Opinion

Diagnostic tools in executive coaching - more harm than good?

How useful are psychometric and diagnostic instruments to coaching? In the first in our new series, **Erik de Haan** and **Carine Metselaar** argue that these tools are not only of no great benefit but in some cases they could potentially be harmful.

or more than 15 years we have both been working with diagnostic instruments in organisational assessments, development and coaching, mostly with questionnaires. Together we are certified users of well over 10 widely applied instruments, most of which are directly based on a psychological theory or at least related to one. Recently we have found ourselves becoming less and less comfortable with the use of psychometric tools that are meant to provide something that comes close to a diagnostic value, for the benefit of consulting or coaching work. We therefore have become increasingly reluctant to suggest diagnostic tools in our coaching practice. With this article we hope to contribute to a professional debate among coaches about the use of psychometric instruments in our profession.

Psychometric and other diagnostic tools

For us, coaching and diagnostics are like oil and water – they do not want to mix in the same relationship and when you do try to mix them there is a good chance that one will repel the other.

On the one hand diagnostics will put us in the role of expert authority. For the client we become a figure with authority, knowing for example which diagnostic to use, how to interpret the diagnostic's findings, and what recommendations to make on those findings. On the other hand coaching requires that we enter a relationship (as much as possible) fresh and free, unhindered by what we know and can do, in order to somehow connect with our clients' doubts and vulnerabilities.

Diagnostics are used 'on' the client, while coaching is the client using us, or at least client and coach wondering together what might be going on. Diagnostics impose a language on the client, while coaching inquires into the client's language when the client is really free to talk.

By diagnostic tools we refer to all instruments and interventions that claim to give insight into a person's personal preferences, interpersonal needs, values, motivations, attitudes, behaviours or other less commonly used concepts related to human characteristics. We obviously *do not* refer to the clinical use of the term, because clinical diagnostics include a fuller anamnesis and a tailored clinical formulation and are intended for a clinical context that is very different from coaching assignments.

Diagnostic coaching instruments can be divided into three categories:

Psychometric self-assessment instruments that are aimed at producing objective measurements of a candidate's psychological attributes and usually come in the form of a questionnaire. The output is a report with numbers and graphs. Examples are the California Psychological Inventory (CPI), the Myers-Briggs Type Indicator (MBTI), the Occupational Personality Questionnaire (OPQ) and the Hogan and Baron Emotional Intelligence Quotient Inventory (EQ).

2 Behavioural feedback instruments, which are aimed at aggregating feedback from those who work with the candidate or know the candidate from a close personal relationship.

Examples are feedback tools based on the above instruments, 360-degree multiparty feedback instruments, and tailor-made surveys.

Observational instruments that do not claim to be objective measurements of a generally accepted concept. Their claim is that the observations, facilitated by the instruments, reveal a certain hidden truth about the individual or group taking part in the observation. Examples of these instruments are equineassisted coaching and organisational constellations.

These three categories differ significantly with regard to their characteristics and use, which are obviously relevant and require more detailed comments. However in this article we focus on the use of any form of diagnostics, irrespective of their qualities.

Dangers of 'instrument attachment'

Research into the effects of coaching is still in its infancy and the outcomes of diagnostic instruments in coaching have not yet been studied quantitatively. One could hypothesise that using properly developed instruments, such as the Hogan tools, would be better and maybe more effective than, for example, using 'parlour games'. However there is as yet no scientific evidence to support this. With the lack of objective data supporting a clear preference for one instrument over another, criteria to suggest the use of an instrument become subject to other influences, such as commercial considerations, practical considerations, or personal experience and preference. It is not hard to imagine that coaches will suggest the use of a particular instrument more often if they are familiar with this instrument, and still more if they are an accredited user of the instrument. One of the obvious reasons is that coaches usually have to pay a significant amount of money to acquire the training and certification needed to be able to use an instrument. Therefore most coaches would make a deliberate choice for no more than a few instruments, and try to stick to these.

Another reason could be that being familiar with an instrument enhances the chances of being comfortable using it. The assumed correlation between a coach's familiarity with an instrument and the suggestion to use it is a phenomenon regularly found with clinicians as well. For instance Van Minnen and colleagues found that the use of and preference for certain approaches by therapists were strongly related to the amount of training received in these approaches and their credibility ratings, regardless of the objective evidence of their efficacy. 1 Of course indicating a clinical approach is not the same as proposing a coaching instrument, but there are certainly similarities.

The potential harm we are concerned about is that coaches could become 'attached' to the concepts produced by or directly related to the instruments they use, to the extent that these concepts become a reality to them. We have heard coaches talking almost religiously about 'the richness of information the instrument produces', saying things like, 'The more I work with it, the more interpretive value it has.' In our experience, seasoned coaches who are overly familiar with a certain instrument tend to become more convinced of its added value, which is expressed in a tendency to use the instrument persuasively with their clients. This can lead to the model being prioritised over the experience of the coachee. An example from our own practice was when a leader, whose score on a coaching instrument changed dramatically after he had experienced some significant life changes, was told by a coach that 'this could not be true' because "what the instrument measured was a stable trait, not subject to life changes'. When coachees' experiences always need to be labelled in terms of the concepts the instruments offer, real value gets lost. This regularly happens with ipsative instruments such as MBTI or OPQ, where the model forces the client into one of two poles despite clients often feeling that they do not have a real preference. In the area of equine-assisted coaching, the reaction of the horse towards the coachee is supposed to always reveal a truth about the coachee and his/her relationship with the people s/he works with. In coaching constellations, the 'natural orders' that should not be violated give direction to what went wrong and should be resolved.2 Therefore, even if the coach does not interpret but only facilitates, the sense-making is determined by the model that produces the concept, not by the client.

When coaches take their instruments too seriously, some basic coaching principles might be violated. This applies in particular to principles regarding equality of the relationship and prioritising the coachee's choices about resources.3

One could argue that the risk of overuse of instruments by coaches may be exaggerated. However several factors currently drive the perceived importance of instruments, which may lead to an increasing demand from organisations to use them. One is that the financial investment made to develop a robust instrument leads to the production of huge reports to confirm its value. These reports often include different representations of the same data, tips around how to deal with our profiles and areas to which we can apply our data (leadership, working in teams, derailment, work/life balance etc). These reports conspire to exaggerate the importance of the data. As with contracts or pharmaceutical products, unknowns, side effects and biases may either disappear entirely or be consigned to the small print. Another factor is that coaches, having invested in the instrument through their certification training, may be motivated to get returns on their investment.

A third consideration is that clients rarely ask questions about the relevance or quality of an instrument, are not trained to assess its rigour and are unlikely to challenge the instrument choice of their coach. For these reasons there is hardly any push-back from clients. The trust in us as coaches can be huge. Whereas the organisations that use our services judge us by our credentials, most coachees judge us by the rapport they have with us and the tangible outcomes of their coaching process.³ This may preclude us from being fully transparent about the advantages and limitations of an instrument that, if considered seriously, would enable a client to decide for themselves whether or not to use it.

Conclusions

Executive coaching differs from other forms of coaching and counselling in several respects. One is that performance improvement is usually part of the objectives, leading to a goal-focused, results-oriented and rather practical approach. Executive coaching is usually aimed at personal and organisational development and the unlocking of leadership potential.4 It therefore makes sense to include diagnostics that help us to understand for instance why leadership potential might be blocked, or what makes someone behave in a certain way. However, as in every personal or organisational transformation process, such a diagnosis is only valuable if it is fully owned by the person, group or organisation involved. As facilitators of this transformational process, executive coaches serve their clients best by helping them to find and activate their natural, inherent abilities.³ In the context of the mentioned lack of evidence, using a tool to identify these natural abilities may be

pretentious and may miss more relevant aspects, and may even distract us from what should be the focus of our work; our relationship with our coachees and what is going on for them. We believe that as coaches we should focus on helping the client find their own truths, and stay away from offering them our perspectives.

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