Association for Coaching

Mental Health and Wellbeing

Frequently Asked Questions

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Contents

Purpose

Maintaining mental health is crucial for overall well-being, yet it can be challenging to navigate the complexities of mental wellness on your own. Finding answers to frequent questions about mental health can provide valuable insights and guidance. Whether you're looking for tips and strategies to improve your mental wellbeing, trying to understand the symptoms of different mental health conditions, or seeking advice on when and how to seek professional support, there are resources available to help.

Understanding mental health involves recognizing the importance of self-care practices such as regular exercise, a balanced diet, adequate sleep, and mindfulness techniques like meditation or journaling. It's also about identifying when your mental health may need extra attention—recognizing symptoms like persistent sadness, anxiety, or irritability that may indicate a deeper issue.

Additionally, knowing when to seek support, whether from a trusted friend, a mental health professional, or a support group, is a key component of maintaining mental wellness. Seeking help is a sign of strength, not weakness, and can provide the tools needed to manage mental health effectively. Remember, mental health is just as important as physical health, and taking proactive steps to care for it can lead to a more balanced, fulfilling life.

Disclaimer: While this document provides valuable guidance for coaches navigating mental health and wellbeing issues, it is essential to maintain clear boundaries, prioritize client safety, and ensure that coaches operate within their scope of practice. Continuous professional development and supervision from qualified individuals that help to mitigate these risks and uphold ethical standards in coaching practice.

General FAQ's

Q: When sensing that a client is feeling low (while not getting the sense s/he is actually depressed and should be considered for referral), what would be some helpful coaching approaches for a coach who is not therapeutically trained?

- If you recognise that a person's demeanour has changed and/or they appear low in mood, but not clinically depressed (this requires a clinician diagnosis), then you can use your active listening and open questions to explore the underlying issues, to demonstrate rapport and validate emotions. This does not mean that you are providing solutions, you are being professional and holding that trusted space for your client. Be mindful of your contract and capability and not to venture into responses that could lead to confusion about the role of the Coach. This may inadvertently suggest that you can provide therapeutic support. Coaches must be cautious not to engage in practices that resemble therapy, as this could breach their scope of practice and lead to ethical dilemmas.
- If the client has felt like this in the past, what worked for them then, as this can help them access their own resources they can utilise.

Q: What benefit does Coach supervision bring to my coaching work with clients as it relates to MHWB? What insights and support can I expect?

- Supervision is a safe and collegiate space for you to explore the impact of your client work on you, to reflect and explore any transference, parallel processes, and self-care. Depending on the experience of your supervisor and your experience, you may also be able to explore any CPD, and ethical dilemmas that may arise. Supervision generally covers three pillars: Fitness to practice and ethics, self-care, and professional competency. You may want to consider a Supervisor who can take a psychological lens to your client work, or who is therapeutically trained. Coaches are not therapists and are not expected to resolve the issue, just to be informed on best practice and not to work beyond their competency.
- AC Guidelines for Coach Supervisors Covering Mental Health and Wellbeing

Additional Learning on Mental Health and Wellbeing

Q: Where should I start with further CPD, if I want to be more widely informed?

- The AC has a wealth of information available on the Mental Health and Wellbeing Digital Learning Resources website. Including a podcast series, webinars, articles and guidelines covering:
    - mental health first aid
    - suicidal ideation
    - neurodiversity
    - trauma informed coaching
    - dealing with stress and anxiety
    - Supervisor best practice guidelines
    - Self-care
    - Coaching through the menopause
    - Coaching and bereavement, loss and grief

- You could take a mental first aider course: MHFA England
- Select areas of MHWB that you feel fit with your competency and research appropriate specialist areas to pursue. Learning more about Trauma Informed Coaching provides a good framework.

Q: What are the key signs I should be aware of when coaching a client who may present with Mental Health issues?

See Resources: Member to Member Guides and Mental Health and Wellbeing Digital Learning Resources for more information.

Some of indicators of possible mental health issues:

- Changes in mood
- Decline in performance at work, school, university
- Procrastination, lack of focus
- Withdrawal - social relationships, activities
- Obsessive thoughts, checking
- Changes in weight or appearance
- Negligence of personal hygiene
- Disturbances in sleep
- Tiredness, lack of energy or motivation

- Expresses hopelessness
- Suicidal thoughts
- Increase in alcohol or use of recreation drugs
- Increase in absenteeism, lateness
- Loss of enthusiasm or optimism for the future

Q: How do I know when to refer a client?

- Refer to the The 7C Framework Member to Member Guide
- If any of the symptoms in the above question appear, then 'flag' them and discuss.
- If you don't have the competency or capacity to work or it is not ethically appropriate to do so then you need to discuss options with the client and refer as appropriate. You are a coach not a therapist and ensure you are clear in your contracting.
- Discuss with your supervisor

Q: If a client is receiving therapy, can I coach them?

- You need to be clear on the desired outcomes for your coaching and if you have the capability and capacity to engage in the work. Does the reason the person is receiving therapy affect the person's performance at work?
- It is best practice to be transparent and ask the client to contact their therapist or GP to establish if they feel it is appropriate to be in coaching as well as therapy. You should have this in writing or verbally and the agreement contained in your contract, with your confidentiality clause. Some therapists do not recommend that two professionals work at the same time with a client as the interventions could be contra indicatory. It may be that the coaching needs to be paused.
- If, after these considerations, you decide to work with the client, ensure you are both clear on the boundaries between both as you may naturally drift in and out of these, so be clear where you need to contain your work.

Who can diagnose or label Mental Health issues?

Q: Should I/could I diagnose a client?

Coaches should never provide advice on medication or diagnose health conditions. Their role is to support the client's goals and facilitate personal growth while ensuring any significant health concerns are addressed by appropriate medical professionals.

If a client asks you, it is important to explore the reason for their enquiry and discuss options for referral to an appropriately licenced or registered clinician, depending on your country of jurisdiction.

It is important to maintain clear professional boundaries and refer clients to suitable medical or therapeutic professionals when deeper issues arise that are beyond the coach's scope of practice.

Q: How do I respond if a client asks me if I think, they have, for instance, ADHD?

The best is to explain that you are not able to make that call and that, if they believe it helpful to get an answer, contact their GP for a referral or a psychiatrist.

Q: If I recognize features of a clinical disorder, what should I do?

Guidance: coaches should not diagnose clients or provide medical advice. However, there is a risk that coaches may feel compelled to offer opinions on mental health conditions if they recognize symptoms, which could lead to overstepping their professional boundaries. Coaches must consistently refer clients to qualified medical professionals for any significant health concerns and discuss with your Supervisor.

Understand that mental health is on a continuum and fluid depending on the situation. Conditions also rarely exist independent from others (called comorbidity). Use this knowledge to form a deeper understanding of the client’s experience. Discuss options with your client and if need be, refer your client to a GP or clinician. If you have concerns about your own knowledge or competence, discuss with your Supervisor.

Q: How will AI be helpful for clients /coaches/supervisors?

AI may be useful to develop questions to help further explore issues, also as a transcript of session notes for both parties. You need to request permission to record a meeting or to use AI. Check the ethical implications. You may find the AC's Digital Learning resources on AI helpful.

Questions on Neurodivergence

Q: Neurodivergent/ADHD clients often struggle with executive function. How can I support them to get the best out of the coaching process?

- Offer to send a calendar invite
- Send them a reminder before the session starts
- Keep information clear and concise
- Share your notes with them after the session
- Negotiate homework tasks and be clear about what they will be doing.
- Remind them about where they are in the process e.g. the number of weeks they have left
- Schedule sessions for times and days when the client has more energy.
- Aim to keep to a structure in your sessions, with a clear, beginning, middle and end, with time to reflect on key learning and actions.
- Member to Member Guide: Working with Neurodivergent Clients
- Coaching with and for ADHD webinar Sarah Templeton
- The Neuroscience of Introversion webinar with Sabrina Ahmed
- Linked In Conversation: Leadership, Coaching and Neurodiversity with Esther Barrett

Q: When working with an autistic client I sometimes find that open questions can cause panic, or that processing time is needed. How can I adapt my questioning?

- Ask more tailored questions
- Allow for processing time
- Clarify if the client is comfortable with the question
- Amend or narrow the question if necessary

Q: My client moves a lot and doesn't make eye contact. How can I get them to focus?

- Understand that ND people often use movement, stimming and fidgeting to allow them to focus
- Ask them what is comfortable for them
- Be aware of your background or environment in terms of distracting sights and sounds

Q: ADHD clients often talk a lot and go off on a tangent. How can I bring them back on track?

- Agree in the contracting stage how you will manage when the client might go off topic within the session (e.g. Don't be afraid to 'interrupt' and bring the client back through reflection and summarising to help keep them focussed, if this is something you agree to do)
- Ask them how their thoughts relate to their goals
- Be ready to signpost to other services if the topic relates more to their mental health and falls outside your boundaries
- Be aware of the time and make sure the client knows if you are moving towards the end of your session

Q: Neurodivergent clients often ask for advice, guidance, and information. How does this align with traditional coaching models?

- Understand that working with neurodivergent clients requires a slightly different approach
- With the client's permission, share information after the session in a follow up email
- Explore what already works for the client, what their challenges are and with the client's permission share ideas around tried and tested strategies that ND people find useful

Q: People with ADHD are often masking so they can fit in. How can I support them?

- Learn about ADHD traits and how they impact on people's lives and work. You may find awareness training useful and there are many providers in the marketplace

- People with ADHD often struggle with imposter syndrome, negative self-beliefs, and low self-esteem. Researching these can help you identify and address them

Q: People with ADHD can experience emotional dysregulation and rejection sensitivity dysphoria. How can I support them?

- Emotions can run high and low in a short space of time. Acknowledge the emotion and allow some time to sit with it. Then help the client to move on with the session if it feels appropriate
- Avoid using critical words and phrases, blaming or shaming. Shame is often at the heart of their struggles
- Focus on strengths, not weaknesses. Use positive language, not deficit language. Help them to understand that they are good enough and accept them for who they are

Q: A current coaching client has just disclosed to their employer and to me - they have been diagnosed with ADHD and possibly BPD.

- Refer to the The 7C Framework Member to Member Guide
- Check what support the person is already receiving, what it means for them and if they are already in therapy for their BPD
- Check what organisation support is available for employees who are neurodiverse or with mental health issues (BPD)
- Clearly establish your role and what is required in the coaching contract. Remember you work with the whole person, and you need to be aware of the impact of ADHD and BPD on the person and in the workplace. Your role is to enable, not to treat ADHD or BPD. If you don't feel comfortable, if it is beyond your scope, then discuss options available
- Remember to take this to supervision

Q: What qualifications as a coach or supervisor do I need to work with neurodivergence?

There are a few accredited courses in the UK to train ADHD coaches. There are many unaccredited and short trainings on the market. Look for CPD that is delivered by experienced facilitators who come from a neurodiversity and training background for the best learning experience and the most reliable content.

Q: What are the 'signs' I need to be aware of in a coaching client that they may be neurodivergent and how do I adapt my style?

- You may see signs of executive function issues such as lateness, diary clashes, missed appointments, forgetfulness, mistakes, and lack of communication
- They may forget agreed actions, lose notes or become overwhelmed with too many tasks and an unmanageable workload.
- Your client may struggle to focus on the session or talk at a tangent, fidget, or move, and avoid eye contact. You may notice tics both verbal and physical
- They may not understand the point of open questions and go quiet while they process or become confused about the question or the intention of the question
- They may get overly excited about trying out new strategies and approaches, but they may not always follow through with the practice between sessions
- They may experience several emotions during the session which can change quickly
- They may be easily hurt and upset by implied criticism, judgemental comments and 'banter'

Q: I have been asked to coach a corporate client who has recently been diagnosed with ADHD. What do I need to know?

When coaching clients with specific diagnoses like ADHD, coaches must ensure they have the appropriate training and understanding of the condition.

Check:

- Does the client want a coach who has experience of or is trained to work with a client who has ADHD?
- If you are trained in ADHD, check your Professional Indemnity Insurance covers you.
- What kind of coaching does the client want: e.g. help to work and understand their diagnosis or to help them with e.g. interpersonal dynamics, focus of attention?

Then decide if it is within your capability capacity and scope of the contract.

- What support does the organisation have in place to support employees who are neurodiverse?

- What feedback may be required, explore confidentiality and boundaries that may need to be in place?

To learn more about coaching and neurodivergence here.

For more details visit Member to Member Guides and webinar and podcasts on dedicated Mental Health and Wellbeing Digital Learning Resources

Supervision, Training and Red Flags

Supervision Guide: This guide supports coach supervisors in addressing mental health and wellbeing issues, offering guidance on contracting, targeted interventions, and ethical dilemmas without diagnosing.

Q: Should all coaches who come across MH in their work have a therapeutically trained Supervisor?

If possible, it is preferable for coaches who encounter mental health issues in their practice to have a supervisor who takes a psychological lens or who is therapeutically informed. Mental health concerns can be complex and sensitive, and having a supervisor who has appropriate experience ensures that coaches have the support and guidance to address these issues responsibly and ethically. Such a supervisor can provide coaches with insights and strategies rooted in mental health expertise, which is crucial for maintaining the well-being of both the coach and their clients. This not only enhances the effectiveness of the coaching process but also upholds the safety and integrity of the coaching profession. If your Supervisor is not therapeutically informed, it is still important for you to take any concerns to your supervisor who can help reflect and bring new insights. Supervision is a safe space in which to explore any concerns you may have.

Q: What is the responsibility of a Supervisor and Coach when suicidal ideation is mentioned?

When a client mentions suicidal ideation, it is critical for both the coach and their supervisor to handle the situation with utmost sensitivity and care. The primary responsibility of the coach is to ensure the immediate safety of the client by encouraging them to seek professional help from qualified mental health professionals. Coaches are not typically trained to handle acute mental health crises, including suicidal thoughts, so referring the client to appropriate services is essential.

The coaching supervisor plays a supportive role in this scenario, providing guidance to the coach on how to handle the situation appropriately and ethically*. They should ensure that the coach feels supported in managing their own emotional response and understands the importance of professional boundaries and referral protocols. Both the coach and the supervisor must prioritize the client's safety and well-being**, adhering to professional standards and ethical guidelines that underscore the importance of immediate and appropriate referrals in crisis situations.

* If a coach's supervisor lacks therapeutic training, the coach may not receive adequate guidance on handling complex mental health situations. This could result in insufficient support for the coach and potentially harmful outcomes for clients.

**These guidelines emphasize the importance of referring clients to mental health professionals when suicidal ideation is mentioned. Coaches may lack the training to handle such crises effectively, and failure to refer appropriately could endanger the client's safety and expose the coach to liability issues. The document stresses the need for supervision in these cases, but the responsibility ultimately lies with the coach to act ethically and prioritize client safety.

Q: What safeguarding/risk policy should be in place when a client mentions suicide ideation?

Deciding on the risk level of a client's suicidal ideation and the appropriate response is a highly sensitive and critical task. Coaches, while not typically trained mental health professionals, should approach this with caution. Here are some general guidelines on conditions under which a coach might assess suicidal ideation as lower risk, potentially not warranting immediate emergency action:

- **Expression of Thoughts without Intent or Plan:** If a client expresses passive thoughts about not wanting to live or wishing they were dead without any specific plans or intent to act on these thoughts, this might be considered lower risk compared to active suicidal plans.
- **Client's History and Context:** Understanding the client's history, including any previous episodes of suicidal ideation and their outcomes, can provide context. If such episodes were managed without escalation in the past, it might indicate a lower risk.
- **Support Systems:** If the client has a strong support system in place, such as family, friends, or a therapist they are actively engaging with,

this can reduce the perceived immediate risk as these supports can offer protection and intervention.

- **Short-Term Safety Assurance:** The client may verbally assure that they have no intention of harming themselves in the short term and agree to a safety plan that includes seeking help or contacting emergency services if their thoughts intensify.
- **Immediate Actions Taken:** If the client has already taken steps to seek help or plans to do so, such as scheduling an appointment with a mental health professional, this may indicate a lower immediate risk.
    - Despite these factors, it is crucial for coaches to proceed with caution. Coaches should always encourage clients expressing any level of suicidal ideation to seek professional help. If there is any doubt about a client's safety, it is better to err on the side of caution and guide the client towards emergency resources or professional mental health services. Coaches should consult with their supervising therapist or a mental health professional when assessing risk and deciding on the appropriate course of action.
- **Impact on you**: Consider the felt sense of what happens in the moment and the impact on you. Be reflective in the moment and make sure you 'hold the space in the room' and be there for your client, so they feel listened to and you acknowledge your response. Take your response to supervision and ensure you de brief your reaction.
  You may find the Member to Member guide article 'When Clients Mention Suicide Steps for Coaches and Supervisors' helpful.

- **Professional Indemnity Insurance:** Ensure that your insurance covers working with mental health as a Supervisor and/or a Coach.
- **Safeguarding policy:** Check with the Local Authority /Agency or jurisdiction where you practice for their policy on safeguarding and escalation. In some situations you are required to have your own policy in place and if you are working in private practice - the clinic where you work. Particularly if you coach in Education, Health or local government.

Q: Should a coach be exploring a client's personal history? Should a coach be pharmacologically aware?

Exploring a Client's Personal History:

While coaches are not therapists, understanding a client's personal history can be important for contextualizing their goals and the challenges they face. However, the exploration should be limited to what is relevant for achieving coaching objectives. Coaches should focus on the client's current situation

and future goals rather than delving deeply into psychological issues or past traumas, which are typically addressed in therapeutic settings.

Pharmacological Awareness:

While it is not necessary for coaches to have detailed pharmacological knowledge, having a basic understanding of common medications and their potential impacts on behavior, mood, and cognition can be helpful. This awareness can assist coaches in recognizing when a client's issues might be influenced by their medications and when to recommend that a client consult with healthcare professionals. However, coaches should never provide advice on medication or diagnose health conditions. Their role is to support the client's goals and facilitate personal growth while ensuring any significant health concerns are addressed by appropriate medical professionals.

Overall, while a coach's engagement with a client's personal history and pharmacological awareness can support the coaching process, it is important to maintain clear professional boundaries and refer clients to suitable medical or therapeutic professionals when deeper issues arise that are beyond the coach's scope of practice.

Q: What is Therapeutic Coaching?

Therapeutic Coaching is an approach that is underpinned by psychological, mental health and ethical codes of practice, where practitioners are therapeutically trained. Therapeutic Coaching is combined with Coaching principles in a single way of working. It aims to help clients achieve specific personal or professional goals while also addressing underlying psychological or emotional challenges that may be hindering their progress. Unlike traditional psychotherapy, which often focuses on treating mental health conditions, therapeutic coaching focuses more on desired outcomes, goal setting and personal growth, utilizing therapeutic methods.

Therapeutic Coaching as yet does not have a defined definition. Research is currently being undertaken by Prof. Andrew Reeves with the University of Chester with initial findings published @ BACP.co.uk

Q: What qualifications do you need to be working as a therapeutic coach?

To work as a therapeutic coach, individuals typically need a combination of coaching certification and a background in a mental health-related field. Key qualifications include:

- **Certification in Coaching:** Obtaining a certification that is acknowledged from a recognized coaching organization, such as the Association for Coaching (AC), EMCC or International Coach Federation (ICF), is important. These certifications ensure the coach has undergone recognized training in coaching principles and ethics and adheres to professional standards.
- **Education and Qualification in Mental Health:** A degree, formal training and accreditation in psychology, counselling, psychotherapy, social work, or a related field is highly beneficial. This background informs the coach to understand and apply psychological theories and practices ethically and effectively within the coaching framework. If you decide to do 'courses' on specialist subject areas - be aware that this does not fully equip you to develop a therapeutic relationship or recommend any therapeutic interventions.
- **Specialized Training:** Additional training or certification in specific therapeutic approaches compatible with coaching, such as cognitive-behavioral techniques, mindfulness, trauma informed, or solution-focused therapy, enhances a coach's ability to support clients effectively. There are specific courses to develop your professional skills as a Therapeutic Coach, which are recognized by both Therapeutic and Coaching Professional bodies e.g. Association for Coaching (AC), BACP, EMCC.
- **Supervised Experience:** Gaining experience under the supervision of experienced professionals is valuable. This helps new therapeutic coaches apply their skills safely and effectively, particularly when dealing with complex emotional or psychological issues.
- **Ongoing Education:** Continuous professional development through workshops, seminars, and courses is essential to keep up to date with the latest research and techniques in both coaching and therapy fields.
    - These qualifications ensure that people who practice as therapeutic coaches are well-equipped to handle the dual aspects of coaching and therapy, providing effective support to clients while adhering to ethical standards.

Working ethically and to professional standards: If you practice, and want to work as a therapist you are required to adhere to professional codes of conduct and ethical practice. In addition, complete a Certificate of proficiency (COP), to be on the Professional Standards Authority (PSA) Register (if in the UK) and complete an accreditation process with a minimum requirement of 1.5 hours of supervision per month (post accreditation).

If you are a coach and a member of a professional body you are required to sign up and adhere to the Global Code of Practice. Therefore, if you want to work as a Therapeutic Coach or use Therapeutic interventions you need to ensure you are working with the required training (dual practitioner) to ensure judicious and transparent integration of counselling/psychotherapy, coach training and qualification, and drawing on the complementary skills set, theories, principles and values. Work within contract and have regular supervision and adequate professional indemnity insurance.

Reeves, A., Myers l., Kennedy, A., and Rathod S. (2024). Therapeutic Coaching: Reporting on a focus study group. BACP Conferences, 2024. Excerpt retrieved on September 6, 2024 on https://www.linkedin.com/feed/update/urn:li:activity:7237707173735137280/

"A therapist can work as both, a coaching practitioner or a therapist. It does not work the other way round .The same holds true for 'therapeutical coaching'- this refers to the "judicious and transparent integration of counselling/psychotherapy, coach training and qualification, and drawing on the complementary skills set, theories, principles and values from the two disciplines to focus on supporting client(s) in the process of insight, development and change" (Reeves, Myers, Kennedy, and Rathod, 2024). Only dually trained practitioners (coach and psychotherapist) can engage in therapeutical coaching."

Bereavement, Grief and Loss

Q: How do you know when the grief and loss being shown in coaching is not "normal"?

Feeling bereaved and showing any type of emotion during a time of loss is a completely normal human response. Identifying if the grief is not normal is not straightforward but you may see signs in your coachee of:

- Poor concentration and decreased performance at work for extended periods after the loss event
- Disturbances in sleep
- Tiredness and lack of motivation
- Changed eating patterns
- Increase in alcohol and/or drugs
- Fluctuating moods

- Inability to think about or plan for the future

(For more FAQs, please refer to the "Additional Learning on Mental Health and Wellbeing" section above, on page 2.)

Look out for signs that the grief is starting to become more pervasive and leaking into other parts of their life.

Most clients experiencing “normal” levels of grief are still able to function in other parts of their life e.g. at work, parenting, socialising.

Q: What are the signs that someone’s grief is straying into mental illness e.g. depression?

- Indicators that it may be straying into a mental illness is when it becomes all pervasive and the client finds it difficult to think or talk about anything else and they may be finding it difficult to function with daily activities.
- Consider what you learned about your client at contracting and during your work together. Was there already a history that pointed to something like depression?
- Explore with your client about what you are noticing about their behaviour and/mood and look for thoughts, behaviours, physical signs, and emotions of possible depression such as:
    - Self-criticism, memory and concentration difficulties, procrastination (especially when the client normally doesn’t do it), avoidance, unusual outbursts compared to normal self, body signs, sleep deprivation, loss of appetite, passive and sad emotions, disappointment with self, and numbness,
- Remember you are not there to diagnose even if therapeutically trained. Take to supervision.
- Ask them whether they feel fit for coaching currently and reiterate your role as a coach and your professional duty of care to them.
- Instigate a conversation that helps the client to explore where else they may need support outside of the coaching e.g. their GP, therapy.
- Help them to action this outside the coaching without taking too much responsibility (e.g. you may have to support them to find a therapist by recommending or providing websites/directories of counselling).
- If you meet resistance from the client (they may not be able to be objective about their own health) then reiterate your professional duty of care requirements to them as well as your need to abide by the ethical code and only coach within the boundaries of your capability

(always with care and compassion). An option would be to pause the coaching for the next session to allow you enough time to take it to supervision.

Q: When would you pause coaching and how long for when a coachee is bereaved?

- Be led by your coachee as it depends how much they feel they are/will be impacted by the loss.
- Keep communications open and respectful if you are informed of the bereavement by a third party and do not have chance to discuss this with the client. Use the third party (within the realms of agreed confidentiality) to establish a possible pausing especially with corporate contracts.
- Consider whether the pause in coaching is purely practical for the coachee to take bereavement leave and deal with family, funerals, legals etc. This will depend on how frequently you were meeting your client before the bereavement.

Q: When would you pause coaching and how long for when you, the coach, are bereaved?

- Be led by your own instincts on this.
- Bear in mind that sometimes we may be impacted in unexpected ways by grief and not necessarily see for ourselves if we are fit for practise at this time. E.g. brain fog, stress of handling funeral arrangements, changing family dynamics, increased tasks.
- Take to supervision and discuss with close family/friends to receive a more objective view on their perception of your capacity and capability currently.
- Explore in supervision how to communicate any pause with the client.

Q: Is there a timeframe when it is Ok to discuss a bereavement with a coachee?

- There is no time frame. All grief is unique, so be led by your client.
- Consider how much you need to discuss the bereavement with your client or whether it is purely an acknowledgment of their loss and an empathetic check in on how they are feeling. Also check whether anything needs to change from your original contract because of their bereavement.

- Remember your role as coach is not to “unpack” the bereavement but to focus on your original contract if the client is, fit and well enough to continue coaching.

Q: What should I do when I am facing illness myself?

- As above take to supervision to explore the implication of the knowns and unknowns about the illness
- Ponder how much capacity and capability you will have for coaching (as far as known) and how that might influence your ability to give the best service to your clients
- Consider what and what not to tell clients from a personal and professional perspective
- Explore the possibility of passing on clients to other coaches depending on anticipated length and severity of your illness
- Take the opportunity to ensure your professional will is up to date or if you don’t have one for your coaching practise, then work with your supervisor to draw up a strategy for now and the future

Q: How do I know I am emotionally, mentally, and physically fit to practise as a coach when I have suffered my own bereavement?

- As stated in the previous answers it may be difficult to assess your ability, so supervision maybe helpful
- Your supervisor should ask questions and listen empathetically to help you gain insight on whether and how much you have been impacted by this loss in a way that could be detrimental to the client
- Coaches are encouraged to reflect on their emotional and mental fitness to practice, especially after personal bereavement or illness. While self-awareness is crucial, there is a risk that coaches may underestimate their own struggles and continue to work with clients when they are not fully capable. This could compromise the quality of coaching and the wellbeing of both the coach and the client.
- Explore the physical side of being fit to practise, the impact of lack of sleep, and increased tasks. Use this as an opportunity to check your ongoing self-care strategy as a coach
- Pose some questions on “what if’s” to discover how you might respond e.g. what if something arises in a coaching session that reminds you of your loss and how would you manage it, how might that be for the client?

Q: If a client has been bereaved and I have experienced a recent bereavement too, should I work with them?

- This pulls together all the previous answers.
- Consider how you feel about your own bereavement first by talking it through with your supervisor. Are you fit to practise with any client at this time because of your loss?
- Find out from your client how they are responding to their bereavement and if they feel they want to continue, pause, or even stop coaching.
- If your client believes they are fine to continue but you don't feel you are fit for practise currently, then inform your client why and work out a plan for pausing the coaching. In rare circumstances you may have to stop coaching completely and pass onto another coach e.g. if the bereavement is particularly complex and/or there are too many similarities with your coachee's situation.
- If the client is fine to continue and you are too, then at the next coaching session don't ignore what has happened for both of you but have a conversation and recontract for any future eventualities for both you and your clients.
- Remember you may be able to bring your own experience of bereavement to the service of your client and foster a deeper connection and rapport with them.

Q: What should I do if a coachee dies?

- This is a rare event but no matter how long you have worked with the client it can still be a shock. Take to supervision even if you feel that it has not impacted you untowardly.
- Your supervisor can help you explore this and give guidance on practical issues like passing on condolences (how and to whom) as well as navigating the conditions around the remaining contract with a sponsor in a sensitive manner.
- Supervision can also be space to explore the wider topic of personal attitudes to death and focus on future bereavement strategies with other clients.

To learn more about handling bereavement, grief, and loss in coaching: Menaul, J. and João, M., (2022) Coaching and Supervising Through Bereavement: A Practical Guide to Working with Grief and Loss (Routledge).