

A preliminary exploration of the working alliance and 'real relationship' in two coaching approaches with mental health workers

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Objectives: *The coaching relationship has been described as the catalyst for change. This study explores the coaching relationship by comparing the working alliance and the 'real relationship' – the undistorted and authentic experience of the other – in participants in skills coaching and transformational coaching.*

Design: *A 2 (coaching condition) x 2 (time) factorial design was used.*

Method: *Staff from community psychiatric recovery services were trained in a new service delivery approach (Collaborative Recovery Model), followed by coaching from internal coaches once per month to enhance implementation of the training. All trained staff were invited to participate in the research. Forty coachees met the requirements for inclusion in the study (≥ 3 coaching sessions in six months). Coaches completed a coaching alliance measure after each session. Coachees completed measures of working alliance and real relationship after six months of coaching.*

Results: *Analyses indicated that the coaching relationship is stronger after receiving transformational coaching, from both coachees' and coaches' perspectives. Relationships developed over time in transformational coaching, but not with skills coaching.*

Conclusions: *The results provide preliminary evidence that transformational coaching encourages the development of stronger coaching relationships. Future research should examine the effect of coaching approach on the outcomes of coaching.*

Keywords: *Coaching alliance; coaching relationship; real relationship; transformational coaching and working alliance.*

COACHING is an increasingly popular professional development tool used in organisational settings (Bacon & Spear, 2003; Kampa-Kokesch & Anderson, 2001). Several researchers have argued that the coach-coachee relationship is an essential component of coaching (Gyllensten & Palmer, 2007; Kampa-Kokesch & Anderson, 2001; Lowman, 2005). Indeed, the coaching relationship has been described as the very foundation of coaching: the 'vehicle for change' (Gyllensten & Palmer, 2007, p.163). However, while there is a large body of literature surrounding the nature and importance of the therapeutic relationship, little

empirical research has been conducted on the coaching relationship. In this paper we make a preliminary exploration of the coaching relationship in two different approaches to coaching: skills coaching and transformational coaching.

Stober et al. (2006) suggested that evidence from other fields, such as psychotherapy, could be brought to bear on coaching in order to progress evidence-based practice. However, a number of authors have pointed out that there are important differences between coaching and therapy, such as the presenting needs of the person, the purpose and type of goals being

pursued, and the degree to which the relational dynamics are explored (Crowe et al., 2011). While coaching is generally aimed at a non-clinical population, is future-oriented and focused on a clear stated goal (Ives, 2008), therapeutic interventions are seen as focusing on resolving issues that have arisen from the past (Grant, 2003). Coaching relationships tend to focus less on relational dynamics and have weaker emotional bonds than therapeutic relationships (Hart et al., 2001). Nevertheless, these distinctions are becoming blurred with the increase in personal development coaching. Ives (2008) described nine types of coaching, which can differ on three dimensions: Directive vs. non-directive, developmental vs. goal-focused and therapeutic vs. performance-based. The more developmental or therapeutic the coaching, the more the relationship between coach and coachee is likely to become central to the process, and become a catalyst for change (Spinelli, 2010).

Qualitative studies have explored coaches' and coachees' perceptions of their relationship (e.g. Machin, 2010; O'Broin & Palmer, 2010). Machin (2010) identified trust as the most important element of the relationship, while O'Broin and Palmer (2010) similarly found bond and engagement to be major themes, of which trust was a key aspect. Both of these studies were limited by very small sample sizes, and Machin urged further quantitative research to shed more light on how coaches and coachees view their relationship. There is a large body of empirical research into the therapeutic relationship, which is seen to consist of three elements: the working alliance, transference and the 'real relationship' (e.g. Gelso & Hayes, 1998). However, although transference has rarely been examined within the coaching context, one qualitative study amongst professional coaches questioned its relevance to the coaching relationship (Hart et al., 2001). Therefore, this study focuses on a quantitative exploration of the working alliance and the real relationship constructs in the coaching relationship.

The working alliance

The working alliance construct is used extensively in the psychotherapy field, and refers to the quality and strength of the collaborative relationship between client and psychotherapist (Bordin, 1979). The working alliance consists of three dimensions: tasks, bonds and goals. *Tasks* are the activities that constitute the process of counselling; *goals* are the desired outcomes of counselling; and *bonds* refer to the personal relationship issues including trust, acceptance and confidence (Bordin, 1979). The strength of the working alliance between a client and therapist depends upon the degree to which they agree on the goals and tasks of the therapy and the strength of their relational bond. Baron and Morin (2009) found that the working alliance plays an important role in coaching outcomes.

The concept of working alliance has also been applied to the relationship between a psychotherapist and supervisor (Bordin, 1983). The supervisory relationship is arguably more akin to the coaching relationship than is the therapeutic relationship. Efstation et al. (1990) explored the notion of supervisory working alliance. They identified *rappport*, *client focus* and *identification* as the main factors from the perspective of supervisors, while only *rappport* and *client focus* were identified from the trainees' perspective. Clients and their psychotherapists (Tryon et al., 2007), and psychotherapists and their supervisors (Burke et al., 1998) tend to view their working alliance differently, therefore, it is important to examine both a coachee's and coach's perception of their working alliance.

The real relationship

The real relationship has been defined as the personal relationship, separate from the working alliance, and is comprised of two elements: genuineness and realism (e.g. Gelso & Carter, 1994). Genuineness refers to a person's ability and willingness to be authentic, open and honest in their relationship (e.g. Gelso & Carter, 1994). In contrast, realism refers to the realistic, undistorted

perceptions that one person holds of another (e.g. Gelso & Carter, 1994). Gelso and Hayes (1998) theorised that the real relationship and working alliance 'have a reciprocal impact; each influences and is influenced by the other' (p.143). Some empirical support has been found for this argument. From both a client perspective and a psychotherapist perspective, ratings of real relationship and working alliance have been found to have moderate (Marmarosh et al., 2009; Fuertes et al., 2007) to strong (Marmarosh et al., 2009) correlations, suggesting that the two relationship dimensions are related, yet also distinct from each other. Fuertes et al. (2007) found client and therapist ratings of the real relationship, and not the working alliance, predicted ratings of client progress. Similarly, Marmarosh et al. (2009) found therapist ratings of the real relationship to be the only element of the therapeutic relationship to predict therapy outcomes.

Watkins (2011) asserted that the real relationship is an important, but unstudied, aspect of the supervisory relationship, and that the real relationship impacts on the development of the working alliance in supervision. To our knowledge, the real relationship has not been examined in a coaching context, but it may be posited that it would have similar relevance to a theoretical understanding of the coaching relationship.

Coaching relationship and type of coaching

Type of coaching may influence the nature of the coaching relationship. O'Broin and Palmer (2010) found that participants in a qualitative study had different views of the coach-coachee bond. One interpretation they offered was that different types of coaching required different depths or qualities of relationships, as suggested by Kauffman and Bachkirova (2009). Two distinctly different types of coaching are skills coaching and transformational coaching (Hawkins & Smith, 2007, 2010; Segers et al., 2011). Skills coaching is directed at improving a coachees' skills or competencies, whereas transformational

coaching aims to help coachees' achieve change by shifting to a higher level of functioning by changing habitual responses to issues (Hawkins & Smith, 2010). The characteristics of these types of coaching are summarised in Table 1.

Based on the psychotherapy and coaching literatures, it may be expected that transformational coaching would require a strong working alliance, with high levels of rapport, to enable the discussion of thoughts, feelings, and values. In contrast, skills coaching may not require such a strong alliance, because issues discussed tend to be more skills performance oriented (i.e. specific work-related behaviours) and less focused on personal development/change. Therefore, coachees who participate in skills coaching may also be expected to invest less of 'themselves' in their coaching than those who participate in transformational coaching (Crowe et al., 2011; Hawkins & Smith, 2010). Consequently, it is expected that coaches and coachees who participate in transformational coaching would develop a stronger real relationship with each other than those who participate in skills coaching.

Aims and hypotheses

This study represents a preliminary quantitative exploration of coaches' and coachees' perceptions of their relationship following six months of either skills-based or transformational coaching. It is hypothesised that: (1) Coaches' ratings of the coaching alliance will increase more over six months during transformational coaching than six months of skills coaching; (2) Coachees' ratings of the working alliance after six months of coaching will be higher in transformational coaching than in skills coaching; (3) Coachees' ratings of their real relationship with their coaches will be higher after six months of transformational coaching than skills coaching; and (4) There will be a moderate positive correlation between the coachees' ratings of the strength of their working alliance and real relationship with their coach.

Table 1 Comparison of Skills coaching and Transformational coaching.

| Skills coaching | Transformational coaching |
|---|---|
| <ul style="list-style-type: none"> ● the goals are those of the organisation ● is directed at helping a coachee to develop their skills and competencies in order to improve their effectiveness in their current role ● is didactic – does not specifically examine a coachee's underlying beliefs, attitudes and emotional reactions to a situation ● low level of engagement | <ul style="list-style-type: none"> ● explores the values and life vision of the client ● is directed at helping a coachee to experience a 'felt shift', where they start to think, feel and act differently ● involves exploration of the beliefs, attitudes and emotional reactions underlying the coachees' habitual way of responding to situations ● high level of engagement |

Hawkins & Smith, 2010; Segers et al., 2011.

Method

Context

The study was part of a larger research project centred on the implementation of a new service delivery model being introduced into a number of non-government mental health services in Australia (Deane et al, 2010). The Collaborative Recovery Model (CRM) is an established mental health coaching intervention that was designed for use by recovery support workers to help them foster the personal growth and development of their clients (Oades et al., 2009). Staff trained in the new model were invited to participate in the research.

Participants

Rehabilitation support staff from four non-government mental health organisations in southern and eastern Australia undertook a three-day training workshop in the CRM and were required by management to implement the principles and practices in their workplaces. Trainees were expected to take part in coaching to improve implementation of the training. Coaches were senior staff selected and allocated by service managers. In order to facilitate openness between coach and coachee, all efforts were made to appoint a coach who was not a direct line manager, and was from a team geographically separate from the coachee.

Procedure

Trainees were invited to take part in the research by participating in coaching and completing measures at various time points. Participants were allocated randomly by work team to the standard skills-based Implementation coaching or a Transformational coaching condition. During the first two days of training, all participants were taught the guiding principles and components of the CRM, as well as how to use the CRM protocols – written protocols completed during sessions with clients (see Deane et al., 2010; Oades et al., 2009). The third day of training differed for the two conditions. Those in the Implementation condition completed skills-oriented tasks directed at enhancing their ability to implement the CRM protocols with their clients. In contrast, those in the Transformational condition, using the CRM protocols, completed personal values clarification, motivational and goal-setting exercises in relation to their own lives. Those in the Implementation condition were advised that the purpose of the coaching was to 'assist you to solve problems of implementation and further develop skills in the protocols of CRM', whilst the coaches and coachees in the Transformational condition were told that the purpose of the coaching was to 'continue the values focus in your work and in your life' that had been introduced in the

third day of training. The coachees were instructed to start implementing CRM with their clients, and to attend a coaching session with their coach once per month for 12 months. The coaching sessions could be conducted in person, over the phone, or via Skype.

Coach training

Coaches had all received previous CRM training and were experienced in client support work using the model. Although the CRM is in itself a coaching approach, coaches were given an additional four hours of coaching training. Training was delivered by members of the research team who are experienced both as psychologists and coaches. Ongoing coaching support was provided via 'coach the coach' sessions for one hour per month in a small group setting. Coaches were trained to structure the coaching sessions according to the GROW model (Alexander & Renshaw, 2005; Whitmore, 2002). This involved: (a) setting goals for each coaching session with the coachees ('Goals'); (b) exploring the coachees' current situation (their current 'Reality'); (c) examining their options with them ('Options'); and (d) evaluating each of the options, creating a plan, and problem solving any difficulties the clinicians may have implementing the plan ('Wrap up').

The tasks of the coaching sessions differed according to condition. Coaches in the Implementation coaching condition were trained to assist the coachees to refine their skills in implementing the CRM protocols and motivational enhancement strategies with their clients. In contrast, coaches in the Transformational coaching condition were trained to assist the coachees to implement the CRM protocols in relation to the coachees' personal goals and values (see Deane et al., 2010, for a description of the protocols). Transformational coaching directly paralleled the coaching that the coachees were giving their clients (see Crowe et al., 2011, for further information about the parallel process). Coaches were asked to

complete a Coaching Record at the end of each coaching session, which included a measure of the coaching alliance. Strict confidentiality regarding the content of coaching sessions was emphasised.

Coaches and coachees were asked to attend a one-day CRM booster session six months after they attended initial CRM training. Coachees participating in the research completed a set of measures, which included the working alliance and real relationship, at the booster session.

Materials

Coaching Alliance Scale. Coaches completed the Coaching Alliance Scale at the end of each coaching session, while completing the Coaching Record. The Coaching Alliance Scale is a three-item scale devised for the study, based on Bordin's (1979, 1983) model of the therapeutic and supervisory working alliance. The three items are: 'How much do you believe you and your coachee worked on mutually agreed upon goals?'; 'How much do you believe you and your coachee agreed that the way you worked on the goals of the session was appropriate?'; and 'How well do you believe you and your coachee got along during the session?' Coaches rated their responses on an 11-point Likert scale, ranging from 0 (*no agreement*) to 10 (*total agreement*) for the first two items, and from 0 (*poor relationship*) to 10 (*very strong relationship*) for the third item. The mean of the three items was calculated to obtain an overall alliance rating for each session. Cronbach alpha scores for the three items across the six coaching sessions were .70, .88, .83, .85, .90 and .81 respectively.

Supervisory Working Alliance Inventory – Trainee Form (SWAI-T; Efstation et al., 1990). The SWAI-T was completed by coachees at the six-month booster session. It is a 23-item scale designed to measure aspects of the relationship between a trainee counsellor and his/her supervisor. The SWAI-T contains two subscales, Rapport and Client Focus. An example item from the Rapport subscale is,

'I feel comfortable working with my supervisor' and an example item from the Client Focus subscale is, 'In supervision, my supervisor places a high degree of importance on our understanding the client's perspective'. Each item is rated on a seven-point Likert scale, ranging from 1 (*almost never*) to 7 (*almost always*). Higher mean scores are indicative of stronger rapport and greater focus on clients. The SWAI-T was modified for this study to make it relevant to the coaching context by changing the words 'supervisor' to 'coach' and 'therapist' to 'coachee'. Efstation et al. (1990) reported a Cronbach alpha coefficient of .90 for the Rapport subscale and .77 for the Client Focus subscale. In this study, the co-efficient alphas were .96 for the total scale, .96 for the Rapport subscale, and .88 for the Client Focus subscale.

Real Relationship Inventory – Client Form (RRI-C; Kelley et al., 2010). The RRI-C was completed at the six-month booster session. The RRI-C is a 24-item scale which measures the strength of the real relationship between a client and their therapist, and consists of two subscales, Realism and Genuineness. Due to a clerical error, items 23 and 24 were omitted from the inventory, resulting in 22 items. Respondents rate the items on a six-point Likert scale, ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). Mean ratings represent the scale scores. An example item from the Realism subscale is 'I appreciated my therapist's limitations and strengths', and an example item from the Genuineness subscale is 'I was able to be myself with my therapist'. Higher mean scores suggest stronger real relationships. Since no real relationship scale has been developed for coaching or supervision, the RRI-C was modified to suit the coaching context of this study by changing the words 'therapist' to 'coach' and 'therapy' to 'coaching'. Kelley et al. (2010) report an internal consistency score of .95 for the total score, .90 for the Realism subscale, and .91 for the Genuineness subscale. In this study, coefficient alphas

of .95, .91, and .88 were obtained for the total scale, Genuineness subscale, and Realism subscale respectively.

Data collection and analysis

Coach data, the Coaching Alliance, was gathered from returned Coaching Records which were completed after each coaching session. Coachee data, the SWAI-T and RRI-C, were collected at one time point, at the six-month booster training session. A two-way ANOVA compared Coaching Alliance scores in each condition from the first coaching session with those from the last session within the six-month study period. Coachees' scores on the SWAI-T and RRI-C were also compared between conditions, and correlations were examined between the SWAI-T and the RRI-C.

Results

Coaching received. Within the six-month study period, 66 participants received coaching, ranging from one to six ($M=3.09$, $SD=1.56$) sessions. We analysed data only for those who had received at least three sessions and completed measures at the six-month booster session. Forty coachees (21 Transformational, 19 Implementation) and their 23 coaches met these requirements. Within this sample, there was no significant difference between conditions in the number of coaching sessions received (Transformational, $M=3.86$, $SD=1.01$; Implementation, $M=4.42$, $SD=1.02$).

Demographics. The 40 coachees included in the final sample were 28 females and six males (six missing), age ranges 18 to 30 years ($N=17$), 31 to 40 years (7), 41 to 50 years (5), over 50 years (7) (4 missing). Twenty-four (60 per cent) of these had Bachelor Degree qualification or higher and eight had a post-school qualification (8 missing). Professions were identified as: Welfare Worker ($N=9$), Psychologist (6), Nurse (6), Social Worker (5), Mental Health Worker (5), Other (5), with four missing. Years of working in the mental health field were: <2 years ($N=11$),

2 to 10 years (17), over 10 years (5), with nine missing. Twenty-three coaches provided three or more coaching sessions to at least one coachee (number of coachees per coach ranged from 1 to 3, *Mdn*=2). Coaches were senior staff or team leaders, 6 Males and 16 Females (1 missing), age ranges 18-30 years (*Nn*=1), 31 to 40 years (3), 41 to 50 years (2), 51 to 60 years (4), over 60 (1), with 12 missing.

Coaching Alliance. To assess change in Coaching Alliance across time, we compared Coaching Alliance rating from the first coaching record (Time 1), and the last coaching record within the six-month study period (Time 2). Therefore, the Time 2 coaching session ranged from the third to the sixth session.

Table 2 provides the means and *SDs* for each group at Time 1 and Time 2. In testing the assumptions for a mixed ANOVA we found a moderate negative skew in alliance ratings for both groups at Time 2. Although these could be improved with transformations, the Time 1 alliance ratings then became less normally distributed. Thus, we retained the original untransformed variables in a mixed ANOVA, but as a precaution conducted a series of nonparametric tests to verify the pattern of results. All other assumptions of the mixed ANOVA were met (e.g. equality of variances).

A 2 (Time) by 2 (Group) mixed ANOVA of Coaching Alliance revealed a significant time by group interaction, $F_{(1,37)}=9.55, p<.01$. Figure 1 shows the pattern of the interaction. Those in the Transformational coaching condition showed significant increases in alliance ratings over time whilst those in the Implementation coaching condition showed no significant change. A series of nonparametric tests confirmed the results, with a Wilcoxon paired test showing a significant increase in alliance in the Transformational group from Time 1 to Time 2 ($Z=-3.24, p<.01, r=-.52$) and no significant change for those in the Implementation group over time ($Z=-0.47, ns$). A Mann-Whitney *U* test indicated that at Time 1 there was no significant difference between the Transformational and Implementation groups on alliance ratings ($U=134.0, ns$) but at Time 2 the Transformational condition had significantly higher ratings than those in the Implementation condition ($U=119.5, p<.05, r=-.32$).

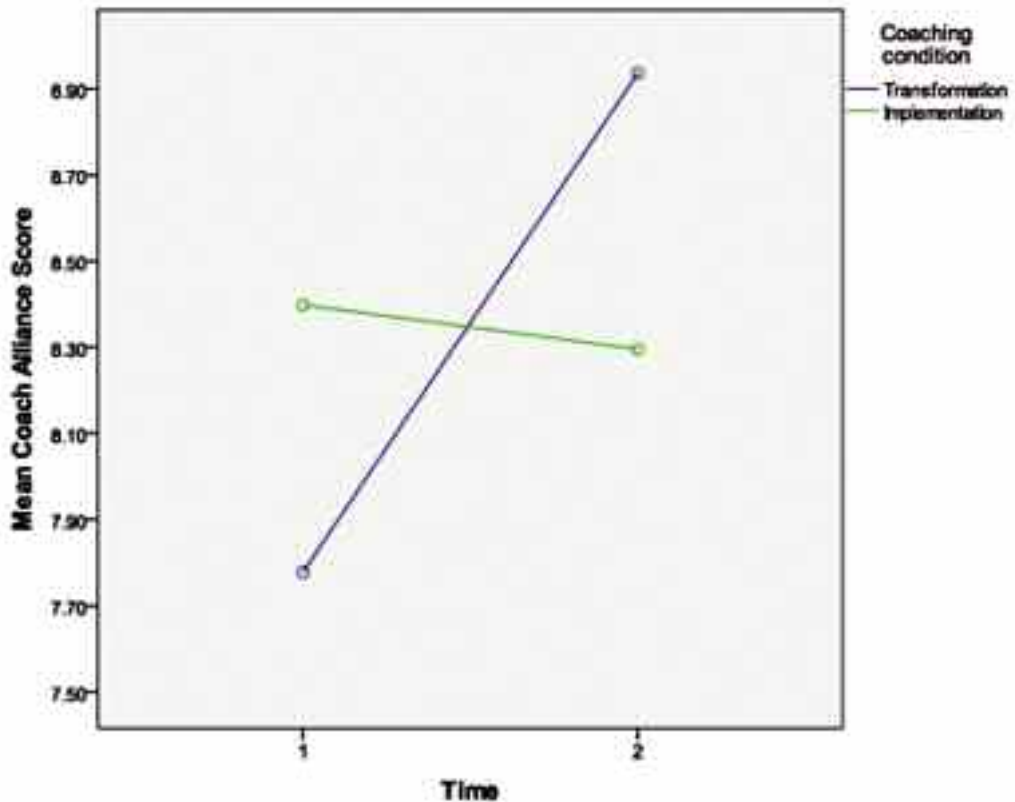
SWAI-T. Since data for the SWAI-T did not meet normality assumptions, nonparametric tests were conducted to examine differences between conditions after six months of coaching. A Mann-Whitney *U* test showed a significant difference on SWAI-T total between Transformational (*Mdn*=6.34) and Implementation (*Mdn*=5.63) conditions,

Table 2: Descriptives for Coaching Alliance for each condition at Time 1 and Time 2.

| Time | Condition | |
|--------|-----------------|------------------|
| | Implementation | Transformational |
| | (<i>N</i> =18) | (<i>N</i> =21) |
| | <i>M (SD)</i> | <i>M (SD)</i> |
| Time 1 | 8.40 (0.99) | 7.78 (1.18) |
| Time 2 | 8.30 (0.91) | 8.94 (0.94) |

Note: Time 1=Coaches alliance rating after first session.
Time 2=Coaches' Alliance ratings after last session within six-month period.

Figure 1: Change in Coach Alliance scores over a six-month period.



$U=103.50$, $p<.05$, $r=-.36$. There was also a significant difference between the Transformational and Implementation conditions on the Rapport subscale (Mdn=6.67 and 5.92 respectively), $U=104.00$, $p<.05$, $r=-.36$ and Client Focus subscale (Mdn=6.00 and 5.29 respectively), $U=106.50$, $p<.05$, $r=-.35$. These results indicate a stronger alliance has developed between coach and coachee with transformational coaching.

RRI-C. Independent samples t -tests were conducted to examine differences between conditions on the RRI-C. Means and standard deviations are shown in Table 3. The differences between groups on RRI-C Total and the Genuineness subscale were not significant. However, a significant difference

was found between coaching conditions on the Realism subscale ($t=2.26$, $p<.05$), indicating a more realistic perception of the relationship in the Transformational condition than in the Implementation condition.

Moderate to strong relationships were found between the total RRI-C and the SWAI-T, and all their subscales. Spearman's correlations between the total scores and between the subscale scores are displayed in Table 4. Similar results were found for both conditions, ranging from $r_s=.51$, $p<.05$ for SWAI-T Rapport and RRI-C Genuineness in the Transformational condition, to $r_s=.79$, $p<.01$ for SWAI-T Total and RRI-C Genuineness in the Implementation condition. The results support the hypothesis that these concepts, although related, are not the same.

Table 3: Descriptives for Real Relationship Inventory – Client form (RRI-C).

| | Condition | |
|-------------------|----------------|------------------|
| | Implementation | Transformational |
| | (N=18) | (N=16) |
| | <i>M (SD)</i> | <i>M (SD)</i> |
| RRI-C Total | 3.78 (0.60) | 4.17 (0.52) |
| RRI-C Genuineness | 3.80 (0.64) | 4.18 (0.62) |
| RRI-C Realism | 3.75 (0.59) | 4.15 (0.45) |

Table 4: Spearman's correlations between RRI-C and SWAI-T (N=32).

| | RRI-C Total | RRI-C Genuine | RRI Realism |
|---------------------|-------------|---------------|-------------|
| SWAI-T Total | .758** | .779** | .743** |
| SWAI-T Rapport | .709** | .704** | .695** |
| SWAI-T Client Focus | .698** | .735** | .685** |

Note:

SWAI-T=Supervisory Working Alliance – Trainee;

RRI-C=Real Relationship Inventory – Client.

** $r_s < 0.01$ (2-tailed).

Discussion

The findings provide preliminary support for the notion that the working alliance and real relationship have similar roles and dynamics in coaching as they do in therapy or supervision, and supporting the proposition that the psychotherapy literature may inform research into the coaching relationship (Stober et al., 2006). A moderate to strong relationship was found between the coachees' ratings of their working alliance and real relationship with their coach, consistent with studies of the real relationship in psychotherapy (Fuertes et al., 2007; Marmarosh et al., 2009).

Transformational coaching resulted in a stronger coaching relationship between coach and coachee, from the perspective of coaches as well as coachees. After three or

more sessions, coaches' ratings of the coaching alliance had improved in transformational coaching, but not in skills coaching. Given that skills coaching is thought to involve a lower level of personal engagement between a coach and coachee (Stern, 2004), it is possible that the coaches and coachees did not need to develop a stronger working alliance over time in order to progress with skills coaching. Future research should examine whether this is the case.

Coachees in transformational coaching also reported stronger working alliance ratings than those receiving skills coaching, with higher rapport and client focus ratings. It is notable that transformational coaching resulted in higher perceived client focus, even though coaching was specifically aimed at the goals and values of the coachee. This

could be a reflection of the goals and values that the coachees brought to the coaching session in this workplace context. Alternatively, it could be attributed to the effects of 'parallel process' which informed the training and coaching approach. Parallel process is usually an unconscious process in which the relationship between client and therapist is mirrored in the supervisory relationship. However, parallel process can be harnessed as a tool in clinical supervision (Crowe et al., 2011). This may have led coachees to a deeper understanding of their relationship with their clients, and to greater empathy regarding the tasks and processes of the newly-introduced service model.

Mixed results were found for the hypothesis that transformational coaching would lead coachees to perceive a stronger real relationship with their coach than would skills coaching. Those receiving transformational coaching reported greater realism between themselves and their coaches. This suggests that coaches and coachees perceive each other more accurately when they explore 'deeper' issues, such as the coachees' values, thoughts, and feelings, than when they focus on skills aimed at trying to alter the coachees' behaviour. Genuineness ratings, although showing a similar trend, were not significantly higher for transformational coaching. It was expected that exploring more personal issues would require, or result in, a deeper and more genuine relationship. However, since measurement was cross-sectional, we cannot determine whether ratings had improved over time.

There were a number of limitations to the present study and these have implications for future research in this area. First, it would have been informative had coachee ratings been collected across time, rather than after six months of coaching. Although we found significant differences in coaching relationships between the coaching approaches, we do not know how the relationships from a coachee perspective developed over time under the two conditions.

Given the potential importance of the real relationship to coaching outcomes, as has been found in therapeutic outcomes (Marmarosh et al., 2009; Fuertes et al., 2007), it is important for future research to examine changes in real relationship over time in the coaching context.

Second, more insight into the similarities and differences between coaches and coachees' perceptions of their relationship may have been gained if measures with a common theoretical grounding had been administered at the same time points. While we found evidence of parallels between the coaching relationship and the therapeutic and supervisory relationships, there is a need for specifically developed and validated measures of the coaching alliance. Just as Efstation et al. (1990) found the supervisory working alliance had different salient factors than the therapeutic working alliance, so different elements may be important to the coaching relationship. This should be examined from both a coach and coachee perspective.

Finally, there were relatively low rates of uptake of coaching in these mental health organisations, with only 40 participants receiving three or more sessions in six months. Although there was an expectation that employees would participate in coaching, this was not compulsory. Whether the low uptake was due to other organisational or work demands, dissatisfaction with the coaching process or a function of natural turnover is not known. Staff turnover in the field of mental health is notoriously high, and the organisations in this study experienced a 20 per cent turnover in a one-year period. Clearly, there is a need for management and staff to be convinced of the benefits of coaching if it is to be given a higher priority.

In conclusion, preliminary evidence was found that the dynamics of coaching relationships are similar those in therapy and supervision, highlighting that psychology research may inform the study of the coaching relationship. There is a need to

develop measures specifically for the coaching relationship, from the perspectives of coaches and coachees, perhaps requiring further qualitative work. Quantitative research could then be undertaken to examine coaches' and coachees' relationships across time. Transformational coaching resulted in stronger and deeper coaching relationships than skills coaching, supporting the notion that coaching models closer to the therapeutic end of the spectrum require relationships more akin to the therapeutic relationship. Would this stronger coaching relationship result in better outcomes from coaching? Given the centrality of the relationship to therapy outcomes, future research should explore the effect of the various aspects of the coaching relationship on the goals of coaching.

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