

Reframing the Intersection of Coaching and Therapy with an Adult Developmental Lens

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Abstract

This article explores the intersection of coaching and therapy through the lens of adult development theory, examining the definition of mental health, referral criteria from coaching to therapy, and the risks associated with inadequate referrals. While current professional guidelines emphasize behavioral indicators and practitioner competencies, they may overlook the developmental dimensions of mental health challenges and their impact on referrals. Drawing on foundational research by Rogers and Kegan (1991) on symptom expression across developmental stages, Keyes' (2017) dual-continuum model, Basseches and Mascolo's (2010) developmental definition of psychotherapy, and Laske's (2023) Need-Press dimension within his Constructive Developmental Framework (CDF), this analysis examines how psychological well-being is shaped by the interplay between developmental capabilities and psychogenic needs—and the consequences of disrupting this equilibrium. By integrating adult developmental perspectives into referral decisions, this literature review-based analysis challenges existing practices and advocates for a more comprehensive approach. It proposes considering both psychological dimensions and developmental criteria to enhance mental health-related practices and decision-making in the coaching-therapy interface.

Keywords: Adult Development Theory, Dual-Continua-Model, Developmental Capabilities, Psychological Well-being, Professional Boundaries

Introduction

The longstanding discourse on distinguishing coaching from therapy has gained renewed importance due to increasing mental health challenges, particularly in the workplace. As boundaries between these disciplines remain blurry, coaching practitioners often find themselves ill-equipped to address mental health-related issues. This article critically examines the demarcation between coaching and therapy through the lens of adult development theory, addressing three key questions: (1) Why is this demarcation important given the rise of (workplace) mental health issues? (2) Why is current literature on this topic limited and focusing mainly on observable and behavioral indicators? (3) How can adult development theory enhance our understanding of this demarcation and contribute to coaching theory and practice?

By integrating adult developmental perspectives, this literature review-based analysis challenges existing practices and advocates for a more comprehensive approach that considers both psychological dimensions and developmental criteria to enhance mental health-related practices and decisions in coaching contexts.

Coaching Practice in an Environment with Growing Mental Health Needs

To first situate the reader in the unfolding context: The landscape of mental health in the workplace has undergone significant changes over the last few years, accelerated by the global pandemic, heightened awareness of social justice issues, and various other large-scale challenges (Wong & Greenwood, 2023). This increase has prompted employers to reassess and adapt their approaches to supporting employee well-being with mental health programs, work-life balance initiatives, training, and a heightened focus on psychological safety (Randall, 2023). At the same time, the pandemic created barriers to accessing traditional physical and mental health services, potentially fuelling the rise in popularity of coaching as an alternative (Hemendinger, 2024).

Recent developments in employee mental health have significant implications for coaching practitioners. The State of the Global Workplace: 2024 Report by Gallup reveals that a substantial portion of the global workforce experiences negative emotions daily. Specifically, 41% of employees reported experiencing significant stress on the previous day, while 20% felt intense loneliness. Additionally, 21% of employees experienced high levels of anger, and 22% reported feeling considerable sadness. These statistics underscore the emotional challenges many workers face, potentially impacting their wellbeing and productivity. A subsequent workforce report highlights the severe human costs associated with these trends, including increased depression risk and intensified psychosocial pressures such as workload strain, diminished control, and disrupted support systems (meQ, 2025).

Bachkirova and Borrington (2020) further emphasize that both individualistic aspirations and impoverished relationships, both within and outside the workplace, have significantly contributed to declining mental well-being. These findings collectively suggest a pressing need for coaching practitioners to address the complex interplay of personal and professional factors affecting employee mental health.

Mental Health Defined

There are three different ways to conceive of mental health (Keyes, 2017). They range from a rather static view to acknowledging the dynamic and complex nature of mental health. One view is the pathogenic approach which looks at mental health as the absence of mental illness. Another approach that is also rather static, is the salutogenic approach that views mental health as presence of positive emotional states and positive functioning. A third way to conceptualize mental health is the dual-continua-model which is a complete-state-model, i.e. seeing mental health as a 'whole' (Keyes, 2017).

This article builds on the latter definition and further refines it by applying an adult developmental lens. Important to note is that, in this article, mental health and mental illness are considered as separate but correlated dimensions (Keyes, 2017, p. 73). Absence of mental illness does not imply presence of mental health, and presence of mental illness does not imply absence of mental health. Similarly, the definition of wellbeing has separate yet correlated dimensions reaching from languishing to flourishing to thriving. And to break this down further, each state includes both the affective states of feeling positive or negative emotions, and the evaluative state of functioning well or less well.

Functional aspects are present across all states of wellbeing (including states of ‘being unwell’) and are connected to mental health, as mental health levels can be differentiated based on individuals' functioning regardless of whether they experience mental illness (p.75). This means that individuals who are flourishing function better than those with moderate mental health who in turn function better than languishing individuals. The aspect of ‘function’ is important for moving to the next step.

Building on the Two-Continua-Model (Keyes, 2017), and bringing in an adult developmental perspective, mental health challenges requiring therapy often reflect inadequacies in a client's adaptive strategies to meet environmental demands, stemming from difficulties in reorganizing activity schemes or meaning-making structures (Basseches & Mascolo, 2010). This builds on the functioning aspects addressed earlier which, if absent, can result in psychological pain (Rogers and Kegan, 1991). Functioning manifests as an equilibrium of a client's internal needs and external pressures (Laske, 2023). When this equilibrium is lastingly disrupted and the dynamic interplay between internal requirements and external pressures is offset, then, from an adult developmental perspective, a client needs a clinically based intervention. This disruption of the internal equilibrium can be caused by one or a combination of factors, including but not limited to mental illness, mental disorders, and a variety of factors causing being unwell and eventual deterioration in functioning to a state requiring therapy.

Lastly, considering the fact that differences across cultures, value systems, and social background yield different definitions of mental health (Galdiseri et al., 2015), for purposes of this article, the following definition of mental health has been applied with the effort to avoid as much as possible restrictive, categorical or culture-bound aspects while integrating the concept of a fluid two-continua-model as well as an adult developmental angle:

Mental health is a dynamic state of an internal equilibrium that enables individuals to realize their abilities, cope with life's stresses, and function effectively within their social roles. If there is a psychological conflict that has developmental roots and which results in a loss of required functioning over an extended period, a client needs referral to a clinically trained professional.

Rapid Growth of Coaching

The rapid professionalization and exponential growth of coaching over the past two decades has created both opportunities and challenges in addressing mental health needs (Gray, 2011; Esbjoern-Hargens & Sharma, 2018). While coaching's interdisciplinary foundation draws from various fields including counselling, psychology, psychotherapy, and philosophy, the increasing prevalence of mental health challenges in coaching contexts demands a new approach. This requires the field to develop innovative paradigms that enable coaches and their clients to navigate today's complex, interconnected world (Cox, Bachkirova, & Clutterbuck, 2014; Wright, McLean, and Tennyson, 2019). This is particularly relevant when mental health issues manifest.

Stigmatization of Mental Health

The advancement of the coaching profession is coupled with a persistent stigmatization of mental health care, which profoundly impacts standards of care, funding for research, and societal attitudes toward individuals with mental health challenges (Hinshaw & Cicchetti, 2000).

This stigma operates at multiple levels – community, societal, familial, and individual – and has dehumanizing effects on those with mental disorders. By categorizing individuals as “abnormal” (Hullinger & DiGirolamo, 2018, p. 5) or labelling them with a “disorder” (p.5), traditional approaches risk reinforcing societal biases and perpetuating feelings of shame and inadequacy among those seeking help. Such stigmatization not only discourages individuals from seeking treatment altogether but also perpetuates narrow, binary views of mental health, failing to account for the complex interplay of biological, environmental, and personal factors. Even more specifically, this persistent stigma may also lead individuals who are facing mental health challenges to turn to coaches instead of therapists, further emphasizing the critical need to assess boundaries between coaching and the intactness of respective referral mechanisms.

Role of Coaching in Mental Health

There is ample evidence that mental disorders are not static but rather characterized by fluctuating features and potential for improvement (Hinshaw & Cicchetti, 2000). This aligns with the transactional view on mental health, which emphasizes the dynamic interplay between biological, psychological, and social factors in shaping mental health outcomes. Hence, coaching can play a valuable role in mental health promotion and protection (Keyes, 2017). This is based on the understanding that gains in mental health (promotion) decrease the risk of mental illness over time and that loss of mental health (protection) increase the risk of mental illness over time (p. 76).

In addition, coaching can play an important support role in a recovery-oriented, transactional approach. By focusing on strengths, goal setting, capacity and skill development, coaches can help individuals navigate a recovery journey or complement traditional clinical interventions and can contribute to a more holistic, person-centered model of mental health support (Hinshaw & Cicchetti, 2000). However, ‘handover’ between coaching and therapy needs to be managed safely, reliably, ethically, and effectively in both directions.

Risk of Non-Referral

Coaching clients who may require therapy face several concerns and risks, necessitating ethical awareness, proper training, and professional boundary maintenance by coaching practitioners. Coaches must be acutely aware of potential risks to clients who need therapy but don't receive it, as the consequences can be profound and far-reaching.

Without proper therapeutic intervention by a clinically trained professional and when required, underlying mental health conditions may worsen over time, potentially leading to severe emotional distress or harmful behaviors (towards self or others). Coaching practice is not designed to address deep-seated psychological issues, and a mismatch can result in delayed access to appropriate treatment, prolonging suffering and reducing the effectiveness of eventual therapeutic interventions.

Viljoen (2024) introduces the aspect of ‘scope shift’ in coaching, which occurs when a session inadvertently triggers psychological problems beyond the coach's expertise. While coaching often focuses on goal setting, behavioral, and performance enhancement, it can uncover deeper issues like unresolved traumas, clinical anxiety, or depression that require specialized

treatment. The consequences of scope shift can vary in intensity, from minor discomfort to more serious psychological impacts, including exacerbation of existing conditions or development of new problems. Berglas (2002) echoes the importance of differentiating between a ‘problem executive’ who can benefit from skill development and an ‘executive with a problem’ requiring psychotherapeutic intervention. Prioritizing immediate performance improvements over introspective processes may neglect underlying psychological issues, potentially leading to long-term adverse consequences for both the individual and the organization.

The failure of referral to therapy when indicated can also be interpreted as a ‘negative experience from therapy’ (as in ‘therapy not taking place effectively’). Hardy et al. (2019) provide insights when there is a lack of clarity in therapy (as would be the case if a referral does not take place and coaching substitutes for therapy), such as the absence of a clear assessment (as a therapist would conduct), agreed plan, or transparency about progress. This can lead to poor engagement and a sense of disconnection for clients. Or it can result in a client feeling unsafe, unstructured, or overly controlled, and being subjected to a damaging relationship (p. 25). When practitioners fail to manage expectations or prioritize client needs, this can perpetuate stagnation and hinder progress. Poor management of countertransference and unresolved interpersonal issues can further exacerbate negative outcomes (p. 26).

Putting this now into an adult developmental frame means that a client’s entry into therapy can be understood as indicative of unsatisfactory results of the client’s efforts to adapt to their environment by organizing or reorganizing their activity schemes, including their more conceptual meaning-making structures (Basseches and Mascolo, 2010). This requires the coaching practitioner to recognize inadequacies in the clients’ efforts to meet their current adaptive (developmental) challenges (p. 55). Hence the focus of this literature review is on how an adult developmental lens can support this interpretative process further.

Lastly, the risks even extend beyond individual clients to broader ethical and professional concerns. Coaches working beyond their competence may violate professional standards and Codes of Ethics, leading to ineffective outcomes and client frustration (Passmore et al., 2023). In severe cases, untreated mental health conditions could escalate to crises involving self-harm or harm to others. Legal and liability risks also arise if coaches fail to refer clients appropriately. Additionally, clients with unresolved mental health issues may develop an unhealthy dependency on their coach, hindering them from seeking necessary professional help.

This perspective underscores the need for a nuanced approach to coaching that recognizes the complex interplay between skill development, psychological well-being, and organizational performance. It highlights the importance of coaches possessing a comprehensive understanding of psychological processes and adult development theories. Furthermore, it emphasizes the critical role of appropriate interpretation and referral mechanisms within coaching practice to ensure clients receive the most suitable support for their specific needs.

Differentiation between Coaching Practice and Therapy

One of the foci of this article is to critically examine traditional demarcation criteria between coaching practice and therapy, and particularly the criteria for referring coaching clients to therapy. The article aims to demonstrate where current criteria may fall short in adequately

protecting and supporting coaching clients, while highlighting the need for a more nuanced understanding informed by adult development theory. By integrating insights from the latter, the article seeks to critically examine whether current referral criteria can be augmented, ensuring they are more responsive to the complexities of mental health needs in coaching contexts.

Ultimately, this analysis aspires to contribute to a more effective and compassionate approach to client care, linking coaching practice and therapeutic interventions. This article argues that traditional criteria for referring coaching clients to therapy are insufficient and potentially harmful, necessitating a paradigm shift towards a more nuanced lens grounded in, or at least considering, adult development theories. By integrating insights from adult development theory a more effective, destigmatizing, whole person and person-centered approach to supporting clients at the intersection of coaching practice and therapy can be established. This lens also acknowledges the dynamic nature of mental health, the potential for recovery involving both domains working hand in hand, as well as the complex interplay of many factors across the lifespan, ultimately leading to more informed, ethical, and compassionate referral practices.

The distinction between coaching and therapy has remained a persistent challenge in the field. Maxwell (2009) examined this lack of clarity, echoed by Price (2009), and again confirmed by Bachkirova and Baker (2018), noting how coaches, especially newcomers, struggle to navigate the boundaries between these helping professions.

Brief History of Coaching-Therapy Discourse

Early research provided empirical insights through their study of thirty clinically trained practitioners working in both domains (Hart, Blattner & Leipsic, 2001). They identified key distinctions between coaching and therapy, including differences in focus, time orientation, activity levels, and conversation types. Their research established coaching as more action-based, goal-oriented, and externally focused. However, they also noted significant overlaps in methods of inquiry, advice-giving tendencies, boundary issues, and power dynamics.

Overview of Existing Approaches

More recent work by Giraldez-Hayes (2021) explores how coaches continue to feel unprepared when navigating the “grey areas” (p. 18) where coaching and therapy intersect. The research emphasizes the ongoing challenge of establishing clear boundaries and highlights the critical need for enhanced mental health training in coach development programs and distinction criteria.

Many issues that arise in coaching are often symptoms of deeper psychological distress. As these deeper issues surface, it can be challenging for coaches to determine whether they are still providing coaching or unintentionally crossing into therapeutic territory (Maxwell, 2009). Bachkirova and Baker (2018) echo this concern, noting that the overlap between coaching and therapy is particularly pronounced when coaching involves psychological development. The challenge of maintaining clear boundaries becomes even more complex when mental health issues are present, leaving many coaches uncertain about when to refer clients to therapy.

Professional Coaching Bodies' Guidelines have evolved to address increasing mental health challenges, with recent updates even specifically calling out the rise of coaching being used for mental health support (Association for Coaching, 2023).

Professional Coaching Bodies (Association for Coaching, 2023; EMCC, n.d., Hullinger and DiGirolamo, 2018) offer quite distinct categories of warning signs. For instance, behavioral indicators include changes in mood, declining performance, social withdrawal, altered daily functioning, and sleep disturbances while psychological red flags manifest as persistent hopelessness, suicidal ideation, substance use issues, absenteeism, and loss of enthusiasm.

Additional warning signs encompass emotional instability without context, resistance to change, identity issues, erratic behavior, and relationship difficulties. Most critically, risk-based red flags requiring immediate attention include potential self-harm, significant distress, disconnection from reality, and inability to maintain coherent conversations. All three Professional Bodies highlight that the presence of multiple indicators, particularly when considering their duration, frequency, and intensity, should prompt coaches to initiate referral. The EMCC (n.d.) guidelines additionally cover psychosocial aspects, such as vulnerable populations (including BAME communities, LGBT groups, and people with disabilities) while emphasizing systemic workplace contexts and employers' legal obligations regarding occupational hazards.

All considered, the current approaches and available coaching guidelines to distinguish coaching and therapy rely on observable behavioral indicators as well as practitioner competencies.

Adult Development as Lens of Distinction between Coaching and Therapy

Current approaches in referring coaching clients to therapy rely on observable, behavioral and psychological data as well as the coaching practitioner's competencies, potentially overlooking nuanced adult developmental aspects of a client's mental health (considering both feelings and functioning) or the developmental aspects of the practitioner themselves.

By emphasizing immediate behavioral or psychological outcomes, such as improving daily functioning or addressing specific emotional issues, long-term promotion of mental health (Keyes, 2017) and long-term developmental growth might remain unattended to. The adult development based distinction, however, is crucial when addressing deeper psychological conflicts that may not be immediately apparent through behavioral observation alone. By integrating adult development theory into the distinction process, particularly when making a referral decision, coaching practitioners could apply a deeper understanding of their clients' cognitive and social-emotional capabilities, thereby better serving clients' complex needs in an increasingly challenging mental health landscape.

Going beyond a behavioral focus on observable symptoms, adult development theory examines cognitive complexity and social-emotional maturity, developmental readiness for change, and long-term developmental potential versus immediate behavioral changes (Laske, 2023).

Limitations of Current Approaches

While current referral criteria provide clear behavioral indicators and observable red flags for referrals, they have limitations in addressing the complexity of mental health needs. What seem to be rather categorical approaches to decision-making risk potentially overlooking important nuances in clients' capabilities and readiness. Focusing on observable, behavioral criteria may lead to premature or delayed referrals, as it does not consider a client's developmental capabilities.

A more refined lens that integrates adult development perspectives could enhance the demarcation and referral process by considering both immediate behavioral indicators and longer-term developments in a client's mental health, including adult developmental trajectories. Current approaches may even inadvertently contribute to the stigmatization of mental health issues by emphasizing deficit-based categorizations rather than viewing mental health through a developmental lens that acknowledges potential for mental growth and transformation at all levels and times.

Adult Development Theories

Adult development theories provide a framework for understanding how individuals' cognitive and social-emotional capabilities evolve across the lifespan, marked by increasing consciousness. Kegan's (1982) constructive-developmental theory examines how humans grow and change throughout adulthood, focusing on how individuals construct and develop their understanding of reality to more complex levels over time.

Kegan's insight into the fact that the transformation of mind matters more than its information content has been influential. Building on this work, Laske (2023) considers mental growth and consciousness development as the core of adult development, involving interrelated social-emotional, cognitive, and psychological aspects. Essentially, adult development emerges from the lifelong internal dialogue with oneself while remaining open to external dialogue with others.

This dual awareness of self (internal) and other (external) offers important insights into how clients may experience and process mental health challenges at different developmental stages. The lens extends beyond behavioral observations to examine the complex interplay of meaning-making capacities, emotional maturity, and psychological readiness that influence a client's needs and ability to engage with either coaching or therapeutic interventions.

Looking at Rogers and Kegan's (1991) earlier work, adult development theory concedes that mental health challenges manifest differently based on an individual's developmental stage, suggesting the need for interventions aligned with a client's developmental capabilities rather than solely behavioral indicators based on psychological observations.

Connection between Psychological Dimensions and Adult Development

Adult development theory offers valuable insights into managing the intersection of coaching and therapy, particularly regarding psychological dimensions. Bluckert (2005) emphasizes the importance of psychological mindedness in coaching while maintaining

appropriate boundaries with therapy. His later work (2019) integrates psychological themes with developmental dynamics, providing a comprehensive perspective for understanding client needs.

The Constructive Development Framework (CDF) provides a unique contribution by explicitly connecting psychological dimensions with cognitive and social-emotional development (Laske, 2023). This framework characterizes the psychological dimension as an interplay between subconscious needs for survival and external pressures from social reality. Laske's work describes consciousness growth across the lifespan as involving both developmental and psychological aspects inseparably, giving rise to a distinct demarcation for distinguishing between mental health concerns and developmental growth when considering therapy referrals.

The distinction between horizontal learning (acquisition of skills, competencies) and vertical growth (progression in sense- and meaning-making systems) becomes decisive in coaching contexts. Both Laske (2023) and Bluckert (2019) emphasize adult development theory's value in managing emotional and psychological complexities, particularly when mental health concerns arise. This lens allows coaching practitioners to support psychological growth while maintaining ethical boundaries and professional competencies, providing clear guidance for navigating the complex terrain between coaching and therapy.

The essential connection is made by Laske (2023) who posits that a helper (in this case, coach) needs to understand a client's psychological profile to gauge psychogenic obstacles to personal and professional development. If there is a sustained psychological conflict that has developmental roots, a client should be referred to a clinically trained professional (Laske & Clidiere, 2024).

Application of Adult Developmental Theory in a Mental Health Context

The application of developmental theory in mental health contexts may reveal how psychological dimensions and developmental trajectories intersect to shape client experiences and needs. This analysis examines two adult development-based constructs in which mental health was shown to manifest as an interplay between psychological equilibrium (including general well-being and capacity) and developmental capabilities (both social-emotional and cognitive). By exploring two research scenarios, it may give rise to the understanding of how developmental stage can influence the expression of mental health experiences, moving beyond behavioral indicators to consider both immediate psychological challenges and long-term developmental potential.

Here, the analysis will look at (1) Rogers and Kegan's (1991) early research and (2) Otto Laske's (2023) Constructive Developmental Framework.

Roger's and Kegan (1991) Research

Rogers and Kegan's (1991) research identified three distinct categories of client behaviors that represent significant red flags: those who turn against others, those who turn against themselves, and a third group exhibiting complex psychological symptoms including suicidal ideation, self-deprecation, hostile impulse fears, phobias, obsessions, and bodily complaints. These categories were subsequently restructured into a framework of action symptoms and

thought symptoms, providing important guidance for coaching practitioners in recognizing potential mental health concerns that warrant referral.

While Rogers and Kegan (1991) found no relationship between either type or magnitude of disturbance (psychological pain) and developmental level, they found evidence that the form of symptom expression changes with adult development. With development, there is a shift from overt, impulsive actions and demands (action symptoms) to disturbances of subjective thought processes, doubt, self-recrimination, and flight from accepted social realities (thought symptoms), as summarized in Table 1.

Action Symptoms	Thought Symptoms
Suicidal attempt	Suicidal ideation
Blames others	Self-depreciation
Assaultive behavior	Fears own hostile impulses
Threatens assault	Obsessional thoughts
Lying	Suspicious
Argumentative	Confused or perplexed
Emotional outbursts	Bizarre ideas
Alcohol/drug abuse	Sexual preoccupation
Irresponsible behavior	Depersonalization
Weight change	Feels perverted
	Identity questions or confusion

Table 1: Observable Action and Thought Symptoms Indicative of Mental Health Red Flags (Rogers & Kegan, 1991, p. 116)

This insight has significant implications for coaching practice, as the 'red flags' identified in professional guidelines (AC, 2023; EMCC, n.d.; ICF, 2018;) may not always manifest as observable behavioral symptoms. Instead, many indicators can only be detected through meaningful and exploratory dialogue between client and practitioner. Specifically, the developmental research reveals that as symptom expression evolves with developmental stage, adults at later developmental stages experience distinct psychological and social disruptions (Rogers & Kegan, 1991, p. 116). This understanding suggests that any action or thought symptoms identified in Table 1, whether observed directly or revealed through dialogue, warrant consideration for referral to a clinically trained professional, while considering the client's developmental stage in the referral process.

Laske's (2023) Need-Press

The relationship between clients' internal needs and external pressures provides another valuable insight into psychological well-being and development. Laske (2023) conceptualizes 'subjective needs' as internal, often unconscious requirements that individuals hold regarding their self-conduct, task approaches, and interpersonal perspectives (see Table 2 below). When examining the balance between these needs (shaped by personal history and developmental stage) and environmental pressures (experienced from context, roles, and organizations), we can better understand how external demands may interfere with the fulfillment of psychogenic needs. This understanding of the dynamic interplay between internal needs and external pressures offers another nuanced frame for appraising client well-being and developmental potential.

Currently, coaching practitioners can resort to an instrument to assess the equilibrium between, on the one hand, psychogenic, subjective needs, and, on the other, rational control (ego) and real-world pressures: the Need/Press Questionnaire (www.needpress.com). It can help practitioners discern whether a client's psychological burden (represented as internal conflict) is developmentally rooted, potentially indicating the need for a referral to a therapist. This inventory was initially developed by Morris Aderman, based on Henry Murray's personality research and Thematic Apperception Test (Allen, 2005) and later embedded into Otto Laske's (2023) Constructive Developmental Framework (CDF) giving insight into the (measurable) interplay of the psychological dimension and developmental capabilities. This posits that personality is not static but defined by psychogenic (inborn) needs and associated pressures which then interrelate with developmental capabilities and capacities.

Self-Conduct	Task Focus	Interpersonal Perspective (emotional intelligence)
Self-Concept Risk taking Flexibility Need for power/control Relationship to power Need for visibility Confrontationalism	Autonomy Drive to achieve Resourcefulness (Counteraction) Endurance Quality of order & planning Need to self-protect	Affiliation Relationship to power Empathy Helpfulness Dependency & Loyalty Bias

Table 2: Psychogenic Need Categories according to Laske (2023)

The Need/Press Questionnaire outcomes provide insights that complement developmental information, offering a comprehensive understanding of an individual's psychological makeup and behavioral tendencies embedded in a developmental profile. This questionnaire, newly validated in 2014, focuses on fundamental differences between adult personalities and threats to well-being in individuals shown to engage with fulfilling inborn needs. Responses vary based on individual capacity to relate to their issues, as each person carries a pre-adult character formation into adult life, which significantly influences their adult behavior.

Hence, the taxation of psychological well-being in coaching contexts can be enhanced by examining the relationship between clients' psychogenic needs and organizational pressures. Drawing from Murray's framework of needs (Allen, 2005), Otto Laske identified three key categories – self-concept, task focus, and interpersonal perspective – which encompass 18 needs relevant to organizational settings. This framework allows for exploration of how these needs align with or conflict with contextual pressures (Laske, 2023).

Psychological imbalances may manifest through various maladaptive patterns, including over-reliance on singular needs (for instance, achievement) at the expense of others, inflexible thinking, avoidance behaviors, or denial of workplace challenges. Additional indicators include emotional dysregulation in response to work stimuli and interpersonal difficulties, ranging from professional relationship challenges to patterns of isolation or excessive dependence. The resulting construct between psychogenic needs and a person's developmental stance establishes the connection between a psychological conflict and developmental roots (Laske, 2023).

Together, both bodies of work (Rogers & Kegan, 1991; Laske, 2023) consider that mental health support preferably considers both psychological dimensions and developmental stage, moving beyond behavioral indicators to understand how developmental capabilities influence both the expression of psychological distress and an individual's ability or needs to cope or to engage with different types of interventions. This integrated understanding may offer a discerning referral decision, ensuring clients receive appropriate support aligned with both their psychological needs and developmental capabilities.

Conclusion

The integration of adult development theory into coaching referral practices would represent a significant advancement in understanding the complex intersection between coaching and therapy. This analysis reveals several critical insights that address the importance of demarcation between coaching and therapy, the limitations of current literature, and the potential contributions of adult development theory to coaching practice.

Firstly, the demarcation between coaching and therapy is increasingly crucial due to the rising prevalence of mental health issues in the workplace. The article highlights growing mental health challenges, blurring boundaries between coaching and therapy, risks of non-referral, and ethical considerations. Current professional guidelines offer discerning indicators for referral; however, their focus on behavioral, observable symptoms and categorical decision-making may not adequately consider the developmental aspects of mental health challenges. This concern is increasingly relevant as mental health needs continue to grow, despite the ongoing professionalization of coaching and the expansion of mental health-related credentials and training.

Secondly, the current literature on this issue is limited primarily because it focuses on observable behavioral indicators and practitioner competencies. The article points out that current approaches rely heavily on observable symptoms and categorical decision-making, potentially overlooking important nuances in client capabilities and readiness. This behavioral focus may inadvertently contribute to the stigmatization of mental health issues by emphasizing deficit-based categorizations. Rogers and Kegan's (1991) research indicates that symptom expression progresses with developmental stages, transitioning from overt actions to internalized thought patterns, thus necessitating a more refined discernment.

Thirdly, adult development theory can significantly enhance understanding of the coaching-therapy demarcation and contribute to coaching theory and practice. The article presents a strong case for how this theory provides a more nuanced lens for assessing client needs, considering both immediate behavioral indicators and longer-term developmental trajectories. Laske's (2023) Need-Press dimension embedded in the Constructive Developmental Framework (CDF) reveals how psychological well-being emerges from the dynamic interplay between psychogenic needs and developmental capabilities. This understanding suggests that effective mental health support must consider both psychological needs and longer-term developmental trajectories.

The article maintains that integrating adult development perspectives can lead to more informed and effective referral decisions, enhance coaches' ethical decision-making capabilities,

and offer a more comprehensive framework for understanding client needs. However, significant challenges remain, including the need for additional validated assessment tools, empirically validated dialogue-based interpretative approaches, and enhanced practitioner training in adult development theory. Other aspects warranting attention are the implications this would have for coaching, emergent mental health issues, practitioner qualifications, ethical considerations, and coach supervision.

Implications for Coaching

The integration of developmental perspectives with psychological assessment in coaching practice offers a multifaceted approach to understanding and addressing client needs. Drawing from the work of Rogers and Kegan (1991) and Laske (2023), coaches can employ a wider interpretative mindset that provides a more nuanced understanding of a client's psychological burden and the impact on a client's development. This refined lens enables coaches to make more informed referral decisions by considering both behavioral indicators and developmental trajectories.

As coaches delve deeper into this integrated approach, they can cultivate an increased awareness of developmental progression and its influence on mental health manifestations. This heightened understanding proves invaluable in distinguishing between mental health issues that can be effectively addressed through coaching and those that necessitate therapeutic intervention. Such discernment is central for maintaining ethical boundaries and ensuring clients receive appropriate support.

The complexity inherent in merging developmental perspectives with psychological assessment underscores the need for specialized training among coaching practitioners. To effectively implement this integrated approach, coaches must engage in rigorous professional development, focusing on adult development theory and psychological mindedness. A comprehensive understanding of how individuals progress through various developmental stages throughout adulthood is essential, enabling coaches to contextualize client experiences and challenges within a broader developmental framework. Additionally, coaches must develop a keen awareness of psychological processes and their manifestations, including recognizing signs of mental health issues, understanding the interplay between developmental stages and psychological well-being, and knowing when to refer clients to mental health professionals.

By investing in these areas of professional development, coaches can enhance their ability to provide a nuanced, developmentally informed support to their clients while maintaining clear boundaries between coaching and therapeutic interventions. This approach not only would elevate the quality of coaching services but also ensures that clients receive the most appropriate and effective support for their unique needs and circumstances.

Emergent Mental Health Issues

Developmental challenges that manifest subtly and over time, such as arrests, ruptures, or long-term fallbacks, often prove difficult to detect, particularly when they don't present through observable behavior. For coaching practitioners who may be less familiar with adult development theory, Basseches and Mascolo's (2010) common factors approach provides

valuable guidance. This framework emphasizes systematic observation over time, enabling coaches to track changes they notice in clients, especially when mental health concerns are present, while maintaining appropriate boundaries and supporting developmental growth.

Lane and Corrie's (2009) formulation-based approach offer another basis for weighing longer-term mental health implications. Their method integrates collaborative processes, information synthesis, theoretical grounding, and individualized client understanding to create a comprehensive assessment of mental health challenges and determine appropriate interventions. This approach becomes particularly valuable when addressing subtle developmental arrests or longer-term regressions, as these issues typically require nuanced integration of adult development theories and often escape direct observation.

Practitioner Qualifications and Monitoring

When mental health issues have developmental roots, coaching practitioners ideally refer clients to mental health professionals unless they hold specific qualifications as (dually trained) therapeutic coaches or clinical therapists. This aligns with Britten's (2023) recommendations for a new coaching competency framework. While mental health-related coaching credentials are increasingly available, significant concerns exist regarding training adequacy and oversight mechanisms necessary for ensuring safe practice.

Therapeutic coaching represents a specialized approach integrating counseling/psychotherapy with coaching methodologies. As Reeves, Myers, Kennedy, and Rathod (2024) define it, this practice involves “judicious and transparent integration of counseling/psychotherapy and coaching qualifications, drawing on complementary skills, theories, principles, and values from both disciplines to support client insight, development, and change.” This integrated approach requires practitioners to hold recognized qualifications in both coaching and therapeutic disciplines, ensuring appropriate expertise to address the complex interplay between developmental challenges and mental health needs.

Ethical Considerations

Ethical considerations in a coaching context extend beyond professional credentials to encompass practitioners' developmental capabilities. These capabilities fundamentally shape not only how coaches apply their skills and competencies but also influence their ethical reasoning and capacity for developmentally informed decision-making. Especially when mental health issues emerge in coaching contexts, practitioners face complex ethical decisions that require mature judgment. Lane (2011) emphasizes the critical importance of ethical maturity – the ability to navigate complex ethical dilemmas while maintaining awareness of one's professional boundaries and capabilities. This ethical maturity becomes particularly crucial when working with clients who present with mental health challenges, as it enables coaches to make appropriate referral decisions that honor both professional boundaries and client needs.

The adult development lens adds another layer to these ethical considerations, suggesting that coaches must not only understand their clients' developmental stage but also be acutely aware of their own developmental capabilities and limitations. This self-awareness is essential

for maintaining ethical practice and ensuring client well-being in the complex intersection of coaching and mental health support.

Coach Supervision

The integration of supervision into coaching practice becomes particularly important when working with clients who present mental health challenges, as it helps coaches maintain appropriate boundaries while developing their capacity to make informed referrals. Supervision plays a vital role in developing coaches' ethical maturity and self-awareness and provides essential space for reflection and support as coaches navigate complex client situations (Wright et al., 2019). This supervisory relationship enables coaches to examine their own developmental limitations and preparedness for handling psychological challenges.

As one tag-on thought to supervision: Interestingly, Scott and Young (2018) suggest a strategy (for therapy but considered by this author worth considering for coaching practice as well) that would extend beyond supervision of individual coaching practitioners by introducing a monitoring system that allows for a more systematic examination of unsuccessful coaching interventions. The evolving landscape of mental health in coaching demands careful consideration of professional boundaries and competencies to maintain ethical practice and most importantly, client well-being. As the field continues to mature and develop standards for training and oversight, a monitoring system could provide a conceptual framework for communication, monitoring and research.

Limitations and Challenges

While this conceptual analysis highlights aspects that complement current approaches, several significant limitations and challenges warrant acknowledgment. The field's reliance on a single validated instrument, the Need-Press Questionnaire, raises concerns about psychometric robustness, as the absence of complementary validated tools limits practitioners' ability to conduct comprehensive assessments. Additionally, the lack of empirically validated dialogue-based approaches for need/press or developmental assessments poses a significant challenge, particularly given coaching's reliance on dialogical methods. This gap between practice and validation creates uncertainty regarding the availability, feasibility, and reliability of assessment inventories and processes. Furthermore, the effectiveness of developmental and psychological assessments—especially those rooted in dialogical methods—is constrained by practitioners' own developmental levels and dialectical capabilities, which may affect the quality and consistency of referral decisions across the coaching field. The complexity of distinguishing between coachable mental health issues and those requiring therapeutic intervention further complicates referral practices when both developmental and psychological dimensions are considered. To address these limitations and advance the field, there is a clear need for additional validated assessment tools, enhanced training in adult developmental approaches for coaching practitioners, further research on dialogue-based exploration methods, and clearer guidelines for differentiating between coachable mental health manifestations and developmental conflicts.

Also, while this integrated approach between a traditional lens and the adult developmental lens offers promising directions for improving referral practices, addressing these limitations will be necessary before establishing more effective and ethically sound referral practices that honour

both professional boundaries and client needs. The need to more precisely delineate the coaching-therapy interface remains and is potentially even more critical than before, given the complex landscape of mental health in coaching contexts.

Call for Further Research and Dialogue

Further dialogue in the mental health and illness communities, nearer and larger, needs to take place to agree on a definitional concept that allows for targeted training of practitioners, oversight from professional bodies and legal entities, and sound, ethical coaching practice. Further research is essential to validate the applicability and effectiveness of adult development theories in guiding the intersection between coaching and therapy, particularly in referral decisions. Key areas of inquiry include exploring the relationship between developmental stages and mental health manifestations in coaching contexts, building on Rogers and Kegan's (1991) foundational work on symptom expression across developmental levels. Additionally, there is a need to develop and validate new assessment tools that integrate developmental and psychological dimensions, complementing the existing Need-Press Questionnaire. Research should also examine the effectiveness of dialogue-based approaches in assessing developmental readiness for interventions, with particular attention to how coaches' developmental capabilities influence their ability to make informed referral decisions. Strengthening the evidence base for using adult development frameworks in coaching practice would address current limitations in assessment methods and practitioner capabilities. Longitudinal studies tracking client outcomes would be especially valuable in demonstrating the impact of developmentally informed referral decisions on client well-being and growth.

In closing, this synthesis of behavioral, psychological, and developmental perspectives envisions the foundation for more nuanced and effective referral decisions, ultimately supporting better outcomes for clients facing mental health issues and better-informed navigation of the complex terrain between coaching and therapy.

References

- Allen, B. P. (2005). *Human Needs and Environmental Press: Henry A. Murray*. In *Personality Theories: Development, Growth, and Diversity* (5th ed., pp. 351-375). Psychology Press
- Association for Coaching. (2023). *AC guidelines for coach supervisors covering mental health and wellbeing*. Retrieved from <https://www.associationforcoaching.com>
- Bachkirova, T., & Borrington, S. (2020). Beautiful ideas that can make us ill: Implications for coaching. *Philosophy of Coaching: An International Journal*, 5(1), 9-30.
<http://dx.doi.org/10.22316/poc/05.1.03>
- Bachkirova, T., & Baker, S. (2018). Developmental coaching: Transforming adults, enabling growth. *Coaching: An International Journal of Theory, Research and Practice*, 11(1), 1-14.
- Basseches, M., & Mascolo, M. F. (2010). *Psychotherapy as a Developmental Process*. Routledge.
- Berglas, S. (2002). The very real dangers of executive coaching. *Harvard Business Review*, 80(6), 86-92.
- Bluckert, P. (2005). The similarities and differences between coaching and therapy. *Industrial and Commercial Training*, 37(2), 91-96.

- Bluckert, P. (2019). *Guide to vertical development*. Expand the Possible.
- Britten, D. (2023). A map for the journey: Announcing the new coaching competence framework. Retrieved on January 25, 2025 from <https://www.bacp.co.uk/bacp-journals/coaching-today/january-2023/a-map-for-the-journey/>
- Cox, E., Bachkirova, T., and Clutterbuck, D. (2014). Theoretical traditions and coaching genres: Mapping the Territory. *Advances in Developing Human Resources*, 16(2), 139-160
- Deloitte. (2022). Mental health and well-being in the workplace. <https://www2.deloitte.com/content/dam/Deloitte/global/Documents/Life-Sciences-Health-Care/gx-mental-health-2022-report-noexp.pdf>
- European Mentoring & Coaching Council. (n.d.). *Coaching, mentoring and mental health: Sharing resources and developing best practice for coaches, mentors and supervisors*.
- Esbjoern-Hargens, S. and Sharma, B. (2018). *Integral Coaching: Whole Person Development in a Complex World*. In Professional Coaching. Springer Publications.
- Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. *World Psychiatry*, 14(2), 231-233.
- Gallup. (2024). State of the global workplace: The voice of the world's employees. <https://www.gallup.com/workplace/349484/state-of-the-global-workplace.aspx>
- Giraldez-Hayes, A. (2021). Different domains or grey areas? Setting boundaries between coaching and therapy: A thematic analysis. *The Coaching Psychologist*, 17(2), 18-29.
- Gray, D.E. (2011). Journeys towards the professionalization of coaching: Dilemmas, dialogues and decisions along the global pathway'. *Coaching: An International Journal of Theory, Research and Practice*. 4(1) 4-19.
- Hardy, G. E., Bishop-Edwards, L., Chambers, E., Connell, J., Dent-Brown, K., Kothari, G., O'Hara, R., & Parry, G. (2019). Risk factors for negative experiences during psychotherapy. *Psychotherapy Research*, 29(3), 403–414. <https://doi.org/10.1080/10503307.2017.1393575>
- Hart, V., Blattner, J., & Leipsic, S. (2001). Coaching versus therapy: A perspective. *Consulting Psychology Journal: Practice and Research*, 53(4), 229-237. <https://doi.org/10.1037/1061-4087.53.4.229>
- Hemendinger, E. (2024). *Is 'coaching' a shortcut to mental health care? Not so fast – here are key differences*. The Conversation.
- Hinshaw, S. P., & Cicchetti, D. (2000). Stigma and mental disorder: Conceptions of illness, public attitudes, personal disclosure, and social policy. *Development and Psychopathology*, 12(4), 555-598. <https://doi.org/10.1017/S0954579400004028>
- Hullinger, A. M., & DiGirolamo, J. A. (2018). *Referring a client to therapy: A set of guidelines*. International Coaching Federation. Retrieved from <http://www.coachingfederation.org/client-referral-whitepaper>
- Kegan, R. (1982). *The evolving self*. Cambridge, MA: Harvard University Press.
- Keyes, C. L. M. (2017). The dual continua model: The foundation of the sociology of mental health and mental illness. In T. L. Scheid & E. R. Wright (Eds.), *A handbook for the study of mental health: Social contexts, theories, and systems* (3rd ed., pp. 66-81). Cambridge University Press.
- Lane, D. (2011). *Ethical maturity and coaching*. In T. Bachkirova, P. Jackson, & D. Clutterbuck (Eds.), *Coaching and mentoring supervision* (pp. 211-225). Open University Press.
- Lane, D. A., & Corrie, S. (2009). Does coaching psychology need the concept of formulation? *International Coaching Psychology Review*, 4(2), 193-208.

- Laske, O., & Clidiere, U. (2024, October 9). Constructive Development Framework: An elementary introduction to its application in the helping professions. Center for Applied Dialectics.
- Laske, O. (2023). *Measuring hidden dimensions: The art and science of fully engaging adults*. Pabst Publications.
- Laske, O. (2008). Mentoring a Behavioural Coach in Thinking Developmentally: A Dialogue. *International Journal of Evidence Based Coaching and Mentoring*, 6(2), 78
- Maxwell, A. (2009). How do business coaches experience the boundary between coaching and therapy/counselling? *Coaching: An International Journal of Theory, Research and Practice*, 2(2), 149–162 DOI: 10.1080/17521880902930311.
- meQ. (2025). State of the Workforce Report: Winter 2025 - Ch-ch-ch-ch-Changes: Workforce Change Readiness and Psychosocial Risk Executive Summary.
- Need Press Assessment System. (n.d.). Welcome to the Need Press Assessment System! Retrieved December 28, 2024, from <http://www.needpress.com>
- Passmore, J., Smith, W. A., Turner, E., Lai, Y. L., & Clutterbuck, D. (Eds.). (2023). *The ethical coaches' handbook: A guide to developing ethical maturity in practice*. Routledge.
- Price, J. (2009). The coaching/therapy boundary in organizational coaching. *Coaching: An International Journal of Theory, Research and Practice*, 2(2), 135-148. <https://doi.org/10.1080/17521880903085164>
- Randall, C. A. (2023). Mental Health in the Workplace: Strategies for Promoting Employee Well-Being. *Global International Journal of Innovative Research*, 23-30.
- Reeves, A., Myers, L., Kennedy, A., & Rathod, S. (2024). *Therapeutic coaching: Reporting on a focus study group*. BACP Conferences, 2024.
- Rogers, L., & Kegan, R. (1991). *Mental growth and mental health as distinct concepts in the study of developmental psychopathology: Theory, research, and clinical implications*. In D. P. Keating & H. Rosen (Eds.), *Constructivist perspectives on developmental psychopathology and atypical development* (pp. 103-147). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Scott, J., & Young, A. H. (2018). Psychotherapies should be assessed for both benefit and harm. *The British Journal of Psychiatry*, 212(1), 1-3. <https://doi.org/10.1192/bjp.2017.16>
- Viljoen, A. (2024, November 7). *The dangers of using an unqualified coach*. Sanctus. <https://sanctus.io/insights/the-dangers-of-using-an-unqualified-coach>
- Wong, B., & Greenwood, K. (2023). *The Future of Mental Health at Work Is Safety, Community, and a Healthy Organizational Culture*. Harvard Business Review.
- World Health Organization. (2022). *World mental health report: Transforming mental health for all*. Geneva: World Health Organization.
- Wright, A., McLean Walsh, M., and Tennyson, S. (2019). Systemic Coaching Supervision: Responding to the Complex Challenges of Our Time. *Philosophy of Coaching: An International Journal Vol. 4* (1), 107-122.

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