COGNITIVE BEHAVIORAL EXECUTIVE COACHING

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ABSTRACT

Traditional clinical psychological practices have often been adapted for the context of executive coaching. Cognitive behavioral therapy (CBT) in particular is the most scientifically supported psychological modality. CBT like other practices has been used in coaching as cognitive behavioral coaching but rarely discussed more explicitly for the executive population. Here, we offer a specific adaptation – cognitive behavioral executive coaching (CBEC) – and suggest that it presents a flexible structure that can meet the multiple agendas that are framed for executive coaching. Additionally, the core features of CBT and CBEC in particular satisfy the major needs of executives in coaching arrangements. We conclude by demonstrating a CBEC process model for coaching the high-performing executive.

INTRODUCTION

In today's rapidly shifting job market, the demands set upon modern executives can often be experienced as overwhelming. One must adapt to

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ongoing technical advancements and manage a hyper-competitive landscape while facing the changing tides of an expanding geography and more complex demography. These challenges often compel today's executive to explicitly commit to life-long personal development (Hall & Mirvis, 1995) and self-mastery (Senge, 1990) in order to achieve successful career advancement. Personal development often encompasses the nurturing of necessary interpersonal or emotional competencies (Boyatzis, 1982) and the subsequent leadership abilities required for financial success (Kilburg, 1996a). The demands to develop and sustain self-change in order to grow with the environment often require supportive relationships for one to test new behaviors and seek encouragement. One such relationship that many high-performing executives have been depending upon often in recent years is that of an executive coach (Coutu & Kauffman, 2009).

Executive coaching is a short- to medium-term relationship between an executive and a consultant with the purpose of improving an executive's work effectiveness (Douglas & McCauley, 1999; Feldman, 2001). In the past decade and a half, executive coaching has seen a major increase in writing that covers both supportive scholarship (Evers, Brouwers, & Tomic, 2006; Gyllensten & Palmer, 2005; Kampa-Kokesch & Anderson, 2001; Libri & Kemp, 2006) and practice (Auerback, 2001; Filipczak, 1998; Garman, Whiston, & Zlatoper, 2000; Kilburg, 1996a; Quick & Macik-Frey, 2004). Kilburg (2000) has defined executive coaching as:

> …a helping relationship formed between a client who has managerial authority and responsibility in an organization and a consultant who uses a wide variety of behavioral techniques and methods to assist the client achieve a mutually identified set of goals to improve his or her professional performance and personal satisfaction and consequently to improve the effectiveness of the client's organization within a formally defined coaching agreement. (p. 65).

These techniques often take the form of behavioral methodologies to support the client toward reaching a set of specified goals to increase professional and personal competence (Kilburg, 1996b; Tobias, 1996). It is important to consider the different behavioral methodologies used to inform executive coaching practices because they range in theoretical orientation and detail (Palmer & Whybrow, 2007; Sherin & Caiger, 2004; Turner & Goodrich, 2010).

Cognitive behavioral therapy (CBT) has been established as a particularly effective psychological treatment (Butler, Chapman, Forman, & Beck, 2006), yet comprehensive executive coaching models to suit the needs of an executive population, based on sound CBT theory, are not often presented

(exceptions include Auerbach, 2001; Grant, 2006; Libri & Kemp, 2006; Neenan, 2008; Passmore, 2007; Peltier, 2001). Most often, comprehensive and traditional methods of CBT have been applied toward life coaching as opposed to executive coaching (Grant, 2003, 2007; Grant & Greene, 2001;Green, Oades, & Grant, 2006; Neenan & Dryden, 2002; Spence & Grant, 2007). The population, context of executive development, and goals associated may be quite different than those encountered in life coaching and traditional therapy (Williams & Davis, 2002). Traditional therapy is focused on diagnosing and treating dysfunctional behavior, is based on the medical model, and often focuses on the client's past (Coutu & Kauffman, 2009). Life coaching is often considered a deep transformational change with a long-term relationship between coach and client. While executive coaching may reach the level of deep transformation, coaches and clients rarely set out to achieve this agenda, choosing more often to satisfy growth in skills and performance related to the organizational role (Coutu & Kauffman, 2009). Executive coaches serve as advisors, should have business experience, and support the clients toward improving leadership capacity that stays focused within the organizational setting (Peterson, 1996).

Another way to further differentiate the executive client from others is to consider the structural/functional needs of executives within the coaching arrangement. Executives are notably short of time and therefore seek coaching that is shorter in duration. They are likely intelligent and results driven. This suggests that coaching may be more effective when it requires that executives are actively involved in data collection and analysis. Here, the coach and executive may be well served to engage in a collaborative and transparent style of coaching. This transparency also extends to the expectation that the coachee can be challenged when appropriate as executives often miss out on direct feedback. Finally, executives who seek robust leadership development have prior successes and are looking to leverage them toward a positive future, rather than solely overcoming some existing roadblocks.

Where CBT techniques have been developed for use in coaching, most approaches still focus on helping mitigate deficits. This is natural as CBT was developed by clinical psychologists working with a clinical population. However, many executives are high-functioning individuals with the need to strategically develop a personal leadership agenda. Often times, they seek out coaching in order to move from strong performance to outstanding performance across a range of situations at work, requiring new approaches to how one thinks and feels (Coutu & Kauffman, 2009). And while executives rarely are explicit in contracting with coaches to do deeper

personal work, it very often emerges in the process (Coutu & Kauffman, 2009).

Segers, Vloeberghs, Henderickx, and Inceioglu (2011) have outlined several coaching agendas of varying degrees of depth. An agenda refers to the need of the executive and the matching focus by the executive coach. Table 1 displays these common agendas, their focus, and basic features. At the most, basic level executives seek coaching to develop skills, which requires a relatively low level of engagement and limited commitment of time. Executives also seek, perhaps most commonly (Peterson, 1996), some form of performance coaching in order to develop goals and better adjust to the changing contexts of the job. This requires a higher level of engagement and a greater commitment of time than an agenda for simply developing skills. Finally, executives also seek more in-depth personal or developmental coaching, in which deeper awareness is used to adjust the way one thinks about him/herself and how they approach work situations (Hall, Otazo, & Hollenbeck, 1999). This tends to require the highest engagement and the most time.

It is important to consider both the agenda and the coachee population (i.e., high-performing executives) when selecting a coaching methodology. It is the authors' contention that the underlying methodologies of CBT are unique in being able to

(1) support executives at each agenda (above) and
(2) provide structures/functions that meet the needs of the typical executive population (e.g., short on time).

The coaching process presented here reflects those necessary adjustments when considering CBT as a robust developmental model for high-performing executives. It illustrates a multi-stage and oftentimes-iterative

Table 1. Coaching Agendas.

	Skills Agenda	Performance Agenda	Personal Agenda
Focus	Developing one or two basic skills, competencies, or behaviors	Developing goals and changing styles to meet the needs of the job	Developing new ways of thinking, feeling, and behaving
Engagement	Low	Average	High
Time spent	Days or weeks	3 months	4+ months

Adapted from Segers et al. (2011).

process that should be contextualized based on the executive and environment. Therefore, this paper attempts to partially fill a present gap, while joining others in presenting an executive coaching model that integrates established executive coaching practices with traditional CBT methodologies. It also attempts to build on prior writing linking CBT and executive coaching (e.g., Ducharme, 2004) to further highlight the potential impact and applicability of CBT methodologies in the practice of executive coaching.

Behavior change is a focal point of executive coaching (Feldman, 2001; Palmer, 2003). This seems to be largely agreed upon as many of the existing models used in coaching highlight behavior change as a primary principle (Kilburg, 1996a; Levinson, 1996; Prochaska & Velicer, 1997; Saportio, 1996). It seems obvious that while the context, potential psychopathology, and etiology of presenting issues may be quite distinct between coaching and traditional psychological therapy, the similarities of the general structures, processes, and approaches are too great to ignore (Rotenberg, 2000). The use of validated psychological methods as a way to enhance the work lives of non-clinical populations has been ascribed for many years (Glaser, 1958; Parkes, 1955). Therefore, it makes sense that many of the existent executive coaching models draw upon the deeply established theories and practices from the foundational psychological orientations. Some of the theories and clinical methods used to inform executive coaching include psychodynamic therapy (Kilburg, 1996b), systems-centered therapy (Tobias, 1996), multimodel therapy (Richards, 1999), psychoanalytic therapy (Levinson, 1996), Rogerian theory (Goodstone & Diamante, 1998), rational-emotive behavior therapy (Kodish, 2002), Gestalt (Simon, 2009), and developmental-based theories (Laske, 1999). These represent a wide range of theoretical orientations that each aim to support healthy behavioral adjustments in clients. While it is beyond the scope of this paper to compare/contrast the many psychological modalities that have been adapted to executive coaching, it can be assumed that their focus and accompanying techniques vary depending on the philosophy of human system supporting the respective modality. Like any philosophy, the focus fosters various strengths and limitations. For example, psychodynamic-based coaching focuses on bringing awareness to the unconscious, while behavioral approaches attempt to change the coachee by way of reinforcing responses to the external environment. On the contrary, Gestalt theories attempt to deepen perceptual and phenomenological awareness while positive psychological approaches nurture positive emotions to encourage and expand new possibilities for behavior. Every modality has its strengths and gaps.

While CBT has been used as a way to inform models of executive coaching (Auerbach, 2001; Ducharme, 2004; Passmore, 2007; Peltier, 2001), its presence in the literature has still been sparse. This is especially true compared to other therapies such as psychodynamic (Kilburg, 1996a) and systems centered therapy (Tobias, 1996), which are often referred to as valuable adaptations in an executive coaching context. To demonstrate, two database searches were performed for executive coaching literature with a cognitive component. In "Psych Info" and "Business Source Premier," the average number of listings for the term "executive coaching" was 1,690 (as of October 2012), while that number is reduced to an average of 19 when the term "cognitive" is included to the search parameters. Of those 19, only 2 (Ducharme, 2004; Neenan, 2008) represents articles focused on the explicit integration of CBT and coaching to executives. This seems odd given the well-researched clinical outcomes of CBT and the way its theory and practice is so well aligned with executive coaching.

Of all the major therapeutic methods, CBT is among the most scientifically investigated with over 325 published outcome studies to date (Butler et al., 2006). Furthermore, it is among the most efficacious for a variety of psychological problems including depression, generalized anxiety, social phobia, anger, marital distress, and chronic pain (see Butler et al., 2006, for full review). Although the research in this area is typically conducted with those who meet some sort of clinical criteria (i.e., Diagnostic and Statistical Manual for Mental Disorders, DSM-IV-TR, 2000), it is important to note that some clients in therapy are very high functioning individuals coming from a wide range of education and socioeconomic backgrounds (Persons, Burns, & Perloff, 1988).

Prior to demonstrating how CBT is a fitting application for executive coaching, we will first describe in more detail what the practice of CBT entails. By doing so, we can establish proper logic as to why executive coaching can benefit from the integration of a cognitive behavioral executive coaching (CBEC) process model.

COGNITIVE BEHAVIORAL THERAPY

A basic premise in CBT is that there is a connection between thoughts, feelings/physical symptoms, and behaviors (Beck, 1972, 1975, 1985). The cognitive model suggests that emotions and resulting behaviors are not caused by situations but instead are influenced by how one interprets situations (Beck, 1964). As such, the therapeutic relationship facilitates

exploration and monitoring of client's personal experiences, with an aim to increase awareness of thoughts, feelings, physical symptoms, and behaviors. Symptoms in these categories can also be thought of as "triggers" because of the complex relationship of each to the other, and the ability for private experiences to cue additional experiences. For example, the thought "he is mad at me" might cue a stomach ache or increased heart rate from running up the stairs might prime a stressed person to catastrophize a negative thought.

Furthermore, CBT is unique in that it relies on prospective data that is shared between client and therapist. The aim in CBT is to move from awareness to behavioral change using various homework tasks that explicitly address specific action-oriented goals. The nature of the relationship between therapist and client in CBT is based on support and co-creation, in which the client plays an active role throughout the process. The client–therapist examination of belief systems and hypothesis testing through the use of weekly assignments and supportive exploration is often referred to as "collaborative empiricism" (Beck, 1976).

Unlike some traditional supportive counseling models, CBT is solution focused, action oriented, and based on the client's goal list. As such, ongoing data (using either clinically validated self-report measures or based on creative prospective monitoring) are a hallmark of the therapy process. A skilled CBT practitioner can find a way to monitor relevant variables linked to any goal set. This entails thinking outside of the box while understanding important mechanisms of action. An open dialogue with the client leads to the discovery of a range of variables that can also be used as outcome measures (i.e., avoidance behaviors, stress level, frustration level, frequency of tension, effective communication in meetings, intentional breathing, attachment to unhealthy thinking styles, and awareness of alternative thoughts). Monitoring progress brings goals into awareness outside of therapy sessions and allows the therapist/client dyad to evaluate whether or not the intervention is working. This in turn enables clients to objectively evaluate whether or not the therapy process has led to a desired outcome.

In order to understand CBT, it is important to note the differences and the integration of both behavioral and cognitive theories. Traditionally, behavioral theories focused on overt behavior and environmental change to address undesirable behaviors (Bandura, 1969; Eysenck, 1959; Wolpe, 1969). Treatments that have grown out of sound behavioral theories include exposure therapy for treatment of anxiety disorders (e.g., graduated and intensive exposure, systematic desensitization) (Stampfl & Levis, 1967; Wolpe, 1958), behavioral activation for depression reduction

(Jacobson, Dobson, Truax, & Addis, 1996), social skills training (Turner & Beidel, 1998), and management of physiological arousal (i.e., diaphragmatic breathing/progressive muscle relaxation) for the treatment of stress, ulcers, and anxiety (Jacobson, 1938; Ost, 1987). Behaviorally oriented psychologists have demonstrated that awareness and changes in behavior can have an impact on cognitions (Turner, Beidel, & Jacob, 1994), and cognitive therapists demonstrate that cognitions mediate behaviors (Dobson & Dozois, 2001).

Aaron Beck and Albert Ellis are credited as being two of the forerunners of the cognitive therapy wave of psychology (Beck, Rush, Shaw, & Emery, 1979; Ellis, 1973). Cognitive theories focus on negative misinterpretations of ambiguous stimuli as well as underlying core beliefs that limit growth and negatively impact life functioning. Beck proposed that many of these core beliefs are developed during childhood and carried forth as theory-driven interpretive filters in adulthood (Beck et al., 1979). Such long-term beliefs have also been referred to as "schema," beliefs used to organize views of the self and the environment. Dobson and Dozois (2001) suggest that a core component of CBT is the notion that symptoms and unhelpful behaviors are mediated by cognitions and therefore can be affected by changes in beliefs and improvement of dysfunctional thinking. In cognitive work, clients become aware of templates and core beliefs about the self, world, and future that actively lead to maladaptive interpretations of neutral events. An example is an executive who responds to a team member missing a deadline with declining to delegate future tasks, facilitated by the thought "in life you can only count on yourself to get the job done right."

CBT draws upon the potential adjustments of behavior and cognition to support individual change. In CBT, case conceptualization is based on both "overt difficulties" and "underlying psychological mechanisms" (Persons, 1989). CBT examines the explicit behaviors of clientele to gather necessary data, experiment, and eventually reinforce more adaptable action in the social world. Behaviors serve as the manifestation of our cognition and it is the introduction and eventual merging of behavioral and cognitive techniques that has led to the emergence of what is now best known as CBT (Lazarus, 1971).

Scientifically oriented CBT psychologists typically make great efforts to assess clients as a whole. CBT conceptualizations take into account genetics, cultural, developmental, family, and environmental factors when deciding on treatment targets. The data from ongoing assessment are used to generate hypotheses and these are hallmarks of CBT treatment (Hayes, Barlow, & Nelson-Gray, 1999). Through a strong collaborative relationship

between practitioner and client, cognitive and behavioral therapeutic interventions can have a strong impact in an executive coaching context within organizations.

Coaching from a CBT perspective has been referred to as cognitive behavioral coaching (CBC; e.g., Ducharme, 2004; Neenan & Palmer, 2001). CBC as a structured intervention has some unique qualities that align well with the needs of executives (Ducharme, 2004). There have been several empirical studies using portions of CBT methods in an executive coaching context that have suggested this (Evers et al., 2006; Green et al., 2006; Gyllensten & Palmer, 2005; Libri & Kemp, 2006; Palmer & Gyllensten, 2008; Strayer & Rossett, 1994). Also, writing in CBC has shown the ways in which common occurrences of executives, like stress and anxiety, are well supported by the adaptation of traditional CBT. In addition, it is the authors' contention that the foundations of CBT offer a flexible and structured process to lead executives in their ongoing personal leadership agendas. In this way, CBC, usually offered from a deficit-reduction perspective, may be used to support executive flourishing as well (Green et al., 2006). The structural elements listed below help to further demonstrate the ongoing potential of CBC in the executive coaching arrangement.

As stated earlier, executives likely prefer several features to a coaching arrangement based on job demands, experiences accrued on the job, and *ways of being* that are fitting of most executives. We have identified six primary features likely important to many executives: duration of the engagement, degree of collaboration between coach and client, degree to which the approach encourages that the coach take a challenging stance toward the client, level of transparency in the intervention process, degree of positivity and strengths-based approach compared to a deficit orientation, and the degree to which the modality is guided by quantifiable data. While there may be others, in each of these cases, CBT seems a proper fit for the needs of the executive population (short duration, highly collaborative, contextually challenging, highly transparent, based in quantifiable data gathering). Just as different modalities bring different foci of change, they each have unique structural features that affect the categories above.

Ducharme (2004) has done a thorough job of clarifying at a high level some of CBTs' unique strengths compared to other methodologies. It seems obvious, given CBT's success with stress management and anxiety disorders (Gould, Otto, Pollack, & Yap, 1997), that this form of intervention would be well utilized in a coaching context with executives. Yet, CBC also satisfies the majority of identified important features (at a high level when appropriate, such as collaboration; and at the low level when appropriate, such as

short degree of time). For instance, CBC has a shorter duration of clinical contact and a focus on issues. CBC also has simplicity to its model which creates a high degree of process transparency.

There are a few additional methodological practices and structures of CBT that are well aligned with current demands of executive coaching. These *practices* include collaborative empiricism (which is a joining of client and coach in the design, collection, and analysis of data) and the data-driven nature of the work.

CBC leverages its practice of collegiality and collaborative empiricism to establish a shared agenda between client and coach. This shared sense of responsibility and collaboration between client and coach is synchronous with the needs of high-performing executives (Coutu & Kauffman, 2009). Unlike clinical populations, the clients seeking executive coaching are often very high functioning individuals who are trying to modulate their behavior to further excel within an organizational context.[1] It has been reported that more than half of executives that hire a coach do so as "high potential" candidates seeking further development as opposed to remediation (Coutu & Kauffman, 2009). For optimal results, a coaching relationship must be supportive, yet executives do not often require or seek the same degree of sensitivity as needed in non-executive or clinical settings. Executives are often seeking a coach to provide the accurate view of reality and the methods for behavior change needed to continue thriving in the organization. CBC through use of Socratic questioning offers a healthy dose of challenge to the client.

Part of collaborative empiricism includes data generation and focus on quantitative results. Collecting data, interpreting results, and making decisions are fundamental to the work of executive decision making. Therefore, executives in particular may find this aspect of the CBC approach useful for self-development. While many coaching paradigms use hard data to assess results (e.g., increase in 360-degree feedback results), CBC can offer a framework for collecting data about constructs that are usually thought of as more difficult to measure, such as confidence. As mentioned in the previous section, this can be accomplished through creative monitoring of thoughts, feelings, and behaviors. Also of particular interest to the executive mindset is the way CBT is structured around the client's goals. The executive may feel more validated as he or she is the one driving the process with the coach. Therefore, when testing the hypothesis, the client is engaging in cognitive processes that exercise her ability to objectively reassess difficult situations, understand her behavioral options, and the effects they might have toward achieving her goals.

Thus far, traditional CBC has tended to be more deficit oriented and therefore more geared toward fixing problems. High-performing executives are not simply looking to overcome deficits but often trying to build a robust personal leadership agenda. Such a process can often require a positive future orientation along with a strengths-based approach. This is an orientation used in many coaching arrangements but potentially lacking in current adaptations of CBC. This will be addressed later as we layout a CBC-based adaptation for the high-performing executive population.

Executives seek coaching for multiple reasons and with varying agendas (refer to Table 1). One of the most important features of CBT is that it has the flexibility to handle all three specified coaching agendas (i.e., skills, performance, and personal) while meeting the structural needs of the executive. CBT is rooted in the skill acquisition and development, leveraging a structured approach to design experiments, which tests and reinforces such use of new skills. Given the flexible hypothesis testing structure of cognitive behavioral interventions, it is suitable for a wide range of goals. Part of CBC is about identifying themes that underlie multiple target areas that have an impact on multiple agendas. Within the model, the ability to design interventions that suit the individual client's needs, while maintaining the scientific structure of the approach as well as its emphasis on core processes, makes it diverse enough to handle most targets. This can include tracking and improving the performance agenda (i.e., the next level of agenda engagement).

One of the great challenges for executives is the development of increased flexibility, the ability to respond in different and appropriate ways (Calarco & Gurvis, 2006; Hall et al., 1999; Zaccaro, Foti, & Kenny, 1991). This is consistent with the performance agenda sought by many executive clients, which suggests the need to adjust styles and behaviors to meet/exceed performance in a given context (Segers et al., 2011). This flexibility is difficult for many executives to develop due to constraints and biases in cognitive processing. For example, as executives move up in the organizational hierarchy, they continually must handle greater cognitive loads as information and the complexity of it increases, which can lead to rigid condition–action rules (Anderson, 1983). Also flexible thinking and behavior is especially difficult for high-performing executives in part because they see their success supported by existing interpretations and behaviors (Sztucinski, 2001). Such examples may suggest why developing a greater range of cognitions and behaviors is a central need of executives who seek coaching (Kilburg, 1996a).

One of the primary aims of CBT is to oppose rigid cognitions with the purpose of creating increased flexibility (Beck, 1975; Ellis, 1962). CBT tries

to bring the core beliefs and automatic thoughts of clients to awareness in order to give the client additional choices in his/her interpretations. One way this is done is to make automatic thinking less automatic. By increasing awareness of the ongoing association between thinking, feeling, and states of being, the client can begin to test the impact of his interpretations as they happen. This can be tracked and measured against various forms of performance, thus satisfying this common coaching agenda.

The next agenda is *personal* and requires greater levels of engagement. The personal agenda aims to develop new ways of being (Segers et al., 2011). In CBT, developing awareness of one's interpretative power rather than situational dependence is the first step toward undoing automatic thought processes. In the previously mentioned *performance* agenda, the client seeks to expand interpretation to improve in a given context. In the *personal* agenda, conversations turn to exploring core templates and beliefs that impact vision and self in the world. For example, the client and coach can challenge the core assumption that "unless I get 100% of the people to engage then I am a failure." In such a scenario, this can lead to exploring core beliefs (likely developed in childhood) that when adjusted can impact thought and behavior across multiple life domains. Ultimately, this form of exploration, questioning, and testing become integrated as both new skills and new ways of being that the client can exercise on his/her own. "Cognitive therapy relies heavily on helping individuals switch to a controlled mode of processing that is metacognitive in nature…and the long term effectiveness of cognitive therapy may lie in teaching patients to initiate this process" (Ingram & Hollon, 1986, p. 272). So the client learns to adjust core beliefs and becomes more able to control his/her ongoing thought processes in relation to how beliefs impact ongoing thoughts, emotions, and behaviors. Thus, CBT/CBC seems to have the flexibility to meet the varying coaching agendas.

The previous section demonstrated how the current conceptualization of CBC is congruent with executive coaching needs and varying developmental agendas. The following section frames a process model, specifically for coaching executives, rooted in cognitive behavioral techniques (referred to cognitive behavioral executive coaching or CBEC). This is a semi-eclectic process model (Turner & Goodrich, 2010), integrating standard coaching methods (like a future orientation – e.g., Goal portion of GROW model) with traditional CBT practices. In addition, this is in line with the specific needs of high-performing executives who are crafting a desirable work future and the steps to achieve it as opposed to a life-coaching client (aimed at personal goals) or clinical population who are first looking for coping mechanisms.

A COGNITIVE BEHAVIORAL EXECUTIVE COACHING MODEL

A major distinction of CBEC, compared with the other CBC models, is an initial focus defining an ideal future state. Prior examples of how CBC structure and process are well suited to executive needs most often focus on struggling executives benefiting from interventions (Neenan, 2008). In this regard, CBC has been offered as a coping methodology more than a process toward executive flourishing. This is consistent with much of the executive coaching perspective, in which most coaches still operate from a deficit-oriented framework even when working with high level executives (Kauffman & Scouler, 2004). The authors have used CBEC in both helping to manage maladaptive thoughts/behaviors (that may lead to stress, anxiety, or other presenting issues) and in establishing a formal platform to support executive skill building, performance, and personal leadership agendas. The CBEC process presented in this section is designed to create room for multiple ways for executives to develop.

There are different ways to practice CBEC. Table 2 (Good, Yeganeh, & Yeganeh, 2010) presents an alternative from the traditional CBT model based on antecedents, behavior, and consequences (commonly known as the ABC model). Adaptations of the ABC model have been suggested for life coaching (Neenan & Dryden, 2002) and for executive coaching (Neenan, 2006). Yet, these adaptations focus on coping and overcoming deficits. The executive population may require a modified approach due to the specific needs and agendas required for those who seek to modify thoughts and improve toward excellence, at least in the context of their work settings.

Executives demonstrate some unique challenges that require an adjustment to the existing CBT model. As mentioned above, these needs often include imperatives to move from strong performance to outstanding performance across a range of situations at work (Coutu & Kauffman, 2009). Yet, the underlying methodologies of CBT still support change beyond coping skills and therefore the process should incorporate CBT as well. The process presented reflects those necessary adjustments when considering CBT as a general skill, performance, and personal development model for high-performing executives. It illustrates a multi-stage and oftentimes-iterative process that should be contextualized based on the executive and environment. To this point, the process as currently presented does not delve into the details of timelines, the specific structure of conversation within each session, or the structure of the relationship over time; rather, it focuses on a general framework that can be followed for executive development.

Table 2. Cognitive Behavioral Executive Coaching Process.

1. Orienting and vision
Purpose: To determine ideal future
- Action 1 – Accomplished through dialogue and discovery
- Action 2 – Accomplished through use of assessments

2. Current thoughts and behaviors
Purpose: Determine thoughts and behaviors that might be keeping client from reaching the vision
- Action 1 – Help clients become aware of the relationship between thoughts, behavior, and outcomes
- Action 2 – Introduce thought record/behavioral monitoring form
- Action 3 – Training in how to identify common cognitive distortions

3. Vision-oriented thoughts and behavior
Purpose: To determine the cognition(s) and behavior that client believes will accompany ideal future
- Action – Brainstorm with client potential thoughts and behavioral strategies associated to vision

4. Experiment
Purpose: To collaboratively gather and test data in support of more flexible thinking and behavioral choice
- Action 1 – Choose technique(s) based on presenting issue such as those for changing thoughts (e.g., catching and changing thoughts and accepting thoughts as noise, mindfulness, mantras, counterstatements)
- Action 2 – Monitoring thoughts and behaviors on a thought/behavior record (e.g., see Table 3)
- Action 3 – Training clients to use evidence to generate alternative thoughts or more adaptive

5. Transition
Purpose: To move toward client independence
- Action 1 – Measurement of change(s) in coaching through goal or symptom monitoring
- Action 2 – Create a self-check to maintain work gains
- Action 3 – Establish method or plans to revisit areas that may need extra support and establish a way for follow-up intervention if needed

Adapted from Good et al. (2010).

Orientation and Vision

Coaching begins by orienting to the model and process of CBEC. Here, we ground the client in the basic theory and discuss how the structure is both collaborative and self-empowering to the client. Next, the coach and client attempt to define an ideal future state. This is a standard practice for many

executive coaching engagements (i.e., the Goal portion of the GROW model; Whitmore, 1996; Ideal Self portion of Intentional Change Theory; Boyatzis, 2006). We suggest the use of visioning exercises, values assessments, and dialogue to create an image of a future ideal. A vision for the future has been used as a powerful starting point for creating changes in behavior (Boyatzis, 2006; Ibarra, 1999) as it helps to establish broader context within which the work may fit it. A positive approach like this is important as high-performing executives tend to set standards for themselves that are only slightly above current levels of performance (Latham, 2000). Additionally, the ideal future may become a powerful motivator to deliver positive energy toward change (Boyatzis, 2006). Recent models of coaching such as Positive Psychological Coaching (Kauffman, 2006) and Appreciative Coaching (Gordon, 2008) draw from similar theory in an attempt to create positive emotions as a way to self-motivate further change. Furthermore, asking questions that drive the reasons for the ideal vision can tap into values that will be useful later in the process when creating desired thoughts. An example of this step in the process comes from our coaching experience working with the following client.

> *Orientation:* Tom is a Senior Vice President in the telecommunications industry. He is responsible for sales, which in this economy translates into a high-pressure work environment. Tom was a bit skeptical of coaching, having had a previous experience that did not lead to desired results. He was looking for a time efficient and results-driven process to develop his leadership abilities.
>
> *Vision:* When asked to articulate an ideal vision of himself he stated he would like to be the kind of leader who inspires others to grow. He then criticized himself for dominating conversations during meetings, at which point the coach reminded him that he is only envisioning his ideal future, not analyzing the current state in this stage of the coaching process. Tom continued that he would like to focus on developing direct reports, and empower them to make decisions. When asked why this is important, he replied that the organization needs many people who can think strategically rather than seeking solutions from a supervisor. He also mentioned that he would like to see his team energized by their jobs, which he knew required some level of autonomy. Finally, by having an empowered and developed team, Tom would be freed to focus on more strategic, high-level work.

Current Thoughts and Behavior

Once an ideal vision is agreed upon by client and coach, the next step in the coaching process is to collaboratively assess the client's current thoughts and behaviors. During this assessment phase, the coach and client work together to assess current belief systems and to create awareness between

situations and various feeling states. Moreover, there is a focus on understanding the relationship between the client's automatic thoughts and matching behaviors. It is useful to explore the ongoing inner dialogue that leads to unintentional reactivity in the workplace.

The client then learns to catch these automatic thoughts and behaviors as they happen. This can be facilitated through the use of a thought and behavior record form (Table 3). The thoughts, emotions, and behaviors that occur in connection with specific workplace events are regularly recorded at predetermined intervals. The client also becomes familiar with common cognitive distortions (Table 4) and learns to label them as they are happening.

The current thoughts and behaviors are then compared to the client's leadership vision (i.e., how he/she wants to be in the future) in order to generate a goal list. This method of comparing ideal and current reality is consistent with other coaching models (e.g., Reality in the GROW model, Whitmore, 1996; Real Self in Intentional Change Theory, Boyatzis, 2006). The goal here is to spend time conceptualizing how current thoughts and behaviors fit or do not fit with the client's ideal vision of performance. As will be illustrated later, this allows for a natural flow into the next phase which focuses on alternative thoughts and behaviors.

> *Case Example Continued:* Tom stated that his current thoughts are that he doesn't have time for mistakes to be made. He believes, based on past experience, that if he opens the door to new ideas, some team members will propose ideas that cannot be supported up the ladder. Further, he feels that people do not know enough about the current pressures he faces to help him.

Tom's identified current behaviors included interrupting people rather than listening. This happened most often when he felt that team members did not know enough about a situation to make relevant suggestions. He also encouraged team members to email him with details rather than discussing them with him in person.

There was general discussion about how the current thoughts and behaviors were not contributing to the ideal vision that Tom articulated.

Vision-Oriented Thoughts and Behaviors

Next, the client and coach return to the client's vision, to identify aligned cognitions and behaviors. These represent ways of thinking and behaving that the client will exhibit *when* the vision is achieved. The coach's job is to

Table 3. Thought and Behavior Record Form.

Vision: Inspiring Others to Grow					
Time/Situation	Emotion	Automatic thoughts and behaviors	Distortions	New thoughts/ behaviors	Performance outcome
Weekly sales team meetings	Frustration (intensity) 50	*Automatic thoughts* • "If I don't dominate, they will propose unfeasible actions. When I reject the ideas, I look like the bad guy" • Not enough time for random conversation *Matching behaviors* • Micromanaging • "Interrupting"	1. All or nothing thinking 2. Fortune telling	*New thoughts* • Listening requires suspending my microphone time • Encouraging folks to think through solutions is important for their growth. Teaching why an action is not feasible is part of the growth process *New behaviors* • Suspend speech • Actively listen by nodding, paraphrasing, and open-ended questions	Through catching all or nothing thinking/fortune telling, I realize I might be exaggerating a potential negative outcome. I was able to slow down and lower my frustration (reduced to 20 on 1–100 scale) Increased the number of times I encouraged direct reports to think through solutions Increased time coaching and developing others

Table 3. (*Continued*)

Vision: Inspiring Others to Grow					
Time/Situation	Emotion	Automatic thoughts and behaviors	Distortions	New thoughts/ behaviors	Performance outcome
(The purpose of the situation is to provide client and coach with a brief description of the precipitating event/time)	(In this column, the client labels associative emotion experienced during the situation and level of intensity on a scale of 1–100)	(I. Automatic thoughts are the "sentences" that go through our head – our internal discourse creating an automatic narrative) (II. What outward relevant behaviors correspond with this thought process? – inaction is also a behavioral choice)	(The client is taught to identify mental distortions, and then collaboratively labels possible distortions at play associated with the automatic thoughts)	(I. In this column, client inserts more flexible thought to challenge automatic thought and distortion(s). Also constructs evidence gathering to collaboratively examine evidence both for and against automatic thoughts) (II. Client and coach collaboratively create alternative behaviors to support adjustment efforts)	(In this column, list proximal and distal outcomes – both how your flexible cognitions shaped your thoughts/ behaviors and how these may impact others) (In this column, update the associative emotion experienced after the experiment and level of intensity on a scale of 1–100)

Adapted from Good et al. (2010).

Table 4. Cognitive Distortions List.

All or nothing thinking – viewing something in terms of either/or, "Either you like my proposal and we follow or you don't"

Overgeneralization – forming a sweeping conclusion on the basis of a limited data "As I wasn't given the lead on this project, I'll never lead another one"

Mental filter – noticing only the negative aspects of circumstance, "So many things have failed at work this week"

Catastrophizing – magnifying the meaning of events. "They will notice the typo on my proposal and I will lose all credibility"

Mind reading – arbitrary inference that someone is judging a particular way without attempting to, check this out with them, "He totally wants to end this conversation right now"

Emotional reasoning – assume that your current negative emotions undoubtedly demonstrate the way things really are: "I am scared to go in front of the board, so therefore it must be a scary situation"

Should/must statements – rigid rules imposed on yourself and others, "I must/should never show any weaknesses to my colleagues" or "everyone should work as long and as hard as I do"

Personalization – take personal blame for the cause of a negative outcome, which in fact you were not directly responsible for. "It's my fault that the team could not close the deal"

Labeling and Mislabeling – this is an extreme form of overgeneralization. Rather than describe your error, you attach a negative label to yourself: "I'm a failure"

Fortune telling – thinking things will turn out badly without proper evidence. "If I don't get this promotion. I'll be stuck at this level forever"

help the client think of alternative thoughts and behaviors (as indicated in Table 3) at a detailed level so that they trigger a shift toward more adaptive environmental responses. It is important to note that these targets explicitly take into account both the client's current and perceived future work environment so that thoughts and behaviors can be practiced soon after the coaching session.

Case Example Continued: The coach asked Tom which thoughts would remind him to behave as his vision described. After some coaching, Tom said that he would like to remind himself that: 1. Listening requires suspending his talking. 2. Listening in-person versus switching to email builds trusting relationships that are necessary for employees to be empowered. 3. The more he knows about his direct reports and how they think, the better he can help them develop their skill sets.

The coach then asked how explaining why ideas won't be supported up the ladder could aid in developing Tom's team. This question was greeted with Tom's reflection on the teaching moments that are being missed because of his fear of looking like the bad guy.

Next the coaching session focused on behaviors. Tom's vision-oriented behaviors included: 1. Pausing three seconds after direct reports speak, before speaking himself. 2. Paraphrasing what people say. 3. Asking open-ended questions, and 4. Here the coach also discussed how to catch unhelpful automatic urges and interpretations and respond to them intentionally.

Identifying these vision-oriented thoughts and behaviors focus on the skill agenda of executive coaching.

Experiment

Once there is working familiarity with vision-oriented thoughts and behaviors, the client is prepared to experiment. At this point, the client is already aware of common cognitive distortions and has hopefully gained some ability to challenge unhelpful thoughts with alternate forms of thinking. The coach and client create a list of obstacles and new opportunities that present themselves through the practice of experimentation. Here, other interventions are chosen by client and coach based on the presenting needs. Examples of interventions are creative growth-oriented work challenges (i.e., assertiveness in meetings), social skills training, positive imagery, intentional exposure to frustrating situations, diaphragmatic breathing, and progressive muscle relaxation, to name a few. Often the vision is revisited to anchor the work being done by the client. It is here that the model is both dynamic and iterative, since the client and coach may need to select new targets to experiment with.

Case Example Continued: After discussing how Tom can learn to slow down his communication process, they agreed that he would begin reading literature on mindfulness, or the process of being intentionally present-centered. Additionally, Tom identified a direct report who is often neglected and buffered by his requests to communicate specifically via email. An action plan was created to invite more dialogue with this direct report. The coach and client discussed being careful with the intentions of opening dialogue in order to strengthen working relationships rather than play favorites. Finally, some meetings were identified in which Tom would track the number of open-ended questions that were asked.

Through experimenting, Tom began to track the successes that resulted from new behaviors. This led to discussions with the coach about some of the missed leadership lessons he could have been taking advantage of over the years. There was conversation

of the helpful behaviors at work and how they transfer back to home life. Further, the coach had Tom articulate beliefs about successful leadership that will guide his career moving forward. Additionally, some of the lifelong core beliefs about his value as a person became a salient part of the work. Through the process it was discovered that one of Tom's core beliefs was that he must be "one hundred percent successful at all his endeavors", otherwise he felt he was a failure. This core belief impacted work and home life in that it placed undue pressure on Tom and made him tense and reactive while items remained on his to do list. Through the CBEC intervention, his core beliefs shifted and he became more flexible. The work presented here helped Tom alter the way this core belief affected him as a leader, thereby enabling Tom to achieve his leadership vision.

Transition

It is in the transition stage that the client advances toward independence. Similar to treatment termination in classic CBT, this happens when the intended impact has been achieved. Impact is assessed by data analysis throughout the process and in relation to the originally defined goals of the coaching relationship. Goals can include new learning, review of skills, and an ongoing schedule to help maintain work gains. It is always recommended to establish a protocol for any follow-up if areas need additional attention. Overall, the hallmark of a healthy transition is when the client is leading the CBEC process and frequently using the CB skills he/she has learned to assist others with their challenges.

CONCLUSION

In the last decade, there has been a dramatic increase in the quantity of executives seeking coaching (Coutu & Kauffman, 2009; Quick & Macik-Frey, 2004). The reasons for this increase are plentiful and include a more complex reality faced by today's executives. Executive coaching techniques and methods are often adaptations from clinical psychological therapies (Sherin & Caiger, 2004). CBT represents one form of clinical methodology that has been suggested as an adaptation in executive coaching (Good et al., 2010; Ducharme, 2004). The characteristics of CBT are well suited to the challenges of executive coaching. Some of these include the ability to track progress, the shorter duration of contact, the platform of collaborative empiricism, and the transparency of methods. Furthermore, CBEC seems especially helpful toward fostering more flexible thinking and acting, which are skills greatly needed by today's executive. CBEC can be utilized with

more frequency and as a general process for the agendas of skill building, performance, and personal leadership in the context of organizations. Future research should begin to demonstrate the validity of this approach compared to other structured approaches used in coaching. The well-tested practices of CBT hold great promise in further informing the future of executive coaching. It is hoped that CBEC will help transform the ways in which executives interpret their realities and adopt new behaviors to perform with greater excellence.

NOTE

1. While this statement is generally accurate, there is some research that refutes this. Namely, Hogan and Hogan (2001) suggest that the base rate for leader incompetence is quite high and many fall under diagnosis of Axes I and II is the DSM.

REFERENCES

Anderson, J. R. (1983). *The architecture of cognition*. Cambridge, MA: Harvard University Press.

Auerbach, J. E. (2001). *Personal and executive coaching: The complete guide for mental health professionals*. New York: Executive College Press.

Bandura, A. (1969). *Principles of behavior modification*. New York: Holt, Rinehart & Winston.

Beck, A. T. (1964). Thinking and depression: II. Theory and therapy. *Archives of General Psychiatry*, *10*, 561–571.

Beck, A. T. (1972). *Depression: Causes and treatment*. Philadelphia, PA: University of Pennsylvania Press.

Beck, A. T. (1975). *Cognitive therapy and the emotional disorders*. New York: International Universities Press.

Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. New York, NY: International Universities Press.

Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Gilford Press.

Beck, J. S. (1995). *Cognitive therapy: Basics and beyond*. New York: Guilford Publications, Inc.

Boyatzis, R. E. (1982). *The competent manager: A model for effective performance*. New York: Wiley.

Boyatzis, R. E. (2006). Intentional change theory from a complexity perspective. *Journal of Management Development*, *25*(7), 607–623.

Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychological Review*, *26*, 17–31.

Calarco, A., & Gurvis, J. (2006). *Adaptability: Responding effectively to change*. Greensboro, NC: Center for Creative Leadership.

Coutu, D., & Kauffman, C. (2009). What can coaches do for you? *Harvard Business Review* (January), 26–32.

Dobson, K. S., & Dozois, D. J. A. (2001). Historical and philosophical bases of the cognitive-behavioral therapies. In K. S. Dobson (Ed.), *Handbook of cognitive-behavioral therapies* (2nd ed., pp. 3–39). New York: Guilford Press.

Douglas, C. A., & McCauley, C. D. (1999). Formal developmental relationships: A survey of organizational practices. *Human Resource Development Quarterly*, *10*, 203–220.

Ducharme, M. J. (2004). The cognitive-behavioral approach to executive coaching. *Consulting Psychology Journal*, *56*, 214–224.

Ellis, A. (1962). *Reason and emotion in psychotherapy*. New York: Lyle Stuart.

Ellis, A. (1973). *Humanistic psychotherapy: The rational-emotive approach*. New York: McGraw-Hill.

Evers, W. J., Brouwers, A., & Tomic, W. (2006). A quasi-experimental study on management coaching effectiveness. *Consulting Psychology Journal: Practice and Research*, *58*(3), 174–182.

Eysenck, H. J. (1959). Learning theory and behaviour therapy. *Journal of Mental Science*, *195*, 61–75.

Feldman, D. C. (2001). Career coaching: What HR professionals and managers need to know. *Human Resource Planning*, *24*, 26–35.

Filipczak, R. (1998). The executive coach: Helper or healer? *Training*, *35*, 30–36.

Garman, A. N., Whiston., D. L., & Zlatoper, K. W. (2000). Media perceptions of executive coaching and the formal preparation of coaches. *Consulting Psychology Journal: Practice and Research*, *52*, 201–205.

Glaser, E. M. (1958). Psychological consultation with executives: A clinical approach. *American Psychologist*, *13*, 486–489.

Good, D. J., Yeganeh, B., & Yeganeh, R. (2010). Cognitive behavioral executive coaching: A structure for increasing flexibility. *Organization Development Practitioner*, *42*(3), 18–23.

Goodstone, M. S., & Diamante, T. (1998). Organizational use of therapeutic change strengthening multisource feedback systems through interdisciplinary coaching. *Consulting Psychology Journal: Practice and Research*, *50*, 152–163.

Gordon, S. (2008). Appreciative inquiry coaching. International Coaching Psychology Review, *3*, 19–31.

Gould, R. A., Otto, M. W., Pollack, M. H., & Yap, L. (1997). Cognitive behavioral and pharmacological treatment of generalized anxiety disorder: A preliminary meta-analysis. *Behavior Therapy*, *28*, 285–305.

Grant, A. M. (2003). The impact of life coaching on goal attainment, metacognition and mental health. *Social Behavior and Personality: An International Journal*, *31*(3), 253–264.

Grant, A. M. (2006). An integrative goal-focused approach to executive coaching. In D. Stober & A. M. Grant (Eds.), *Evidence based coaching handbook* (pp. 153–192). New York: Wiley.

Grant, A. M. (2007). A model of goal striving and mental health for coaching populations. *International Coaching Psychology Review*, *2*(3), 248–262.

Grant, A. M., & Greene, J. (2001). *Coach yourself: Make real change in your life*. London: Momentum Press.

Green, L. S., Oades, L. G., & Grant, A. M. (2006). Cognitive-behavioural, solution-focused life coaching: Enhancing goal striving, well-being and hope. *Journal of Positive Psychology*, *1*(3), 142–149.

Gyllensten, K., & Palmer, S. (2005). Can coaching reduce workplace stress: A quasi-experimental study. *International Journal of Evidence Based Coaching and Mentoring*, *3*(2), 75–85.

Hall, D. T., & Mirvis, P. H. (1995). The new career contract: Developing the whole person at midlife and beyond. *Journal of Vocational Behavior*, *47*, 269–289.

Hall, D. T., Otazo, K. L., & Hollenbeck, G. P. (1999). Behind closed doors: What really happens in executive coaching. *Organizational Dynamics*, *27*, 39–53.

Hayes, S. C., Barlow, D. H., & Nelson-Gray, R. O. (1999). *The scientist practitioner research and accountability in the age of managed care* (2nd ed.). Boston, MA: Allyn & Bacon.

Hogan, R., & Hogan, J. (2001). Assessing leadership: A view from the dark side. *International Journal of Selection and Assessment*, *9*(1/2), 40–51.

Ibarra, H. (1999). Provisional selves: Experimenting with image and identity in professional adaptation. *Administrative Science Quarterly*, *44*(4), 764–791.

Ingram, R. E., & Hollon, S. D. (1986). Cognitive therapy for depression from an information processing perspective. In R. E. Ingram (Ed.), *Information processing approaches to clinical psychology* (pp. 259–281). New York: Academic Press.

Jacobson, E. (1938). *Progressive relaxation: A physiological and clinical investigation of muscular states and their significance in psychology and medical practice* (2nd ed.). Chicago, IL: The University of Chicago Press.

Jacobson, N. S., Dobson, K. S., Truax, P. A., & Addis, M. E. (1996). A component analysis of cognitive-behavioral treatment for depression. *Journal of Consulting and Clinical Psychology*, *64*, 295–304.

Kampa-Kokesch, S., & Anderson, M. Z. (2001). Executive coaching: A comprehensive review of the literature. *Consulting Psychology Journal: Practice and Research*, *53*, 205–228.

Kauffman, C. (2006). Positive psychology: The science at the heart of coaching. In D. R. Stober & A. M. Grant (Eds.), *Evidence based coaching handbook: Putting best practices to work for your clients* (pp. 219–253). Hoboken, NJ: Wiley.

Kauffman, C., & Scouler, A. (2004). Toward a positive psychology of executive coaching. In A. Linley & S. Josephs (Eds.), *Positive psychology in practice*. Hoboken, NJ: Wiley.

Kilburg, R. (1996a). Executive coaching as an emerging competency in the practice of consulting. *Consulting Psychology Journal: Practice and Research*, *48*, 59–60.

Kilburg, R. (1996b). Toward a conceptual understanding and definition of executive coaching. *Consulting Psychology Journal: Practice and Research*, *48*, 134–144.

Kilburg, R. (2000). *Executive coaching: Developing managerial wisdom in a world of chaos*. Washington, DC: American Psychological Association.

Kodish, S. P. (2002). Rational emotive behavior coaching. *Journal of Rational-Emotive & Cognitive Behavior Therapy*, *20*, 235–246.

Laske, O. E. (1999). An integrated model of developmental coaching. *Consulting Psychology Journal: Practice and Research*, *51*, 139–159.

Latham, G. (2000). Motivating employee performance through goal setting. In E. A. Locke (Ed.), *Handbook of principles of organizational behavior* (pp. 107–119). San Francisco, CA: Blackwell.

Lazarus, A. (1971). *Behavior therapy and beyond*. New York: McGraw-Hill.

Levinson, H. (1996). Executive coaching. *Consulting Psychology Journal: Practice & Research*, *48*, 115–123.

Libri, V., & Kemp, T. (2006). Assessing the efficacy of a cognitive behavioural executive coaching programme. *International Coaching Psychology Review*, *1*(2), 9–20.

Neenan, M. (2008). From cognitive behaviour therapy (CBT) to cognitive behaviour coaching (CBC). *Journal of Rational-Emotive & Cognitive Behavior Therapy*, *26*(1), 3–15. (Special Issue on Cognitive-Behavioural Coaching).

Neenan, M., & Dryden, W. (2002). *Life coaching: A cognitive behavioural approach*. London: Brunner-Routledge.

Neenan, M., & Palmer, S. (2001). Cognitive behavioural coaching. *Stress News*, *13*, 15–18.

Ost, L. G. (1987). Applied relaxation: Description of a coping technique and a review of controlled studies. *Behavior Research and Therapy*, *26*, 13–22.

Palmer, B. (2003). Maximizing value from executive coaching. *Strategic HR Review*, *2*(6), 26–29.

Palmer, S., & Gyllensten, K. (2008). How cognitive-behavioral, rational emotive behavioral or multimodal coaching could prevent mental health problems, enhance performance and reduce work related stress. *Journal of Rational Emotive Behavior Therapy*, *26*, 38–52.

Palmer, S., & Whybrow, A. (Eds.). (2007). *Handbook of coaching psychology: A guide for practitioners*. New York: Routledge.

Parkes, R. C. (1955). We use seven guides to help executives develop. *Personnel Journal*, *33*, 326–328.

Passmore, J. (2007). An integrative model for executive coaching. *Consulting Psychology Journal: Practice and Research*, *59*(1), 68–78.

Peltier, B. (2001). *The psychology of executive coaching: Theory and application*. New York: Brunner-Routledge.

Persons, J. B. (1989). *Cognitive therapy in practice: A case formulation approach*. New York: Norton.

Peterson, D. B. (1996). Executive coaching at work: The art of one-on-one change. *Consulting Psychology Journal*, *48*(2), 78–86.

Persons, J. B., Burns, D. D., & Perloff, J. M. (1988). Predictors of dropout and outcome in cognitive therapy for depression in a private practice setting. *Cognitive Therapy and Research*, *12*, 557–575.

Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion*, *12*, 38–48.

Quick, J. C., & Macik-Frey, M. (2004). Behind the mask: Coaching through deep interpersonal communication. *Consulting Psychology Journal: Practice and Research*, *56*, 67–74.

Richard, J. T. (1999). Multimodal therapy: A useful model for the executive coach. *Consulting Psychology Journal: Practice and Research*, *51*, 24–30.

Rotenberg, C. T. (2000). Psychodynamic psychotherapy and executive coaching—Overlapping paradigms. *Journal of the American Academy of Psychoanalysis*, *28*, 653–663.

Segers, J., Vloeberghs, D., Henderickx, E., & Inceioglu, I. (2011). Structuring and understanding the coaching industry: The coaching cube. *Academy of Management Learning and Education*, *10*, 204–221.

Senge, P. (1990). *The fifth discipline. The art and practice of the learning organization*. New York, NY: Currency Doubleday.

Sherin, J., & Caiger, L. (2004). Rational-emotive behavior therapy: A behavioral change model for coaching. *Consulting Psychology Journal: Practice and Research*, *56*, 1065–1083.

Simon, S. N. (2009). Applying Gestalt theory to coaching. *Gestalt Review*, *13*(3), 230–239.
Spence, G. B., & Grant, A. M. (2007). Professional and peer life coaching and the enhancement of goal striving and well-being: An exploratory study. *Journal of Positive Psychology*, *2*(3), 185–194.
Stampfl, T. G., & Levis, D. J. (1967). Essentials of implosive therapy: A learning theory based psychodynamic behavioral therapy. *Journal of Abnormal Psychology*, *72*, 496–503.
Strayer, J., & Rossett, A. (1994). Coaching sales performance: A case study. *Performance Improvement Quarterly*, *7*, 39–53.
Sztucinski, K. (2001). *The nature of executive coaching: An exploration of the executive's experience*. Unpublished doctoral dissertation. George Washington University, Washington, DC.
Tobias, L. L. (1996). Coaching executives. *Consulting Psychology Journal: Practice and Research*, *48*, 87–95.
Turner, R. A., & Goodrich, J. (2010). The case for eclecticism in executive coaching: Application to challenging assignments. *Consulting Psychology Journal: Practice and Research*, *62*(1), 39–55.
Turner, S. M., & Beidel, D. C. (1998). *Shy children, phobic adults: Nature and treatment of social phobia*. Washington, DC: American Psychological Association.
Turner, S. M., Beidel, D. C., & Jacob, R. G. (1994). Social phobia: A comparison of behavior therapy and atenolol. *Journal of Consulting and Clinical Psychology*, *62*, 350–358.
Whitmore, J. (1996). *Coaching for performance*. London: Nicholas Brealey.
Williams, P., & Davis, D. (2002). *Therapist as life coach: Transforming your practice*. London: WW Norton and Co.
Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition*. Stanford, CA: Stanford University Press.
Wolpe, J. (1969). *The practice of behavior therapy*. Elmsford, NY: Pergamon.
Zaccaro, S. J., Foti, R. J., & Kenny, D. A. (1991). Self-monitoring and trait-based variance in leadership: An investigation of leader flexibility across multiple group situations. *Journal of Applied Psychology*, *76*, 308–315.