INTRODUCTION

Coaching, as a methodology for facilitating intentional positive change, has apparently become a permanent fixture in contemporary Western society. Once decried as a self-help fad (Barry, 1994), coaching is now widely used in organisations as a means of enhancing performance and aiding the development of employees from CEO level to front-line staff. Indeed, one would be hard pushed to find a medium to large sized business that does not utilise coaching methodologies in one form or another. In addition to organisational and workplace applications, coaching methodologies are now commonly marketed in a wide range of personal life domains, including relationship coaching, dating, emotions, health, communication, confidence, weight loss or general “life coaching”.

Coaching is estimated to be a rapidly growing $2 billion global industry (ICF, 2016). In a 2016 survey that incorporated 15,380 responses from 137 countries, the largest coaching-specific professional organisation, the International Coach Federation (ICF), estimated that there were 53,300 professional coaches worldwide (up from 47,500 in 2012). It was estimated that Western Europe had the highest number of coaches with 18,800 coaches; North America followed with an estimated 17,500 coaches in 2016 (ICF, 2016).

Such coaches tend not to have training, certification or registration as a counsellor or psychotherapist. It would seem that counsellors and psychotherapists, despite been seen as having expertise in helping people deal with emotional difficulties and life challenges, have been relatively slow in positioning themselves in the coaching market. This has left other, possibly less qualified individuals to address the ubiquitous human need for goal attainment, self-discovery and personal development. To develop clarity on the coaching-counselling conundrum we firstly discuss the distinctions between coaching and counselling/psychotherapy, and we emphasise some key differences between the counsellor-client relationship and the coach-coachee relationship. We outline a tripartite metatypology of coaching (skills, performance and developmental coaching) and we use this to further make links between coaching and counselling. To address the question whether coaching is somehow less "valid" than counselling we then present an overview of the current evidence-base for coaching and conclude with some key points for counsellors making a transition to coaching practice.
This article presents a personal perspective on coaching with particular implications for counsellors and psychotherapists. Our main focus here is on organisational or workplace coaching, but our reflections are also relevant to personal or “life” coaching modalities.

We are two experienced professionals—a professorial level coaching psychologist and a BACP accredited psychotherapist with over 20 years experience in psychiatric hospital settings, private practice, and as a psychotherapy supervisor. Our experience, as well as anecdotal evidence, suggests that there are two main issues that can sometimes act as a barrier for counsellors and psychotherapists who are thinking about transitioning to coaching practice: (a) a lack of clarity about the distinctions between coaching and more therapeutic modalities; and (b) a feeling that coaching is somehow less “valid” than counselling or therapy—that is—that coaching is not evidence-based.

To develop clarity in relation to these issues we firstly discuss the distinctions between coaching and counselling (the term “counselling” is used to denote both counselling and psychotherapy) and we emphasise some key difference between the counsellor–client relationship and the coach–coachee relationship. We outline a tripartite metatypology of coaching—skills, performance and developmental coaching—and we use this to make further links between coaching and counselling. To address the question whether coaching is somehow less “valid” than counselling we then present an overview of the current evidence-base for coaching, and conclude with some key suggestions for counsellors making a transition to coaching practice.

2 | WHAT IS COACHING?

Coaching is a relationship formed between a coach and the coachee for the purpose of attaining valued professional or personal goals and outcomes (Spence & Grant, 2007); thus, coaching is essentially a goal-focused activity. This is true whether the coaching is focused on building skills, improving performance, or facilitating personal or professional developmental.

In most coaching engagements, the coaching process facilitates goal attainment and enhances well-being by helping individuals to (a) identify desired outcomes; (b) establish specific goals; (c) enhance motivation by identifying strengths and building self-efficacy; (d) identify resources and formulate action plans; (e) monitor and evaluate progress; and (f) modify action plans. The monitor-evaluate-modification steps of this process constitute a simple cycle of self-regulated behaviour, and this is a key factor in creating intentional cognitive and behavioural change (Vohs & Baumeister, 2016). It requires some considerable skill on the part of the coach to properly facilitate this process, not least in assisting coachees to keep focused on their goals over time and helping them to develop and implement innovative solutions to the ongoing challenges that invariably arise.

Given that this generic self-regulation process is central to many helping modalities including counselling, mentoring, aspects of clinical psychology, teaching, training, and psychotherapy (Baumeister, Tice, & Vohs, 2018) it is not surprising that there is often confusion in clearly delineating the boundaries between coaching and counselling. Clarity in this area is vital: without clarity on the distinctions between coaching and counselling, it is difficult for practitioners to work effectively (and ethically) in either a coaching or counselling relationship.

However, understanding the differences between coaching and counselling is not as simple as it may first appear; what happens in a coaching session may look very much like what happens in a counselling session and vice versa. Thus, to gain clarity we need to delve deeper.

3 | A TRIPARTITE METATYPOMETRY OF COACHING APPROACHES

Coaching is a multi-faceted methodology for facilitating intentional, positive change. Coaching can be conceived as having three main typologies: (a) skills; (b) performance; and (c) developmental coaching. Important distinctions between these have implications for understanding the coaching-counselling conundrum.

Skills coaching focuses on a specific behavioural repertoire and can be a fairly short intervention—perhaps one or two sessions. Skills coaching requires the coach to focus on specific behaviours, and the coaching sessions may be highly detailed and granular in nature. The coach may need considerable expertise in the area in which they are coaching. For example, when coaching sales skills for pharmaceutical sales representatives, the coach would need to be familiar with the product, as well as the different types of sales pitches needed for pharmacists, doctors and consultants. The coach may model the required skills in some detail, and coaching sessions usually encompass a rehearsal and feedback process. Skills coaching could also involve, for example, improving communications skills or rehearsing for presentations or negotiations.

Performance coaching in the workplace is about improving performance over a specific period of time; for example between one month and several years. Performance coaching focuses on helping the coachee take a broader perspective on the situation, as well as helping them articulate and set goals, overcome obstacles and evaluate and monitor their performance as they work over time towards achieving their goals. In the workplace coaching may follow a performance review, helping the coachee reach specific key performance indicators.

Developmental coaching involves taking a broader strategic approach, helping coachees develop their perspective taking capacity (Kegan, 1982), and often addressing more intimate questions of personal and professional development. Developmental coaching may focus on enhancing emotional competencies or working more effectively with team members. Developmental coaching is rather like “therapy for people who do not need therapy” and often requires the creation of a personal reflective space where the client can explore issues and options and create action plans in a confidential, supportive environment.

Although presented as being three discrete typologies, most coaching sessions cover some aspect of all three typologies; that
is a coaching session will typically incorporate some aspect of skills development, will typically impact on some aspect of performance and will typically serve a developmental function. Nevertheless, coaching engagements (a series of coaching sessions) will typically fall into skills, performance or developmental category.

The distinction between these three key coaching modalities has important implications for counsellors. Each of these three coaching modalities places different demands on the coach. Counsellors making the change to coaching should consider the extent to which they have the capability and training to practice skills, performance or developmental coaching. Given existing discussion, it may be that it is the developmental aspect of coaching that perhaps has the greatest relationship to counselling and psychotherapeutic modalities.

4 | COACH OR COUCH? COMMON DISTINCTIONS

Many themes have been used to differentiate coaching from counselling. For example, coaching may lend greater emphasis to structured conversations and uses varied modes of delivery, including face-to-face, phone, Skype and email. Coaching is also said to be more solution-focused than counselling, more focused on the present rather than the past, and places less emphasis on unconscious facets of behaviour (Theeboom, Van Vianen, & Beersma, 2017).

Whilst there may be some echo of truth in these broad statements, for each distinction offered, there is a counter position. Some coaches prefer unstructured or “free-flowing” coaching conversations (Clutterbuck, 2010), whereas some counsellors find structured or manualised sessions helpful (Addis, Cardemil, Duncan, & Miller, 2006); some counsellors have embraced Skype or Internet-based session and some coaches only conduct face-to-face coaching session. Some counselling is strongly solution-focused (de Shazer et al., 1986) whereas some coaches draw extensively on psychodynamic or systemic theory (Kilburg, 1996) and other coaches utilise aspects of attachment theory (Drake, 2009).

These distinctions focus on how coaching is conducted, rather than who the client is, or the specific focus or goals of the coaching or counselling process. Whilst distinctions based on how coaching is conducted can give a useful overview of the differences between coaching and counselling, they fail to give a complete picture; other perspectives are required.

5 | THE NORMAL CURVE: DISTINGUISHING THE ABNORMAL POPULATION?

Another way that coaching has been differentiated from counselling focuses on the different levels of degree of psychopathology typically seen in coaching, counselling and clinical populations. This distinction is based on the theoretical distribution of psychopathology in the general population using the normal distribution curve (Krabbendam et al., 2004). From this perspective, the extreme lower end of the distribution (approximately three to four standard deviations below the mean) can be deemed a psychiatric population, with less extreme sections of the distribution being deemed clinical, counselling and coaching populations, respectively (Figure 1).

This approach to delineating coaching from therapeutic modalities is based on the fundamental assumption that coaching clients do not present with clinically significant problems for treatment and/or are from a “non-clinical” section of the population (de Haan, Grant, Burger, & Eriksson, 2016). This is an important and central philosophical assumption about coaching, articulated in the often-cited mantra that “coaching is not therapy”. This assumption reflects the espoused viewpoint of a large number of coaching organisations, including the European Mentoring and Coaching Council (EMCC), the Association of Coaching (AC), the International Coach Federation (ICF), and the Worldwide Association of Business Coaches (WABC).

6 | COACHING COMPARED TO COUNSELLING

The notion that a range of client groups per se can be distinguished by reference to varying degrees of psychopathology is also central
people seek counselling to help them resolve emotional, psychological and relationship issues. Clients may be experiencing difficult and distressing events in their lives, such as bereavement, divorce, health problems or job concerns ... or ... feelings of anxiety or dissatisfaction with life. Some clients feel isolated and have no one else to talk to ... They may find it easier to talk about personal, family or relationship issues with an independent professional therapist (BACP, 2018).

Whilst the BPS comments on its web site that:

counselling psychologists deal with a wide range of mental health problems concerning life issues, including bereavement, domestic violence, sexual abuse, traumas and relationship issues. They understand diagnosis and the medical context to mental health problems and work with the individual’s unique subjective psychological experience to empower their recovery and alleviate distress (BPS, 2018).

Whilst this kind of approach to delineating coaching from counselling has some face value and seems intuitively useful, the reality of the role of mental health issues in the coaching-counselling conundrum is more complex. It is clear that some aspects of coaching involve mental health or psychotherapeutic issues, particularly when coaching is conducted in the personal or life domains. Available research on life coaching suggests that between 25% and 50% of the general public who received life coaching had clinically significant mental health issues (Green, Oades, & Grant, 2006; Spence, Cavanagh, & Grant, 2008).

Given that between 20% and 25% of the general population will suffer from mental health problems (Alonso et al., 2004), and many specific occupations have even higher rates (Wulsin, Alterman, Bushnell, Li, & Shen, 2014), it seems likely that some coaching clients will have mental health issues.

This does not mean that the client’s or coachee’s level of psychopathology or distress is not a useful guide as to the boundaries between coaching and counselling, but the fact that coaching and counselling populations overlap in terms of psychopathology or distress has two important implications for our understanding and for untangling the coaching-counselling conundrum.

7 | THE GOALS AND AIMS OF THE RELATIONSHIP

A key difference between coaching and counselling relates to the goals or aims of the relationship. The coach aims to help the coachee identify personally valued goals or outcomes, and then supports them in working towards those goals. The counsellor’s aims are more focused on resolving emotional, psychological and relationship issues, alleviating distress and dealing with problems such as bereavement and divorce (Cavanagh & Buckley, 2014).

A coach may work with a coachee who is anxious, depressed or having relationship difficulties, but the aim of the coaching is not about directly addressing such issues; that is the role of the counsellor or psychotherapist. The aim of the coach is to help the coachee set and strive towards specified goals. Where issues of depression, anxiety or other aspects of psychopathology arise or are inhibiting the coaching process, the role of the coach is to then refer the coachee to a suitable mental health professional (Cavanagh & Buckley, 2014).

In our experience it is a mistake, even for a qualified counsellor who has a coaching practice, to turn a coaching relationship with a coachee into a therapeutic relationship if and when therapy needs emerge during coaching. Referral to another mental health professional is a far better way forward, because the nature of the coach–coachee relationship differs significantly from the counsellor–client relationship. However, depending on the counsellor’s dominant therapeutic theoretical framework, it may be possible to turn a counselling relationship into a successful coaching relationship. For example, an outcome-oriented solution-focused counselling approach may be more suitable for transition to a coaching approach than an in-depth psychodynamic approach.

It is also worth noting that almost all the coaching outcome research indicates that goal-focused coaching has a positive impact on the coachee’s mental health. Typically coachees’ levels of depression, anxiety and stress (where these are present) significantly reduce and their levels of well-being increase (Theeboom, Beersma, & van Vianen, 2013)—even though these have not been directly addressed in the coaching process. Such findings should reassure any counsellors who may be concerned that goal-focused coaching does lead to improvements in well-being.

8 | THE THERAPEUTIC WORKING ALLIANCE

The second key difference between coaching and counselling concerns the nature of the “working alliance” (Bordin, 1979;
The nature of the working alliance (also known as the therapeutic or helping alliance)—that is the relationship between a healthcare professional and a client (or patient)—is largely determined by the needs of the client (Horvath & Greenberg, 1989). Although exact definitions of the nature of the working alliance vary between different therapeutic schools of thought (Freud, 1920; Rogers, 1951), so-called common factors such as congruence, unconditional positive regard and empathy, a shared understanding of the aims of the therapy, a strong relational bond (Bordin, 1979), trust, and clear boundaries between counsellor and client are seen as vital. As counselling clients may be in an emotionally vulnerable place, the counselling working alliance places great emphasis on emotional safety (Lawson-McConnell, 2018).

The importance of the therapeutic working alliance is well documented (Doran, 2016). In short, a significant body of research within the psychotherapeutic literature holds that one of the most important determinants of therapeutic outcomes is the ability of the counsellor to develop a working alliance with the client that embodies so-called common factors such as trust, warmth and respect for the client’s autonomy (Wampold, 2015).

Common factors that have been influential in therapeutic contexts are also of some relevance in the coach–coachee relationship. However, coaching is inherently outcome or goal focused rather than about ameliorating issues related to psychological problems. Research into the coach–coachee relationship (Grant, 2014; de Haan et al., 2016) indicates that common factors significantly predict coaching success (as measured by goal attainment). However, in coaching, the goal-orientation aspect of the relationship is far more important than emphasis on emotional safety found in the counselling relationship. For example, Grant (2014) found that the "goal-focused" aspect of the coach–coachee relationship was a unique and significantly powerful predictor of coaching success, even when common factors such as unconditional positive regard and empathy were statistically controlled for.

In understanding the nature of the coach–coachee relationship it is also important to remember that the coachee’s needs differ from those of the counsellor’s client. Typically, coaching clients are not deemed to be in an emotionally vulnerable place, nor are they coming to coaching expecting a healing or therapeutic emotional catharsis. The coach–coachee relationship is more like a robust business partnership than a therapist-client relationship (Hart, Blattner, & Leipsic, 2001).

Rarely would a counsellor or psychotherapist accept a gift from a client. Rarely would a counsellor or psychotherapist socialise with a client (McGuire, Toal, & Blau, 1985). Rarely would a counsellor or psychotherapist discuss a client’s progress with his or her employer (Milne, Blum, & Roman, 1994). For most coaches, such activities are part of their everyday practice (Gebhardt, 2016). This is particularly the case with executive or organisational coaching where an executive coach may be given seasonal gifts, be invited to an organisational or corporate event, or give detailed feedback on the coachee’s progress to organisational stakeholders. In executive or organisational coaching, both the person being coached, and the organisation are the "client", and balancing and managing these relationships in an ethical, professional and commercially-viable manner is not easy. In addition, the relationship between coach and coachee changes substantially over the course of a coaching engagement. This is particularly the case in executive or organisational coaching (Figure 2).

The nature of the coach–coachee relationship shifts substantially over time (Chapman, Best, & Van Casteren, 2003). In the early stages, the coach is acting in a consulting role. Here the coach may

![Figure 2: Publication of coaching-specific literature over time (2000–2017)](image-url)
be quite directive but not particularly emotionally supportive; acting as a consultant, giving advice based on their professional experience and available evidence about the most effective way to proceed with the coaching, and negotiating issues such as fees, confidentially and feedback processes.

Once the coaching actually starts the coach is initially acting in a psycho-educational role. In this second stage, the coach is both directive and emotionally supportive. During this stage, the coachee is being directed and socialised into the mores, roles and process of coaching (Chapman et al., 2003). This socialisation process may be explicitly directive as when the coach shares models, theories or ways of structuring the coaching session, or it may be more of an implicit process where the coachee picks up the language and ideas used by the coach in an osmosis-like fashion.

The third stage is where the “real” coaching takes place. Here the coach is emotionally supportive, but less directive. In this creative stage, the coachee understands how the coaching sessions are structured and there are shared expectations about the structure and flow of the sessions. At last, in the fourth stage, the relationship shifts to a more mentoring-like footing. This often happens when an initial coaching engagement has been completed and the coachee returns at a later date for some more coaching. Typically, there is a subtle shift in the nature of the relationship, with less overt emotional support from the coach, particularly where the coachee has genuinely internalised the learning from the prior coaching.

In many ways, these changes echo changes in the therapeutic relationship (Obegi, 2008). What makes this complex for the executive or organisational coach is the need to manage the changing coaching relationship with the coachee whilst simultaneously managing the more consultancy-based relationships with multiple organisational stakeholders, and in the processes managing confidentially and contractual issues in a way that meets all stakeholders’ needs.

In our experience, one of the key difficulties counsellors have in making the transition from counselling to coaching involves counsellors creating (and working within) these types of coaching and consulting relationships, versus a more traditional therapeutic working alliance. This transition will necessarily be different for counsellors depending on their therapeutic orientation; someone used to counselling from a highly solution-focused perspective and with a corporate background may find the transition easier than someone from a traditional psychodynamic background. That this transition can be difficult is unsurprising given that the therapeutic working alliance is, in a very real way, an extension of the counsellor’s own sense of self; a sense of self-developed from years in training and practice—and such change rarely comes easily—even when we, as change agents, are skilled at helping others change.

11 | IS COACHING AS “VALID” AS COUNSELLING?

Some commentators have argued that therapists who wish to become coaches need to “let go of the ego of the title (Therapist)” (Hart et al., 2001, p. 234). Certainly, we have observed that, in some counsellors, there is a feeling that coaching is somehow less “valid” than counselling or therapy—that is—that coaching is not evidence-based and that it is merely some kind of money-making fad. It is this myth that we will now address.

The research base for coaching has grown exponentially since 2000 (see Figure 3) and there is now a significant amount of coaching-specific research (Athanasopoulou & Dopson, 2018).

A considerable body of research indicates that coaching can indeed be an effective approach for facilitating change on a number of variables, including goal attainment, personal resilience, subjective

![Figure 3: The phases of the coaching relationship](image-url)
well-being, solution-focused thinking, self-insight, and transformational leadership behaviours (for a review see Bozer & Jones, 2018). Much of coaching outcome research has focused on workplace or executive coaching (Theeboom et al., 2013), although there is a body of research looking at personal/life/health coaching—particularly where coaching impacts on quality-of-life or specific health issues (e.g. Liu, Irwin, & Morrow, 2015). The personal/life coaching research literature also strongly suggests that coaching is an effective means of creating intentional personal change (Goddard & Morrow, 2015; Grant, 2003).

Coaching outcome research methodologies vary from single person qualitative case studies (e.g. Freedman & Perry, 2010) through to large-scale quantitative within-subject studies (de Haan et al., 2016) and randomised controlled studies (e.g. Grant, Curtayne, & Burton, 2009). We have seen the emergence of systemic literature reviews (Bozer & Jones, 2018) and meta-analyses of coaching research, a testament to the maturation of the coaching evidence research base. Meta-analyses can be considered the most sophisticated form of quantitative outcome coaching research, as they combine and conjointly analyse a number of previously published studies to calculate the average effect size of a range of coaching interventions. To date, there have been five meta-analyses (Burt & Talati, 2017; De Meuse, Dai, & Lee, 2009; Jones, Woods, & Guillaume, 2016; Sonesh et al., 2015; Theeboom et al., 2013) indicating that coaching is an effective change methodology.

The long-term growth of a body of coaching research is evidence that coaching is now well-established and has well moved beyond fad status (for early concerns that coaching was only a passing fad see Tobias, 1996). At present far less coaching-specific research exists than counselling or psychotherapeutic research, as coaching is a relatively new area of practice. Nevertheless, counsellors and psychotherapists concerned about the lack of an evidence-base for coaching can rest assured that there now is a substantive and growing basis for valid coaching practice.

12 | KEY LEARNING POINTS AND SUGGESTED ACTIONS

This article has highlighted some issues less frequently discussed in the counselling literature and, drawing on these, we outline some suggestions that may be helpful to counsellors transitioning to a coaching practice (see also Williams & Davis, 2002).

- Develop clarity and a personalised understanding about the distinction between therapy and coaching in terms of the focus of the process, the nature of the relationship and the orientation of the practice (Table 1).
- Spend some time in constructive self-reflection. Ask yourself: “what are my core assumptions about myself as a counsellor or psychotherapist in terms of (a) the therapeutic or working alliance; and (b) my aspirations for my clients; and (c) the way I conduct and run my counselling practice?” It might then be useful to reflect on what would need to change to make the transition in terms of those three areas. Additional issues to think about would include the kind of coaching services you might offer and whether you would have skills, performance or developmental focus. Also consider the extent to which coach-specific training might be helpful.
- Become familiar with the coach-specific research literature.
- Get a coaching supervisor or mentor—preferably someone who has made the transition from counsellor to coach. Supervision in coaching, as in counselling, is a vital mechanism for facilitating personal and professional development and ensuring ethical and professional practice.

| TABLE 1 | Developing clarity on the coaching-counselling conundrum: key facets to consider |
|-----------------------------------------------|
| Counselling/Psychotherapy | Coaching |
| **The focus of the process** | |
| Alleviate distress | Attainment of specific goals |
| Restore functioning | Create personal fulfilment |
| **Understanding personal history and/or origin issues** | |
| Present and future focus | |
| **The nature of the relationship** | |
| Counsellor perceived as being an expert in understanding the presenting problem | Coach perceived as being a facilitator of action planning and goal attainment |
| Client seen as a “patient” (in some modalities) | Client seen as a “partner” (in all modalities) |
| Relatively stable over time | Distinct changes over time |
| Medical, clinical or therapeutic model | Educational/developmental model |
| Limited (if any) personal disclosure | Personal disclosure is acceptable as aid to learning |
| **Orientation of the process** | |
| Diagnosing illness/dysfunction | Identifying desirable outcomes |
| Moves the process forward primarily through healing, re-parenting, emotions and catharsis | Moves the process forward primarily through goal-setting and developing action plans |

*Note. This is meant as a general summary table only. Distinctions between counselling and coaching will vary with specific counselling and psychotherapeutic approaches. Adapted from Williams and Davis (2002).*

13 | CONCLUSION AND FINAL THOUGHTS

This article is not arguing that all counsellors and psychotherapists should be thinking about making the transition to coaching.
Psychotherapeutic work is a vital means for helping individuals, families and organisations recover from trauma, dysfunction or distress. Coaching methodologies also have an important and valid role to play in supporting people to live a full and rewarding life, and counsellors have much to bring to the coaching genre. Whilst navigating the boundaries between coaching and counselling is not easy, counsellors and psychotherapists have important skills that can be brought to play with a wide range of client populations. By developing greater personal understanding and clarity on the coaching-counselling conundrum we can work more effectively, making us better placed to foster well-being and positive life experiences with all sections of society.

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**REFERENCES**


How to cite this article: Grant AM, Green RM. Developing clarity on the coaching-counselling conundrum: Implications for counsellors and psychotherapists. *Couns Psychother Res*. 2018;18:347–355. https://doi.org/10.1002/capr.12188

BIographies

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**Robert Green** is a BACP accredited psychotherapist. He has run a successful private practice in Chelsea (London) for over twenty years. He has practiced in the voluntary, statutory and private sectors as a consultant, supervisor and psychotherapist. Amongst his other service positions, Robert spent nine years on the Board of Trustees for the Federation of Drug and Alcohol Professionals and has consulted to the UK Government on drug and alcohol issues. He also has an active supervision, educational and training practice.