigation into the application of coaching as a  
therapeutic tool in occupational therapy and occupational  
therapy in the development of coaching*

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## **Introduction**

Occupational therapy (OT) has long suffered from poor public relations. Many OTs voice feeling professionally misunderstood and believe that they constantly have to explain what they do. Recently, matters have been further complicated. There is a new kid on the block. Coaching has become prodigious in popular literature. As an example, both the “Psychologies” and “Oprah” magazines have regular contributions by life coaches. It is said to be the fastest growing profession in the world. (1) There has been an explosion of coaching literature and coaching training facilities. (2) The thing is, there are some remarkable similarities and overlaps between OT and coaching. Walker says that “A great deal of ink is being spilt on the differences between coaching, counselling, mentoring, therapy, supervision and consultancy.”(3) He goes on to say that “‘Kinds of people-development work’ have not and would not emerge as neatly defined, classified and discreet disciplines. Rather, they fight their way out, struggling with proto-definitions, *ad hoc* descriptions and the general huff and puff of children attempting to mark out their ground in the playground; counselling from therapy, coaching from counselling, life-coaching from coaching etc.... There’s plenty of hyperbole, plenty of territorialism and inevitable adolescent posturing. The older ‘parent’ species regard the new with suspicion and sometimes paternalism; the new overstate their difference to bolster their insecurity. Professional pride and the raw pressures of market economics add ‘edge’ to the debate.” (3) Is this interdisciplinary diatribe relevant and important? Walker believes so, as “The issue is one of certain taxonomic importance, since any discipline needs to be able to define its unique characteristics in contrast to others.”(3)

The question is, does coaching represent a threat to OT, or is it possible that coaching can be a useful tool in the arsenal of the occupational therapist? Can OT perhaps learn from the coaching profession to market itself better, and can OT play a role in assisting in the development of this new profession? This essay will examine coaching and in so doing describe and analyze: its definition, its core competencies, the types of coaching, its theoretical underpinnings, its principles and techniques. These concepts will be compared and contrasted with OT and discussed in terms of how the two may meet. The possible roles that coaching can play in OT, and that OT can play in coaching, will be described, as well as some practical considerations for mingling the two.

## **What is coaching?**

## Towards a definition

A review of the available literature reveals that there is contentious debate around the definition of coaching. One article notes "The extensive, protracted debate around 'definitions' and standards continues to confound practitioners and researchers in the relatively immature profession of coaching and mentoring."(4) Another notes that "definitions are many and varied."(5) A third says "Like many other emerging disciplines, coaching has struggled with problems of definition."(6)

Ives cites several definitions from the literature. He quotes Whitmore who portrays coaching as "optimising people's potential and performance"; (6) Evered and Selman who say that "To coach means to convey a valued colleague from where he or she is to where he or she wants to be";(6) Parsloe and Wray who define it as "to focus, motivate and support others in achieving their goal"(6), and Grant who defines life coaching as a "collaborative solution-focused, result-orientated and systematic process in which the coach facilitates the enhancement of life experience and goal attainment in the personal and/or professional life of normal, non-clinical clients."(6) Based on these definitions, Ives defines coaching as "an intervention aimed at helping the coachee to focus on and achieve their clearly defined goals..."(6)

A website dedicated to occupational therapists who have an interest in coaching says that "Professional coaching is a process engaged in by persons who want to make changes in their lives. The process occurs over time and is facilitated by a coach. The coach works with the client in a conversation and question-based process to foster client self-awareness and assessment of current behaviors, definition of personal values, and recognition of strengths that in turn will foster self-directed client learning."(7)

Amy Heinz, a qualified occupational therapist and life coach and her coach colleague Jenny Antoloak define coaching as "a process that uses tools and techniques designed to move individuals forward to where they want to be. It is a talk based approach that focuses on self-assessment of current behaviors, clarification of personal values, and acknowledgement of strengths that fosters self-directed client learning and change over time." (8) Thus, coaching is all about asking important questions.

"Professional coaching focuses on questions such as, "Who am I at my best?" "What is most energizing and meaningful to me?" "What do I want to do with my life?" and "How can I go about creating the life I want?"(7) The answers to these questions assist the client to move forward and create a life of meaning for him or herself. "Ultimately, coaching is about assisting clients to take action. Professional coaches

assist individuals to increase their self-awareness, identify their choices, and develop strategies to deal with what gets in their way of moving forward.”(7)

The International Coaching Federation (ICF) describes coaching as “partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential. Professional coaches provide an ongoing partnership designed to help clients produce fulfilling results in their personal and professional lives. Coaches help people improve their performances and enhance the quality of their lives, (ICF, 2007).”(1)

For the purposes of this assignment then, coaching will be defined as: a process through which the client and the coach collaborate to bring about the personal and professional development of the client; optimizing his function, moving him towards his goals, and making it possible for him to thrive. This takes place through a systematic, creative and multi-faceted process, based on increasing self-awareness and recognizing values and strengths. In this way, coaching assists clients to make lasting lifestyle changes that enhance a holistic sense of physical, mental and emotional well-being and allow clients not merely to live, but to live life well.

### **What is occupational therapy?**

The profession of occupational therapy is grounded in enabling “people of all ages to live life to its fullest by helping them promote health and prevent—or live better with—illness, injury or disability” (AOTA, 2009). (8) The *Occupational Therapy Practice Framework: Domain and Process* (also referred to as the Practice Framework) was designed to be “the next evolution in a series of documents that have been developed over the past several decades to outline language and constructs that describe the profession’s focus.” (9) It quotes Mosey who says that “A profession’s domain of concern consists of those areas of human experience in which practitioners of the profession offer assistance to others”(9) and describes the domain of occupational therapy as such: “Occupational therapists and occupational therapy assistants focus on assisting people to engage in daily life activities that they find meaningful and purposeful. Occupational therapy’s domain stems from the profession’s interest in human beings’ ability to engage in everyday life activities. The broad term that occupational therapists and assistants use to capture the breadth and meaning of “everyday life activity” is *occupation*.”(9) Occupation, as described in the Practice Framework is defined as: “Activities...of everyday life, named, organized, and given value and meaning by individuals and a culture. Occupation is everything people do to occupy

themselves, including looking after themselves...enjoying life...and contributing to the social and economic fabric of their communities.... “(9) Furthermore “Occupational therapists’ and occupational therapy assistants’ expertise lies in their knowledge of occupation and how engaging in occupations can be used to affect human performance and the effects of disease and disability. When working with clients, occupational therapists and occupational therapy assistants direct their effort toward helping clients perform. Performance changes are directed to support engagement in meaningful occupations that subsequently affect health, well-being, and life satisfaction.”(9) Occupation is seen both as a means and functional, optimal engagement in occupation, as an end.

According to the Health professions Council of South Africa “Occupational Therapy refers to acts which have as their aim the evaluation, improvement or maintenance of the health, development, functional performance and self-assertion of those in whom these are impaired or at risk, through the prescription and guidance of the patient's or client's participation in normal activities, together with the application of appropriate techniques preceding or during participation in normal activities which facilitate such participation.”(10)

The American occupational therapy Association (AOTA) says that “ In its simplest terms, occupational therapists and occupational therapy assistants help people across the lifespan participate in the things they want and need to do through the therapeutic use of every day activities (occupations)” (11)

Vona Du Toit says that the aim of occupational therapy is “to restore by means of specific procedures and constructive activities the mental and physical ability of the patient, and to direct these residual abilities towards the fulfillment of a maximum participating role in life.”(12)

Thus even in the definitions of OT and coaching there is some overlap. Both have a desire to see individuals thrive in their ability to function in day to day life; both have a client-centered focus which addresses the values of the individual; and both use a variety of methods to get there. There are however differences. Occupational therapy has as its primary focus individuals who already have dysfunction or who are at risk of it, whereas coaching is aimed at those who merely wish to function optimally and may already be functioning at a healthy level. OTs emphasize occupation and activity as a treatment tool, and though these may play a role in coaching, they are not seen as essential.

### **Core competencies of coaching**

If there is debate about the definition of coaching, it follows that there is debate about what exactly it is that constitutes coaching. There is a wide variety of practices that lay claim to the title, and much debate about what the core competencies, (i.e. the minimum industry wide skill sets) of coaching actually are. Different countries have different federations and councils which each delineate a number of core competencies. Describing the core competencies of any profession is important as it allows the profession to define itself and allows the service users to know what they are getting. Core competencies also provide a basis on which to develop a credentialing process that creates a standard and legitimizes practice. Ellinger and Stallinski put it like this “The hallmarks of becoming a profession often involve the establishment of an empirical knowledge base, minimum industry-wide skill sets, and regulatory compliance regarding entry into the profession and maintenance and measurement of the skills that define the profession.”(13)

In 2003, the European Mentoring and Coaching Council (EMCC), an organization established “to promote best practice and ensure that the highest possible standards are maintained in the coach/mentoring relationship”(4), commissioned a project to: “Establish whether there is an underlying set of core competencies common to all types of coaching and mentoring practice”(4), and to... “Identify whether it is possible to draw existing standards and competencies for all types of coaching and mentoring into a common framework.”(4) In 2009 the EMCC published a document which describes four levels of coaching, namely: foundation, practitioner, senior practitioner and master practitioner. They established the following eight core competencies, and describe how these competencies should be applied. (14)

- Understanding Self  
Demonstrate awareness of own values, beliefs and behaviours, recognises how these affect their practice and uses this self-awareness to manage their effectiveness in meeting the client’s, and where relevant, the sponsor’s objectives
- Commitment to Self-Development  
Explore and improve the standard of their practice and maintain the reputation of the profession
- Managing the Contract  
Establish and maintains the expectations and boundaries of the coaching/mentoring contract with the client and, where appropriate, with sponsors.

- **Building the Relationship**  
Skillfully builds and maintains an effective relationship with the client, and where appropriate, with the sponsor.
- **Enabling Insight and Learning**  
Work with the client and sponsor to bring about insight and learning
- **Outcome and Action Orientation**  
Demonstrate approach, and use the skills, in supporting the client to make desired changes
- **Use of Models and Techniques**  
Apply models and tools, techniques and ideas beyond the core communication skills in order to bring about insight and learning
- **Evaluation**  
Gather information on the effectiveness of their practice and contributes to establishing a culture of evaluation of outcomes (14)

The International Coach Federation was founded in 1995 and claims to be the leading global coaching organization. The organization's website states that its purpose is "to advance the art, science, and practice of professional coaching." (1) The ICF is working toward this goal by "setting high standards, providing independent certification, and building a worldwide network of credentialed coaches." (1) The federation has one chapter in South Africa, in the city of Johannesburg. The ICF has developed eleven core competencies to "support greater understanding about the skills and approaches used within today's coaching profession." (1) These eleven core competencies are grouped into four clusters. Each are then described in more detail.

#### **A. Setting the foundation**

1. Meeting ethical guidelines and professional standards
2. Establishing the coaching agreement (1)

#### **B. Co-creating the relationship**

3. Establishing trust and intimacy with the client
4. Coaching presence (1)

### **C. Communicating effectively**

5. Active Listening
6. Powerful questioning
7. Direct communication (1)

### **D. Facilitating learning and results**

8. Creating awareness
9. Designing actions
10. Planning and goal setting
11. Managing progress and accountability (1)

Ives also suggests several core features of coaching:

- A systematic process designed to facilitate development (change), whether cognitive, emotional or behavioural
- Intended for a non-clinical population
- An individualised, tailor-made approach
- Aims to encourage coachees to assume charge of their life
- Based on the twin growth areas of awareness and responsibility
- Reliant on the twin skills of listening and questioning
- Involve a collaborative and egalitarian relationship, rather than one based on authority
- Creates a relationship within which the client agrees to be held accountable for the choices she makes
- Designed to access the inner resourcefulness of the client, and built on her wealth of knowledge, experience and intuition
- Focused on the achievement of a clear stated goal, rather than problem analysis. (6)

The authors of “OT coaching” agree that a good quality relationship between the client and the coach, based on a respect for the sensitivity of the information divulged, is a key factor in the coaching process. They add that coaching is a method that draws on the holistic, appreciative view of the individual focusing on his life experiences and strengths. In the professional coaching relationship, clients are considered partners, or equals, with the coach. Clients are supported in clarifying what is important to them, recognizing their beliefs and assumptions about who they are in the world, expanding their options, and choosing and making desired life changes-all with the overall aim of moving in the direction

of a more balanced, effective, and personally meaningful life. They cite common core themes across most coaching approaches, including a focus on the egalitarian and collaborative relationship of the coach and the client, a focus on goal attainment, and an emphasis on the process of coaching being systematic and involving personal growth and self-direction on the part of the client. (7)

Thus there is some agreement on what the core competencies of coaching actually are. Most of the literature agrees that coaching should:

- Be based on an egalitarian, collaborative relationship founded on trust and intimacy and the agreement of the coachee to be accountable to the coach (14)(1)(6)(7)
- Be facilitated by an agreement and contract with the client (14)(1)
- Facilitate learning both cognitive and behavioural and culminating in change(14)(6)(7)(1)
- Be systematic and goal orientated (14)(1)(6)(7)
- Be individualized and focused on the inner resources, intuition, strengths and experiences of the client(6)(7)
- Evaluate its progress (14)(1)(7)

Other factors not listed by every resource, but still relevant are:

- Two of the references stress the importance of powerful questioning and active listening(1)(7)
- Two stress the importance of ethics (14)(1)
- One stresses that coaches should have good levels of self awareness and continue to develop their professional skills(14)
- One mentions the use of specific models and techniques (14)

Thus a picture begins to take shape about the exact nature of coaching.

### **Core competencies of OT**

The practice framework notes that like coaching, occupational therapy is an evolving profession. “Over the years, the study of human occupation and its components has enlightened the profession about the core concepts and constructs that guide occupational therapy practice. In addition, occupational therapy’s role and contributions to society have continued to evolve.”(9) The Framework was thus developed in response to current practice needs—“the need to more clearly affirm and articulate

occupational therapy’s unique focus on occupation and daily life activities and the application of an intervention process that facilitates engagement in occupation to support participation in life.”(9)

The practice framework articulates the process of occupational therapy in terms of evaluation, intervention and targeting outcomes, and notes that “occupational therapy’s focus on occupation throughout the process makes the profession’s application and use of the process unique. These concepts are not linear, but are interwoven and impact on one another. Context forms an overarching concept, and therapy is always client centered and dynamic.

This diagram, taken from the practice framework graphically represents how these concepts interact with one another:

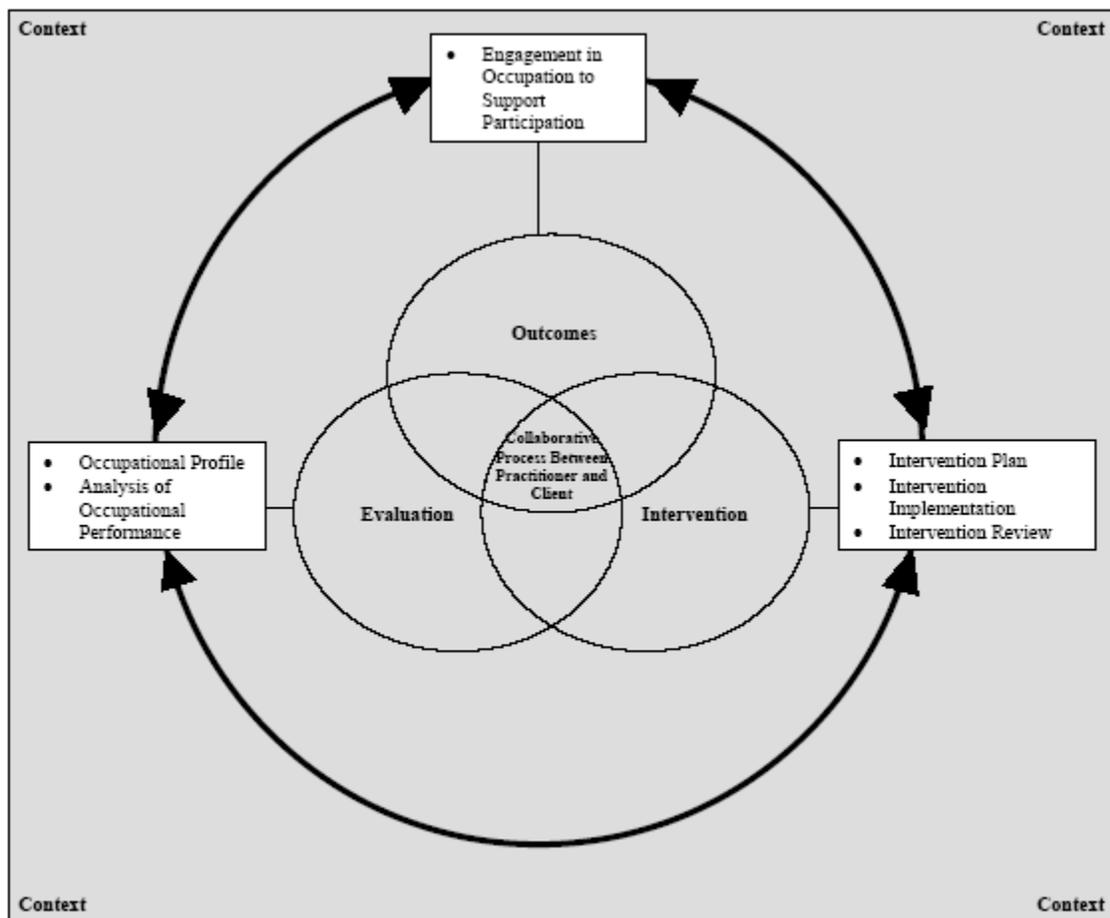


Figure 3: Framework: Collaborative Process Model. Illustration of the framework emphasizing client–practitioner interactive relationship and interactive nature of the service delivery process.

(9)

The process of occupational therapy service delivery begins by evaluating the client's occupational needs, problems, and concerns. Understanding the client as an occupational human being for whom access and participation in meaningful and productive activities is central to health and well-being, is a perspective that is unique to occupational therapy. Problems and concerns that are addressed in evaluation and intervention are also framed uniquely from an occupational perspective, are based on occupational therapy theories, and are defined as problems or risks in occupational performance. During intervention, the focus remains on occupation, and efforts are directed toward fostering improved engagement in occupations. A variety of therapeutic activities, including engagement in actual occupations and in daily life activities, are used in intervention.”(9)

The intervention process is divided into three substeps: the intervention plan, the intervention implementation, and the intervention review. “During the intervention process, information from the evaluation step is integrated with theory, frames of reference, and evidence and is coupled with clinical reasoning to develop a plan and carry it out. The plan guides the actions of the occupational therapist and occupational therapy assistant and is based on the client's priorities.”(9) Interventions target performance skills, patterns, context or contexts, activity demands, and client factors that are hindering performance. This is a dynamic process, and change in one area affects change in another. “Periodic reviews throughout the process allow for revisions in the plan and actions.”(9)As always, this process occurs in collaboration with the client (which may include family members etc)

Another core area of the process is that of outcomes, which is interwoven throughout the process of service delivery. The broad outcome of OT is always “Engagement in occupation to support participation”(9) and it is designed to foster performance in desired and needed occupations or activities as OTs believe that “When clients are actively involved in carrying out occupations or daily life activities that they find purposeful and meaningful in home and community settings, participation is a natural outcome”(9) and “the profession underscores its belief that health and well-being are holistic and that they are developed and maintained through active engagement in occupation.”(9) More specific outcomes spring from this broader one. In OT common specified outcomes include, but not limited to occupational performance, client satisfaction, adaptation, role competence, health and wellness, prevention, and quality of life.(9) During evaluation, the client's initial targeted outcomes

regarding desired engagement in occupation or daily life activities are identified; further analysis of occupational performance and development of the treatment plan then takes place and targeted outcomes are further refined. Throughout the process of intervention implementation and reevaluation, “targeted outcomes may be modified based on changing needs, contexts, and performance abilities.”(9)

**Comparison between the core competencies of coaching and OT**

There are many similarities and some differences between the competencies required by a coach and those required by an occupational therapist. Though the practice framework does not delineate core competencies as such, these become evident through an analysis of the process that OT follows, and the guidelines of the practice framework. The ethical guidelines which delineate the scope and ethics of OT are also helpful in this regard. It is perhaps useful to compare and contrast OT to coaching directly. The core competencies set out by the ICF will be used for this purpose, and contrasted with the core competencies implicit in the OT Practice Framework. This will be done through the use of a table, as it is thought the easiest way to compare them. Although this is not always ideal as some factors are not entirely comparable, it provides a baseline and a user friendly way of establishing key similarities and differences between the competencies required and processes followed by OTs and coaches.

Differences will be highlighted in red

<b><u>Coaching Core competencies (according to ICF)</u></b>	<b><u>OT core competencies (guided by Practice Framework and HPCSA guidelines)</u></b>
<p><b>In both coaching and OT a firm foundation based on ethical behavior is essential.</b></p> <p><b>Both relationships are based on an agreement, though this may differ slightly in form</b></p>	
<p><b>A) Setting the foundation</b></p> <p><b>1. Meeting Ethical Guidelines and Professional Standards</b></p> <ul style="list-style-type: none"> <li>• This entails “Understanding of coaching ethics and standards and ability to apply them appropriately in all coaching</li> </ul>	<p><b>A) Setting the foundation</b></p> <p><b>1. OTs must be behave legally and ethically according to agreed upon standards of practice</b></p> <ul style="list-style-type: none"> <li>• OTs must be aware of the ethical guidelines which guide the profession and the laws that govern practice in their</li> </ul>

<p>situations.”(1)</p> <ul style="list-style-type: none"> <li>• Coaching is not currently a protected title and therefore coaches are not as yet required to be registered with a particular unified board, however this is changing as organizations such as the ICF are beginning to set standards of practice.</li> <li>• Part of this process is defining what coaching is not, and referring if necessary</li> <li>• Coaches may advertise</li> <li>• Fees for coaching services cannot be claimed from medical aid</li> </ul>	<p>countries of practice.</p> <ul style="list-style-type: none"> <li>• OTs must be registered with their respective professional boards and are ethically bound by those boards (such as the HPCSA in South Africa)(10)</li> <li>• OTs must practice within their scope, and must know when, how and to whom to refer (10) The screening process allows the therapist to ascertain if the client is an appropriate candidate for OT and refer on if necessary(10)</li> <li>• OTs may advertise but may not canvas or tout or present themselves as offering better services than any other therapist</li> <li>• Fees for OT may be claimed from medical aid</li> </ul>
<p><b>2. Establishing the Coaching Agreement</b></p> <ul style="list-style-type: none"> <li>• “Ability to understand what is required in the specific coaching interaction and to come to agreement with the prospective and new client about the coaching process</li> </ul>	<p><b>2. Signing a contract</b></p> <ul style="list-style-type: none"> <li>• OTs are ethically bound to establish contracts with their clients as to what services they will be rendering and these</li> </ul>

<p>and relationship.”(1)</p> <ul style="list-style-type: none"> <li>• There is currently no board which sets fees and coaches can charge whatever they choose to do so</li> </ul>	<p>are signed by both the therapist and the client</p> <ul style="list-style-type: none"> <li>• Fees are recommended by an external body</li> </ul> <p>(In South Africa this Body is the Board of Health Funders and the is referred to as The National reference Price List)</p>
<p><b>A good relationship and the use of self is a core feature of both coaching and OT but how this relationship is formed, and the boundaries of the relationship differs between the two</b></p>	
<p><b>B. Co-creating the relationship</b></p> <p><b>3. Establishing Trust and Intimacy with the Client</b></p> <p>“Ability to create a safe, supportive environment that produces ongoing mutual respect and trust.”(1)</p> <p><b>Coaching Presence</b></p> <p>Defined as the “Ability to be fully conscious and create spontaneous relationship with the client, employing a style that is open, flexible and confident.”(1)</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>• Being flexible</li> <li>• Accessing own intuition</li> <li>• Being open to risks</li> </ul>	<p><b>B. Co-creating the relationship</b></p> <p><b>3. Establishing a therapeutic relationship</b></p> <p>“During the evaluation, a collaborative relationship with the client is established that continues throughout the entire occupational therapy process.”(9) As with coaching the relationship is built on trust</p> <p>The therapeutic relationship is client-centered and based on the therapists desire to understand the client’s values and the <b>activities</b> which are meaningful and purposeful to the client. The relationship is not intimate but professional</p> <ul style="list-style-type: none"> <li>• OTs must be flexible but</li> <li>• <b>Relationship is clearly defined within therapeutic boundaries</b></li> <li>• Self disclosure plays a role in the</li> </ul>

<ul style="list-style-type: none"> <li>• Using humour</li> <li>• Demonstrates confidence</li> </ul>	<p>therapeutic process but must be carefully considered and limited</p>
<p><b>Listening plays an important role in both coaching and OT, and the listening skills are very similar. Coaching could perhaps be described as slightly more confrontational than the reflective listening usually employed in OT</b></p>	
<p><b>4. Active Listening</b></p> <ul style="list-style-type: none"> <li>• Defined as the “Ability to focus completely on what the client is saying and is not saying, to understand the meaning of what is said in the context of the client's desires, and to support client self-expression.”(1)</li> </ul> <p>This includes:</p> <ul style="list-style-type: none"> <li>• Attends to the client and the client's agenda, and not to the coach's agenda for the client,</li> <li>• Hears the client's concerns, goals, values and beliefs about what is and is not possible,</li> <li>• Distinguishes between the words, the tone of voice, and the body language,</li> <li>• Summarizes, paraphrases, reiterates, mirrors back what client has said to ensure clarity and understanding,</li> <li>• Encourages, accepts, explores and reinforces the client's expression of feelings, perceptions, concerns, beliefs, suggestions, etc.,</li> <li>• Integrates and builds on client's ideas and</li> </ul>	<p><b>4. Reflective listening</b></p> <ul style="list-style-type: none"> <li>• OTs must be able to effectively listen to what their clients are saying and reflect it back to them in a way that allows the client to clarify his or her thoughts</li> <li>• The therapist must be client-centered in the listening process and express unconditional positive regard</li> <li>• The therapist must listen in a way that is not judgmental and communicates empathy and support to the client</li> <li>• Uses skills of observation and reads body language, appearance, tone, volume rate of speech to hear not only what is said but how it is said, and what is left unsaid</li> <li>• Uses body language to communicate interest and acceptance</li> </ul>

<p>suggestions,</p> <ul style="list-style-type: none"> <li>• "Bottom-lines" or understands the essence of the client's communication and helps the client get there rather than engaging in long descriptive stories,</li> <li>• Allows the client to vent or "clear" the situation without judgment or attachment in order to move on to next steps.</li> </ul>	<ul style="list-style-type: none"> <li>• Clarifies by reflecting back what the client is saying</li> </ul>
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**C. Communicating effectively**

**In both coaching and OT effective communication between client and coach/therapist is essential**

**The style and purpose of communication may differ in each**

<p><b>5. Powerful Questioning</b></p> <p>Defined as the “Ability to ask questions that reveal the information needed for maximum benefit to the coaching relationship and the client.”(1)</p>	<p><b>5. Questioning in OT: Evaluation, Interview and Observations</b></p> <p>Through the evaluation process, (the occupational profile and the occupational analysis process) the OT garners information about the why, when, how often how, and with who the client performs his or her daily occupations.</p> <p>“The theories and frames of reference that the occupational therapist selects to guide his or her reasoning will influence the information that is collected during the occupational profile. Scientific knowledge</p>
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- Coaches need not have a detailed knowledge of occupation and activity analysis, or of illness and pathology, and work with well clients, not with those who are mentally ill.

- Asks questions that reflect active listening and an understanding of the client's perspective
- The focus of questions differs dependent on what the client wishes to work on

- Asks questions that evoke discovery, insight, commitment or action (e.g., those that challenge the client's assumptions),

This is a particular skill which OT does not emphasise

- Asks open-ended questions that create greater clarity, possibility or new learning
- Asks questions that move the client towards what they desire, not questions

and evidence about diagnostic conditions and occupational performance problems is used to guide information gathering.”(9)

The OT assesses and analyses:

- ❖ the occupations
- ❖ performance skills and patterns
- ❖ the client factors of the client
- ❖ the activity demands inherent in those occupations,
- ❖ the context in which they take place
- ❖ how a disease process is affecting the client

- This is done by asking questions about the client's occupational history and performance, his roles, habits, values and activities of daily living.

- The OT also uses **observation and activity analysis** to ascertain how the client is performing his daily occupations and what is making them either successful or unsuccessful.

- Whereas powerful questioning forms more of an intervention in coaching, questioning in OT serves more as an **information gathering process**. However, at times OTs use motivational interviewing as brief intervention and powerful questioning may play a role in this process

<p>that ask for the client to justify or look backwards. (1)</p>	
<p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Communication is essential in both coaching and OT</li> <li>• Communication in coaching may be more direct and confrontational than traditional OT</li> <li>• Communication is a central therapeutic tool in coaching, whereas in OT meaningful activity is the central therapeutic tool</li> <li>• In coaching communication centres around thoughts, feelings, beliefs and perceptions, in OT the focus is on engagement through activity, the coach has specific skill in communicating in such a way that provokes insight</li> </ul>	
<p><b>6. Direct Communication</b></p> <ul style="list-style-type: none"> <li>• This is defined as the “Ability to communicate effectively during coaching sessions, and to use language that has the greatest positive impact on the client.”</li> <li>• Is clear, articulate and direct in sharing and providing feedback,</li> <li>• Reframes and articulates to help the client understand from another perspective what he/she wants or is uncertain about,</li> <li>• Clearly states coaching objectives, meeting agenda, purpose of techniques or exercises,</li> <li>• Uses language appropriate and respectful to the client (e.g., non-sexist, non-racist, non-technical, non-jargon),</li> <li>• <b>Uses metaphor and analogy to help to illustrate a point or paint a verbal picture.</b></li> </ul>	<p><b>6. Communication</b></p> <ul style="list-style-type: none"> <li>• The OT must be able to communicate her assessment findings and treatment techniques to her client in a way that is clear and avoids jargon.</li> <li>• She should be direct, honest and realistic</li> <li>• She should also be guided by the client as to how much to divulge.</li> </ul> <p>(Some clients may desire less information about prognosis for example)</p> <ul style="list-style-type: none"> <li>• Information shared with the client will be based on scientific reasoning, knowledge of illness and disease processes, activity analysis, information gathered through the occupational profile and the occupational analysis processes</li> <li>• <b>Though OTs may make use of metaphor, this is not standard practice, or a tool with</b></li> </ul>

	<p>which OTs are very familiar</p>
<p><b>D. FACILITATING LEARNING AND RESULTS</b></p> <ul style="list-style-type: none"> <li>In coaching, the desired outcomes are learning and results</li> </ul> <p><b>8. Creating Awareness</b></p> <p>In coaching this is defined as the “Ability to integrate and accurately evaluate multiple sources of information, and to make interpretations that help the client to gain awareness and thereby achieve agreed-upon results.”</p>	<p><b>D. FACILITATING LEARNING AND RESULTS: ENGAGEMENT IN OCCUPATION</b></p> <ul style="list-style-type: none"> <li>In OT, “Engagement in occupation is viewed as the overarching outcome of the occupational therapy process”(9)</li> </ul> <p><b>8. Analysis of occupational performance</b></p> <p>In OT increased awareness centers around analysis of occupational performance</p> <p>“Analyzing occupational performance requires an understanding of the complex and dynamic interaction among performance skills, performance patterns, context or contexts, activity demands, and client factors rather than of any one factor alone.”(9)</p> <p>“After profile data are collected, the therapist reviews the information and develops a working hypothesis regarding possible reasons for identified problems and concerns and identifies the client’s strengths and weaknesses.”(9)</p> <p>“Using available evidence and all aspects of clinical reasoning (scientific, narrative, pragmatic, ethical), the therapist selects one or more frames of reference to guide further collection of evaluation information.”(9)</p>

This involves:

- Goes beyond what is said in assessing client's concerns, not getting hooked by the client's description,
- Invokes inquiry for greater understanding, awareness and clarity,
- Identifies for the client his/her underlying concerns, typical and fixed ways of perceiving himself/herself and the world, differences between the facts and the interpretation, disparities between thoughts, feelings and action,
- Helps clients to discover for themselves the new thoughts, beliefs, perceptions, emotions, moods, etc. that strengthen their ability to take action and achieve what is important to them,
- **Communicates broader perspectives to clients and inspires commitment to shift their viewpoints and find new possibilities for action,**
- Helps clients to see the different, interrelated factors that affect them and their behaviors (e.g., thoughts, emotions, body,

The following actions are taken: (9)

- Synthesize information from the occupational profile to focus on specific areas of occupation and their contexts that need to be addressed.
- Observe the client's performance in desired occupations and activities, noting effectiveness of the performance skills and performance patterns. May select and use specific assessments to measure performance skills and patterns as appropriate.
- Select assessments, as needed, to identify and measure more specifically: context or contexts, activity demands, and client factors that may be influencing performance skills and performance patterns.
- Interpret the assessment data to identify what supports performance and what hinders performance.
- Through this process, she comes to an understanding with the client of the outcomes which the client wishes to reach, relative to where he is currently functioning.
- She communicates to the client how his contexts, client factors, performance skills,

<p>background),</p> <ul style="list-style-type: none"> <li>• Expresses insights to clients in ways that are useful and meaningful for the client,</li> <li>• Identifies major strengths vs. major areas for learning and growth, and what is most important to address during coaching,</li> <li>• Asks the client to distinguish between trivial and significant issues, situational vs. recurring behaviors, when detecting a separation between what is being stated and what is being done.</li> </ul>	<p>performance patterns, habits, roles and values interact to produce engagement in occupation. (9)</p> <ul style="list-style-type: none"> <li>• Develop and refine hypotheses about the client's occupational performance strengths and weaknesses.</li> </ul>
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**Action vs activity**

- In both coaching and OT activity or action are used to meet goals
- These could be considered as tools of the respective disciplines
- Terminology differs, however the concepts are related
- Once again the reasons for the use of this tool differ between the two
- The way in which action or activity is used also differs
- OT places a lot of emphasis on activity and thus there is a detailed, scientific process which is followed to bring about therapeutic activity which brings about successful engagement in occupation whereas coaching places a lot of emphasis on verbal confrontation and exploration of the clients beliefs, perceptions and ideas

<p><b>9. Designing Actions</b></p> <p>Defined by coaching as the “Ability to create with the client opportunities for</p>	<p><b>9. Activity performance</b></p> <p>OT facilitates optimal performance by providing the client with the opportunity</p>
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<p><b>ongoing learning</b>, during coaching and in work/life situations, and for taking new actions that will most effectively lead to agreed-upon coaching results.” (1)</p> <p>This involves:</p> <ul style="list-style-type: none"> <li>• <b>Brainstorms</b> and assists the client to define actions that will enable the client to demonstrate, practice and deepen new learning,</li> <li>• Helps the client to focus on and systematically explore specific concerns and opportunities that are central to agreed-upon coaching goals,</li> <li>• Engages the client to explore alternative ideas and solutions, to evaluate options, and to make related decisions</li> <li>• Promotes active experimentation and self-discovery, where the client applies what has been discussed and learned during sessions immediately afterwards in his/her work or life setting,</li> <li>• Celebrates client successes and capabilities for future growth,</li> <li>• <b>Challenges client's assumptions and perspectives to provoke new ideas and</b></li> </ul>	<p>to experience <b>meaningful engagement in occupation</b> and in so doing change, and be changed by his environment. This is done within treatment sessions and is carried over into activities of daily living.</p> <p>“Occupational performance is defined as the ability to carry out activities of daily life, including activities in the areas of occupation: activities of daily living (ADL) [also called basic activities of daily living (BADL) and personal activities of daily living (PADL)], instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Occupational performance results in the accomplishment of the selected occupation or activity and occurs through a dynamic transaction among the client, the context, and the activity. Improving or developing skills and patterns in occupational performance leads to engagement in one or more occupations”(9)</p> <p>This is achieved through:</p> <ul style="list-style-type: none"> <li>• Focusing on the clients strengths and factors that enable performance</li> <li>• Teaching and facilitating the client to see how changes to the environment or context; the tools and materials; the method of doing a task; the approach to</li> </ul>
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<p>find new possibilities for action,</p> <ul style="list-style-type: none"> <li>• Advocates or brings forward points of view that are aligned with client goals and, without attachment, engages the client to consider them</li> <li>• Helps the client "Do It Now" during the coaching session, providing immediate support</li> <li>• Encourages stretches and challenges but also a comfortable pace of learning.</li> </ul>	<p>the task; and the client's actual skills can all improve function and lead to optimal performance, and teaching him the skills to make these changes. She assists the client to see how this can occur in a more functional way that is meaningful to the client.</p> <ul style="list-style-type: none"> <li>• This may involve giving expert advice in a variety of areas such as assistive devices, ergonomics, adapted methods.</li> <li>• Uses the medium of therapeutic activity to optimize function in her client</li> </ul> <p>The OT will use careful scientific reasoning and activity analysis to set up an a task which is:</p> <p><b>WHAT</b></p> <ul style="list-style-type: none"> <li>• Meaningful to the client (has relevance and importance in the context of his daily life)</li> <li>• Purposeful and goal directed (I.e. meets an aim of treatment)</li> <li>• Presents the client with the "just-right-challenge," i.e. neither too easy nor too difficult, providing the opportunity for flow</li> </ul>
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	<p><b>HOW</b></p> <p>She will ensure that the activity is therapeutic by:</p> <ul style="list-style-type: none"> <li>• using principles related to recognized treatment approaches (for example practice is a principle of a Social learning Approach)</li> <li>• Structuring the activity correctly</li> <li>• Grading the activity appropriately for the clients skill level</li> </ul>
<p><b>10. Planning and Goal Setting</b></p> <p>This is defined as the “Ability to develop and maintain an effective coaching plan with the client.” (1)</p> <p>Where OT specifies a very specific outcomes process, (see below), this is not the case with coaching</p>	<p><b>10. Intervention planning and Outcomes</b></p> <p>In the OT practice framework the intervention process has 3 parts: the intervention plan, the implementation and the review</p> <p><b>The plan</b></p> <p>This could be considered equivalent with the planning referred to in coaching</p> <p>An intervention plan is defined as “a plan that is developed based on the results of the evaluation process and describes selected occupational therapy approaches and types of interventions to reach the client’s identified targeted outcomes.(9)</p> <p>It is developed collaboratively with the client (including, in some cases, family or significant others) and is based on the client’s goals and priorities.</p> <p>The steps of developing the plan include:</p> <p>The design of the intervention plan which is directed by the findings of the evaluation in terms</p>

<p>This involves:</p> <ul style="list-style-type: none"> <li>• Consolidates collected information and establishes a coaching plan and development goals with the client that address concerns and major areas for learning and development,</li>   <li>• Creates a plan with results that are attainable, measurable, specific and have target dates</li> <li>• Intervention is not necessarily based on theory</li> </ul>	<p>of:</p> <ul style="list-style-type: none"> <li>❖ the client’s goals, values, and beliefs;</li> <li>❖ the health and well-being of the client;</li> <li>❖ the <b>client’s performance skills and performance patterns</b>, as they are influenced by the <ul style="list-style-type: none"> <li>❖ interaction among the context or contexts, <b>activity demands, and client factors</b>; and</li> <li>❖ the setting or circumstance in which the intervention is provided (e.g., caregiver expectations, organization’s purpose, payer’s requirements, or applicable regulations).</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>• Formulating objective and measurable goals with a timeframe</li> <li>• <b>Selecting occupational therapy treatment strategies based on theory and evidence including:</b> <ul style="list-style-type: none"> <li>– Create or promote</li> <li>– Establish or restore</li> <li>– Maintain</li> <li>– Modify</li> <li>– Prevent</li> </ul> </li> <li>• Selecting mechanisms for service delivery <ul style="list-style-type: none"> <li>– Who will provide intervention</li> <li>– Types of interventions</li> <li>– Frequency and duration of service</li> </ul> </li> </ul> <p>This includes considering resources within the</p>
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and needed occupations or activities. When clients are actively involved in carrying out occupations or daily life activities that they find purposeful and meaningful in home and community settings, participation is a natural outcome.”(9)

More specific outcomes are then chosen that support the broader outcomes of engagement in occupation to support participation

**Process**

Implementation of the outcomes process includes the following steps:(9)

- Select types of outcomes and measures, including, but not limited to occupational performance, client satisfaction, adaptation, role competence, health and wellness, prevention, and quality of life.
- Outcome measures that are selected are valid, reliable, and appropriately sensitive to change in the client’s occupational performance, and they match the targeted outcomes.
- Selection of an outcome measure or instrument for a particular client should be congruent with client goals.
- Selection of an outcome measure should entail considering its actual or purported

<ul style="list-style-type: none"> <li>Makes plan adjustments as warranted by the coaching process and by changes in the situation</li> </ul>	<p>ability to predict future outcomes.</p> <ul style="list-style-type: none"> <li>Measure and use outcomes.</li> <li>Compare progress toward goal achievement to targeted outcomes throughout the intervention process.</li> <li>Assess outcome results and use to make decisions about future direction of intervention (i.e., continue intervention, modify intervention, discontinue intervention, provide follow-up, refer to other services).</li> </ul>
<p><b>There are a lot of similarities between the way the coaches and OTs work with their clients in terms of relationships, listening, communication, questioning and activity/action, planning and goal setting. However, there are also distinct differences about how coaches work and how OTs work</b></p> <p><b>The skills required by coaches are different from those required by coaches, however as can be seen from this section of the table, the skills are by no means mutually exclusive</b></p> <p><b>Coaches give clients tasks</b></p>	
<p><b>11.Managing Progress and Accountability</b></p> <p>This is defined as the “Ability to hold attention on what is important for the client, and to leave responsibility with the client to take action.”(1)</p>	<p><b>11. Implementing intervention</b></p> <p>Intervention implementation is defined as “the skilled process of effecting change in the client’s occupational performance, leading to engagement in occupations or in activities to support participation.”(9)</p>

<ul style="list-style-type: none"> <li>• Clearly requests of the client actions that will move the client toward their stated goals,</li> <li>• Demonstrates follow through by asking the client about those actions that the client committed to during the previous session(s),</li> <li>• Acknowledges the client for what they have done, not done, learned or become aware of since the previous coaching session(s),</li> <li>• Effectively prepares, organizes and reviews with client information obtained during sessions,</li> <li>• Keeps the client on track between sessions by holding attention on the coaching plan and outcomes, agreed-upon courses of action, and topics for future session(s),</li> <li>• Focuses on the coaching plan but is also open to adjusting behaviors and actions based on the coaching process and shifts in direction during sessions,</li> <li>• Is able to move back and forth between the big picture of where the client is heading, setting a context for what is being discussed and where the client wishes to go,</li> <li>• Promotes client's self-discipline and holds the client accountable for what they say they are going to do, for the results of an intended action, or for a specific plan with</li> </ul>	<ul style="list-style-type: none"> <li>• Intervention implementation is a collaborative process between the client and the occupational therapist</li> <li>• Interventions may be focused on changing the context or contexts, activity demands, client factors, performance skills, or performance patterns.</li> <li>• Change in one factor may influence other factors: All factors that affect performance are interrelated and influence one another in a continuous dynamic process that results in performance in desired areas of occupation</li> <li>• Determine and carry out the type of occupational therapy intervention or interventions to be used</li> <li>• Therapeutic use of self</li> <li>• Therapeutic use of occupations or activities</li> <li>– Occupation-based activity</li> <li>– Purposeful activity</li> <li>– Preparatory methods <ul style="list-style-type: none"> <li>• Consultation process</li> <li>• Education process</li> </ul> </li> <li>• Monitor client's response to interventions based on ongoing assessment and reassessment. (Dynamic assessment continues throughout the implementation)</li> </ul>
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<p>related time frames,</p> <ul style="list-style-type: none"> <li>• Develops the client's ability to make decisions, address key concerns, and develop himself/herself (to get feedback, to determine priorities and set the pace of learning, to reflect on and learn from experiences),</li> <li>• Positively confronts the client with the fact that he/she did not take agreed-upon actions.</li> </ul>	<p>process.)</p> <p>Intervention review is defined as “a continuous process for reevaluating and reviewing the intervention plan, the effectiveness of its delivery, and the progress toward targeted outcomes.”(9)</p> <p>This process once again includes collaboration with the client (including, in some cases, family, significant others, and other service providers).</p> <p>Process:</p> <ul style="list-style-type: none"> <li>• Reevaluate the plan and how it is carried out with the client relative to achieving targeted outcomes.</li> <li>• Modify the plan as needed.</li> <li>• Determine the need for continuation, discontinuation, or referral.(9)</li> </ul>
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It is hoped that this table provides some clarity in comparing coaching and OT in their broader senses. With a broad view of the core characteristics of coaching and core competencies that coaches should have, one can begin to discuss other features that differentiate specific types of coaching from one another.

**Types of coaching:**

The discussion of types of coaching, and the theoretical approaches to coaching is somewhat complex, as they are both separate and related. For the purposes of simplicity they will each be discussed separately.

According to the literature there are many there are many prefixes to coaching including but not limited to life-, executive-, and cognitive- coaching. (6) There are a variety of titles by which coaches define

themselves including professional coach, life coach, wellness coach, executive coach, personal coach, personal development coach, peer coach, leadership coach and mentor.(7) The prefix is dependent on the type of coaching and the context in which the coaching occurs. Mentoring is seen as having both similarities and differences to coaching, the fundamental one being that coaching does not require the coach to be an expert in the particular area he is coaching but mentoring assumes that the mentor is an expert. I.e. a coach could coach an OT without being an OT himself but a mentor would have to be an OT.

The literature has many suggestions as to how to categorise the types of coaching, each with their benefits and limitations. Typology can be useful in terms of making key differences between activities or approaches more explicit. Jackson notes that “The beginnings of typology therefore exist in the literature, but only the beginnings.”(5) Ives suggests that most approaches could be broadly grouped into personal-development and performance coaching. He argues that “this distinction is akin to Summerfield’s division between ‘acquisitional’ (acquires a new ability) versus ‘transformational’ (undergoes personal change) coaching.”(6) Ives also mentions Peltier’s (2001) bifurcation of coaching into two main categories: a day-to-day management activity and executive coaching.(6) Jackson cites Zeus & Skiffington (2000) who identify three main types of coaching: life skills coaching, business coaching and executive coaching, defined mainly by their focus and content but note that even amongst these categories there is significant overlap.(5) Essentially life skills coaching focuses on the individual and his personal development and management of his life; business coaching focuses on generalised business related skills; and executive coaching focuses on management skills. One article defines executive coaching as “a solution-focused, result-orientated systematic process in which the coach facilitates the enhancement of work performance and self-directed learning and personal growth of the coachee” (15) and notes that “Executive coaching may be one-to-one or one-to-group based, usually occurs over time and often over many months, and seeks to achieve both tangible and intangible outcomes.”(15) Furthermore the authors note that “Such coaching also recognises that the personal qualities, knowledge, experience and skills of the coach are essential to the creation of the collaborative, developmentally focused, client-centered relationship that is assumed to be critical to outcome generation.”(15) Wellness coaching focuses on the individual’s general health and wellbeing, and other more specific coaching may focus on even more specific skills such as a writing coach.

Other authors advocate classification based on a series of polar dimensions. For example, Clutterbuck characterises coaching approaches along two dimensions: directiveness vs. non-

directiveness of the coach on one hand, and attention to extrinsic observation (externally derived performance standards) vs. intrinsic observation (the learner's own thoughts and feelings) on the other. He describes four resulting styles including "assessor" (directive/extrinsic); "tutor" (directive/intrinsic); "demonstrator" (non-directive/extrinsic); "stimulator" (non-directive/intrinsic)."(5)

Along these same lines, Jackson conducted an exploratory study, the purpose of which was to delineate meaningful ways of describing coaching approaches as "a way of establishing a more solid foundation for comparative and evaluative research."(5) Jackson describes the study as both descriptive and interpretive, rather than prescriptive. In other words, the study sought to analyse and meaningfully describe the status quo, rather than to dictate which approaches should be used. Initially data was collected through semi-structured interviews. Each interview was recorded, transcribed and coded using open coding; which identified concepts expressed by the interviewee and any attributes that emerged from what they said and these concepts were numbered sequentially within each interview. The first stage of open coding is to generate as wide an understanding of a field as possible, so initially each interview was coded separately, without relating the coding of one interview to another. This resulted in 58 concepts being described. Axial and selective coding were then used and produced 8 main concepts in two groupings. "The first grouping represents the way coaches plan and implement their interaction with the client. The second grouping is of concepts relating to aspects of the coach's general outlook. These features may inform the way they coach, but are more like attitudes than intentions."(5) These 8 main concepts were then used to put the rich interview data into dimensions, resulting in 18 dimensions. These were then simplified using pragmatic reduction and clusters of meaning. This rather complex procedure resulted in 5 main dimensions by which coaching can be described. In other words five bimodal poles emerged which can be used to describe the type of coaching practiced. These are:

### **1. Systematic methodology – Flexible personal methodology**

"Evidenced by reference to doctrinal authority, the use of stage models and standard toolkits, a model of coaching competencies, a high degree of confidence in the predictive value of heuristics, emphasis on action rather than ideas, and an approach to enabling the client based on procedure rather than values"(5)

## **2. Explicit foundations of practice – Less explicit foundations of practice**

“Evidenced by the coach’s ability and readiness to identify their beliefs, theoretical influences and model of practice.”(5)

## **3. Pragmatic competency coaching – Facilitative open-scope coaching**

“Evidenced by the incorporation of previous knowledge or experience into practice, the acceptance of non-coaching helping strategies as part of a coaching intervention, and the emphasis on coaching in relatively specific areas of competency.”(5)

## **4. Personal presence achieves outcomes – Procedure achieves outcomes**

“Evidenced by an interest in the person of the coach, an emphasis on exploration rather than targets and an interest rather than adherence to doctrine.”(5)

## **5. Concrete – Philosophical**

“Evidenced by a general preference to consider activities rather than philosophical underpinnings of practice.” (5)

Jackson argues that such a typology “raises the possibility of comparing the effectiveness found for one approach with that achieved by other approaches that may differ on one or more dimensions.”(5)

Possible pitfalls of such a method are that it perhaps oversimplifies concepts which cannot easily and accurately be un-entwined from one another. Also by the author’s own admission, based on the same raw data another researcher may have presented an entirely different typology. Furthermore, it should be noted that Jackson only interviewed 8 coaches, of all of whom practice in the UK, which brings into question whether this typology is representative of the larger coach population. Nonetheless, Jackson’s study provides a useful base off which further studies may be conducted, as his points regarding the need for typologies are indeed relevant and important.

Ives also suggests a poled typology, and describes four bimodal poles, namely: “1] Directive or non-directive, 2] Personal-developmental or goal-focused and 3] therapeutic or performance-driven.”(6) Once again such a description of approaches may prove useful in conducting research comparing the effectiveness of individual types of coaching, however there are limitations in both specificity and accuracy. Jackson notes that this kind of typology results in *high-level abstractions* of relatively broad

*scope* with minimal internal *differentiation*, (5) whereas the more specific types of coaching described previously (life coaching, executive coaching etc) are “at the next level of complexity where scope, generality and differentiation become more explicit.”(5)

This discussion of types of coaching, and the typologies, frameworks and methods suggested is of relevance to OT as it allows the OT to contextualize how and where a traditional OT perspective can position itself in the realm of coaching. It also assists the OT to define the kind of coaching that best meshes with the principles inherent to OT.

### **Theoretical underpinnings and approaches to coaching**

As coaching has developed over a number of years, it has been shaped and formed by a number of different approaches. Ives notes that “In recent years we have seen the discipline of coaching benefit from an infusion of ideas from diverse fields.”(6) The authors of the OT coaching website note that “Those working in professional coaching are currently in the process of consolidating its theoretical foundations and expanding its empirical evidence base. Like most of the human-service professions, it borrows for its theoretical foundations from a wide range of fields, including human development, psychology, philosophy, and education.”(7)

One OT coaching website eloquently expresses the fundamental approach of coaching as this: “At the core of coaching is recognizing the importance of the dynamic between the human desire for differentiation and unique self-expression on the one hand; and the need for integration, connection, and meeting the expectations and demands of the environment on the other. The coaching approach adopts the perspective that we need to help people discover how to bring their choices and actions more in line with their unique "best self" and to connect more creatively with the deep human desire to make a contribution to the betterment of humanity.”(7) Though this represents the core approach of coaching, there are a number of other approaches which contribute individually or in combination to the development of a coherent strategy of coaching.

Ives presents a very useful summary of a number of approaches and how they have shaped coaching. Ives notes the meaningful contribution of Stober and Grant in bringing some of these approaches together. Some of these approaches will be discussed, with reference to their possible application in the

fied of OT. In the next section of this essay, occupational therapy specific approaches will be described with reference to how they can be applied to coaching.

*Coaching from a humanist perspective* – This approach is based upon Roger’s person-centered principles, it views positive change and self actualisation as a driving force in the human psyche, “emphasising the notion of an intrinsic human capacity for growth-oriented change.”(15) According to Ives “Coaching, from this point of view, capitalises on a person’s inherent tendency to self-actualise and looks to stimulate a person’s inherent growth potential.”(6) Vaartjes notes that “The epistemology of this approach assumes that the client has the answers to their own issues, which can be surfaced through conversation and inquiry with the coach.”(15) In this approach, there is a strong focus on the relationship with the client, which is based on unconditional positive regard and warmth. According to Vaartjes one example is the Co-active coaching approach which states one of four foundations of coaching as: “The client is naturally creative, resourceful, and whole.”(15) Vaartjes also mentions Eggers and Clark (2000) who state that “the practice of executive coaching is founded in humanistic psychology, with the belief that “people are basically good, healthy and rational” (15) This and its holistic approach, makes it a good match with occupational therapy which is based on similar principles.

*Behaviour based approach* – Ives cites Peterson (2006) who advocates a behavioural approach that “acknowledges the complexity of both the human being and her environment, but which nevertheless focuses on facilitating practical change over psychological adjustments.”(6) According to Ives, the action-focused nature of this approach, which looks at the future and seeks to create change and “imbed it in real life contexts”(6), also leans heavily towards personal development. Emphasis is placed on the need for client learning. The focus on action, and consequently activity, also makes it a good fit with OT and its focus on being through doing.(12)

*Adult-development approach* – Ives describes this approach as being “based on constructive-developmental theories: that as people develop they become more aware of and open to a mature understanding of authority and responsibility, and display greater tolerance of ambiguity.”(6) Similar to Erikson’s theories on development, and an approach based on Du Toit’s model of volition and action, which will be discussed in the next section, “coaching from this perspective is predicated upon the idea of four main stages of development and it suggests that coaching at each stage needs to focus on stage-of-development related issues.”(6)

*Cognitive coaching* – Ives cites Auerbach (2006) who claims that “although coaching must address the multiple facets of the individual, it is primarily a cognitive method.”(6) Related to the work of Beck and Ellis, “A fundament of cognitive coaching is the view that one’s feelings and emotions are the product of one’s thoughts: a person’s perceptions, interpretations, mental attitudes and beliefs. Cognitive therapy helps clients replace maladaptive and inaccurate cognitions.”(6) Auerbach argues that the coach must assist the client to challenge and overcoming their maladaptive and distorted perceptions. (6) Cognitive approaches are often used in OT to teach new skills, and modified methods of approaching daily functions. An OT coaching website notes that “Coaches work with clients to help them become more aware of the thinking, language, and stories that they use to construct their perspectives and experience. Clients can then begin to explore more helpful alternatives and responses, which typically opens up far more options and possibilities for them. As clients become more aware of how their current thinking is limiting them and realize that they have far more choice in their responses than they were previously aware of, self-responsibility and an increased sense of personal agency often ensue.”(7)

*Adult learning approach* – According to Ives “This approach seeks to use coaching to stimulate deep learning”(6) and draws from a range of adult-learning theories, such as andragogy, reflective practice, and experiential learning. Collectively these theories argue that adults learn by reflecting on experiences.(6) Ives cites Cox who says that coaching can also be seen as a learning approach “designed to nurture goal-focused, self-directed learners who draw on their reservoir of previous experience with a view to solving real-life dilemmas.”(6) This learning is not merely intellectual but brings about change in the individual. “Gray (2005) advocates a transformative learning coaching model that seeks to raise the coachee’s critical reflection to question assumptions.”(6)

Another form of learning, termed action learning is defined as “a developmental process, which supports task-oriented individuals to systematically embed the capacity and capability for continuous learning and improvement. It was originally designed for managers as “a means by which managers are supported to achieve both action on real issues, and learning in and through action. The underlying premise of the approach is that “managers are people of action who learn from action”(15) However action learning can be applied with any population as it holds that “The best way to really learn to take effective action is to actually take action” and “The most effective form of action for learning comes from working on issues or projects of significance”(15) to the individual and their organizations, this

applies to anyone. Another characteristic of action learning is that it is social: “Managers learn best with and from each other”(15) Furthermore, “Synonymous with its name, action learning also emphasises the conduct of intentional action” and action learning holds that “real learning is not considered possible unless action is taken (Marquardt 1999). This aligns with Kolb’s notions of experiential learning where learning is consolidated through practical application and purposeful behaviour (extension).”(15)

A close cousin of action learning, transformative learning is described by Mezirow (as cited by one OT coaching website) says that “Transformative learning theory focuses on those aspects of adult learning and knowledge construction that entail making meaning, particularly through becoming aware of the assumptions, values, expectations, and purposes assimilated from others. Through powerful open questioning, coaches assist clients to become aware of their own values, assumptions, and expectations and how they currently frame their issues and choices. This enhanced self-awareness is often sufficient to precipitate new awarenesses, options, choices, and possibilities that were previously not seen by the client.”(7) Gray suggests that in the increasing shift towards self directed learning, coaching has become a valuable tool to facilitate this process. Perhaps this echoes Frankl’s “autobibliotherapy,” which he first advocated in the 1950s. Frankl describes autobibliotherapy as the manner in which individuals can bring healing into their own lives by reading therapeutic literature (He coined this phrase long before the term self help ever even existed.) (16) As with cognitive approaches, OT uses learning approaches to assist individuals to adapt their behaviour to be more functional in daily life. Action learning is essentially the same premise on which OT is founded, in that OTs believe that clients become who they are by engaging in meaningful occupation.

*A positive psychology model* – “Positive psychology seeks to encourage people to look to what is good and going well in their lives to reinforce a positive disposition. Positive emotions, it is argued, widens a person’s focus of attention and broadens access to the person’s intellectual and psychological resources, resulting in improved performance.”(6) According to Ives, “Kauffman (2006) argues that coaching should work to identify and build on the client’s strengths and should seek to engender hope and happiness.”(6) Furthermore, “In applying coaching to issues of life balance, the coaching perspective would be to help clients identify the extent to which their lifestyle is congruent with their strengths and values. The coaching focus would include assisting them to understand their strengths and values and what is truly important to them and then incorporate these more into their life.”(7) Positive psychology

has recently become a popular approach. Its tenets relate well with occupational therapy and its focus on a person-centered style which emphasizes the strengths of each individual.

*An adventure-based model* – Ives cites Kemp (2006) who says that “adventure education is an appropriate conception of coaching, as both seek to press the boundaries and explore new frontiers and horizons. Both, he argues, begin with an analysis of the present state, set out a desired destination and develop the means of reaching it. Both involve a willingness to accept a measure of risk and uncertainty (with coaching: psychological injury), to move to the edge of their physical or psychological comfort zone – and that it is out of this risk that personal growth occurs.”(6) Perhaps then, adventure acts as a metaphor for life, and the strategies originated to face the challenge of an adventure, are the same as those strategies originated to face the challenges of daily life. “Kemp argues that adventure-based coaching asks the participant to test his cognitive, behavioural and emotional competence, and to effect change by formulating new behavioural responses to situations. Adventure is a process rather than an activity (Priest 1999). The learning attained during the adventure is captured or anchored and the lessons are later applied in real life settings.”(6) This approach is appealing in the context of OT as it recognizes the role that meaningful engagement in the just right challenge can play in the development of the individual, and consequently in his ability to face the world. It also recognizes that the activity in and of itself is not the end goal, but the process of the activity results in the individual becoming someone new, someone more able and more capable.

*Systemic approach* – According to Ives, “coaching using a systemic framework is about helping the client to recognise hitherto unrecognised patterns of behaviour and forms of feedback, and in so doing to see their experiences in new ways. It also encourages a holistic view, in which various other parts of the system may have relevance to the issue at hand.”(6) Like Kielhofner and his model of Human Occupation,(17) Ives recognizes that “Humans are complex adaptive systems insofar as they consist of a combination of interacting systems that are affected by change and can respond to changed circumstances.”(6) Thus he argues that “A systemic coaching model seeks to foreground complexity, unpredictability and contextual factors, and highlights the importance of small changes; it encourages openness, growth and creativity. This approach views the balance between stability and instability as optimal for performance (Cavanagh, 2006).”(6) Kielhofner’s Model of Human Occupation will be discussed in more detail in reference to how OT and life coaching are well matched.

*Goal-oriented approach* – Finally Ives describes a strict goal orientated approach “which sees the primary function of coaching fostering the client’s self-regulation.”(6)Ives cites Grant who says that “Coaching is essentially about helping individuals regulate and direct their interpersonal and intrapersonal resources to better attain their goals.”(6) The primary method of this approach is “assisting the client to identify and form well crafted goals and develop an effective action plan....”(6) and the role of the coach “is to stimulate ideas and action and to ensure that the goals are consistent with the client’s main life values an interests, rather than working on helping the client to adjust her values and beliefs.”(6) This approach is thus well matched to a client-centered approach used in OT based on the client’s values. Furthermore, “In this conception, coaching is essentially about raising performance and supporting effective action, rather than addressing feelings and thoughts, which it is thought will be indirectly addressed through actual positive results.”(6) This is also related to the core principle of OT which centres around a focus on activity and function, rather than on thoughts and feelings, though these are seen to be mitigated by, and mitigate function.

### **OT approaches and their application in coaching**

It can therefore be seen that there is much overlap between the approaches used by coaches and OTs. These approaches have been developed in a wide variety of fields such as psychology, sociology and education. There are however, several approaches that have been developed by occupational therapists specifically. These are not currently being used in coaching, but could be a valuable addition to a coach’s arsenal. Currently there is no evidence that coaches who do not have an OT background are using OT models. One OT notes that “As we learn more and more about coaching, it seems clear that coaching has much to offer OT”(18) however, I would argue that the corollary is also true: OT has much to offer coaching! Though coaching and OT are enormously similar, coaching has developed separate from OT, and has in fact taken over much of the scope of what OTs do, but without reference to the models already in place, and well defined and described in OT. A thorough search of the literature revealed no mention of OT in coaching literature, though coaching was mentioned in OT literature. This seems to be a great shame. Coaches without an OT background are reinventing the wheel, and OTs evidently need to do more to promote the valuable contribution they can make.

Two of these OT approaches will be described in detail, as it is believed that these specific models can play a valuable role in influencing the development and practice of coaching, and that they may be used effectively alongside coaching tools by occupational therapists.

## **Model of Human Occupation**

### **Key Concepts**

The model of human occupation describes how individuals select, organize and undertake their occupations. In the Model of Human Occupation or MOHO, humans are conceptualized as being made up of three interrelated components: volition, habituation, and performance capacity. These subsystems are in turn, components of a greater system and they interact with one another almost as a series of cogs in a mechanism. (17)

Volition refers to the motivation for performing an occupation; habituation describes the pattern in which those occupations take place; and performance capacity describes the physical and mental abilities that underlie the skills necessary for occupation. In this model, the environment and the role it plays in occupation is also important. All of these systems are interrelated to one another, and the system continually feeds back to itself.(17)

#### **Volition Subsystem**

Kielhofner describes this as a “system of dispositions and self-knowledge that predisposes and enables persons to anticipate, choose, experience, and interpret occupational behavior.”(17)

The volitional subsystem comprises of dispositions (cognitive and emotional orientations towards occupations) and self-knowledge (awareness of ourselves.) These factors can be conceptualized as comprising: values, personal causation and interests. (17)

Kielhofner describes values as “a coherent set of convictions that assign significance or standards to occupation, creating a strong disposition to perform accordingly.”(17) These values are made up of convictions and obligations. Interests are described as “dispositions to find satisfaction and pleasure in occupations,” (17) Kielhofner goes on to describe the actual process that volition follows, namely attending, experiencing, choosing and interpreting. In other words volition describes why we do what we do- the reasons, both internal and external that motivate our behavior.

If the volition subsystem is the “why”, the habituation subsystem is the “how.” It is described as “an internal organization of information that disposes the system to exhibit recurrent patterns of behavior.” (17)The habituation subsystem comprises habits (formulated into habit maps) and roles (formulated into role scripts). Habits are tendencies that are, for the most part, preconscious. They influence a wide

range of occupational behavior and occur within a variety of familiar contexts. Roles refer to social identities and their corresponding obligations.

Once again Kielhofner describes a process by which these concepts influence occupation. He says that the habituation process occurs on two time scales, namely everyday life, and the change in roles over a lifetime. Habits serve to preserve patterns of behavior and are generally resistant to change, they are not always in accord with volition. For example a smoker may wish to quit, but the habit persists. Socialisation and role change describe how roles progress over time. These changes involve negotiation with those this change affects. (17)

Finally, Kielhofner describes the mind-brain-body performance system. This system could be considered the “what.” I.e. what is it within the human system that is interacting with the world? It “refers to the organization of physical and mental constituents which together make up the capacity for occupational performance.” (17) There are several constituents of this system, namely: the musculoskeletal, the neurological and the cardiopulmonary systems. Kielhofner also describes symbolic images- which guide the system in the planning, interpretation, and production of behavior. He describes how there is a continual flow of information between each of these constituents which results in performance. The way this process works is through reception, planning, programming plans of action and the effecting the plan through the body. (17)

In this way, Kielhofner proffers a systemic view of the internal organisation of the human being. He goes on to describe how this system communicates with a greater system, namely the environment. This could be seen as the “where” and the “when.” The environment is where the human system lives out, or occupies itself and it does this in the context of time. This may either afford or press (allow or inhibit) occupation. Kielhofner breaks the environment into three conceptual sub-environments, namely physical, social and occupational behavior settings. (17)

The physical environment is further divided into the natural and built environment and the objects present in an individual’s world. Social environments include social groups and occupational forms, which are rule bound sequences of action which are “coherent, orientated to a purpose, sustained in collective knowledge, culturally recognizable and named.” (17) Finally occupational behavior settings refer to a combination of space, objects, occupational forms and social groups. They may include home, neighbourhood, school or workplace, and gathering or recreation sites.

Thus an individual is described in terms of who he is and how he chooses to engage in and organise activities in his world. Perhaps, continuing with the metaphor of a machine, the skills could be thought of as the teeth of the cogs. The skills described are how the concepts of the system are actually carried out and impact on one another. Kielhofner now describes the skills required for that individual to interact with his environment. He describes three domains in which these skills exist, namely: motor domains and skills, process domains and skills and communication or interaction skills, and finally social interaction skills. (17)

Motor skills encompass posture, mobility, coordination, strength and effort and energy. Process skills are the skills required to gather and interpret information and include energy (and the ability to pace oneself), knowledge and the ability to choose the appropriate information for a situation, using that knowledge, handling, heeding, goal directed performance and inquiring. Temporal organization refers to the skills of initiating, ordering, and completing a task. Organising space and objects refers to the ability to locate, gather, organize and restore the tools and materials required for a task. Adaptation refers to the ability to anticipate and correct, and to benefit from learning from previous consequences. (17)

Communication and interaction skills include physicality, language, relations, and information exchange. Physicality refers to the non-verbal interaction with others. Language and information exchange speak for themselves. Relations refers to behaviours that result in connection with others. (17)

Finally the domain of social interaction includes acknowledging, sending, timing, and coordinating. These concepts all refer to how an individual uses the necessary skills to facilitate optimum communication with others. (17)

Thus Kielhofner describes how the “structures,” both internal and external, of the human system, work together to produce skill in the above-mentioned areas. Note that these structures are not always tangible. This skill in turn allows for the client to select, carry out, evaluate, and modify an infinite number of occupations. These come together in a moment, these moments add up to a lifestyle filled with complex patterns of interests and roles that interact with others and the natural and built environment, both temporally and spatially. When there is a “glitch” somewhere in the system, occupation cannot be performed optimally. Kielhofner calls this occupational dysfunction. It is the task of the client and the therapist to find this glitch and remediate it. This is done by focusing on the requisite skills. (17)

## **Goals of therapy**

The ultimate goal of therapy is for the therapist to understand the client's world. This understanding, in turn allows her to assist the client to create his own world, in which he is able occupy himself optimally by choosing, and living out, a wide variety of meaningful and purposeful occupations. These occupations are contextualized in life roles, which change over time.

## **Therapeutic relationship**

This kind of therapy involves the therapist entering into the world of the client. As such, therapy is very client-centered. The client guides therapy by indicating which occupations are of most value to him and treatment is prioritized accordingly. A good therapeutic relationship, based on trust, where the client feels able to allow the therapist into his world, is essential.

## **Techniques of therapy**

There are no specific techniques of therapy as such, rather therapy is based on guiding principles. Techniques may, to some extent, be drawn from these principles.

Firstly, a thorough assessment must be done. Based on the client's occupational history, as well as an examination of his occupational present, that is to say, an occupational analysis of his current systems and skills. When this assessment is complete, the treatment process will begin.

Kielhofner describes several general therapeutic "techniques":

"Therapy is an event that comes into a life in progress and must be understood and undertaken in that context." (17) Thus therapy should take place, as much as possible in the real world of the client, rather than in a contrived setting. It should meet the client where he is at, both figuratively and literally, and should understand that there is much that has gone before and around the client in his current state.

As such, the second principle "the focus for change should be the action or process underlying the human system" (17), highlights the dynamic or fluid nature of the system and the need for therapy to focus on the client as "a work in progress." Change impacts not one factor, but due to the nature of the system, on every other part of that system. These changes should take place simultaneously throughout the system, and this can at times seem quite chaotic. Such changes are often the turning-upside-down

of the client's stable world. The therapist should bear this in mind, and should understand that often things may seem to get worse before they get better. For example a client who has very little appreciation for his own capacity, may initially experience an increase in that capacity as threatening. If he is more capable than he thought, then he has reason to try, and reason to fail. This can be daunting.

Kielhofner, similar to the behavioural theorists, suggests that one of the best ways to find optimal solutions is to experiment. The therapist should use her expert knowledge to help the client find solutions to his problems. The client should then apply the solutions and see how this affects the overall system, primarily its effect on occupation. If this solution works, great! If not, there are infinite possibilities for solving problems and the client need only try another.

Another important principle is that "The only tool which the therapists have at their disposal is to change the relevant environment to support or precipitate a change in the human system." (17) Thus the therapist is not directly altering the system, but rather assisting change by influencing the active processes underlying the human system's organisation. This can be accomplished in several ways. The therapist can change the physical setting, for example adapting the environment to facilitate improved function. Apart from changing the physical environment, the therapist can also provide the client with a new object, such as an assistive device. The therapist can also endeavour to monitor, to add to, or change the clients social groups. For example, the therapist may educate the client's family on his condition, or introduce him to a support group of fellow mental health care users. (17)

Kielhofner also suggests some relevant principles that are specific to each of the subsystems. In terms of performance and skill changes, he says that "changes in skill (as opposed to underlying capacity) should be the primary target of therapy. Kielhofner argues that improving underlying capacity does not necessarily lead to an improvement in skill, however when working on a skill, underlying capacity is immediately engaged. Thus he believes it is more efficient and effective for the therapist to focus her attention on skilled performance in the context of activity and occupational form, than merely on an underlying capacity. The second principle he cites in this subsystem, is that "Change in performance can involve learning to call upon different configurations of skills." (17) This principle is linked to the first in that, on occasion, the client will have to learn to do activities in a whole new way, thus addressing underlying capacity is not always the logical answer, as increased capacity in one area may not be as useful as the use of an entirely new combination of skills in a particular activity. As a client begins to have an understanding that certain capacities are not functioning as they should, he is able to adjust his performance by marshalling new combinations of skills. In this way he learns to problem solve and in so

doing gains a sense of efficacy. The therapist needs to facilitate this process, without taking power away from the client. (17)

Along similar lines, Kielhofner says that occupational forms, which he describes as “culturally coherent units of action with socially understood meanings, purposes and procedures,” have a very important influence on changes in skill. These occupational forms can assist the therapist to understand ways to help the client reorganise his world, and his skills subsequent to a disruption which caused dysfunction. (Or to reorganize them merely to go from functioning normally to functioning exceptionally) Kielhofner cites Trombly and Mathiowetz, who emphasise the fact that when individuals engage in true occupational forms from their day to day life, their motor behavior is more organized than when doing a simulated activity.(17) The same holds true for psychosocial skills. For example, the client is far more likely to perform a simple social skill, such as actively listening, when he is in a real social situation, as opposed to a contrived one. Skills unfold in the real world, as such contextual factors serve an important role in initiating, and maintaining these skills. When the environment or context is impoverished, the potential for exercising the skill becomes limited. (17)

In the habituation subsystem, there are also specific principles that should be applied to facilitate the best outcome. Kielhofner makes the point that habits and roles, by their very nature are resistant to change, their basic function is to preserve patterns of behaviour. Thus sustained practice is crucial to facilitating and cementing change. Habit maps and role scripts are like well worn and familiar paths. They represent established solutions to problems, and in this way they further engrain themselves.(17)

When dysfunction makes these old habits impossible, or when these habits prove to be unhelpful to optimal functioning in the long run, the therapist and client must work together to find and importantly to practice, a new pattern of behavior over and over again, until it becomes well worn and automatic. For example, a client who repeatedly self harms whenever under emotional stress needs to practice the skill of recognizing her feelings, owning them, and then dealing with them in a healthy way, such as going for a walk whenever frustration threatens to overwhelm her. Eventually the habit of cutting should be replaced by an immediate action of putting on her walking shoes. This action itself becomes semi-automatic. The new habits must be practiced in the context of that individual’s life, not merely in the context of therapy, for them to become effective and entrenched. (17)

Another important principle in the habituation subsystem is that “habituation organizes behavior for specific ecologies; new habits must often be learned in new ecologies.” (17) Simply put, this means that

habits and roles are supported or pressed by the environment. If they are to change, the environment may need to change with them. For example, the client who wishes to lose weight may need to change the route she drives home to stop at a park, rather than the local donut shop. This principle also suggests that when facilitating therapeutic change, the new habits that the client performs should take place in a real context where the behaviour will actually take place. For example, a young girl with an eating disorder, who fears eating in public, should not be asked to eat in front of the therapist, but should go out with a group from the ward to a restaurant to eat in a more natural context. This makes real change, and the inculcation of a new habit far more likely. (17)

Kielhofner also makes the point that the loss of roles and habits require swift replacement. Habits and roles are a source of familiarity, safety, comfort and identity for individuals. When these habits are disrupted, by illness for example, the individual can suffer from tremendous discomfort and feelings of disorientation. For example, an individual who loses his job, loses much of his sense of security and purpose, and in turn his self-esteem is affected. This can lead to disorganisation of the structure of an individual's life. Thus roles or habits that are lost should be replaced with new ones as soon as possible. A life coach may argue that this disruption is a positive thing as it provokes change, when brings the individual into new and better ways of doing things. Kielhofner quotes Fein who states that persons who find ways to replace lost roles and routines are less susceptible to depression.(17) The loss of negative habits also requires swift replacement. "Bad" habits are not merely stopped, they should be replaced with good habits, for example the smoker who learns to reach for a stick of gum rather than a cigarette in an attempt to change his smoking habit. (17)

Finally, Kielhofner states that "acquiring a new role script and related habits is a process of socialization and negotiation." (17) In other words, new roles have new scripts. The client who takes on a new role needs to come to an understanding of what is required of them in this new environment, and what behaviours will fulfill other's expectations. This is a complex, and many factored process. Roles are thus acquired over time, not all at once. For example, a newly married couple needs to come to an understanding of what they expect from one another, and how they will share the household responsibilities. These new role scripts should be based on realistic expectations from both parties.

Volition, too has specific principles that can be applied to its successful remediation. Kielhofner says that "Volitional anticipation, experience, interpretation, and choice are at the core of what is referred to as meaning in therapy." (17) Each activity or occupational form that is performed by the client brings with it varied tendency to enjoy it, a varied sense of its worth and relevance, and varied expectations

concerning how well he feels he will perform the activity. These tendencies, as well as the actual engagement in the activity, generates the overall experience that the client has. This engagement has the potential to inspire or to paralyse, to engender fear or hope, to excite or frustrate. The role of the therapist is to maximize the pleasure of the experience by selecting activities that are most likely to have a sense of meaning for the client, and seeking information from the client in the moment as to what he is or is not enjoying about the activity. The therapist needs to be skilled in picking up the non-verbal cues of the patient to gather this information. The therapist can also assist the client to interpret and reinterpret the meaning of an activity to a client and perhaps help them to see an activity in a new light. For example a client who seems very anxious about the therapist's judgment of the quality of their work should be encouraged to focus on and enjoy the process, rather than being obsessed by the outcome. The therapist can help the client to interpret his experiences by asking questions such as "what did you most enjoy?", "what did you not enjoy?", "how can we change this activity so you can enjoy it more?" Kielhofner makes the point that "activity choices are pivotal, since they are spontaneous processes by which an individual is brought into action. Occupational choices are essential since they are the processes of commitment by which persons sustain themselves in a course of action over time." (17) The role of the therapist is to facilitate these choices by providing opportunities to choose and supporting these choices.

Another critical principle of volition is understanding the direction of the client's personal narrative. Illness, trauma, loss etc disrupt an individual's life, not only in the present, but in the future as well. These factors disrupt the course that an individual's life was taking. The therapist needs to help the client to answer the question "what next?" Kielhofner puts this quite poetically when he says "Telling and living a story which makes sense of one's life requires finding an appropriate plot and supporting metaphors to infuse the events of a life with coherence, wholeness and direction." (15) This reference to metaphor is particularly relevant to coaching, which frequently makes use of this tool. Each person needs to learn to tell their story with courage and fortitude and to learn to find meaning even, and perhaps, especially, in suffering.

### **Application in coaching**

There is no doubt that Kielhofner's model meshes exceptionally well with coaching. Coaching desires that clients question their values and challenge their beliefs and in so doing grow and self actualise. It asks that clients evaluate the way they do things and change habits that are not working. Whitmore's definition of coaching is "Coaching is unlocking a person's potential to maximise their performance. He

continues that the goal of a coach is to build awareness, responsibility and self-belief”.(18) This definition could as easily apply to OT and could be facilitated through the model. Kielhofner’s model provides a well researched, evidence based, systematic approach which allows the coach to proceed with a systematic assessment of why, how, what, when, where; and with who clients are engaging with their world and growing through the process. The model of human occupation succinctly describes the human system including volition, habituation, the mind-body-brain subsystem and how this system interacts with the environment thus providing a coherent and thorough framework for understanding human occupation. Kielhofner describes specific principles that can be used to facilitate change in the system. It is supported by tools such as the Model of Human Occupation Screening Tool, (MOHOST), which is a practical tool that operationalises the concepts of the model and makes the assessment process more user friendly. It can be applied across a broad spectrum of conditions, and in healthy population groups, which makes it adaptable to the coaching profession. It is universally applied and easily understood by occupational therapists worldwide. It has contributed to making terminology in occupational therapy more uniform and could assist in this regard in coaching. The theory is very person centered and is therefore very flexible to the individual needs of each client, another value espoused by coaching. Finally the model is supported by extensive research which renders it an evidence based practice.

Kielhofner’s model can play a starring role in a coaches arsenal, arguably even a coach without an occupational therapy background. Cognitive behavioural therapy is a psychological approach. However it has not remained the domain of psychologists. OTS, sociologists and many others use this approach. This has not taken anything away from the psychologists, but has merely spread the word about what psychology has to offer. It is possible that in trying to preserve its uniqueness, OT has cornered itself out of the market. Is it not possible that by educating other professionals about our occupational approaches, we would in fact be promoting the profession, and spreading the word on its value, rather than giving away secrets that make us unique?

### **Applying coaching principles to the model of human occupation**

If coaches could benefit from knowing about OT models and approaches, OTs could benefit from applying coaching principles and techniques in their practices. One OT hosts workshops on how this can be done. She describes how using coaching processes and skills with the model of human occupation can be useful.

Volition, which includes personal causation, values, interests could use coaching tools such as: “Values Elicitation (Whitworth et al 2005), Work Values Assessment Tool (Foster-Turner 2006), Tackling limiting beliefs and Gremlins (various)”(18) The habituation system can also be accessed with coaching tools such as “Balance coaching, Work Life Balance Tool (Foster-Turner 2006), Wheel of Life, Choosing who to be, Disney Strategy (critic, dreamer, realist), Modelling (NLP)”(18) Performance capacity could be accessed with “Goal setting: Funnelling goals, Drawing goals; now and future, Ideal model/ ideal job/ ideal day, Time line.”(18) Thus there are numerous coaching processes and techniques which can be applied to the model of human occupation. Some techniques of coaching will be described in further detail in the next section.

### **Vona Du Toit’s Volition and Action Approach**

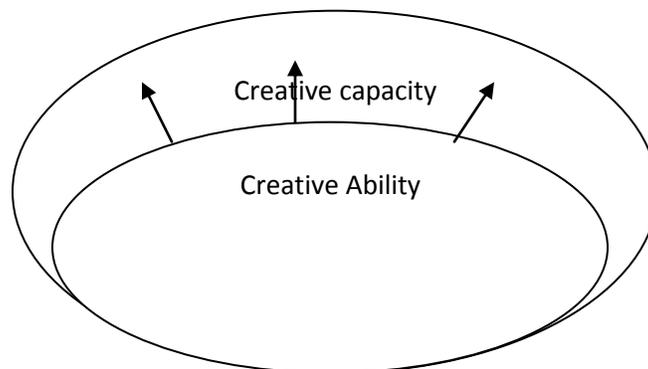
Another model based entirely on occupational therapy principles, that may prove useful in coaching is that of Vona Du Toit, a prominent South African OT.

#### **Key Concepts**

Du Toit first purported her theory in the 1960s. She says that it is the role of the occupational therapist to treat man in his totality through his active participation in purposeful activity. She presupposes that man has a spiritual preparedness to be occupied, “for man is only truly man if he fulfils this need to contribute to the world.”(12) She states that “Man through the use of his body (himself) in purposeful activity can, and must influence the state of his own physical, mental health and spiritual well being” (12) and that this requires the patient’s *personal decision* to participate. In each moment of participating, each individual changes his world; and is changed by his world. She conceptualizes these beliefs in the Creative Ability approach, also known as the Volition and Action Approach. The word creative here should not be confused with the term that may also mean artistic. In this sense the word refers to man’s ability to originate something. This something could be a sentence, a thought, a cake, a monument. Du Toit puts it like this “Quantities of human knowledge may be poured into human

receptacles, but it is only when the human being in his absorption of this knowledge endows it with creativity, when he becomes that knowledge, plus himself, that we get creativity or initiative.”(12)

Essentially the approach holds that each person has a creative capacity. This is the creative potential available to an individual and is influenced by intelligence, personality structure and other genetic and environmental factors. “When an individual appears to have reached the highest level of creative ability of which he is capable, it would be said that he has fulfilled his creative capacity.”(12) Du Toit says “Creative ability in an individual is manifested in his creation of a tangible or intangible product. The quality of his action (Doing) reflects the volitional component of his “Being”. The level of his “doing” is characterized by his ability to form relational contacts with materials, people and situations, by the measure of his anxiety control, by his manifestation of originative ability and by the quality of his preparedness to actualise himself through exercising effort in action which makes maximal demands on his potential.”(12) Creative response is “each single positive attitudinal reaction which the individual displays toward an opportunity or challenge, it is a preparedness to make maximal effort, or to span all his resources, to “try his hardest””(12) and it is followed by action, referred to as the creative act or creative participation. By exercising his creative response, the individual increases his level of creative ability towards his creative capacity. These concepts can be represented graphically in this way:



The outer circle represents creative capacity. The inner circle represents current creative ability. Creative response is represented by the arrows, which, when exerted in a creative act increase the level of creative ability towards that of creative capacity.

The Creative Ability approach serves to lay down certain guidelines to facilitate the treatment process by categorising clients into certain levels of functioning and providing appropriate treatment principles for each of these levels. (12) “Creative Ability in an individual is made up of two components: an inner motivation or drive towards action, and the externalisation or expression of that motivation in action, which results in the creation of a product” (12)

Du Toit purports that the growth or recovery of an individual’s motivation follows a “constant sequential pattern”(12), that the recovery of action follows a similar sequential pattern and that action and volition are interdependent. Du Toit states that the level of motivation and action represent what she describes as the level of creative ability of a client. The highest level of creative ability of which an individual is capable provides an indication of the employment potential of that individual. Furthermore, she describes these levels in detail. (12) If the therapist is aware of the logical, sequential development of an individual’s capabilities, she can level her treatment correctly and identify appropriate treatment priorities, select principles to guide her treatment so that it is suited to the client’s level, and determine expectations for performance which are realistic.(12) The description of each level of motivation and action, delineates specific expectations that the therapist may have of the clients motivation, action, the materials and objects they will be capable of using, the way they will interact with people, the way they will handle situations, their ability to control anxiety, and their ability to make maximum effort. Taking these factors into account, the therapist can facilitate treatment appropriately.

### **Goals of therapy**

According to this approach, the goals of therapy are to enable clients to reach their maximum creative capacity. In other words, that clients may be able to live life at the level of their maximum potential. Through the therapeutic process, the therapist facilitates conditions to maximize the chances that this will occur, by creating an environment where the client’s current abilities are met with the “just right challenge” to bring about the next stage of volition, and its consequent action, to best effect. (12)

### **Therapeutic relationship**

The therapeutic relationship is based on client-centered principles. The client’s needs, goals and priorities guide the relationship and the therapy itself. The therapeutic relationship is also guided by client’s level of creative ability. Depending on the level of the client, the therapist may increase or decrease her level of facilitation. (12)

## Techniques of therapy

One of the central techniques of therapy is that of presenting the client with the “just-right challenge.” The therapist creates an environment and presents an activity that is purposeful and meaningful to the client, that allows him to use his skills to create a product, either tangible or intangible, thereby developing his sense of motivation and consequently his ability to act. This technique is guided by a comprehensive understanding of the levels of volition and action. There are seven levels namely: 1. Positive Tone, 2. Self Differentiation 3. Self Presentation, 4. Passive Participation, 5. Imitative Participation, 6. Competitive Participation. (12)

As described above, each level of motivation is understood in terms of specific factors, namely, its corresponding action, quality of product, materials and objects, people, situations, control of anxiety, ability to demonstrate initiative and ability to make effort. Du Toit’s Model describes each of these in detail in each level. The techniques used within therapy will be guided by these factors and their expected findings in each of those levels.

Each treatment session includes an activity which meets certain requirements. These requirements centre around the aims towards which the client and therapist are working, so that the client may move on to the next level of motivation and action. Sessions are carefully structured, presented and graded to maximize the opportunity that these aims are met. Furthermore, the therapist approaches the client at the level he is at, in other words she meets him at his level of need.

Here follows a brief description of each of some of the levels of motivation, the aims of each level and the techniques that this approach suggests to meet them. Du Toit’s approach covers a broad range of function from clients with severe limitations, including the severely mentally ill and progresses to individuals who are highly functional.

### 1. Tone

At this level, the client has no discernible motivation, action is generally purposeless or random. The client is unable to explore tools or materials meaningfully and therefore unable to create an end product. Relation with other people or situations is not initiated, though the client has needs which must be met. Clients have not developed any mechanisms for managing anxiety, and no evidence of intention is present. (12)

The central aim of this level is to create a situation where the client can focus their attention on a specific stimulus. The therapist can facilitate this by stimulating the client with a variety of sensory stimuli that will encourage the client to focus his attention and reach out and interact. The therapeutic climate should be quiet, and external stimuli should be limited. The therapeutic relationship is fully supportive and the therapist compensatory for the clients inadequacies. (12)

## 2. Self differentiation

At this level motivation is “feeble, erratic and egocentric.” (12) The client begins to understand that they can use their bodies to cause an effect. Action moves first through destructive and then to incidentally constructive action. Any product created is purely incidental, such as a splodge of paint on a page. The client may reach out for tools and materials, but has no knowledge of their properties and no desire to explore them. The client may receive some contact from others, and may occasionally reach out for contact, but this is from an egocentric base. The client is unable to select behaviour appropriate to a situation. Anxiety will present feebly as distress or fear, and there is no ability to manage this. (12)

The aims at this level are to stimulate an awareness of the client as different from his environment and another. The client should be exposed to situations where destructive and then incidentally constructive action can result in a pleasing product. The “activity” should have only one step. The client should be provided with an opportunity to interact with a variety of materials but should not be expected to understand their use or properties. The client should be exposed to situations that encourage him to differentiate between himself and the therapist, but interactions are unconditionally loving, caring and supportive. The expression of basic emotions should be stimulated. Any attempt at showing effort should be reinforced with positive consequence, and therefore satisfaction. This could be something as simple as allowing the client to hit a drum which results in a pleasing noise. The idea is that the client recognizes the “product” (the sound, the splodge of paint, the jack jumping out the box) as a consequence of his action. He should experience the sensation (though may not be able to verbalise it) “I did that!” (12)

These aims are facilitated by keeping the treatment area calm, quiet, with only limited stimuli. The therapist’s approach should be loving and supportive, with limited, simple emotional expression. Treatment periods should be short and frequent. Treatment should be well planned, allow the client to handle material and create a pleasing, visible product in one step. Treatment should be repetitive to enforce these concepts. (16)

### 3. Self Presentation

At this level, motivation is centered around “A readiness to present the newly and basically differentiated self to people and situations.” (12) Action is centered around exploring the properties of tools and materials and understanding what they can do. Materials, tools and objects are explored with the intention of understanding their properties, and any product created is an unintentional result of this exploration. Interaction with others is ego-centric, but being with others is experienced as pleasant. The client will attempt to manipulate people as objects to meet his needs due to the lack of understanding of the needs and feelings of others. The client’s response to situations is similarly egocentric and centered around a desire to present himself in a situation and gauge the reactions of others. Anxiety is still experienced as anger or fear. A desire to enquire is beginning to emerge. Maximum effort can be made for short periods only. (12)

The aims of this level are to prepare the client to continue to differentiate himself and to prepare him for “task fulfillment and product creation.” (12) The client should become familiar with a wide variety of tools and materials and the quality of his investigations of these should increase. The therapist should bring the quality of the incidentally created product to the attention of the client and should begin to develop a sense of ownership in the client. The therapist should increase the client’s ability to respond to others, and to begin to become aware of their own boundaries. Clients should experience acceptance in a wide variety of situations and should begin to express a wide variety of emotions as the therapist limits the anxiety experienced by the client. (12)

These aims are facilitated in several environments and situations, where external stimuli are graded. The therapist should be warm and accepting and should encourage exploration. The therapist should bring to the attention a wide variety of tools and materials and should draw attention to their properties and uses. The client should be included in a variety of groups and settings where he may experience and express emotions. Self-care activities can begin, but quality is not expected. (12)

### 4. Passive participation

At this level motivation is centered around understanding the task as a whole, while being unable to initiate a task, and requiring help in completing the steps of the task. Action is centered on the creation of a product or the completion of a task. This is achieved in a step-by-step manner. The quality of the product now begins to be evaluated, though negative evaluation is still too threatening. Task concept begins to emerge. A wide knowledge of tools and materials is evident and these continue to be explored

and experimented with in relation to how they can be used to create a product. More stable interpersonal skills begin to emerge but these are related to the individual's desire to have certain needs fulfilled, particularly those of belonging. There is a strong desire, though little ability, to initiate participation in a wide variety of situations. More refined emotions emerge and thus the client becomes susceptible to anxiety. The client will need reassurance to complete tasks and will not yet have the ability to demonstrate initiative, however with support and facilitation, effort can be maintained. (12)

The aims at this level centre around facilitating ongoing self-differentiation, facilitating enjoyment in passive participation and selective active participation. The focus should be drawn from exploration of materials to how they can be successfully used in the creation of products. The quality of tasks and products should improve, as should ability to sequence tasks. Interpersonal relations should continue to develop and the client's awareness of the needs and feelings of others should be stimulated. The client's ability to identify and select the correct behaviour for a situation should be stimulated, as should planning and anticipation. A work programme that has work tasks inherent in it should be initiated.

These aims are facilitated through varied treatment areas with a variety of demands. The therapist should be both supportive, and compensatory where necessary. The therapist should facilitate the client's evaluation of his product and the therapist's own approach moves from entirely client centered to product centered, mainly focusing on the positive aspects of the task. Self-presentation must begin to be geared towards work. The therapist should present the task as a whole, then present each sequential step. She should facilitate the client's evaluation of each step and the end product, as well as the client's identification with the task, and his ability to decide when the task is complete. Work habits should be trained, including appropriate presentation of self, appropriate social presentation that begins to take norms into account, and appropriate work habits (such as attention to neatness and accuracy) should be taught. Anxiety should be limited to the level that the child can manage, while experience and expression of emotion should be encouraged. The therapist should praise only the maximum effort of the client as this will play a role in the development of work readiness. (12)

##### 5. Imitative participation

At this level motivation is centered around product fulfillment and task completion. The client functioning at this level of motivation seeks to lose himself in the group, and motivation is centered around being like others. Action is imitative in nature, as there is anxiety in doing that which is unknown. The quality of the end-product is related to its comparison with a model. Success or failure depends on

how the activity is graded. The client has knowledge about a wide variety of tools and materials and is able to group them according to their use. He is comfortable using them in a variety of settings. Contact with others is very important at this stage. The client needs to feel that he belongs and will imitate the dress and behaviour of others in order to fit in. Praise or rejection play a crucial role in shaping behaviour. Relationships are now maintained but in a rather shallow or egocentric manner. Social activity centers around activities with specific goals and norms. At this stage the client has a variety of patterns of behavior that he can apply in familiar situations, however unfamiliar situations are still anxiety provoking. Anxiety is created by situations where the client is asked to behave differently from others, and this should be graded sensitively. Group pressure, as well as carefully graded models can encourage the client to act with maximum effort. (12)

At this stage the treatment aims are geared towards moving the individual to original action. More specifically this entails understanding the task, identifying with the task, executing the task, completing the task, and being satisfied with the task. Goals related to relation with people are orientated around facilitating the expression of higher order emotions and loyalty. There should be an increased range of situations in which the client feels comfortable, he should be better able to manage his anxiety and he should have an increased ability to make maximum effort across several areas of life. (12)

The treatment is now presented in a wide variety of settings and the length of sessions is dependent on the client's tolerance. The therapists approach should be product centered. The client is presented with an end product, the tools and materials, as well as the basic steps, and the expected norms are explained to him. The client should also be encouraged to critically evaluate the product he has created. Interpersonal ability should be stimulated by exposing the client to a wide variety of settings, both familiar and unfamiliar. The client should present himself well, exhibiting good appearance and dress, punctuality, and self control. He should be able to behave respectfully and take instructions, and should work accurately and neatly, showing concentration and work tolerance. (12)

#### 6. Active participation

During active participation, motivation is directed towards "achieving at least the appropriate industrial and social norms, and in addition, there is a directedness towards improving on these standards by the infusion of initiative or original thought" (12) Action is described as originative, participative action. Individuals on this level incorporate originality into what they are doing. They conduct actions or performs tasks and activities that others are doing, but will add some additional, something of their own

to the product (either tangible or intangible), in order to improve the product in some way. Individuals are product directed, and the quality of the product is impacted upon by the unique aptitudes, talents, interests and attitude. The project is presented with a strong sense of assertiveness and self identification and pride. Regarding the handling of tools and materials, individuals functioning at this level are experimental in their use of tools and materials. (Tools and materials may refer not only to actual physical tools, but could imply processes, and business tools.) Experimentation is centered around bringing original ideas and thoughts into reality and finding new uses for tools and materials. Skill in handling a variety of tools continues to increase. Individuals at this level of action have high quality interpersonal relationships, and are capable of intimacy. They have an ability to perceive the needs and weaknesses of others and compensate for them. They are able to adapt their behavior and experiment with a variety of roles in a variety of situations. This individual is both able to submit willingly to authority, and is beginning to experiment with a leadership role as the situation requires. Sophisticated social skills such as compassion, empathy, loyalty, and sharing become evident. This individual will enjoy the challenges of a new situation, and will experiment with a variety of subtle and complex interpersonal skills, attempting to change a situation by changing his behavior. He will be able to handle high levels of anxiety, provided he is given warning that a situation might be unpredictable. His emotions have developed complex nuances and he is capable of a variety of emotional responses to remediate anxiety. The client at this level is able to make maximum effort, particularly in familiar tasks, and tasks that he enjoys and finds interesting. He may require assistance to make maximum effort in situations which are unfamiliar, or seen as uninteresting and areas of work and life that require discipline to push through feelings of drudgery. Praise should only be given for maximum effort.

Treatment aims for a client at this level would centre mainly around vocation, but this would include intrapersonal and interpersonal skills related to successful work performance. The individual should be stimulated towards competitive participation and encouraged to constantly challenge himself. Tasks should be performed with neatness, accuracy, dexterity, and competence. The individual should be able to experiment with a wide variety of new tools and materials, and in so doing promote original thought and use of these materials, producing a multiplicity of novel products. Relationship aims would centre around consistency, perceptiveness and loyalty. These individuals should be given the opportunity to exert maximum effort in a variety of situations in their lives, by engaging in complex social and work situations. These situations must provide the opportunity for the development of intricate, subtle and finely tuned skills. There should be ongoing improvement in personal presentation, social presentation, and a wide variety of work competency skills.

Treatment should be presented in situations that are as closely aligned to the real situation as possible, if not within the actual situation. Emphasis should be given to the element being addressed, for example if conflict management in the workplace is addressed, treatment should include people and conflict in a real life, or closely simulated environment. The therapist's approach should be product centered, and should encourage initiative and originality. Feedback must be honest and direct, with a focus on the reality of a workplace environment. Treatment methods centre around the development of skills through experimentation with novel tools, materials, skills and situations. Work habits become more integrated and there is a focus on self discipline, time management, organization, decision making to bring initiatives to fruition. The individual should be given the opportunity to adopt a variety of roles in a number of social situations, and these roles should entail responsibilities. The client should be given honest evaluation and feedback on his social performance. Consistency and loyalty should be reinforced. Work competence is a pivotal aspect, and as personality emerges with its attributes and aptitudes, this will play a role in its development. Both efficacy and efficiency become important. (12)

#### 7. Competitive participation

In competitive participation, "motivation is robust and can withstand failure, it reflects the desire to be 'better than'" (12), better than others and possibly better than self in previous attempts. Satisfaction is achieved through competition with others, and is dependent on the physical and cognitive capabilities of the individual. Action is also competitive and centered on producing a continually better product. Action is disciplined and dictated by the standard which the client wishes to exceed. The quality of the product, its complexity and standard will be dictated by the skill and interest of the client. Motivation is "robust enough to sustain effort bin spite of severe difficulties and to tolerate factors such as delay of gratification and failure."(12) Tools and materials, and objects are handled in a way that is competitively skilled, and directed at the finesse of the product. Knowledge of properties will be extended through the initiative of the individual and "original thought will lead to the discovery of new and better ways of using materials, tools and objects."(12) Relationships are predictable and well maintained. The individual is able to go beyond compensating for the inadequacies of others and shows a range of "adaptive relational behaviour" to benefit others, i.e. to give others a feeling of "competence, importance adequacy, achievement, security and status."(12) Complex situations are handled successfully and efforts are based on "the degree and quality of competition."(12) The individual begins to become motivated by self-actualisation and seeks out opportunities to do this in a variety of situations, both personally and at work. Maximum levels of independence are reached. The individual

now actually creates anxiety by striving to compete to better himself. Anxiety can serve as a motivator. The ability to make maximum effort will correlate with the level of motivation, thus maximum effort will be made in those areas where this individual feels competent and capable.

Treatment aims centre around attaining the highest level of work competence, which should “absorb most of the abilities of the individual maximally, in order to attain maximum fulfillment.”(12) This should involve the stimulation of the next stage of volition, contributive motivation. In other words, the individual should be able to find an endeavour which will allow him to channel his drive maximally towards something which is positive and constructive. “The stimulation of original thought and of the extension of initiative will be a central aim.”(12) In the interpersonal sphere, aims will centre around developing responsible behavior, decision making and developing personal values.

Method of presenting treatment should consider the following: Area should once again be that of actual work or social situations, or as closely simulated as possible. Pressures and demands should be as authentic as possible. The therapists approach should again be clear and direct. Treatment should provide opportunities to continue to strengthen discipline and unique aptitudes and personality traits should be given expression. Treatment in regards to social presentation should present opportunity for a wide variety of roles, including leader follower, etc. Importantly the possibility of failure should be present, as the individual should be provided with the opportunity to learn to cope with not always being successful. This includes learning to cope with constructive criticism, reprimands, and being held accountable. Opportunities should also be provided for the individual to show consistency and perseverance, and to show a growing sensitivity to the needs of others. Work competence opportunities should provide the individual with a chance to develop complex, occupation specific tasks and execute these effectively and efficiently. “Planning, systematization, organization and decision making must constantly be stressed.”(12) The individual functioning at this level should begin to be able to delegate tasks and manage others.

The last two stages represent the highest stages of volition and action. Many individuals will never function at these levels in their lifetimes. Individuals at this level are almost entirely self directed, and their self discipline and self control is robust.

## 8. Contribution

Du Toit says that “The patient reaches the psychical level of contribution where the degree of his self directedness is sufficiently robust to accept and structure the norms most advantageously applicable to

unpredictable circumstances.”(12)The defining characteristic of an individual at this level is that he “has the personal quality which allows him to become committed to a task or responsibility on behalf of others, and in this way adds an element of original thinking and doing,”(12) this same element is also evident in his social and personal life.

#### 9. Competitive contribution

“At this stage the individual demonstrates the motivational capacity to live according to his convictions. He has sufficient determination to make those things which he believes have merit, and to do this in spite of resistance from people or circumstances.”(12) On the social sphere this individual assumes responsibility for himself and others. He seeks out ways to positively influence not only his world, but the world, and carries out these desires consistently.

#### **Application in coaching**

Once again this model does not currently seem to be used in coaching. In fact until recently even amongst OTs its use has been mainly limited to South Africa. Coaching seeks to take individuals from where they are to where they want to be, using motivational questioning and techniques and giving individuals the opportunity to engage in action which allows them to thrive. It seems that this model could play a valuable role in coaching. Its emphasis on motivation and action, the very concepts in which coaching is invested, makes it a good fit with coaching. This is a client centered approach as it allows clients to be who they are, and therapy centers around the enjoyment a client experiences in activity, and how this enjoyment can be harnessed for the improvement of the client, these same principles are echoed in coaching.

This model is extensive and provides clearly laid out principles which are easy to apply. Its detailed, systematic description of the features of each level is easy to understand and follow and would assist coaches to have clear picture of the motivational level at which their clients are functioning. It therefore meets clients where they are, rather than imposing a uniform approach that may not be applicable to all individuals on a broad spectrum of function. Without a good understanding of an individual’s current level of motivation, coaching could become arbitrary, and leveled at the coach’s level of functioning rather than the clients. This would be like asking someone who has never ridden dirt bikes before to do advanced tricks: impossible, demotivating and at worst, dangerous.

This leads to the next point, which is that this approach covers the full gamut of human function, which would allow coaches to assist individuals with a broader scope of functioning, not merely those functioning on a highly abstract level. This makes coaching more accessible to more people. For example most teenagers, by virtue of their developmental level, function on the level of imitative participation: the desire to be accepted and one of the crowd, is strong. If coaching does not take this developmental stage into account, the coach may be asking the client to do something which is fundamentally impossible for his current developmental level. This will lead to frustration on both the part of the coach and the client, and would rob the client of the chance to improve his functional level in a realistic way, which he could do if the intervention was leveled correctly for his personal age and circumstances.

This approach also allows for progress over time. As clients progress in the development, the coach can adapt his approach to continue to challenge the client. This principle also works in reverse. Volition can regress when an individual suffers from illness or trauma, or even disappointment such as might arise from the loss of a job. This approach allows the coach to account for these changes and make adjustments in their approach to best meet the client where he is at in the here and now, and in so doing facilitate the recovery of volition.

Furthermore the individual, specific treatment techniques described would help the coach to know exactly how to formulate his intervention. This allows the coach to choose appropriate actions, and structure and grade them at a level that is likely to render the most effective results of getting the client from where he is to where he wants to be, while still allowing for an infinite choice and variety of creative activities. This would allow his intervention to be most effective, while still allowing for a broad scope of treatment possibilities, limited only by the coach's imagination.

### **Applying coaching principles to Du Toit's Volition and Action approach**

If Du Toit's model fits coaching, coaching strategies certainly fit this approach. There are some excellent coaching exercises and tools that can be applied in the context of a volition and action approach. Coaching tools can play a valuable role in both assessing and treating motivation in a variety of creative, exciting ways.

Thus there are many approaches used in coaching. As yet the occupational approaches which could be useful to coaches (even those without OT backgrounds) are not being used in practice. Once a coach has

chosen which approaches and theories to use, the next step of the process is to select specific principle and techniques.

### **Principles and Techniques used in coaching**

With an understanding of the types of coaching available, and some of the theoretical approaches in which coaching is anchored, one can begin to understand some of the techniques available to and processes used by the coach. There are some broad “tools” described in the literature, though coaching does not yet appear to be at a point where it has adopted uniform technology to describes its theories, applied frames of reference, approaches, principles and techniques, and as always these concepts are somewhat interlinked.

Vaartjes describes three specific principles inherent in coaching and some techniques that can be adopted to apply these principles. These are: the centrality of the relationship, the desire for insight and learning, and intentional action.

### **The coaching relationship**

According to Vaartjes “The coaching relationship is at the heart of the creation of outcomes in coaching of all kinds. Indeed, the capacity of the coach to establish and maintain a trusting relationship with their client was identified as being of primary importance in effective executive coaching since it is through this relationship that the coach can challenge their clients ‘comfort zone’ and thereby support behavioural change and ultimately, transformation (Paige 2002).”(15) Much like the client-centered therapeutic relationship, “the coaching relationship itself is a ‘designed alliance’ empowered by both coach and client to fit the working, learning and communication style of the client.”(15) Vaartjes says that the coaching relationship forms the background for all coaching efforts and suggests that the relationship should be based on specific philosophies such as “a mutually satisfying environment of respect, trust, and freedom of expression.”(15) This type of relationship is created by the coach as he adopts and acts with certain principles such as political neutrality, approaching the client with positive regard and as a legitimate other, and “observing the clients “way of being”, and their structure of interpretation”(15). These observations are then reflected back to the client as “data to expand their self-awareness.”(15) Furthermore, the coach “supports the achievement of change by enhancing the client’s capacity for, and commitment to, purposeful action to achieve desired outcomes.”(15)

### **The desire for insight and learning**

A second principle is the focus on insight and learning. According to Vaartjes, who cites several other theorists, “Learning within the coaching relationship is cited in terms of self-awareness, self-regulation and goal-directedness (Grant 2001); insight into structure of interpretation (Flaherty 1999); and capacity to observe ‘way of being’ (Sieler 2003). In particular the capacity to observe is considered an essential precursor to intentional change (Flaherty 1999; Sieler 2003).”(15)

She describes several “mechanisms” or techniques to facilitate this learning including the coaching conversations, which are “intentionally pragmatic (Flaherty 1999) and effective in surfacing the ‘right things at the right time’ (Jay 1999, p.7)”(15) Part of this process is about asking the right questions. According to the literature, this is a core technique of coaching. Ives says “The coach uses open-ended questions to provoke thought, raise awareness, and to inspire motivation and commitment.”(6) According to one OT coaching website “The coach uses questions, tools, and techniques to help clients gain the necessary clarity about their lives that will allow them to find their own unique answers.

These questions may be followed by a feedback process which Vaartjes describes as “an ‘outside-in’ process which is actively facilitated by the coach often using a pre-defined model that generates information and, when well administered, insight.”....“At its best, such feedback “jars perceptions”, creating “epiphanies” and the impetus for change.” (15)

A number of coaching organizations have put together specific models or programmes to facilitate this process such as “The Wheel of Life” and the “GROW” models. (19) These models list a number of important skills, or techniques, such as “active, intuitive listening; skilful and outcome-focused questioning; identifying values that the client wishes to move towards, and helping them to describe appropriate goals; an awareness of basic human needs and the means used to meet them; re-framing meanings of experiences; exploring and/or jointly challenging safety behaviours or limiting beliefs and creating awareness.” (19)

Application of the Wheel of Life (Mind Tools 2010) and the GROW framework (Whitmore • 2002) would include tools such as:

- Active, intuitive listening•

- Skilful and outcome-focused questioning•
- Identifying moving-towards and moving-away values and values that could be in conflict•
- Aligning core values during goal-setting•
- Awareness of basic human needs and the means used to meet them•
- Re-framing meanings of experiences•
- Exploring and/or jointly challenging safety behaviours or limiting beliefs•
- Creating awareness• (19)
- (Adapted from Asher 2004; Starr 2008)

The GROW acronym stands for:

G = Goals Setting clear goals (What do you want specifically?)

R = Reality Exploring the current situation (What is happening? What action have you taken on this so far? What were the effects of that action?)

O= Options Alternative strategies or courses of action (What are the options available for you to move forward? What else? Anything else? What are their pros and cons?)

W = Way forward What is to be done, when, by whom and the will to do it (What will you do? Will this action meet your goal? What obstacles might you face? How can you deal with these? Rate on a 1–10 scale the degree of certainty you have that you will carry out the actions agreed. What prevents it from being a 10?) (19)

According to Vaartjes “Learning and insight require the development of language, including the language of emotion, to expand capacity for observing and describing complex experiences (Flaherty 1999; Goleman 1995; Sieler 2003). Insight however is not sufficient on its own as the individual must also have the commitment to pursue a path of development and action in the anticipation that change will be possible (Dotlich and Cairo 1999; Flaherty 1999).”(15) This introduces the next part of the process.

### **Intentional action**

Once the relationship has been established, and learning and insight has begun to take place, the client must then engage in intentional action. Intentional action refers to “action that is informed, designed, and undertaken with a view to achieving a specific purpose or outcome.”(15) Vaartjes says that “The

conduct of intentional action is central to a range of coaching methodologies and is fundamental to the achievement of learning outcomes within the coaching process.”(15). She notes several references to intentional action within the literature, for example Jay (1999), who suggests that “‘purposeful behaviour’, arising from the conduct of appropriate action, is critical to the development of increased competence in executive coaching”(15), and Landsberg (1996, p. xi) who proposes that “‘coaching aims to enhance the performance and learning ability of others,’ a definition with a clear action orientation.”(15) Furthermore Grant (2001, p. 29) highlights action orientation as one of the constructs underpinning a psychology of coaching: “There is a fundamental expectation on the therapist/coach’s part that positive change will occur and therapist/ coach expects the client to *act* to create this change outside of the coaching session.” Vaartjes also quotes Whitworth et al who propose that sustained change arises from “the cycle of action and learning, over time,”(15) and says that “action is central to the purpose of coaching because it is the mechanism by which the client maintains their momentum toward desired outcomes.”(15) The use of intentional action as part of the coaching practice is obviously very closely aligned with OTs focus on purposeful action. “The coach assists clients in designing plans and strategies to enhance their lives in accordance with these insights and supports them through the process of putting the plans and strategies into action.”(7) This action is then integrated into daily life, and clients are held accountable for the changes which they commit to make in their lives. “Professional coaches assist individuals to increase their self-awareness, identify their choices, and develop strategies to deal with what gets in their way of moving forward.”(7)

One particular method or tool of coaching is mentoring, which can be defined as “A relationship that develops over time between a child and an adult based on consistent dyadic meetings outside the academic sphere, which serves to provide the child with emotional support and positive attention,”(31). One study examined a particular well-established mentoring programme called DREAM. The acronym stands for Directing through Recreation, Education, Adventure, and Mentoring. The DREAM programme was designed in 1999 and was first used with children living in public housing developments in the Northeastern United States. The goals of the programme were to give these children an opportunity “to develop new perspectives and take positive risks.”(31) There are three specific goals that DREAM staff outline as central to their organization, namely: “(1) empowering mentees and increasing their perceived self-efficacy and self-esteem; (2) enhancing mentees’ academic potential; and (3) broadening their world vision, which is a child’s ability to understand how big the world is through having the children participate in field trips to new cities and states.”(31) The researchers assessed several factors that they thought would be likely to make the process more effective. These were that interventions

that are situation focused and actively target youth who are vulnerable due to their present life circumstances are more effective than non-specific intervention; that successful a longer duration of the relationship between the mentor and youth is more effective than a shorter duration; and that matching the youth with a mentor of the same gender, race, and shared interests may play a role in increasing effectiveness. The study sought to measure specific outcomes and quantitative measures and how these are impacted upon by the above mentioned variables. The outcomes included mentees' physical self-efficacy, global self-esteem, academic self-concept, educational expectations, and interest in travel experiences. "The researchers hypothesized that the quality of mentoring in DREAM would be related to positive change in children's physical self-efficacy, self-esteem, academic self-concept, educational expectations and interest in travel over time."(31) The expectations were that over time (October to March) there would be "positive changes in the mentees' physical self-efficacy, self-esteem, and both academic self-concept and educational expectations as a function of their mentoring experiences."(31) Though the researchers found overall support for these general set of predictions, the most strong influence being felt on educational expectations, the factors that they predicted having specific impacts did not always do so, for example "findings of this current research indicate that being paired with a same-sex mentor, a practice that is often highly recommended in the mentoring literature (Dubois et al., 2002), was associated with *lower* educational expectations for girls."(31) The researchers found that other factors contributed to a positive response by the mentees to the programme. These included: "(1) matching the mentee with the mentor who they enjoy the most (i.e., not necessarily with one who is the same sex); and (2) involving college-aged students who come from relatively high socioeconomic backgrounds and who presumably have the time and flexibility with transportation to consistently devote to a mentee."(31) It was found that matching mentors with similarly underprivileged backgrounds as the mentees was not always effective. These findings can perhaps be seen as helpful in an occupational therapy setting, as they indicate that the therapist need not necessarily be of similar race, gender, or socioeconomic background as her clients to be effective. Within a South African context, with such a wide variety of socio-economic conditions and cultural diversity, this can be seen as particularly encouraging.

It thus becomes evident that there is much overlap between coaching and OT in terms of core tenets and goals of therapy. The frames of reference, theories, approaches and techniques of each also seem to be compatible with one another. The question then becomes how this theoretical compatibility is applied practically in the real world of practice, and how this can be taken forward in the future.

### **What are occupational therapists saying about coaching?**

Upon examination of the literature it appears that more and more OTs are becoming interested in coaching, “either as a new career or to enhance their own work.”(20) But what is coaching in an OT context all about? One description is that “Coaching in the context of occupational therapy can be defined as a specific conversational partnership for facilitating client occupational change from their current state to a more desired state.”(7)

Worldwide the notion of incorporating coaching into OT is growing. One website, [www.occupationaltherapycoaching.com](http://www.occupationaltherapycoaching.com) is dedicated to OTs who have an interest in coaching. Anyone who shares this interest can apply to join the group. The fact that this group is web based makes it accessible internationally. Members of the group come from all over the world. The authors of the site say that “We are occupational therapists who are either interested in applying coaching in our OT practice, are already applying it, or are practicing as professional coaches.”(7) In addition to the website, the group meets monthly via telephone in order:

- “To support and enable Occupational Therapists to develop their skills as Coaches
- To be a forum for Occupational Therapist/Coaches to discuss and review coaching practices/concerns
- To mesh the two disciplines of Occupational Therapy and Coaching without compromising professionalism in either
- To demonstrate evidence that there is a natural affinity between Coaching and Occupational Therapy and that Occupational Therapists have been practicing in the field of Coaching for many years
- To identify and recognise the strengths and skill sets OT's bring to coaching
- To ensure a broad focus that is not restricted to wellness or rehabilitation issues.
- To a) affirm Occupational Therapists thinking of doing coaching, giving them confidence that they have a foundation to commence coaching and expand their skill set with professional development strategies such as introductory level coaching training courses or workshops, and b) to connect and make available supports and resources to Coaches with an Occupational Therapy background and give them confidence again regarding the unique skills and perspectives they bring to coaching.”(7)

Though this field is relatively new, a number of countries are incorporating coaching into their arsenal of tools, and there are the beginnings of official recognition in this regard. “Coaching is being increasingly recognized by occupational therapists as an effective intervention approach that they can use to enable clients in their pursuit of meaning, adaptation and change. Coaching has been formally adopted as an enablement skill by the Canadian Association of Occupational Therapists (CAOT, 2007). Coaching has been identified by the Australian Association of Occupational Therapists (AAOT) as an emerging area of practice for the profession.”(7) In America *ADVANCE* has chosen to advocate professional coaching careers for occupational therapists as part of their march toward empowerment by 2017 saying We identified life coaching as a probable-and profitable-future practice area for OTs. While psychologists and family counselors are well ensconced in coaching, occupational therapists also can make ideal coaches thanks to their skill in helping patients overcome both physical limitations and mental barriers.”(21)

Furthermore:

- “Coaching offers OTs the opportunity to work in private practice, for private pay, with high-functioning people who are looking to live life to its fullest-the very brand AOTA has adopted to represent the goals of OT clients.” (22)
- The International Coaching Federation lists 11 competencies it looks for in its members. “Occupational therapy students learn most of them.” (22)
- Coaches apply their own educational and professional backgrounds, which are many and varied, to their work and OTs have a diverse and helpful background.
- “Life coaching uses activities as its main modality”(22).

In South Africa, there is no mention of coaching by either the occupational therapy association of South Africa OTASA, or the HPCSA. Currently there seems to be little awareness of the valuable role that coaching can play in OT by South Africa occupational therapists and this will need to be addressed.

There are a number of OTs who are beginning to develop programmes and advocate for coaching to be integrated into the toolbox of OTs. The articles that they have written centre around certain themes.

### **Coaching can benefit our clients**

Wendy Pentland and Hiliary Drummond are two occupational therapists who believe in the value of OTs adopting a coaching approach. They say that "Using coaching skills in your practice can add value and enhance outcomes for your clients."(19) Catherine Hadrill, an OT and life coach agrees, noting that "Life coaching provides great diversity and potential, and the skills are invaluable within the OT clinical setting."(20) Heinz and Antolak believe that "Coaching tools and techniques have the potential to offer valuable new strategies and intervention possibilities to occupational therapists." (8)

### **How can a coaching approach used in OT?**

Pentland and Drummond suggest that "coaching approaches may be a missing link in the occupational therapy process whereby clients need to identify and make choices about what constitutes meaningful occupations for them."(19) Occupational therapy is about "enabling meaningful and satisfying occupation,"(19) however sometimes clients struggle to identify occupations that truly matter to them particularly when illness, injury or trauma of some kind has precluded them from engaging in previously held occupations. "Alfred Bandura (1988) observed: "people's beliefs about their abilities have a profound effect on those abilities". Their view of what is achievable is coloured by their experiences and mindset. In agenda setting, individuals can be self-limiting, choosing the comfortable option or assuming that they need to conform to a pattern" (4) Drummond and Pentland say that "Clients come to us searching for meaning in life through occupation. We are very confident in enabling occupations, but we are less sure when it comes to identifying with the client what those meaningful occupations might be in the first place"(19) They believe that the specific set of skills inherent to coaching help to do just that. Furthermore, coaching also gives the therapists a practical way of helping the client to follow through thus "enabling the client to choose and implement the desired occupational changes."(19) Both Drummond and Pentland; and Hadrill emphasise the similarity in values between OT and coaching. (19)(20)

Besides assisting clients to identify their values, coaching can also help empower clients whether they suffer from physical illness or disability, mental illness such as stress, or even life crises. Jessica LaGrossa interviewed Tanberg and Eisner, two qualified occupational therapists who incorporate coaching into their work. Tanberg works with patients recovering from acute disability. Common goals that she addresses with her patients "are related to independence, such as driving, getting back to work or school, and parenting. Some clients need help being more independent in the home, obviously a carry

over of OT, but in this situation it is more about helping them to be in charge. We also work on re-establishing their social role within their peer group. Often, clients want to know how to be comfortable in their own skin, and they say it just like that, so we figure out what that means for them and write a goal for it.”(21)

Eisner notes that she generally treats those who “are stressed for various reasons and are looking for inner peace and focus.”(21) He works with his clients to identify their frustrations and the impact they have on the client’s life. Eisner says “We visualize the future if things don’t change-what is going to happen if these frustrations continue to be an issue. I help to identify barriers and obstacles to overcoming the frustrations, and we go from there.”(21)

Heinz also believes that coaching is a valuable strategy to assist clients with physical disabilities. She notes that coaching has been used in many healthcare arenas with a variety of populations including “individuals with heart disease (Vale, Jelinek, Best & Santamaria, 2002), HIV Aids (Garfinkel & Blumenthal, 2001), addictions (Shafer, Kiebzak & Dwoskin, 2003), older adults (Holland, Greenberg, Tidwell & Newcomer, 2003; Lynch, Morse, Mendelson, & Robins, 2003), health promotion (Irwin & Morrow, 2003), and mildly depressed women (Pechinik, 2003).”(8) She also noted that “Evidence of occupational therapist using coaching skills in their occupational therapy practice has been identified with clients who have sustained spinal cord injuries (Brachtesende, 2005).” (8)

Heinz and Antolak sought to establish whether a coaching approach could be useful with a group of patients with multiple sclerosis. Over a two year period, they “implemented a new and unique service delivery model for individuals with MS living in the community.”(8) They included occupational therapy graduate students in the programme who “also attended and helped facilitate the group sessions related to the completion of graduate projects on life balance and coaching.”(8) The six week course of weekly hour and a half sessions used a curriculum which was “designed to raise awareness in three main areas; what an individual wants in their life, what is getting in the way of what they want, and what steps they can take to achieve their goals.”(8) The coaching process assists clients to recognize that it is worth making the change and that they can do it. “Overall the curriculum involves instruction on coaching tools to continuously bring individuals back to the three areas mentioned, group coaching to encourage, inspire and ensure movement forward, and a journal to take note of insights and track progress. The program is intended to be positive, motivating, and fun.”(8) The programme made use of the Just For Me approach (JFM) , which addresses twelve areas of wellbeing that “play a vital role in

individuals creating and embracing the change they seek.” The twelve areas are: physical, mental and emotional, motivation, breathing and energy, attitude, nurturing, perspective, surroundings, relationships, spirit, intuition, play and rejuvenation.(8) The programme addressed six of these.

From their study, the researchers concluded that there is a need for this approach and service delivery model. “Participants in the group coaching project indicated that MS has a significant impact on life balance and stress. They also highlighted the importance of having coping mechanisms in place to deal with stress and lifestyle imbalance due to MS. Individuals with MS try to make lifestyle changes to maintain healthy lifestyles, yet, like most, there is “difficulty of keeping up the commitment and momentum””(8) A group coaching approach assisted the clients to make these changes and maintain them. Furthermore, “Participants appeared highly satisfied with the experience”(8) and participants believed that “they had learned powerful tools from the coaching groups that they thought would continue to help them to decrease stress and increase life balance for the future.”(8) The participants also indicated that “they felt an increased or enhanced awareness and perspective about their lives, and they described being able to see possibilities and clarify what really mattered to them...and learned the importance of setting goals and ways to take steps toward meeting them.”(8)

Heinz and Antolak believe that there are important considerations for implementing this type of program. They suggest that therapists/coaches running groups should:

- Use the power of group curative factors and allow time for members to get to know one another and learn from one another.
- “Make coaching tools and techniques clear and applicable using as many examples and stories as possible.”(8)They noted that “Participants commented that these were central to their learning and that they would continue to use them in the future.”(8)
- Accountability is an essential element that aids in moving clients forward. “Having to report back to the group on the outcomes of homework, experiments, and small goals from the past week provides the just right challenge to keep participants moving forward toward their goals.”(8)
- Develop community partnerships. The researchers stressed the importance of working with the MS Society, particularly in reaching clients.
- Consider planning interventions to last from 3-6 months as this is felt to be long enough for clients to implement change.

- “Have a journal with all course materials (coaching tools, homework opportunities, readings, etc.) in one place.”(8)
- Keep the group format flexible and have a “Plan B” for sessions (8)

This study demonstrates that group coaching can provide a valuable tool for occupational therapists to use with a variety of clients, including those with physical disabilities.

Using a coaching approach can also be useful with clients who are not in fact ill or dysfunctional in any way as a preventative strategy. One author notes that “In working with individuals to improve the quality of their lives, psychology has traditionally focused on alleviating dysfunctionality or treating psychopathology in clinical or counselling populations rather than enhancing the life experience of normal adult populations.”(6) The same could be said of occupational therapy, but this needs to change. One author notes that OT has as one of its best aspects ‘The opportunity to create a distinct approach to coaching.’(22) (23) The well elderly study conclusively demonstrated this fact. Between 1994 and 1997, the “Well Elderly Study” sought to investigate the contribution that occupational therapy and occupational science can play in preventative health care through their focus on occupation. (24)The study used rigorous research design and conclusively proved that the application occupational science can indeed have a positive and significant impact on preventative healthcare. The study included 361elderly participants of mixed cultural descent. Each participant was assigned to one of three groups. The first group received preventative occupational therapy, the second group engaged in social activities led by a non-professional (i.e. an individual who had good social skills but had no training in OT and occupation) and the third group received no treatment whatsoever. “The results showed that, compared to those assigned to the control groups, the elders who received occupational therapy exhibited greater gains (or fewer declines) in physical health, physical functioning, social functioning, vitality, mental health and life satisfaction.”(24) This groundbreaking study also delineated a useful approach which could be applied in other areas. The well elderly lifestyle redesign model includes topical content areas relevant to the elderly and used a variety methods of delivery including: didactic presentation, peer exchange, direct experience and personal exploration. This led to dynamic changes in occupation including: “1. selection of occupations based on increased balance, heightened flexibility, more overt strategizing and 2. Experienced meaning through: enactment of flow, improved connections to Life Course and enhanced meaning in daily routine.”(24)

The patented lifestyle redesign® programme is now used extensively by the University of Southern California. This programme assists clients to “develop resources for meeting personal and professional goals and lead a more satisfying life.”(23)It is lead by what it calls “life coaches” who are all is registered occupational therapists who help clients to “develop and implement a plan that helps (him/her) reach (his/her) goals, enhance (his/her) sense of well-being, and decrease negative aspects of stress.”(23) The skills that the programme works on are:

- Being accountable to oneself
- Motivation
- Devising effective problem solving strategies
- Creative thinking
- Goal setting
- Achieving the goals set
- Being action-orientated
- Decision-making (23)

Apart from individual sessions, there are specific programmes available for those with particular needs, such as those who require study skills, those who wish to quit smoking, or those who wish to live a more green life.

### **Coaching allows OTs to work in the private sector, for private pay**

Thus its evident that OT is beginning to see the benefit of working not only with those who suffer from disability or dysfunction of some kind, but as a preventative and promotive discipline well placed to assist clients who are just living, to live well. This means that OT can move into the private sector, where individuals are more likely to be able to pay independently for OT services.

Pentland and Drummond feel that “Occupational therapists are being let go from the familiar and formerly safe world of public sector positions, private practice opportunities abound and nontraditional career opportunities present themselves.”(19) This can be both challenging and rewarding, both professionally and financially. Brown notes that “The Executives and the corporations for which they work are the big clients in coaching, and networking is the key to getting them on board.” (22)

Eisner notes “I receive private pay from my clients. You are limited in what you can earn as a therapist if you are reimbursed through insurance, so this is an advantage.”(21) One OT blogger who is also qualified as a Physiotherapist notes on his post “Occupational Therapy First: It is time for our profession

to lead not follow” notes that “Public sector management may make it very difficult to practice holistically, but we are an autonomous profession, and we need not rely on the public sector.”(25) He suggests that websites and blogs are a good way to market OT to the private sector as “It can be used to market occupational therapy directly to the public worldwide.”(25) He says that “I have previously been contracted to Deutsche Bank as a physiotherapist. I did not notice any occupational therapists there. Why not? Occupational therapy is not tied to the public sector, and it has plenty of room for growth.(25) If we are to remain competitive OTs must begin to market themselves effectively and the web is an excellent way to do this.

Jane Sorenson, who has her PhD in occupational therapy describes how life coaching began to emerge in the human development movement of the 1970s. She too sees the value of working in the private sector. She says “I saw many of my private practice clients do amazing things, from doubling salaries to starting new businesses to getting the jobs of their dreams... It was a true mental wellness quest. These clients were mentally and physically intact, curious, open and motivated. We therapists developed social and psychological "exercises" to help them see themselves-and in groups, each other-in new ways. My book, *The New Way to Become the Person You'd Like to Be* described scores of individual and group exercises we used. Clients embraced the techniques enthusiastically. They were the most compliant of any with whom I ever worked.” (26)

### **The training received by OTs places them well as coaches**

Vaartjes says “The Ontological Coaching approach is founded on a core set of beliefs about the nature of human existence and means of development that have been explicitly laid out by Seiler (2003). The approach draws heavily on *biological science, particularly the biology of perception, cognition, language and communication* (emphasis added) from the work of Maturana (1988) and integrated with existential philosophy and the philosophy of language. The approach presents a coherent, interrelated model of human ‘way of being’ that identifies the core constructs of language, emotion and physiology (or body) as the means by which human reality is constructed and maintained. Each of these ontological domains interacts to shape the individual’s experience of, and reaction to, his/her subjective reality.”(15) This definition of the ontology of coaching is startlingly similar to OT, and could, in fact describe OT.

There are numerous articles and blogs around from OTs who believe that occupational therapists can easily make the transition to life coach.

Sorenson says "I remember the first time I heard of coaching, I thought "What a great description of OT."" (26) She goes on to say that "Our focus on teaching skills to increase function and enhance self awareness and mastery involves coaching (and cheerleading) on our part"(26) Furthermore she notes that business coaching does the same things now that OTs have been doing since the 1960s: "working with clients to identify strengths and weakness, establish meaningful goals, work toward personal and intellectual skill acquisition and practice the courage and finesse to use them."(26) She concludes by saying "I do think many OTs have the clinical skills and experience to coach in some areas. But in coaching, people self pay, are healthy and wouldn't be referred by their doctors. Coaching is fun and rewarding to do as an OT."(26)

Another OT says on her website: "A workable definition we could use (for coaching)... is given by Whitmore (2002): 'Coaching is unlocking a person's potential to maximise their performance.' He continues that the goal of a coach is to 'build awareness, responsibility and self-belief'. As you read this and more about coaching, you may hear yourself say "but that's what OTs do" or "That's what OT is about!". In essence there is similarity between the philosophies of OT and coaching but the tools and techniques are different.(18)

One OT blogger says" So what is the difference between Occupational Therapy and Life Coaching? Well, to be honest, not a lot except that OT thought of it first! If OT is taken out of healthcare and put into general life conditions then it is ideally placed to give advice and encouragement to those who are facing dilemmas and problems, obstacles to their happiness or contentment or progress."(27) Yet another OT website states "Occupational Therapists work on any occupational difficulties and in this way we are experienced life coaches."(28) Hadrill says "I think we have the best foundation to become fantastic coaches, but benefit from learning specific coaching skills."(20) Howell noted "Because occupational therapists are naturally holistic in their approach, many of them would make great coaches. Isn't that what we do daily, when we say to our patients, 'you can do it!?' The growth never stops once the person is ready."(29)

Brown says "If you delve into life coaching on the Web, you find that many of the people who have become well known in this field have had life-changing experiences that created their unique approaches to coaching. Though coaching uses activity to heal, it doesn't use an occupational performance approach, since only OTs understand that approach. But the meaning in activity is intrinsic in coaching. It is distinct to every client because the "doing" fosters a change within him personally."

(22) This reliance on activity makes OT and coaching a good fit. Tanberg agrees saying “Our focus on occupation and activity helps [OTs] do a good job of acknowledging the client’s feelings, and we are quick to figure out what action to take to move forward.”(21) Eisner says “It helps having the science background. And our OT knowledge helps in terms of how we grade and adapt things. OTs have more of a holistic approach than other professions and are generally looking at the bigger picture, and that translates well in coaching.(21)

Thus OTs agree that the training they receive makes assists them with integrating coaching effectively as part of their treatment processes. Furthermore, OTs can use a variety of occupational therapy tools as part of the coaching process. Tanberg notes that she uses the Quality of Life Inventory (QOLI), the Beck Depression Inventory (BDI), and the Goal Attainment Scale (GAS). She says that “It usually takes two to three sessions to identify the goals, and we use the GAS to break them down. At that point [my client and I] become committed to those goals [as] important to improving their quality of life. Those are the ones we are going to focus on. We start the coaching from there.”(21) She then implements specific treatment techniques to assist her clients to implement their goals. For example, she ends each session (which is conducted over the phone) with an action plan: 2-4 things that the client is responsible for doing before the next session. The next session begins by addressing those issues. If those issues were not attended to, the session focuses on barriers that prevented them from being completed, and those things stay on the list until they are accomplished.

Eisner believes that emotional intelligence is at the heart of everything he does and says that “It is basically getting smart about your emotions and being able to understand how you feel, why you feel that way, and changing your emotional states by shifting your behavior.”(21) With his clients he says that “First, I go above and beyond to validate them, to show them that I understand where they are coming from...then we address where they are right now and identify their biggest stressor. And I help them strategize.”(21)

### **OTs would benefit both personally and professionally from being coached themselves**

Thus OT’s training equips them to a certain extent to be coaches. However, most of the literature agrees that OTs would benefit from receiving coaching themselves. According to Pentland and Drummond “Many occupational therapists would find tremendous benefit from being coached themselves. When many of us graduated, health-care professional roles were quite clearly defined and jobs and career

paths were more or less predictable. That is not the case any longer. The number of career choices and paths for occupational therapists can be overwhelming.”(19) They say that OTs can better their skills by being coached themselves as coaching “can expand your vision for yourself as an individual and as an occupational therapist. Being coached can enable you to live more deliberately and have the confidence to make, choose and take advantage of opportunities that will bring you deep satisfaction and fulfillment.”(19) They believe that “being coached has much to offer occupational therapists as individuals and professionals during these times of unprecedented change and opportunity.”(19) Sorenson also agrees that receiving coaching can be helpful, and may give OTs the courage to step into the coaching world: “Maybe all you need to start is a little coaching yourself!”(26)

In a 2000 edition of the OT Now journal, Sue Stanton interviewed Teresia LaRocque, a life coach and Marcia Harwell on occupational therapist who benefitted from receiving coaching from her. The article entitled Therapist as client: Perspective on Coaching, began with by pointing out that: “Occupational therapists often find it a challenge to live the occupational therapy philosophy of a balance among life's occupations” (29) and went on to describe exactly how OTs this be addressed through coaching. LaRocque explained the benefits of coaching as such: “Clients take themselves more seriously, take more effective and focused actions quickly, stop putting up with what is dragging them down, and create momentum so that it's easier to get results. They set goals that are in sync with what they want out of life, do more in less time, and achieve success in their own way and on their own terms.”(29) Harwell explained how coaching helped her personally and professionally by saying “I was able to make some shifts and develop realistic goals with a vision for the future. I no longer felt alone in trying to make my life work. The gigantic leaps I made cannot ever be measured in money. I discovered that I needed a different environment - I am presently working on creating an environment that nurtures and supports me. As a result, work is much easier. My occupational therapy skills have improved dramatically by using my coaching skills to ask more in depth questions of my patients, and to help them focus more clearly on their personal goals. It's very rewarding to see folks get back on track and to get back-in-touch with what speaks to their heart.”(3)She goes on to say “The answers were all there. I just needed a coach to help me to focus and to tackle each challenge. Just as an Olympic athletic does not win without a coach, I needed help to jump those hurdles”(29) She believes that like her, many other OTs would benefit from working with a coach saying “I urge any therapist who is suffering from burnout, is out of balance, or feels too stressed, to work with a coach. It's a great journey when you have someone to walk with you!”(29)

Whether an OT decides to enter the brave new world of coaching, or just feels she needs some assistance to find some balance in her own life, it seems being coached can give her the encouragement, support and accountability that she needs. Pentland and Drummond give some useful questions to ask to help the OT select the right coach for her:

- What is their training and background? (Perhaps the best fit is a coach with an OT background)
- Is coaching individual or in teams?
- What is the commitment?
- Does this person feel like the right fit for me? (19)

### **Important considerations**

When an OT decides to embark on a journey towards integrating coaching into her tool box, there are some important considerations that she should keep in mind.

### **Though there is much overlap between OT and coaching there are still differences**

Coaching is not therapy. “Coaching is distinct from consulting, mentoring, managing, training and therapy”(19), neither is it counseling or educating. (7) “Coaching is not therapy in that it concentrates on the present and future, does not focus on the past’s impact on the present, and does not depend on resolution of the past to move the client forward... and there is no power differential between the client and coach” and the client rather than the coach is the agent of change. (19)(7) The relationship is therefore different and should be carefully negotiated.

Furthermore, “coaching is not about analyzing or healing the past or judging past behaviors; instead coaching is future oriented and goal directed.”(7) The coach's role is to support, stretch, and challenge the client toward achieving his or her goals-whatever they may be.

Coaching also differs in its method of delivery. Much coaching takes place over the phone, the internet and other modern media. The ethics and efficacy of delivering OT in such a fashion are beginning to be explored, but more research is required in this area.

The differences in the two approaches mean that the OT/coach must think carefully about how she will integrate coaching and OT. Will she remain for all intents and purpose an OT, who uses some coaching tools? Will she practice separately as a coach and as an OT? Will she practice solely as a coach, but be

led by her OT background? The OT/coach should think through this issues carefully, so that she acts congruently and ethically toward the client and should make here position clear. Pentland and Drummond say “It has become apparent that you cannot coach and be an occupational therapist at the same time as the headsets are quite different, but you can use coaching as a principle or skill set within your practice. Coaching is an exciting and challenging new profession that has great application to our work as health professionals “ (19)

The OT coaching site notes that “It will be important that states take on the fight to upgrade their practice acts to AOTA's model act, which allows OTs and OTAs to use their initials no matter where they practice, whether or not they are billing for OT.” (22) In South Africa, the OT board of the HPCSA specifies that OTs may not practice as OTs and another profession concurrently.(10) In other words she may practice as a coach or as an OT, but may not do so concurrently within the same session. She would have to specify to clients which “hat” she was wearing. Her OT practice and coaching practice must remain separate. In South Africa she would not be allowed to use her designation if she was offering services other than OT. There is ongoing debate about this issue around the world, and each country is handling the situation differently. Perhaps insisting that an individual define himself merely by one profession is outdated. In a society which is changing constantly, where individuals frequently change jobs and careers, and define for themselves a portfolio of skills and expertise, perhaps this issue should be looked at again.

### **OTs should consider additional training and certification**

In an effort to continually hone her skills and behave ethically in including coaching as part of her work, the OT should consider additional training. Though the title of coach is not currently protected, it is very likely that it soon will be. “Advanced training through specialty workshops, schools and certification programs is available. OTs learn much of the groundwork for coaching in OT school; however, most coaches would advise some further education.” (21)

To remain competitive OTs interested in becoming coaches should investigate the most suitable coaching programme for them and should consider a path that will lead towards certification. “Not all of

them are equal, and some of them may require extra coursework, usually available online. But you want to create a credential for yourself that will stand up to the rigors of future accreditors in the industry.” (19)

The ICF is not recognized by all coaching organizations, but it seems to be leading in the field of certification as it is “the largest worldwide resource for professional coaches with more than 15,000 professional coaches representing over 90 countries.” (21) Most coaching courses cost between \$10 000 and \$18 000 (19) which makes them quite expensive, especially on a South Africa currency. Most courses last between 12 and 18 months and involve tele-courses, course work and supervised coaching hours (Between 100-250 are recommended). When the appropriate number of hours have been completed, a certification exam is taken.

Pentland and Drummond both have 20 years of experience as occupational therapists and have both chosen to pursue certification, one through Royal Roads, and one through the Adler school. They have found that “The standard of the curricula and instruction has been exemplary. There is a mixture of theory and experiential instruction and students are expected to assume a high degree of responsibility for their own learning. It is transformative learning at its best.” (19) Both OTs felt that they learn a lot from their classmates and their life experiences.

Tanberg had more brief training in the form of a four-day basic training course on life coaching through the College of Executive Coaching, but she stresses the importance of ongoing professional supervision where new coaches can discuss their clients with a more experienced mentor. (21)

For those who do not pursue actual certification, there is still a great deal of value in reading up on coaching, doing self study, interacting with other OTs who are willing to share their knowledge of coaching, and attending brief courses.

### **Coaching is a meeting ground for many professions: OTs can learn from, and teach other professions**

Pentland and Drummond had classmates from a variety of backgrounds in their coach training including “psychotherapy, law, politics, federal and provincial governments, small and large corporations, academia, social services and the arts” (19) and they both noted how much they enjoyed working with and learning from professionals from such diverse backgrounds. Coaching is drawing professionals from

all sorts of backgrounds and consequently providing an excellent opportunity for OTs to learn from others, and to teach them about what we do.

OTs often complain that they feel that no one knows what they do, and that their skills are not recognized. One OT blogger frequently writes articles that “reflect on evidence that occupational therapy is currently undervalued” (27) and he suggests “a radically different professional image for the future.” (27) This radically different image can only be brought about by occupational therapists themselves interacting with other professionals such as coaches. If OTs could share their distinct knowledge of occupation with others, perhaps these concepts would be better understood by the general population and by our professional colleagues. This could in turn lead to the advancement of the profession. There seems the unfortunate tendency to want to hold on to what we know, in an effort to protect our profession. However, this seems to have had the opposite effect. If we refuse to talk about we do, people will not hear about us. If OT is less known or understood than other disciplines, it will be underutilized. Is it not possible that OT and coaching would benefit from OT sharing its knowledge: coaching would benefit from the vast quantity of knowledge brought to bear by occupational science, and OT has a lot to learn from coaching. Perhaps OT would also benefit as the value of engagement in meaningful activity would spread through the popularity of coaching. The current explosion of coaching may lead clients back to OTs who use this boom wisely by teaching people how OT can work well with coaching. Hadrill puts it like this “I have, however, found it natural and exciting to use the coaching skills within my OT practice; it brings the ‘OT’ to the fore and opens up a whole new realm of possibilities. Maybe life coaching provides a more accessible and understandable framework for OTs to promote their potential to the general public.(20)

Sorenson makes the point that “In the years before pharmacological psychiatry and very short hospital stays, OTs worked with crafts and activities that elicited and supported appropriate behavior in clients during their months in hospital. It was not difficult for us to see and understand that behaviorally oriented psychologists were doing the same thing as we were without the benefit of crafts. I understand that today in some New York psych centers the psychologists are using crafts! They work better and faster than words!” (26) This illustrates that the world is beginning to learn the value of our tools. Either we can stand by and watch as they use them, complaining that they are trespassing on our scope, or we

can choose to get involved and educate our colleagues, and in so doing earn their respect and recognition.

Coaching is doing what we should have been doing for years. It has recognized what OTs have failed to adequately promote: that even well people benefit from assistance to engage skillfully in meaningful activity. OT need not be only for the ill, it can benefit anyone wanting to live life better.

“Psychoneuroimmunologic evidence suggests that occupational therapy may be more effective in a preventative rather than curative role. It therefore arguably makes sense to push occupational therapy out into primary care, starting with occupational health education in schools, continuing through to adulthood. Occupational therapy is the future of pro-active and preventative healthcare delivery.” (27)

Coaching provides an opportunity for OTs to be proactive. One study investigated the profiles of a representative sample of International Coaching Federation (ICF) coaches. The findings of the study confirmed the cross-disciplinary nature of professional coaching and highlighted a number of crucial recommendations for future research that include: “investigating the skills of coaches in recognising and referring client with mental health issues, exploring how coaches prior professions and training impacts on coaching practice, the effectiveness of telephone coaching over face to face coaching, the characteristics of successful coaches, evaluating the return on investment (ROI) of coaching interventions.” (30) OTs need to get involved in these discussion and contribute their unique views. It is time for OTs to lead, not follow

### **The way forward**

Pentland and Drummond say “Occupational therapy is arguably one of the most exciting professions in terms of capacity and opportunity and potential to design a career and life that matters to you. But in these times of rapid change, exploding information and growing need for skills we didn’t think we had (like business, self-promotion and leadership), it is difficult at times for occupational therapists to see these possibilities and feel confident in going after them. (19)

The rapid changes and information explosion that Pentland and Drummond refer to call for a new approach. If OT does not adapt, it will die. Some practical ways that OTs can survive and thrive in this climate are:

- Be open-minded: Learn from others and share with others

- Share your passion for OT and the contribution it can make with other open-minded professionals that you meet through coaching
- Meet with likeminded colleagues and discuss how OT can and must adjust to the current climate
- Publish! Not only in OT journals but in coaching journals and popular magazines
- Get involved in discussions with coaches from different backgrounds to weigh in with an OT perspective, OT can play a valuable role in helping coaching to grow and develop
- Educate yourself about coaching: either by reading, attending courses or consider certification as a coach (See appendix A for helpful websites)
- Get coached
- Project a clear image of what occupational therapy is.
- Produce evidence that OT has value
- Be creative about how to incorporate coaching skills into OT practice
- Don't be afraid of social media: websites, chat groups, blogs, facebook pages, if OT does not use these tools it will be left behind
- Challenge legislative bodies that have outdated standards for practice, and challenge them to allow OTs to use their qualifications and titles, regardless of whether they are practicing as an OT
- Universities should educate students about coaching and consider fieldwork placements that reinforce this

## **Conclusion**

This essay has described coaching and OT in detail and has compared and contrasted the two. There are definite similarities and differences. Coaching need not represent a threat to OT but rather an opportunity for growth and expansion. OTs should embrace the opportunity to learn from their colleagues and to contribute to coaching in an informed, educated and positive way.

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## **Appendix A: Useful websites**

[www.occupationaltherapycoaching.com](http://www.occupationaltherapycoaching.com)

<http://www.coachfederation.org/research-education/coach-training-programs/tpss>.

- Coach Training Alliance:

[www.coachtrainingalliance.com](http://www.coachtrainingalliance.com)

- Institute for Life Coach Training:

[www.lifecoachtraining.com](http://www.lifecoachtraining.com)

- Executive Coach College:

[www.executivecoachcollege.com](http://www.executivecoachcollege.com)(21)

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