

Is This Therapy or Coaching?



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A Decision Guide for Mental Health Professionals and Coaches

Therapy and coaching can look surprisingly similar from the outside. Both may involve goals, relationships, values, emotions, behavior change, accountability, identity, and conversations about the past or future. The distinction is not simply **what you talk about**. It also depends on **why the person hired you, what professional role you established, and what you are actually doing together**.

Use this guide to help determine where the work may fall and when it is time to pause and seek additional guidance.

START HERE: What Is the Person Asking You to Help With?

Are they seeking assessment, diagnosis, or treatment of a mental health condition or clinically significant symptoms?

YES → LIKELY THERAPY / CLINICAL PRACTICE

Consider whether the service falls within a regulated mental health scope and what licensure, jurisdiction, informed consent, documentation, and other clinical responsibilities apply.

NO → KEEP GOING ↓

What Is the Primary Purpose of the Work?

Is the person primarily seeking support with goals, accountability, organization, executive functioning strategies, career development, leadership, creativity, personal growth, skill-building, or another nonclinical objective?

YES → MAY FIT COACHING. KEEP GOING ↓

NO OR NOT SURE → GRAY AREA: PAUSE & CLARIFY

Before deciding what to call the relationship, clarify what the person actually wants from you and what you expect to do together.

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Does the Person Have a Mental Health Diagnosis?

YES → THAT ALONE DOES NOT MAKE THIS THERAPY.

Someone with ADHD can hire a business coach. A person receiving therapy for OCD can work with an executive coach. Someone with a history of depression can seek coaching while writing a novel.

The better question is:

What Are You Doing With What Emerges?

If you are primarily helping the person clarify goals, identify values, develop strategies, build skills, experiment with new behaviors, create accountability, or pursue personal or professional growth within your competence:

→ **MAY REMAIN COACHING**

If you begin diagnosing a mental health disorder, developing a clinical treatment plan, or providing treatment that falls within a regulated mental health scope:

→ **YOU MAY HAVE ENTERED THERAPY / CLINICAL PRACTICE**

Discussing feelings, childhood experiences, relationships, grief, or difficult experiences does not automatically make something psychotherapy. Humans have an inconvenient habit of bringing their entire humanity into both therapy and coaching.

Has the Work Changed?

Sometimes the relationship begins comfortably within coaching and gradually wanders somewhere else.

Ask yourself:

Am I still providing the service this person originally hired me to provide?

If **yes**, continue monitoring the role and scope of the work.

If **no or maybe**, consider whether you need to:

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Consult → Assess the scope → Refer → Coordinate with a therapist → Pause coaching → Transition or end the coaching relationship

A coaching agreement does not prevent someone's needs from changing.

If You Are Also a Licensed Therapist

Your clinical license does not disappear when you become a coach.

Ask yourself whether a reasonable person encountering your:

Website → Credentials → Marketing → Consultation → Consent documents → Records → Billing → Actual sessions

would understand whether they were receiving **psychotherapy or coaching**.

If those pieces tell different stories, clarify the relationship.

Working Across State Lines?

Do not assume:

“I’m calling it coaching, so my psychotherapy license no longer matters.”

Depending on the jurisdictions involved, genuine coaching may sometimes be provided across state lines when psychotherapy cannot be provided under your existing license. However, states can regulate protected mental health practices, professional titles, business activities, and other professional conduct differently.

Before accepting an interstate client, ask:

How does the client’s jurisdiction regulate what I am actually planning to do?

When necessary, check the applicable licensing board, statutes and regulations, professional association, liability carrier, or qualified legal counsel.

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If You Are an Associate or Prelicensed Therapist

Do not assume that because coaching may be permissible in a particular circumstance, the hours automatically qualify toward licensure.

Those are separate questions:

Can I legally provide this service?

and

Will this work qualify toward my supervised experience?

California associates should review current BBS requirements and consult their clinical supervisor before relying on coaching work for licensure hours.

Your Three Possible Destinations

LIKELY COACHING

The established role is coaching, the purpose is nonclinical, the work remains within your coaching competence, your services are accurately represented, and you are not providing activities that fall within a protected mental health scope.

LIKELY THERAPY / CLINICAL PRACTICE

You are assessing, diagnosing, developing clinical treatment plans, treating mental health conditions, or otherwise providing services that fall within a regulated mental health scope. Follow the laws, ethics, licensure, jurisdiction, documentation, and other requirements governing that clinical service.

GRAY AREA: PAUSE & CONSULT

You cannot clearly identify which professional role you are occupying, the client's needs have changed, the work increasingly resembles clinical treatment, the service crosses jurisdictions, a former therapy client wants coaching, or something about the arrangement makes you think, *I am not entirely sure about this.*

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Uncertainty is information. Use it.

Consult the appropriate licensing board, professional association, clinical supervisor, liability carrier, ethics consultant, or qualified attorney as appropriate.

The Final Check

Before deciding whether something is therapy or coaching, temporarily remove the title you gave it.

Imagine that another qualified professional could observe the work but could not see your website, contract, invoice, or the word written at the top of the chart.

Ask:

What would they reasonably say I am actually providing?

That answer may tell you considerably more than the label.

Important Note

This decision guide is intended for educational purposes and is **not a legal test or legal advice**. Coaching, psychotherapy, telehealth, scope of practice, professional titles, supervision, and licensing requirements vary by profession and jurisdiction and can change over time. When the distinction is unclear, consult the laws, regulations, ethics requirements, and professional resources applicable to your specific circumstances.

California resources: California Board of Behavioral Sciences, CAMFT Code of Ethics, and the statutes and regulations governing your particular license or registration.

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