

# TEAM-CBT & Coaching

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by Angela Poch, RPC



# Who am I

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- Master Life Coach
- Vice President of Education - AAHWC
- Nutritional Counsellor
- Health & Wellness Coach
- CBT Coach



# Why does TEAM-CBT and coaching work?

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Coaching is goal focused, so is TEAM.

- TEAM is structured in such a way as we can help clients achieve their health and wellness goals without venturing onto the forbidding ground of diagnosing and treating mental illness.

Coaching is client, rather than expert focused, so is TEAM.

- In TEAM we are looking to develop skills the client can use for themselves rather than them needing an expert to analyze their needs for them.

## 3 Key TEAM Philosophies

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- Death of the therapist's ego
  - Practice what you preach
  - Fail as fast as you can
  - Sitting with open hands
- We treat people not disorders
- Client collaboration
  - It's not what's wrong with a client but what's right with them
  - Homework

# What is TEAM-CBT – coaching language

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- T - Testing: Rapid, reliable session-by-session assessment of both where we are at in achieving the client's goals and checking in on the coaching relationship itself.
- E - Empathy: Accurate, compassionate understanding of the client's unique goals and challenges to those goals.
- A - Assessment (Agenda Setting or Assessment of Resistance): Pinpoint resistance, boost motivation, and figure out what is getting in the way of change.
- M - Methods: There are 100+ tools clients can use to find success in their goals and to work through challenges.

# TEAM-CBT

— T = Testing

— E = Empathy

— A = Assessment

— M = Methods

# Testing

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- Research and detailed analyses reveals mental health professionals, including coaches, can't read minds.
- Recent research reveals clinicians who test before and after each session are 2.5x more effective than those who don't.
- Various surveys can be helpful.
- The BMS by Dr. David Burns has been tested for reliability at Stanford.
- Changing the language.
- NEW BMS for coaches.

## Brief Mood Survey - After Session

Copyright 2022 © Dr. David Burns. Only to be used in conjunction with an electronic license. MUST be used in a manner that meets the privacy/health act of the country you practice in. For use with your clients only in the course of working together.

Please fill in after our session together.

The emotions and ratings on this form do not imply diagnosis or mental illness.

[feelinggreat@angelapoch.com](mailto:feelinggreat@angelapoch.com) [Switch accounts](#)

*\*Required*

**Email \***

Your email address

## Brief Mood Survey - After Session

[feelinggreat@angelapoch.com](mailto:feelinggreat@angelapoch.com) [Switch accounts](#)

*\*Required*

### Evaluation of The Coaching Session

**Coach Empathy \***

	No	Somewhat true	Moderately true	Very True	Completely true
My coach seemed warm, supportive, and concerned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My coach seemed trustworthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My coach treated me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My coach did a good job of listening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My coach seemed to understand how I felt inside.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## BMS – Brief Mood Survey

Free Google Form or create your own JotForm/gsuite form - Need the Electronic Tool Package & License to have permission.

# TEAM-CBT

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## E - Empathy

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- Accurate, compassionate understanding of the client's unique problem or situation.
- Not much changes for Coaches vs Therapists.
- Avoid any language that implies you are diagnosing or treating mental illness.
- Focus on words = emotions. IE: Depressed vs depression.

# Empathy – 5 Secrets of Effective Communication

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- Disarming Technique
- Thought & Feeling Empathy
- I Feel Statements
- Stroking
- Inquiry

# TEAM Empathy Pitfalls

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- 5 Secrets of Effective communication
- Avoid common task oriented errors such as:
  - Cheerleading
  - Advice giving
  - Validation Lectures
  - Directing the conversation vs Client leading
  - Trying to help (convince)



## Example & Mini Demo

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- 28 year old client just completed their degree in marine biology and is looking for work but are a hard time finding anything in their field. They have high depression scores on their BMS. This is your first meeting with them. They've just told you, "I'm feeling so down and unmotivated to keep looking. It's been rough constantly getting turned down or not see any opportunities even when I look outside the area."
- What errors might we be prone to here?
- What might a good 5 Secrets response be?



# TEAM-CBT

— T = Testing

— E = Empathy

— **A = Assessment**

— M = Methods

## **A - Assessment (Agenda Setting or Assessment of Resistance):**

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- Pinpoint resistance, boost motivation, and figure out what is getting in the way of change.
- Not too many adjustments here other than what we've talked about so far.
- Extremely helpful to pinpoint issues before setting goals. Often overlooked by most coaches.
- Coaching clients seem quite open to this.

# Assessment of Resistance

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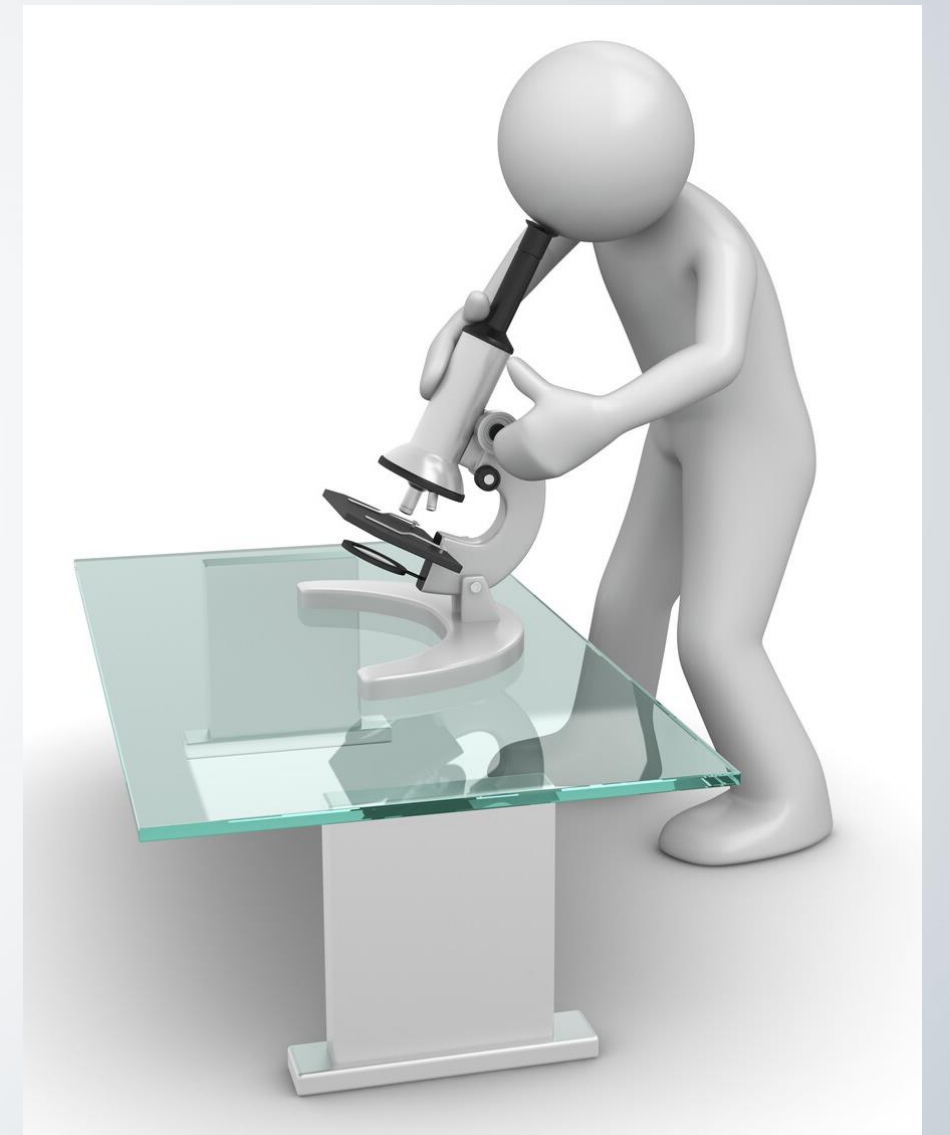
- Invitation
- Miracle cure (conceptualization)
- Moment in time (specificity)
- Magic Button
- Acid Test
- Positive Reframe
- Pivot Question
- Magic Dial (DML goal column)
- Process Resistance



## Example & Mini Demo

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- What goals might this client have? (conceptualization)
- What resistance might this client have?



# Resistant to Change & Coaching

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- Sometimes clients are more motivated to change when they look for coach vs therapist.
- Habits & Goals – Triple Paradox, Devil’s Advocate, etc.

# TEAM-CBT

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## M - Methods

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- There are 100+ tools from over 12 modalities.
- We want to find what works for the client, not get stuck on a favourite one or two we like.
- Coaching adds many flavours.
- Any tool can be used if appropriate. We want to find what works for the client, not get stuck on a favourite one or two we like.

## Methods to be Cautious of:

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- EMDR, ACT, EFT, and other “therapy” modalities. Check if you can get specialized training and use these as a coach and be mindful how you use them, IE: reaching a goal vs treating a disorder.
- Hypnotherapy
- Prolonged Exposure
- Any tool focused on “treatment” of the disorder rather than reducing a NT. Most tools can just be reframed!



# Coaching Methods

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- SMART goals
- Life Purpose
- Happiness Success
- Lifestyle Changes & Life Inventory
- Organizational habits
- Study tools
- Faith tools

Testing

Empathy

Assessment

Methods

# SMART Goals

**S - specific**

**M - Measurable**

**A - Achievable**

**R - Relevant**

**T - Timely**

# Primary vs Secondary Goals

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- Primary Goal - “I want to lose 20lbs to improve my health.”
- Secondary goals
  - “I will exercise 30 minutes per day every day.”
  - “I will eat only 3 meals a day with no snacks.”
  - “I will fill half my plate with fruit or vegetables.”
  - “I will only eat one 6-7” diameter plate of food at each meal.”
- You can have several secondary goals all relating to the primary one, but each must meet the SMART criteria.

## S-Specific

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- “I want to get healthier” -- Too general
- Better goals:
  - “I want to lose 20 lbs to improve my health”
  - “I want to get 7-8 hours of sleep per night”

## **M in SMART stands for measurable.**

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- The goal itself must answer at least one the following questions:
  - How will you know when you've completed the goal?
  - What will be different?
  - What will you have started or be doing regularly?
  - What will you have stopped or be doing less of?
- Adding a number value is a great way to accomplish this.

## **A in SMART stands for achievable**

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- Is this goal achievable with the resources I have?
- Are there any other resources I need before I can achieve my goal?
- Can I access these resources?
- What problems might I have?
- What can I do to minimize those problems?

## R in SMART stands for relevant

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- Is this goal my top priority or help me get closer to my top priority?
- Does this goal conflict with other goals I have? Some goals can conflict with each other, and one might need to be set aside temporarily.
  - For example: I might want to feel better about myself and have more joy and less feeling inferior. But I want also want to lose weight. These goals can either work together or be in conflict. I might find beating myself up motivating to loose weight, and if I am ok with my happiness it may be too hard to diet and exercise.

## **T represents Timely or time limited.**

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- The goal must have a clearly defined ending point and preferably in the near future.
- Can have one longer term goal and some shorter ones. See “Little Steps for Big Feats”
- In our previous example:
  - “I want to lose 20lbs in 6 months”
  - “I want to be sleeping 7-8 hours per night within 30 days.”

## Example & Mini Demo

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- 28 year old client just completed their degree in marine biology and is looking for work but are a hard time finding anything in their field. They have high depression scores on their BMS. This is your first meeting with them. They've just told you, "I'm feeling so down and unmotivated to keep looking. It's been rough constantly getting turned down or not see any opportunities even when I look outside the area."
- What methods might be helpful for this client?



